

# Lactational Amenorrhea Method

## Key Points for Providers and Clients

- **A family planning method based on breastfeeding.** Provides contraception for the mother and best feeding for the baby.
- **Can be effective for up to 6 months after childbirth,** as long as monthly bleeding has not returned and the woman is fully or nearly fully breastfeeding.
- **Requires breastfeeding often, day and night.** Almost all of the baby's feedings should be breast milk.
- **Provides an opportunity to offer a woman an ongoing method that she can continue to use after 6 months.**

## What Is the Lactational Amenorrhea Method?

- A temporary family planning method based on the natural effect of breastfeeding on fertility. (“Lactational” means related to breastfeeding. “Amenorrhea” means not having monthly bleeding.)
- The lactational amenorrhea method (LAM) requires 3 conditions. All 3 must be met:
  1. The mother’s monthly bleeding has not returned.
  2. The baby is fully or nearly fully breastfed and is fed often, day and night.
  3. The baby is less than 6 months old.
- “Fully breastfeeding” includes both exclusive breastfeeding (the infant receives no other liquid or food, not even water, in addition to breast milk) and almost-exclusive breastfeeding (the infant receives vitamins, water, juice, or other nutrients once in a while in addition to breast milk).
- “Nearly fully breastfeeding” means that the infant receives some liquid or food in addition to breast milk, but the majority of feedings (more than three-fourths of all feeds) are breast milk.

- Works primarily by preventing the release of eggs from the ovaries (ovulation). Frequent breastfeeding temporarily prevents the release of the natural hormones that cause ovulation.

## How Effective?

*Effectiveness depends on the user:* Risk of pregnancy is greatest when a woman cannot fully or nearly fully breastfeed her infant.

- As commonly used, about 2 pregnancies per 100 women using LAM in the first 6 months after childbirth. This means that 98 of every 100 women relying on LAM will not become pregnant.
- When used correctly, less than 1 pregnancy per 100 women using LAM in the first 6 months after childbirth.

*Return of fertility after LAM is stopped:* Depends on how much the woman continues to breastfeed

*Protection against sexually transmitted infections:* None



## Side Effects, Health Benefits, and Health Risks

### Side Effects

None. Any problems are the same as for other breastfeeding women.

### Known Health Benefits

Helps protect against:

- Risks of pregnancy

Encourages:

- The best breastfeeding patterns, with health benefits for both mother and baby

### Known Health Risks

None

### Correcting Misunderstandings (see also Questions and Answers, p. 318)

The lactational amenorrhea method:

- Is highly effective when a woman meets all 3 LAM criteria.
- Is just as effective among fat or thin women.
- Can be used by women with normal nutrition. No special foods are required.
- Can be used for a full 6 months without the need for supplementary foods. Mother's milk alone can fully nourish a baby for the first 6 months of life. In fact, it is the ideal food for this time in a baby's life.
- Can be used for 6 months without worry that the woman will run out of milk. Milk will continue to be produced through 6 months and longer in response to the baby's suckling or the mother's expression of her milk.

# Who Can Use the Lactational Amenorrhea Method

## Medical Eligibility Criteria for the

# Lactational Amenorrhea Method

All breastfeeding women can safely use LAM, but a woman in the following circumstances may want to consider other contraceptive methods:

- Has HIV infection (see The Lactational Amenorrhea Method for Women With HIV, next page)
- Is using certain medications during breastfeeding (including mood-altering drugs, reserpine, ergotamine, anti-metabolites, cyclosporine, high doses of corticosteroids, bromocriptine, radioactive drugs, lithium, and certain anticoagulants)
- The newborn has a condition that makes it difficult to breastfeed (including being small-for-date or premature and needing intensive neonatal care, unable to digest food normally, or having deformities of the mouth, jaw, or palate)

## Why Some Women Say They Like the Lactational Amenorrhea Method

- It is a natural family planning method
- It supports optimal breastfeeding, providing health benefits for the baby and the mother
- It has no direct cost for family planning or for feeding the baby

## The Lactational Amenorrhea Method for Women With HIV

- Women who are living with HIV can use LAM. Breastfeeding will not make their condition worse. There is a chance, however, that mothers living with HIV, if they are not taking antiretroviral therapy (ART), will transmit HIV to their infants through breastfeeding.
- Women taking ART can use LAM. Giving ART to an HIV-infected mother or an HIV-exposed infant very significantly reduces the risk of HIV transmission through breastfeeding. Among women who are not taking ART, 14% of their babies will be infected after 2 years of breastfeeding. Among women taking ART, less than 1% of their babies will be infected.
- Exclusive breastfeeding reduces the risk of death from common childhood illness and improves the health and development of the child and also the health of the mother.
- If national policy supports breastfeeding by women with HIV, they should receive the appropriate ART interventions and should exclusively breastfeed their infants for the first 6 months of life, introduce appropriate complementary foods at 6 months, and continue breastfeeding for the first 12 months. Breastfeeding should then stop only once a nutritionally adequate and safe diet without breast milk can be provided.
- Urge women with HIV to use condoms along with LAM. Used consistently and correctly, condoms help prevent transmission of HIV and other STIs.
- At 6 months—or earlier if her monthly bleeding has returned or she stops exclusive breastfeeding—a woman should begin to use another contraceptive method in place of LAM.

(For further guidance on infant feeding for women with HIV, see Maternal and Newborn Health, Preventing Mother-to-Child Transmission of HIV, p. 352.)

# Providing the Lactational Amenorrhea Method

## When to Start

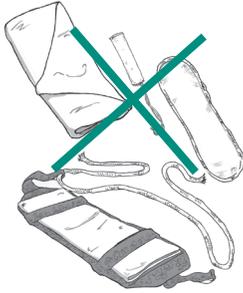
| Woman's situation                       | When to start  |
|---|--|
| <b>Within 6 months after childbirth</b> | <ul style="list-style-type: none"><li>• Start breastfeeding immediately (within one hour) or as soon as possible after the baby is born. In the first few days after childbirth, the yellowish fluid produced by the mother's breasts (colostrum) contains substances very important to the baby's health.</li><li>• Any time, if she has been fully or nearly breastfeeding her baby since birth and her monthly bleeding has not returned.</li></ul> |



## When Can a Woman Use LAM?

A breastfeeding woman can use LAM to space her next birth and as a transition to another contraceptive method. She may start LAM at any time if she meets all 3 criteria required for using the method.

Ask the mother these 3 questions:

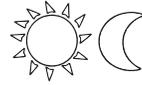


1

Has your monthly bleeding returned?



2



Are you regularly giving the baby other food besides breast milk or allowing long periods without breastfeeding, either day or night?



3

Is your baby more than 6 months old?

**If the answer to all of these questions is no...**

...she can use **LAM**. There is only a 2% change of pregnancy at this time. A woman may choose another family planning method at any time—but preferably not a method with estrogen while her baby is less than 6 months old. Methods with estrogen include combined oral contraceptives, monthly injectables, the combined patch, and the combined vaginal ring.

**But, when the answer to any one of these questions is yes...**

...her chances of pregnancy **increase**. Advise her to begin using another family planning method and to continue breastfeeding for the child's health.

## Explaining How to Use

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### Breastfeed often

- An ideal pattern is feeding on demand (that is, whenever the baby wants to be fed) and at least 10 to 12 times a day in the first few weeks after childbirth and thereafter 8 to 10 times a day, including at least once at night in the first months.
- Daytime feedings should be no more than 4 hours apart, and night-time feedings no more than 6 hours apart.
- Some babies may not want to breastfeed 8 to 10 times a day and may want to sleep through the night. These babies may need gentle encouragement to breastfeed more often.

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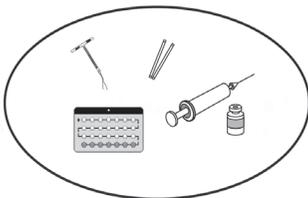
### Start other foods at 6 months

- She should start giving other foods in addition to breast milk when the baby is 6 months old. At this age, breast milk can no longer fully nourish a growing baby.

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### Plan follow-up visit

- Plan for the next visit while the LAM criteria still apply, so that she can choose another method and continue to be protected from pregnancy.



- If possible, give her condoms or progestin-only pills now. She can start to use them if the baby is no longer fully or nearly fully breastfeeding, if her monthly bleeding returns, or if the baby reaches 6 months of age before she can come back for another method. Plan for a follow-on method. Give her any supplies now.
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## How Can a Partner Help?

The client's partner is welcome to participate in counseling and learn about the method and what support he can give to his partner. A male partner can:

- Support a woman's choice of LAM
- Understand how LAM works and when it will no longer work
- Encourage her to breastfeed often and without giving her baby any supplementary food for the first 6 months
- Make sure that she has extra nutrition and fluids while breastfeeding
- Discuss and plan what method to use when one of the LAM conditions is no longer met – that is, her monthly bleeding returns, she introduces other foods, or the baby reaches 6 months old—or sooner if she prefers
- Start or remind her to start another family planning method as soon as one of the LAM criteria is no longer met
- Help to make sure she has ECPs on hand in case one of the LAM conditions is no longer met and she has not yet started to use another contraceptive
- Use condoms consistently in addition to LAM if he has an STI/HIV or thinks he may be at risk of an STI/HIV

## Supporting the User

### ***“Come Back Any Time”: Reasons to Return***

Assure every client that she is welcome to come back any time—for example, if she has problems, questions, or wants another method; she has a major change in health status; or she thinks she might be pregnant. Also, if:

- She no longer meets one or more of the 3 LAM criteria and so cannot keep relying on LAM.

# Helping Continuing Users

## Helping Clients Switch to a Continuing Method

1. A woman can switch to another method any time she wants while using LAM. If she still meets all 3 LAM criteria, it is reasonably certain she is not pregnant. She can start a new method with no need for a pregnancy test, examinations, or evaluation.



2. To continue preventing pregnancy, a woman *must* switch to another method as soon as any one of the 3 LAM criteria no longer applies.
3. Help the woman choose a new method *before* she needs it. If she will continue to breastfeed, she can choose from several hormonal or nonhormonal methods, depending on how much time has passed since childbirth (see *Maternal and Newborn Health, Earliest Time That a Woman Can Start a Family Planning Method After Childbirth*, p. 351). After 6 months, if a woman wants to continue breastfeeding, she can consider the progesterone-releasing vaginal ring (see p. 127).

## Managing Any Problems

### Problems With Use

- Problems with breastfeeding or LAM affect women's satisfaction and use of the method. If the client reports any problems, listen to her concerns, give her advice and support, and, if appropriate, treat. Make sure she understands the advice and agrees.
- Offer to help the client choose another method—now, if she wishes, or if problems cannot be overcome.
- For problems with breastfeeding, see *Maternal and Newborn Health, Managing Any Breastfeeding Problems*, p. 355.

# Questions and Answers About the Lactational Amenorrhea Method

## 1. Can LAM be an effective method of family planning?

Yes. LAM is effective if the woman's monthly bleeding has not returned, she is fully or nearly fully breastfeeding, and her baby is less than 6 months old.

## 2. When should a mother start giving her baby other foods besides breast milk?

Ideally, when the baby is 6 months old. Along with other foods, breast milk should be a major part of the child's diet through the child's second year or longer.

## 3. Can women use LAM if they work away from home?

Yes. Women who are able to keep their infants with them at work or nearby and are able to breastfeed frequently can rely on LAM as long as they meet all 3 criteria for LAM. Women who are separated from their infants can use LAM if breastfeeds are less than 4 hours apart. Women can also express their breast milk at least every 4 hours, but pregnancy rates may be slightly higher for women who are separated from their infants. The one study that assessed use of LAM among working women estimated a pregnancy rate of 5 per 100 women during the first 6 months after childbirth, compared with about 2 per 100 women as LAM is commonly used.

## 4. What if a woman learns that she has HIV while she is using LAM? Can she continue breastfeeding and using LAM?

If a woman is newly infected with HIV, the risk of transmission through breastfeeding may be higher than if she was infected earlier, because there is more HIV in her body. The breastfeeding recommendation is the same as for other HIV-infected women, however. HIV-infected mothers and their infants should receive the appropriate ARV therapy, and mothers should exclusively breastfeed their infants for the first 6 months of life, and then introduce appropriate complementary foods and continue breastfeeding for the first 12 months of life. At 6 months—or earlier if her monthly bleeding has returned or she stops exclusive breastfeeding—she should begin to use another contraceptive method in place of LAM and continue to use condoms. (See also *Maternal and Newborn Health, Preventing Mother-to-Child Transmission of HIV*, p. 352.)