

Transition to Other Modern Methods of Contraception after Six Months Postpartum

This issue of Spotlight provides reproductive health and maternal and child health programs with new information (from a 2004 LINKAGES study in Jordan) to advocate for the offering of the lactational amenorrhea method (LAM) as a means to increase use of effective birth spacing methods and optimal infant feeding practices.

LAM is a modern contraceptive method based on the natural infertility resulting from the following three criteria: (1) full or nearly full breastfeeding, (2) the absence of menses, and (3) use during the first six months postpartum. LAM is more than 98 % effective when typically used, compared to 99 % for intrauterine devices (IUDs), 92-94 % for combined oral contraceptives, and 86 % for condoms (Essentials of Contraceptive Technology, JHU/PIP, 1997).

In spite of its highly competitive efficacy and effectiveness, LAM is often undervalued because of its six-month postpartum limitation. Reproductive health programs commonly ask two questions:

- If many breastfeeding women are naturally amenorrheic and therefore protected against pregnancy during the early postpartum period, what are the added benefits of offering LAM?
- With limited opportunities in general to counsel women on postpartum family planning use, how can offering LAM provide women with longer-term protection to reduce unwanted pregnancies?

LINKAGES answered these questions and others by conducting a retrospective study with the Ministry of Health of the Hashemite Kingdom of Jordan.¹ The study was conducted in 11 child health centers in and around Amman, Jordan, during 2004. Women who had a child 13-24 months of age for whom they sought health care (n = 3183) were asked about their postpartum contraceptive practices following the birth of this child. Respondents were asked whether they used breastfeeding as a method to delay menstruation in order to plan their family. LAM users in this study were women who reported using either LAM (by name) or breastfeeding for family planning if they could recall all three LAM criteria.²

¹ From 1999 to 2004, LINKAGES worked with the Jordan MOH to strengthen the offering of LAM throughout Jordan's public maternal and child health centers with enhanced counseling and clinic-based information. According to MOH reports, LAM use in those centers increased from 0.1 % in 1999 to more than 13 % in 2003.

² In this study, women who reported using LAM or breastfeeding for family planning but could not recall all three LAM criteria were referred to as breastfeeding for family planning (BFFP) users.

KEY RESULTS

Offering LAM encourages breastfeeding women to use a modern contraceptive method in the first six months postpartum. In Jordan, one third of women rely on breastfeeding in the first six months postpartum to prevent pregnancy. LAM users were no more likely to become pregnant by 12 months than women who used other short-term modern methods in the first six months.

Counseling makes all the difference for LAM users. Knowledge and action upon LAM's six-month criterion was the main factor distinguishing LAM users from other women using breastfeeding to prevent pregnancy. LAM users were more likely to report having been counseled on LAM (63 %) than other groups, including women who breastfed for family planning (24 %, $p < .001$). LAM users were also more likely to have been counseled on transition to another modern method than other women. LAM users reported learning about LAM's criteria from doctors, nurses, and print materials during pregnancy and in the first six months postpartum.

Offering LAM is a way to encourage women to continue using modern contraceptives. Women who purposefully use LAM are more likely to use modern contraceptives at 12 months postpartum than women who use breastfeeding to prevent pregnancy (and don't know all the LAM criteria), other traditional methods, or no methods at all during the first six months postpartum.

Offering LAM can improve infant feeding practices. LAM users avoided introducing other milks and semi-solid foods too early to their infants. They were also more likely than all other women to have been counseled to exclusively breastfeed.



SUPPORTING DATA

LAM users had higher rates of modern method use at 12 months compared with women who, during the first six months postpartum, used breastfeeding for family planning but did not know all the LAM criteria (BFFP users), used other traditional methods (e.g., withdrawal, abstinence), and used no family planning (figure 1).

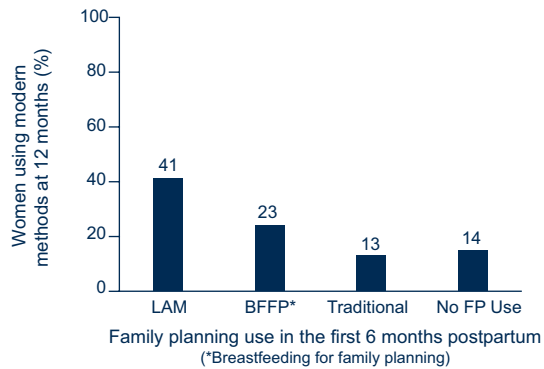


Figure 1. Percent of women using a modern contraceptive method at 12 months postpartum by type of family planning used in the first six months ($p \leq .001$)

LAM users were also more likely to transition to another modern method earlier than women who relied only upon breastfeeding for family planning. Nearly twice as many LAM users as BFFP users stopped using breastfeeding to prevent pregnancy at six months postpartum.

LAM use may introduce previous non-users of family planning to modern methods. Among women who used no modern family planning method for 24 months prior to their pregnancy, those who used LAM after the birth of their last child were more likely to be using a modern method at 12 months than those who used breastfeeding for family planning, other traditional methods, or no family planning for the first six months postpartum (figure 2).

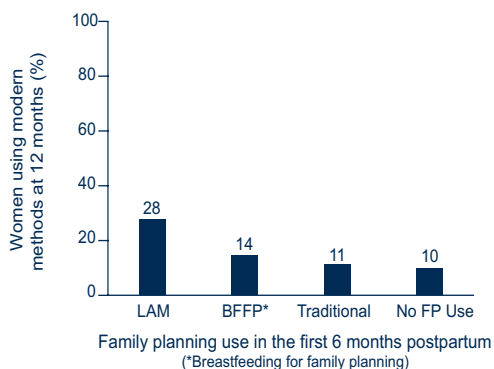


Figure 2. Percent of women using a modern method at 12 months who had not used a modern method in the 24 months preceding the index pregnancy

LAM use is related to better infant feeding. LAM users were more likely than any other group to report having been counseled to breastfeed exclusively (40%) compared to 14% for BFFP ($p \leq .001$) and 7%-18% for other groups ($p \leq .001$). More LAM users reported having been counseled to optimally delay the introduction of complementary foods until six months of age (26.1%) compared to 7.3% for BFFP ($p \leq .001$) and 2%-7% for other groups. Figure 3 shows that LAM users were less likely than any other group to introduce other milks and semi-solids in the first six months.

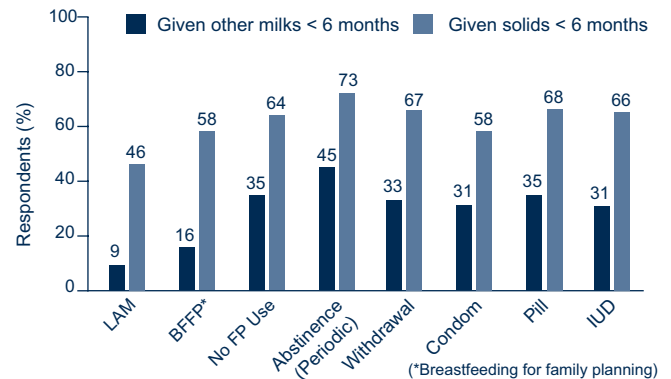


Figure 3. Percent of women introducing other milks and semi-solids/solid foods in the first six months by type of family planning method used in the first six months

The findings from this study are compelling. They suggest that LAM improves the way women feed their infants and may increase the use of modern family planning methods among previous non-users. Reproductive health and child survival programs are encouraged to examine how LAM can help meet their goals and enhance the quality of care in their programs.

For these and additional results, data tables and figures, and in-depth analyses, please see LINKAGES' LAM Research Report, "Do LAM Users Transition to Other Modern Methods? A Study of Postpartum Contraception in Jordan" (available September 2005).

Other References

1. Essentials of Contraceptive Technology, JHU/PIP (current edition 1997; new edition available late 2005)
2. LAM (Lactational Amenorrhea Method), A Modern Postpartum Contraceptive Method for Women who Breastfeed: Training Module for Health and Family Planning Service Providers, LINKAGES (2004)
3. The Lactational Amenorrhea Method (LAM) - Frequently Asked Questions, LINKAGES (2001)
4. LAM CD for Program Planners: An Interactive Multimedia Resource on the Lactational Amenorrhea Method, LINKAGES (2002)
5. Population Report: Breastfeeding, JHU/PIP (available late 2005)