



# Fertility during Breastfeeding

Some doctors claim that, in a well-nourished society, breastfeeding has no significant effect on a woman's fertility. They are wrong. Research shows that even in the United States, breastfeeding delays the return of women's periods. The exact duration of **amenorrhea** (absence of menstrual periods) depends on each woman's nursing pattern and on her own physiology.

Many women welcome this break from coping with periods and/or PMS symptoms, particularly because they are so busy with caring for a new baby! The delay helps women in many cultures to space pregnancies a couple of years apart. This protects the mother's health and helps make sure that babies receive enough attention during the tender early years. Research shows that having fewer periods over a lifetime protects women against some kinds of cancer.

Some women worry about being able to have another baby and wonder whether they can encourage the return of their fertility. Others want to delay the birth of another baby and need information about how to combine breastfeeding infertility with other methods if needed. This sheet will help all women understand more about how breastfeeding affects fertility, and how to cope with those effects in their lives.

## How does it happen?

Women who are lactating have different hormone levels than women who are not, especially in the early months after birth. Yet as the months go by, those differences lessen. Some of the factors that a mother can pay attention to in order to lengthen or shorten the time of **amenorrhea** are: feeding entirely at the breast for the first six months of life without offering pacifiers, other liquids, or solids; sharing sleep with your baby for night feedings and naps; breastfeeding frequently day and night and avoiding strict schedules; and avoiding any activity that separates you from your baby, delays feedings, or shortens feedings.

In general, women who do these things enjoy around 14 months without their periods. Mothers who breastfeed, but don't follow these suggestions, may have a shorter time without their cycles. However, some mothers' experiences don't follow either of those patterns.

There are usually four stages in the return of fertility. Some women may skip a stage. During the first stage, women are infertile. During the second stage, women experience cyclic bleeding without ovulating. Ovulation returns in the third stage. A woman releases an egg most months, but the **luteal phase**—the time between ovulation and bleeding—may be less than 10 or 11 days, which is too short to maintain a pregnancy. The final stage is full fertility: a woman ovulates, has periods, and can maintain a pregnancy.

There are several methods to help a woman keep track of her fertility pattern. (See the **Resources** for more information.) Most use some combination of keeping track of certain body changes that may mean fertility is returning. You may already be

## Lactational Amenorrhea Method (LAM)

Women have long used the protection of breastfeeding to prevent pregnancy. Researchers at Georgetown University developed the Lactational Amenorrhea Method of birth control (LAM) to quantify exactly under what circumstances breastfeeding is sufficient birth control. As long as the three conditions of the method are in place, the chances of pregnancy are less than 2 percent, making it more reliable than a condom or a diaphragm. The conditions are:

- Your baby is less than six months old.
- Your period has not yet returned.
- Baby is exclusively breastfed and nurses on demand both day and night.

familiar with some of these changes.

- Texture and quantity of cervical mucus.
- Position and firmness of cervix.
- Basal body temperature.
- Spotting blood and menstrual bleeding.

## When fertility returns

Breastfeeding can and should continue when menstruation resumes. Mothers sometimes notice that their babies become fussy at the start of cycles, perhaps because many women have a slight, temporary drop in milk supply at the start of their period. After a few days of increased nursing, the supply will return. Some women experience moodiness and irritability. It is common for cycles to be irregular for the first few months.

Since certain patterns of breastfeeding have been

shown to significantly delay the return of fertility, you may not need to consider other methods of family planning in the early months. However, as your natural period of infertility is ending, you may want to think about family planning options. Your own values and preferences will certainly influence the choices you make, as will the fact that you are breastfeeding.

If a breastfeeding mother chooses to use contraception, the non-hormonal barrier methods have the least effect on breastfeeding. Among hormonal methods, progestin-only types are preferred. Many mothers and health care providers report that they may reduce a mothers' milk production when introduced too early in the course of lactation. Mothers may wish to avoid hormonal contraceptives that contain estrogen as they have been shown to decrease milk supply as well as result in changes in milk composition.

### Resources:

The Couple to Couple League International, Inc.  
P.O. Box 111184 Cincinnati, OH 45211-1184

Phone: (513) 471-2000; (800) 745-8252

[www.ccli.org/](http://www.ccli.org/)

Billings Ovulation Method

[www.billings-centre.ab.ca/](http://www.billings-centre.ab.ca/)

Family of the Americas

[www.familyplanning.net/](http://www.familyplanning.net/)

Lactational Amenorrhea Method (LAM)

[www.breastfeeding.com/reading\\_room/lam.html](http://www.breastfeeding.com/reading_room/lam.html)

## Encouraging the return of fertility

Here are some ideas for bringing your fertility back faster and for handling the balance between your existing baby's needs and your desire to give him or her a sibling:

- Abrupt changes in your nursing routine tend to bring cycles back faster than gradual ones.
- Try weaning for a consistent period of each day or during the night. Just a four-hour period without nursing may be enough.
- If your child is interested, feeding him more other foods can decrease the need for nursing.
- If you are having periods, but your luteal phase is too short to stay pregnant, consider talking to your health care provider about progesterone supplementation. It may help increase your chances of maintaining a pregnancy.
- Be patient. A delay in the return of fertility may mean that by the time you get pregnant, your older child will be more ready to share your attention with a sibling.
- Be realistic. Some women will find it difficult or impossible to conceive while nursing even if they have their period back. Most women, however, are able to conceive in time.

For breastfeeding information, to order publications, or to find an LLL Leader near you, use our Web site at:

[www.lalecheleague.org](http://www.lalecheleague.org)

Or phone: **800 LA LECHE** (9-5 Central Time)  
**847-519-7730** (24-hour messages)

## Family Planning Options

Method	Breastfeeding considerations
<b>Non-hormonal methods</b>	
LAM	Supports optimal breastfeeding. 98% or more effective for up to six months or more when used correctly.
Condoms	No effect on breastfeeding. 95-97% effective if used correctly.
Diaphragm (with spermicide)	No effect on breastfeeding. 94% effective when used correctly.
Spermicides	No effect on breastfeeding. 94% effective when used correctly.
Intrauterine devices (non-hormonal)	No effect on breastfeeding. 99.4-99.9% effective.
Natural Family Planning (periodic abstinence)	No effect on breastfeeding. 91-99% effective when used correctly.
<b>Progestin-Only Methods</b>	
Mini-Pill (Micronor)	May reduce milk supply, particularly if used in early weeks. 99.5% effective.
Depo-Provera	May reduce milk supply if introduced early postpartum. 99.7% effective. May change milk composition.
<b>Methods containing Estrogen</b>	
Combined oral or injectable contraceptives	Estrogens may reduce milk supply. 99.9% effective. Small amount passes into milk.
Vaginal ring (Nuvaring)	May decrease quality and quantity of milk supply.