

Can breastfeeding work as contraception?



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Going through childbirth can seem like the ultimate contraceptive – who would ever want to have sex again?! The amazing thing is that our bodies, and our libidos, generally recover (at least in some form) and sex can still be a fun part of a loving relationship. The main thing is to be prepared: an unplanned pregnancy is probably the last thing you need and you never know when the right moment might strike (“quick, the baby’s asleep...”).

So, what’s the truth about the contraceptive effects of breastfeeding? Is breastfeeding enough to stop you conceiving? The quick answer is no – breastfeeding is not an effective form of contraception but the good news is that breastfeeding and following the LAM rules is over 98% effective as contraception – and that’s confirmed by the Royal College of Obstetricians and Gynaecologists (RCOG).ⁱ There’s also evidence that it can help to increase breastfeeding rates.ⁱⁱ

So what are the LAM rules?

LAM is the Lactational Amenorrhoea Method of contraception. Lactation means breastfeeding;

amenorrhoea means you don’t have your period; Lactational amenorrhoea means that your period has been suppressed by breastfeeding. So does it mean you’re safe just so long as you’re breastfeeding and don’t have your period? Nope, not quite. You also need to follow all the LAM rules:

Rule 1. You are fully breastfeeding. And I mean fully. This means your baby gets no formula at all and nothing more than a taste of any food. You need to be feeding at least every four hours during the day and at least every six hours at night. You also need to avoid dummies and soothers and feeding your baby anything from a bottle (even expressed milk or water) as this can reduce the amount of breastfeeding that your baby does, making LAM less effective. There’s no need to worry if your baby occasionally sleeps through the night, or sucks their thumb, or has a longer nap than usual. Just be aware that the more you feed, the better it works.

“No expressing?!” I hear you say. Are you serious? Do I have to be tethered to my baby? OK, you can give the occasional bottle of expressed milk without instantly ovulating but overall effectiveness will decline if you regularly give expressed milk (over 98% to about 95%ⁱⁱⁱ).

Rule 2. Your periods haven't returned. So long as your baby is less than six months old (Rule 3), your first period is likely to be an infertile one – similar to the bleeding that you get on the pill. This is either because you didn't ovulate before your period, or because you ovulated but the luteal (post-ovulation) phase was too short to allow the egg to implant in your womb.

Rule 3. Your baby is less than six months old. You might not want to use LAM for the duration of this time, but it can be a useful temporary method for a few weeks or months. According to the Infant Feeding Survey of 2012^{iv}, 17% of women are still fully breastfeeding at 3 months. I know this could be better but it still means a good number of women could find LAM a helpful option.

Why don't I already know this?

Surprisingly few people know about LAM^v. Most will dismiss it, seeing it as no different to relying on breastfeeding alone, which is notoriously unreliable. One reason LAM is often dismissed could be the “particular inconsistencies” that a BPAS/Mumsnet survey identified in the advice given to breastfeeding women by healthcare practitioners.^{vi} This ranges from “Oh, you're breastfeeding, no need to worry about contraception”, to “You're breastfeeding, that means you're extra fertile”. Neither of which are very helpful responses.

The LAM advice in official publications and websites is also often inconsistent and incomplete. The part of the NHS Choices website about sex after childbirth^{vii} categorically states “You can get pregnant 3 weeks after giving birth, even if you are breastfeeding and your periods haven't returned”. Another, less prominent, part of the NHS Choices website^{viii} has the same information as the Family Planning Association (fpa) leaflet on contraception after your baby.^{ix} Both these sources say that LAM is only up to 98% effective – which will make many people dismiss it - even though the RCOG says it is over 98% effective. They also say nothing about the effect of expressing or dummies.

More recent publications are a little better. The London Sexual Health Programme multi-lingual contraceptive choice leaflets^x have more complete information about LAM, though again they go against RCOG guidance by saying LAM is only up

to 98% effective, not over 98%, and they repeat the myth about ovulation always occurring two weeks before your period. BPAS has produced an excellent leaflet^{xi} on post-natal contraception, which includes information about emergency contraception while breastfeeding but perhaps underemphasises the importance of breastfeeding support. It also says nothing about natural family planning, which is the choice of about 9% of women who have had a baby.^{xii}

Possibly the best leaflet is the one produced by NHS Camden in 2010^{xiii} This gives clear advice and can be used alongside the fpa leaflet on contraception after childbirth.

What about after LAM? Can I move straight onto fertility awareness (natural family planning)?

Moving from LAM to other methods of contraception is fairly straightforward, though several methods are not recommended if you are still breastfeeding. Moving onto fertility awareness based contraception is more complicated.

Strictly speaking, if you're still breastfeeding, you could start by using “extended LAM”. This involves maintaining regular breastfeeding and making sure you breastfeed your baby before you feed them any solid food. This can be reasonably effective but it's not as good as LAM or the sympto-thermal method of fertility awareness. Extended LAM is probably only useful if you're not too worried about getting pregnant again.

In reality, if you want to use fertility awareness, you're going to need to use condoms or alternative sex until your fertility signs show that you have definitely ovulated. Recording your fertility signs (waking temperature and cervical fluid) is at the heart of natural family planning/ fertility awareness.

It's easy once you know how but it's worth getting specialist support from a fertility awareness practitioner to make sure you're on the right track. At the very least, invest in the charting bible - Toni Weschler's *Taking Charge of Your Fertility*.

Be wary of fertility apps. They can be a handy way of recording information, and might have helped you to get pregnant, but you need to know what



you're doing if you want to rely on an app for contraception.

How about if I'm breastfeeding and I want to get pregnant?

Even though breastfeeding but not following the LAM rules isn't reliable contraception, it can be enough to stop you getting pregnant.

Some mothers may not see a return to full fertility until they end breastfeeding but many will be able to conceive provided they reduce the number and frequency of feeds enough to trigger the return of ovulation.

Remember that other things can also impact on fertility. One factor is your BMI (Body Mass Index – work it out using a phone app) – for both you and your partner. For maximum fertility, your BMI should ideally be between 20 and 24. Of course people with higher and lower BMIs than this often get pregnant with no bother at all but having a BMI in this range increases your chances.^{xiv}

Your body, your choice!

I'm obviously a big fan of LAM, and used it myself successfully but you have to feel happy with your choice of contraception. If LAM isn't for you that's fine, just remember that although breastfeeding does not protect you against pregnancy, breastfeeding and following the LAM rules is a highly effective form of contraception. If your health professional queries your decision, suggest that they check out the RCOG post-natal guidance on sexual and reproductive health. To find out more about LAM and fertility awareness visit my website:

www.befertilityaware.co.uk

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