

All correspondence to:

The Breastfeeding Network
PO Box 11126, Paisley PA2 8YB
Admin Tel: 0844 412 0995
e-mail: admin@breastfeedingnetwork.org.uk
www.breastfeedingnetwork.org.uk

Emergency hormonal contraception and breastfeeding *“The morning after pill”*

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 is licensed to be given to women during breastfeeding. The patient information leaflet in the packet assures women that it is safe with continued breastfeeding. It contains a progesterone-only drug levonorgestrel.

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. Levonelle 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.

There is no information on the amount of the newer drug ellaOne® passing into breastmilk

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.

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

The Breastfeeding Network is a Company Limited by Guarantee Registered in Scotland Company No. 330639
Registered office Alexander Sloan, Chartered Accountants, 38 Cadogan Street, Glasgow, G2 7HF
The Breastfeeding Network is a Registered Scottish Charity No SC027007

©Wendy Jones PhD, MRPharmS and the Breastfeeding Network September 2014