Introduction
One goal of every successful family planning program is to offer a variety of contraceptive choices. This variety allows couples to select a method that best suits their reproductive needs, with the understanding that their needs may change over time. Following the birth of a child, many mothers want to take advantage of the numerous benefits provided to both mother and child by breastfeeding.

One of these benefits is the natural state of infertility created by breastfeeding. Some women may choose to rely on this infertile state as a temporary method of contraception. In this presentation, we will discuss how breastfeeding women can be protected from pregnancy using the Lactational Amenorrhea Method, or LAM, as a temporary contraceptive method. LAM is one of several contraceptive options available to breastfeeding women.
Topics to be Covered
In this presentation, we will explain what LAM is, how it works, and the scientific basis for this contraceptive method. We also will discuss the advantages and disadvantages of LAM. And finally, we will review some of the programmatic, policy and individual client issues that should be considered.

What is LAM?
LAM is a contraceptive method that relies on, or uses, the state of infertility, which results from intensive breastfeeding patterns. There are three criteria that enable women to determine their risk of pregnancy during the natural state of infertility associated with breastfeeding. Guidelines for LAM use specify that all three of these criteria be met. When these criteria are met, LAM can be more than 98 percent effective in preventing pregnancy.

The criteria are:
1) a breastfeeding woman must be without menses since delivery, a state known as lactational amenorrhea,
2) a woman must fully or nearly fully breastfeed, and
3) the infant must be less than six months old.

When any one of these criteria changes, another contraceptive method — one that does not interfere with breastfeeding — must be used by the woman if she chooses not to become pregnant. The ordinary state of reduced fertility experienced by women who breastfeed is different from the very specific requirements of LAM, the contraceptive method. Women using LAM as a contraceptive method must be certain that all the criteria are met. When any one of these criteria is no longer met, a woman should begin using another contraceptive method if she wants to postpone her next pregnancy.
To understand what creates the state of infertility that occurs among postpartum breastfeeding women, it is important to understand the changes that occur in the menstrual cycle. Scientists have studied the return of fertility among breastfeeding women and compared this with the cycles of non-pregnant, non-lactating women. In non-pregnant, non-lactating women, hormones from the pituitary gland, which are regulated by the hypothalamus, initiate a series of other hormonal changes that cause the development and maturation of an ovarian follicle containing an ovum or egg cell. The follicle secretes estrogen and eventually ruptures, releasing the egg cell. The ruptured follicle forms a temporary gland known as the corpus luteum and begins to secrete progesterone in addition to the estrogen. The estrogen and progesterone cause the lining of the uterus to thicken in preparation for the implantation of the egg cell should it be fertilized. If the egg cell is not fertilized or if it does not implant, the uterine lining is shed during menstruation.

This cycle of events is sometimes modified, as when a woman becomes pregnant or breastfeeds. When a woman breastfeeds, the stimulation of the nipple by the infant’s suckling sends nerve impulses to the mother’s hypothalamus, which responds by changing the production of the pituitary hormones. As described earlier, these hormones are needed to stimulate ovulation. Without this stimulation, the ovaries do not produce a ripe egg or prepare the uterus for pregnancy. Therefore, there is a time when breastfeeding women do not ovulate or have menstrual periods. Hence the term, “lactational amenorrhea” — which is a lack of menses →
resulting from breastfeeding. As we will discuss later in the presentation, the lack of menses is usually a sign of temporary infertility.

The infant’s suckling is the stimulus that initiates the state of lactational amenorrhea for breastfeeding women. Women choosing to use LAM for contraception maintain lactational amenorrhea and infertility by breastfeeding intensively.

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**Effects of Breastfeeding on Ovarian Activity**
This slide shows a diagram which illustrates the importance of maintaining an intensive breastfeeding pattern if a woman desires to use LAM. It shows a low level of progesterone, which indicates that normal ovulation is not occurring and pregnancy is not possible. This low level of progesterone is typical for women who maintain an intensive, sustained, high frequency pattern of breastfeeding.

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**Effects of Breastfeeding on Ovarian Activity (continued)**
Now, compare the diagram on effective protection with the ineffective protection diagram. Notice that when the breastfeeding pattern is less frequent or intensive, ovulation, indicated by the spikes in progesterone, and menses, indicated by the asterisks, return, and fertility is restored. The dramatic increase in progesterone level indicates that this woman became pregnant after the period of lactational amenorrhea had ended.
Breastfeeding Categories
To use LAM effectively a woman must fully or nearly fully breastfeed. But what does that mean?

For the purpose of this discussion, breastfeeding patterns are described in three broad categories: full, partial and token.

Full breastfeeding is further divided into two subgroups. The first is exclusive breastfeeding, which means no other liquid or solid is given to the infant. The second subgroup is almost exclusive breastfeeding, which means that the mother infrequently gives vitamins, water, juice or ritualistic foods in addition to breastfeeds.

The partial breastfeeding category also is divided into subgroups. The three groups are: high, medium and low. High means that there are no intervals greater than four to six hours between breastfeeds and if supplements have been introduced they are minimal – about 90 percent of the infant’s feeds are provided through breastfeeds. Medium means that about half of the infant’s feeds are breastfeeds, and low means that most are not breastfeeds.

Token breastfeeding is a very minimal amount of suckling that occurs at highly irregular intervals.

Breastfeeding Categories
For the purpose of LAM, full or nearly full breastfeeding means breastfeeding in the exclusive, almost exclusive or high partial categories. Breastfeeding patterns that meet these criteria can significantly reduce fertility. A less intensive breastfeeding pattern has little impact on fertility reduction. Using their knowledge of local customs and practices, health care providers can help their clients determine whether their breastfeeding patterns meet the “full or nearly full” requirements of LAM.
Throughout this presentation, we will use the phrases “fully or nearly fully breastfeeding” and “intensively breastfeeding” interchangeably.

**Early Postpartum – Breastfeeding Women**

Health providers may express concern that an intensively breastfeeding woman can get pregnant before the return of first menses. However, there are a number of reasons why pregnancy is not likely, especially during the early postpartum period.

Researchers have discovered that the likelihood of the early return of ovulation and/or menses is very low in postpartum women who breastfeed intensively. However, some women who do breastfeed intensively may have their menses return and/or ovulate during the first months postpartum. And, in some of these cases, ovulation may precede menses.

However, research has also shown that the luteal phase of these initial cycles is often defective. A defective luteal phase is characterized by progesterone production that is not sufficient to prepare the uterus and sustain a pregnancy. Studies show that less than two percent of women who breastfeed intensively during the first several months postpartum experience an adequate luteal phase that results in pregnancy.
Later Postpartum – Breastfeeding Women
This pattern changes during the later postpartum period. After six months postpartum, women are less likely to be fully or nearly fully breastfeeding their infants as required for the effective use of LAM. Accordingly, when breastfeeding is less intensive, women are more likely to experience a return of menses and/or ovulation. Researchers have noted that as the time postpartum increases, ovulation is more likely to precede menses. In addition, the likelihood of experiencing a luteal phase defect during the first ovulatory cycle decreases.

These are important considerations for breastfeeding women who wish to rely on the natural state of infertility during the later postpartum period. As time postpartum increases, it is very important to maintain an intensive breastfeeding pattern. Women who fully or nearly fully breastfeed and remain amenorrheic continue to have a high degree of protection from pregnancy late in the postpartum period.

History of LAM – Worldwide Studies
The use of breastfeeding as a contraceptive is not new. Women have taken advantage of the subfertile state associated with breastfeeding for thousands of years. In the last 25 years, however, scientists have begun to understand how breastfeeding affects ovarian activity. Numerous studies conducted around the world examined the relationships among breastfeeding patterns, fertility return and contraceptive effectiveness of breastfeeding. These studies have supported the concept that breastfeeding strongly inhibits the function of the ovaries and delays the return to fertility after giving birth.
Bellagio Consensus
In August 1988, an international panel of experts met in Bellagio, Italy to review existing data from around the world on breastfeeding patterns and delay of postpartum fertility. The purpose of the meeting was to create a set of guidelines for using breastfeeding as a means of contraception. Three factors were considered to be most accurate in predicting fertility. Using data collected from 13 studies in eight countries, the Bellagio group came to the following consensus:

“A postpartum woman has at least 98 percent protection from pregnancy for six months when she remains amenorrheic and fully or nearly fully breastfeeds.”

This description of the conditions under which breastfeeding can be used as an effective method of family planning emphasizes that breastfeeding alone does not prevent pregnancy. Rather it is the period of lactational amenorrhea and the effective breastfeeding practices that provide this protection.

Georgetown Conference
After the consensus at Bellagio was reached, a second conference was held at the Georgetown University Institute for Reproductive Health in 1989. Participants at this meeting used the Bellagio consensus and other published material to establish the Lactational Amenorrhea Method (LAM). An algorithm was developed to make LAM easy to understand and to reinforce the importance of counseling for clients. The emphasis on counseling prompted the inclusion of an additional guideline — the timely introduction of another contraceptive method for women who want to further delay pregnancy after LAM expires.
LAM Efficacy Studies
To date, four studies of the contraceptive effectiveness of LAM have been completed in Chile, Ecuador, Pakistan and the Philippines. In all studies, women were offered the locally available contraceptive methods and chose to use LAM. The women in the studies were healthy, most had one or more children, were married or in a stable relationship and had delivered healthy babies. The women planned to fully breastfeed and in most cases anticipated no regular separations from their infants greater than four to six hours. Most of the women in the studies completed regular follow-up visits during which they answered questions about the infant’s diet, occurrence of vaginal bleeding, sexual activity, and use of other contraceptive methods. In each study the six-month failure rate of LAM was found to be less than one percent.

Scientific Basis of LAM Criteria
This presentation has emphasized the importance of simultaneously considering the three criteria of LAM. In this part of the presentation, we will further explore each of these three criteria independently.

1- What does the return of menses mean?

The return of menses is a very good indicator of the return of fertility. As shown in this chart, the likelihood of pregnancy in breastfeeding women increases after the return of menses.

Menses occurs because of increasing ovarian activity. If a woman does not ovulate prior to menses, it is likely that she will begin to ovulate soon afterward. In any event, menses must be considered a sign of the return to fertility.
2- What if supplements are introduced or breastfeeding frequency or intensity is reduced?

As shown in this graph, the introduction of supplements into the infant’s diet is commonly associated with a reduction in the intensity of breastfeeding. When this occurs, the inhibitory stimulus created by the infant’s suckling also has a diminished effect. When the hypothalamus receives reduced and/or irregular impulses, it no longer inhibits the production of pituitary hormones.

3- What happens after six months postpartum?

Six months is the least important of the three LAM criteria. However, a variety of factors contributed to its inclusion in the criteria. After six months postpartum, nearly all babies need another form of nutrition in addition to breastmilk. And, as shown in the previous slide, when supplemental foods are introduced, it is possible that the breastfeeding pattern will change and initiate a return to fertility. In addition, after six months, the likelihood of experiencing a luteal phase defect in the initial cycle is less.

Because of these factors, six months seems a prudent time to begin another contraceptive method. However, in many areas of the world women continue to breastfeed intensively for extended periods of time and remain amenorrheic. Ongoing studies indicate that under such circumstances, if women who remain amenorrheic are counseled to breastfeed prior to each supplemental feeding, they may continue to be protected from pregnancy. We’ll discuss extended use of LAM later in this presentation.
LAM Advantages
As with any contraceptive method, a couple must consider advantages and disadvantages and be free to choose the method that best meets their needs.

There are several advantages of the Lactational Amenorrhea Method, and providers should explain these to clients:

• LAM is universally available to all breastfeeding women.

• It is at least 98 percent effective.

• Protection begins immediately postpartum.

• There are proven health benefits of breastfeeding for the mother and infant.

• No commodities or supplies are required for clients or for family planning programs.

• LAM can be used temporarily while a breastfeeding woman decides whether to use another contraceptive method. From this perspective, LAM may be viewed as a bridge to using other contraceptives.

• In many regions LAM may build on established religious and cultural practices.

• LAM may help to improve breastfeeding and weaning patterns. Breastfeeding patterns required for LAM are associated with decreased reproductive tract cancers, anemia and osteoporosis for the mother. These breastfeeding patterns also improve the growth, development and survival patterns among infants.

• LAM allows breastfeeding mothers to postpone use of contraceptive steroids until the infant is more mature.
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**LAM Disadvantages**

However, as with all contraceptive methods, there are also disadvantages which providers should discuss with users. The disadvantages with use of the Lactational Amenorrhea Method are:

- Full or nearly full breastfeeding may be difficult for some women to maintain due to social circumstances.
- There is no protection against sexually-transmitted diseases, including HIV infection.
- The duration of the method is limited to a brief postpartum period.
- LAM is a temporary method that can only be used by breastfeeding women.

In addition, it may be difficult to convince some providers unfamiliar with the method that LAM is a reliable contraceptive. Education about LAM can help these providers understand its effectiveness and appropriate uses.

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**Recommended Breastfeeding Behaviors**

Since suckling is directly related to lactational amenorrhea and a delayed return to fertility, one of the keys to successful use of LAM is maintaining good breastfeeding practices. Providers should emphasize the following optimal practices to the mother to help ensure LAM’s success.

- Breastfeed as early as possible after delivery. This immediate gratification for the infant establishes a behavior, breastfeeding, which is easily reinforced. A delay of even a few hours can hinder the successful establishment of breastfeeding and the hormonal responses required for fertility suppression.
• Breastfeed or feed expressed breastmilk without supplements until the infant is about six months of age. This will help prolong the period of lactational amenorrhea. With proper breastfeeding most infants will grow on breastmilk alone for six months and will be protected from pathogens and allergens introduced by supplements.

• Once supplements are introduced, breastfeeding should always precede supplemental feedings. By breastfeeding before giving any supplemental feedings, the mother can ensure that suckling remains vigorous because the additional food is not a substitute for a breastfeed.

• Breastfeed frequently, on request, not on schedule. A baby will seek as much breastmilk as he or she needs. A fixed feeding schedule can be difficult to maintain due to changing nutritional needs and this can frustrate both mother and baby.

Recommended Breastfeeding Behaviors (continued)

• Avoid using bottles and pacifiers. Pacifiers diminish the baby’s need to suckle for comfort. Bottle use may confuse the infant and can lead the baby to reject the breast.

• Avoid long intervals between feedings. If mother and baby are regularly separated for four to six hours or more, the duration of lactational amenorrhea will decrease. For this reason, breastfeeding at night must be maintained.

• Follow good nutritional practices. Women who breastfeed must maintain an adequate milk supply. To do so, they should eat and drink nutritious, readily available food and liquids to satisfy their thirst and hunger. They should also get plenty of rest.
• Breastfeed even if mother or baby is ill. Few illnesses can be passed on from mother to baby through breastfeeding. It is also generally recommended that breastfeeding women nurse during illnesses of the infant because breastmilk prevents more severe disease in the infant.

Breastfeeding women should be counseled about the risk of HIV transmission through breastmilk, particularly in regions with a high HIV prevalence rate. The World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) recommend that breastfeeding women who know that they are HIV-positive continue to breastfeed unless they can artificially feed their infants safely. The WHO and UNICEF have compiled a complete set of recommendations regarding HIV transmission and breastfeeding.

Who Can Use LAM?
LAM is a method that can be used by postpartum women, with normal infants, who successfully establish breastfeeding, and who plan to continue fully breastfeeding their infants for up to six months. A woman with a successful history of breastfeeding is a good candidate for LAM. However, there is no reason that a woman breastfeeding for the first time cannot use LAM.

There are several common concerns often raised by health care providers as they consider offering LAM as a postpartum contraceptive option to their clients. One common concern is that women cannot use LAM because they do not or will not breastfeed exclusively. It is estimated that more than 90 percent of women breastfeed, although few exclusively breastfeed for six months. However, as described earlier, LAM does not require exclusive breastfeeding and a minimal amount of supplementation is permitted.
The design of LAM is consistent with good breastfeeding and weaning patterns. Current research indicates that infants grow sufficiently when nearly or fully nearly breastfed for up to six months.

**Who Can Use LAM? (continued)**

Another frequent concern is that women cannot use LAM because they are malnourished. Experts agree that malnourished women can breastfeed. However, if the woman does not produce enough breastmilk, and nutritional supplements are available, the mother’s diet should be supplemented so that she can produce more breastmilk. Efforts to supplement the infant’s diet, rather than increasing the mother’s milk supply, introduce the risk of diarrheal disease in the infant and initiate the reduction of breastmilk in the mother.

Another common concern is that women cannot use LAM because they work outside the home and may be separated from the baby. Women who return to work or experience long intervals between feeds may not have the opportunity to use LAM for up to six months. However, they can begin by using LAM and switch to another method as needed.

Women who are separated from their infants during the day may be able to express milk manually to maintain their supply of breastmilk. If conditions permit, they may be able to store the breastmilk and use it to feed their infants when breastfeeding is not possible. These women should be encouraged to maintain night feeds since night feeds make a substantial impact on suppression of fertility.

Theoretically, since manual expression does not elicit the same hormonal response as suckling, the effectiveness of LAM will decrease if expression or supplementation replaces suckling for more than approximately 10 percent of feeds. Women should be encouraged and instructed to continue →
breastfeeding even if they work or are separated from their infants. While the effectiveness of LAM as a contraceptive will decrease, breastfeeding should continue because it offers many health advantages to the mother and baby. Fortunately, there is an increasing recognition of the need to provide working women with opportunities to nurture and breastfeed their newborn infants. Expanding these policies can help improve the health of both mothers and infants.

Programmatic Considerations

Because LAM is a relatively new contraceptive method, many programmatic issues are still being studied, such as which strategies and procedures are most effective when introducing LAM into a family planning program. Researchers also continue to assess the acceptance and efficacy of the method and use of other methods after the expiration of LAM.

There are several programmatic issues that family planning providers should consider when offering LAM as a contraceptive option, including:

- Programs should offer early and continuing support for breastfeeding that is culturally appropriate and emphasizes the breastfeeding behaviors necessary for effective LAM use.

- Ideally, providers should offer information and counseling about LAM and other appropriate contraceptive methods during the prenatal period. Candidates for LAM use should be identified prior to delivery so that women can establish good breastfeeding practices early.

- Providers should receive training and develop skills that enable them to effectively teach LAM to their clients and provide them with continuing support.
• Provisions should be made to ensure that women have access to other contraceptives before LAM expires. Studies demonstrate that LAM expires prior to six months in approximately half of all LAM users. In the cases where LAM expires prior to six months, either supplements increased or menses returned. Advance planning, proper support and counseling can help facilitate the continued use of contraception for women who want to delay pregnancy.

Family planning programs that support LAM offer an additional contraceptive option for women who want to breastfeed. Offering this additional method choice may increase a program’s ability to recruit new users. High quality care and counseling throughout the postpartum period may help promote breastfeeding behaviors that maintain lactational amenorrhea and ensure the timely initiation of a another method of contraception.

LAM Counseling Guidelines
The following series of slides describe important counseling issues for providers to consider.

In general:

• All the available options of postpartum contraception should be explained to the client. Providers should ensure that the client is fully informed and then respect the client’s decisions. Like all contraceptive options, the choice to initiate use or continue to rely on LAM or any other method is the client’s.

• Many women who choose LAM may be using a contraceptive method for the first time. Providers should establish good interpersonal relations with clients so that the LAM user feels comfortable obtaining all the information she needs.
• Because LAM is a temporary method of limited duration, it is important to make advance plans for the initiation of another contraceptive method if the couple wants to avoid pregnancy. The provider should begin discussions about other contraceptive methods that do not interfere with the quality or production of breastmilk well before LAM becomes ineffective. Ideally, these discussions should begin when the woman learns to use LAM and continue during postpartum follow-up visits. The woman should feel comfortable that her contraceptive needs will be met without interruption.

Using the LAM Algorithm
As previously discussed, the return of menses, changes in breastfeeding pattern and the length of time postpartum indicate the return of fertility. The combined use of these indicators is essential for the effective use of LAM. When counseling a breastfeeding woman about LAM, it is important for providers to ask questions that will help the client determine if LAM is still a practical and effective contraceptive method for her.

To determine if LAM is effective, providers should teach the woman to ask herself the three questions in the LAM algorithm. When necessary, providers should modify these suggested questions to take into consideration local breastfeeding practices and cultural appropriateness for individual clients.

• Question One: Have your menses returned?

If the answer is yes, and the woman’s menstrual periods have returned, LAM is no longer effective. Another method of contraception should be initiated and breastfeeding should be maintained for its nutritional and health benefits. When asking this question, remind the woman that bleeding during the first 56 days postpartum is not considered menstrual bleeding for breastfeeding women.
If the answer is no, the provider should ask the second question.

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**Using the LAM Algorithm (continued)**

- **Question Two**: Are you regularly supplementing or allowing more than four to six hours between breastfeeding?

If the answer is yes, LAM is no longer effective. Another method of contraception should be used and breastfeeding should be maintained for its nutritional and health benefits. If the answer is no, the provider should proceed to the third question.

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**Using the LAM Algorithm (continued)**

- **Question Three**: Is your baby more than six months old?

If the answer is yes, LAM is no longer effective and another method of contraception should be initiated if the woman wishes to avoid pregnancy. Again, breastfeeding should be continued for its nutritional and other benefits. If the answer to this question and the preceding questions is no, the woman is experiencing a high degree of protection from pregnancy.

In summary, providers should teach women to use the LAM algorithm to determine if LAM is effective. If the woman answers no to each of the algorithm questions, then she is 98 percent or more protected against pregnancy and no additional contraceptive method is necessary. If any one of these three criteria changes and the answer to one of the questions is yes, the woman should initiate another contraceptive method, which does not interfere with breastfeeding, if she wants to avoid pregnancy. Other methods of contraception, that are compatible with breastfeeding, will be discussed later in the presentation.
Adaptations of LAM
For most women, return of menses occurs before the baby is fully weaned. This slide shows the median duration of breastfeeding and lactational amenorrhea in selected countries around the world. The median duration of lactational amenorrhea, represented by the yellow bars, is shorter than the median duration of breastfeeding, represented by the red bars. The differences are due to the different patterns of breastfeeding and weaning in different parts of the world. Where the durations of both breastfeeding and lactational amenorrhea are very long, some women may have extended protection from pregnancy beyond six months. For example, in Zimbabwe where many women experience more than six months with no menses, it may be possible for local programs to use “extended LAM.”

Relying on Extended LAM
Extended LAM involves a modification of the six-month time limit associated with conventional LAM. Modifications are based on local breastfeeding practices. In these programs LAM is often used for nine to twelve months rather than six. At present there are a number of research studies exploring the use and effectiveness of LAM beyond six months. If a woman wishes to use extended LAM, she should very carefully follow the recommended breastfeeding behaviors. In particular, she should always breastfeed prior to giving each supplementation of either liquid or food and begin weaning foods, one at a time, at six months postpartum. Health care providers should be prepared to offer guidance on local practices, infant nutritional issues and using LAM on an extended basis.
Beginning a Another Method
In order to prevent a gap between the end of LAM’s effectiveness and the beginning of another method of contraception, providers must counsel women who wish to avoid pregnancy about the timing of initiation of another method. As stated earlier, another method should be initiated when any one of the three LAM criteria change. A number of contraceptive options are available to breastfeeding women when LAM expires.

Contraceptive Options for Breastfeeding Women
First Choice: Non-hormonal Methods
One of the major questions concerning postpartum use of contraceptives is what impact, if any, a method may have on lactation, breastmilk and child health. Providers should encourage women to use methods that do not interfere with breastfeeding and do not have an adverse effect on child health.

Any of the non-hormonal methods shown here can be used safely by breastfeeding women without adverse effects on lactation, breastmilk or infant growth. They should be considered as the first contraceptive choice.

Some methods, such as the IUD or female sterilization, can be initiated immediately postpartum. In fact, IUDs can be inserted and sterilization performed within minutes of delivery.

Condoms may be the barrier method of choice for many lactating women since condoms require no special fitting or clinic visit. They have the added benefit of reducing the spread of sexually transmitted diseases, including HIV.

Unlike condoms, diaphragms must be properly fitted, which cannot be done until the uterus returns to its normal size. Spermicides are more effective when used in combination with condoms or diaphragms.
Natural family planning methods may also be used during the postpartum period. These methods may be harder for breastfeeding women to use because reduced ovarian function makes fertility signs more difficult to interpret, especially for first-time users. As a result, natural family planning methods can require prolonged periods of abstinence during breastfeeding.

**Contraceptive Options for Breastfeeding Women**

**Second Choice: Progestin-only Methods**

If non-hormonal methods are not available or acceptable to the couple, progestin-only hormonal methods can be considered. Progestin-only methods include the progestin-only oral contraceptive pill, also known as the minipill; long-acting injectables such as Depo-Provera and Noristerat; or, implant systems, such as NORPLANT®. Ideally, breastfeeding women should not begin using these contraceptives until after six weeks postpartum. There is no evidence to date of any adverse effects of these methods on breastfeeding or infant health.

**Contraceptive Options for Breastfeeding Women**

**Third Choice: Combined Estrogen/Progestin Methods**

It is generally agreed that hormonal methods containing estrogen should not be used during lactation — especially during full or nearly full breastfeeding. In fact, these methods are absolutely contraindicated for breastfeeding women during the first six weeks postpartum. These so-called “combination” methods include pills and monthly injectables. Research has shown that the estrogens in combination methods decrease the amount of milk produced. However, if other choices are unacceptable or unavailable, then combination methods can be used but only after breastfeeding is well established and the woman has been counseled about the possible reduction in the amount of breastmilk produced.
Other Considerations

The data presented earlier in this presentation demonstrate the scientific basis of LAM and its effectiveness as a contraceptive method. Unfortunately, this information is not widely known among policy-makers and health care providers. This problem is confounded by misinformation that has made its way into policies and practices in many countries.

For instance, some family planning policies prohibit providers from dispensing steroidal contraceptives to women who are breastfeeding. This type of policy places many women at risk for pregnancy because they choose to continue breastfeeding after the period of lactational amenorrhea. Alternatively, other countries have adopted policies that encourage the immediate postpartum use of combined estrogenic contraceptive methods that are inappropriate for breastfeeding women. Acceptance and promotion of LAM as a contraceptive option may lessen the problems of providing appropriate contraceptive choices for breastfeeding women.

Summary of LAM

LAM is a contraceptive method that can be used when a postpartum woman is intensively breastfeeding. LAM relies on full or nearly full breastfeeding and lactational amenorrhea, not breastfeeding alone, for protection from pregnancy.
Summary of LAM (continued)
LAM provides more than 98 percent protection from pregnancy until one of three conditions occurs:

- menses returns, or
- breastfeeding is reduced, or
- the baby reaches six months of age.

When one of these conditions occurs, another contraceptive method should be started for continued protection from pregnancy.

Conclusion
The Lactational Amenorrhea Method is a safe and effective contraceptive for breastfeeding mothers and their babies. The method has been scientifically proven. It is a universally available family planning method that has health benefits for the infant and mother. Providers should be informed of LAM’s advantages and disadvantages and counsel clients accordingly. LAM adds another effective contraceptive option to the range of choices available to breastfeeding women.