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Breastfeeding Update

"Good health begins with breastfeeding."

PCOS AND BREASTFEEDING

Carolyn Griffith Kelley, PhD

My Insufficient Milk Supply

I stared in disbelief at my physician as she diagnosed my four week-old daughter with "failure to thrive". Rose weighed about her birth weight after a month of nursing on demand. The physician threatened to hospitalize her if we refused to supplement immediately with infant formula. With our lactation consultant, we developed a plan of syringe-feeding Rose formula at the breast every three hours and pumping after each feeding.

Rose gained 8 ounces in 48 hours. Hurray! Unfortunately, this round-the-clock schedule of feeding at the breast and pumping failed to increase my milk supply and served only to make me exhausted. After seven months, I abandoned pumping. I continued to feed Rose with formula through a supplemental nursing system (SNS) until her second birthday. We developed a beautiful breastfeeding relationship, but I was frustrated that I could not breastfeed "normally". I had exhausted the resources available and still wondered what was wrong and if there were anything to do about it.

Link with Polycystic Ovarian Syndrome

Interestingly, the month I began experiencing my breastfeeding challenges, Marasco, Marmet, and Shell published three case studies and proposed a link between polycystic ovarian syndrome (PCOS) and insufficient milk supply. [1] My surgeon had diagnosed me with PCOS during a laparotomy procedure, so I contacted Lisa Marasco, MA, IBCLC, to learn more.

PCOS is a significant health issue, affecting between 5-10% of women.[2] Women with PCOS may have excess hair growth, obesity, infrequent or absent menses, insulin resistance, and difficulty achieving and maintaining pregnancies.

Marasco's work illuminates the fact that even successful pregnancy and delivery does not guarantee successful lactation in women with PCOS.[1] Insulin, progesterone, and estrogen all are essential to breast development appropriate for lactation and all are imbalanced in women with PCOS. The heterogenous nature of PCOS, with different presentations and underlying pathologies in each woman, make it difficult to predict the lactation outcome. Some PCOS women easily breastfeed; some experience an oversupply of milk; some experience an undersupply.

Risk Factors

In her master's thesis, Marasco describes women with documented lactation failure and their commonalities, focusing on infertility issues and related endocrinopathies. She elucidates that many of these mothers experience insufficient mammary development, with wide-set uneven breasts that do not grow during pregnancy. Consistent with Marasco's characterization, my own first pregnancy yielded almost no change in my breasts and a low milk supply. My second pregnancy (after which I breastfed successfully), I saw both more prominent veining and darkening of the areolae, and I experienced a one cup size increase after delivery.

Intervention

What type of intervention might help for women with PCOS and low milk supply? The first issue is to set in place the good lactation management practices of frequent feeding and full drainage to insure that milk production is maximized and then to decide, with a medical professional, what prescription medications and/or herbal galactogogues to employ.

Because the root of the lactation problem is unknown in women with PCOS, prescription medications and herbal remedies have produced variable and rarely impressive results. Women with the most breast

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Editors:
Teresa Echegaray, RD, CLE
Angela Tenenini, BS
Jo Ann Shaw, RD, IBCLC
Nancy Wight, MD, FAAP, IBCLC

Designed by:
Creative Impacts
www.creative-impacts.com

Inquiries can be sent to:
San Diego County
Breastfeeding Coalition
Children's Hospital
3020 Children's Way,
MC 5073
San Diego, CA 92123-4282
sdcbc@breastfeeding.org

ASK THE EXPERT

Question: I am a breastfeeding mom and am worried about becoming pregnant again "too soon." Are there any effective methods of birth control, such as the pill or the shot, that are safe for me to use while I am still breastfeeding my baby? What about that new birth control patch?

Answer: This is a great question and one that is frequently heard from postpartum/breastfeeding moms. We have probably all heard of women whose baby is only 3 or 4 months old and they find out they are pregnant again! They are shocked that they could get pregnant because they have not had a return of normal periods, or had heard that a woman "can't" get pregnant while she is breastfeeding. Let's take a quick look at the contraceptive options available to women and see which ones make better choices for the breastfeeding mom.

1. Abstinence---OK, this IS the only 100% effective method, but is not usually a realistic option!
2. Barrier methods---these include condoms and the diaphragm. These methods are quite effective, IF used properly and consistently every time the couple has sex. They also have the added bonus of being chemical-free, for those who are concerned about side effects. They have no negative effect on lactation. However, many couples find barrier methods uncomfortable or cumbersome to use. If you used a diaphragm before pregnancy, be sure to get it re-fit at your postpartum visit. Your old one may not fit properly due to weight gain, giving birth, etc. and will not be as effective anymore.
3. Lactation Amenorrhea Method (LAM)--- if followed correctly and very stringently, studies have shown this method to be as effective as the birth control pill. To find out more, you can check out the article in this newsletter and *www.waba.org.br/lam.htm*.
4. IUD---the intrauterine device is a very safe, effective method of birth control, and a good option for breastfeeding moms who may want to space children by several years, or who do not want to worry about remembering to take a pill everyday, or who want to avoid potential hormone side effects. Some women do notice increased menstrual bleeding with IUDs. However, breastfeeding moms are less likely to experience this.
5. Birth Control Pills---there are 2 types of pills: the "combination pill" which contains both estrogen and progesterone and the so-called 'Mini-pill" or progesterone-only pill (POP). Studies have shown that the estrogen in combination pills can decrease milk supply, and for this reason it is best to wait to use these pills until after breastfeeding is well established (at least 6 weeks) and to possibly delay their use until the infant is eating solid foods in addition to breastmilk (approximately 6 months). The POP has been shown to have little effect on breastmilk supply and can be started after breastfeeding is established (6 weeks postpartum). There are 2 POPs currently on the market: Micronor and Nor-QD, both equally effective.
6. Birth Control "shot"---better known as Depo-Provera. This is an injection that offers contraception protection for 12 weeks. It contains only one hormone, progesterone, like the mini-pill. The injection is safe for breastfeeding moms and has not been shown to adversely affect lactation or milk supply. This is a good choice for women who do not want to remember to take a pill everyday. However, if a woman does experience side effects with the shot, there is no way to "take away" the medicine---it is in the body for 3 months.
7. Birth Control patch---this is a brand new method called "Ortho-Evra." It is a plastic patch placed on the skin and stays in place for 7 days. It must be applied 3 consecutive weeks out of every month to provide contraceptive protection. It contains both estrogen and progesterone and its side effects and effectiveness are very similar to combination birth control pills. At this time, the manufacturer does not recommend it for women who are breastfeeding.

As you can see, there are several contraceptive options open to women who wish to have some control over their fertility, even if they are breastfeeding. The best advice I can give any woman considering the use of a birth control method is to discuss the methods with her health care provider. Be informed about the methods, how they are used, are they convenient for you, how do they affect breastfeeding, how effective are they and are they safe for you. Be prepared to discuss contraception with your partner and with your provider before your first postpartum check-up, so you can make a decision before you resume your sexual relationship. And finally, be open to changing methods as your situation changes.

Lisa Gittleman, RN, MSN, FNP-C. Lisa is a Nurse Practitioner who works for the County and is a Navy Reservist.

BREASTFEEDING FRIENDLY WORKPLACE AWARD 2003: UCSD HEALTHCARE

UCSD Healthcare was honored with the Coalition's eighth annual Breastfeeding Friendly Workplace Award at a ceremony on September 18th. An honorable mention was awarded to Indian Health Council, Inc. UCSD employees at both Hillcrest and Thornton have access to an electric breastpump in a well-equipped Lactation Room. Written breastfeeding policies and access to a lactation consultant are other recognized benefits available to breastfeeding employees. The Breastfeeding Friendly Workplace Award is presented as part of our annual celebration of World Breastfeeding Week. To nominate your workplace for next year's award, complete an application online at *www.breastfeeding.org*.

Continued from page 1

development and the fewest PCOS symptoms will probably respond the best to intervention.

Promising Treatments

Progesterone supplementation and metformin have been used to maintain a healthy pregnancy in PCOS women, and also may have the added benefit of an increase in milk supply. Progesterone treatment, prior to conception and through the first trimester of pregnancy, improved breast morphology and yielded successful lactation in one infertile (though non-PCOS) patient. [3]

Metformin may be the best treatment to consider for women with PCOS-related milk supply problems. Though originally used for improving insulin sensitivity, metformin often ameliorates many other PCOS symptoms.[4] Several women treated with metformin postpartum gained full milk supplies after initial milk supply problems.[5] Recent studies have shown that metformin levels are relatively insignificant in the breastmilk.[6]

Even the optimal scenario of metformin use before, during and after pregnancy may not correct the most serious breast tissue deficits in women with PCOS. One mother with very little breast tissue started metformin treatment before pregnancy, was supplemented with progesterone during the first trimester, and continued metformin through the pregnancy and lactation.[7] Unfortunately, her small breasts still did not grow and she produced only drops of milk.

Herbal Galactogogues

Two herbal galactogogues of particular interest for use during lactation are goat's rue and fenugreek. Both goat's rue and fenugreek are reputed to increase milk supply and possibly even stimulate breast growth. They are also considered to have potential hypoglycemic properties, though they are not commonly used for this purpose.[8,9] Dosing should be discussed with an experienced medical professional since optimal doses for stimulating breast growth in women with PCOS are unknown. I took the recommended dose of More Milk Plus for about a week and experienced no milk output changes. Because women with PCOS sometimes complain of hypoglycemia, PCOS mothers taking either goat's rue or fenugreek should be encouraged to eat regularly to maintain consistent blood sugar levels.

Traditional Galactogogues

Domperidone (Motilium) and metoclopramide (ReglanO) are medications used for gastrointestinal distress that, as a byproduct, act as galactagogues by stimulating prolactin production.[10] Both have been used successfully to help mothers with previous full supplies to regain them, but not as successfully with primary failure. Domperidone may be a better choice since women with PCOS may be more vulnerable to depression, and metoclopramide can induce depression in some postpartum women.

Hope for the Future

We can approach moms who had a low milk supply in the past and are nearing the birth of a new infant with cautious optimism. The amount of milk available (at least initially) is higher in multiparous women from a normal population.[11] Zuppa et al. hypothesize that this difference might be attributed to higher prolactin receptor number.[11] I dreaded experiencing low milk supply with my second child. After consulting a number of experts, I decided to postpone any herbal or medicinal interventions until after focusing fully on the initial establishment of my milk supply. I rested in bed for one week with my newborn, nursing on demand. Perhaps I can thank the higher number of prolactin receptors (and God!) for my full milk supply.

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SDCBC 2004 MEMBERSHIP DRIVE

Your continued support is needed!

If you are interested in becoming a member or renewing your membership for 2004, please visit our website at *www.breastfeeding.org* or contact our office for more information at (858) 966-5981 or email sdcbc@breastfeeding.org. If you would like to be listed as a lactation provider in the **2004 Resource Guide**, join as a Sponsor* member now!

Become a member of the San Diego County Breastfeeding Coalition!

SDCBC Membership Levels

Sponsor* - $100 *(Business/Organization/Professional)*
Contributing Member - $50 *(Individual)*
Friends of the Coalition - any amount under **$50**

What is the San Diego County Breastfeeding Coalition?

The San Diego County Breastfeeding Coalition is a non-profit association whose mission is to promote and support breastfeeding through education and outreach in our community.

What are the benefits of being a San Diego County Breastfeeding Coalition Member?

As a member of the San Diego County Breastfeeding Coalition you will:

- Network with a growing body of people dedicated to the promotion and support of breastfeeding,
- Have access to lactation professionals and the most up-to-date breastfeeding resources,
- Receive a free supply of Breastfeeding Resource Guides in English and Spanish,
- Receive a discount for Coalition sponsored education programs,
- Receive a free copy of *"Selling Out Mothers and Babies: Marketing of Breast Milk Substitutes in the USA"* by Marsha Walker, as supplies last.
- Have a home page or link, as appropriate, on the SDCBC's website: *www.breastfeeding.org*,
- Be listed, with a Sponsor* membership, as appropriate, in the "Breastfeeding Resource Guide" without a fee.

You can show your support of the San Diego County Breastfeeding Coalition by:

- Making a monetary contribution to support coalition activities.
- Donating your time by serving on a committee:

Advocacy/Political Action	Community Outreach
Fundraising	Grant Research
Membership	Professional Outreach
Research and Evaluation	Volunteer Coordination

- Attending Coalition meetings and providing your expertise and experience.

Interested in what we do? Attend one of our meetings!
General Coalition Meetings are held the second Thursday of each odd month at Sharp Mary Birch Hospital for Women, 3003 Health Center Drive, San Diego, in the Grace Benbough Room, located on the 2nd floor, 3:00 – 5:00 pm. Please call (858) 541-4185 or visit our website for directions. **The final meeting of 2003 is November 2003. 2004 dates are: January 8, March 11, May 13, July 8, September 9, November 11, 2004.**

JOB CENTER

Volunteer Opportunities: If you want to join a motivated group and are interested in joining an active committee, the SDCBC needs you!

Please contact the SDCBC office at (858) 966-5981 or email sdcbc@breastfeeding.org for more info.

COMMUNITY SPOTLIGHT

The Indian Health Council, Inc. (IHC) is a non-profit health clinic in northern San Diego County providing health care to American Indians and Native Alaskans. There are two clinic facilities, Rincon Indian Reservation clinic and the Santa Ysabel Indian Reservation clinic.

IHC is committed to improving the health and well being of American Indians and Native Alaskans in a confidential and culturally sensitive setting within all of the departments: Diabetes, Community Health Services (CHS), Human Services, Dental and Medical.

The Indian Health Council recently received a *Breastfeeding Friendly Work Place* honorable mention from the San Diego County Breastfeeding Coalition. A Breastfeeding Room, located near a woman's restroom within the CHS department, is available to all IHC employees and clients. The Breastfeeding Room is equipped with a chair, footstool, blanket, small radio-clock, table, mini-refrigerator, bottlebrushes, mood lighting and educational materials related to breastfeeding.

Currently, IHC employs one Certified Lactation Counselor (CLC) and one Certified Lactation Educator (CLE). In addition to the Breastfeeding Room, IHC is working diligently on an electric breast pump program and breastfeeding policies for prenatal clients and employees. IHC is striving to make breastfeeding a way of life, both at the health clinic and on the reservation.

SAVE THE DATE

***8th Annual International Meeting of the Academy of Breastfeeding Medicine & 3rd Annual Health Team Members Meeting* — Millennium Knickerbocker Hotel, Chicago, IL, October 16-20, 2003.**

"Physicians & Breastfeeding: Controversy, Challenge & Change." For information, visit *www.bfmed.org* or contact the ABM office: Academy of Breastfeeding Medicine, 191 Clarksville Rd, Princeton Junction, NJ, 08550, USA; Tel (toll free) (877) 836-9947; International (609) 799-6327; FAX (609) 799-7032; email: gfoster@cmasolutions.com. Program Chair: Nancy E. Wight MD, FAAP, IBCLC; wightsd@aol.com.

***6th Annual Breastfeeding Conference of the Breastfeeding Coalition of San Joaquin* — Radisson Hotel, Stockton, CA, October 24, 2003.**

"Creating a Baby-Friendly Society: Breastfeeding Matters." Featured speakers: Caroline Chantry, MD, FAAP, FABM, Anne Merewood, MA, IBCLC, and Kiran Saluja, RD, MPH, IBCLC. For more information, visit *www.breastfeedingcoalition.org*.

***Sonoma County's First Annual Breastfeeding Conference* — Vineyard Creek Conference Center, Santa Rosa, CA, October 25, 2003.**

"Tipping the Scales Toward Breastfeeding Success: A Day with Molly Pessl and Susan Aldana." For more information or registration form, contact: Margaret Bregger, RD, (707) 521-4578 or email: mbregger@crihb.his.gov; or Rebecca Munger, PSC, (707) 565-4554 or email: rmunger@sonoma-county.org.

***American Dietetic Association Annual Conference* — Henry B. Gonzalez Convention Center, San Antonio, TX, October 25-28, 2003.**

For more information, visit *www.eatright.org/fnce*.

***American Public Health Association 131st Annual Meeting and Exposition* — Moscone Convention Center, San Francisco, November 15-19, 2003.**

"Behavior, Lifestyle and Social Determinants of Health." For more information, visit *www.apha.org/meetings*.

***Breastfeeding Promotion and Support: Interactive, Hands-on Workshop for First Responders to Overcome the Barriers to Breastfeeding* — Fall 2003.**

One-day seminar repeating in 2 locations: St Mary's Medical Center, Long Beach, CA, and Citrus Valley Medical Center. Visit *www.breastfeedingtaskforla.org* for dates.

COUNTY UPDATES

Cindy C. Fessier, RN, Perinatal Services Coordinator, County of San Diego

The County of San Diego has hosted a Breastfeeding Promotion Effort to celebrate World Breastfeeding Month. The Nutrition Program and Children Youth and Families Department at the Health and Human Services Agency developed 6 display boards for Breastfeeding Promotion. The 6 boards were disseminated to a Health Promotion Specialist at each of the Regional Centers: North Coastal, North Inland, North Central, Central, East and South County. These boards are being featured in the lobbies now and have been paired with important informational handouts on Breastfeeding and Breastfeeding Resources. The State's guidelines were followed to select the appropriate wording for the messages and the boards are portable and versatile enough to be used in many different settings for years to come.

At the North County Regional Comprehensive Perinatal Services Program Meeting on July 30, 2003, we were thrilled to have Breastfeeding Coalition Member Eve Moeran, RN, IBCLC, as our presenter. The topic was "Helping Moms to be Successful in Difficult Breastfeeding Situations". She is a fabulous speaker and the participants (50) received a Breastfeeding Triage Tool to take back to their offices as a resource to better help mothers succeed in breastfeeding.

UCSD Lactation Educator and Lactation Consultant Programs

Lactation Educator 2004

March 7-6, 2004

April 16-17, 2004

May 7-8, 2004

June 25-26, 2004

For more information, visit *http://www.extension.ucsd.edu/*

La Leche League International Lactation Specialist Workshops

The ongoing series of Lactation Specialist Workshops are designed for nurses, physicians and lactation specialists who work in a variety of settings including hospitals, clinics and physicians' offices. Workshops to be held on: October 18-Phoenix, Arizona; October 20-Baltimore, Maryland; October 22-Braintree, Massachusetts; and October 24-Lisle/Naperville, Illinois. Visit *www.lalecheleague.org/ed/LactSpec03.html* for more information.

BOOK REVIEW

Health Secrets of the Stone Age
Written by Philip J. Goscienski, MD
Published by:
New Century Books, Santa Teresa, NM
Reviewed by:
Nancy E. Wight, MD, FAAP, IBCLC

"Growing old is what nature does to us; aging is what we do to ourselves." So says the foreword of a fascinating new book by one of our local pediatricians and infectious disease specialists. I had the privilege of being asked to comment on the sections of the book pertaining to infant nutrition and breastfeeding. Taking an evolutionary view of health and well-being, Dr. Goscienski discusses nutritional issues of pregnancy, infants and children in Chapter 8. He titles one section "The breast: a nutritional treasure trove" and discusses all the issues we, as breastfeeding advocates know so well, but the general public does not. He states simply: "It's impossible to overestimate the value of breastfeeding…..".

Instead of just pointing out the benefits of breastfeeding, Dr. Goscienski clearly recognizes that formula-fed infants are at a disadvantage when he says: "Mothers who do not put their infants to the breast during the first few days of life deprive them of a unique benefit: protection from the effects of stress that babies encounter during the birthing process." He also clearly recognizes that modern lifestyles and social "mores" have colored how we care for and feed infants: "The expectation of modern parents that infants should sleep through the night within a few weeks after birth is not normal for our species."

Finally, with unusual humility, Dr. Goscienski frankly admits that during his 35 years in clinical and academic medicine he may have given advice that was current at the time, but now recognized as in error as it was based on cultural "givens" and not science. Although retired, Dr. Goscienski continues to support and educate our community with his CPR instruction work through the American Red Cross and the American Heart Association, and teaching medical students at UCSD in the Department of Community and Family Medicine. His book is available in hardcover (ISBN # 0-930751-60-4) or in paperback (ISBN # 0-930751-61-2) from most outlets. For those of us who wish to be "leaner, livelier and longer-lived" (ALL of us!), it is a fun read and excellent resource.

POLITICS, ADVOCACY AND LEGISLATION

Nancy E. Wight, MD, FAAP, IBCLC

On July 18, 2003, Congresswoman Carolyn B. Maloney (NY-14) introduced H.R. 2790, the Breastfeeding Promotion Act that includes four provisions:

Protects Breastfeeding Under Civil Rights Law. The bill clarifies the Pregnancy Discrimination Act of 1978 to protect breastfeeding under civil rights law. This will ensure that women cannot be fired or discriminated against in the workplace for expressing milk or breastfeeding during lunch or breaks.

Provides Tax Incentives for Employers. With more than half of mothers with infants (less than one year of age) in the work force, it is important to promote a mother-friendly work environment. The bill encourages employers to set up a safe, private, and sanitary environment for women to express (or pump) breast milk by providing a tax credit for employers who set up a lactation location, purchase or rent lactation-related equipment, hire a lactation consultant or otherwise promote a lactation-friendly work environment. Many companies would be able to receive a tax credit of up to fifty percent of their related expenses.

Seeks Minimum Safety Standards for Breast Pumps. The bill requires the Food and Drug Administration to develop minimum quality standards for breast pumps to ensure that products on the market are safe and effective based on efficiency, effectiveness, and sanitation factors, in addition to providing full and complete information concerning breast pump equipment.

Allows Breastfeeding Equipment to Be Tax Deductible. The bill amends the tax laws to include breastfeeding equipment and services as deductible medical care expenses.

At the same time, Rep. Maloney released two excellent **reports** by the Congressional Research Service: **Breast-feeding: Impact on Health, Employment and Society** (*www.house.gov/maloney/issues/breastfeeding/CRS_Report_on_Benefits_of_Breastfeeding.pdf*), and **Summary of State Breastfeeding Laws** (*www.house.gov/maloney/issues/breastfeeding/CRS_Report_on_State_Breastfeeding.pdf*). Representative Maloney's web site offers a wealth of information on breastfeeding and legislative efforts. You can join her office's list for periodic updates by sending an email with your full email address in the text of the message to: breastfeedinginfo.Maloney@mail.house.gov.

Senator Olympia Snowe also introduced S. 418, The Pregnancy Discrimination Act Amendments of 2003, that amends the Civil Rights Act of 1964 to protect breastfeeding by new mothers. The most efficient way to keep up-to-date on the bills is by referring to the Library of Congress web page – *http://thomas.loc.gov/* . Input the bill number you are checking to receive updates. As breastfeeding advocates we need to keep abreast (pun intended) of the status of these bills and support them as they come up in committee and on the floor by asking our own, local representatives to vote for them.

LACTATIONAL AMENORRHEA METHOD (LAM)

Debra Roman, RN, BSN, IBCLC

It has long been recognized that breastfeeding has an effect on fertility. The mechanism by which this natural period of infertility occurs is not fully understood, but it is believed to be the result of frequent, around-the-clock suckling, which results in hormone suppression during the early months of lactation.

The Lactational Amenorrhea Method (LAM) is a modern, temporary family planning method that has been developed as a tool to help support both breastfeeding and family planning. It is based on this natural infertility that occurs as a result of exclusive, frequent breastfeeding.

The inhibition of the ovulatory cycle in humans is a complex physiological process, and is just beginning to be understood. It is known that frequent suckling results in high prolactin levels, and is closely associated with altered luteinizing hormone (LH) secretion and amenorrhea.[1] Subsequent infertility is the result of this hormonal suppression during lactation.

A group of researchers in the area of lactational infertility met in Bellagio, Italy in 1988. They endorsed the conclusion that there was a strong correlation between frequency of suckling and the duration of contraceptive protection provided during pregnancy. These conclusions became known as the Bellagio Consensus.[2]

Subsequently, numerous studies were conducted to evaluate the accuracy of the Bellagio Consensus statement. In 1995, the Bellagio Consensus Conference on breastfeeding established LAM as a safe and effective family-planning method. The three criteria defining LAM are that the mother is fully or nearly fully breastfeeding her infant, her menses have not returned, and the baby is six months old or less.[3]

Fully breastfeeding is the term applied to both exclusive breastfeeding (no other food or liquid is given to the infant) and almost exclusive breastfeeding (vitamins, water, juice, or ritualistic feeds given infrequently in addition to breastfeeding). Nearly fully breastfeeding means that the vast majority of feedings given to the infant are breastfeeds.

Although exclusive breastfeeding is not necessary for LAM to be effective, the more frequently an infant nurses around the clock, with no solids added until six months of age, the higher the likelihood of continued amenorrhea. Additionally, the interval between feedings at night should be no more than six hours.[3]

Amenorrhea is defined as no vaginal bleeding after 56 days postpartum. Bleeding during the first two months postpartum is considered lochial discharge and is not menstrual bleeding. For purposes of LAM, menstruation is considered at least two consecutive days of bleeding, occurring at least two months postpartum.

At about six months of age, the baby may begin receiving complementary foods while continuing to breastfeed. This introduction of other foods and liquids can decrease the amount of suckling time, thus triggering the hormonal response that causes the menstrual cycle to resume.

For women practicing LAM, the efficacy is quite good. If all three criteria mentioned above are met, there is less than a 2% chance of pregnancy, and the woman does not require a complementary family planning method at this time.[1] As soon as the woman no longer meets all three criteria, her chance of pregnancy begins to increase, and she may want to begin using an additional method of contraception.

The World Health Organization has declared that breastfeeding "has been the most effective contraceptive world-wide". [4] Since breastfeeding significantly suppresses fertility, and it is recognized that mothers who breastfeed have longer intervals between births, it is important that healthcare providers educate women on the value of this natural family planning method. The advantages of LAM are many, including high effective rate, no side effects, does not require insertion of any device at the time of sexual intercourse, can be initiated immediately postpartum, is economical, is acceptable to all religious groups, and contributes to optimal breastfeeding practices and therefore enhances both maternal and infant health.[3]

As healthcare providers, we should educate ourselves on the Lactational Amenorrhea Method, so that we can accurately inform our clients about the impact of breastfeeding on fertility. Many women will be delighted to discover that this is yet one more marvelous benefit that comes with exclusive breastfeeding.

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B reastfeeding U pdate

"Fertility: Problems & Contraceptive Choices"

SDCBC's Newsletter for October 2003

San Diego County
Breastfeeding Coalition

c/o Children's Hospital and Health Center
3020 Children's Way, MC 5073
San Diego, CA 92123-4282

Phone: (858) 966-5981
Fax: (858) 966-7563

"Good health begins with breastfeeding."

SEE THIS NEWSLETTER ON THE WEB AT
www.breastfeeding.org

RESEARCH CORNER

Breastfeeding and Non-Hodgkin's Lymphoma

Nancy E. Wight, MD, FAAP, IBCLC

Endogenous sex hormones, particularly estrogens, modulate the immune system, and Non-Hodgkin's Lymphoma (NHL) is a tumor that is related to immunologic status. Self-reported menstrual and reproductive history and risk of NHL were evaluated in a cohort of 37,934 Iowa women who were aged 55-69 years, when first enrolled in 1986. Through 1998, 261 cases of NHL were identified by linkage to the Iowa SEER Cancer Registry.

After multivariate adjustment there was no association between NHL incidence and age at menarche, age at menopause, type of menopause, history of infertility, number of miscarriages, or history of induced abortion. There were suggestive inverse associations with nulliparity (RR=0.65; 95% CI 0.36-1.16) and years of ovulation (RR = 0.76 for >37 compared to <28 ovulatory years: p-trend = 0.07). In other words, those women who had never been pregnant had a reduction in risk of NHL.

Among parous women there was no association with number of livebirths or age at first livebirth, but there was an inverse association with number of children who were breast-fed (RR=0.52 for breast-feeding >2 children versus none; 95% CI 0.33-0.82). In other words, women who reported breastfeeding more than 2 children had half the risk of developing NHL. They concluded that overall, menstrual and reproductive factors were not strongly related to Non-Hodgkin's Lymphoma incidence. The inverse association with breast-feeding was considered "novel" and requiring confirmation in other studies.

Cerhan JR, Habermann TM, Vachon CM, Putnam SD, Zheng W, Potter JD, Folsom AR. (Department of Health Sciences Research, Mayo Clinic, Rochester, MN 55905, USA.) Menstrual and reproductive factors and risk of Non-Hodgkin's Lymphoma: the Iowa women's health study (United States). Cancer Causes Control. 2002 Mar;13(2):131-6.