Creating Synergies for LAM in Women and Newborn Health

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USING EVIDENCE TO EXPAND FAMILY PLANNING CHOICES, ADVANCE GENDER EQUALITY, AND INVOLVE COMMUNITIES.
LAM is an effective method largely underutilized that can help support HTSP and meet women's need for postpartum pregnancy prevention.

Tools, guidance and resources for LAM integration exist, which help health programs create synergies for wide recognition and support for LAM as a valid FP option.

Policy efforts in the last decade to encourage different health programs to strengthen LAM in services.
Key Barriers to LAM

1. Perception of lack of effectiveness and understanding of how it works
2. Misconception that breastfeeding alone prevents pregnancy
3. Programs perception about LAM counseling being a large effort for a short time period
LAM Mechanism of Action

**NIPPLE STIMULATION**
Frequent intense suckling disrupts secretion of gonadotrophin releasing hormone (GnRH)

**NERVE IMPULSES AFFECT HORMONES**
Irregular secretion of GnRH interferes with release of follicle stimulating hormone (FSH) and leutinizing hormone (LH)

**SUPRESSION OF OVULATION**
Decreased FSH and LH disrupts follicular development in the ovary to suppress ovulation
How LAM works in a woman’s body to prevent pregnancy

By exclusively breastfeeding your baby for the first 6 months you can prevent pregnancy ONLY if:

1. You feed the baby **only breast milk**
2. Your menstrual **period has not returned**
3. Your baby is **less than 6 months old**
Policy Efforts: Repositioning LAM

Consensus Statement on Rationale for Operationalizing LAM Criteria

WHO Medical Eligibility Criteria for Stopping Contraceptive Methods

<table>
<thead>
<tr>
<th>WHO Category I</th>
<th>WHO Category II</th>
<th>WHO Category III</th>
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<tbody>
<tr>
<td>Do not use the method</td>
<td>Do not use the method</td>
<td>Use the method</td>
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Definitions:

- Category I: Absolute Contraindication
- Category II: Relative Contraindication
- Category III: Choice of the Health Care Provider

Table 1. Level of self-reported current use of LAM and women who meet practice criteria, among all female respondents 15-49 years* (%)(n=73)

<table>
<thead>
<tr>
<th>Reported users</th>
<th>Mean</th>
<th>SD</th>
<th>Minimum</th>
<th>Maximum</th>
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<tbody>
<tr>
<td>Women who meet practice criteria</td>
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<tr>
<td>Definitions 1, gold standard practice</td>
<td>3.7</td>
<td>2.2</td>
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<tr>
<td>Definitions 3</td>
<td>4.2</td>
<td>2.2</td>
<td>0.8</td>
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* Estimate in each survey was an un-weighted-value among all respondents. LAM: lactation amenorrhea method.
Selected LAM Resources

1. Briefs: LAM Consensus Statement & LAM Repositioning
2. LAM in WHO's FP Guid for CHWs
3. LAM Trainer Notebook and LAM Participant Notebook
4. LAM Reference Guide for Service providers
5. LAM in the Balanced Counseling Strategy
6. LAM Client Card & Provider Counseling Guide

LAM TOOLKIT
Wherever women breastfeed, LAM is an appropriate FP method
- LAM uptake improves when integrated in broad program rather than in vertical program
- Community involvement is important
- Training alone is not sufficient
- Provider bias influences counseling
DISCUSSION: Creating Synergies for LAM in Women and Newborn Health

- Advantages to your program
- Synergies with what type of programs/activities
- Entry points for LAM
- Potential barriers to integration
THE SLIDES THAT FOLLOW INTENDED TO DISCUSS HOW BREASTFEEDING IS A COMMON PRACTICE IN MANY SETTINGS WERE NOT USED SINCE THE AUDIENCE HEARD ABOUT IT AT LENGTH DURING THE MORNING SESSIONS.
Exclusive breastfeeding according to age of child

Source: ORC Macro, 2007. MEASURE DHS STATcompiler
Breastfeeding Initiation

Source: ORC Macro, 2007. MEASURE DHS STATcompiler