

# **Postpartum Contraception**

## **Background**

1. Definition
  - Contraceptive options in the immediate postpartum period up to 6 months
2. General information
  - Return to fertility
    - Ovulation
      - As early as 27 days
      - Mean 70 days in non-lactating women
    - Women not exclusively breastfeeding
      - Should not assume they are protected from pregnancy
      - Even in early months
    - Mean timeframe
      - 6 mos in lactating women
  - Resumption of sexual activity
    - Cesarean sections or extensive perineal repair
      - 6 wks postpartum to resume sexual intercourse
    - No perineal repair
      - Resume intercourse when lochia no longer red
      - Indicating placental site healing
  - Patient history
    - Choice of postpartum birth control
      - Consider personal choice, breastfeeding pattern, sexual activity, medical / social factors
    - Physical Exam
      - Blood pressure
      - BMI
  - Timing
    - Address post-partum birth control prenatally
    - Immediately postpartum or
    - Between 2-3 weeks post-partum
      - Fertility returns as soon as 27 days and many women resume sexually activity < 6 wks post-partum

## **Contraceptive Methods for Breast Feeding Women**

1. General information
  - Breast Feeding can delay the return of ovulation<sup>3</sup>
  - Advise women: waiting until onset of menstruation before starting contraception puts them at pregnancy risk<sup>3</sup>
2. Lactational amenorrhea method
  - 98% effective if a women meets ALL criteria:<sup>3</sup>
    - Fully breastfeeding
    - Nothing but breast milk for baby
    - No more than 6 hours between feedings
    - Amenorrheic
      - No vaginal bleeding after 56 days postpartum

- Studies: < 1% of women breastfeeding ovulated before 1st menstrual bleeding
    - Majority of 1st cycles were not fertile
3. Hormonal methods
- Advise women: amount of hormone present in breast milk is about equal to that found w/ ovulation<sup>3</sup>
  - Studies have shown that hormones have NO adverse effect on infant growth or health
  - Progestin only pills (POP) and Implants
    - "Mini pill"
    - >99% efficacy when used w/ breastfeeding w/ optimal use
    - Studies: no adverse effect on breast milk volume w/ POP use
    - The WHO recommends waiting until 6 wks postpartum
      - Clinical Effectiveness Unit (CEU) guidelines found no evidence to support restrictive use of progesterone only methods in 1st 6 wks<sup>3</sup>
  - Combined hormonal contraception (COC)
    - Avoid COCs in the first 6 weeks postpartum<sup>3</sup>
      - DVT risk
    - 6 wks to 6 mos
      - Insufficient evidence to prove if COCs have an adverse effect of breast milk volume<sup>4</sup>
    - Breastfeeding women should be advised
      - Avoid COCs between 6 wks and 6 mos postpartum UNLESS breastfeeding has been established AND other methods unacceptable<sup>3</sup>
    - Methods
      - Combination OCPs
      - Combination hormonal patches
      - Combination hormonal vaginal ring
        - Recommend to women who want fewer days of menstrual bleeding and have trouble remembering or prefer not to take daily pill
      - Combination hormonal injection
  - Progesterone only injectable
    - DMPA generally not recommended < 6 wks postpartum in breastfeeding women
      - Due to the theoretical risk of steroid effect on newborn<sup>3</sup>
      - Studies: show no effect on infant growth or breast milk volume
        - May actually increase volume
    - If risk of pregnancy is high or other methods are unacceptable
      - Consider DMPA, If used before 21 days, no other back up method needed
    - May cause unpredictable bleeding
      - Esp 1st 6 wks postpartum
  - Levonorgestrel-releasing IUD
    - May be placed after 4 wks postpartum

- As per other progesterone methods
      - No evidence to support an adverse effect on breast milk or infant growth
  - Emergency Contraception (EC)
    - Breast feeding women should be advised that use before day 21 postpartum is not necessary<sup>3</sup>
    - WHO recommendations: progesterone only EC can be used w/o restriction in breastfeeding women<sup>5</sup>
    - IUD can be offered as EC > 4 wks PP
    - Once hormonal contraception has been initiated
      - Failures should be managed same way as in non lactating women
- 4. Non-hormonal methods
  - Barrier methods
    - May be started upon resumption of intercourse postpartum
    - No interference w/ breastfeeding
    - Must be used at each episode of intercourse
    - Methods
      - Male condom w/o spermicide
      - Female condom
      - Diaphragm w/ spermicide
      - Cervical Cap with spermicide
      - Spermicides
  - Copper IUD
    - Insert w/in 48 hrs pp or > 4 wks
      - Slightly higher risk of expulsion w/ immediate postpartum placement
      - Higher risk of perforation (1-4 weeks pp)<sup>6</sup>
    - No breastfeeding interference
- 5. Female Sterilization
  - May be done at
    - Cesarean section time
    - Immediate postpartum period or
    - At interval >6 wks postpartum
- 6. Male Sterilization
  - May take up to 6 mos for full sterility
  - Use of alternate method during this period remains important
- 7. Natural Family Planning
  - Fertility Awareness
    - Efficacy
      - 2 preg per 100 women in 1 yr of optimal use
    - May resume as soon as cycles resume
      - Signs may be confusing in lactating women resulting in more days of abstinence
      - Some women choose to combine Fertility Awareness w/ barrier methods on potentially fertile days (1 preg per 100 women in 1 yr of optimal use)
      - No interference w/ breastfeeding

- Calendar methods
  - Efficacy
    - 9 preg per 100 women in 1 yr of optimal use
    - 25 preg per 100 women in 1 yr of typical use
  - Difficult to use during early postpartum period
    - Menses can be irregular

### **Patient Education**

1. <http://familydoctor.org/online/famdocen/home/women/contraceptive/016.html>
2. <http://familydoctor.org/online/famdocen/home/women/contraceptive/804.html>

### **PURLs**

1. When to suggest this OC alternative

### **References**

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5. World Health Organization (WHO). The Optimal Duration of Exclusive Breastfeeding. Report of an Expert Consultation, Geneva, Switzerland, 28–30 March 2001. Geneva, Switzerland: WHO, 2002.
6. World Health Organization (WHO). Selected Practice Recommendations for Contraceptive Use. Geneva, Switzerland: WHO, 2002.
7. Speroff L, Mishell DR, Jr. The postpartum visit: it's time of a change in order to optimally initiate contraception. *Contraception*. 2003; 78(2):90-98.

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