

# Lactational Amenorrhea Method (LAM)

## Key Points







- ▶ LAM—a contraceptive method based on breastfeeding.
- ▶ A woman uses LAM when:
  - Her baby gets little or no other food or drink except breast milk, and she breastfeeds often, both day and night, AND
  - Her menstrual periods have not returned, AND
  - Her baby is less than 6 months old.
- ▶ Effective for up to 6 months after childbirth.
- ▶ Protects the milk supply by avoiding pregnancy.
- ▶ The woman should be planning to start another family planning method.

# Chapter 15

# Lactational Amenorrhea Method (LAM)

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## Introduction to LAM

- The Lactational Amenorrhea Method (LAM) is the use of breastfeeding as a temporary family planning method. (“Lactational” means related to breastfeeding. “Amenorrhea” means not having menstrual bleeding.)
- LAM provides natural protection against pregnancy and encourages starting another method at the proper time. A woman is naturally protected against pregnancy when:
  - Her baby gets at least 85% of his or her feedings as breast milk, and she breastfeeds her baby often, both day and night, AND
  - Her menstrual periods have not returned, AND
  - Her baby is less than 6 months old.
- If she keeps breastfeeding very often, her protection from pregnancy may last longer than 6 months and perhaps as long as 9 or 12 months.
- LAM makes sure that the baby gets needed nutrients and protection from disease provided by breast milk. Breastfeeding is the healthiest way to feed most babies during the first 6 months of life. Along with other foods, breast milk can be a major part of the child’s diet for 2 years or more.





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## Deciding About LAM

### How Does It Work?

Stops ovulation (release of eggs from ovaries) because breastfeeding changes the rate of release of natural hormones.

### How Effective?

*Effective as commonly used*—2 pregnancies per 100 women in the first 6 months after childbirth (1 in every 50).

*Very effective when used correctly and consistently*—0.5 pregnancies per 100 women in the first 6 months after childbirth (1 in every 200).

**IMPORTANT:** Correct and consistent use means:

- (1) The baby gets at least 85% of his or her feedings as breast milk, and the mother breastfeeds often, both day and night, AND
- (2) The mother's menstrual periods have not returned, AND
- (3) The baby is less than 6 months old.

If any of these is *not* true, the woman should:

- Use another method for effective family planning—one that does not interfere with breastfeeding. (See page 4–8.)
- Keep breastfeeding her baby if possible, even while starting to give the baby other food.

### Advantages and Disadvantages

#### ADVANTAGES

- Effectively prevents pregnancy for at least 6 months and maybe longer if a woman keeps breastfeeding often, day and night.
- Encourages the best breastfeeding patterns.
- Can be used immediately after childbirth.
- No need to do anything at time of sexual intercourse.
- No direct cost for family planning or for feeding the baby.
- No supplies or procedures needed to prevent pregnancy.

- No hormonal side effects.
- Counseling for LAM encourages starting a follow-on method at the proper time.
- Breastfeeding practices required by LAM have other health benefits for baby and mother including:
  - Provides the healthiest food for the baby.
  - Protects the baby from life-threatening diarrhea.
  - Helps protect the baby from life-threatening diseases such as measles and pneumonia by passing the mother’s immunities to the baby.
  - Helps develop close relationship between mother and baby.

## DISADVANTAGES

- Effectiveness after 6 months is not certain.
- Frequent breastfeeding may be inconvenient or difficult for some women, especially working mothers.
- No protection against sexually transmitted diseases (STDs) including HIV/AIDS.
- If the mother has HIV (the virus that causes AIDS), there is a small chance that breast milk will pass HIV to the baby.

**IMPORTANT:** Ask her if she might have or get a sexually transmitted disease (STD). (Has more than one sex partner? Partner has more than one partner? Could this happen in future?)

If she has or might get an STD, urge her to use condoms regularly. Give her condoms. She can still use LAM, except possibly with HIV/AIDS (see checklist question 5, page 15–6).

## Using the Medical Eligibility Checklist

*The list on the next page checks whether the client can use LAM. It is not meant to replace counseling.*

*The questions in the checklist refer to **known conditions**. No medical conditions rule out LAM, and LAM has no known ill effects on a woman’s health. Medical conditions that prevent or limit breastfeeding, however, can limit use of LAM. Generally, you can learn of these conditions by asking the client. You do not usually have to perform laboratory tests or physical examinations.*

## Lactational Amenorrhea Method (LAM)



Ask the client the questions below. If she answers NO to ALL of the questions, then she CAN use LAM. If she answers YES to a question below, follow the instructions.

1. Is your baby 6 months old or older?

- No       **Yes ▶** She cannot use LAM. Help her choose another method. If she is breastfeeding, a nonhormonal method is best.

2. Has your menstrual period returned? (Bleeding in the first 8 weeks after childbirth does not count.)

- No       **Yes ▶** After 8 weeks since childbirth, if a woman has 2 straight days of menstrual bleeding, or her menstrual period has returned, she cannot use LAM. Help her choose another method. If she is breastfeeding, a nonhormonal method is best.

3. Have you begun to breastfeed less often? Do you regularly give the baby other food or liquid?

- No       **Yes ▶** If the baby's feeding pattern has just changed, explain that she must fully or nearly fully breastfeed — day and night — to protect against pregnancy. At least 85% of her baby's feedings should be breastfeeds.
- If she is not fully or nearly fully breastfeeding, she cannot use LAM as effectively. Help her choose another nonhormonal method.

4. Has a health care provider told you not to breastfeed your baby?

- No       **Yes ▶** If she is not breastfeeding, she cannot use LAM. Help her choose another method. A woman should not breastfeed if she is taking mood-altering drugs, reserpine, ergotamine, antimetabolites, cyclosporine, cortisone, bromocriptine, radioactive drugs, lithium, or certain anticoagulants, if her baby has a specific infant metabolic disorder, or possibly if she has active viral hepatitis. All others can and should breastfeed for the health benefits.

5. Do you have AIDS? Are you infected with HIV, the virus that causes AIDS?

- No       **Yes ▶** Where infectious diseases kill many babies, she should be encouraged to breastfeed. HIV may be passed to the baby in breast milk, however. When infectious diseases are a low risk and safe, affordable other food for the baby is available, advise her to feed her baby that other food. Help her choose a family planning method other than LAM. (Some other infectious conditions, such as active viral hepatitis, also can be transmitted during breastfeeding.)

Be sure to explain the health benefits and risks and the side effects of the method that the client will use. Also, point out any conditions that would make the method inadvisable when relevant to the client.

## Most Women Can Use LAM After Childbirth

In general, most women CAN use LAM safely and effectively.\*  
LAM can be used in any circumstances by women who:

- Smoke cigarettes,
- Are young or old,
- Are fat or thin.

Also, women with these conditions CAN use LAM in any circumstances:

- Benign breast disease,
- Breast cancer,
- Headaches,
- High blood pressure,
- Varicose veins,
- Valvular heart disease,
- Diabetes,
- Iron deficiency anemia,
- Malaria,
- Sickle cell disease,
- Gallbladder disease,
- Thyroid disease, or
- Uterine fibroids.

The only conditions that limit use of LAM are conditions that make breastfeeding difficult or that rule out breastfeeding (see checklist questions 4 and 5, page 15–6).

\*Characteristics and conditions listed in this box are in WHO Eligibility Criteria category 1. Women with characteristics and conditions in WHO category 2 also can use this method. See Appendix, page A–1.



## Starting LAM

### When to Start

Start breastfeeding as soon as possible after the baby is born.

- In the first few days after childbirth, breast milk contains substances very important to the baby's health.
- Early and frequent breastfeeding helps the mother produce enough milk to keep her baby well-fed and healthy. It also ensures effective protection from pregnancy.



**IMPORTANT:** A woman can start LAM at any time if she meets the conditions required for using the method. See chart below.

## Can a Woman Use LAM?

Ask the mother, or advise her to ask herself, these 3 questions:

1. Have your menstrual periods returned?
2. Are you regularly giving the baby much 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 **YES**

The mother's chance of pregnancy is increased.

For continued protection, advise her to begin using a complementary family planning method and to continue breastfeeding for the child's health.

If **YES**

If **YES**

If the answer to **ALL** of these questions is **NO**

But, when the answer to any **ONE** of these questions becomes **YES**

She can use LAM. There is only a 1% to 2% chance of pregnancy at this time.\*

\*The mother may choose to use a complementary family planning method *at any time*, however.

## Providing LAM

**IMPORTANT:** A woman who chooses LAM benefits from good counseling.

A provider who listens to a woman's concerns, answers her questions, and gives clear, practical information about LAM, especially how to breastfeed properly and when to start a follow-on contraceptive method, will help the woman use LAM with success and satisfaction.

# Explaining How to Use

## GIVE SPECIFIC INSTRUCTIONS

A woman who uses LAM should be encouraged to:

1. **Breastfeed often.** An ideal pattern is at least 8 to 10 times a day including at least once at night. No daytime feedings regularly more than 4 hours apart, and no night feedings regularly more than 6 hours apart.

**IMPORTANT:** 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 more encouragement to breastfeed enough.

2. **Breastfeed properly.** Counsel her on breastfeeding technique and diet.
3. **Start other foods** when the baby is **6 months old**. Breastfeed before giving other food, if possible. If the baby's hunger is satisfied first by breast milk, this will help ensure good nutrition and will encourage breast milk production.

**IMPORTANT:** The baby may breastfeed less after starting to eat other foods. Therefore LAM may no longer be as effective. An additional family planning method is recommended.

4. **Start another family planning method when:**
  - Her menstrual periods return (bleeding in the first 56 days, or 8 weeks, after childbirth is not considered menstrual bleeding), OR
  - She stops fully or nearly fully breastfeeding, OR
  - Her baby is 6 months old (about the time the baby starts sitting up), OR
  - She no longer wants to rely on LAM for family planning.



If possible, give her another method now that she can start later, when needed. For example, if she has no condition that would prevent using progestin-only oral contraceptives, she can be given these pills along with instructions for taking them (see pages 6–9 and 6–10).

Encourage her to return when she needs more supplies or she needs or wants another method.

For more about other methods during breastfeeding, see pages 4–8 and 4–9.





## Following Up

### Helping Clients at Any Routine Return Visit

#### ASK QUESTIONS

At any return visit:

1. Ask if the client has any questions or anything to discuss.
2. Ask the client about her experience with breastfeeding, whether she is satisfied, and whether she has any problems. Give her any information or help that she needs and invite her to return any time she has questions or concerns. If she has problems that cannot be resolved, help her choose another family planning method but encourage her to continue breastfeeding as much as possible.
3. Ask if:
  - Her menstrual period has returned, OR
  - Her baby is no longer breastfeeding fully or nearly fully, OR
  - Her baby is 6 months old or older.

If ANY of these changes has occurred, LAM no longer applies. Help her choose another method. If the new method cannot be started that day, provide enough condoms or spermicide to last until she can start her new method.

4. Ask if she has had any health problems since her last visit.
  - If she has started any *medicines* listed in question 4 on page 15–6, has *active viral hepatitis*, or has been infected with *HIV*, see answers to questions 4 and 5, page 15–6.



## PLAN FOR HER NEXT VISIT

If she has not developed any conditions that mean she should not use LAM:

- Plan for her next visit when she will need to choose another method. If possible, give condoms and spermicide or progestin-only oral contraceptives now in case she needs them.

## Managing Any Problems

If the client reports any problems with using LAM:

1. Do not dismiss the woman's concerns or take them lightly.
2. Give help and advice about breastfeeding technique, as appropriate, and encourage her to continue breastfeeding for the health of the baby as well as for protection against pregnancy.
3. If the woman is not satisfied with LAM after counseling and discussion, help her choose another method if she wishes. Encourage her to continue breastfeeding, even if she chooses another family planning method. Encourage her to choose a barrier method, an IUD, or a progestin-only method such as progestin-only oral contraceptives, *Norplant* implants, or DMPA injectable contraceptive. These methods do not appear to interfere with breastfeeding.

### **For this problem:**

### **Try this suggestion:**

**Not enough milk supply**

*Is she breastfeeding often enough?* Feeding the baby more often increases milk supply. Just after childbirth she should breastfeed her baby at least every 1 to 3 hours.

*Is she getting little sleep and rest? Is she under great stress?* If so, her milk supply may decrease. Suggest that she ask relatives or friends to help with her work at home.

**For this  
problem:**

**Try this suggestion:**

**Not enough  
milk supply  
(continued)**

*Has she been eating and drinking enough?* She should drink plenty of fluid every day and eat plenty of healthy food.

**Sore nipples**

*Are her nipples cracked?* If so, assure her that they will heal. She can continue breastfeeding. To aid in healing, she should:

- Feed more often, starting on the less sore nipple.
- Let her nipples dry in the air after breastfeeding.

She may not be holding the baby in the right position. Advise her on proper breastfeeding techniques.

Examine for signs of thrush (fungus infection).

**Sore breasts**

*Does she have a fever and feel tired? Are her breasts red and tender?* Her breasts may be infected. Treat with antibiotics according to clinic guidelines. Advise her to:

- Continue breastfeeding often.
- Get more rest.

*If no signs of infection, are her breasts tender only in certain places? Do they have lumps? Are they full, hard, and tender?* These signs may point to plugged milk ducts or engorgement (congestion). Advise her to:

- Vary her position when breastfeeding.
- Get more rest.

She may not be holding the baby in the right position. Advise her on proper breastfeeding techniques.

Explain signs of infection and tell her to return right away if she sees those signs—fever, fatigue, red and tender breasts.

## **Lactational Amenorrhea Method (LAM)**

- ▶ **For best protection against pregnancy:**
  - Breastfeed often, day and night.
  - Almost all the baby's feedings should be breast milk.
- ▶ **Effective protection from pregnancy.**
- ▶ **You will need another family planning method when any 1 of these 3 things happens:**
  - Your period starts again.
  - Your baby is getting much food besides breast milk regularly.
  - Your baby is 6 months old (about the time that the baby first sits up).
- ▶ **Plan for a follow-on method.** You can get supplies ahead of time.
- ▶ You are **welcome back any time** you want help, advice, or another method.
- ▶ **LAM does not prevent sexually transmitted diseases (STDs) including HIV/AIDS.** If you think you might get an STD, use condoms regularly along with LAM.





## Questions and Answers

### 1. Is LAM an effective method of family planning?

Yes. Breastfeeding is effective if the woman's monthly menstrual period 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?

Usually when the baby is 6 months old. When women start giving other foods, they should always breastfeed before offering the other foods. Then the baby's hunger is first satisfied by breast milk. Also, frequent breastfeeding encourages milk production. Along with other foods, breast milk can be a major part of the child's diet for 2 years or more.

### 3. If the mother has AIDS or is infected with HIV, the AIDS virus, can the baby get it from the mother's milk?

Yes. There is a small chance that a mother can pass the virus to her baby through her breast milk. Still, in most of the world babies are more likely to die because of infectious diseases than from HIV in breast milk. Unless she can always get suitable food for her baby, a woman with HIV should fully breastfeed her baby if she can. The World Health Organization (WHO) advises that, where infectious diseases kill many infants, women infected with HIV should breastfeed to pass immunities to their babies. Where risk of infectious disease is slight and other safe, affordable food is available, WHO advises infected women to use the safe alternative.

