### Breastfeeding and Birth Control

**Methods that require a health care provider for insertion or prescription**

<table>
<thead>
<tr>
<th>Birth Control Method and Effectiveness at Preventing Pregnancy</th>
<th>How is it obtained?</th>
<th>How long does it last or how often should it be taken?</th>
<th>Does it contain hormones?</th>
<th>Is it okay for breastfeeding patients? How soon can it be used?</th>
<th>Does it prevent HIV/STDs?</th>
<th>Other considerations?</th>
</tr>
</thead>
</table>
| **Implant**<sup>1</sup> | Inserted by a health care provider | Lasts up to three years | Yes | Yes; can be used the same day as delivery | No | A health care provider must remove the implant.  
The patient may not get a period.  
Milk supply may decrease and the patient may need additional lactation support. |
| **IUD, Copper**<sup>2</sup> | Inserted by a health care provider | Lasts up to 10 years | No | Yes; can be used immediately after or at least one month after delivery | No | A health care provider must remove the IUD.  
For this method to be inserted at delivery, the patient will need to be counseled as a part of her prenatal care.  
The patient may not get a period.  
Milk supply may decrease and the patient may need additional lactation support. |
| **IUD, Hormonal**<sup>2</sup> | Inserted by a health care provider | Lasts between three and five years | Yes | Yes; can be used immediately after or at least one month after delivery | No | A health care provider must remove the IUD.  
For this method to be inserted at delivery, the patient will need to be counseled as a part of her prenatal care.  
The patient may not get a period.  
Milk supply may decrease and the patient may need additional lactation support. |
| **Shot** | Administered by a health care provider | Once every three months | Yes | Yes; can be used the same day as delivery but preferably one month after delivery | No | In the first few months, the patient may experience irregular bleeding and then may not get a period.  
This method cannot be reversed during the three-month period.  
Milk supply may decrease and the patient may need additional lactation support. |
| **Patch** | Prescribed by a health care provider and obtained at a pharmacy | Each month | Yes | Yes; can be used as early as one month after delivery (six weeks if there is an increased risk of VTE) | No | Milk supply may decrease and the patient may need additional lactation support. |
| **Pills** | Prescribed by a health care provider and obtained at a pharmacy | One pill a day at the same time every day | Yes | Progestin-only: Yes; can be used the same day as delivery | No | Milk supply may decrease and the patient may need additional lactation support. |
| **Combined, estrogen and progestin: a small pill containing two hormones that is swallowed** | Prescribed by a health care provider and obtained at a pharmacy | One pill a day at the same time every day | Yes | Combined: Yes; can be used as early as one month after delivery (six weeks if there is an increased risk of VTE) | No | Milk supply may decrease and the patient may need additional lactation support. |
| **Ring**<sup>3</sup> | Prescribed by a health care provider and obtained at a pharmacy | The ring remains in place for three weeks each month and is removed during week four | Yes | Yes; can be used as early as one month after delivery (six weeks if there is an increased risk of VTE) | No | The patient must be comfortable inserting the ring into her vagina.  
Milk supply may decrease and the patient may need additional lactation support. |
| **Diaphragm** | Prescribed by a health care provider and obtained at a pharmacy | Every time the patient has sex | No | Yes; once the cervix returns to normal | No | The patient must be comfortable inserting the diaphragm into her vagina.  
The patient must use spermicide with the diaphragm. |
| **Cervical Cap**<sup>3</sup> | Prescribed by a health care provider and obtained at a pharmacy | Every time the patient has sex | No | Yes; once the cervix returns to normal | No | The patient must be comfortable inserting the cervical cap into her vagina. |

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**Methods that are available at the drugstore (no prescription needed)**

| Condom, Male<sup>4</sup> | Obtained at a drugstore | Every time the patient has sex | No | Yes; can be used when it is safe and comfortable to resume sex | Yes | Latex and non-latex options are available.  
The patient should use water-based lubricant. |
| Condom, Female<sup>5</sup> | Obtained at a drugstore | Every time the patient has sex | No | Yes; can be used when it is safe and comfortable to resume sex | Yes | All are non-latex.  
The patient should use water-based lubricant. |
| Spermicide | Obtained at a drugstore | Every time the patient has sex | No | Yes; can be used when it is safe and comfortable to resume sex | No | The patient must be comfortable inserting the sponge into her vagina. |
| Sponge | Obtained at a drugstore | Every time the patient has sex | No | Yes; can be used when it is safe and comfortable to resume sex | No | The patient must be comfortable inserting the sponge into her vagina. |

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1. Preventing Pregnancy: Birth Control Method and Effectiveness
2. No prescription needed
3. In the first few months, the patient may experience irregular bleeding and then may not get a period. This method cannot be reversed during the three-month period. Milk supply may decrease and the patient may need additional lactation support.
4. Condom, Male: A thin covering placed over the penis to keep sperm out of the vagina.
5. Condom, Female: A pouch (with a ring at either end) inserted into the vagina.
Background

• When effectiveness rate ranges are provided, the low end of the range is typical use effectiveness and the high end is perfect use effectiveness.[7]
• Exclusive breastfeeding (breast milk only) is recommended for the first six months, and breastfeeding should continue with the introduction of other foods for at least one year after birth.[2,4]
• New moms are encouraged to delay their next pregnancy for at least 18 to 24 months to decrease health risks.[5-9]
• Mothers who return to work often pump breast milk to continue breastfeeding, and legislation supports breastfeeding mothers at their workplace.
• About 88% of NYC moms start breastfeeding, and nearly 30% breastfeed exclusively for at least eight weeks.[10]
• When effectiveness rate ranges are provided, the low end of the range is typical use effectiveness and the high end is perfect use effectiveness.[1]

Supporting Both Breastfeeding and Birth Control Use

• There are many safe birth control methods to use while breastfeeding.[12]
• Many methods can be used immediately after delivery[12,14] and others have required or preferred waiting periods based on health risks, possible breastfeeding impact or both.
• Hormonal birth control methods may be offered when there are no health contraindications.[18]
• Timing of method initiation and reversibility should be considered for possible impact on breastfeeding. Most data do not show a negative impact of hormonal contraception to milk supply or breastfeeding duration, but more research is needed in this area.[9]
• Mothers who prioritize early initiation of contraception after delivery have several options, and early counseling (ideally during prenatal care) is important.
• Methods such as postpartum IUDs may need advance planning with the hospital staff. Permanent sterilization methods require consent forms to be completed at least 30 days before the estimated due date.

Suggested Approach

• Use the informational grid on the reverse to have a discussion with your patients about options.
• Support the widest range of options based on health factors.
• When helping patients make decisions about contraception use during breastfeeding, explore:
  ○ Breastfeeding goals, supports and past experiences
  ○ Desire for future pregnancies, knowledge of and past experience with contraception, and priorities in a birth control method, such as effectiveness in preventing pregnancy, privacy and ease of use
  ○ Health factors, for example, risk for VTE

References