

# UPDATE

## Lactational amenorrhoea method for family planning provides high protection from pregnancy for the first six months after delivery

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It has long been known that breast feeding can delay the return of fertility, but until recently the conditions under which women could rely on this phenomenon were unclear. In August 1988 an international group of scientists gathered in Bellagio, Italy, to review the scientific evidence related to the effect of breast feeding on fertility.<sup>1,2</sup> In what came to be known as the "Bellagio consensus," they concluded that women who were fully or nearly fully breast feeding and amenorrhoeic had a less than 2% risk of pregnancy in the six months after delivery.

Subsequently, several groups have collected further data on risks of pregnancy among breast feeding women in relation to time after delivery and feeding patterns.<sup>3-7</sup> Their results, including those from Ramos and colleagues reported in this week's BMJ (p 909)<sup>7</sup> as well as other relevant research,<sup>8-10</sup> were reviewed in December 1995 at a second Bellagio conference. This confirmed the conclusions of the original Bellagio consensus<sup>11</sup>: women who are fully or nearly fully breast feeding are at very low risk of becoming pregnant in the first six months after delivery as long as they remain amenorrhoeic—indeed, the observed cumulative life table rates of pregnancy at six months were less than 2%. In studies that included the promotion of appropriate breast feeding practices, the percentage of women still amenorrhoeic and fully breast feeding at six months after delivery was higher than in control groups not receiving such support.<sup>12-13</sup>

From the research done to-date, the experts participating in the second Bellagio conference (who included two authors of the paper by Ramos et al) also concluded that whereas

amenorrhoea is an absolute requirement for ensuring a low risk of pregnancy, it might be possible to relax the requirement of full or nearly full breast feeding.<sup>4,10,14,15</sup> It may also be possible to extend the duration of use beyond six months without jeopardising effectiveness.<sup>7,10,14,15</sup> Additional research is needed to establish the conditions under which these modifications to the Bellagio consensus could be made.

In 1989 a method of family planning for women was defined, based on the Bellagio consensus. It was called the lactational amenorrhoea method, and guidelines for its use were developed.<sup>16</sup> These guidelines include the three criteria mentioned above - amenorrhoea, full or nearly full breast feeding, and protection limited to the first six months postpartum - all of which must be met to ensure adequate protection from an unplanned pregnancy. The guidelines include the advice that women who no longer meet these three criteria, or no longer wish to use the lactational amenorrhoea method, should immediately start to use another method of family planning if they wish to avoid pregnancy.

As well as the study by Ramos et al, several other reports have been published on the lactational amenorrhoea method,<sup>6,12-18</sup> but experience is still limited. Additional research is needed to determine its effectiveness and acceptability under field conditions, to evaluate the implications of running a programme of the lactational amenorrhoea method for services catering for mothers, and to assess the impact of reliance on lactational amenorrhoea on subsequent use of other family planning methods, especially among women who would not otherwise attempt family planning.

As indicated earlier, the guidelines for use of lactational amenorrhoea promote the adoption of other methods of family planning as soon as the six month period of protection has ended,<sup>16</sup> and it is therefore conceivable that using lactational amenorrhoea may increase subsequent use of contraception.<sup>19</sup>

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