Q&A: Endometriosis and Breastfeeding

February 03, 2011
By OBGYN.net Staff [1]

A 30 y/o woman, P1001, sought a second opinion from me regarding the following situation: She just had her first baby, and has a history of symptomatic endometriosis including some difficulty in achieving pregnancy (but did so without medical intervention). She was advised by another physician that she should use either depo or the progestin only pill for the next 6-12 months (while she is breastfeeding) to prevent the progression of endometriosis.

Q.

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my questions: (1) What is the natural history of endometriosis during breastfeeding? (I would think that the partial suppression of ovulation during breastfeeding might theoretically in of itself be a treatment for endometriosis). (2) Is there any evidence that exogenous progestins retard the progression of endometriosis at anytime? (3) Is there any evidence that exogenous progestins retard the progression of endometriosis during breastfeeding?

A.

Dr Linda Morrison-Boczar, MD, MBA: If breastfeeding is well established and exclusive for the first 5 to 6 months, delaying solids so that Mother is breastfeeding 6 to 8 times per day, there is little chance endometriosis will progress during the first year. Ovulation is more commonly suppressed during this time (but don't count on it for birth control), so that menses often don't resume for 6 to 9 months. If Mother is "dabbling" at breast feeding, her menses may promptly return and then endometriosis may begin to recur. Haven't seen a study on it, but in my practice, the endometriosis is slow to return and seems to get symptomatic if not treated in about 2 to 3 years post delivery.

Depo-Provera (depo-medroxyprogesterone acetate), in doses of 400 mg IM q 10-12 weeks definitely causes regression of endometriosis lesions. Over 3 to 6 months, if you have palpable nodules, you can feel them melt away. Among other cases, I treated a hydronephrosis due to a 3 cm. nodule of endometriosis implanted over a ureter with it and avoided a surgery, resection and reimplantation of the ureter.

Note: This is an extract from the Medical Professional Forum. Click here to view the original thread.

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