**(insert AGENCY name)**

Reproductive Health Program

Clinical Practice Standard

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| **Subject:** Lactational Amenorrhea Method (LAM) | **No.** |
| **Approved by:**  |  | **Effective Date:**  |
| **Revised Date:** January 2018, January 2019, January 2021, **October 2022** |
| **References:** U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC), 2016;Contraceptive Technology, 20th Ed, American Congress of Obstetrics and Gynecologists (ACOG), 2014 |

**POLICY:** This Clinical Practice Standard follows the recommendations of the U.S. MEC, 2016, Contraceptive Technology, 20th Ed.; and ACOG, 2014.

**PURPOSE:** This Clinical Practice Standard provides direction for reproductive health clinics to assist clients in their use lactational amenorrhea method (LAM).

LAM is a highly effective, *temporary* method of contraception that may be used effectively when all three of the following criteria are met: 1) amenorrhea; 2) fully or nearly fully breastfeeding; and 3) < 6 months postpartum. In typical use, LAM is 98% effective up to six months after the birth of the baby. This is more effective than typical use of condoms or OCPs.

Infant suckling induces a reduction in the release of gonadotropin releasing hormone, luteinizing hormone and follicle stimulating hormone; all three of which are required for follicle stimulation and development in the ovary.

Breastfeeding characteristics that contribute significantly to delay the return of ovulation include high frequency of breastfeeds, a long total duration of feedings, a short interval between breastfeeds, and the presence of night feeds.

LAM does not protect against sexually transmitted infections (STIs) and human immunodeficiency virus (HIV).

**STANDARD:**

(**insert AGENCY name**) MDs, NPs, PAs, DOs, NDs, and RNs may provide information and counseling to any client who requests to use LAM.

There are no U.S. MEC category 3 or 4 risk conditions for the use of this method.

Breastfeeding may not be recommended for clients with certain conditions. See CDC [Contraindications to Breastfeeding or Feeding Expressed Breast Milk to Infants](https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/contraindications-to-breastfeeding.html).

**PROCEDURE:**

1. Follow the [*Core Reproductive Health Services* *CPS*.](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-Core_RH.docx)
2. Each client will receive client instructions regarding warning signs, common side effects, risks, method of use, alternative methods, use of secondary method, and clinic follow up schedule. Document the client’s education and understanding of the method of choice.

**PLAN:**

* + - 1. Initiating lactational amenorrhea method.
1. LAM can be initiated immediately after the birth of the baby.
2. Instruct the client to breastfeed on demand.
	* At least every 4 hours during day.
	* Every 6 hours at night.
3. Advise the client that expressing milk by hand or breast pump is not a substitute for breastfeeding in terms of its fertility-inhibiting effect.
	* + 1. Have a backup plan and supplies if any of the three criteria is not met (condoms, Emergency Contraception). See [*Emergency Contraception CPS*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-EC.docx) for more details.
			2. Assist the client in the transition to another method when LAM is no longer effective or when the client wishes to stop using LAM.

**ROUTINE FOLLOW-UP:**

1. The recommendations listed below address when routine follow-up is recommended for safe and effective continued use of contraception for healthy clients. Although routine follow-up is not necessary for the use of lactational amenorrhea as a contraceptive method, recommendations for follow-up might vary for different users and different situations. Specific populations such as adolescents, those with certain medical conditions or characteristics, and those with multiple conditions may benefit from more frequent follow-up visits.
2. Advise the client to return at any time to discuss their contraceptive method, or if the client wants to change the method being used.
3. At other routine visits, healthcare providers should do the following:
* Assess the client’s satisfaction with the contraceptive method and whether the client has any concerns about method use; and
* Assess any changes in health status that would change the appropriateness of the contraceptive method.
1. Advise the client to return to the clinic prior to 6 months postpartum to discuss and transition to another contraceptive method.

**CLIENT EDUCATION:**

Provide information to the client on all the criteria that must be met for LAM to be effective. (see **Attachment 1**)

Inform the client of the need to maintain exclusive breastfeeding.

Provide support for optimal breastfeeding behaviors.

Offer and provide referral for management of any breastfeeding difficulties.

Inform the client that LAM is only a temporary method of contraception.

Advise the client to begin thinking about a new method while still using LAM so there is no gap between LAM and the next method.

Provide information to the client on all contraceptive methods; it is important that the client understands all options available when LAM is no longer effective.

Encourage the client to continue breastfeeding even after starting another method of contraception, as appropriate.

Advise the client to call the clinic with any questions or concerns.

Advise the client to return to the clinic immediately if any of the following occurs:

1. Menstrual bleeding returns;
2. The baby starts receiving other food, water, or liquids (no longer breastfeeding only); or
3. The baby turns six months old.

**REFERENCES:**

Centers for Disease Control and Prevention. 2016. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. <https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf>

Centers for Disease Control and Prevention. 2022. Contraindications to Breastfeeding or Feeding Expressed Breast Milk to Infants. <https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/contraindications-to-breastfeeding.html>

Kennedy, K. & Trussel, J. 2011. Postpartum Contraception and Lactation. In Deborah Kowal (Ed), Contraceptive Technology, 20th Edition. Pg. 483-488. Ardent Media: Atlanta, GA

Association of Reproductive Health Professionals. 2009. Health Matters Fact Sheets- Breastfeeding (Lactational Amenorrhea Method). <http://www.arhp.org/Publications-and-Resources/Patient-Resources/Fact-Sheets/Breastfeeding>

**ATTACHMENT 1: Client Card Handout**

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