

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 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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Stanton TA, Blumenthal PD. Postpartum hormonal contraception in breastfeeding women. Curr Opin Obstet Gynecol. 2019 Dec;31(6):441-446. doi: 10.1097/GCO.0000000000000571. PMID: 31436540.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.mothertobaby.org).

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