

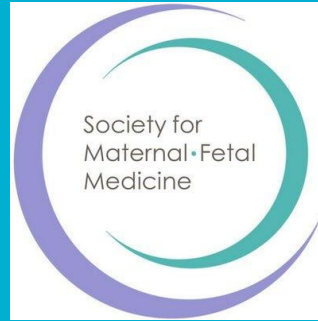
Postpartum Contraception & Lactation



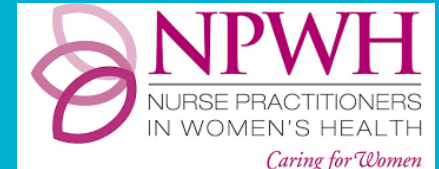
Karen H. Martinot, DNP, WHNP-BC, IBCLC

2019 Interpregnancy Care Guidelines

Co-written by:



Endorsed by:



(Louis et al., 2019)

Jointly agree on **2** important *guidelines*

- 1. Routinely provide anticipatory guidance and support to enable women to breastfeed**

Approximately 85% of US women initiate breastfeeding, just under 40% reach one year of breastfeeding

- 2. Advise women to avoid interpregnancy intervals <6 mo. and counsel women about the risks of repeat pregnancy <18mo.**

45% of pregnancies are unplanned and 1/3 women become pregnant <18mo

(Centers for Disease Control and Prevention [CDC], 2025; Louis et al., 2019; WHO 2025b)

High quality evidence is lacking regarding impact of immediate postpartum LARC use on breastfeeding



(Berens et al., 2015; Curtis et al., 2024 ; Nguyen et al., 2024 ; WHO, 2025a)

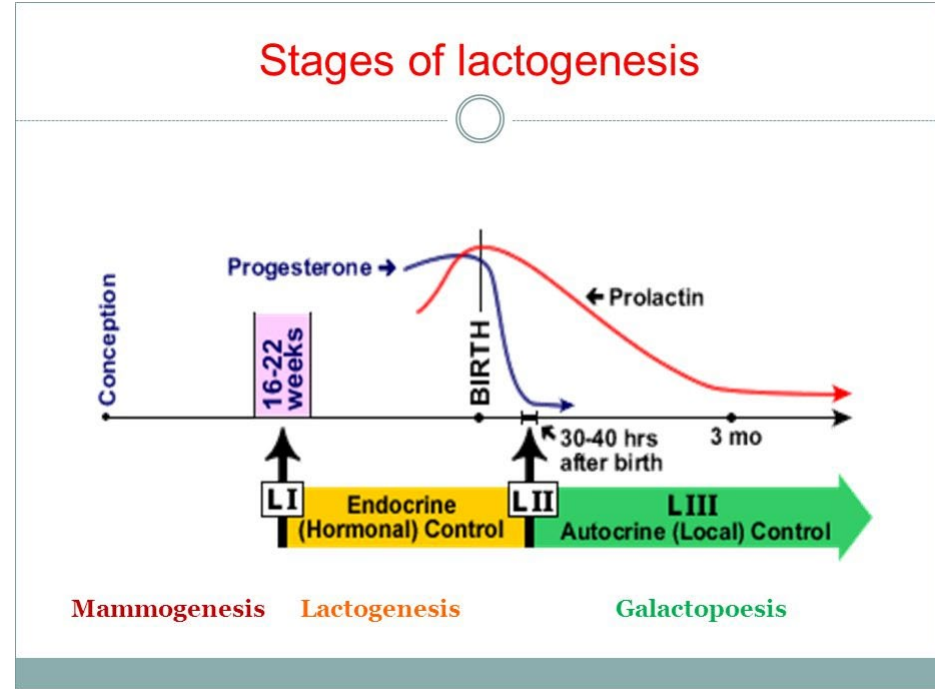
Risks to milk supply

Although estrogen and progesterone are essential for physical breast development, they inhibit actual secretion of milk.

Progestins may interfere with milk development after birth.

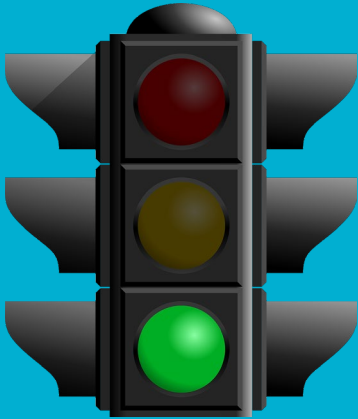
Estrogen may decrease milk supply, even when established.

(ACOG & AAP, 2023)



Breastfeeding safety: 3 *contraceptive* categories

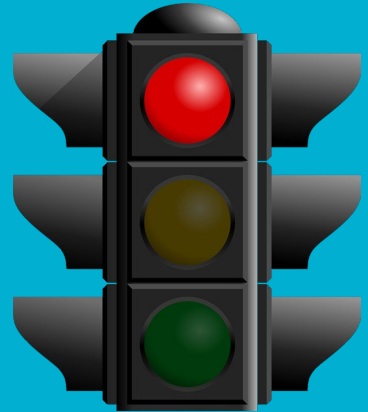
1 | Non Hormonal



2 | Progestin Only
Options



3 | Combination
Hormonal Options



Combination Hormone Methods:

1

Center for Disease
Control and Prevention

Less than 21 days: Cat 4
CONTRAINDICATED due to
general post partum state

Days 21-30, with no other risks,
Cat 3 due to general post partum
state

Days 30+ with no other risks, Cat 2

*"Women at risk of breastfeeding
difficulties...."*

2

The World Health
Organization

Less than 42 days: risks outweigh
the benefits

6w-6m, with no other risks,
generally discouraged

After 6m, generally acceptable

3

The American Academy
of Breastfeeding
Medicine

"Avoid for duration of breastfeeding"

Progestin-only LARCs:

1

Center for Disease
Control and Prevention

Nexplanon:

<3 w PP: Cat 2

>6 w PP: Cat 1

Mirena:

<3 w PP: Cat 2

>6 w PP: Cat 1

DMPA:

<3 w PP: Cat 2

>6 w PP: Cat 1

*"Women at risk of breastfeeding
difficulties..."*

2

The World Health
Organization

Nexplanon:

<6 w: Cat 2

>6 w: Cat 1

Mirena:

<48 h PP: Cat 2

48 h - 4 w PP: Cat 3

>4 w: Cat 1

DMPA:

<6 w: Cat 2

> 6 w: Cat 1

3

The American Academy
of Breastfeeding
Medicine

Nexplanon:

<6 w: Benefits generally > risks

>6 w: No concerns

Mirena:

<6 w: Caution

>6 w: No concerns

DMPA:

**Discourage use for duration of
breastfeeding**

*"Discourage use of any hormone
methods in certain circumstances"*

Academy of Breastfeeding Medicine

“All hormonal methods should be discouraged in the following circumstances”

1. Existing low milk supply
2. History of lactation failure
3. History of breast surgery
4. Multiple birth
5. Compromised health of mother or baby

(Berens et al., 2015)

Who's at risk of low milk supply?

Abnormal breast development

Breast surgery

Multiple gestation

Thyroid disorders

Diabetes

Elevated testosterone (PMOS)

Newborn issues: prematurity, illness, NICU, tongue tie

Social factors: extended separation from baby



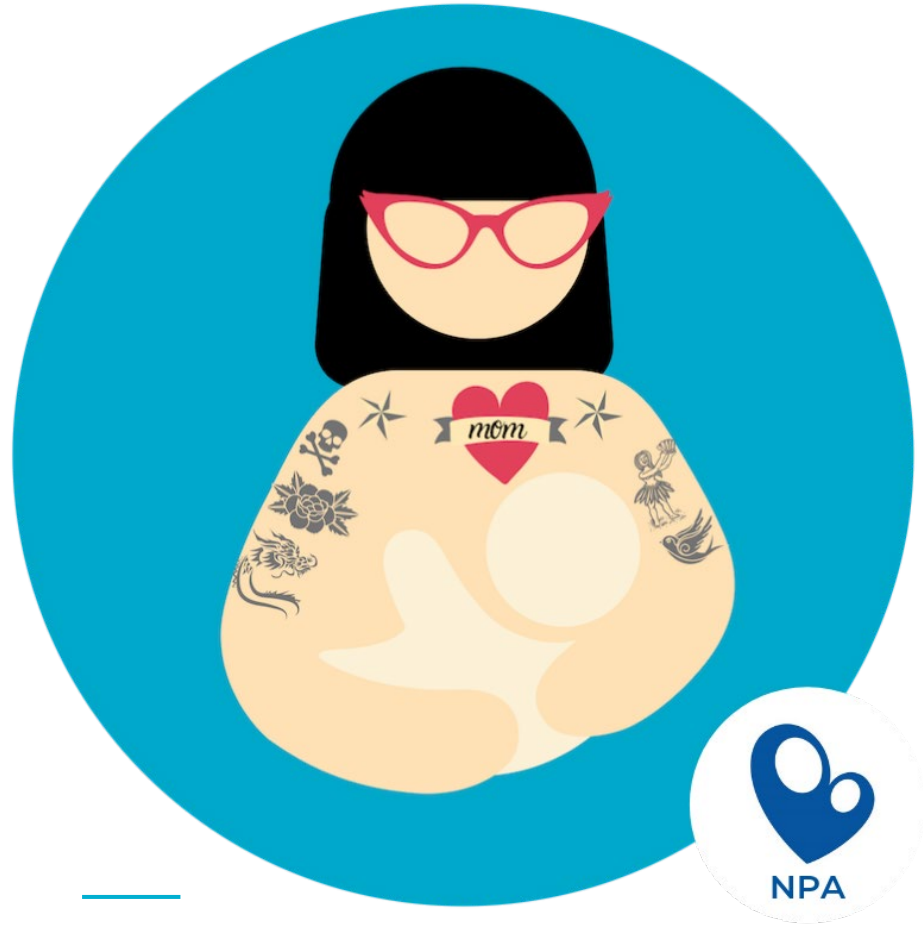
#1 Reason

Milk supply matters. Low milk supply is the number one reason for early cessation of breastfeeding.

(Brownell, Howard, Lawrence, & Dozier, 2012)

Conclusion

Including breastfeeding discussions and evaluations of individual risks of low milk supply is an important part of immediate postpartum contraceptive counseling



Lactational Amenorrhea Method



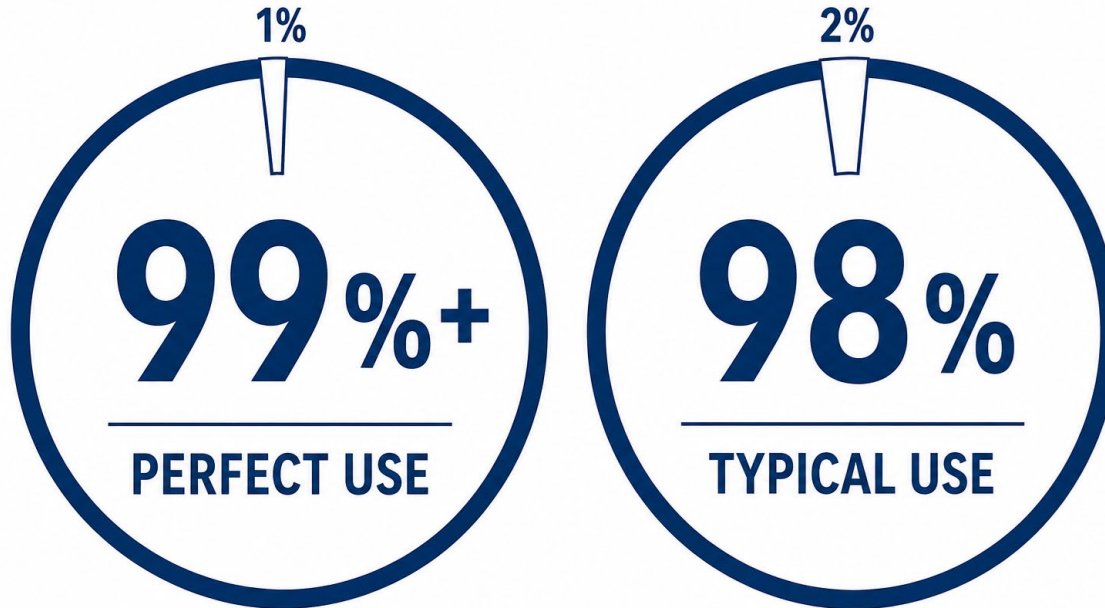
The Lactational Amenorrhea Method (LAM) is a safe, effective, and evidence-based postpartum contraceptive method that relies on breastfeeding-associated suppression of ovulation.

(Van der Wijden & Manion, 2015; CDC, 2025)

LAM is a rated a highly effective contraceptive method under **3 specific conditions:**

1. Fully or nearly fully breastfeeding
1. Amenorrheic - no return of period
1. The infant is less than 6 months old

LAM Effectiveness in Preventing Pregnancy

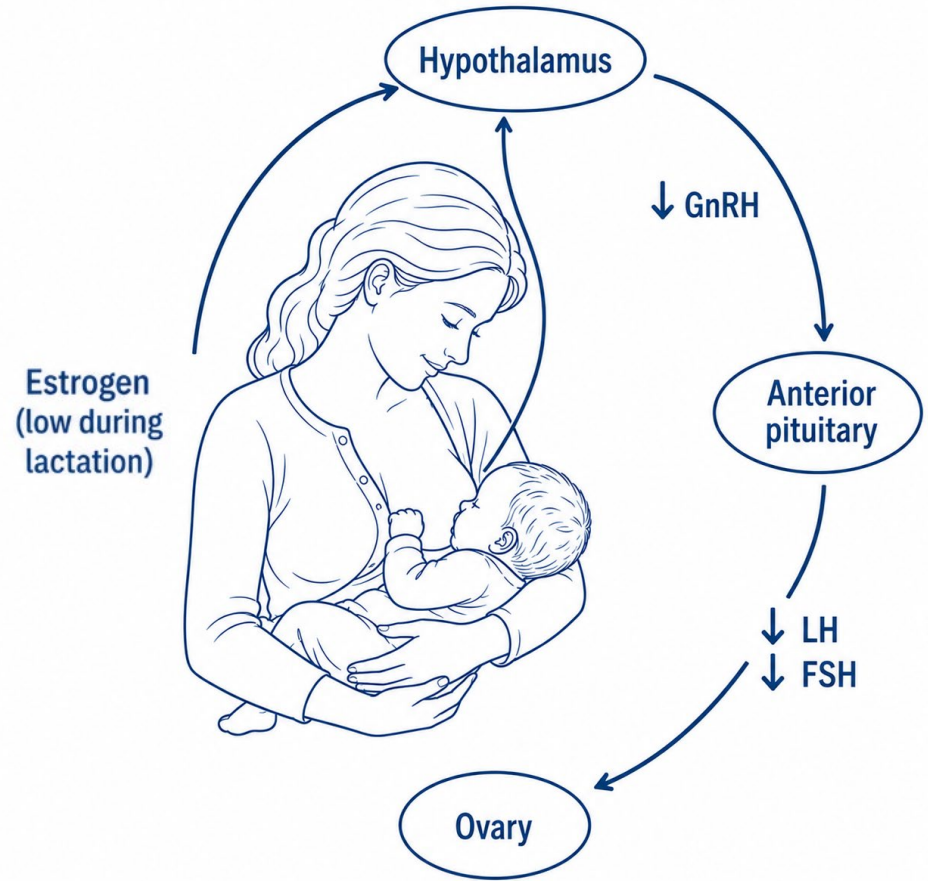


(CDC, 2025; Van der Wijden & Manion, 2015; Zieman et al., 2024)

How does LAM work:

Primary Mechanism: Suppression of Ovulation

- Frequent infant suckling stimulates nerve pathways in the nipple and breast
- Signals travel to the hypothalamus and pituitary gland
- Prolactin levels increase to support milk production
- Elevated prolactin suppresses gonadotropin-releasing hormone (GnRH)
- Reduced GnRH decreases follicle-stimulating hormone (FSH) and luteinizing hormone (LH)
- Without adequate FSH and LH stimulation, ovulation is delayed or suppressed



Sexual Health Beyond Contraception

Lactation creates a temporary hypoestrogenic state

- Ovarian estrogen production decreases
- Reduced estrogen may affect the vulva, vagina, urethra, and bladder

Potential clinical manifestations of low estrogen

- Vaginal dryness
- Dyspareunia (pain with sex)
- Vulvovaginal discomfort or burning
- Decreased lubrication
- Urinary urgency or frequency
- Delayed healing of perineal tissues
- Decreased sexual desire (multifactorial)

Benefits & Advantages:

- Highly effective
- Provided and controlled by the user
- No medical side effects
- Does not interrupt intercourse
- Low cost (*caveat: consider time and potential loss of income, not “free”*)
- Contributes to optimal breastfeeding, improves maternal & infant health
- Raises no religious objections
- Not harmful to pregnancy, should one conceive while breastfeeding.

Risks & Disadvantages:

- Temporary: only lasts up to 6 months
- Requires optimal breastfeeding, may be challenging
- No protection against STIs
- Pumping effective less certain, likely less effective, difficult for parent working away from baby

Contraindications/Precautions for Breastfeeding:

- Infants with classic galactosemia
- Untreated maternal brucellosis
- Maternal Human T-cell lymphotropic virus types I or II
- Herpes simplex active lesion on a breast
- Ebola virus disease
- Monkeypox
- HIV positive mothers - precaution, not a contraindication
- Drug use by mother - individualized precautions
- Very few maternal medications - individualized precautions

(American Academy of Pediatrics Section on Breastfeeding, 2022; American Academy of Pediatrics, 2024; CDC, 2025; Curtis et al., 2024; Eglash & Leeper, 2023; Labbok, 2015; Perinatal HIV Guidelines Working Group, 2009)

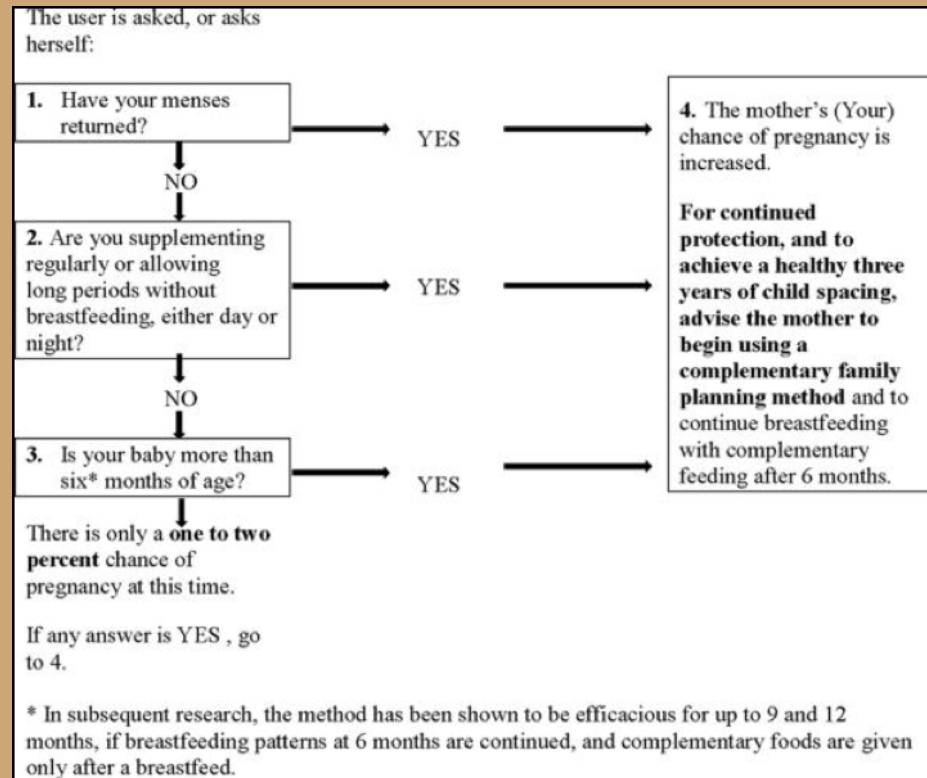
Assessing Candidates:

If “NO” to **all** questions, consider LAM effective

- ☐ Is your baby 6 months old or older?
- ☐ Has your menstrual period returned? (lochia in first 8 weeks does not count)
- ☐ Have you begun to breastfeed less often?
- ☐ Do you regularly give baby other food or drinks?
- ☐ Has a health-care provider told you not to breastfeed your baby?
- ☐ Are you infected with the HIV virus that causes AIDS?
- ☐ Do you plan to give other food or drink to your baby before your baby is 6 months old?

“The 4 criteria for proper LAM use”

(Labbok, 2015)



Relevant Assessment

Prenatal & Postpartum

History: Breastfeeding
History

Physical: Lactation
focused Breast Exam

Labs: HIV & UDS

(Pediatric considerations)

Ideal Candidate

1. No contraindications to breastfeeding
2. No extended separation from infant planned in first 6 months
3. History of successful breastfeeding
4. Currently breastfeeding without complaints
5. Accepts transition plan at 6 months
6. Normal mammary glandular tissue, everted nipples
7. Healthy baby who is breastfeeding well: *term, normal weight, normal lips, tongue, palate.*
8. Family supports breastfeeding

(Health literacy considerations)

(Cultural/Religious considerations)

Initiation: Patient Education & Instructions

- Breastfeed as often as the baby wants, day and night
- Do not give other foods or liquids, including water
- Continue to breastfeed even mother or baby is sick
- Avoid using bottles, pacifiers, or other artificial nipples
- Plan for next method, be ready to switch when no longer meeting LAM criteria

Follow-up/Problem Management

- Breastfeeding can be challenging.
- LAM effectiveness depends on optimal breastfeeding.
- Provide resources for breastfeeding support.
- Consider lactation consultant, IBCLC referral.
- Discuss plan for the next method of contraception, lasts 6m at most

(Lawrence & Lawrence, 2022)

Patient Case 1: Returning to Work

Clinical Snapshot

A 35-year-old G2P2002 presents for her 6-week postpartum visit. She is exclusively breastfeeding without concerns and reports her infant is gaining weight appropriately. She successfully breastfed her first child for two years using a combination of direct breastfeeding and expressed breast milk. She plans to return to full-time work as an emergency physician at 12 weeks postpartum and intends to pump while at work and breastfeed when home. She is married, has resumed sexual activity, and hopes to have another child in several years.

She states:

"I'd like to protect my milk supply by avoiding hormonal birth control if possible. I know breastfeeding can be reliable birth control for the first six months. Should I just wait until six months to start another method?"

Counseling Challenge

The patient is highly motivated to breastfeed and has prior breastfeeding success, but plans to return to work before six months postpartum.

Patient Case 2: Religious Considerations

Clinical Snapshot

A 21-year-old G1P1001 presents for her 6-week postpartum visit. She is exclusively breastfeeding without concerns and reports her infant is feeding and growing well. Her pregnancy, delivery, and postpartum recovery have been uncomplicated.

She is Catholic, married, and has not yet resumed sexual activity. She declines "birth control" for religious reasons and shares that she hopes to have a large family, similar to the family in which she was raised.

She asks:

"My husband and I are thinking about resuming sexual activity. Is breastfeeding enough to prevent pregnancy?"

Counseling Challenge

The patient does not desire a contraceptive method but wishes to understand her fertility and pregnancy risk.

Patient Case 3: Bridge to Permanent Contraception

Clinical Snapshot

A 29-year-old G2P2002 presents for her 6-week postpartum visit. She is a full-time homemaker and is exclusively breastfeeding without concerns. She successfully breastfed her first child for two years, including exclusive breastfeeding during the first six months. Her infant is healthy and growing appropriately.

She and her husband are uncertain whether their family is complete, but her husband is considering a vasectomy. They delayed scheduling the procedure until after the baby was born and healthy.

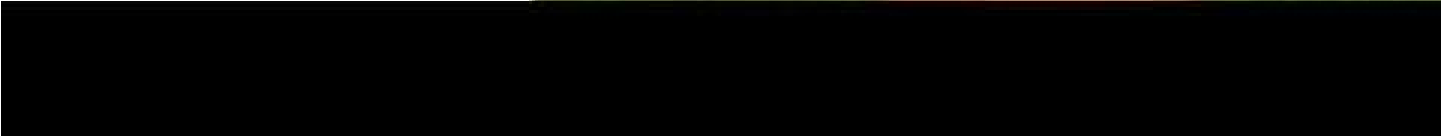
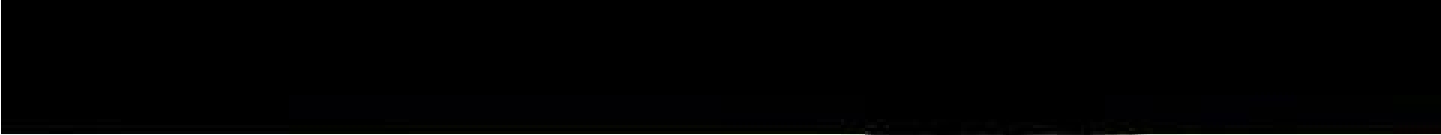
She states:

"We are leaning toward a vasectomy, but we haven't made a final decision yet. Can I rely on breastfeeding for birth control while we decide?"

Counseling Challenge

The patient appears to be an excellent candidate for LAM and may use it as a temporary bridge while considering a long-term contraceptive plan.

Patient Resources



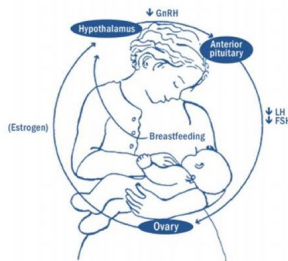
FACT SHEET

Lactational Amenorrhea Method

What is it?

Lactational Amenorrhea Method (LAM) is a very effective and natural method of family planning based on three criteria. LAM prevents pregnancy if a woman (1) is **exclusively breastfeeding**, (2) **has not had started her period after childbirth**, and (3) **her baby is less than six months old**. To use LAM successfully, a woman must:

- Breastfeed as often as the baby wants, day and night
- Not give the baby other food or liquids (not even water)
- Continue to breastfeed even when she or her baby is sick
- Avoid using bottles, pacifiers, or other artificial nipples
- Begin thinking about a new method while still using LAM and be ready to switch immediately when she no longer meets even one of the three LAM criteria



How does it work?

When a baby suckles frequently at the breast, it stimulates signals to the brain which release hormones that block a woman's egg from developing.

How well does it work to prevent pregnancy?

LAM works very well to prevent pregnancy and is more than 98% effective when used correctly.

Advantages

- Does **not** cause any physical side effects
- Effective and reversible
- Inexpensive
- No hormones, devices or medical procedures required
- Breastfeeding helps baby grow healthy and strong and protects her/him from disease

Disadvantages

- Offers no protection against HIV or other STIs
- Can only be used by women <6 months postpartum

Contact your health provider if:

- You are no longer exclusively breastfeeding (giving baby other food or liquids)
- Your period has started again
- Your baby is 6 months old
- You have any breastfeeding problems

Spacing pregnancies is important for the health of mother and child. After giving birth, wait two years before getting pregnant again. Begin using another family planning method as soon as your period returns, your baby is 6 months old, or you begin giving your baby any foods or liquids other than breast milk.



LAM

Lactational Amenorrhea Method

A Family Planning Method for Breastfeeding Women

LAM can help you prevent pregnancy if you are breastfeeding and meet **ALL** these criteria.

1 No menstrual bleeding since your baby was born



2 You only breastfeed your baby (no other food or liquid is given)



3 Baby is less than 6 months old



Do YOU meet all 3 of these criteria?
If yes, you can use LAM to prevent pregnancy.

When you no longer meet **ALL** these criteria, begin using another family planning method immediately.

Magazine-like patient guide to breastfeeding

- Free
- Downloadable
- Printable
- For patient who learns by reading
- Long format, Comprehensive
- Smog Grade 9.94
- No advertising



Conclusion

- ★ LAM is highly effective when used correctly
- ★ LAM can be empowering
- ★ Supports optimal health of both infant and parent
- ★ This method relies on quality counseling and education
- ★ It's **temporary**

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*Thank you to the National Perinatal Association
for making the inclusive breastfeeding images
available free to use in celebration of Breastfeeding Month
2019*



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