



Emergency Contraception and Breastfeeding

Breastfeeding as contraception

Breastfeeding is up to 98% effective as a method of contraception. However, this applies only for the six months following birth and only in women who are fully and regularly breastfeeding (ie. babies that are 100% breastfed including some night feeds), and whose menstrual periods have not returned. Once any of these factors change, breastfeeding cannot be relied on for preventing pregnancy and alternate contraception is recommended.¹ See your doctor or family planning clinic for advice on methods considered safe and effective in breastfeeding.

What is emergency contraception?

There are three methods of emergency contraception available - the **1.5mg levonorgestrel emergency contraceptive pill (LNG-ECP)**, the **30mg ulipristal acetate pill (UPA)** and the copper intrauterine device (IUD). The emergency contraceptive pill is sometimes known as the "morning after pill". It can be useful for women who occasionally fail to use reliable contraception or who accidentally miss a dose of their regular contraceptive pill. It is thought that emergency hormonal contraception prevents ovulation and fertilisation of the egg by the sperm.²

Emergency contraceptive pills

A single oral dose of **levonorgestrel (LNG-ECP) 1.5 mg** should ideally be taken as soon as possible after unprotected intercourse. When taken within 72 hours of sexual intercourse, it is 85% effective in preventing pregnancy. The longer the time delay between unprotected sex and taking LNG-ECP, the less effective this method is.^{2,3} There are several brands available over the counter from a pharmacy. The pharmacist has a duty of care to ask some questions when dispensing without a prescription to ensure that the supply of this medicine is appropriate. It is also important that as part of the counselling process, women are made aware of the potential risks of sexually transmitted infections.

The **LNG-ECP** can be taken while breastfeeding. After a single 1.5mg dose, the total amount of drug passing into the breastmilk over the next 3 days is only about 0.1% of the mother's dose.⁴ Experts agree that this small amount of hormone is not significant and **women are encouraged to continue breastfeeding without interruption** (even though some drug companies may suggest interruption in their product information).⁵ It is important to understand that ceasing breastfeeding for a period of time reduces the contraceptive effect of breastfeeding itself. In addition, introducing formula unnecessarily to a young baby can increase the health risks for the baby. It is reassuring that studies indicate that levonorgestrel does not affect the composition or amount of breastmilk, or the growth and development of the breastfed infant.⁶ Levonorgestrel is the same hormone found in the "Mini Pill", which is considered the oral contraceptive of choice for breastfeeding mothers. However, the dose found in the "Mini Pill" is much lower and has to be taken at the same time every day.

UPA is a new emergency contraception pill. Currently there is a lack of follow up of babies whose mothers have taken this pill while breastfeeding, Therefore, it is generally **not** the preferred emergency contraceptive in breastfeeding women. However when greater than 72 hours have passed after sexual intercourse, or when a woman is obese, it is reasonable to consider UPA, as

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LNG is less likely to be effective. Since small amounts are excreted into breastmilk it is not necessary to interrupt breastfeeding.⁵If in doubt, call MotherSafe for further advice.

Copper intrauterine contraceptive device (IUD)

A copper IUD inserted in the uterus within 5 days of unprotected sex is another method of emergency contraception. It is even more effective than a single dose of levonorgestrel, and offers the advantage of ongoing contraception if required. However, it may be difficult to organise to have an IUD inserted by an experienced doctor within 5 days of unprotected sex. Copper IUDs can be safely used by breastfeeding women.⁷

Other considerations

Taking the emergency contraceptive pill more than once in a cycle is not harmful, however alternate methods of contraception would be preferred. Nausea and vomiting are rare side effects of the EC pill. If vomiting does occur within two hours of taking the LNG-ECP or within 3 hours of taking UPA, the dose should be repeated to ensure reliable contraceptive effect.²

What else do I have to do?

If your period does not come as usual within 3 weeks, or if your periods have not returned since your baby's birth and you think you might be pregnant, make an appointment to see your doctor. Rarely, pregnancy can occur even after taking the emergency contraceptive pill. However, reports on human pregnancies are reassuring that when taken in early pregnancy, it is not associated with an increased risk of birth defects or pregnancy complications.⁸If you are breastfeeding but not planning a pregnancy soon, see your doctor or family planning clinic about other contraceptive methods.

References

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2. Family Planning NSW. Emergency Contraception. Reviewed January 2017. <https://www.fpnsw.org.au/health-information/contraception/emergency-contraception> Accessed March 2019
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4. Gainer E, Massai R, Lillo S et al. Levonorgestrel pharmacokinetics in plasma and milk of lactating women who take 1.5 mg for emergency contraception. Hum Reprod. 2007. 22(6):1578-1584.
5. World Health Organization. Medical eligibility criteria for contraceptive use. 5th Edition 2015. Executive Summary. Available at https://www.who.int/reproductivehealth/publications/family_planning/Ex-Summ-MEC-5/en/ . Accessed March 2019
6. Drugs and Lactation Database LactMed. Levonorgestrel . Accessed March 2019
7. Family Planning NSW. Copper IUD. May 2013. <https://www.fpnsw.org.au/health-information/individuals/contraception/copper-iud> . Accessed March 2019
8. Micromedex Healthcare Series. Reprotox. Greenwood Village, CO: Truven Health Analytics, 2013. <http://www.micromedexsolutions.com.acs.hcn.com.au/micromedex2/librarian?acc=36422> . Accessed March 2019.

Other resources

1. Family Planning NSW. Phone 1300 658 886 for contraceptive, reproductive and sexual health information and referral. http://www.fpnsw.org.au/404926_20_85826259.html
2. Australian Breastfeeding Association. Phone 1800 686268 for breastfeeding information and support. <https://www.breastfeeding.asn.au/breastfeeding-helpline>

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