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## Emergency hormonal contraception and Breastfeeding

*The information provided is taken from various reference sources. It is provided as a guideline. No responsibility can be taken by the author or the Breastfeeding Network for the way in which the information is used. Clinical decisions remain the responsibility of medical and breastfeeding practitioners. The data presented here is intended to provide some immediate information but cannot replace input from professionals.*

It is possible to continue uninterrupted breastfeeding and take the “morning after pill”

Levonelle® (levonorgestrel) was licensed to be given to women during breastfeeding. However the patient information leaflet in the packet now suggests that women should not breastfeed for 8 hours. This is not supported by research and breastfeeding can continue as normal.

The tablet should be taken as soon as possible after unprotected intercourse – up to 72 hours after. The longer the interval between intercourse and taking the tablet the greater is the chance that it will not be effective. No contraception has a 100% success rate. If vomiting occurs soon after taking the tablet medical advice should be sought as soon as possible.

The next period may be early or late and barrier contraception should be continued until the next period. Levonorgestrel can be purchased over the counter from a pharmacist as well as being prescribed by a GP, family planning clinic or accident and emergency department.

Should the next period be delayed more than 5 days she should seek further medical advice. Levonelle is reported by the manufacturers not to show evidence of teratogenicity even if it fails to prevent pregnancy. However emergency hormonal contraception should not be used if there is any possibility that the woman is already pregnant.

In a cohort study of 71 women who took levonorgestrel as a postcoital contraceptive no obvious decrease in milk supply was found after the drug was used according to maternal reports. 75% of mothers re-initiated breastfeeding before 8 hours after the dose. None noticed any adverse effect in their infants (Polakow-Farkash 2013). One study demonstrated that levonorgestrel passes into breastmilk but in minimal quantities (Jatlaoui 2016). Polakow-Farkash reports that the study findings support the safety of using levonorgestrel as an emergency contraceptive during lactation without the need for withholding breastfeeding.

**To speak to a Breastfeeding Supporter call the National Breastfeeding Helpline 0300 100 0212**

Calls to 0300 numbers cost no more than calls to UK numbers starting 01 and 02 and will be part of any inclusive minutes that apply to your provider and call package

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There is no information on the amount of the newer drug Ulipristal (ellaOne®) passing into breastmilk although data from the manufacturer indicates that the amounts in breastmilk are low. World Health Organization guidelines state that women who are breastfeeding can generally use ulipristal as an emergency contraceptive. The manufacturer reports that after this medication was given to 12 breastfeeding women for emergency contraception the mean concentration of ulipristal and its metabolite in milk were 22.7 ng/mL and 4.49 ng/mL in the first 24 hours. Using this data the mean ulipristal concentration in the first 24 hours of therapy, the relative infant dose was 0.8% well below the 10% level considered as safe (Hale). The milk from these mothers was not given to the babies.

Women who do not wish to expose their baby to any medication may wish to consider how frequently they are breastfeeding and therefore the likelihood of ovulation. She needs to take into account whether she is still exclusively breastfeeding or has introduced solids or complimentary feeds which make it more likely that she is ovulating. She and her partner also need to consider the consequences of a subsequent pregnancy for them.

A copper intra-uterine contraceptive can be inserted up to 5 days after intercourse as an alternative method of emergency contraception.

#### References

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- Polakow-Farkash S, Gilad O, Merlob P et al. Levonorgestrel used for emergency contraception during lactation-A prospective observational cohort study on maternal and infant safety. J Matern Fetal Neonatal Med. 2013;26:219
- World Health Organization . Medical Eligibility Criteria For Contraceptive Use: Fifth Ed. 2015. [www.who.int/reproductivehealth/publications/family\\_planning/MEC-5/en/](http://www.who.int/reproductivehealth/publications/family_planning/MEC-5/en/)

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