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[3]
    - Advise women: waiting until onset of menstruation before starting contraception puts them at pregnancy risk[3]
2. Lactational amenorrhea method
    - 98% effective if a women meets ALL criteria:[3]
        - 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[3]
    - 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[3]
    - Combined hormonal contraception (COC)
        - Avoid COCs in the first 6 weeks postpartum[3]
            - DVT risk
        - 6 wks to 6 mos
            - Insufficient evidence to prove if COCs have an adverse effect of breast milk volume[4]
        - Breastfeeding women should be advised
            - Avoid COCs between 6 wks and 6 mos postpartum UNLESS breastfeeding has been established AND other methods unacceptable[3]
        - 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[3]
            - 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[3]
        - WHO recommendations: progesterone only EC can be used w/o restriction in breastfeeding women[5]
        - 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)[6]
        - 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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4. Truitt ST, Fraser AB, Gallo MF, Lopez LM, Grimes DA, Schulz KF. Combined hormonal versus nonhormonal versus progestin-only contraception in lactation. Cochrane Database of Systematic Reviews 2003, Issue 2. Art. No.: CD003988. DOI: 10.1002/14651858.CD003988.
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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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