

Chapter Four

Ecological Breastfeeding

1. Benefits of Breastfeeding

Why is breastfeeding best for babies?

Breastfeeding provides many health benefits for a baby, and, most importantly, a baby thrives emotionally with the repeated close contact with his mother that breastfeeding provides. Of course breastfed babies get sick occasionally, but statistically there is no debate: breastfed babies are healthier. The American Academy of Pediatrics (aap.org), The American Academy of Family Physicians (aafp.org), and the United States Breastfeeding Committee (usbreastfeeding.org) report specific health benefits for breastfed children. The list below and continued on page two is compiled from the websites of these three organizations. Breastfeeding reduces the incidence of the following diseases for babies and children.

- | | | |
|------------------------|----------------------|--------------------------------|
| • leukemia | • lymphoma | • type 1 and type 2 diabetes |
| • obesity | • diarrhea | • respiratory tract infections |
| • allergies | • ear infections | • urinary tract infections |
| • asthma | • eczema | • inflammatory bowel disease |
| • bacterial meningitis | • multiple sclerosis | • necrotizing enterocolitis |
| • botulism | • gastroenteritis | • autoimmune thyroid disease |
| • Crohn's disease | • ulcerative colitis | • sudden infant death syndrome |

Compared to those who are not breastfed, breastfed children

- score higher on cognitive and IQ tests at school age,
- score higher on visual acuity tests,
- have fewer sick days,
- stay in the hospital fewer days as premature infants,
- have a more mature infant intestinal tract, and
- have a better immune system and a better response to vaccinations.

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Are the benefits of breastfeeding dose-related?

According to the American Academy of Family Physicians,

1. “The strongest evidence indicates that these positive [health] effects of breastfeeding are most significant with six months of exclusive breastfeeding” and
2. “the effects are dose-related, with improved outcomes being associated with longer breastfeeding.” (AAFP Position Paper on “Breastfeeding.”)

What are the risks for the mother who chooses not to breastfeed or is unable to breastfeed?

The mother who does not breastfeed may have an increased risk for the following diseases:

- breast cancer
- thyroid cancer
- endometrial cancer
- ovarian cancer
- anemia
- rheumatoid arthritis
- lupus
- osteoporosis (increased chance of a hip fracture)

Should a mother feel guilty if she is unable to breastfeed?

No. Any mother who made every reasonable effort to breastfeed and was unsuccessful should never feel guilty. She gave it her best try.

Hopefully mothers wanting to breastfeed will receive the support and correct information needed so that there will be minimal problems in getting started. One of the benefits of doing ecological breastfeeding (EBF) is that the milk supply is usually ample due to the frequent and unrestricted suckling.

What are the advantages for the mother if she breastfeeds?

The American Academy of Pediatrics (AAP) lists eight benefits for the breastfeeding mother:

1. decreased postpartum bleeding
2. more rapid uterine involution attributable to increased concentrations of oxytocin, (that is, it helps the uterus to shrink to its normal size)
3. decreased menstrual blood loss
4. increased child spacing attributable to lactational amenorrhea (the absence of menstrual periods due to breastfeeding)
5. earlier return of pre-pregnancy weight
6. decreased risk of breast cancer
7. decreased risk of ovarian cancer and
8. possibly decreased risk of hip fracture and osteoporosis in the postmenopausal period (AAP Policy Statement on Breastfeeding, Feb. 2005).

From that list you can see there are many benefits associated with breastfeeding.¹ One benefit mentioned in the AAP Policy Statement on Breastfeeding in 1997 and again in 2005 is breastfeeding infertility. We will now take a closer look at this topic.

2. BREASTFEEDING INFERTILITY

What is breastfeeding infertility?

Breastfeeding infertility is a time when a nursing mother cannot become pregnant because her breastfeeding is naturally suppressing ovulation. The absence of periods is called amenorrhea. The absence of periods while breastfeeding is called breastfeeding amenorrhea, and it is usually a very strong indication that ovulation is suppressed. The mother is breastfeeding frequently enough day and night that her reproductive system is at rest. Eventually fertility returns—usually when the mother is still breastfeeding but generally not before her first postpartum menstruation. (Postpartum is the common scientific term for “after childbirth.”)

How does a nursing mother know when she is naturally infertile?

The most common way that a nursing mother knows she is infertile is that she does not have any menstrual periods. Once she has her first menstrual period, she knows that fertility will return fairly soon or has already returned.

What causes breastfeeding infertility?

It is the 1) **frequent** and 2) **unrestricted suckling** of the baby at the mother’s breasts **day** and **night** that provides natural infertility for some time after childbirth.

How long does breastfeeding infertility last?

It depends on the type of breastfeeding. There are basically three types of breastfeeding:

- 1) Cultural breastfeeding. This refers to Westernized cultures.
- 2) Exclusive breastfeeding
- 3) Ecological breastfeeding.

For the majority of mothers:

Cultural breastfeeding is not associated with natural infertility after childbirth.

Exclusive breastfeeding can be associated with natural infertility during the first 6 months postpartum under certain conditions.

Ecological breastfeeding is definitely associated with natural infertility after childbirth, and it can last over a year.

How soon does fertility return after weaning?

Fertility usually returns about two weeks after the last nursing, regardless of the type of nursing. In a few cases, however, menstruation may not return for two or three months after the last nursing.

What is *cultural* breastfeeding?

Cultural breastfeeding is the restricted nursing common in Western culture. Nursing is restricted in both the frequency and the duration of suckling episodes. The mother usually follows a strict schedule and often uses bottles and/or pacifiers. She may have a goal of getting her baby to sleep through the night. She may leave her baby in the care of others. All of these practices usually impact the frequency and duration of breastfeeding.

How does cultural breastfeeding affect breastfeeding infertility?

Common cultural practices interfere with the frequency and duration needed for breastfeeding infertility. Therefore, with cultural breastfeeding the mother usually has a very early return of fertility and menstruation. A few culturally breastfeeding mothers may experience several months or even one year without menstruation, but they are the exception. For charting, see Section 4, Postpartum Charting later in this chapter.

What is *exclusive* breastfeeding?

Exclusive breastfeeding means that the baby's only food and drink is his mother's milk suckled directly from her breasts. This means no pumps and bottles. The baby does not receive any other foods or liquids when exclusively breastfed.

Is exclusive breastfeeding better for your baby?

Yes. Many medical organizations now recommend exclusive breastfeeding for almost all babies for the first 6 months of life. This is better for your baby than bottle-feeding or cultural breastfeeding.

Who recommends exclusive breastfeeding for the first six months of life?

The American Academy of Pediatrics, the World Health Organization, UNICEF, and the American Academy of Family Physicians are some of the groups that strongly encourage all mothers to nurse their babies exclusively for the first 6 months of life. This is the best feeding plan for your baby's health. While this is not a medical textbook, it is safe to say that the current medical "Standard of Care" for almost all babies is exclusive breastfeeding for the first six months postpartum.

Do all exclusively breastfed babies accept supplementary foods at six months of age?

No. Some exclusively breastfed babies will not accept other foods until a month or two later. The American Academy of Pediatrics says that some babies "may not be ready to accept other foods until approximately 8 months of age" (AAP Policy Statement, February 2005).

This statement by the AAP may eliminate worry for a new mother who finds her baby won't accept any solid food at 6 or 8 months of age. The authors of this manual had four babies who did not accept any supplementary food until eight months of age, so we were happy to see this addition to the AAP "Policy Statement on Breastfeeding" in 2005. We know of other babies who wouldn't accept supplementary foods for 12 months.

What is the "exclusive breastfeeding rule"?

The exclusive breastfeeding rule has three (3) requirements:

1. The baby is *exclusively* breastfed. The baby receives **only** his mother's milk **directly from her breasts** for his nourishment. He does not receive any other food or liquid. His mother's milk is his only food and liquid.
2. The mother has no menstrual bleeding **after** the first 8 weeks postpartum.
3. The baby must be younger than 6 months of age.

How does exclusive breastfeeding affect infertility?

A consensus of international breastfeeding experts stated that:

1. exclusive breastfeeding provides infertility during the first 8 weeks (56 days) postpartum and any vaginal bleeding during this time can be ignored, and
2. exclusive breastfeeding provides at least a 98% effectiveness rate if the baby is younger than six months old and the mother has not yet menstruated (Bellagio Consensus, 1988).²

The exclusive breastfeeding rule has been well researched and proven to be 98-99% effective during the first six months postpartum provided that menstruation has not returned. The infertility of the exclusively breastfeeding mother during the first 8 weeks postpartum has also been researched and proven to be valid. International doctors have defined this method as the Lactational Amenorrhea Method (LAM).

It has been called the exclusive breastfeeding rule since the 1960s, and for simplicity we will continue to call it “the exclusive breastfeeding rule.”

Do all exclusively breastfeeding mothers experience six months of breastfeeding infertility?

No. Only about half of the mothers doing exclusive breastfeeding will experience natural infertility for the first 6 months postpartum. The other half will experience a return of menstruation *before* their babies are 6 months old because many exclusive breastfeeding mothers do not nurse frequently enough. For charting, see Section 4, Postpartum Charting later in this chapter.

How long does the exclusive breastfeeding rule apply?

The exclusive breastfeeding rule applies only until *any* one of three events occurs:

1. The baby reaches 6 months of age.
2. The mother has menstrual bleeding after 8 weeks postpartum.
3. The baby is no longer exclusively breastfeeding directly from his mother’s breasts. That is, the infant is receiving foods and liquids other than mother’s milk or is receiving breast milk via pumping and bottles.

Who might benefit from the exclusive breastfeeding rule?

Many mothers will find this rule helpful, especially those working mothers with a lengthy maternity leave after childbirth.

To summarize, with exclusive breastfeeding, the first 8 weeks postpartum are so infertile that the exclusively breastfeeding mother can ignore vaginal bleeding as a sign of potential fertility during that time.

After the initial 8 weeks (the first 56 days) postpartum, the exclusive breastfeeding rule applies until her baby is six months old, or the mother has a period, or she is no longer doing exclusive breastfeeding—whichever comes first.

3. Ecological Breastfeeding

What is ecological breastfeeding?

Ecological breastfeeding is that form of nursing in which the mother fulfills her baby's needs for frequent suckling and her full-time presence and in which the child's frequent suckling postpones the return of the mother's fertility.

When a mother does eco-breastfeeding, she uses her breasts both to nourish and comfort her baby. She does not use bottles or pacifiers. She keeps her baby with her and sleeps with her baby. She follows the natural cues from her baby and nurses frequently. She exclusively breastfeeds for the first 6 months, and then (within a month or two) gradually offers other appropriate foods while continuing to nurse frequently.

Ecological breastfeeding involves frequent and unrestricted nursing day and night.

What is eco-breastfeeding?

Eco-breastfeeding is an abbreviation for ecological breastfeeding. A reader suggested it and we like its shortness.

What is the difference between exclusive breastfeeding and ecological breastfeeding?

The biggest difference is frequency of nursing. "Exclusive breastfeeding" does not exclude pacifiers and some other aspects of cultural nursing. "Exclusive breastfeeding" has no criteria regarding frequency. As you will see below, "ecological breastfeeding" has seven standards, most of which are concerned with frequency of nursing.

Many mothers who exclusively breastfeed have an early return of menstruation because they do not nurse frequently enough to inhibit the menstrual cycle. Most breastfeeding mothers need a lot of nursing day and night to keep the reproductive cycle at rest. Ecological breastfeeding usually provides the amount of nursing necessary to inhibit the menstrual cycles and usually provides more than a year of natural infertility.

Can you compare ecological breastfeeding with exclusive breastfeeding for maintaining natural infertility?

Think of a pie. This pie has 7 pieces that are needed for extended breastfeeding infertility. Exclusive breastfeeding is one piece of the pie, but you also need the other six pieces for extended natural infertility. Eco-breastfeeding includes all seven pieces of the pie. Each piece is important for the frequent suckling that keeps the reproductive cycle at rest.

Is ecological breastfeeding associated with extended breastfeeding infertility?

Yes. Ecological breastfeeding is the *only* type of breastfeeding that is associated with *extended* natural infertility. American mothers who do *ecological* breastfeeding experience 14 to 15 months of amenorrhea (absence of periods) on the average. The vast majority of American mothers (70%) who do *ecological* breastfeeding will have their first postpartum period between 9 and 20 months postpartum. Some breastfeeding mothers will go two or three years without any menstruation, and this is a normal, healthy situation for them.

How does breastfeeding postpone the return of postpartum menstruation?

Frequent and **unrestricted nursing** by the baby day and night usually keeps the mother's reproductive cycle at rest for a considerable time after childbirth. As breastfeeding decreases, eventually the mother's fertility returns.

What is the ecological breastfeeding rule?

The ecological breastfeeding rule involves following the Seven Standards of ecological breastfeeding. Each Standard is necessary and must be followed. Each Standard helps to provide the **frequent** and **unrestricted nursing** day and night that is needed for long-term natural infertility.

What are the SEVEN STANDARDS of ecological breastfeeding?

1. Do exclusive breastfeeding for the first six months of life; don't offer your baby other liquids and solids, not even water.
2. Pacify or comfort your baby at your breasts.
3. Don't use bottles and don't use pacifiers.
4. Sleep with your baby for night feedings.
5. Sleep with your baby for a daily-nap feeding.
6. Nurse frequently day and night and avoid schedules.
7. Avoid any practice that restricts nursing or separates you from your baby.

What are the two keys to breastfeeding's natural infertility?

The two keys are **mother-baby togetherness** and **frequent suckling**.

How does ecological breastfeeding affect fertility during the first three months after childbirth?

There is an almost zero chance of pregnancy if—

- the baby is not yet three months old
- the mother is following the Seven Standards of ecological breastfeeding
- the mother has no vaginal bleeding after the first 8 weeks postpartum. (She can ignore any bleeding during the first 56 days after childbirth.)

We have been teaching ecological breastfeeding for over 35 years. In that time we have not seen a charted fertile ovulation or pregnancy during the first three months when the mother followed the Seven Standards.

How does ecological breastfeeding affect fertility during the 4th, 5th, and 6th months after childbirth?

There is less than a 1% chance of pregnancy if—

- the baby is not yet six months old
- the mother is following the Seven Standards of ecological breastfeeding
- the mother has had no vaginal bleeding after the first eight weeks.

When a mother provides 1) all of her baby's nourishment at the breast and 2) **the greater part of his other suckling needs at her breast**, the mother will usually experience the side effect of natural infertility and breastfeeding amenorrhea *during the first 6 months of her baby's life*.

Can breastfeeding infertility continue once solids are gradually introduced after the baby turns 6 months of age?

Yes. The baby usually begins other foods between 6 and 8 months of age, but this does not mean that breastfeeding decreases. The baby is bigger and will continue to nurse often. Frequent and unrestricted nursing usually continues to provide natural infertility for the mother even though the baby has begun taking some other foods. At first, solids are only a supplement to breastfeeding, not a replacement.

Once other foods are introduced after six months, aren't there only Six Standards of ecological breastfeeding?

Yes. The First Standard of “exclusive breastfeeding” does not apply after 6 months or so, that is, once the baby is taking other foods.

Do the Six Standards still provide natural infertility after six months postpartum?

Yes. If you had 100 mothers doing long-term ecological breastfeeding, this group would average 14.5 months without any periods. Obviously, on the average these mothers have another 8 months of amenorrhea with the Six Standards in addition to the first 6 months of amenorrhea with the Seven Standards.

The type of mothering and breastfeeding provided by ecological breastfeeding can continue to provide natural infertility even though solids are given to an older baby. An older baby of increasing size and appetite will begin to take other food and may still continue to nurse at the breast just as much as before.

How long do amenorrhea and natural infertility last for the ecological breastfeeding mother?

The length of natural infertility varies among mothers doing ecological breastfeeding. It is normal for a breastfeeding mother to go one or two years without any menstruation if she is doing ecological breastfeeding. Some even go for three years or more. In the research done by Sheila Kippley, three mothers reported they experienced 41 or 42 postpartum months without menstruation. These mothers were not included in her published research. Another mother told Sheila she went 48 months without any menstruation due to breastfeeding. There are also a few (about 7%) who experience menstruation or spotting prior to six months postpartum.

Our two studies showed that eco-breastfeeding mothers averaged 14.5 months without any menstrual periods.³ We also found that 93% of the mothers doing eco-breastfeeding were without menstruation at 6 months, 56% were without menstruation at 12 months and 34% were still without menstruation at 18 months. This is why ecological breastfeeding is known to be a natural baby spacer.

Can a nursing mother become pregnant during amenorrhea?

Yes. Some mothers ovulate before their first postpartum period, but only about 6% become pregnant before they menstruate.⁴ This assumes they ignore the normal signs of fertility and do not abstain during the fertile time before the first postpartum menstrual period.

Can a couple use breastfeeding alone to space their babies?

Yes. Many couples can use ecological breastfeeding alone to space their babies. If a couple needs further spacing between babies, they can switch to systematic NFP to determine the return of their fertility and the fertile time of their normal cycles. (See Chapters 2 and 3.)

What are some common cultural practices that shorten breastfeeding or the time of natural infertility?

Some of the following practices of baby care can reduce or eliminate breastfeeding's normal side effect of natural infertility.

- Offering solids to a baby less than six months of age.
- Offering other liquids as a substitute for breast milk during the early months of life.
- Using bottles.
- Using pacifiers. Pacifiers can shorten the time of mother's infertility.
- Not taking a nap once during the day when the baby nurses to sleep. A short nap gives the mother a better disposition during the remainder of the day. Some medical persons believe the natural spacing mechanism works best when the mother is relaxed and at rest.
- Not sleeping with the baby during the night. Babies who sleep next to their mother at night nurse more often and longer than babies who sleep separate from their mother.
- Not providing opportunities for non-nutritive suckling.
- Encouraging the baby to go a long time between feedings or having the baby on a strict nursing schedule.
- Encouraging the baby to sleep through the night. Going a long time without nursing during the night may end the mother's infertility.
- Leaving the baby at home when mother goes out.
- Relying on other equipment or gadgets or family members to keep the baby occupied so the mother can delay nursing the baby. Or the mother walks, rocks, or tries to distract the baby to avoid nursing the baby at that time.

Some mothers claim they did ecological breastfeeding, but their menstruation returned early. Can you explain this?

First, Sheila Kippley did a study of the few mothers who wrote saying they did ecological breastfeeding but their menstrual cycles returned quite early. All said their menstrual cycles returned at about three months postpartum. None of these mothers followed Standard Five for ecological breastfeeding. Standard Five requires the mother to take a nap with her baby and nurse her baby while doing so. So at least one of the Standards was omitted. Since we started to give more emphasis to the Seven Standards, these comments from nursing mothers have been almost non-existent.

Secondly, perhaps some mothers do not nurse their babies frequently enough. At a breastfeeding conference a group of breastfeeding leaders all agreed that the mothers who

claimed eco-breastfeeding did not produce natural infertility probably did not nurse often enough. The early-return mothers did not nurse their babies in situations where most nursing moms would put the baby to breast. They would walk their babies or do other things to avoid nursing them. Or the mother expected the husband or the children to take care of the baby so the baby would go longer before another nursing.

How long should a mother nurse her baby?

The World Health Organization, UNICEF, and even Pope John Paul II encouraged mothers to nurse their babies for at least two years. If that goal is unappealing to some couples or mothers, they should consider the recommendation by the American Academy of Pediatrics (AAP). The AAP encourages American mothers to nurse for *at least one year* or longer if desired.

What if a mother cannot nurse exclusively for a full six months?

Any amount of exclusive breastfeeding is better than partial breastfeeding. Likewise, continued partial breastfeeding is better than no breastfeeding. Nursing mothers find themselves in different situations. Our society should support any kind of breastfeeding that the mother is able to do. Unfortunately our culture does very little to support and encourage breastfeeding, especially exclusive and ecological breastfeeding.

How does one wean a breastfed baby?

Gradually and at the baby's timing and pace. Many mothers enjoy the nursing relationship they have with their baby and continue to breastfeed for a year or more once solids foods are gradually introduced. However, there are exceptions. There are a few situations where the nursing is not going very well for the mother of an older baby, say a two-year-old, and the mother will find breastfeeding is no longer peaceful and will decide to gradually wean. A few mothers may not enjoy breastfeeding and will aim to breastfeed for only a certain amount of time. We know and admire a mother who did not enjoy breastfeeding but nursed each child for 18 months for their health. Every breastfeeding situation is different.

How can a mother learn how to practice eco-breastfeeding?

The primary source book is *Breastfeeding and Natural Child Spacing* by Sheila Kippley. The availability of this book can be found at the NFP International website, www.nfpandmore.org. This text recognizes that Western culture presents obstacles to the sort of mother-baby togetherness that is part of ecological breastfeeding, and it offers guidance on how to overcome or get around these obstacles. Its focus is not so much on the specific benefits of breastmilk but rather on how to follow the Seven Standards of Eco-Breastfeeding in a Western culture and enjoy the benefits of natural mothering.

Is there a one-page summary of the Seven Standards?

Yes. "The Seven Standards" page can be downloaded at www.nfpandmore.org.

How can a mother find support for ecological breastfeeding?

Besides the above book, some organizations such as the Catholic Mothers Nursing League and many La Leche League groups support eco-breastfeeding. See "Links" at the NFPI website for support and information.

SUMMARY

Does ecological breastfeeding really provide natural infertility?

Yes. It is the most effective method of baby-spacing for the first six months after childbirth. Eco-breastfeeding should be widely promoted for this and many other reasons.

Is eco-breastfeeding effective for spacing the births of children?

Yes. Since it spaces babies on the average about two years apart, it deserves to be known as a natural baby spacer. This type of breastfeeding should be widely promoted in health classes, in marriage courses, by those in the medical community, and by those in faith communities.

4. Postpartum Charting

Bottlefeeding Mothers

Fertility returns quite soon after childbirth for the mother who is bottlefeeding her baby. When menstruation occurs at six weeks postpartum, in about 5% of cases menstruation is already preceded by fertility.

During the first three weeks postpartum, there is almost no possibility of conception. By the beginning of the fourth week, we are already within the range of recorded fertility. Thus the following advice is for the bottlefeeding mother who wants to postpone another pregnancy:

- Begin taking basal temperatures at least by Day 14 after childbirth.
- Begin external mucus observations when possible, but do not make the cervix exam or the internal mucus exam until all vaginal tissues are healed.
- After the lochia or early postpartum bloody discharge has disappeared, and if the woman has no mucus or cervix signs of fertility, the couple may consider themselves in Phase I. If she is well healed and they come together for the marriage act at this time, they should follow the Phase I guidelines of “not in the morning” and “not on consecutive days.”
- If a mother is not experienced with the mucus or cervix exams, or if the woman is in doubt, then abstinence is recommended. Phase III by the Sympto-Thermal Method or by the Temperature-only rule will not be delayed for long.
- If a couple decides to engage in the marriage act once dry days are established, the wife should make external mucus observations diligently, and the couple should regard themselves in Phase II as soon as any cervical mucus appears. The internal mucus exam and the cervix exam are recommended only if all her tissues are healed.
- Beginning with the first menstruation, the couple should regard themselves back into regular fertility cycles. Sometimes the second menstruation will

occur without a preceding ovulation, but this would be relatively uncommon in the bottlefeeding mother. After the first menstruation, the couple should use the regular rules of natural family planning. The use of the 21-Day Rule or the Doering Rule for determining the end of Phase I should be based on **pre-pregnancy** cycles.

- The bottlefeeding mother should avoid hormone pills or shots to suppress her milk production because these drugs may interfere with accurate observations. Engorgement can be relieved by hand expression until each breast is comfortable, and milk production will cease in a few days without medication.

Cultural Breastfeeding

The mother who supplements breastfeeding with formula, baby foods, and liquids during the first six months should follow the advice given above for the bottlefeeding mother. The same is true for the nursing mother who uses pacifiers and follows a strict schedule, including getting the baby to sleep through the night. A mother who nurses in a cultural, restricted manner will usually experience an early return of fertility, most likely within the first three months, but sometimes much later. The greatest difference in the return of fertility between bottlefeeding and cultural, restricted nursing is that the latter has a much wider range. Due to big differences in 1) the frequency and amount of nursing and 2) the bodily differences among women, the return of fertility may range from four weeks postpartum until sometime after weaning.

Exclusive breastfeeding

The mother who is doing *only* exclusive breastfeeding can wait until her first period to start charting as long as:

1. She does not have any vaginal bleeding after the 56th postpartum day.
2. Her baby is not yet six months old.
3. She is giving her baby only breast milk directly from her breasts.

With those conditions, she has a 98-99% probability of being infertile before her first menstruation or until her baby reaches six months of age. Once her baby is six months old or she has her first menstruation—whichever comes first, she and her husband should begin charting and practice appropriate abstinence if they want to postpone pregnancy.

Ecological breastfeeding

Review the “The Seven Standards” on the following two pages. About 70% of mothers doing eco-breastfeeding will experience their first menstruation between 9 and 20 months postpartum. (The average return of menses in our studies was 14.5 months.) Mothers may choose to chart early in the postpartum months just to gain some experience with the mucus and cervix signs and to be charting prior to the return of menstruation. Or they may choose to wait and start charting at 6 months postpartum when baby starts other foods or at 9 months postpartum when the return of menstruation starts to become common. This advice would be for a mother who wants to avoid an immediate pregnancy.

Some couples will choose to space their babies using only breastfeeding. In this situation we would suggest charting during the potentially fertile times, that is, once she

starts to notice more-fertile cervical mucus. Sometimes a chart showing the true conception time by the temperature shift helps a doctor to refrain from inducing the birth prematurely. His estimate of the “due date” based on the last menstrual period might be earlier than the due date by the temperature shift. Good charting can protect a baby from being delivered too early. For a better understanding of systematic NFP and charting, we encourage you to read Chapters 2 and 3 this manual.

The Seven Standards

Ecological Breastfeeding and Natural Child Spacing

Basic Principles

1. Frequent and unrestricted nursing is the primary factor in producing natural lactation amenorrhea and infertility. (Lactation amenorrhea is the absence of menstruation due to breastfeeding.)

2. Ecological breastfeeding (EBF) almost always provides this frequent nursing and natural infertility. It is that type of baby care which follows the natural mother-baby relationship. It avoids the use of artifacts and mother substitutes; it follows the baby-initiated patterns. EBF is the norm and offers many built-in benefits, one of which is extended natural infertility. A lengthy postpartum amenorrhea is the norm.

Phase One of Ecological Breastfeeding: The Seven Standards

This phase almost invariably produces natural infertility as long as the program is complete. Phase One usually lasts six months. The key to natural infertility is frequent and unrestricted nursing. The following Seven Standards help to ensure this frequent nursing.

1. Do exclusive breastfeeding for the first six months of life; don't use other liquids and solids.
2. Pacify your baby at your breasts.
3. Don't use bottles and don't use pacifiers.
4. Sleep with your baby for night feedings.
5. Sleep with your baby for a daily-nap feeding.
6. Nurse frequently day and night, and avoid schedules.
7. Avoid any practice that restricts nursing or separates you from your baby.

Phase Two of Ecological Breastfeeding: The Six Standards

Phase Two of EBF begins when your baby starts taking solids or liquids other than breast milk.

You begin to give liquids when your baby shows an interest in the cup, usually after six months.

Aside from Standard #1, the other Six Standards of Phase I will remain operative until the baby gradually loses interest in breastfeeding. Phase II is a situation in which the amount of nursing is 1) not decreased at all at first, and 2) lessened only gradually at baby's pace. Phase II is frequently longer than Phase I with regard to natural infertility if EBF continues with frequent and unrestricted nursing.

Return of Fertility

The First 6 Months. The *first 8 weeks postpartum* for the exclusively breastfeeding mother are so infertile that in 1988 scientists agreed that any vaginal bleeding during the first 56 days postpartum can be ignored. This rule would also apply to the EBF mother.

During the *first 3 months postpartum*, the chance of pregnancy occurring is practically nil **if** the EBF mother remains in amenorrhea.

During the *next 3 months postpartum*, there is only a 1% chance of pregnancy **if** the EBF mother continues to remain in amenorrhea.

After 6 months. For the nursing mother there is about a 6% chance of pregnancy occurring prior to the first menstruation. This assumes no fertility awareness and unrestricted intercourse. This risk can be reduced to close to 1% through the techniques of systematic natural family planning—observing the signs of fertility and abstaining accordingly. About 70% of EBF mothers experience their first menstruation between 9 and 20 months postpartum. The average return of menstruation for EBF mothers is between 14 and 15 months.

Natural Spacing by Breastfeeding Alone

For those couples who desire 18 to 30 months between the births of their children, ecological breastfeeding should be sufficient.

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Recommended Reading

Breastfeeding and Natural Child Spacing offers support to eco-breastfeeding mothers. *Breastfeeding and Catholic Motherhood* offers spiritual motivation to breastfeed for at least one year. For availability of both books by Sheila Kippley, see www.nfpandmore.org.

Recommended reading at this website

At *NFP Resources* on the Home Page

Click *Breastfeeding Infertility Research* to read more articles on this subject. “The Seven Standards” sheet is available here and can be copied for teaching purposes.

Click *Breastfeeding Articles* to read more on the spiritual aspects of breastfeeding. The breastfeeding talks by Popes John Paul II and Pius XII are here.

Click *Dr. Newman’s Articles on Breastfeeding Management* for answers to specific breastfeeding problems.

Endnotes

¹ The health benefits for mother and baby are described more fully in Sheila Kippley’s *Breastfeeding and Catholic Motherhood*, (Sophia, 2005).

² “Consensus Statement: Breastfeeding as a Family Planning Method,” *The Lancet*, Nov. 19, 1988.

³ John and Sheila Kippley, “The Relation Between Breastfeeding and Amenorrhea,” *JOGN Nursing*, Nov/Dec 1972, 15-21; “The Spacing of Babies with Ecological Breastfeeding,” *International Review*, Spring/Summer 1989, 107-116.

⁴ Leonard Remfry, “The Effects of Lactation on Menstruation and Impregnation,” Oct. 25, 1895 *Obstetrical Society of London*, 1896, Vol. 38, London: Longmans, Green & Co. 1897. Konald Prem, “Post-partum Ovulation,” Paper presented at LLL World Convention, Chicago, 1971.