

Unit 15

LACTATIONAL AMENORRHEA METHOD

Learning Objectives

By the end of this unit, learners will be able to:

- ❖ Define Lactational Amenorrhea Method (LAM)
- ❖ Explain how LAM works
- ❖ State the effectiveness of LAM
- ❖ Describe the 3 criteria for using LAM
- ❖ List the characteristics of LAM
- ❖ Correct misconceptions about LAM
- ❖ Explain LAM use for women living with HIV
- ❖ Describe when and how women who use LAM should transition to another family planning method.

Teaching Resources in this Unit

Learning Activities

Case Studies	368
Case Studies Answer Key	370
Role Plays	372
Role Plays Processing Guide	373

Unit Assessment

Quiz Questions	374
Quiz Questions Answer Key	376

Unit 15: Lactational Amenorrhea Method

❖ Key Points

- ❖ **LAM is a safe and effective contraceptive method.**
- ❖ **LAM is based on breastfeeding and can be effective for up to 6 months after childbirth** as long as monthly bleeding has not returned and the woman is exclusively breastfeeding.
- ❖ **LAM offers significant non-contraceptive benefits for the mother and baby.**
- ❖ **LAM can be used by women who are living with HIV.**
- ❖ **LAM users should transition to another, ongoing family planning method before LAM expires to avoid a gap in pregnancy protection.**

15.1 Defining the Lactational Amenorrhea Method

The LAM is a highly effective, temporary family planning method for breastfeeding women. LAM provides natural protection against pregnancy for up to 6 months after giving birth and encourages the timely transition to other modern methods of contraception.

Lactational = Related to breastfeeding

Amenorrhea = No vaginal bleeding (after 2 months postpartum)

Method = A temporary (up to 6 months postpartum) family planning method

LAM is based on a woman's natural infertility resulting from breastfeeding exclusively, along with an absence of menstrual bleeding during the first 6 months after the baby is born.

Difference between breastfeeding and LAM

- LAM is a contraceptive method that uses a pattern of breastfeeding that can effectively suppress ovulation and prevent pregnancy.
- Breastfeeding is a method of infant feeding, not a contraceptive method.

Breastfeeding alone cannot be relied upon to prevent pregnancy. Rather, it is the period of lactational amenorrhea, together with effective breastfeeding practices, that provides this protection.

Although its use is limited to the first 6 months postpartum, LAM provides a woman with very effective contraception (more than 98% as commonly used) and, because it involves breastfeeding, contributes to the health and nutrition of her baby.

How LAM works

LAM works primarily by preventing the release of eggs from the ovaries (ovulation). Exclusive breastfeeding temporarily inhibits the release of the natural hormones that cause ovulation.

- **First, the baby's suckling stimulates the mother's nipple.** When breastfeeding, the baby squeezes and rubs the nipple with his/her gums and palate, causing pressure on— or “mechanical stimulation” of—the nipple.

- **Second, this stimulation of the nipple sends a signal to the mother’s brain.** The nipple stimulation triggers a neural signal to the mother’s pituitary gland, which produces and secretes hormones related to many bodily processes—including ovulation.
- Third, this signal to the mother’s brain disrupts the production of hormones that would normally stimulate the ovaries. In response to the suckling stimuli and the resulting neural signal:

There is increased production by the pituitary of the hormone prolactin.

This increased level of prolactin inhibits the normal secretion of gonadotropin-releasing hormone (GnRH) by the hypothalamus.

This disruption in the release of GnRH, in turn, disrupts the pituitary’s production and release of follicle-stimulating hormone (FSH) and luteinizing hormone (LH), both directly responsible for ovulation.

- **Fourth, ovulation is prevented.** Disruption in the release of FSH impedes the normal maturation of the egg by the ovary; disruption in the release of LH impedes the release of a mature egg by the ovary.

15.2 Effectiveness

If used correctly, LAM is 98-99% effective. Risk of pregnancy is greatest when the woman does not exclusively breastfeed her infant.

- As commonly used, about two pregnancies occur per 100 women using LAM. This means that 98 of every 100 women relying on LAM will not become pregnant.
- When used correctly, less than one pregnancy will occur per 100 women using LAM.

15.3 The Three Criteria for LAM

LAM effectively protects a woman from pregnancy as long as she meets the following 3 criteria or conditions:

1. The woman’s menstrual bleeding has not returned since her baby was born, and
2. The baby is exclusively breastfed, meaning the woman breastfeeds her baby “on demand,” day and night, and does not give any other food, water or liquid, and
3. The baby is less than 6 months old.

When any one of these 3 criteria is not met, or the woman wishes to begin using another modern method of contraception, she should start on that next method **immediately** if she does not want to become pregnant.

Counseling about the woman’s next method, to which she will transition from LAM, should begin as early as possible, such as when LAM counseling is initiated (ideally before the baby is born). Waiting until one of the 3 criteria is no longer met to begin considering the next method of contraception will be too late—leaving a “gap” in contraceptive protection and greatly increasing the woman’s risk of becoming pregnant.

The **rationales** for the 3 LAM criteria follow:

The woman’s menstrual bleeding has not returned since her baby was born—After childbirth, the return of menses is a significant signal that a woman’s fertility has returned. Once a woman starts to menstruate again, it is likely that ovulation has also resumed. Note that vaginal bleeding during the first 2 months postpartum is not considered menstrual bleeding.

The baby is exclusively breastfed—This means that breast milk is the **only** food or fluid given to the baby (other than occasional vaccines, medication or ritual drops/sips). The baby should be breastfed “on demand,” which means that whenever the baby shows signs of wanting to be fed, whether day or night, the mother breastfeeds the baby. The baby is not given artificial teats, nipples, or pacifiers. All of a baby’s nutritional, hunger, thirst, and sucking needs are met with breastfeeding.

The baby is less than 6 months old—At 6 months of age, the baby should begin receiving complementary foods while continuing to breastfeed. Introduction of complementary food and/or fluids can reduce suckling, allowing the hormonal mechanism that causes ovulation and menses to resume.

Again, if any one of these conditions changes, the woman can no longer rely on LAM for protection from pregnancy and should immediately transition to another method of contraception.

15.4 Characteristics of LAM

Advantages

- Natural method with no systemic side effects, effective immediately
- Readily available at no cost, no supplies required
- Promotes optimal breastfeeding patterns, with resulting health benefits
- Promotes mother-child bonding
- Does not interfere with sexual intercourse
- No medical supervision necessary
- Often serves as an entry point to family planning services

Disadvantages

- Requires clear understanding and practice of the 3 LAM criteria
- May be difficult to practice due to social circumstances like work and school
- Highly effective, but only temporary
- Does not protect from HIV/AIDS and other sexually transmitted infections (STIs)
- Possibility of transmitting HIV/AIDS to the baby through breast milk

Side effects - None. Any problems are the same as for other breastfeeding women.

Health benefits for mother

- Promotes uterine involution and may help decrease postpartum bleeding
- Reduces risk of anaemia

Health risks/ complications

None

-

Health benefits for child

- Passive immunization
- Best source of nutrition: human milk is perfect food for human babies and only food they need for first 6 months
- Decreased exposure to contaminants in water, other milk or formula and utensils
- Promotes bonding with mother

15.5 Correcting Misconceptions

LAM:

- Is highly effective when a woman meets all 3 LAM criteria
- Is just as effective in fat or thin women
- Can be used by women with normal nutrition. No special foods are required.
- Can be used for a full 6 months without the need for supplementary foods. Mother's milk alone can fully nourish a baby for the first 6 months of life. In fact, it is the ideal food for this time in a baby's life.
- Can be used for 6 months without worry that the woman will run out of milk. Milk will continue to be produced through 6 months and longer in response to the baby's suckling or the mother's expression of her milk.

15.6 Women Who Can Use LAM

All breastfeeding women can use LAM safely and effectively as long as they meet the 3 criteria.

15.7 Women Who Can Not Use LAM

Women who do not meet the 3 LAM criteria **cannot use** the method. This includes:

- Women whose menses have returned
- Women who are **not** exclusively breastfeeding
- Women whose babies are more than 6 months old.

15.8 LAM for Women with HIV

WHO UPDATE (November 2009)

For women known to be infected with HIV and intending to breastfeed, antiretroviral (ARV) therapy is recommended for mother and infant throughout the breastfeeding period.

- Women who are living with HIV or who have AIDS can use the method. However, there is a chance of transmitting HIV infection to the baby through breastfeeding. This possibility is reduced if the mother breastfeeds exclusively (as required by LAM) as opposed to partial breastfeeding.
- ARV therapy during the first weeks of breastfeeding may reduce the risk of HIV transmission. If women continue ARVs while breastfeeding, the risk of transmission of HIV through breast milk is reduced.
- Replacement feeding poses no risk for HIV transmission although this means that LAM is no longer being used.
- If replacement feeding is not AFASS (affordable, feasible, acceptable, sustainable and safe), exclusive breastfeeding is recommended for the first 6 months. (WHO 2009)
- Condoms should be used consistently and correctly to prevent transmission of HIV and other STIs (dual protection).

15.9

Medical Eligibility Criteria Screening Questions

For the Lactational Amenorrhea Method (LAM)

All breastfeeding women can safely use LAM, but a woman in the following circumstances may want to consider other contraceptive methods:

- Has HIV infection including AIDS (See LAM for Women with HIV, above.)
- Is using certain medications during breastfeeding (including mood-altering drugs, reserpine, ergotamine, anti-metabolites, cyclosporine, high doses of corticosteroids, bromocriptine, radioactive drugs, lithium, and certain anticoagulants)
- The newborn has a condition that makes it difficult to breastfeed (including being small-for-date or premature and needing intensive neonatal care, unable to digest food normally, or having deformities of the mouth, jaw or palate).

15.10 Timing: When to Start LAM

Woman's situation	When to start
Within 6 months after childbirth	<p>Start breastfeeding immediately (within 1 hour) or as soon as possible after the baby is born. In the first few days after childbirth, the yellowish fluid produced by the mother's breasts (colostrum) contains substances very important to the baby's health.</p> <p>Any time if she has been exclusively breastfeeding her baby since it was born, and her monthly bleeding has not returned.</p>

15.11 Client Counselling and Instructions

- The mother should breastfeed exclusively (with the infant receiving only breast milk and no additional food or drink, not even water).
- Start the baby on other foods at 6 months. At this age, breast milk can no longer fully nourish a growing baby. At this point, protection from pregnancy through the use of LAM ends.
- Plan for the next client visit while the LAM criteria still apply, so that the mother can choose another method without a gap in pregnancy protection when LAM expires.
- If possible, give the mother condoms now. She can start to use them if the baby is no longer exclusively breastfeeding, if her monthly bleeding returns, or if the baby reaches 6 months of age before she can come back for another method. Plan for a follow-on method for the longer-term.
- Assure every client that she is welcome to come back any time—for example, if she has problems, questions, or wants another method; if she has a major change in health status; or if she thinks she might be pregnant. Also, if she no longer meets one or more of the 3 LAM criteria and so can no longer rely on LAM.

15.12 Helping Clients Transition to an Ongoing Method

Transitioning to another contraceptive method before LAM expires is essential for pregnancy protection. The provider should discuss other contraceptive options with the woman and help her select a new method before she needs it. If she will continue to breastfeed after she is no longer using LAM, she can choose from several hormonal or non-hormonal methods, depending on how much time has passed since childbirth. (See Unit 19, Postpartum and Postabortion Family Planning, for more detail on the timing for use of family planning methods after pregnancy.)

- A woman can switch to another method any time she wants while using LAM. If she still meets all 3 LAM criteria, it is reasonably certain she is not pregnant. She can start a new method with no need for a pregnancy test, examinations, or evaluation.
- To continue preventing pregnancy, a woman must switch to another method as soon as any one of the 3 LAM criteria no longer applies.

15.13 Questions and Answers about LAM

1. Can LAM be an effective method of family planning?

Yes. LAM is very effective if the woman's monthly bleeding has not returned, she is exclusively breastfeeding, and her baby is less than 6 months old.

2. When should a mother start giving her baby other foods besides breast milk?

Ideally, when the baby is 6 months old. Along with other foods, breast milk should be a major part of the child's diet through the child's second year or longer.

3. Can women use LAM if they work away from home?

Yes. Women who are able to keep their infants with them at work or nearby and are able to breastfeed frequently can rely on LAM as long as they meet all 3 criteria for LAM. Women who are separated from their infants can use LAM if breastfeedings are less than 4 hours apart. Women can also express their breast milk at least every 4 hours, but pregnancy rates may be slightly higher for women who are separated from their infants. The one study that assessed use of LAM among working women estimated a pregnancy rate of 5 per 100 women during the first 6 months after childbirth, compared with about 2 per 100 women as LAM is commonly used.

4. What if a woman learns that she has HIV while she is using LAM? Can she continue breastfeeding and using LAM?

If a woman is newly infected with HIV, the risk of transmission through breastfeeding is much higher than if she were infected earlier, because there is more HIV in her body. The breastfeeding recommendation is the same as for other HIV-infected women, however. If replacement feeding is an option, she should be counselled that, with such replacement feeding, her baby will have no risk of HIV infection through breastfeeding although she will also no longer be using LAM and will need to use another FP method if she wants to prevent pregnancy. If replacement feeding is not an option, she should breastfeed exclusively during the first 6 months. Thus, she can continue relying on LAM. (After 6 months, breast milk alone is no longer enough nutritionally for the baby, and she should switch from LAM to another contraceptive method.) If a woman learns that she has HIV while using LAM, and she chooses to stop breastfeeding, she should stop completely over a period of about 2 days to 3 weeks. Abruptly stopping breastfeeding is not advisable.

LAM Case Studies

(Adapted from ACCESS-FP 2009; Farrell 1997)

Case Study 1

- 1 January—the baby is born
- 15 June—the mother begins to give tastes of semi-solid food every 2 days
- 12 through 17 July—the mother's menstrual period begins

When does lactational amenorrhea end?

When does LAM end?

Case Study 2

- 1 March—the baby is born
- 5 July—the mother gives 2-3 feeds in the late afternoon and evening with porridge because the baby now sleeps through the night but she still breastfeeds him 5-6 times during the day.
- 25 August—the mother's menses returns

When does lactational amenorrhea end?

When does LAM end?

Case Study 3

- 8 June—the baby is born
- 3 December—the mother's menses returns and lasts 5 days
- 15 December—infant receives porridge both in the morning and evening

When does lactational amenorrhea end?

When does LAM end?

Case Study 4

Dr. Mwale has just addressed a gathering of the Innerwheel Club, a women's association, on the benefits of breastfeeding. During the presentation she stressed the lactational amenorrhea method of contraception (LAM).

During the question-answer period, Alice, a lactating woman 6 months postpartum, and Charity, a woman with a 6-week-old grandson, each had a few questions to ask the doctor. Alice expressed great interest in using LAM as her preferred contraceptive method. Charity wondered if this method might suit her daughter-in-law with the 6-week-old baby.

1. Can Alice use LAM?
2. What information would Dr. Mwale give to Alice concerning her use of LAM as a contraceptive method? What other advice might she give Alice?
3. Can Charity's daughter-in-law use LAM?
4. What would Dr. Mwale tell Charity about LAM?

Case Study 5

A 20-year-old with 1 child gave birth 4 months ago, and she has been using LAM. She has had only 1 menstrual period, 3 weeks ago, and she plans to have an IUD inserted with her next menses. She reports that she and her husband are using condoms until then. Last night her husband did not withdraw until flaccid, and the condom remained in her vagina with some ejaculate spilling when the condom was removed. This woman definitely does not want another pregnancy now and has come to you for advice.

The provider observes: the young woman is clearly upset and in semi-panic. Breasts normal, lactating and somewhat full. Pelvic examination normal; uterus retroverted, small, regular and firm. No evidence of genital tract infection.

1. Is this woman justified in worrying that she may become pregnant from this condom accident?
2. What advice are you going to give her under the circumstances? Are there any other alternatives to managing her case?
3. Would you give her the same advice if she had been breastfeeding exclusively and had not menstruated?

Answers to LAM Case Studies

Case Study 1

When does lactational amenorrhea end? **12 July**

When does LAM end? **15 June, when exclusive breastfeeding ends**

Case Study 2

When does lactational amenorrhea end? **25 August**

When does LAM end? **5 July when she started supplementing her breast milk**

Case Study 3

When does lactational amenorrhea end? **3 December with return of menses**

When does LAM end? **8 December with return to menses which occurred prior to giving complementary infant feeding**

Case Study 4

1. Can Alice use LAM?

No, Alice cannot use LAM since she is already 6 months postpartum.

2. What information would Dr. Mwale give to Alice concerning her use of LAM as a contraceptive method? What other advice might she give Alice?

Alice does not now fit the criteria for LAM since the infant is 6 months or older.

The infant now needs to be introduced to appropriate complementary foods. Consequently, Alice can no longer breastfeed exclusively.

Alice can continue breastfeeding (there are many advantages), but she should begin using a contraceptive method immediately if she wants to prevent pregnancy.

3. Can Charity's daughter-in-law use LAM?

Yes, if she fits the criteria for LAM (has been breastfeeding exclusively since the baby was born and will continue to do so until the baby is 6 months old).

4. What would Dr. Mwale tell Charity about LAM?

Charity's daughter-in-law must be willing to breastfeed exclusively. Dr. Mwale should inform Charity that there are other contraceptive methods compatible with breastfeeding and that her daughter-in-law should choose one of these methods before one of the criteria for LAM is no longer met.

Case Study 5

1. Is this woman justified in worrying that she may become pregnant from this condom accident?

Somewhat, although the first menses after lactational amenorrhea may be anovulatory (without ovulation), the subsequent menses are more likely to be preceded by ovulation. Since this may have already occurred, the risk of pregnancy is present.

2. What advice are you going to give her under the circumstances? Are there any other alternatives to managing her case?

Offer her emergency contraception since the unprotected sex occurred less than 120 hours before. This can be either through emergency contraceptive pills (ECPS, see unit 14 for more information) or the insertion of an IUCD (that can then be left in place since she desires to use one anyway).

Explain to her that she is no longer using LAM since she has had a menstrual period. If she does not choose to have the IUCD inserted as emergency contraception, she will need to choose another ongoing method in order to prevent pregnancy. If she does not want another pregnancy for at least 2-3 years, she could use contraceptive implants (another long-term method). She could also use any other method except COCs, which would need to be delayed until she is at least 6 months postpartum if she continues to breastfeed.

3. Would you give her the same advice if she had been breastfeeding exclusively and had not menstruated?

No. If she were breastfeeding exclusively and not menstruating, her risk of pregnancy would be very low— less than 2% because of the protection that LAM provides.

LAM Role Plays

(Adapted from ACCESS-FP 2009; Farrell 1997)

Role Play 1

Mwandida is four weeks postpartum, HIV-positive, and breastfeeding as much as she can. She gave the baby formula when it was first born but cannot afford to feed the baby formula all the time now. Her husband is feeling well on ARVs and is able to work. Mwandida is not symptomatic of HIV, but she is very anaemic. She wants to wait at least 3 years before her next pregnancy.

1. What are Mwandida's counselling needs?
2. What are her contraceptive options?

Demonstrate how you will help Mwandida, attending to her counselling needs and her contraceptive options in your role play.

Role Play 2

Mrs. Ndongo, 26 years old, has come to your clinic today with a breastfeeding concern. She has a 6-week-old baby who cries a lot in the evening, and she thinks the baby is not getting enough milk, so she intends to introduce complementary feeds. Her first baby stopped breastfeeding at 3 months after she had started giving her complementary feeds. She has not menstruated since the birth of this baby. Mrs. Ndongo would like assistance in choosing a method of contraception.

Demonstrate how you will help Mrs. Ndongo.

LAM Role Plays Processing Guide

Role Play 1

1. What are Mwandida's counselling needs?

- She is not protected by LAM because she has not been exclusively breastfeeding.
- The baby is not being protected from HIV; both should start on ARV therapy.
- If she has an AFASS alternative, she should consider discontinuing breastfeeding.
- She needs to start contraception immediately in order to avoid pregnancy.
- She should use male or female condoms with each act of sexual intercourse in order to avoid re-infection (dual method use).

2. What are her contraceptive options?

- If she continues breastfeeding:

Male or female condoms plus another method (dual method use)

Long-term methods: IUCD or implants (condoms until 6 weeks postpartum)

DMPA (condoms until 6 weeks postpartum)

COCs (condoms until 6 months postpartum)

POPs (condoms until 6 weeks postpartum)

- If she discontinues breastfeeding:

Male or female condoms plus another method (dual method use)

Long-term methods: IUCD or implants

DMPA

COCs

Role Play 2

Demonstrate how you will help Mrs. Ndongo.

- Explain that the baby is getting enough nutrition from breast milk and should continue to do so until he/she is 6 months old.
- Determine if there are clinical reasons why the baby is crying and, if not, counsel Mrs. Ndongo that this is normal.
- As long as she continues to exclusively breastfeed and her menses has not resumed, Mrs. Ndongo can rely on LAM for pregnancy protection. However, she can start another method now if she wishes. She will have to transition to another method by the time the baby is 6 months old or when her menses resumes (whichever comes first).
- If she wishes to start using a method other than LAM, she can use:

Male or female condoms plus another method for increased pregnancy protection (dual method use)

Permanent methods: female sterilisation or vasectomy (if she and her husband do not want additional children)

Long-term methods: IUCD or implants (if pregnancy not wanted for at least 2 years)

DMPA

POPs; COCs (use condoms until 6 months postpartum)

LAM Quiz Questions

(Adapted from ACCESS-FP 2009)

1. What is LAM?
2. List the 3 criteria of LAM.
3. What is the difference between breastfeeding and LAM?
4. When does LAM end?
5. What is the difference between LAM and amenorrhea?
6. Describe exclusive breastfeeding.
7. List 3 advantages of LAM?

8. A LAM user has a 3-month-old baby. She wants to switch to another method and continue breastfeeding. Which methods could she use?

9. A mother has a 4-month-old baby and has not had her menses. She works outside the home for 3 hours a day and leaves the baby with her mother. She breastfeeds her baby exclusively. Is she practicing LAM?

10. A mother has a 7-week-old baby. Even though she has been exclusively breastfeeding him, she had spotting and brown discharge up to a week ago. Is she practicing LAM?

11. A mother with a 4-month-old baby breastfeeds him and gives him sugar water 3 times a day. Her menses has not yet returned. Is she practicing LAM?

12. True or false: The majority of women in sub-Saharan Africa use LAM as a method of family planning.

13. When established criteria exist and instructions are followed, LAM is:
 - a. 70% effective
 - b. 80% effective
 - c. 90% effective
 - d. 98% effective
 - e. 100% effective

LAM Quiz Questions Answer Key

1. What is LAM?

The Lactational Amenorrhea Method is a contraceptive method based on the natural infertility resulting from breastfeeding.

2. List the 3 criteria of LAM.

1) The mother's menses has not resumed, 2) she is exclusively breastfeeding and 3) the infant is 6 months old or less.

3. What is the difference between breastfeeding and LAM?

Breastfeeding is a method of infant feeding—NOT a contraceptive method. LAM is a contraceptive method that uses a pattern of breastfeeding that can effectively suppress ovulation and prevent pregnancy up to 6 months postpartum.

4. When does LAM end?

LAM ends when the woman's menstrual periods have returned or when the pattern of breastfeeding changes to regularly include water, other liquids or solid food, or when the infant is more than 6 months old.

5. What is the difference between LAM and amenorrhea?

Many women who breastfeed will have delay in return of menses. Only those women who breastfeed their babies exclusively with no supplements and whose infants are 6 months or less can be more than 98% confident that they will not conceive.

6. Describe exclusive breastfeeding.

Exclusive breastfeeding is when no liquid or food, not even water, is given to an infant other than breast milk.

7. List 3 advantages of LAM.

Any 3 of the following:

- **More than 98% effective**
- **Can be started immediately postpartum**
- **No side effects**
- **Motivates mothers to exclusively breastfeed**
- **Facilitates transition to another method**
- **"Natural" method**
- **No cost**

8. A LAM user has a 3-month-old baby. She wants to switch to another method and continue breastfeeding. Which methods could she use?

Female sterilisation (if she wants no more children), IUCD, implants, injectables, POPs, male or female condoms

9. A mother has a 4-month-old baby and has not had her menses. She works outside the home for 3 hours a day and leaves the baby with her mother. She breastfeeds her baby exclusively. Is she practicing LAM? **Yes.**

10. A mother has a 7-week-old baby. Even though she has been exclusively breastfeeding him, she had spotting and brown discharge up to a week ago. Is she practicing LAM?

Yes, because spotting and bleeding during the first 2 months is related to lochia and not menses.

11. A mother with a 4-month-old baby breastfeeds him and gives him sugar water 3 times a day. Her menses has not yet returned. Is she practicing LAM?

No, because she is not exclusively breastfeeding her baby.

12. True or false: The majority of women in sub-Saharan Africa use LAM as a method of family planning.

FALSE—while the majority of women breastfeed, and breastfeeding provides some contraceptive benefit, they are not practicing LAM. The practice of LAM means being aware of the 3 criteria and actively seeking another method should any of those criteria no longer apply.

13. When established criteria exist and instructions are followed, LAM is:

d. 98% effective

References

- ACCESS-FP. 2009. Workshop for maternal, newborn and child health service providers. Facilitator's notebook. In A learning resource package for maternal, newborn, and child health service providers and trainers (FIELD-TEST DRAFT). ACCESS-FP: Baltimore.
http://www.accesstohealth.org/toolres/pdfs/LAM_Workshop%20for%20MNCH%20Providers_Facilitator.pdf (accessed April 13, 2010).
- Farrell, Betty. 1997. Module 8: Breastfeeding and the lactational amenorrhea method (LAM). In Comprehensive reproductive health and family planning training curriculum. Watertown, MA: Pathfinder International. <http://www.pathfind.org/pf/pubs/module8.pdf> (accessed April 10, 2010).
- Georgetown University, Institute for Reproductive Health, and JHPIEGO. 2009. *Lactational amenorrhea method (LAM): A learning resource package for family planning service providers and trainers*. Georgetown University: Washington, D.C.
http://www.irh.org/sites/default/files/LAM_TrainerNotebook.pdf (accessed April 9, 2010).
- Ministry of Health. 2007. Malawi national reproductive health service delivery guidelines. Lilongwe, Malawi: Ministry of Health.
- Stone-Jimenez, Maryanne, Robin Anthony Kouyate, Annette Bongiovanni. 2008. The lactational amenorrhea method: A postpartum contraception choice for women who breastfeed. Issue Brief. Baltimore, MD: ACCESS-FP.
http://www.accesstohealth.org/toolres/pdfs/ACCESSFP_LAMBriefFinal.pdf (accessed April 9, 2010).
- World Health Organization. 2009. Rapid advice: revised WHO principles and recommendations on infant feeding in the context of HIV.
http://www.who.int/child_adolescent_health/documents/9789241598873/en/index.html (accessed Feb 23, 2010).
- World Health Organization/Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communications Programs (CCP), Knowledge for Health Project. *Family Planning: A global handbook for providers (2008 update)*. Baltimore and Geneva: CCP and WHO/RHR.
<http://info.k4health.org/globalhandbook/>