

# LAM

## Interagency Working Group

The LAM Interagency Working Group (IWG) is a network of over 20 organizations working to improve the health of individuals and families worldwide.

The vision of the LAM IWG is a world in which all women have knowledge about and access to appropriate postpartum family planning methods.

The mission of the LAM IWG is to enable the use of LAM as a family planning method and as a gateway to continued use of other methods.

For more information on the LAM IWG, visit

[www.irh.org](http://www.irh.org)  
[www.accesstohealth.org](http://www.accesstohealth.org)

### ACCESS-FP

AED/Africa's Health in 2010

BASICS

Care

Carolina Breastfeeding Institute,

UNC Chapel Hill

ESD Project

IntraHealth

Institute for Reproductive Health

IYCF

Jhpiego

Macro International/CSTS Plus

Population Council

USAID

FHI

Macro International

PATH — MCH/NUTR

Save the Children

UNFPA

URC-CHS

World Vision

## Repositioning the Lactational Amenorrhea Method: Benefits for Women, Children and Programs

### Introduction

The Lactational Amenorrhea Method (LAM) is an effective method of family planning for postpartum women based on breastfeeding which has been shown to have significant health benefits for both mothers and children.<sup>1</sup> LAM provides women with effective protection from pregnancy for up to their first six months postpartum, a critical time for mothers and children. It can also facilitate a timely transition to other family planning methods. Women who use LAM have been shown to be twice as likely to be using family planning at one year postpartum than women who are only breastfeeding.<sup>2</sup> WHO has recognized the importance of LAM by including it in three of its internationally recognized cornerstone family planning documents.<sup>3</sup> LAM has also been included in official family planning policies and norms in numerous countries worldwide.

In spite of this evidence, few programs serving postpartum women offer LAM, even those with trained providers. As a result there are few users. This technical brief offers guidance to program managers and decision-makers about how LAM can be repositioned in their programs so that they can better address the needs of postpartum women.

### Repositioning LAM

Program observations have shown that LAM attracts many women who are not family planning users. Nevertheless, LAM's

importance as an introductory family planning method has been neither sufficiently appreciated nor emphasized by programs. Repositioning LAM offers the unique opportunity to reach these women.

The strategy for repositioning LAM includes:

1. Emphasizing the timely transition to other family planning methods;
2. Simplifying LAM services; and
3. Broadening the program context for offering LAM, beyond family planning programs.

### Emphasizing timely transition to other FP methods

The repositioning approach calls for offering postpartum women the choice of all appropriate family planning methods at the time of their first postpartum visit. Women who select LAM and are eligible to use it are counseled at their first visit on the specifics of LAM. Most importantly, they are helped to choose a method they will use after LAM. Furthermore, follow-up LAM visits include discussions of the woman's next method and the transition to starting use of the method. This approach is incorporated into training, service delivery and program support materials, and providers are trained in the approach. By emphasizing timely transition to other family planning methods, LAM builds on the goals of the Healthy Timing and Spacing of Pregnancy (HTSP) Initiative.

<sup>1</sup> Perez A. Labbok M., and Queenan J. 1992, "Clinical study of the Lactational Amenorrhea Method for Family Planning," *Lancet*, 339(4):968-970, and Labbok M. et al. 1997, "Multicenter study of the Lactational Amenorrhea Method (LAM): Efficacy, duration and implications for clinical application," *Contraception* 55:327-336.

<sup>2</sup> Bongiovanni A. et al. 2005. "Promoting the Lactational Amenorrhea Method (LAM) in Jordan increases modern contraceptive use in the extended postpartum period." LINKAGES Project. Washington, DC: Academy for Educational Development.

<sup>3</sup> The WHO cornerstone family planning documents including LAM are: *Medical Eligibility Criteria for Contraceptive Use* (2004), *Decision-Making Tool for Family Planning Clients and Providers* (2005), and *Family Planning: A Global Handbook for Providers* (2007).

## Simplifying LAM services

Simplifying LAM services means providing clients with fewer and more concise messages. Messages emphasize effective LAM behaviors such as “do not give your baby any liquids, water or foods except your breast milk for the first six months” and “breastfeeding will protect you from pregnancy so long as your menses have not returned”. When the number of messages is reduced and simplified, women find it easier to understand, remember and follow.

### LAM Messages and Effectiveness

LAM can protect a woman from pregnancy as long as:

- her period has not returned,
- she is breastfeeding only, and
- her baby is less than six months old

LAM, a modern method of family planning, has been shown to be more than 98% effective.

Simplifying client messages also makes it possible to simplify provider training and materials. For example, providers are taught to instruct clients about:

- Core LAM messages relating to breastfeeding the baby on demand day and night and not giving the baby anything except breast milk,
- Making a timely transition to other methods, when, for example, the mother is approaching six months postpartum or her menses have returned,

- The health benefits of LAM for her and her baby, and
- Timing and spacing of pregnancies for the health of the mother and baby.

## Broadening the program context for offering LAM

Traditionally, LAM has been offered within family planning and reproductive health programs. However, MCH programs such as immunization, neonatal, antenatal, maternal nutrition, community health and post-partum programs serving mothers and their infants may provide more timely and effective ways of reaching post-partum women. Including LAM in services to mothers and babies is an important aspect of the strategy to reposition LAM.

## Potential program benefits of implementing LAM

Implementing the simplified approach to LAM can contribute to increased use of LAM among women three to six months postpartum, increased rates of breastfeeding among women who are more than six months postpartum, and the adoption of modern methods of family planning following LAM.

LAM counseling and the adoption of modern methods of family planning by postpartum women could also help reduce high risk pregnancies. ■

---

<sup>4</sup> More frequent breastfeeding produces lower levels of gonadotropic hormones and the probability of ovulation is reduced if the woman is exclusively breastfeeding. Simpson-Heber M., and Huffman S. 1981 “The contraceptive effect of breastfeeding.” *Studies in Family Planning* 12 (4) 125-133.