# Birth Control and Breastfeeding

Marie called with a question, “My baby is 4 weeks old, and my husband and I love her to death. However, she is a lot of work, and we do not want another little one quite yet. My husband and I are also hoping to resume our sex life, but can I be on birth control while breastfeeding?”

MotherToBaby is here to help answer some of those questions! Of course, before you decide, it is best to speak with your medical provider and get their advice. Since everyone is different, some birth control methods might not be a good match for you.

### *Can breastfeeding be used as contraception?*

There are many benefits to breastfeeding. Breastmilk has antibodies that are passed to the baby and help them build their immune system and protect against illnesses. Breastmilk is also a great source of nutrition. When a woman is breastfeeding, they might experience amenorrhea (when you do not have a monthly a menstrual period). Breastfeeding can be a temporary form of birth control if the person is exclusively breastfeeding (i.e., no formula), they have not had a menstrual period yet, and the baby is less than 6 months old. This method is sometimes called the “lactational amenorrhea method (LAM)”. LAM does not work for everybody and may not be reliable enough for all couples. Some people do not develop amenorrhea when breastfeeding, so another form of birth control would be recommended.

## Are there other forms of birth control that I can use when breastfeeding?

Many contraceptive methods do not affect your breastfeeding. However, options which contain estrogen might reduce your milk supply. Depending on what option you choose, your healthcare team may suggest that you wait up to 4-6 weeks after delivery so that your milk supply is well established, and your body has recovered from childbirth.

Another factor is how serious you are about preventing another pregnancy. Some options such as the IUD, hormonal implant, and Depo-Provera injection are 98-99% effective in preventing pregnancy (this means only 1 or 2 out of 100 women will get pregnant every year using those methods). The birth control pill is around 93% effective in preventing pregnancy (this means around 7 out of 100 women will get pregnant every year using birth control pills). The condom is around 85% effective, depending on how carefully it is used (this means around 15 out of 100 women will get pregnant every year using this method).

The American College of Obstetricians and Gynecologists (ACOG) has a web page that answers frequently asked questions about contraceptives including advantages and disadvantages of each type: https://www.acog.org/womens-health/faqs/postpartum-birth-control

## Hormonal Birth Control Options

There are many kinds of hormonal birth control options including pills taken orally (by mouth), injections, implants, and some IUDs. Some options contain forms of both estrogen and progesterone, and some just contain progesterone. In general, it is expected that only small amounts of the hormones would pass into your breastmilk, and these low levels are unlikely to result in any side effects in your baby. However, some of them can affect your milk supply.

Some estrogen-containing options include “combination birth control pills,” the skin patch, and the vaginal ring. A disadvantage of estrogen is that it can reduce or even stop milk supply. Healthcare providers usually recommend waiting to start estrogen-methods until at least 4 weeks after delivery to allow your milk supply to be well established.

Progesterone-only options include the progestin only pills (“mini pills”), the injection (ex. DepoProvera shot), the implant (ex. Nexplanon), the hormonal intrauterine device (IUD), and emergency contraception. Progesterone only options generally do not reduce your milk supply or affect milk quality. Some professional groups suggest waiting 4-6 weeks after giving birth before getting the Depo-Provera shot because the amount of hormone in your blood and milk from this injection are highest around the time it is given.

## Non-Hormonal Birth Control Options

Non-hormonal birth control options include barrier methods like male and female condoms, spermicide, diaphragms, the cervical cap, the sponge, and the copper IUD.  None of these strategies impact milk supply.

## Fertility Awareness Methods/Lifestyle Options

Other birth control options that do not include hormones or barrier items are the calendar tracking option and abstinence. The calendar tracking option is when you track your menstrual cycle and avoid intercourse on the days you are most fertile (most likely to get pregnant). This method is not very reliable following childbirth because a menstrual cycle can be irregular during the first few months. Abstinence is the avoidance of vaginal intercourse and choosing to be intimate in other ways that cannot result in a pregnancy. Abstinence is 100% effective at preventing pregnancy.

## Summary

In summary, what is the best birth control option during breastfeeding? Each person will be different, so it is important to talk with your healthcare provider about which option is best for you based on the timing, effectiveness, family planning decisions, and your other personal health factors.

## Resources

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Melissa, pregnant for the first time, live chatted with MotherToBaby through our website: “Hi, I’m 29 weeks pregnant and wondering about vaccines. I have seen so many different things online and I am worried about getting really sick while I’m pregnant. Can you help?”

Melissa is not alone. Many people contact MotherToBaby to find the most up-to-date information about vaccines during pregnancy. Protecting yourself from circulating viruses can also help protect your developing baby. Infections such as influenza, pertussis, rubella, chicken pox, and COVID-19 can cause serious problems in both a pregnant woman and her developing baby. Let’s navigate through the current recommendations.

### *Plan to Receive Some Vaccines Prior to Pregnancy*

You may have heard there are some vaccines, like measles, mumps, and rubella (MMR) and chickenpox (varicella), you should not receive during pregnancy. These “live” vaccines are avoided as they are made from viruses or bacteria that have been weakened, but not killed. Due to the small chance that a live vaccine might cause the disease itself, live vaccines are not routinely given to pregnant women.

So how can you protect yourself and your developing baby from viruses like measles, mumps, rubella (MMR) and chicken pox if it is not recommended (also known as contraindicated) to receive the vaccines during pregnancy? The Centers for Disease Control and Prevention (CDC) consider people who have received one or more doses of MMR vaccine during their lifetime to be protected for life. Adults who never got the MMR vaccine should get at least 1 dose (or 2 doses for some people at higher risk of infection) before pregnancy. Those who have never had chickenpox or received a chickenpox vaccine should get 2 doses of varicella vaccine, at least 4 weeks apart, before pregnancy. If you aren’t sure if you ever got vaccinated for MMR or chickenpox or unsure if you had chickenpox in the past, you can safely receive the necessary live vaccines before that positive pregnancy test! Out of an abundance of caution (small possibility of that infection) it is advised to wait at least one month before becoming pregnant after these vaccines. This is just one reason why it is beneficial to have a pre-pregnancy health checkup and to discuss any future conception plans with your provider!

## Keep Up with Recommended Vaccines During Pregnancy and Encourage Others to Do So, Too

## So, which vaccines should you receive during pregnancy?

CDC recommends all women who are pregnant receive the flu shot and updated COVID-19 vaccine each year, a Tdap (tetanus diphtheria pertussis) vaccine in each pregnancy, and an RSV (respiratory syncytial virus) vaccine (if you have not received one in a previous pregnancy).These vaccines are not live vaccines and have not been associated with an increased chance for birth defects or pregnancy complications. (A nasal spray vaccine is also available against influenza, but it is a live vaccine and not recommended in pregnancy).

**Influenza vaccine (flu shot)**

The flu shot usually becomes available in September and is offered throughout flu season. CDC recommends **getting a flu shot by the end of October** despite flu seasons varying in their timing each year. This timing helps protect a pregnant woman before flu activity begins to increase. Protection begins about two weeks after you get the flu shot and lasts at least six to eight months. It is necessary to receive the seasonal flu shot each year to be protected in the current flu season. Getting vaccinated during your pregnancy may also help protect your baby from getting sick during the first 6 months of life! This is especially important because infants less than 6 months of age cannot receive the flu vaccine.

**COVID-19 vaccine**

It is well known that pregnant women are more likely to get very sick from COVID-19 compared to those who are not pregnant. This is why is so important to receive an updated COVID-19 vaccine every year, any time before or during pregnancy, for the best protection against severe illness. CDC recommends staying up-to-date with COVID-19 vaccines every year: https://www.cdc.gov/covid/vaccines/stay-up-to-date.html.

**Tdap vaccine**

“I just had a Tdap vaccine a couple years ago – so I don’t need another one, right?” Melissa asked a very common question we receive regarding the Tdap vaccine during pregnancy. Although this vaccine is recommended for adults every 10 years, for women who are pregnant, receiving the shot in the 3rd trimester (specifically 27-36 weeks gestation) can help the baby get as many of the mother’s antibodies as possible. After delivery, these antibodies provide some protection against pertussis, also known as whooping cough (a very contagious respiratory infection), until the baby can receive his/her own dTAP vaccine (starting at 2 months of age). Additionally, if everyone who lives with you and any caregivers get the vaccine, it can lower the chance for the baby to be exposed to pertussis.

**RSV vaccine**

The RSV vaccine protects both pregnant women and their babies from RSV, a virus that can cause serious breathing problems in babies. CDC recommends a single dose of the Abrysvo® RSV vaccine between 32 and 36 weeks of pregnancy, during the RSV season (September-January). As with the flu and Tdap vaccines, this maternal vaccine helps the pregnant woman create antibodies that can pass to the baby, giving the baby some protection from an RSV infection after birth. By getting this vaccine, pregnant women can help keep their newborns safe from serious health complications. Melissa, being 29 weeks, can now plan an upcoming RSV vaccine appointment!

Pregnant women who receive vaccines can also share their experiences with maternal health researchers, like MotherToBaby. Our studies are published in medical journals and product labels, and can help others like you when navigating vaccine decisions in pregnancy.

**There are no Vaccines to Prevent Some Infections**

Many people are packing their bags for a getaway during the summer months. If you are considering an upcoming vacation or babymoon, it’s important to protect yourself from viruses and infections with the appropriate vaccines for that area. Where are you headed? Check with your healthcare provider regarding any specific travel vaccines you might need. CDC recommends discussing any travel plans with your provider at least 4-6 weeks before your trip. Contact MotherToBaby to check the information on any vaccines your healthcare provider recommends

Viruses like Zika, malaria, and Oropouche can be spread by mosquitos and biting flies (midges). These infections can increase serious risks in pregnancy. Since there are no vaccines to prevent these infections, the safest approach during pregnancy would be to not travel to areas with any possible level of risk. Should you choose to travel, it's important to protect yourself using the recommended insect repellents among other ways to help prevent bites while traveling.

Although Melissa didn't have any trips planned for the rest of her pregnancy, she was happy to know about these other infections she wasn't even thinking about!

**Other Precautions**

Although masks are no longer required in most public areas, this is still a great way to reduce the risk for infections while around others!  Good hand washing is also the most simple and effective way to prevent the spreading of germs to keep you healthy.

After chatting with Melissa, she decided to make her appointment for her COVID-19 and Tdap vaccines (you can get them at the same time!) and will go in ASAP when the flu vaccine for this season is available. She felt reassured knowing she had decided to give herself and her developing baby the best protection from these illnesses as possible.
"Thank you for all this info! I just want to make the best choice for me and my baby – I feel so much better."

Do you have questions about vaccines during pregnancy? Call, chat, text, or email MotherToBaby!

References:

https://mothertobaby.org/fact-sheets/vaccines-pregnancy/

https://mothertobaby.org/pregnancy-studies/

https://www.cdc.gov/vaccines/by-age

https://www.cdc.gov/vaccine-safety/about/pregnancy.html

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org**.

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