

This Guidance was developed by the Clinical Effectiveness Unit (CEU) of the Faculty of Family Planning and Reproductive Health Care (FFPRHC): Dr Gillian Penney (Director), Dr Susan Brechin (Unit Co-ordinator); Ms Alison de Souza and Ms Gillian Stephen (Research Assistants) in consultation with the Clinical Effectiveness Committee, which includes service user representation and an Expert Group of health care professionals involved in family planning and reproductive health care. The Expert Group comprised: Dr Caroline Boorer (SCMO, Family Planning, Mansfield District PCT), Dr Ruth Howlett-Shipley (SpR, Public Health, Dorset/Trainee Member of the CEU), Ms Jane Knight (Fertility Researcher, Department of Public Health, University of Oxford), Dr Ali Kubba (Consultant Community Gynaecologist and Senior Lecturer, Lambeth PCT and Guys and Kings School of Medicine, London), Ms Julie Lester (Registered General Nurse and Midwife, Aberdeen Maternity Hospital), Dr Fiona Mason (Consultant in Family Planning, Northampton), Ms Shelley Mehigan (Clinical Nurse Specialist, Berkshire) and Dr Mary Olliver (Associate Specialist in Sexual Health, Winchester/FFPRHC Education Committee and Council Representative). Written feedback was provided by: Ms Toni Belfield (Director of Information, fpa, London), Ms Cecilia Pyper (NHS Primary Care Career Scientist, Department of Public Health, University of Oxford), Dr Anne Szarewski (Editor, *Journal of Family Planning and Reproductive Health Care*) and Dr Alyson Elliman (Chairman, FFPRHC Education Committee).

This guidance is also available online at www.ffprhc.uk Evidence tables are available on the FFPRHC website. These summarise relevant published evidence on contraception in breastfeeding women, which was identified and appraised in the development of this Guidance. The clinical recommendations within this Guidance (i.e. the text appearing within the red and blue boxes) are based on evidence whenever possible.

Grades of Recommendations	
A	Evidence based on randomised-controlled trials (RCTs)
B	Evidence based on other robust experimental or observational studies
C	Evidence is limited but the advice relies on expert opinion and has the endorsement of respected authorities
✓	Good Practice Point where no evidence exists but where best practice is based on the clinical experience of the Expert Group

Electronic searches were performed for: MEDLINE (CD Ovid version) (1960–2003); EMBASE (1960–2003); PubMed (1960–2003); the Cochrane Library (to February 2004) and the US National Guideline Clearing House. The searches were performed using relevant medical subject headings (MeSH), terms and text words. The Cochrane Library was searched for systematic reviews, meta-analyses and controlled trials relevant to contraception for breastfeeding women. Previously existing guidelines from the Faculty of Family Planning and Reproductive Health Care (FFPRHC), the Royal College of Obstetricians and Gynaecologists (RCOG), the World Health Organization (WHO) and reference lists of identified publications were also searched. Similar search strategies have been used in the development of other national guidelines. Selected key publications were appraised according to standard methodological checklists before conclusions were considered as evidence. Evidence was graded as above, using a scheme similar to that adopted by the RCOG and other guideline development organisations.

Discussion Points for the Contraceptive Choices for Breastfeeding Women

The following discussion points have been developed by the FFPRHC Education Committee.

Discussion Points

- 1 List the criteria for the lactational amenorrhoea method (LAM) of contraception and discuss the potential benefits and difficulties with this method.
- 2 Discuss the possible contraceptive options and starting regimes for a vulnerably housed, teenage mother who is seen 2 days postpartum.
- 3 Discuss the differences in contraceptive options and concerns between a breastfeeding and non-breastfeeding woman.

Questions for the Contraceptive Choices for Breastfeeding Women

The following questions and answers have been developed by the FFPRHC Education Committee.

Indicate your answer by ticking the appropriate box for each question

	True	False
1 The earliest predicted ovulation postpartum occurs on Day 28 so contraception does not need to be used before this time.	<input type="checkbox"/>	<input type="checkbox"/>
2 The onset of ovulation can be predicted from the onset of menstruation.	<input type="checkbox"/>	<input type="checkbox"/>
3 Used correctly, the lactational amenorrhoea method (LAM) has approximately the same contraceptive efficacy as hormonal methods.	<input type="checkbox"/>	<input type="checkbox"/>
4 The mean time to first ovulation in breastfeeding women is 8–9 weeks.	<input type="checkbox"/>	<input type="checkbox"/>
5 The levels of hormones in breast milk when using a hormonal method of contraception are comparable to those found during an ovulatory menstrual cycle.	<input type="checkbox"/>	<input type="checkbox"/>
6 There is evidence of an adverse effect on infant growth when hormonal contraception is used during breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>
7 The use of progestogen-only contraceptive implants is contraindicated during breastfeeding until 6 months postpartum.	<input type="checkbox"/>	<input type="checkbox"/>
8 The combined oral contraceptive (COC) pill must be avoided when breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>
9 An intrauterine device (IUD) can be fitted within 48 hours postpartum irrespective of breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>
10 Progestogen-only emergency contraception (EC) can only be used with caution in women who are breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>

Answers: 1 False, 2 False, 3 True, 4 False, 5 True, 6 False, 7 False, 8 False, 9 True, 10 False