Breastfeeding delays the return of ovulation. Because of this, all contraceptives have a lower failure rate if used consistently and correctly. Mothers should not wait until the return of their menstrual period before starting contraception as ovulation precedes menstruation making pregnancy possible.

**Advice on starting a contraceptive regime**

**Immediately:**
- Lactational amenorrhoea method (LAM): Start immediately postpartum to provide effective contraception. Remind women that the LAM is an interim method effective for the first six months postpartum only.
- Intrauterine device (IUD): Insert within the first 48 hours postpartum to provide immediate protection.
- Condoms and spermicides: Can be used immediately.
- Female sterilisation: When permanent contraception is required. Can be performed at the time of Caesarean section if there has been appropriate counselling and consent ante-natally.

**Under 4 weeks:**
- Progestogen-only pill (POP): May start any time postpartum. If started up to day 21 postpartum no additional contraceptive protection required. If started after day 21 additional contraceptive protection is required for two days.
- Progestogen-only implant: Insert up to day 28 postpartum without the need for additional contraceptive protection. If inserted after day 28 additional contraceptive protection is required for seven days. May be considered before day 21 if a woman is unlikely to return for insertion, if the risk of pregnancy is high and if other methods are unacceptable. Counsel regarding bleeding.

- Emergency contraception (EC): Indicated if there has been unprotected intercourse or potential contraceptive failure after day 21.
- Progestogen-only EC can be used without restriction in breastfeeding women.

**From 4 weeks:**
- Intrauterine device (IUD): Insert from four weeks postpartum.
- Levonorgestrel-releasing intrauterine system (LNG-IUS): Insert from four weeks postpartum with additional contraception for seven days.
From 6 weeks:
Progestogen–only injectable: Give from 6 weeks postpartum if reasonably certain woman is not pregnant with additional contraceptive protection for 7 days. May be considered at less than 6 weeks if the risk of subsequent pregnancy is high and other contraceptive methods are unacceptable.

Combined oral contraception (COC): May be started from six weeks if breastfeeding is established and other contraceptive methods are unacceptable. Additional contraceptive protection is required for seven days.

Diaphragms and cervical caps: Fit for a new diaphragm or cap from 6 weeks when uterine involution is complete.

Sterilisation: Male and female sterilisation can be considered after an appropriate interval following pregnancy.

Lactational Amenorrhoea Method (LAM)
You can advise mothers that if they are < 6 months postpartum, amenorrhoeic and fully breastfeeding, the LAM method is over 98% effective in preventing pregnancy. Women using this method should be made aware that the risk of pregnancy is increased if breastfeeding decreases (particularly stopping night feeds) or when menstruation recurs. This method is only effective for the first six months postpartum.

Combined oral contraception
The COC has an adverse effect on milk volume so should be avoided in the first six weeks postpartum. It may be used without restriction from six months postpartum, provided there are no contraindications.

Progesterone-only contraception
Progesterone-only methods do not have any adverse effect on milk volume. Irregular bleeding associated with these methods appears to be more acceptable to breastfeeding women. Use of progesterone only methods while breastfeeding provides over 99% efficacy.

Emergency contraception
Unprotected sexual intercourse before day 21 postpartum is not an indication for emergency contraception. Contraceptive failures should be treated in the same way in breastfeeding and non-breastfeeding women.

Reference