

CORE Brief

Is Depo-Provera safe to use immediately after birth?

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Executive Summary

Depo-Provera is the well-known brand name for a progesterone-only injectable contraceptive. Controversy exists among both researchers and family planning professionals about the impact of Depo-Provera on breastmilk supply when started shortly after giving birth. Some professional groups recommend Depo-Provera's use immediately after birth, but others do not. We argue that healthcare providers who work with birthing clients familiarize themselves with Depo-Provera's risks, benefits, and alternatives so they can help patients make the best decisions for themselves. These conversations are especially important since Depo-Provera is disproportionately used by Black women, who are therefore more likely to experience the method's potential impact on lactation.

What is Depo-Provera?

Depo-Provera is the brand name for medroxyprogesterone acetate, a contraceptive method whose only hormone is progesterone. To administer the method, a licensed healthcare provider injects Depo-Provera intramuscularly into the patient's arm or buttock every three months. The method works by suppressing ovulation and by thickening cervical mucus, which helps keep sperm from fertilizing an egg. The Food and Drug Administration approved its use as a contraceptive in 1992. Some patients receive the Depo-Provera shot before they leave the hospital after giving birth.

Evidence of Depo-Provera's Effects on Breastmilk Supply in the Postpartum Period

Experts, including both researchers and family planning professionals, hold different views on the effects of Depo-Provera on breastmilk supply, and therefore infant growth, when started shortly after giving birth. Some have theoretical concerns that progesterone-only methods can reduce breastmilk supply—specifically that when used within the first 48 hours after delivery, these methods could potentially disturb the natural drop in progesterone necessary for the body to begin breastmilk production.^{1,2} The Cochrane Database of Systematic Reviews, the world's leading resource for high-quality, independent evidence to inform healthcare decision-making, reviewed available scientific studies and found limited evidence about progesterone-only methods and lactation.³ They conclude that more research studies are needed to better understand the impact of these methods on lactation and infant health.

In the *U.S. Medical Eligibility Criteria for Contraceptive Use*, a document that outlines best-practices for contraceptive clinical care, the Centers for Disease Control and Prevention (CDC) finds that studies on progesterone-only contraceptives and lactation and infant health are generally poor quality, do not use standard definitions of breastfeeding or outcome measures, and exclude premature or ill infants.⁴ Despite these findings, the CDC recommends Depo-Provera immediately postpartum, stating that the advantages of using Depo-Provera outweigh its risks any time in the postpartum period, including immediately after

birth, for most women (exceptions for those with certain medical conditions).⁵ The CDC does not specifically define how they measure Depo-Provera's advantages, but presumably they focus on its effectiveness in reducing the risk of unintended pregnancy. The American College of Obstetricians and Gynecologists (ACOG) follows the CDC's recommendation.⁶

In contrast, the World Health Organization (WHO), the leading global public health organization, concludes that when used before six weeks postpartum, the risks of Depo-Provera usually outweigh the advantages. WHO's own *Medical Eligibility Criteria for Contraceptive Use* advises that up to six weeks after birth, Depo-Provera is not usually recommended unless other more appropriate methods are not available or not acceptable.⁷ The Academy of Breastfeeding Medicine concurs, concluding that until better evidence exists, women should be informed that hormonal methods may decrease milk supply, especially right after birth.⁸

Conclusion

This brief underscores that experts disagree about how to weigh the risks and benefits of using Depo-Provera immediately after giving birth. Even though Cochrane and CDC conclude that there is limited or poor-quality evidence of the impact of progesterone-only contraceptives like Depo-Provera on breastmilk supply and infant health, CDC and ACOG still recommend Depo-Provera's use immediately after birth. WHO and the Academy of Breastfeeding Medicine disagree and do not recommend its use within 6 weeks of birth.

What is clear is that every person should be offered full information and support about contraceptive options so that they can make a decision that is best for them, and healthcare providers must respect and support these patient decisions. These conversations are especially important since Depo-Provera is disproportionately used by Black women,^{9,10,11} who are therefore more likely to experience the method's potential impact on lactation. Depo-Provera may be a desired and positive contraceptive choice for some birthing people, while others may wish to select another method that has no known associations with reduction of breastmilk production.

References

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