

Lactational Amenorrhea Method (LAM): Top 12 Most Frequently Asked Questions

1. What is the Lactational Amenorrhea Method (LAM) of family planning?

LAM is a modern method of contraception that is based on the natural postpartum infertility that occurs when a woman has not yet resumed menstrual bleeding (is amenorrheic) and is only/exclusively breastfeeding her baby (i.e., breastfeeding the baby day and night, not giving any other food, water or liquids except for medicine, vitamins or vaccines). LAM is more than 98% effective up to six months after the birth of the baby.

2. How does LAM work (mechanism of action)?

The infant's suckling triggers a signal to the mother's brain that interferes with the production of the hormones needed for ovulation. Ovulation is necessary for pregnancy to occur.

3. What are the criteria that must be met to use LAM?

The three criteria for LAM effectiveness are:

1. The woman's menstrual bleeding has not returned since her baby was born; and
2. The baby is "only/exclusively breastfed," meaning the woman breastfeeds her baby day and night and does not give any other food, water or liquids (except for medicine, vitamins or vaccines); and
3. The baby is less than six months old.

4. How do you determine whether postpartum vaginal bleeding is menstrual bleeding?

For the purpose of determining whether the first LAM criterion is met (i.e., the mother's menstrual bleeding has not returned), consider any bleeding after two months postpartum to be menses/menstrual bleeding. Bleeding that occurs before two months postpartum may be considered normal postpartum discharge. In other words, bleeding in the first two months postpartum is not considered menstrual bleeding.

5. How effective is LAM as a method of contraception (to prevent pregnancy)?

LAM is a very effective method of contraception. As commonly used, it is more than 98% effective for the first six months postpartum. Compare LAM to other modern methods in Table 1 below.

Table 1: Pregnancies per 100 women during first year of using different family planning methods¹

Contraceptive	As Commonly Used	Correct Use
Copper IUD	<1	<1
Progestin-Only Injectables	3	.05
LAM	2 (6 months)	<1 (6 months)
Oral Contraceptives	8	0.3
Progestin-Only Pills (if breastfeeding)	1	0.3
Progestin-Only Pills (if not breastfeeding)	3–10	0.9
Male Condom	15	2
Standard Days Method	12	5

6. How does LAM serve effectively as a “gateway” to the use of other modern methods of contraception?

LAM provides the couple time to decide on another modern method to use after LAM. LAM counseling should include information about other methods, as well as reinforce the need for a timely transition to another method after LAM can no longer be used or the couple has chosen to stop using it.

7. How can a provider assist the woman in “transitioning” from LAM to another method when needed?

The provider can assist the woman in several ways:

- Begin discussion of transition when LAM counseling is initiated.
- Assist the woman in deciding on a method to which she should transition.
- Incorporate the issue of “transitioning” and available contraceptive methods into each LAM counseling session.
- Counsel the woman that if she does not want to become pregnant, another method should be started immediately as soon as any one of the three LAM criteria is not met, or she decides she no longer wants to use LAM.
- Ensure that contraceptive services are readily accessible to the woman when she needs them.

8. What are some key advantages of using LAM?

Key advantages of using LAM include the following that LAM:

- Prevents pregnancy effectively for the first six months postpartum
- Is provided and controlled by the woman
- Can be used immediately after childbirth
- Is universally available to postpartum women
- Requires no supplies or procedures
- Is economical
- Is often acceptable to women who have never used contraception previously
- Has no hormonal or other major side effects (for mother or infant)
- Raises no religious objections
- Facilitates transition to other modern methods by allowing time for:
 - The provider to give family planning information and support to the couple; and
 - The couple to decide to use/adopt another modern contraceptive method
- Facilitates modern contraceptive use by previous non-users
- Supports and builds on infant feeding recommendations for only/exclusively breastfeeding for six months
- Provides health benefits for mother
- Provides health benefits for baby

9. What methods of contraception can a breastfeeding mother safely transition to from LAM?

Contraceptive methods to which a breastfeeding mother can safely transition are:

- Condoms
- IUD—within first 48 hours or after four weeks postpartum
- Progestin-only methods (pills, implants, injections) – after the first six weeks postpartum

- Tubal ligation – within first seven days or after six weeks postpartum
- Vasectomy (for her partner)
- Natural methods (if criteria are met)
- Combined oral contraceptives – after the first six months postpartum

10. What are some best practices for breastfeeding?

Best practices for breastfeeding include the following:

- Allow newborn to breastfeed as soon as possible after birth, and to remain with the mother after birth.
- Breastfeed only/exclusively for the first six months. During this time, do not give any foods, water or other liquids. Medicines, vitamins and vaccines can be given.
- Breastfeed as often as the baby wants “on demand,” day and night.
- Continue breastfeeding even if the mother or infant becomes ill.
- Do not use bottles, pacifiers, “dummies” or other artificial nipples. These discourage the baby from breastfeeding as frequently.
- When complementary foods are introduced after the first six months, breastfeed first and then give the foods to your baby. Continue this pattern during the first year.
- Continue to breastfeed until the baby is two years of age.

11. Can a woman who is HIV-infected use LAM?

Women who are HIV-infected have the right to decide freely and voluntarily to choose LAM as their birth control method, based on complete and accurate information related to breastfeeding in the context of HIV. Important guidelines to consider before making this decision are noted below.

- **If infants are uninfected or if their status is unknown**, mothers are encouraged to exclusively breastfeed for 6 months, then complementary feed and continue breastfeeding for the first 12 months of life. Mothers are not advised to rapidly wean².
- **If infants are known to be HIV-infected**, mothers are encouraged to exclusively breastfeed for the first 6 months and continue breastfeeding as per the recommendations for the general population (up to 2 years)³.
- All HIV-infected women should be supported in their infant-feeding decision and contraceptive choice.

For the HIV-infected woman who chooses to breastfeed (or practice LAM), only/exclusively breastfeeding the baby is essential. HIV-infected women who mix-feed (alternating breastfeeding with other food or fluids) will increase the risk of HIV transmission to the infant.

12. Can a woman who is separated from her baby use LAM?

The effectiveness of LAM depends on breastfeeding only/exclusively. This means as often as the baby is hungry “on demand,” day and night with no long intervals between feeds. Even if a woman expresses breast milk, if she is separated from her baby by more than a few hours, she cannot expect a high level of contraceptive protection. In one study⁴ on LAM for working mothers, the pregnancy rate increased by five percent. Women who are able to keep their baby with them at the worksite or can have their baby brought to them at least once every four hours can rely on LAM.

¹ WHO/RRH and JHU/CCP. 2007. *INFO Project*.

² World Health Organization. 2009. *HIV and infant feeding - Revised Principles and Recommendations Rapid Advice*.

³ Ibid.

⁴ Valdes, V., Labbok, M.H., Pugin, E., Perez, A. 2000. “The efficacy of the lactational amenorrhea method (LAM) among working women”. *Contraception*: (62) no. 5: 217-9.

