

Appendix 4

PN-ACG-078

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**INSTITUTE FOR REPRODUCTIVE HEALTH**

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- Natural Family Planning
- Breastfeeding
- Reproductive Health Research

**GUIDELINES  
FOR  
BREASTFEEDING  
IN FAMILY PLANNING AND CHILD SURVIVAL  
PROGRAMS**

March 1992 (rev )

## **INTRODUCTION**

Breastfeeding is vital for child survival and family planning. Breastfeeding saves lives and substantially contributes to increasing the birth interval in many countries throughout the world (1,2,3). It is clear, however, that in order to breastfeed successfully, most mothers need accurate and timely information, an adequate support system and encouragement. Family planning and child survival programs, including nutrition, diarrheal disease control, immunization, growth monitoring, and other primary health care interventions, afford valuable opportunities for breastfeeding support and promotion. Their goals, which include enhanced survival of the young child, are complementary with breastfeeding. Common and consistent messages are critical, since women are often exposed to a variety of family planning and other health-related messages during their child bearing years.

The breastfeeding guidelines presented in the following four tables were developed with these issues in mind. Their primary purpose is to assist family planning and child survival program planners in formulating and implementing a breastfeeding component within their programs. Recommended breastfeeding behaviors for optimal child survival and birth spacing are outlined, and guidelines for the use of the Lactational Amenorrhea Method (LAM) for child spacing and the timely introduction of complementary family planning methods during breastfeeding are provided. A series of suggested program components is also presented, with the intention that it be adapted or modified as appropriate, depending on the specific needs, interests, and resources of individual programs and local settings.

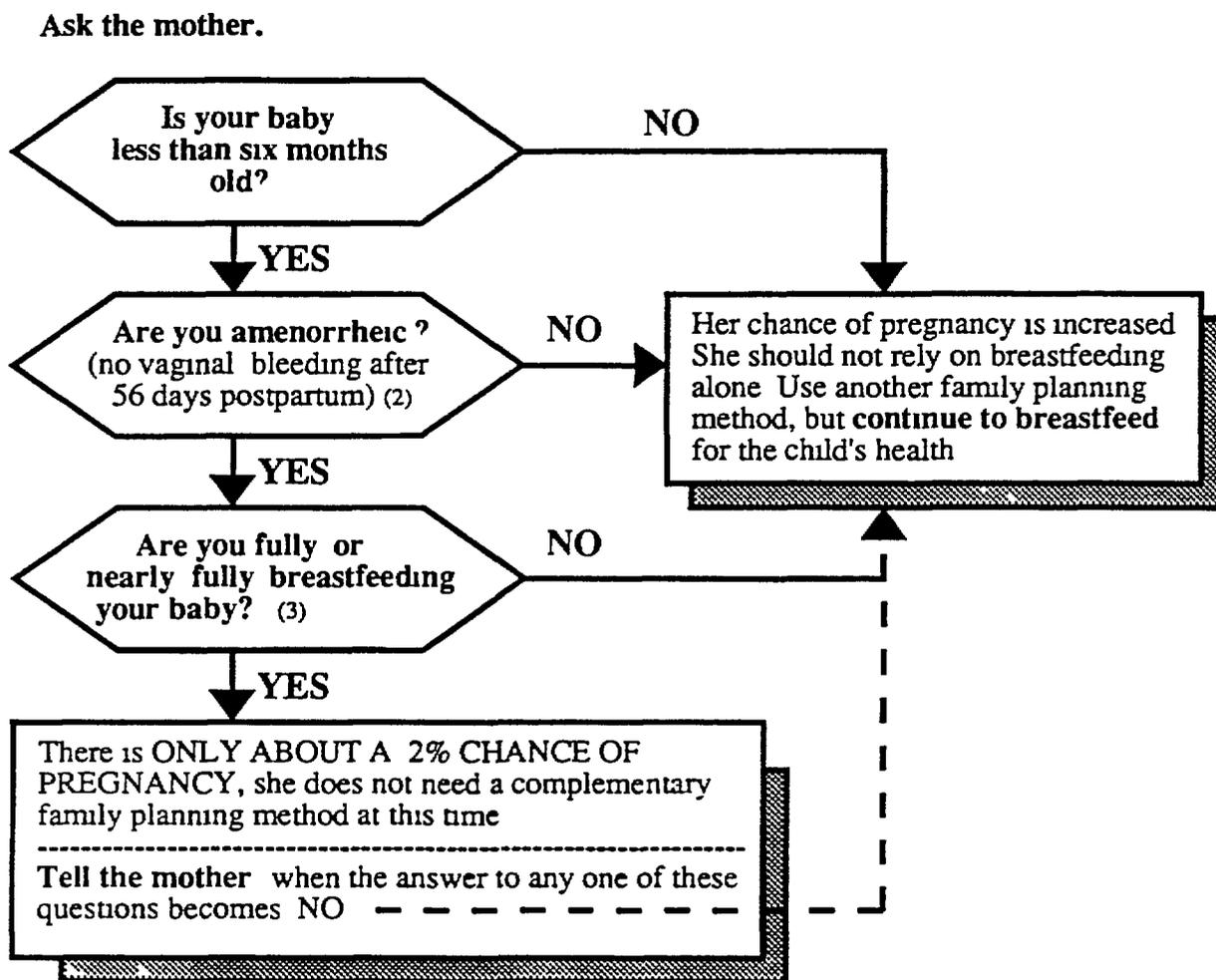
Table I provides guidance for counseling breastfeeding women about the appropriate use of the Lactational Amenorrhea Method for child spacing. It has long been recognized that breastfeeding has an effect on fertility, and recent scientific study is beginning to explain the mechanism and efficacy of breastfeeding for fertility regulation (1,4,5,6). This method is based on the natural infertility experienced by breastfeeding women, especially during the early months postpartum. This infertility is primarily caused by the hormonal suppression of ovulation. The algorithm presented in Table I illustrates how to determine when the risk of pregnancy increases during breastfeeding and when to begin a complementary family planning method (4,7). If a woman is less than six months postpartum, amenorrheic, and fully breastfeeding, she is 98 percent or more protected against pregnancy. When any one of these conditions changes, she must immediately use a complementary family planning method to avoid pregnancy. LAM has now undergone clinical trial in Chile and was found to be 99.6 percent effective (15). Program planners are encouraged to adapt the language of these guidelines as appropriate, given cultural variations in both patterns and duration of breastfeeding, and local terminologies for degrees of breastfeeding, menses, time postpartum, etc.

Table II summarizes the major breastfeeding behaviors associated with optimal child survival and birth spacing, based on up-to-date scientific evidence (2,3,8). These recommendations may serve as a resource for the development of appropriate educational and promotional messages and materials. They may also be used to evaluate current messages and existing materials in order to assure accuracy and consistency. Although these behaviors are considered optimal for the early growth and development of the child as well as birth spacing, absolute adherence to all of these recommendations is not essential for the successful use of lactational amenorrhea as a child spacing method.

Table III presents family planning choices for breastfeeding women. These methods are complementary to LAM, they may be used in addition to LAM or be introduced in a timely manner as indicated by LAM. Breastfeeding women using LAM as well as a birth spacing method, as well as breastfeeding women at risk of unplanned pregnancy (i.e., more than six months postpartum, menstruating or not following the breastfeeding practices that maximize the contraceptive effectiveness of breastfeeding), should be counseled about complementary family planning options. The table indicates the methods which are most appropriate for breastfeeding women (1,9,10,11). In general, non-hormonal methods are preferred. In particular, estrogen-containing methods should be avoided, especially during the first six months of exclusive breastfeeding because they may reduce the mother's breastmilk supply.

Table IV includes suggested steps for implementing a new breastfeeding program, or changing an ongoing program to incorporate breastfeeding support and promotion. The breastfeeding component in service delivery programs can follow many different models, depending on such factors as the goals of the institution, the structure of the service delivery program, the services it provides, the composition of its staff, the nature of its training and supervision systems, the breastfeeding trends and practices in the community it serves, and the breastfeeding support provided by other institutions in the community. There are a number of key elements, however, which most programs will need to address to plan and implement a breastfeeding activity successfully. Table IV, therefore, includes examples of possible actions to take when incorporating breastfeeding in either family planning or child survival programs (5,12,13).

TABLE I Use of Lactational Amenorrhea Method (LAM) for Child Spacing During the First 6 Months Postpartum (1)



(1) It must be noted that these guidelines are conservative. Women who rely on lactational amenorrhea after six months postpartum or who supplement, or who have experienced only one vaginal bleed, still have some decreased role of fertility if the recommended optimal breastfeeding behaviors are followed (see TABLE II). Furthermore in many areas of the world women may breastfeed for 18-24 months and remain amenorrheic for 12 months or more. These women may remain infertile for 12-15 months postpartum.

(2) Spotting that occurs during the first 56 days is not considered to be menses.

(3) "Full" breastfeeding includes exclusive or almost exclusive breastfeeding (occasional tastes of ritual foods or water) day and night according to recommendations in Table II. "Nearly full" breastfeeding means that non breastfeeds are given but comprise a minimal part of the infant's diet.

**TABLE II RECOMMENDED BREASTFEEDING BEHAVIORS FOR  
OPTIMAL CHILD SURVIVAL AND CHILD SPACING**

To promote optimal child survival and child spacing, mothers should.

✓ **BEGIN BREASTFEEDING AS SOON AS POSSIBLE AFTER THE CHILD IS BORN, PREFERABLY IMMEDIATELY AFTER DELIVERY** Colostrum, the early milk present in the breast during the first few days following birth, provides necessary nutrients and immunological protection for the infant and should be given to the infant. Early and frequent stimulation of the breasts aids in uterine contraction and also assures the establishment of an adequate milk supply thus contributing to successful breastfeeding

✓ **BREASTFEED EXCLUSIVELY FOR THE FIRST SIX MONTHS** Do not give the infant other foods liquids or water before the age of four to six months Full breastfeeding (exclusive, or almost exclusive which includes occasional tastes of ritual foods or water) or nearly full breastfeeding are common patterns but exclusive breastfeeding is the pattern that yields optimal health and optimal fertility suppression through babies first six months

✓ **AFTER THE FIRST SIX MONTHS, WHEN SUPPLEMENTAL FOODS ARE INTRODUCED, BREASTFEEDING SHOULD PRECEDE SUPPLEMENTAL FEEDINGS** Breastfeed before offering other foods so that the infant's hunger is satisfied first by breastmilk and secondly by other foods This pattern will ensure that the nutrients and other factors contained in breastmilk are consumed by the infant and will encourage breastmilk production

✓ **CONTINUE TO BREASTFEED UP TO TWO YEARS AND BEYOND** Breastmilk remains an excellent source of both calories and protein for the older infant and toddler Breastfeeding also continues to afford immunological protection which is especially important once supplementary foods are introduced into the infant's diet. Frequent breastfeeding assures an adequate milk supply and depending on the pattern of breastfeeding may continue to have some child spacing effect.

✓ **BREASTFEED FREQUENTLY, WHENEVER THE INFANT IS HUNGRY, BOTH DAY AND NIGHT** This pattern is sometimes called "on demand" This may be as often as every 1-2 hours (or more), especially in the early weeks A rigid feeding schedule dictating lengths of time at the breast, or specific intervals, should not be followed, and long intervals (4-6 hours or more) between breastfeeds should be avoided. A placid infant may need to be encouraged to breastfeed more frequently Frequent suckling stimulates milk production and has child spacing effects

✓ **CONTINUE TO BREASTFEED, EVEN IF THE MOTHER OR THE BABY BECOMES ILL** The nutrients and immunological protection afforded by breastfeeding are particularly important to the infant when the mother or the baby is ill If the infant is suckling poorly milk expression may be necessary to assure maintenance of breastmilk supply If the mother is HIV positive or if she has any transmittable potentially lethal disease, the advice of local health workers should be sought for the most current recommendations (14)

✓ **AVOID USING A BOTTLE, PACIFIERS (DUMMIES) OR OTHER ARTIFICIAL NIPPLES** Use of artificial nipples may decrease an infant's ability and desire to suckle at the breast. When a baby is given food or liquids a spoon or cup should be used in order to reduce the possible introduction of contaminants (due to improper hygiene or handling) and to reduce nipple confusion (especially during the early months)

✓ **EAT AND DRINK SUFFICIENT QUANTITIES TO SATISFY THE MOTHER'S HUNGER** No one special food or diet for the mother is required to provide an adequate quantity and quality of breastmilk However mothers' caloric needs are elevated while breastfeeding and women should be encouraged to consume additional calorically dense foods or supplements No foods are forbidden

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**TABLE III. FAMILY PLANNING OPTIONS FOR BREASTFEEDING WOMEN**

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The chart below lists the various family planning methods available and describes advantages and

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	<b>METHOD</b>	<b>ADVANTAGES</b>
<b>FIRST CHOICE. NON-HORMONAL METHODS</b>	<b>CONDOMS</b>	No effect on breastfeeding Can be very effective if used correctly
	<b>DIAPHRAGM</b>	No effect on breastfeeding Can be very effective if used correctly
	<b>SPERMICIDES</b>	No effect on breastfeeding Can be very effective if used correctly
	<b>INTRAUTERINE DEVICES</b> (Non-hormonal IUDs)	No effect of IUD itself, or of the copper in some IUDs, on breastfeeding Very effective
	<b>NATURAL FAMILY PLANNING</b> (Periodic abstinence)	No effect on breastfeeding Can be effective if used correctly
	<b>VASECTOMY</b> (Male voluntary surgical sterilization)	No effect on breastfeeding Nearly 100% effective
	<b>TUBAL LIGATION</b> (Female voluntary sterilization)	No direct effect on breastfeeding Nearly 100% effective

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disadvantages of each method as they relate to the specific concerns of breastfeeding women

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DISADVANTAGES	COMMENTS
May be irritating to vagina and may require additional lubrication	Offers some protection against sexually transmitted diseases No risks to mother or child
Diaphragm must be refitted postpartum after the uterus has returned to the prepregnancy size	May not be widely available Effectiveness depends on use with a spermicide
May be irritating to the genital area May be irritating to male partner	Small amounts may be absorbed into maternal blood and there may be some passage into milk, there is no known effect on the infant
Possible risk of expulsion and uterine perforation if not properly placed or if inserted prior to six weeks postpartum	Insertion may need to be delayed until after six weeks postpartum to reduce the possibility of expulsion and/or perforation of the uterus
May require extended periods of abstinence May be difficult to interpret fertility signs during breastfeeding	Additional training of method users may be necessary to accurately interpret signs and symptoms of fertility during breastfeeding Calendar rhythm method cannot be used during amenorrhea Temperature method alone has limited value prior to first ovulation
Minor surgery with chance of side effects for father It is irreversible	A recommended method if no more children are desired Counseling necessary for couples No risk to mother or child
May involve short term mother / infant separation Anesthesia can pass into breastmilk and sedate the infant Surgery, in general, has risks It is irreversible	A recommended method if no more children are desired General anesthesia is not recommended Counseling is necessary for couples

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**Table III (Continued)**  
**SECOND CHOICE PROGESTIN ONLY METHODS**

METHOD	ADVANTAGES	DISADVANTAGES	COMMENTS
<b>PROGESTIN ONLY METHODS</b> (Mini-pill, injectable, and implants*)	Can be very effective May increase milk volume Effectiveness during breastfeeding approaches that of combined pill	Some hormone may pass into breastmilk	There is no evidence of adverse effects on the infant from the very small amount of hormone which passes into the milk

**THIRD CHOICE METHODS CONTAINING ESTROGEN**

These methods should only be used when other methods are unavailable, and should be avoided until lactation has been well established

<b>COMBINED ORAL CONTRACEPTIVES</b> (Estrogen and progestin*)	Very effective	Estrogens may reduce milk supply Some hormone may pass into breastmilk	There is no evidence of a direct negative effect on infants, however, in some women, suppression of milk supply appears to lead to earlier cessation of breastfeeding. If these methods cannot be avoided, <b>breastfeeding can and should continue</b> , as it continues to offer important health and nutritional benefits for the infant or toddler
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\*Some injectable and implants may have estrogenic components. These should be considered 'Third Choice' methods

**TABLE IV STEPS FOR PLANNING A BREASTFEEDING COMPONENT  
IN FAMILY PLANNING AND CHILD SURVIVAL PROGRAMS**

It should be emphasized that the success of the Lactational Amenorrhea Method (LAM) is dependent upon optimal breastfeeding practices. This table has been provided to help you assure your organization can provide the support that breastfeeding requires. These steps are intended to be modified as appropriate reflecting the specific needs, interests, and resources of individual programs and local settings.

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**PURPOSE**

**POSSIBLE ACTIONS**

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STEP 1. Conduct a Needs Assessment of the Program and Community.

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| <ul style="list-style-type: none"> <li>•To determine needs and required / available resources for breastfeeding programs</li> <li>•To identify problem areas</li> <li>•To identify priorities</li> <li>•To identify target groups</li> <li>•To identify points of collaboration in institutions and community</li> </ul> | <ul style="list-style-type: none"> <li>•Review available information on breastfeeding practices and trends</li> <li>•Conduct brief study / survey if needed</li> <li>•Interview staff to assess needs and interests</li> <li>•Meet with community members / leaders to assess needs and interests</li> <li>•Review existing resources within the institution (e.g. supervision system, training unit, communication department) which can be used in breastfeeding promotion effort</li> <li>•Locate and meet with personnel from existing breastfeeding activities and resources in the community (traditional birth attendants, mother's groups, institutional and community services, etc.) which can be used in breastfeeding promotion</li> </ul> |
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**PURPOSE****POSSIBLE ACTIONS**

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**STEP 2. Identify and Educate (if necessary) Key Personnel**

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| <ul style="list-style-type: none"><li>•To assign responsibility and accountability for breastfeeding effort</li><li>•To provide a resource person(s) for breastfeeding activities information support and lactation management problems</li><li>•To enhance sustainability of effort by assuring ongoing in-house expertise in breastfeeding management and LAM use</li></ul> | <ul style="list-style-type: none"><li>•Identify key individuals who are interested and/or have technical skills in breastfeeding to take a lead role in the development and implementation of breastfeeding activities</li><li>•Assure that key individuals have technical and supportive (supervision, training etc ) skills in breastfeeding</li></ul> |
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**STEP 3 Set Program Objectives**

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| <ul style="list-style-type: none"><li>•To define the expected results or achievements of the breastfeeding promotion / support activities in a manner that is specific reasonable measurable and time specific (i e who what where when why how)</li></ul> | <ul style="list-style-type: none"><li>•Consider all findings gathered during the needs and resources analyses and collaborative interaction with key individuals</li><li>•Describe the target population and how they will be reached</li><li>•Review existing institutional objectives for their compatibility with the objectives for breastfeeding promotion / support</li><li>•Establish objectives with staff input and consider possible objections to additional tasks inherent in new breastfeeding activity objectives may relate to training of personnel, increasing knowledge attitudes and practices of personnel or members of the community, or a specific targeted subpopulation, such as pregnant and lactating women</li></ul> |
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PURPOSE

POSSIBLE ACTIONS

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STEP 4. Develop Action Plan

- To develop plan of activities and timeline for breastfeeding program
- To develop strategies to achieve program objectives

- To define the roles of each staff member in breastfeeding effort  
This includes planning technical and support / maintenance training for staff establishment and maintenance of data collection systems, development and maintenance of logistics systems for procurement of materials and supplies, establishment and maintenance of supervisory system, etc
- Assign responsibility and accountability for specific tasks to specific staff members
- Do consciousness raising at all levels that may impact on program community, health systems, policy makers  
Collaborate with other institutions to enhance activities, avoid duplication of effort, avoid conflicting messages exchange ideas information and materials
- Incorporate breastfeeding information into all staff training and retraining

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STEP 5. Implement, Monitor, and Evaluate Program

- To assure ongoing breastfeeding promotion / support services designed to meet objectives
- To coordinate the activities of the plan
- To ensure that all staff understand and can perform their roles in breastfeeding activity  
To measure progress towards objectives
- To identify problems and modify action as appropriate to improve program

- Ensure that all forms materials and trained personnel are in place and relate to the ongoing program
- Begin activity with close supervision and maintain supervisory activities throughout the life of the program
- Implement and maintain data collection system
- Analyze data collected as part of regular service statistics and any other available to assess progress towards meeting objectives
- Review findings with staff
- Revise objectives strategies and / or work plans as necessary in light of findings

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