



## PIC QUESTION OF THE WEEK: 9/18/06

Q: What type of oral contraceptive is preferred for breastfeeding women?

A: Breastfeeding clearly provides multiple benefits and is considered by the American Academy of Pediatrics (AAP) “to be the best nutritional mode for infants for the first six months of life.” It decreases morbidity and mortality of newborns and enhances immunologic protection against many diseases. Lactation can reduce pregnancy rates for approximately 6 months postpartum in women who breastfeed and remain amenorrheic; however, the potential for pregnancy still exists. For this reason, many women elect to begin or resume use of oral contraceptives (OCs) shortly after delivery. Oral contraceptives, both combined (estrogen plus progestin) and progestin-only, pass readily into breast milk. While the AAP states that OC use and breastfeeding are compatible, combined estrogen and progestin OCs may reduce the duration of lactation. Estrogen may also decrease the quantity of milk produced and alter nitrogen and protein content. The use of combined OCs by nursing mothers in the early postpartum period is generally discouraged. Most authorities recommend that no OC be initiated in nursing mothers earlier than 6 weeks postpartum because hormonal exposure during this period may affect hepatic and other organ system function. Some organizations do not recommend the use of combined OCs during the period from 6 weeks to 6 months; however, others consider use of OCs during this period to be safe and acceptable. After 6 months, the benefits from breastfeeding appear to outweigh the risks of even combined OCs. Progestin-only OCs (“minipills”) may be used by breastfeeding women, regardless of the age of the child. Although use of any OC during the first 6 weeks is not generally recommended, some suggest progestin-only OCs do not affect the amount of milk produced or growth of the child. This type of OC produces little change in milk nitrogen and protein content or duration of milk production. There is little, if any, data related to the effect of progestins on infants less than 6 weeks of age. Lactating women are advised to use the lowest possible dose of OC while breastfeeding. In addition, it is prudent to monitor infant weight more closely while the mother takes OCs. Progestin-only contraceptives require strict adherence to dosing frequency, including the time at which each dose is administered. Non-compliance can result in irregular bleeding and decreased efficacy. Regardless of the OC used, estrogen and progestin levels in breast milk are low and appear to produce minimal negative effects on milk production and infant development.

### References:

- Hale TW. Medications and mothers' milk. 12<sup>th</sup> ed. Amarillo:Hale Publishing;2006.
- Guthmann RA, Bang J, Nashelsky J. Combined oral contraceptives for mothers who are breastfeeding. Am Fam Physician 2005;72:1303-4.
- NLM. Toxicology Data Network. LactMed. (accessed 2006 September 14).

Allison M. Simons and Michael A. DeCoske, Pharmacy Clerkship Students

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