

# Family planning for breastfeeding women

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Breastfeeding is the norm in Africa, where nearly all new mothers start nursing their babies within hours of birth. However, exclusive breastfeeding, in which a baby receives no other liquids or solid food, is far less common.



Both the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend that a new mother exclusively breastfeed her baby for the first 6 months of life. She should then continue to breastfeed until the baby is at least 2 years old, while introducing additional sources of nutrition.

If no safe, affordable, and sustainable alternative source of infant nutrition is available, HIV-infected mothers are also advised to exclusively breastfeed their babies for the first 4 to 6 months of life. HIV can be transmitted through breast milk, but transmission is two to three times less likely during exclusive breastfeeding than it is during mixed feeding, in which other foods are given in addition to breast milk. Because the risk of transmission through breastfeeding may increase over time, most HIV-infected women who exclusively breastfeed their babies are encouraged to wean them to other foods by 6 months.

Although rates of exclusive breastfeeding are still relatively low in Africa, arguments in favour of the practice seem to be having an impact. Between 1996 and 2006, the proportion of infants in sub-Saharan Africa who were exclusively breastfed for the first 6 months of life increased from 22% to 30%.<sup>1</sup>

Exclusive breastfeeding has many health benefits for both mothers and their infants, including a contribution to the delay in the return of a woman's fertility. Fertility suppression can help a mother focus on her new baby and space the births of her future children. However, a woman cannot rely on breastfeeding for long-term family planning. During the first 6 months postpartum, an effective method of contraception, called the lactational amenorrhea method (LAM), can help a breastfeeding

mother identify when her fertility may return and she should shift to another reliable method for preventing pregnancy.

## When breastfeeding is enough

Although the decrease in a woman's fertility with breastfeeding has been documented for centuries, it was not until the late 1980s that scientists agreed on the three criteria that were necessary for breastfeeding to be used as part of an effective method of contraception.

For a woman to use LAM, she must 1) not have menstruated since giving birth, 2) be exclusively or nearly exclusively breastfeeding, and 3) have an infant younger than 6 months old. When all three of these criteria are met, the effectiveness of LAM is about 99%<sup>2</sup> – rivalling that of the most effective modern contraceptive methods.

'LAM is not well known, and there is a common misconception that just the absence of menses in a breastfeeding woman, or just exclusive breastfeeding alone, will guarantee that a woman won't get pregnant,' says Miriam Labbok, of the United States.

Labbok is a professor of maternal and child health and the director of the Carolina Global Breastfeeding Institute at the University of North Carolina at Chapel Hill. She is also one of the original developers of LAM.

'It is important that the correct information gets out there and that healthcare providers and their patients understand that LAM can be a very effective modern method of contraception if used correctly,' she says.

In one study of 2617 women who had given birth in the last year and were receiving antenatal care in rural Egypt, 25% became pregnant while breastfeeding, and 29% of these pregnancies were unintended. More than 98% of the pregnancies occurred when the women did not meet all three criteria for LAM.<sup>3</sup> When any single criterion for LAM is no longer met, a woman should immediately initiate another form of contraception (while she continues breastfeeding for the health of her infant).

## When more is needed

Because it is impossible to predict when a woman's menses will return, some experts recommend providing a woman with another method of contraception while she still meets the criteria for LAM. This is especially important if a woman might not have immediate access to other contraceptive methods, because waiting to start one could put her at risk of an unintended pregnancy.

'LAM was developed to be the introductory method to other methods of family planning,' says Labbok. 'If a woman accepts LAM, her healthcare provider can send her home with another appropriate contraceptive

**Timing of contraceptive initiation for breastfeeding women**

Delivery	6 weeks	6 months onward
Lactational Amenorrhea Method		
Condoms/Spermicides		
	Copper IUD*	
	Female Sterilization	
Vasectomy/Withdrawal		
	Diaphragm/Cervical Cap	
	Progestin-only Methods (pills, injectables, implants, LNG-IUS*)	
	Periodic Abstinence	
		Combined Estrogen-Progestin Methods (pills, injectables, patch, vaginal ring)

\* Can be initiated 4 to 6 weeks after delivery if a woman's uterus has returned to normal size.  
Abbreviations: IUD = intrauterine device; LNG-IUS = levonorgestrel-releasing intrauterine system  
Adapted from: World Health Organization/Department of Reproductive Health and Research (WHO/RHR), Johns Hopkins Bloomberg School of Public Health/Communications Programs/INFO Project (CCP). *Family Planning: A Global Handbook for Providers*. Geneva and Baltimore, MD: WHO and CCP, 2007.

to begin using once she starts menstruating again, once she stops exclusively breastfeeding, or once her baby is 6 months old.'

But which contraceptives are the most appropriate for breastfeeding women? The answer depends a lot on the time that has passed since a woman gave birth (see 'Timing of contraceptive initiation for breastfeeding women').

During the first 6 months postpartum, breastfeeding women can safely use all non-hormonal methods because they don't interfere with breastfeeding, don't change the quality or quantity of a woman's breast milk, and don't affect infant growth and development. However, according to the WHO's most recent recommendations, a woman should wait at least 6 weeks to use a diaphragm or cervical cap so that her uterus has time to return to its normal size and she can be properly fitted for the device. The WHO also recommends that a woman wait at least 6 weeks postpartum to begin using a progestin-only method, to prevent a very young baby from being exposed to the hormone.

Alternatively, a woman can have an intrauterine device (IUD) inserted immediately after her placenta is delivered or during a caesarean section, but she should know that expulsion rates are higher when an IUD is inserted immediately postpartum than when it's inserted later. If she doesn't have an IUD inserted within the first 48 hours, she should wait 4 to 6 weeks to have it inserted. Similarly, female sterilisation can be performed within the first week postpartum (ideally within the first 48 hours) but should otherwise be delayed for 4 to 6 weeks.

The only contraceptive methods that may interfere with breastfeeding, especially in the early stages, are combined hormonal methods (containing both estrogen and progestin). To be safe, the WHO recommends that a breastfeeding woman who chooses a combined hormonal method not use it until at least 6 months postpartum. In the first six weeks postpartum it could interfere with the initiation of lactation, and in the first 6 months it could reduce the amount of breast milk a woman produces.

'Regardless of the contraceptive method a woman chooses, the best advice is for her to continue breastfeeding for at least two years and then to wait at least another 6 months before becoming pregnant again,' says Labbok. 'Based on the evidence, the healthiest interval between births – for both a mother and her child – would be around 3 to 5 years.'

To learn more, see [www.fhi.org/training/en/modules/LAM/default.htm](http://www.fhi.org/training/en/modules/LAM/default.htm) and [www.fhi.org/training/en/modules/AFTER/default.htm](http://www.fhi.org/training/en/modules/AFTER/default.htm).

**References**

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3. Shaaban OM, Glasier AF. Pregnancy during breastfeeding in rural Egypt. *Contraception* 2008; 77: 350–4.

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