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CONTRACEPTION DURING BREASTFEEDING

Should I breastfeed my baby? Breast milk provides the best nutrition for infants. In addition, during breastfeeding the infant receives antibodies from the mother that help the baby's immune system develop. In the United States, many women work, however, it is possible to continue to breastfeed after returning to work. Working mothers can use breast pumps to keep providing breast milk to their infants. Discuss the options with your clinicians, family members and your employer. Many employers can provide facilities to aid in breastfeeding.

I've heard that you can't get pregnant while you breastfeed—is that true? Not necessarily. During breastfeeding the chance of getting pregnant is lower, however, women still can get pregnant. The sucking of the nipple helps to prevent ovulation (release of egg). The most complete protection from ovulation and pregnancy comes when mothers only breastfeed. That means the mother is feeding the baby on demand, including during the night and not giving any extra feeding with a bottle. Many women do not wish to nurse this way.

When should I start using contraception? It's a good idea to discuss contraception with your clinician before you give birth. That way you can decide what method is best for you without the added pressures of a new baby. Another good time to discuss birth control is before you leave the hospital. Breastfeeding women have many birth control choices.

Non-hormonal methods of contraception

Condoms and spermicides, such as foam or cream, can be used with no impact on breastfeeding. The vagina of the nursing mother may be dryer than normal, which can make condoms irritating. If this is a problem for you, use additional lubrication.

Barrier methods such as the diaphragm and cervical cap with spermicides have no effect on breastfeeding. Check with your clinician to refit the device because you may need a larger size after having a child.

The intrauterine device (IUD) is very effective at preventing pregnancy. Two types of IUDs are available in the U.S.—a copper containing device and a progesterone containing device. Neither IUD affects the quality or quantity of breast milk. The progesterone-IUD releases a very small amount of hormone into the uterus, where it works locally. Women who breastfeed can have the IUD inserted after the uterus returns to its normal shape and size.

Tubal sterilization (having your tubes tied) affects breastfeeding only if general anesthesia is required (you are put to sleep for the operation). Anesthetic medications can pass through the breast feeding milk—this milk should be discarded for 24 hours after surgery. You can keep the milk coming by squeezing it out by hand or by using a breast pump. Regional anesthesia, which makes your belly numb although you are awake, is often better for a number of reasons.