Is a Lactational Amenorrhea Method (LAM) User Card an effective strategy for improving LAM uptake and facilitating the transition to other FP methods?

Justine A. Kavle, Donald Cruz, Miriam Betancourt, Rebecka Lundgren
Georgetown University, IRH and MOH, Guatemala

Presenter: Rebecka Lundgren
2011 International Conference on Family Planning Dakar, Senegal
What is LAM

• Modern and effective method of family planning (FP), based on natural effect of breastfeeding on fertility
• LAM criteria
  1. Menstruation has not returned
  2. Mother is only breastfeeding
  3. Baby is less than 6 months
LAM Efficacy

LAM Efficacy 6m Post-partum

Pregnancies per 100 women in first 12 months of use

<table>
<thead>
<tr>
<th></th>
<th>Typical Use</th>
<th>Perfect Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injectables</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>IUD</td>
<td>0.8</td>
<td>0.6</td>
</tr>
<tr>
<td>LAM</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>Combined Oral Contraceptives</td>
<td>68</td>
<td>0.1</td>
</tr>
<tr>
<td>Condom</td>
<td>14</td>
<td>3</td>
</tr>
</tbody>
</table>

(Rwanda measured LAM effectiveness at 9-months post-partum)

LAM supports exclusive breastfeeding: Dual benefits for mother and baby

- Supports growth and development
- Stimulates oxytocin release causing uterine contraction to reduce postpartum blood loss
- Prevents neonatal and infant mortality
- Prevents neonatal and infant illness (diarrhea, respiratory infection)
- LAM promotion increased percentage of women that exclusively breastfeed

LAM users were more likely to use contraceptives at 12 months postpartum, Jordan

*Multicenter: ~ 68% use FP at 9 and 12 months
*Brazil: After LAM introduction, at 12 months, lower % women not using FP (pre-post) p<0.0001.

BFFP = Breastfeeding for family planning
Challenges in Recording LAM Use

Percent of women 3.0 to 5.9 months postpartum who are full breastfeeding
DHS Analysis, 2003-2007

Percent of women using LAM
DHS Analysis, 2003-2007
Challenges for integrating LAM into FP and MCH programs

Demographic Health Survey (DHS) analysis, ACCESS-FP
- High levels full breastfeeding, yet low LAM use
- Poor breastfeeding practices require reinforcement for LAM use

Confusion that breastfeeding = LAM
- Women believe breastfeeding protects them from pregnancy
- Local term for LAM = breastfeeding for family planning

LAM is an underutilized method despite effectiveness
- Providers’ knowledge and training are low
- Women and health workers believe LAM is not effective
- Few programs offer LAM

Winfrey and Borda, 2010, Tilley et al. 2009
Study Background

• LAM is offered in Guatemala, but health providers and users often mistakenly believe breastfeeding = LAM.
• Confusion exists among providers and users regarding LAM effectiveness and the 3 criteria for use.
  • Providers rarely confirm that LAM users know and meet the criteria.
  • LAM users may not use LAM correctly or do not transition to another FP method when any of the criteria change.
• Postpartum, breastfeeding women are likely misreported as LAM users.
Study Purpose

To examine if introducing a LAM user card can improve...

- LAM users’ and providers’ knowledge of the three criteria and when to transition another FP method
- uptake of LAM
- recording of LAM users by providers
- stakeholder perceptions regarding LAM
Study Design

Training of MOH Providers

Counseling and recording LAM users

Materials

Intervention: LAM user card, MOH LAM brochure

Control: MOH LAM brochure

Outcomes:

User, provider, stakeholder

LAM knowledge, use, timely transition
Provider knowledge, counseling, recording
Stakeholder perceptions

LAM knowledge, use, timely transition
Provider knowledge, counseling, recording
Stakeholder perceptions
• LAM assigned a separate code in 2008
• Card frequently out-of-stock
**LAM User Card – Intervention Group**

**Control de citas para usuaria de MELA**
- FECHA DEL PARTO: 
- FECHA INICIO DEL MELA: 
- Visitas previas al servicio de salud: 
- CRUZADO 1º MÉS: 
- CRUZADO 2º MÉS: 
- CRUZADO 3º MÉS: 
- CRUZADO 4º MÉS: 
- CRUZADO 5º MÉS: 
- CRUZADO 6º MÉS: 
- CRUZADO 7º MÉS: 
- CRUZADO 8º MÉS: 
- CRUZADO 9º MÉS: 
- CRUZADO 10º MÉS: 
- CRUZADO 11º MÉS: 
- CRUZADO 12º MÉS: 

**Siempre esté atenta si cumple las TRES condiciones del MELA**
- MELA le protegerá del embarazo si ya no cumple alguno de los condicionantes. MELA y ancho deben saberlo si algunas condiciones ya no se cumplen.

**MELA Método de lactancia y amenores**
- NÚMERO: 
- FECHA DE AMENORRREA: 
- RÁPIDA: 
- FECHA DE AMENORRREA: 
- TAMAÑO: 

**Método moderno de planificación familiar natural para la mujer que está dando de amamantar**
- Las mujeres que desean evitar un embarazo mientras están dando a su bebé en los 4 meses después del parto.

**¿Cómo se puede usar el MELA?**
- Las mujeres que desean evitar un embarazo mientras están dando a su bebé en los 4 meses después del parto.

**¿Cómo iniciar con este método?**
- Inmediatamente después del nacimiento de su bebé.

**Este método no protege contra el VIH y otras infecciones de transmisión sexual.**

**Cuando ya no cumpla con alguna de las condiciones, empiece a usar otro método de planificación familiar inmediatamente.**

---

**1. No ha visto su menstruación después del parto.**
- Antes de que su bebé cumpla 6 meses debe usar otro método para usar.
- Aunque sigue dando de amamantar, si su bebé cumple 6 meses, puede empezar a usar otro método.

**2. Sólo da pecho a su bebé día y noche, durante los primeros 6 meses de edad.**
- No debe dar otros alimentos, agua o líquidos.
- No debe darle pañales y papeles. Pueden hacer que su bebé deje de amamantar con frecuencia. Es importante que el bebé se alimente con frecuencia.

**3. Su bebé tiene menos de 6 meses.**
- Aunque sigue dando de amamantar, si su bebé cumple 6 meses, puede empezar a usar otro método.
MOH LAM Brochure Standard card given to both groups

Front page

MELA (Método de sólo dar de mamar)

Si la madre da sólo de mamar día y noche a su hijo o hija menor de 6 meses y no ha visto su regla después del parto, puede evitar el embarazo durante esos meses. Es un método moderno y natural.

Inside page

La mejor forma de alimentar con leche materna

- Pida que le den a su hijo o hija después de nacer y dele de mamar inmediatamente.
- Dele la primera leche o calostro para que le limpie su estómago y le proteja de enfermedades.
- Dele sólo pecho cada vez que llore. No le dé agua, otros líquidos o alimentos.
- Dele de los dos pechos en cada mamada para tener suficiente leche.

- Siga dando pecho aunque usted o su niño o niña estén enfermos.
- Dele sólo pecho de día y de noche durante los primeros 6 meses de edad.

Beneficios:

- Ayuda a la madre a protegerse de un nuevo embarazo y a recuperarse más rápido después del parto.
- Ayuda a que la madre tenga suficiente leche para que su hijo o hija crezca sano y fuerte.
## Study Implementation: Intervention challenges

<table>
<thead>
<tr>
<th>Activity</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>April</td>
<td>July</td>
</tr>
<tr>
<td>LAM provider training (some cards distributed)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Refresher training (revised card distributed)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Fidelity check</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service statistics (April 2010 through March 2012)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviews with providers, users, stakeholders</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Data collected to check intervention fidelity

<table>
<thead>
<tr>
<th></th>
<th>In-Depth interviews Stakeholders (#)</th>
<th>Structured Interviews</th>
<th>Focus Groups with LAM users (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>LAM Users (#)</td>
<td>Health Providers (#)</td>
</tr>
<tr>
<td>Control Group</td>
<td></td>
<td>10</td>
<td>30</td>
</tr>
<tr>
<td>Intervention Group</td>
<td></td>
<td>26</td>
<td>44</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>6</td>
<td>36</td>
</tr>
</tbody>
</table>
Perceptions of LAM and user card

In-depth interviews with stakeholders (N=6)

Many women breastfeed and are likely to adopt another FP method later.

Even with training providers may still not understand the 3 criteria.

Provider bias – “Depo Provera is most used and most discreet.”

Time for counseling – “easier to give injection.”

Barriers to implementing LAM

Different forms are used, which can be lost.

Quality and timeliness of data reporting is lacking for all FP.

Tendency to record all post-partum women as LAM users

Difficulties recording LAM

Visual resonates with women, most (5) thought would improve recording, monitoring is possible with tracking appointments of user

+ and – of LAM user card

Printing is expensive and getting providers to use it would be challenging
Provider interviews
Knowledge of conditions for LAM use and transition

When a woman no longer meets LAM criteria, all providers, in both groups, gave advice to “immediately use another method”
Provider interviews

Offering LAM – when and how

- **Offer LAM- last 3 months**: 77% (Intervention) vs. 70% (Control)
- **Offer LAM antenatal care**: 86% (Intervention) vs. 80% (Control)
- **Offer LAM postpartum**: 91% (Intervention) vs. 87% (Control)
- **MOH Brochure to talk about LAM**: 66% (Intervention) vs. 77% (Control)
- **LAM user card to talk about LAM**: 15.9% (Intervention)
Provider interviews

Impact on counseling and recording

Use of LAM card to counsel
- 27% of providers had LAM cards in stock at time of interview
- < ½ showed the card during counseling and most of these providers gave women cards to take home

Reasons for not using LAM card to counsel
- Had stock-out of LAM cards
- Had no time to counsel
- No directive from the health authorities.
- Were not present for the training

Recording of LAM users weak, though better in intervention group
- ‘Ever recorded’ a LAM user (18 % vs. 13%)
- Recorded LAM users in daily register (30% vs 20%)
LAM user interviews

When women received LAM messages

- Most received LAM messages during prenatal care
  - 63% - intervention
  - 75% - control

- About half received LAM messages during postnatal care
  - 50% - intervention
  - 60% - in control
LAM user interviews
Knowledge of conditions for LAM use and transition

(n=36)

- Breastmilk only: 60
- Until 6 months: 70
- Until menses returns: 25
- New method at 6 months: 11
Fidelity Testing:
Intervention not implemented

• LAM user cards not distributed to providers
• FP user cards out of stock
• Providers report lack of time to record FP users
• Few LAM users reported (although improved)
• Providers report no official guidance received regarding user card
• Not all staff trained (rotation, vacation)
Next steps

• Provide feedback to MOH authorities

• Share results with providers

• Monitoring visit facilities to ensure stock of reporting forms and user card

• Continue collecting service statistics from control and experimental health centers

• At 6 months conduct interviews with stakeholders, providers and users
Lessons Learned

• Measuring intervention fidelity is critical

• Health system weaknesses trump stakeholder buy-in and best intentions

• Challenges of relying on print materials (design, stock-outs, distribution)

• Key factor in associated with correct reporting is strong MOH leadership

• Knowledge of LAM criteria, including transition high among providers
Thank you

For more information

www.irh.org