

# Contraceptives and Milk Making: Topic of the Month

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Many parents will choose to resume contraceptive use after having a new baby. WIC does not provide education about contraceptives; however, parents may ask questions about their use while breastfeeding or chestfeeding. This article will provide some information on commonly asked questions regarding contraceptive use while breastfeeding or chestfeeding.

**NOTE:** This information is for educational purposes only. Any recommendations for supplements or medications should be discussed exclusively with a health care provider (HCP).

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## WIC's role

At a postpartum/infant certification, the competent professional authority (CPA) uses the [WIC nutrition assessment](#) to evaluate breastfeeding or chestfeeding status. The questions assess how lactation is going, if the participant has any questions or concerns, and what their feeding goals may be.

If a participant is experiencing a low milk supply, we may explore what the cause could be. If the participant shares that they have started birth control, we can offer evidence-based education on how contraceptives may impact the parent's milk supply. We can refer the new family to a designated breastfeeding expert (DBE) or if available on staff or within the healthcare system, an International board-certified lactation consultant (IBCLC) to explore a resolution for milk supply issues. If the parent believes medication is the cause, refer them to their health care provider to discuss their concerns.

WIC cannot and should not offer diagnoses or recommendation for treatment or prescribe medications or supplements to any participant.

## Contraceptives that impact milk production

After giving birth, a new parent's hormones undergo significant changes to help with breastfeeding and other post-birth events such as the falling progesterone levels that are necessary for onset of milk production. Lactation should be well established before initiation of hormonal contraception begins to ensure a parent's body can respond to natural cues. Most providers will discuss contraception options at the six-week postpartum appointment; however, in some cases the discussion may begin before birth or in the hospital.

Contraceptive methods containing estrogen have been linked to low milk production and a shorter duration of breastfeeding even when started when baby is older, after milk supply is well established. The typical methods of contraception that parents use are not considered to be harmful to their breastfed or chestfed baby, but some forms of hormonal contraceptives can impact milk production, especially in the early months after birth. These include:

- Contraceptive pill, including combination (progestin and estrogen) and progestin only
- Hormonal contraceptive implants, injections, and patches
- Intrauterine device (IUD)
- Vaginal Ring

## Combination contraceptives

Combination contraceptives contain both progestin and estrogen and come in several different forms:

- Birth control pill
- Transdermal (skin patch, i.e., Ortho Evra)
- Contraceptive vaginal ring (Nuvaring)

Combination contraceptives may affect milk production especially if started within the first few weeks after birth; this can depend greatly on the dose provided.

## Progestin-only contraceptives

If a hormonal contraceptive is desired or necessary while lactating, the preferred method is a progestin-only contraceptive. Progestin is a synthetic hormone that is lab-created and mimics progesterone in the body. Progestin-only contraceptives come in several different forms:

- Progestin-only pill (POP) also called the “mini-pill”
- Birth control injection (Depo-Provera)
- Progesterone-releasing IUD (Mirena, Skyla)
- Birth control implant (Implanon, Nexplanon)

For most, progestin-only forms of contraception do not cause problems with milk supply if started after the 6th-8th week postpartum and if given at normal doses. However, there are some anecdotal reports, that indicate some parents do experience milk production problems. For example, progestin containing IUDs such as Mirena, have been found to decrease milk supply in some nursing parents.

For parents desiring hormonal contraception, the preferred option would be a trial of progestin-only pill (mini-pill) for a month or more, before considering if a long-term form of birth control would be feasible. It is easier to stop a pill and regain production versus waiting for an injection to wear off, or an implant that would require an appointment for removal.

## Natural alternatives

Exclusive breastfeeding or chestfeeding can sometimes be used as a reliable form of contraception in the first six months after birth if periods haven't returned yet. The Lactational Amenorrhea Method (LAM) may be a natural alternative to contraceptives. To use the LAM, a parent must be able to answer "yes" to the following questions:

- Is my baby less than six months old?
- Is my baby fully or nearly fully breastfed, and breastfeeding frequently both day and night?
- Have I had no vaginal bleeding (not even spotting) for six weeks after my baby was born?

If "yes" is answered to ALL these questions, the chances of becoming pregnant are less than 2%, making LAM about as effective as using condoms.

## Key takeaways

- Encourage participants to discuss birth control options with their health care provider.
  - They should let their HCP know they are planning to breastfeed or chestfeed.
  - They may ask which hormonal birth control option would be the best choice for their individual situation.
  - They could ask if using as low dose option would work for them.
- If decreases in milk production are experienced (or if baby's weight gain slows more than expected or stops) and the participant is using any type of hormonal birth control, encourage them to ask their health care provider if their current contraceptive could be the cause and what other options may be available.

## Resources

[Birth Control and Breastfeeding](#) - KellyMom.com, Updated Nov. 22, 2023

[Birth Control](#) - La Leche League International (Ll.org), Jan. 2018

[LAM- The Lactational Amenorrhea Method](#) -World Alliance for Breastfeeding Action (WABA)

[Safe Use of Birth Control While Breastfeeding](#) -InfantRisk Center, June 16, 2011

[Breastfeeding and Birth Control](#) -New York City Gov, June 2016

[ABM Clinical Protocol #13: Contraception During Breastfeeding, Revised 2015](#) -Breastfeeding Medicine, 2015

[Breastfeeding and Birth Control](#) - Journal of Midwifery & Women's Health, Jan. 25, 2024

Marasco, MA, IBCLC, FILCA, L., & West BA, IBCLC, D. (2009). Is it something I am doing? In *Making More Milk; The Breastfeeding Guide to Increasing Your Milk Production* (Second Edition, pp. 81–82)

## References- complete listing of hyperlinks:

WIC nutrition assessment

(<https://www.health.state.mn.us/people/wic/localagency/training/na.html#NaN>)

Birth Control and Breastfeeding (<https://kellymom.com/bf/can-i-breastfeed/meds/birthcontrol/>)

Birth Control (<https://lilii.org/breastfeeding-info/birth-control/>)

LAM- The Lactational Amenorrhea Method (<https://www.waba.org.my/resources/lam/#LAM>)

Safe Use of Birth Control While Breastfeeding (<https://www.infantrisk.com/content/safe-use-birth-control-while-breastfeeding>)

Breastfeeding and Birth Control

(<https://www.nyc.gov/assets/doh/downloads/pdf/ms/breastfeeding-birth-control-postpartum-poster.pdf>)

ABM Clinical Protocol #13: Contraception During Breastfeeding, Revised 2015

(<https://abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/13-contraception-and-breastfeeding-protocol-english.pdf>)

Breastfeeding and Birth Control (<https://pubmed.ncbi.nlm.nih.gov/38270217/>)

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