INTERNATIONAL MULTIDISCIPLINARY JOURNAL OF RESEARCH FOR INNOVATION, SUSTAINABILITY AND EXCELLENCE (IMJRISE)
Online ISSN: 3028-032X | Print ISSN: 3028-0370
PUBLISHED BY: RISEJOURNALS.ORG
Volume 2, Issue no. 4 | **135**

Lived Experiences of Mothers Utilizing Lactation Amenorrhea Method (LAM) Within the Breastfeeding Program

DOI: 10.5281/zenodo.15210902

Charito R. Gimena RN
Graduate School, State University of Northern Negros, Sagay City, Negros Occidental
gimenacharito@gmail.com

Kristine A. Condes, PhD
State University of Northern Negros, Sagay City, Negros Occidental
kcondes@sunn.edu.ph

Abstract

This study investigated the lived experience of mothers using the Lactational Amenorrhea Method (LAM) in the breastfeeding program of one of the hospitals in Negros Occidental. Using a qualitative phenomenological approach, the study included nine mothers whose narratives described their emotional, physical, and social experiences of LAM. From their experiences, four overarching themes were identified: "Embracing responsibilities to Nurture bonds," "Developing Resilience in Breastfeeding," "Embracing Uncertainties in LAM," and "Sustaining Maternal Wellness." The study emphasizes that though LAM is highly valued as a natural, low-cost, and low-tech family planning option, it requires effective education, emotional support, and inclusion in integrated comprehensive maternal healthcare services to be effective. The research recommends strengthening health education, widening professional and peer support networks, and instituting workplace and healthcare policies favorable to breastfeeding. The research confirms that LAM can be an honorable and empowering postpartum family planning practice for mothers if strong healthcare and education systems are in place to facilitate it.

Keywords: Lactational Amenorrhea Method (LAM), Breastfeeding, Maternal Experiences, Postpartum Health, Natural Family Planning

Introduction

Motherhood is a special blessing that requires utmost attention at all times, especially throughout the newborn's stages of life. The most important aspect of maternal care is breastfeeding, which benefits both the mother and the child. It aids infant brain development, boosts the immune system, and enhances emotional bonding (Călin et al., 2021. Besides these benefits, breastfeeding is particularly crucial in natural family planning through the Lactational Amenorrhea Method (LAM).

The Lactational Amenorrhea Method (LAM) is an easy, natural method of contraception that involves breastfeeding and postpartum family planning. LAM has been accepted by the World Health Organization all over the world as a very effective short-term method of contraception if three conditions required for it are fulfilled: exclusive breastfeeding, the child being less than six months of age, and the mother not having yet resumed menstruation. Under correct use, LAM is 98% effective in preventing pregnancy, which is a low-cost, hormone-free alternative to other modern methods of contraception (WHO, 2013). It is best suited in settings where there is no access to contraceptives and religious or cultural considerations lean towards the use of natural methods.

Despite LAM's potential to be highly effective, there are low adoption rates due to limited knowledge and inappropriate practices. The promotion of breastfeeding is supported by national policy in the Philippines, but low implementation of LAM in overall maternal health programs is practiced. Although exclusive breastfeeding per se has increased (from 48.8% in 2013 to 60.1% in 2021), LAM has not taken off as an independent choice of contraceptive, even though there is a high rate of only 0.5% across the country and 0.4% for the Western Visayas (Philippine Statistics Authority, 2024). This difference represents a lost opportunity in integrating breastfeeding promotion and sustainable family planning interventions (Maramag et al., 2023).

The success of LAM is thwarted by factors such as inadequate maternal knowledge, irregular breastfeeding, socioeconomic barriers, opposition from the partner, and inadequate healthcare counseling (Nagar et al., 2022). The practices of exclusive breastfeeding and delay of menstruation, which are both prerequisites for the effectiveness of LAM, are altered mainly by changes in lifestyle, such as working mothers and the early introduction of complementary foods. Exploring mothers' experiences utilizing LAM must be done to determine the challenges these pose and evaluate the feasibility of this strategy.

Personal tales shed light on how mothers behave, make decisions, and persevere in adversity (Eticha et al., 2023). The lived experiences of women dealing with serious maternal health issues, including maternal near-miss (MNM) and severe maternal morbidity (SMM), have been the subject of recent qualitative investigations. Fear, worry, and

difficulties adjusting are characteristics of these experiences (TorkmannejadSabzevari et al., 2021). The need for function-based and not appearance-based treatments is emphasized by the reality that fat individuals encounter ethical dilemmas during pregnancy and postpartum. Meanwhile, women report physical and mental distress, guilt, and encounters with medical mistreatment (Jensen et al., 2021). These observations are pertinent to improving patient-provider communication, addressing systemic issues such as racism in the healthcare system, and enhancing maternal health outcomes (Post et al., 2024).

The purpose of this study is to investigate how mothers manage the practice of LAM in their day-to-day life within the framework of the Breastfeeding Program at one of the hospitals in Negros Occidental. To promote maternal health, child development, and responsible parenthood, our investigation aims to provide significant new information about how nursing and natural family planning might be more effectively combined.

Finally, this study advances maternal health and family planning initiatives by supporting the broader acceptance and improved application of LAM. It can guide the creation of policies, healthcare professional training, and community awareness campaigns that support public health objectives and Filipino families' values.

Literature Review

Breastfeeding as Crucial for Infant Health and Development:

The research by Krol & Großmann (2018) highlights breastfeeding's importance for infant well-being, cognitive development, and mother-child attachment. Beneficial effects are identified, including lower anxiety, negative mood, and stress in breastfeeding mothers, better sleep, changed emotional responses, increased maternal sensitivity, and stronger attachment. Although oxytocin is thought to be a possible mediator, the relationship between breastfeeding and attachment quality may depend on how sensitive the mother is. Although breastfeeding is associated with lower postpartum depression scores, the intricate interplay between breastfeeding and maternal mood needs further investigation. In Kim and Choi (2020), a nationwide sample was used, and breastfeeding for more than three months is linked to improved cognitive development. However, the study acknowledges the impact of other factors and invites future studies to elucidate the underlying mechanism.

Behavioral complexities, maternal well-being challenges and coping:

The efficacy of the Lactational Amenorrhea Method (LAM) as a natural form of contraception has been researched with investigators looking into factors affecting knowledge and practice of LAM. Johan and Ningsih (2021) looked into the relationship between behavior and knowledge on LAM among lactating mothers. Even with good knowledge (59.6%), the research found a significant gap in practical implementation (40.4%) of LAM.

In Ethiopia, Gure et al. (2023) evaluated knowledge of postpartum mothers regarding LAM and found that only 40.6% were aware. Better knowledge was linked to higher education and counseling for LAM, highlighting the importance of improved counseling during antenatal care, especially among women with poor access to health facilities.

Methodology

Research Design

This research employed a qualitative phenomenological design.

This approach is justified since it provides an opportunity to venture into the lived experience of individuals and the meanings attributed to it in depth (Dodgson, 2023). Phenomenology in this study enables a more profound understanding of how mothers using the Lactation Amenorrhea Method (LAM) perceive and understand the problems, emotional subtleties, and coping strategies involved in their breastfeeding practice. Finding out how these mothers personally feel and perceive the effects of LAM on their everyday lives and maternal health is possible with this research design.

The sample consisted of nine mothers actively engaged in practicing LAM so that the sample would be directly relevant to the research objectives. This number of participants was chosen to provide diverse opinions while still providing the depth of qualitative analysis required in phenomenological research. The study is conducted in one of the Negros Occidental hospitals, allowing for contextualized examination of how LAM is experienced within this specific healthcare setting, emphasizing local issues and practices.

Depth interviews were used to provide the mothers with a platform to narrate their stories, providing a richer and more comprehensive picture of their lives. Through the interviews, the researcher was able to capture the subtleties of their emotions, challenges, and coping mechanisms, thus providing richness and credibility to the data gathered.

Locale, population and duration of the study

The setting of the study was in Negros Occidental specifically the mothers who are enrolled in the breastfeeding program in one of the hospitals. This is the primary location where the researcher obtained data and performed the investigation of the experiences of mothers who made use of the Lactational Amenorrhea Method (LAM) in the breastfeeding program. This research lasted for around 3 months, giving the researcher enough time to transcribe data and establish themes for the study.

The subjects of the study were mothers who used the Lactational Amenorrhea Method (LAM) in the breastfeeding program in one of the hospitals of Negros Occidental, with a limit of 9 participants. In addition, the researcher made an effort to have participants representing many different backgrounds. Factors taken into consideration were age group, socioeconomic background, and marital status to make sure that the data collected were varied.

Sampling Design

Throughout this study, purposive sampling was employed as the chosen sampling method. This was particularly suitable given the qualitative and phenomenological nature of the study. Purposeful sampling comprised the intentional selection of information-rich cases to be investigated in depth, namely those that offered in-depth insights into the fundamental issues under investigation. The emphasis was on creating an understanding and eliciting specific insights, as opposed to the pursuit of wide empirical generalizations (Patton, 2002).

Research Instrument

The research tool employed in this study was an interview guide. The interview guide was an overarching question with six well-crafted probing questions designed to investigate three main areas: Behavioral Complexities, Impact on Maternal Well-Being, and Challenges and Coping Mechanisms. The overarching question was used as a guide to start the conversation, and then there were probing questions to collect the participants' responses. Validity and Reliability of the Research Instrument.

Validity and Reliability of the Research Instrument

The validity and reliability of the tool were confirmed using Lincoln and Guba's (1985) framework of trustworthiness, which Stahl and King (2020) synthesized. Lincoln and Guba's model involved four basic criteria: credibility, transferability, dependability, and confirmability.

Credibility ensured that results were accurate reflections of participants' experiences. This was achieved through member checking, whereby participants read and validated their answers to make them genuine. Triangulation was also employed to cross-check data from various sources, such as interview responses and field notes, to enhance validity. Extended contact with participants also allowed for trust and the generation of rich, detailed data.

Transferability was enabled by including detailed descriptions of the research setting, participant population, and study setting, which allowed future researchers to determine whether findings could be transferred to other settings.

Reliability ensures that the research process is consistent and reliable. That was achieved by peer debriefing, which involved outsiders looking at the method and findings of the study to check for consistency. The audit trails were also established, and each step in data collection and analysis was documented for transparency and replication.

Confirmability seeks to minimize researcher bias and attain objectivity. This was ensured through reflexive journaling, as the researcher captured thoughts and impressions while conducting the study. External auditing was conducted to test the data and ensure that interpretation was taken from participants' replies and not influenced by personal views.

Data Gathering Procedure

The research procedure began with the identified participants undergoing the Lactational Amenorrhea Method (LAM) program. Subsequently, a letter of consent was provided to the identified participants to establish their full understanding and willingness to take part in the study. After obtaining consent, the researcher carried out interviews based on a structured protocol. To gain the participants' trust and make them comfortable, the researcher initially established rapport with each participant. The interview started with a general question regarding their lived experiences so that participants could narrate their stories without interruption. Throughout this, the researcher actively listened to contextual cues and posed follow-up questions based on planned probing questions under the interview guide. The time taken for every interview was roughly 10-15 minutes. The whole interview was also recorded with the help of a recording device so that data collection was accurate. Depending on their convenience

and preference, interviews were conducted within the hospital compound and at the respondents' home. The interview was conducted in a private room within the hospital and a secure setting within the participants' homes to ensure privacy. Participating individuals were kept anonymous. Participants were assigned alias names to ensure secrecy. They were not referred to by their names but by pseudonyms.

Ethical Consideration

A consent letter was mailed or handed directly to the indicated respondents for ethical concerns. Verbal confirmation to interview was proactively requested to ensure respondents' informed cognizance and willing consent, aside from the fact that the head of Kabankalan City Hospital had already provided prior permission before contacting actual respondents.

Interviews were conducted either on the secure campus of the hospital grounds or at the respondents' homes at their choice. Such meticulous and introspective methodology was carefully designed to protect high standards of ethics and respondent convenience, both of which maintained data collection processes of quality and integrity.

To ensure trustworthiness and rigor in the study, the researcher utilized strategies like member checking, triangulation, and audit trail. Member checking involved checking if the data was accurate by seeking feedback from participants for the findings.

Secondly, the recording and names of the respondents were both treated with utmost confidentiality. The materials were utilized only for research purposes, ensuring the privacy and anonymity of the participants. This respect for ethical code and methodological discipline underscored the research focus of creating verifiable and credible results.

Findings

Sociodemographic Profile of the Participants

The first participant is 18 years old and a single mother. She is unemployed and has two children, 2 years old and 3 months old. She delivered both her children through normal delivery.

The second participant is a 26-year-old married mother who is unemployed. She has one 2-month-old child and had a normal delivery.

The third participant is 29 years old and unemployed. She has two children, ages 4 and 6 months, both of whom were delivered normally.

The fourth participant is 30 years old, married, and unemployed. She has four children: 7-year-old, 4-year-old, 2-year-old, and 4-month-old. All of her children had normal deliveries.

The fifth study participant is a 37-year-old unemployed married mother with two children, ages 7 and 3 months. She gave birth to her first child naturally, while the second child was born through cesarean section.

The sixth participant is a 45-year-old married, non-working mother. She has four children, ages 18, 10, 7, and 4 months. She had all her normal deliveries.

The seventh participant is a 19-year-old unemployed single mother who has one child, a 5-month-old boy. She gave birth normally.

The eighth study participant is a 23-year-old married woman who is unemployed. She has one child, a 5-month-old boy, and she had a normal delivery.

The ninth participant is a 32-year-old married teacher who has three children, ages 7, 3, and 3 months. She gave normal deliveries to all her children.

Table 1. Sociodemographic Profile of the Participants

Name	Age	Marital Status	Employment Status	Number of Children	Ages of Children	Mode of Delivery
"Sophia"	18	Single	Unemployed	2	2yo, 3 mos	Normal

"Maria"	26	Married	Unemployed	1	2 mos	Normal
"Susan"	29	Married	Unemployed	2	4yo, 6 mos	Normal
"Myrna"	30	Married	Unemployed	4	7yo, 4yo, 2yo, 4 mos	Normal
"Cecile"	37	Married	Unemployed	2	7yo, 3 mos	Normal (1st), Cesarean (2nd)
"Telma"	45	Married	Unemployed	4	18yo, 10yo, 7yo, 4 mos	Normal
"Rosa"	19	Single	Unemployed	1	5 mos	Normal
"Germa"	23	Married	Unemployed	1	5 mos	Normal
"Salvacion"	32	Married	Employed (Teacher)	3	7yo, 3yo, 3 mos	Normal

Thematic Insights on Lived Experiences of Mothers Utilizing Lactation Amenorrhea Method (LAM) Within the Breastfeeding Program

The research revealed thematic insights on Lived Experiences of Mothers Using Lactation Amenorrhea Method (LAM) under the Breastfeeding Program in one of the hospitals in Negros Occidental. Four major themes, along with their related subthemes, were identified.

The first theme, (1) Embracing responsibilities to Nurture bonds, has the subthemes (1a) Finding joy in Breastfeeding and (1b) Prioritizing Breastfeeding Over Other Responsibilities.

The participants strengthened the emotional bond between them and their children and described it as a joyful and sacred act. They also set aside other duties and prioritize Breastfeeding.

The second theme, (2) Developing Resilience in Breastfeeding, includes one subtheme, (2a) Overcoming Challenges, which reveals how mothers endure challenges in Breastfeeding and triumph over them.

The third theme, (3) Embracing Uncertainties in LAM, comprises (3a) Gaining Confidence, (3b) Delaying Pregnancy, and (3c) Doubting Mothers in Using LAM. The themes reveal mothers' uncertainties about LAM yet hope that it is effective as a natural method for family planning.

The fourth theme is (4) Sustaining Maternal Wellness with subthemes (4a) Enjoying the Health Benefits and (4b) Changing Appetite and Weight.

Theme 1: Embracing Responsibilities to Nurture Bonds

Table 2 provides a deep emotional congruence in the responses of the surveyed mothers: breastfeeding goes beyond mere sustenance, deeply entangled with fundamental values of sacrifice, duty, and love without condition. Most participants expressed that breastfeeding gives them great joy and satisfaction, strengthening their love and relationship with their children. With a rich tapestry of intimacy that fosters warmth and intimacy between people, this private act becomes a treasured experience.

For example, women such as Maria and Susan discussed how breastfeeding establishes a special bond in that it makes them amazingly sensitive to their baby's needs and has a tendency to translate body signs such as warmth of the breasts as anticipatory indicators of hunger. The dedication of the mothers indicates the psychological intensity of breastfeeding and high maternal drive.

Also, mothers benefit from being able to nurse their babies while simultaneously facilitating family planning. Health programs and policies, therefore, need to consider not only the nutritional advantages of breastfeeding but also its psychological, emotional, and practical impacts on mothers and families. The fact that most of these women are not working illustrates the necessity for flexibility and time to breastfeed. This luxury is possibly less within the grasp of working mothers. These observations imply additional support systems at home and in the workplace, enabling breastfeeding to continue without other responsibilities being abrogated. Here, public health messages have to highlight that breastfeeding is a holy practice that nourishes the body and the emotional bond between

mother and child.

The findings are underpinned and corroborated by new empirical studies on the beneficial effect of breastfeeding on maternal mental well-being. Studies have shown that mothers who breastfeed, especially exclusively and for long periods, are much less likely to experience postpartum depression than mothers who do not breastfeed (Toledo et al., 2021). In addition, breastfeeding has been linked to fewer symptoms of depression and anxiety (Yuen et al., 2022), and exclusive breastfeeding at three months after delivery has even been found to moderate the link between prenatal and postpartum depression. It can be an umbrella protective factor for women experiencing prenatal depression (Figueiredo et al., 2021). Collectively, these findings confirm that breastfeeding is not only good for maternal mental health but also establishes further the importance of integrative support systems recognizing both its physical and emotional benefits.

Table 2. Significant statement on: Embracing responsibilities to Nurture Bonds

Theme	Category	Significant statement on: Embracing responsibilities to Nurture Bonds
(1) Embracing responsibilities to Nurture Bonds	***(1a) Finding joy in Breastfeeding***	**Maria, 26 years old, Married, Unemployed (Participant 02)** From my experience, as a first-time mom, I found it really wonderful to be able to breastfeed my baby. You can truly feel within yourself a sense of joy… like a deep happiness knowing that breastfeeding is good for your baby. Another thing is the special bond it creates between the two of you. Based on my experience, using the LAM method is also really helpful—it benefits both your body and your baby's well-being, allowing you to enjoy motherhood even more. Breastfeeding your baby is truly natural **Susan, 29 years old, married, unemployed, currently breastfeeding her 6-month-old baby (Participant 03)** It works well for me because, based on my experience with my baby—since this is my second child and I'm not a first-time mother—I can tell that it helps. You can easily recognize if your baby is feeling unwell or if your baby is hungry. It's very useful.
	(1b) Prioritizing Breastfeeding Over Other Responsibilities	**Susan, 29 years old, married, unemployed, currently breastfeeding her 6-month-old baby (Participant 03)** *I always prioritize my baby while breastfeeding. As a mother, I can truly feel when my baby is hungry. I can sense it when my breast starts to feel warm, a sign that my baby needs to nurse. No matter what I'm doing, I stop to make sure my baby can feed because I can feel when my little one is hungry.* **Myrna, 30 years old, married, unemployed, currently breastfeeding her 4-month-old baby (Participant 04)** *I always prioritize breastfeeding my baby because it would be difficult if I neglected it, and it might affect my baby's well-being. I make sure to breastfeed first while using the LAM method.* **Cecile, 37 years old, married, unemployed, currently breastfeeding her 3-month-old baby (Participant 05)** *First of all, I prioritize breastfeeding my baby before doing household chores so that the baby won't keep crying.* **Telma, 45 years old, married, unemployed, currently breastfeeding her 4-month-old baby (Participant 06)**

	It's not difficult to breastfeed your baby when you're at home because they really need it. You can still do your work, but the baby should always come first. **Rosa, 19 years old, single, unemployed, currently breastfeeding her 5-month-old baby (Participant 07)** *Since I practice breastfeeding, I always prioritize my responsibility to my child. I make sure to nurse my baby first before attending to my household duties.* **Germa, 23 years old, married, unemployed, currently breastfeeding her 5-month-old baby (Participant 08)** *I prioritize breastfeeding my baby before attending to household responsibilities, as breastfeeding itself has helped me with family planning through LAM.*

Theme 2: Developing Resilience in Breastfeeding

Emotionally, validating maternal fatigue and the right to fatigue can be empowering. When Maria reflected on it, recognizing a right to be tired restored her strength. This emotional validation is essential in enhancing maternal well-being and resilience. The findings of this study are similar to other research that emphasizes the psychological advantages of breastfeeding. Modak et al. (2023) cited breastfeeding as healthy for the mental well-being of mothers, quoting the release of oxytocin and prolactin as being mechanisms that fortify maternal-infant bonds and alleviate postpartum depression. Galbally et al. (2019) similarly observed that extended breastfeeding was related to fewer depressive symptoms, especially among mothers who were exposed to antidepressants. Hammond et al. (2021) further established that mothers' authenticity is a protective factor—mothers with high authentic living have fewer depressive symptoms, and those with low self-alienation are better able to resist unwanted breastfeeding experiences. It noted the gendered inequalities that emerge as a result of working mothers being held accountable to intensive parenting ideals. Lankes (2022) established four maternal approach profiles—Relaxed, High Investors, Essentialist, and Strained Mothers—finding that motherhood experiences are influenced by demographics and socioeconomic factors rather than one ideal.

Finally, this research adds to understanding the emotional richness and resilience inherent in breastfeeding and LAM practices. Although consonant with maternal well-being research, the results also counter dominant discourses that potentially idealize or stigmatize mothers without attention to the rich diversity of realities they experience. Holistic, compassionate, and inclusive maternal health approaches are imperative for mothers and the generations they raise.

Table 3. Significant statement on: Developing Resilience in Breastfeeding

Theme	Category	Significant statement on: Developing Resilience in Breastfeeding
(2) Developing Resilience in Breastfeeding	***(2a) Overcoming Challenges***	**Sophia, 18 years old, single, and currently breastfeeding her 2-month-old baby (Participant 01)** It's okay, at first it was hard for me but eventually it becomes easy. The milk I produce is enough. You can save money because you don't need to buy milk. **Myrna, 30 years old, married, unemployed, currently breastfeeding her 4-month-old baby (Participant 04)** It is difficult, and although it feels normal, what concerns me is that I keep thinking that maybe LAM is not really effective for family planning. **Rosa, 19 years old, single, unemployed, currently breastfeeding her 5-month-old baby (Participant 07)** After giving birth, I experienced the challenges of breastfeeding. At first, I had a low milk supply, but as I continued breastfeeding,

my milk gradually increased. I have proven that LAM is effective. In the beginning, I produced only a small amount of milk, but over time, it naturally increased. Using LAM felt completely normal, and everything went well.

Germa, 23 years old, married, unemployed, currently breastfeeding her 5-month-old baby
(Participant 08)
I experienced difficulties when I first started breastfeeding because my nipples were sore, but I still continued nursing until my baby turned five months old.

Salvacion, 32 years old, married, employed (Teacher), currently breastfeeding her 3-month-old baby
(Participant 09)
As a working mom, this is my first time breastfeeding my baby, and it has been challenging, especially when I have seminars. I can't leave my baby behind, so I have to bring them with me. As a working mom, I need to work, and breastfeeding can be challenging, especially since I can't leave my baby at home. I always have to bring them with me, but breastfeeding is still the best for my baby.

Sophia, 18 years old, single, and currently breastfeeding her 2-month-old baby
(Participant 01)
It's difficult because after breastfeeding one, the other starts crying... then I have to hold one... and then the other one cries too. They take turns crying. And sometimes, I struggle because I'm alone, and I'm also cooking in the kitchen... I even carry one while cooking because I can't put them down, or else they'll cry again. It's quite difficult sometimes because I can't do anything. If I put the baby down, the baby will cry. Even when the baby falls asleep, if I put the baby down, the baby will cry again, so I can't do much. Sometimes, I can't get anything done, but it's okay since I don't need to buy milk.

Maria, 26 years old, married, unemployed, currently breastfeeding her 2-month-old baby
(Participant 02)
On that side, it's normal to have challenges in life… there will always be trials. In my experience with that kind of situation, what I really want in my daily life is to have a sense of normalcy. Sometimes, I feel weak, but I always remind myself that it's normal. It's okay to face trials and challenges.

Salvacion, 32 years old, married, employed (Teacher), currently breastfeeding her 3-month-old baby
(Participant 09)
My baby's needs are my priority, so I can give them my full attention while reducing the burden and exhaustion from household chores. As a working mom, going from home to work is already tiring. But with breastfeeding, there's no need to wash bottles when my baby gets hungry, I can simply nurse them.

Theme 03: Navigating Uncertainties in LAM

The significant quotations in Table 4 reveal mothers' complex emotional and cognitive experience in embracing uncertainty while maintaining belief in the Lactational Amenorrhea Method (LAM) as a natural family planning method. The participants verbally expressed confidence and uncertainty in using LAM, indicative of a complex appreciation of its efficacy. For example, Susan and Telma both expressed a high degree of reassurance in utilizing

LAM, saying that it enabled them to live with reduced fear and experience a stress-free experience of motherhood without worrying constantly about unplanned pregnancies. To these mothers, LAM gave them a feeling of control, positivity, and confidence, especially when practiced together with exclusive breastfeeding.

The naturalness and accessibility of LAM were also emphasized by Rosa and Germa, especially in settings where access to clinical contraceptives was limited or undesirable. However, confidence was not a defining feature of every story. Others, including Myrna, Cecile, and Salvacion, expressed persistent worries and uncertainties, primarily related to the potential for unintended pregnancies.

Their stories describe uncertainty regarding trusting LAM to use, leading to the desire for alternative methods such as ligation. In some cases, this ambivalence had broader emotional and relational implications, with mothers reporting limited intimacy with their partners due to fear, demonstrating how reproductive anxiety can affect not only health decisions but also interpersonal and affective well-being.

These results emphasize the need to enhance health education and counseling on LAM, especially on its three criteria of effectiveness—exclusive breastfeeding, amenorrhea, and the baby being under six months of age. Health professionals must present this information in a culturally sensitive and transparent manner, and the mothers should be made to realize both the advantages and limitations of the approach. In addition to education, emotional support structures, including peer talk and group counseling, might assist mothers with the ambivalence and emotional toll that may arise with applying natural family planning methods. In addition, accessible, dignified, and culturally sensitive family planning services are crucial, especially where healthcare access and unemployment are low. Educational efforts also need to consider personal, relational, and societal factors that shape reproductive choices to empower women to make knowledgeable decisions.

Recent studies that reaffirm the effectiveness of LAM when used appropriately support the results of this investigation. Although studies have shown that, when appropriately used, LAM is more effective than condoms or even birth control pills, its low use and pervasive misuse remain issues (Hoyt-Austin et al., 2023). This supports the glowing testimonials of mothers who trusted in its efficacy, like Susan and Telma.

Rural living, low education, and non-working status also affect LAM usage and adherence (Hussam et al., 2024). These results coincide with Myrna's and Cecile's reservations and apprehensions. They highlight that although LAM has empowering qualities, it should be accompanied by additional focused training, regular follow-up, and multiple options to address mothers' varying needs best.

Table 4. Significant statement on: Navigating Uncertainties in LAM

Theme	Category	Significant statement on: Navigating Uncertainties in LAM
(3) Navigating Uncertainties in LAM	***(3a) Gaining Confidence***	**Susan, 29 years old, married, unemployed, currently breastfeeding her 6-month-old baby** **Participant 03** I rely on LAM because I strongly believe that it is effective. It gives me a positive mindset, preventing me from feeling anxious about the possibility of getting pregnant again. Ma'am, based on my experience with LAM, it is really good. You can truly understand and realize that… in my experience with this… it is okay because as a mother, you become aware that this method is part of our journey. Regarding the use of LAM, it's still okay because you don't really feel much difference while breastfeeding. It gives you confidence in using it, and it doesn't constantly make you worry about getting pregnant. Since your baby is still young, and it's natural for your partner to have those moments of intimacy, LAM is a good method to use while breastfeeding. **Telma, 45 years old, married, unemployed, currently breastfeeding her 4-month-old baby** **Participant 06** I'm not worried about getting pregnant quickly because it really takes me a long time to conceive. Using LAM is really effective because you don't easily get pregnant… and you don't have to worry about going to the health center because you're thinking about getting pregnant **Rosa, 19 years old, single, unemployed, currently breastfeeding her 5-month-old baby** **Participant 07**

	For my husband, I know that LAM is a great help for me because it is a natural method and doesn't require any additional preparations like other family planning methods.
(3b) Delaying Pregnancy	**Telma, 45 years old, married, unemployed, currently breastfeeding her 4-month-old baby** **Participant 06** My understanding of family planning is that I take a long time before having another child because I undergo therapy before conceiving. I don't get pregnant easily because… the LAM (Lactational Amenorrhea Method) also helps me a lot since I exclusively breastfeed my baby, which delays my pregnancy.
	Rosa, 19 years old, single, unemployed, currently breastfeeding her 5-month-old baby **Participant 07** The benefit I experienced from using LAM is that it prevents pregnancy. While breastfeeding, I can also use this method as a natural form of family planning.
	Germa, 23 years old, married, unemployed, currently breastfeeding her 5-month-old baby **Participant 08** Although I was worried about getting pregnant, until now, five months later, I haven't conceived, and it hasn't had any negative effects on my body. As for LAM, this is my first time using it, and I still have doubts about whether it is truly effective. Using LAM has also made my husband more active because it provides a sense of security, knowing that I won't get pregnant. LAM is truly effective as long as I continue breastfeeding, making it a reliable family planning method.
(3c) Doubting Mothers in Using LAM	**Myrna, 30 years old, married, unemployed, currently breastfeeding her 4-month-old baby** **Participant 04** Based on my experience in using LAM, there are times when I have doubts because I fear that I might get pregnant. Sometimes, I wonder if it is really safe, and I even think about avoiding intimacy with my husband for now to prevent the possibility of getting pregnant again. I talked to my husband about considering other options, and if there are free ligation services at the health center, I might as well go for ligation so that we will not have more children. I feel sorry for them if we continue to have more.
	Cecile, 37 years old, married, unemployed, currently breastfeeding her 3-month-old baby **Participant 05** I feel a bit worried that I might get pregnant because my period hasn't come yet. And if there's contact, I might get pregnant.
	Germa, 23 years old, married, unemployed, currently breastfeeding her 5-month-old baby **Participant 08** I have been using LAM, and until now, as my baby reaches five months, I haven't gotten pregnant. Sometimes, I worry about the possibility of getting pregnant.
	Salvacion, 32 years old, married, employed (Teacher), currently breastfeeding her 3-month-old baby **Participant 09**

	When it comes to using LAM, I still have doubts about whether this method is truly effective or if it will work for my husband and me as a family planning method.

Theme 04: Sustaining Maternal Wellness

Table 4 provides significant information on "Sustaining Maternal Wellness through LAM," showing how mothers feel the health advantages and undergo physical changes when using the Lactational Amenorrhea Method (LAM). Respondents like Myrna, Cecile, Telma, and Germa stressed that LAM is natural, safe, and without the side effects commonly linked with hormonal contraceptives. Myrna, for example, related how LAM helped her recover from a cesarean section, while Telma and Cecile confirmed that both they and their babies were in good health during the breastfeeding process. These results concur with studies demonstrating that exclusive breastfeeding provides both maternal and infant health advantages, such as reducing infant mortality and preventing diseases like diarrhea and pneumonia, especially among low- and middle-income countries (North et al., 2021). The second theme, centered on appetite and weight change, had narratives from participants such as Sophia, Susan, and Salvacion, who indicated that they experienced greater hunger because of frequent breastfeeding. However, instead of seeing these changes as bad, they saw them as manageable and even positive, with some mothers reporting better eating habits and successful weight regain. This is consistent with the knowledge that lactational amenorrhea, which is caused by breastfeeding, inhibits ovulation through neuroendocrine mechanisms involving prolactin and GnRH, which could be a natural form of contraception if certain conditions are fulfilled (Calik-Ksepka et al., 2022). These stories imply that LAM is a good natural family planning method and benefits mothers' health when accompanied by appropriate diet and care.

Based on these observations, there are two important implications: First, LAM must be promoted more extensively in postnatal care schemes as a non-invasive, health-promoting family planning strategy, especially for mothers who want natural methods. Second, maternal health services must incorporate simple and inexpensive nutritional advice to enable breastfeeding mothers to cope with enhanced appetite and achieve balanced health during lactation. Maternal psychological distress should also be addressed, as studies reveal that psychological states, including stress and anxiety, are known to affect breastfeeding outcomes negatively through physiological pathways involving oxytocin and cortisol (Nagel et al., 2021). More intriguingly, breastfeeding per se may result in decreased maternal stress, showing a two-way interaction and once again emphasizing the need for the promotion of breastfeeding to achieve maximum benefit for both mother and infant.

Table 5. Significant statement on: Sustaining Maternal Wellness through LAM

Theme	Category	*Significant statement on: Sustaining Maternal Wellness through LAM*
(4) Sustaining Maternal Wellness	***(4a) Enjoying the health benefits***	**Myrna, 30 years old, married, unemployed, currently breastfeeding her 4-month-old baby** ***Participant 04*** *The benefit for me is that it is a natural family planning method. I don't experience any side effects, and my side doesn't hurt. Unlike before, when I was taking pills for a long time, I would feel pain in my side. There's really no problem. It's not difficult either. When I breastfeed, it feels okay. The baby is in good health and doing well. At first, I found it difficult because I had a cesarean delivery. But as I continued using LAM (Lactational Amenorrhea Method), it seemed fine. I have already recovered from the difficulties.* **Cecile, 37 years old, married, unemployed, currently breastfeeding her 3-month-old baby** ***Participant 05*** *I am fine and normal. It seems fine and I don't feel any signs of illness. I don't have any problem.* **Telma, 45 years old, married, unemployed, currently breastfeeding her 4-month-old baby** **Participant 06**

	I haven't felt anything unusual in my body. I am completely healthy, and so is my baby. It has greatly helped my body. You feel completely fine because you don't experience any discomfort. You are truly healthy. Your baby is also completely healthy. **Germa, 23 years old, married, unemployed, currently breastfeeding her 5-month-old baby** **Participant 08** *When I started breastfeeding, I noticed that I became more hungry. But when I started using LAM, since it is natural, I didn't experience any side effects on my body, and I remained healthy.*
(4b) Changing Appetite and Weight	**Sophia, 18 years old, single, and currently breastfeeding her 2-month-old baby** **Participant 01** *This is okay because the last time I gave birth, I lost a lot of weight, but now I gained weight and recovered easily.* **Susan, 29 years old, married, unemployed, currently breastfeeding her 6-month-old baby** **Participant 03** *In my experience using LAM, I sometimes notice that I feel hungry often. It feels like I'm always hungry, especially since my baby is breastfeeding. After feeding, I sometimes feel stomach discomfort, and then shortly after, my baby gets hungry again, so I have to breastfeed once more. However, despite these experiences, I find LAM to be okay because everything still feels normal—just like when I'm not breastfeeding. My health remains fine, and the only noticeable change is a slight increase in weight.* **Myrna, 30 years old, married, unemployed, currently breastfeeding her 4-month-old baby** **Participant 04** *Based on my experience, when I continuously breastfeed my baby, I tend to eat later because I feel hungry more often. But it's normal, and I haven't lost weight since I eat frequently due to constant hunger.* **Germa, 23 years old, married, unemployed, currently breastfeeding her 5-month-old baby** **Participant 08** *When I started breastfeeding, I noticed that I became more hungry. But when I started using LAM, since it is natural, I didn't experience any side effects on my body, and I remained healthy.* **Salvacion, 32 years old, married, employed (Teacher), currently breastfeeding her 3-month-old baby** **Participant 09** *While breastfeeding my baby, I get hungry quickly because I need to nurse every 3 to 4 hours. At the same time, my body continues to burn calories. Through this experience, I've also learned to eat healthy foods to ensure that my baby gets the best nutrition from my breast milk.* **Cecile, 37 years old, married, unemployed, currently breastfeeding her 3-month-old baby**

Conclusion

The mothers' lived experiences of the Lactational Amenorrhea Method (LAM) and breastfeeding program are characterized by commitment, emotional satisfaction, and unyielding resilience. These women chose LAM despite motherhood challenges because it is natural and accessible family planning that reflects their values and economic context. Breastfeeding was not just seen as a matter of health but as a religious bond between child and mother—filling the heart with joy, providing connection, and giving a sense of purpose. But their journey was not unproblematic. Physical depletion, emotional uncertainty, and skepticism about the trustworthiness of LAM were frequently voiced. Nevertheless, their determination to exclusive breastfeeding and their trust in maternal intuition, spirituality, and support systems allowed them to continue. Peer groups and health professionals played important roles in affirming their confidence and expertise in LAM, although gaps in knowledge and nutrition advice were identified. These experiences have important practice implications. There is an urgent need to reinforce health education on the proper and consistent use of LAM so that mothers are well-informed about its three primary criteria. Community-based support, including barangay health workers and trained peer counselors, must be mobilized to provide continuous guidance and encouragement. In addition, integrating LAM into general postnatal and family planning services, nutrition counseling, and mental health care can improve the health of breastfeeding mothers. Workplaces also need to implement mother-friendly policies to facilitate continued breastfeeding and natural contraception. In sum, the mothers' experiences confirm that, given proper support, LAM is a capable and enabling option for family planning that respects both the child's health and the mother's dignity.

Some recommendations are presented to maximize the efficacy and availability of LAM and breastfeeding, beginning with the necessity of immediate antenatal and postnatal education interventions. Such programs enhance maternal knowledge and self-confidence regarding breastfeeding and using LAM. The expansion of community-based interventions, including peer counseling and mother support groups, presents a local and tailored approach to enabling mothers to surmount breastfeeding problems. Educating health professionals in evidence-based breastfeeding support is also important to ensure they are proficient in providing proper and informative support to mothers. Telephone counseling and home visiting support systems can prove to be effective in breastfeeding confidence sustenance and troubleshooting problems in the long term. Providing nutritional guidance to lactating women is also essential to allow them to access the extra calories necessary and prevent deficiencies. For working mothers, work-based interventions such as lactation rooms, flexible working hours, and supportive policies are essential to maintain breastfeeding behavior. Lastly, initiating breastfeeding-friendly settings with policy-level strategies such as the Baby-Friendly Hospital Initiative and community-based programs can ensure that breastfeeding mothers' sustenance is extensive and enduring. By ordering these recommendations based on feasibility and importance, maternal and infant health outcomes can be optimized in the short and long term. In future research, there should be an investigation into the longer-term impact of LAM and how mothers switch to other contraceptive methods. It would also be helpful to conduct studies in various socio-economic settings, male partner involvement, and program effectiveness of LAM education. Further, there should be research into how well LAM has been integrated within healthcare systems and policies to enhance application strategies.

References

Calik-Ksepka, A., Stradczuk, M., Czarnecka, K., Grymowicz, M., & Smolarczyk, R. (2022). Lactational amenorrhea: neuroendocrine pathways controlling fertility and bone turnover. *International Journal of Molecular Sciences*, 23(3), 1633. https://doi.org/10.3390/ijms23031633

Dodgson, J. E. (2023). Phenomenology: Researching the lived experience. *Journal of Human Lactation*, *39*(3), 385–396. https://doi.org/10.1177/08903344231176453

Eticha, T. G., Girma, S., Mamo, G., Asefa, F., Birhanu, A., Taye, B., ... & Tura, A. K. (2023). Knowledge of lactation amenorrhea method among postpartum women in Ethiopia: a facility-based cross-sectional study. *Scientific Reports*, 13(1), 14916.

Figueiredo, B., Pinto, T. M., & Costa, R. (2021). Exclusive breastfeeding moderates the association between prenatal and postpartum depression. *Journal of Human Lactation*, *37*(4), 784–794. https://doi.org/10.1177/0890334421991051

Galbally, M., Watson, S. J., Ball, H., & Lewis, A. J. (2018). Breastfeeding, antidepressants, and Depression in the Mercy Pregnancy and Emotional Well-Being Study. *Journal of Human Lactation*, *35*(1), 127–136. https://doi.org/10.1177/0890334418758658

Hammond, M., Brooker, R. J., Mistry-Patel, S., Schlegel, R. J., Vess, M., Wines, M., & Havens, J. (2021). Feelings of parental authenticity moderate concurrent links between breastfeeding experience and symptoms of postpartum depression. *Frontiers in Global Women S Health*, *2*. https://doi.org/10.3389/fgwh.2021.651244

Hoyt-Austin, A., Chen, M. J., Iwuagwu, C., Brown, S. D., Fix, M., Kair, L. R., & Schwarz, E. B. (2023). Understanding of lactational amenorrhea as a contraceptive method among U.S. pregnant women. *Breastfeeding Medicine*, *18*(8), 621–625. https://doi.org/10.1089/bfm.2023.0105

Jensen, S. D., Andreassen, P., Knorr, S., Rasmussen, L., Ovesen, P., Kampmann, U., & Bruun, J. M. (2021). Ambivalence and moral dilemmas in women's lived experiences of obesity and pregnancy: Qualitative insights for maternal lifestyle interventions. *Scandinavian Journal of Caring Sciences*, *36*(2), 416–425. https://doi.org/10.1111/scs.13052

Lankes, J. (2022). Negotiating "Impossible" ideals: latent classes of intensive mothering in the United States. *Gender & Society*, *36*(5), 677–703. https://doi.org/10.1177/08912432221114873

Maramag, C. C., Samaniego, J. A. R., Castro, M. C., Zambrano, P., Nguyen, T. T., Cashin, J., ... & Weissman, A. (2023). Maternity protection policies and the enabling environment for breastfeeding in the Philippines: a qualitative study. *International Breastfeeding Journal*, *18*(1), 60.

Modak, A., Ronghe, V., & Gomase, K. P. (2023). The Psychological Benefits of Breastfeeding: Fostering Maternal Well-Being and Child Development. *Cureus*. https://doi.org/10.7759/cureus.46730

Philippine Statistics Authority (2024). A healthy and resilient Philippines Transforming towards equity and resiliency.https://psa.gov.ph/system/files/sdsd/Human%20Capital%20Development_8.pdf?vcode=fKWN

Post, W., Thomas, A., & Sutton, K. M. (2024). "Black Women Should Not Die Giving Life": The lived experiences of Black women diagnosed with severe maternal morbidity in the United States. *Birth*. https://doi.org/10.1111/birt.12820

Stahl, N. A., & King, J. R. (2020). Expanding approaches for research: Understanding and using trustworthiness in qualitative research. *Journal of developmental education*, *44*(1), 26-28.

Toledo, C., Cianelli, R., Rodriguez, N. V., De Oliveira, G., Gattamorta, K., Wojnar, D., & Ojukwu, E. (2021). The significance of breastfeeding practices on postpartum depression risk. *Public Health Nursing*, *39*(1), 15–23. https://doi.org/10.1111/phn.12969

TorkmannejadSabzevari, M., Yazdi, M. E., & Rad, M. (2021). Lived experiences of women with maternal near miss: a qualitative research. *The Journal of Maternal-Fetal & Neonatal Medicine*, *35*(25), 7158–7165. https://doi.org/10.1080/14767058.2021.1945576

WHO. (2021). Maternal Well-being. https://www.who.int/health-topics/maternal-health#tab=tab_1

Yuen, M., Hall, O. J., Masters, G. A., Nephew, B. C., Carr, C., Leung, K., Griffen, A., McIntyre, L., Byatt, N., & Simas, T. a. M. (2022). The Effects of Breastfeeding on Maternal Mental Health: A Systematic review. *Journal of Women S Health*, *31*(6), 787–807. https://doi.org/10.1089/jwh.2021.050