Lactational amenorrhea method: Combining breastfeeding and contraception.

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Introduction

The Lactational Amenorrhea Method (LAM) is a natural contraceptive option that utilizes breastfeeding as a means of birth control. It is based on the principle that exclusive breastfeeding, combined with certain criteria, can suppress ovulation and delay the return of menstrual cycles after childbirth. LAM offers a hormone-free and convenient method of contraception for breastfeeding mothers, allowing them to space their pregnancies effectively. This article explores the Lactational Amenorrhea Method in detail, including its effectiveness, requirements, benefits, and considerations for women who choose to rely on this method for birth control [1].

LAM works by leveraging the hormonal changes that occur during breastfeeding. When a woman breastfeeds exclusively (meaning the baby is solely fed with breast milk without any supplementation) and frequently (at least every 4 hours during the day and every 6 hours at night), it inhibits the release of certain hormones that trigger ovulation. Specifically, the hormone prolactin, which stimulates milk production, also suppresses the hormones responsible for ovulation and menstruation [2].

To effectively use LAM as a contraceptive method, certain requirements must be met. These include exclusive breastfeeding, meaning the baby receives no other form of nutrition except breast milk. Additionally, breastfeeding should occur on demand, both day and night, without long gaps between feeds. The infant should be younger than six months, and the mother should not have experienced a return of her menstrual periods since childbirth. It's important to note that LAM's effectiveness decreases once any of these requirements are not met, making it crucial for women to stay vigilant and consider alternative contraception methods. When properly followed, LAM has been found to be highly effective, with a failure rate of less than 2% during the first six months postpartum. The combination of exclusive breastfeeding, frequent nursing, and the absence of menstruation provides a reliable contraceptive effect. However, it is important to recognize that LAM is most effective in the early months after childbirth and diminishes as the baby starts solid foods, breastfeeding frequency decreases, or menstruation resumes [3].

Benefits and Considerations of LAM (150 words): One of the major benefits of LAM is its non-hormonal nature, making it an appealing option for women who prefer to avoid hormonal contraceptives. It is convenient and cost-effective, as no additional contraceptive methods or medications are required. LAM promotes the bonding and health benefits associated with breastfeeding, as it encourages exclusive nursing.

However, it's crucial to acknowledge that LAM is not fool proof. Women must be aware that fertility can return unpredictably, and unprotected sex can lead to pregnancy. Therefore, it is advisable to consult with a healthcare provider to assess individual circumstances and discuss alternative contraceptive options if LAM is not suitable or desired [4].

Contraception and Breastfeeding

A method that can be considered as most natural would be the Lactational Amenorrhea Method or LAM. It is based on the physiology that when a woman is fully or nearly fully breastfeeding, the release of natural hormones that cause ovulation would be prevented. The other key requirements would be that menstruation would not have resumed and that this lasts for the first six months after childbirth. These three conditions are required to be considered as using LAM as contraception.

Lactation itself has a contraceptive effect and is a vitally important factor in child-spacing and limiting family size in developing countries. Elevated levels of prolactin that occur with breastfeeding inhibit the pulsatile secretion of gonadotropin-releasing hormone from the hypothalamus. This in turn interferes with the hypothalamic-pituitary-ovarian axis, preventing estrogen secretion and ovulation. With weaning, prolactin levels decline and ovulation resumes within 14 to 30 days [5].

Conclusion

The accumulation of scientific evidence since the 1960s has confirmed what many, especially women, have known intuitively over vast stretches of human history and prehistory: that breastfeeding acts as nature's way of keeping human fertility rates low and of guaranteeing enough time between births for the child to be adequately nourished and developed and for the mother to sufficiently recover from the rigors of child bearing and rearing. Prospective research undertaken

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in both clinical and real-life settings has confirmed the contraceptive effects of breastfeeding. Knowledge gained from these studies has led to the development of guidelines to enable breastfeeding mothers to use lactation as a means of fertility control, as least during the first six months postpartum, or possibly up to 12 months postpartum, if mothers are actively pursuing breastfeeding and are receiving appropriate family planning counselling.

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