

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
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

Consensus Statement on Rationale for Operationalizing LAM Criteria

The LAM Working Group recognizes the compelling benefits of LAM for the mother and her baby. For the mother, LAM provides contraceptive protection and improves uterine contractions in the early postpartum, which may reduce postpartum blood loss. For the baby, LAM provides nutritional and easily digested food as well as protection against diarrhea. The Working Group also acknowledges the strong evidence supporting the effectiveness of LAM when three conditions¹ for LAM use are met:

- 1) her menses have not returned; and
- 2) the woman is fully or nearly fully breastfeeding
- 3) her baby is less than six months old.

While acknowledging the importance of the scientific basis for these criteria, the Working Group also notes that except for a few isolated settings, implementation of LAM in the field has languished. In the Working Group's experience, providers have been confused about the messages relating to breastfeeding and to amenorrhea, and have been reluctant to promote discordant messages when "fully" or "nearly fully" breastfeeding and "menstruation" have various definitions.

The Working Group thus saw the need to review LAM criteria and their operational definitions, simplify the messages, and document the rationale for refinements that have been made.

The messages for women to use LAM have been simplified, as follows:

- Her menses have not returned³ ;

- She is breastfeeding only²; and
- Her baby is less than six months old.

The table below explains the message and operational definition for each message. These messages are given in the context of promoting LAM as a gateway family planning method to ensure continuous protection for the woman during the postpartum period.

Menstrual bleeding message

The rationale for the simplification of the definition of "menses" is similar to that for "only breastfeed." When "menses" in the LAM context is considered to be "**any bleeding after two months postpartum**," the provider and client are better able to understand and remember the message. The method also becomes safer because it includes as a marker very scanty menstruation that might otherwise be dismissed, as well as spotting that can indicate hormonal activity and an impending ovulation.

- Field experience has shown that there is

Message	Operational definition
MENSES HAVE NOT RETURNED: Breastfeeding will protect you from pregnancy so long as your menses have not returned.	Any bleeding including spotting after two months postpartum is considered menstruation.
BREASTFEED ONLY: Only give baby breastmilk on demand day and night.	The baby should only receive breastmilk, with the exception of vitamins, medicines and vaccines.
BABY IS LESS THAN SIX MONTHS OLD: LAM is effective until your baby is six months old. Then you need to start using another method if you do not want to become pregnant.	LAM should not be used beyond the baby's six month birthday. The mother should be advised to begin another method when the baby becomes six months old. Also she should be advised to continue breastfeeding.

¹ WHO. *Medical Eligibility Criteria for Contraception Use*, 3rd edition, 2004. Geneva.

² "Breastfeeding only" means that no other liquid or solid except medicine, vitamins, and vaccines are given to the infant.

"Breastfeeding only" is closest to the definition of "fully" breastfeeding. "Nearly fully" breastfeeding means that the vast majority of feeds given to the infant are breastfeeds. The exact definition of "vast majority" has been specified in a variety of ways.

³ "Menses" is described as any bleeding after the first two months postpartum

significant confusion among providers and trainers about the definition of “menses” or “menstrual bleeding” in the LAM context. Some definitions have used 56 days postpartum as the point at which bleeding becomes important, and the woman is instructed to ignore any bleeding before the 56th day. Other definitions have included noting two contiguous days of vaginal bleeding considered similar to or heavier than a menstrual period, two contiguous days of spotting and one day bleeding, or three contiguous days of spotting.

Clarifying and simplifying the message about menstrual bleeding is important because when providers are unclear about the message, incorrect information may be given to the client. Furthermore, when the message is unclear, neither providers nor clients are confident in their instruction or use of the method.

The breastfeeding message

The rationale for simplifying the breastfeeding message is described below.

- The term “**breastfeed only**” is simpler for providers, clients, and the community to understand and remember than “fully,” “nearly fully,” “almost exclusive,” and other variations on how breastfeeding is explained. These other breastfeeding terms have numerous definitions and interpretations, such as specifying a percentage of feeds that are breast milk, a frequency of feeds, or a number of feeds during a certain time period. They may also include permitting certain foods, including “ritual feeding” that can have a different meaning in each culture. These variations cause confusion and uncertainty when the method is being taught or used.
- Exclusive breastfeeding (breastfeed only) for the first six months is the global recommendation for infant health.⁴
 - Exclusive breastfeeding improves infant health and nutrition and reduces infant mortality.
 - In areas of high HIV prevalence, especially where women are not aware of their HIV-status, providers must counsel women on the importance of exclusive breastfeeding. Mixed feeding (combining breast milk with other foods or liquids) has been shown to increase the risk of HIV transmission to the infant.⁵
- “Breastfeed only” is considered “safer” for protection

against pregnancy. Fewer women will be at risk of pregnancy because the guidance to breastfeed only is more easily understood than to “fully” or “nearly fully” breastfeed. This approach is also safer because the introduction of even a small amount of complementary food or fluid can gradually lead to increased complementary feeding.

- Using the same message that providers are using in infant health programs and programs for the Prevention of Mother to Child Transmission of HIV (PMTCT) facilitates the standardization of messages around the health of the mother and baby and reduces conflicting messages that may confuse women and providers.
 - Confusion about the definitions of “fully” or “nearly fully” may deter providers from recommending LAM. The family planning community has known for years that a provider will not recommend a method that s/he does not have confidence in providing.

Message about the age of the baby

No changes in the message about the age of the baby have shown to be necessary. Women will continue to be advised to use another method when their baby is six months old.

Programmatic Implications

There are no negative consequences to using the simpler messages for breastfeeding and menstrual bleeding. In the worst case scenario, women would start using another method before it may be necessary and thus have the benefit of double protection against pregnancy. It is better for some women to have double protection than for a woman to lack protection because a message was not clear or LAM was too confusing. The breastfeeding message is also consistent with infant feeding guidelines because LAM counseling recommendations advise women to continue to breastfeed after transitioning to another method, supporting extended breastfeeding. ■

⁴ WHO The Optimal Duration of Exclusive Breastfeeding. *Report of an Expert Consultation*. Geneva 2001 and WHO: Global Strategy for Infant and Young Child Feeding. Geneva: 2003.

⁵ Offering other foods or liquids will introduce micro-organisms into the intestines which causes micro lesions in the intestinal lining, thus providing ports of entry for HIV. Illif P, Piwoz E, et.al, 2005. AIDS, Vol. 19 (7) 699-708.