

LACTATIONAL AMENORRHEA AND OTHER FERTILITY AWARENESS BASED METHODS

I. INTRODUCTION

Fertility Awareness Based Methods (FAB) or Natural Family Planning (NFP) interprets signs and patterns of fertility to identify days in each menstrual cycle when intercourse is most likely to result in a pregnancy. This information may be used to avoid or achieve pregnancy. Couples who use a barrier method on fertile days or who abstain from intercourse during a woman's fertile period are using fertility awareness-combined method/natural family planning.

Natural family planning methods used to prevent pregnancy are 75-98% effective.

Women with conditions that make pregnancy an unacceptable risk should be advised that FAB methods might not be appropriate for them because of the relatively higher typical-use failure rates of these methods.

Natural Family Planning may be indicated for purposes of:

- A. Conception
- B. Avoiding pregnancy
- C. Detecting pregnancy (basal body temperature)
- D. Detecting impaired fertility (charting fertility signs and determining infrequent or absent ovulation with basal body temperature)
- E. Detecting need for medical attention (change in cervical secretions, abdominal pain, and other signs and symptoms may indicate need for medical attention- reproductive tract infections)

II. GENERAL INFORMATION

One or more indicators are used to identify the beginning and end of the fertile time in the menstrual cycle. In most cycles, ovulation occurs on or near the middle of the cycle. The fertile period lasts for about 6 days (5 days preceding ovulation and day of ovulation). In cycles that range between 26 and 32 days long (approx 78% of the cycles) the fertile period is highly likely to fall within days 8 to 19.

FAB Methods involve instruction, motivation commitment and periods of abstinence. Couples can learn how to use FABs by taking a course, or they can be taught by a specially trained health professional. Both partners should learn the methods together as both will know exactly what needs to be done to make the methods work.

Fertility Awareness Methods:

A. **Lactational Amenorrhea Method (LAM)**

May be used by postpartum women. It is based on a high frequency of anovulation in women who are breastfeeding exclusively and who are not having menstrual periods (secondary to high levels of prolactin which inhibits estrogen production). It is most reliable during the first six months postpartum (98% effectiveness) and only if the following criteria are met:

1. First 6 months postpartum
 2. Fully or nearly fully breastfeeding
 - a. Breastfeeding intervals do not exceed 4 hours in daytime and 6 hours at night
 - b. Minimal supplementation (<10% of infant's feedings)
 3. Amenorrhea since delivery
- B. Calendar Rhythm Method and Standard Days Method**
 These methods are based on the knowledge of when ovulation has occurred and is most effective with cycles between 26 and 32 days in length. These methods assume sperm viability of 3-5 days and ovum viability of 24 hours.
- C. Basal Body Temperature (BBT)**
 BBT method is based on the woman taking her temperature each morning before rising, charting it on a graph and observing that ovulation has probably occurred when there is a rise in the BBT.
- D. Ovulation Method (Cervical Mucus Method/Billings Method)**
 This method is based on the detection of daily changes in the cervical mucus described as dry days, wet mucus days, peak mucus days, and thick or dry mucus days.
- E. Symptothermal Method**
 This method combines the use of the BBT and Ovulation Methods as well as noting other possible signs of ovulation. Involves combination of the Temperature, Cervical Mucous (Billings/Ovulation) and Calendar based FABs. Observation of fertility signs such as presence or absence of secretions, change in characteristics of cervical secretions, or changes in basal body temperature. Changes in these signs are caused by fluctuations in hormone levels during the cycle. Clients using these methods determine the start of the fertile time by observing cervical secretions. The end of the fertile time can be determined by observing cervical secretions and a change in the basal body temperature.
- F. Two-Day Method**
 Is a simple method which involves consideration of vaginal secretions other than menstrual bleeding. A woman considers herself fertile on a given day if she notices vaginal secretions and/or remembers that she had vaginal secretions on the day before.

III. CLIENT SELECTION

- A. Indications for use:**
1. Have most menstrual cycles between 26 to 32 days long
 2. Desires to use a natural method
 3. Able to use a condom or avoid vaginal intercourse up to 12 consecutive days of the cycle. (days 8-19)
 4. Unable (or does not desire) to use a method that contains hormones or requires a medical procedure.
 5. Are at low risk of STIs/HIV
- B. Contraindications (Not an appropriate candidate if):**

1. Has irregular menstrual cycles (shorter than 26 days or longer than 32 days)
2. Unable to monitor cycle days, identify fertile/ infertile days and assess cycle length
3. Inability to interpret fertility signs correctly or to recognize the presence of secretions.
4. Has difficulty using a barrier method or abstaining from vaginal intercourse on days 8 through 19 of their cycles
5. Has persistent reproductive tract infections that effect signs of fertility
6. Has intermenstrual bleeding indistinguishable from menstruation or noticing secretions
7. For LAM – greater than 6 months postpartum or feedings spaced greater than 4 hours in day or 6 hours at night or more than 10% of feedings are supplemented

IV. CLIENT EDUCATION/ INFORMED CONSENT

- A. Discuss all available contraceptive options
- B. Provide STI/HIV prevention education and risk reduction counseling
- C. Review with the client fertility awareness based methods of family planning
- D. Discuss indications and use of emergency contraception as an option if unprotected intercourse during the fertile days.
- E. Educate the client regarding the advantages and disadvantages of Natural Family Planning:
 1. Advantages:
 - a. No side effects, complications or serious adverse effect.
 - b. Active involvement of male partner
 2. Disadvantages:
 - a. No protection against STIs/HIV.
 - b. Lack of male partner's cooperation (obstacle for women desiring to practice abstinence or use an alternative method during fertile time).
- F. Certain conditions make Natural Family Planning more difficult to use and require more extensive counseling and follow-up:
 1. Recent childbirth
 2. Recent menarche
 3. Approaching menopause
 4. Recent discontinuation of some hormonal contraceptive methods
- G. Provide written and verbal information on fertility awareness through monitoring
 1. Basal body temperature (may require more in depth training)
 2. Menstrual cycle (Standard Days Method)
 3. Cervical mucous (Two-Day Method)
- H. A signed consent is not required

V. MEDICAL SCREENING AND EVALUATION

A complete medical, social and sexual history must be completed for all family planning clients at the initial comprehensive clinical visit. Clients using non-prescriptive or non-contraceptive method must be counseled on the importance of preventive health maintenance, including physical exam and laboratory testing as indicated. This counseling must include the potential health risks associated with declining or delaying the following preventive screening tests or procedures. If the client declines or defers preventive services, this as well as the above counseling must be documented in the medical record.

- A. History specific for Natural Family Planning should include:
 - 1. Menstrual history and LNMP and if they are regular
 - 2. Pregnancy history – recent childbirth
 - 3. Assessment for factors that affect cycle length
 - a. Recent delivery
 - b. Breastfeeding
 - c. Current or recent use of hormonal contraception
 - d. Recent induced or spontaneous abortion
- B. Sexual history including risk assessment for STIs/HIV
- C. Assessment for factors that affect ability to use condoms or avoid vaginal intercourse on fertile days.
- D. Physical examination & lab testing (per agency protocol)

VI. REFERRAL

Referrals are made to support agencies if requested.

VII. DOCUMENTATION

Education provided must be documented in the client's medical record

REFERENCES

1. Hatcher, R., et. Al. Contraceptive Technology. 19th Edition., 2007
2. CDC Medical Eligibility Criteria for Contraceptive Use. MMWR, Vol. 57, No.RR-4, June 18, 2010