

# Postpartum Family Planning for Community Health Workers



## Participant's Manual



**USAID**  
FROM THE AMERICAN PEOPLE

**access**

Family Planning Initiative  
Addressing unmet need for postpartum family planning



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Addressing unmet need for postpartum family planning

ACCESS-FP, a five-year, global program sponsored by the United States Agency for International Development (USAID), is an associate award under the ACCESS Program. ACCESS-FP focuses on meeting the family planning and reproductive health needs of women in the postpartum period. Interventions are designed to complement those of the ACCESS Program in the promotion and scale-up of postpartum family planning through community and clinical interventions. ACCESS-FP works to reposition family planning through integration with maternal, newborn and child health programs, including the prevention of mother-to-child transmission of HIV. For more information about ACCESS-FP, please visit [www.accesstohealth.org/about/assoc\\_fp.htm](http://www.accesstohealth.org/about/assoc_fp.htm).

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*March 2010*

# POSTPARTUM FAMILY PLANNING FOR COMMUNITY HEALTH WORKERS PARTICIPANT'S MANUAL

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# LIST OF ABBREVIATIONS

<b>AIDS</b>	Acquired immuno-deficiency syndrome
<b>ANC</b>	Antenatal care
<b>AFASS</b>	Acceptable, feasible, affordable, sustainable and safe
<b>CHW</b>	Community Health Worker
<b>COC</b>	Combined oral contraceptive
<b>EBF</b>	Exclusive breastfeeding
<b>FP</b>	Family planning
<b>HIV</b>	Human immunodeficiency virus
<b>HSP</b>	Healthy spacing of pregnancy
<b>IUD</b>	Intrauterine device
<b>LAM</b>	Lactational amenorrhea method
<b>LRP</b>	Learning resource package
<b>MCH</b>	Maternal and child health
<b>MNH</b>	Maternal and newborn health
<b>MOH</b>	Ministry of Health
<b>PNC</b>	Postnatal care
<b>POPs</b>	Progestin-only pills
<b>PP</b>	Postpartum
<b>PPFP</b>	Postpartum family planning
<b>RTF</b>	Return to fertility
<b>STI</b>	Sexually transmitted infection
<b>WHO</b>	World Health Organization





# WORKSHOP SCHEDULE

TIME	DAY 1	DAY 2	DAY 3
1½ hours	<b>SESSION 1</b> Welcome <b>Topic 1:</b> Introduction <b>Topic 2:</b> Overview Pre-test <b>Topic 3:</b> Goal and Objectives	Warm-up Review previous day  <b>SESSION 5</b> <b>Topic 1:</b> Healthy Spacing of Pregnancy <b>Topic 2:</b> Return to Fertility	Warm-up Review previous day  <b>SESSION 9</b> <b>Topic:</b> Counseling PPFP skills: Role plays, using pictorial counselling guide and checklist
<b>Tea: 15 min</b>			
1½ hours	<b>SESSION 2</b> <b>Topic 1:</b> Reasons for PPFP <b>Topic 2:</b> CHW Role in PPFP counseling	<b>SESSION 6</b> <b>Topic 1:</b> Introduction to LAM <b>Topic 2:</b> Switching from LAM	<b>SESSION 10</b> <b>Topic:</b> Counseling all PPFP Skills and Methods: Role plays using pictorial counselling guide and checklist
<b>Lunch: 12:00–1:00</b>			
1½ hours	<b>SESSION 3</b> <b>Topic 1:</b> Personal Values <b>Topic 2:</b> Breaking PPFP Barriers: Myths, beliefs, religion, misconceptions	<b>SESSION 7</b> <b>Topic:</b> Other Modern Methods: Mini-pills, regular pills, injections, condoms	<b>SESSION 11</b> <b>Topic:</b> Field Practice: PPFP Counseling Post-testing
<b>Break: 15 min</b>			
1 hour 15 min	<b>SESSION 4</b> <b>Topic 1:</b> How to Be a Good Counselor <b>Topic 2:</b> Counseling Couples and Fathers	<b>SESSION 8</b> <b>Topic 1:</b> IUD, Male and Female Sterilization <b>Topic 2:</b> Modern Methods: myths and realities <b>Topic 3:</b> Natural Family Planning	<b>SESSION 12</b> <b>Topic:</b> Recordkeeping Form Schedule of PPFP Counseling Visits Course evaluation Ending game
30 minutes	Wrap-up	Wrap-up	Certificate Ceremony
30 minutes	Trainer review of day and prep for next day	Trainer review of day and prep for next day	Trainer course review (arrange 4 <sup>th</sup> day for more field practice as needed)



# PRE-TEST

**Instructions:** At the end of each sentence, print a capital **T** if the statement is **True** or a capital **F** if the statement is **False**.

1. It is not necessary to give postpartum family planning counseling until 6 months postpartum. \_\_\_\_\_
2. The criteria for using LAM are: only breastfeeding, baby less than 6 months old and menses has not returned \_\_\_\_\_
3. Postpartum family planning counseling includes introducing oneself, giving privacy and helping to make the mother feel comfortable. \_\_\_\_\_
4. Depo-Provera (the shot) is a good method for a breastfeeding mother in the first 6 weeks after having a baby. \_\_\_\_\_
5. A postpartum mother is not fertile until after her menses returns. \_\_\_\_\_
6. Contraceptive pills can be used by breastfeeding women at 3 weeks postpartum. \_\_\_\_\_
7. LAM gives 98% protection against another pregnancy. \_\_\_\_\_
8. Family planning methods that have hormones are dangerous. \_\_\_\_\_
9. Family planning counseling improves the chances that the woman will continue using her family planning method. \_\_\_\_\_
10. Postpartum women are not interested in family planning. \_\_\_\_\_
11. If a mother is breastfeeding, she still needs a method of family planning. \_\_\_\_\_
12. Family planning is not necessary for mothers who have only 1 child. \_\_\_\_\_

# **DAY 1: SESSION 1—INTRODUCTION, OVERVIEW, OBJECTIVE AND GOAL**



## Postpartum Family Planning (PPFP) for Community Health Workers (CHW) Session 1

Overview  
Objectives  
Goal

Jhpiego in partnership with Save the Children, Corstella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and IMA World Health.

## PPFP Workshop for CHWs: What will you learn about?

- You will learn about postpartum family planning (PPFP) methods and how to counsel women








Photo credit: Robin Anthony Knappe

2


## Objective



- By the end of the workshop, CHWs will be able to discuss:
  - Why postpartum family planning (PPFP) is key to keeping mothers and babies healthy

3

## PPFP counseling: Why?





4

## Postpartum family planning is a life-saving measure for mothers and babies!

- It helps to:
  - Prevent deaths of mothers
  - Prevent newborn and child deaths
  - Reduce chances that babies are born too soon or too small





Photo credit: Robin Anthony Knappe

5

## Objective

- By the end of the workshop, CHWs will be able to explain to mothers and families:
  - Healthy spacing of pregnancy (HSP) and return to fertility (RTF)

6

## What do you see?



## A family

- With many children, close in age

## Objective

- By the end of the workshop, CHWs will be able to talk with families about family planning:
  - Myths
  - Misunderstandings
  - Religious beliefs

## Dispel myths and beliefs that are wrong



## Objective

- By the end of the workshop, CHWs will be able to:
  - Show they have learned PPFP counseling skills
  - Make the PPFP counseling guide a useful tool

## Counseling with PPFP counseling guide



## Objective

- By the end of the workshop, CHWs will be able to:
  - Counsel women on all the family planning methods they can use while they breastfeed, including:
    - Lactational amenorrhea method (LAM)
    - Switching to other modern FP methods

## Giving PPFP counseling on modern methods



Photo credit: ACCESS FP

## CHW PPFP counselor



- Who: The Community Health Worker—YOU!
- Why: To improve the lives of mothers and babies
- When: When the woman is pregnant and after she gives birth—No missed chances!
- Where: Household and clinic visits
- How: By giving the PPFP messages





**DAY 1: SESSION 2—REASONS FOR  
PPFP, PPFP COUNSELING AND THE  
ROLE OF THE CHW**



## Session 2a



### Postpartum Family Planning (PPFP)

#### Why It Matters

Jhpiego in partnership with Save the Children, Cordella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and IMA World Health.

## What is postpartum family planning (PPFP)?

- The initiation and use of family planning during the first year after a delivery

2


## Why is spacing pregnancies important?



- For the health of the mother: her body will be stronger when taking care of her family and it helps reduce problems during pregnancy
- For the health of the baby: helps prevents babies from coming early and small and helps the baby grow stronger
- For the health of the family: to have enough money and care to extend to everyone in the family
- For the health of the country: strong, healthy workers




## Why is PPFP important?

- Many, many mothers and babies around the world die because of problems with pregnancy and birth.
- 1 woman dies each minute. That equals more than a half million women each year who die.



4

## There are many reasons for these deaths:


- One reason is that some mothers have too many babies born too close together.
- Mothers who have babies too close together have health problems.
- Babies and older children born too close together have health problems.






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## Rationale for PPFP: Mortality and unmet need

- Maternal mortality reduction:
  - 32%
- Child mortality reduction:
  - 10%
- Address unmet need:
  - 3–4 times higher than all women



Household counseling, Sylhet, Bangladesh  
Photo by S. Ahmed

6

## The World Health Organization (WHO) says

- A mother should wait 2 years after a birth before getting pregnant again.
- A woman should wait 6 months after a miscarriage before getting pregnant again.
- Young women should not have their first baby until at least 18 years old.



7

## HSP

- That is what healthy spacing of pregnancy means



8

## Research shows

- More than 90% of mothers (9 out of every 10) do not want to have another baby for at least 2–3 years.
- Some mothers do not want to have any more babies.



Image credit: ACCESS Nigeria



9

## Research shows (cont.)

- But 25% (1 out of 4) women still have babies before waiting 2 years.
- Almost half (40%) of postpartum women want to use family planning but are not. This is called “unmet need.”



Image credit: ACCESS Nigeria



10

## WHY does this happen?

- Many postpartum mothers do not know they can get pregnant again before their bleeding (menses) returns.
- Health care workers also may not know this.
- Sometimes there is no postpartum clinic to give mothers family planning.
- Mothers may not get PPFP until too late or not at all.




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## This shows the unmet need for PPFP!

- With PPFP, mothers and couples can:
  - Decide the family size they want
  - Have their babies when they choose and not just because it happens



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**Session 2b**  
PPFP: The Role of the CHW

Jhpiego in partnership with Save the Children, Cordella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and IMA World Health.

**Why use CHWs as counselors for PPFP?**


- Because they care about the lives of women and families in their community (where they also live and work).



2

**CHW role**


- CHWs will learn to counsel mothers in their homes:
  - During pregnancy, and
  - After childbirth



3

**Key PPFP messages**


- CHWs will learn to give messages about:
  - When mothers can become pregnant again after a birth
  - The importance of care for the **mother**, not only care for the baby



4

**Key PPFP messages**


- Family planning for breastfeeding mothers:
  - Using a method by 6 weeks postpartum
  - How to use LAM
- For mothers who are not breastfeeding, getting a family planning method by 3 weeks postpartum
- Details on all the family planning methods mothers can use



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**When to counsel mothers?**

- When to give PPFP messages is very important.



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### When do CHWs make PPFP visits?

- When the woman is pregnant, AND
- Many times after the birth so there are no missed chances to offer her PPFP help!

### No missed chances to counsel mothers

- This is KEY because mothers need a PPFP method:
  - Within 6 weeks after birth if breastfeeding
  - Within 3 weeks after birth if not breastfeeding





### Remember this picture? Here's a story



**DAY 1: SESSION 3—CHW PERSONAL  
VALUES, BREAKING BARRIERS TO  
PPFP COUNSELING AND  
PPFP METHOD USE**







## Session 3

*Breaking Barriers to PFP Counseling:  
Values, Myths, Beliefs, and Views That Are  
Wrong*

Jhpiego in partnership with Save the Children, Cordella Futures, The Academy for Educational Development,  
The American College of Nurse-Midwives and 11MA World Health

### Exercise: “Understanding One’s Values”— Instructions



- There are 2 flip charts on the walls, one has the word: “agree,” the other has “disagree” written on the top.
- I will read out five statements about PFP, one at a time. After reading one statement, each participant is to move and stand under the flip chart that best describes her opinion about that statement.
- The group at each flip chart should discuss why they feel the way they do about the statement.
- After the discussion, ask a group member to report on the discussion to the whole group.
- Then we will go to the next statement and do the same thing until we have discussed all 5 statements.

2

### Values and opinions



- We all have our own values based on our customs, background and community.
- CHWs need to make sure their own values don’t get in the way of giving good PFP counseling.
- CHWs must accept other people’s opinions and attitudes that may differ from their own.

3

### Values and opinions (cont.)

- Do not let own values become a barrier to giving good PFP counseling.
- REMEMBER:** The CHW can provide good counseling when she shares correct knowledge, not her own values or opinions.

4





Photo credit: Mary Gibson, CMI




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### What are “barriers”?

- Barriers are things that get in the way and stop a person from listening or agreeing or taking correct actions.
- Examples might be:
  - Little or no knowledge about PFP
  - Wrong beliefs or worries about PFP methods
  - No social support to use PFP

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### Barriers to PPFP counseling and PPFP use

- Things that can prevent a woman or couple from using PPFP for healthy spacing of pregnancy



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### Barriers to PPFP use

- Myths: false ideas held by many people
- Beliefs: firmly believed opinions, but not always true
- Misconceptions: views that are wrong because people have not understood
- Religion: some religious teachings can go against PPFP



8

### Barriers to PPFP counseling and PPFP use (cont.)

- The CHW may find that women or families resist PPFP counseling because of their beliefs or values.

(Values = what someone holds as true or important)



9

### Overcoming barriers to PPFP use


- Having good PPFP information will help CHWs get families to accept PPFP messages.



10

**DAY 2: SESSION 4—HOW TO BE A  
GOOD COUNSELOR; COUNSELING  
COUPLES, COUNSELING THE FATHERS**






**Session 4**

*How to Be a Good Counselor  
Counseling Couples and Men*

Philippo in partnership with Save the Children, Cordella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and IMA World Health.

**Counseling: Key points**


- Earn the family's trust
- Use a private, quiet place
- Talk together to help the mother make up her own mind
- Let go of your own beliefs and feelings when counseling



2

**Counseling: Key points (cont.)**


- Use active listening
- Use silence
- Use open questions (not ones that can be answered "yes" or "no")
- Use simple words as well as pictures and objects to explain



3

**Counseling: Key points (cont.)**


- Repeat back what you think you hear
- Encourage the mother to ask any questions she might have
- Respect mother's/family's rights and beliefs



4

**Counseling: Key points (cont.)**

- Give only needed guidance
- Give correct information
- Give praise and encouragement



5

**Two role plays**

- Now we will have some role plays



6

## Counseling men and couples



Photo credit: Angeline Nishi Murugiah

## REMEMBER



- Important to counsel the couple together so both understand and agree on a FP method.
- The CHW must feel comfortable in front of men about PPFP and the subject of sex.
- The CHW can use her counseling skills to help make it easier for couples to talk about the uneasy subject of sex and PPFP.
- A couple's early knowledge of PPFP can help prevent an unplanned pregnancy.

## What are we learning?

- Today you learned the important ways to counsel women/couples so they can trust you and understand you.
- Tomorrow you will learn the messages and how to discuss them so mothers can space their pregnancies.

**HANDOUT #1: COMFORT WHEN COUNSELING MEN**



STATEMENT	AGREE	DO NOT AGREE
I feel better when I give PPFP counseling to a postpartum woman than when I give it to her husband.		
I believe men do not want to talk about PPFP.		
I think men would rather get PPFP guidance from a man than a woman.		
I feel OK when I talk to husbands about a couple starting to have sex again after having a baby.		
I feel OK when I talk about male methods of family planning (withdrawal, condoms).		
I feel OK when I talk with married couples about condom use to prevent HIV and other diseases caused by sex.		
I feel OK about making sure that the woman is able to mention her needs and concerns when I am talking with a couple about PPFP.		
I look forward to having men in PPFP counseling.		





**DAY 2: SESSION 5—HEALTHY SPACING  
OF PREGNANCY (HSP), RETURN TO  
FERTILITY (RTF)**





## Session 5a

### Healthy Spacing of Pregnancy

Allegro in partnership with Save the Children, Constanza Futures, The Academy for Educational Development, The American College of Nurse-Midwives and IMA World Health.

## What is healthy spacing of pregnancy (HSP)?

- The time between birth and the next pregnancy that is the healthiest for the mother and baby.

2






Image credit: ACCESS Nigeria

3

## Counseling messages for healthy spacing



- After a baby is born: wait at least 2 years before trying to get pregnant again.
- After a miscarriage: wait 6 months.
- There are many family planning methods for breastfeeding women (LAM, mini-pills, IUD, condom).




4

## Benefits of spacing



- Less chance of problems in the next pregnancy
- Less chance of problems in childbirth (labor that is stuck or takes too long, fits, too much bleeding)
- Less chance of postpartum problems (too much bleeding, fits, weak, high blood pressure, and mother dying)
- Fewer abortions for unwanted pregnancy
- Mothers stay healthier and the family can save money

5

## Benefits of spacing for children

- Less chance of babies born too soon, too small, or with low weight
- Less chance of stunted (poor growth) and underweight children
- Baby can breastfeed for 2 full years
- Less chance of babies and children dying

6

### Benefits of spacing for fathers

- Helps fathers protect the health and happy life of their wives and children
- Allows fathers to plan for and save money for the next child

### Remember: What are the benefits of healthy spacing of pregnancy?

- Better health of mother and baby
- Less chance that babies and children under 5 years old will die
- Less chance baby is born too early, too small or with low birth weight
- Gives mothers and fathers 2 years to get ready and save money for the next child
- Less chance of problems while pregnant the next time
- Mothers can breastfeed for 2 full years
- Less chance that mothers will die

### Talking about

1. She wants many children.
2. She is concerned about inheritance.
3. She worries if she tries to stop getting pregnant she will not be able to get pregnant when she wants to.
4. She wants limiting only.
5. She and her husband space their children naturally, because he does hard work, which weakens his sperm.

### Examples of answers

1. If you want many children, it is important to space them for the health of the whole family, to have enough money, and to raise them better.
2. If your pregnancies are spaced too close, there is more chance the child might die—and so not able to inherit.
3. Fertility returns when method use is stopped expect with sterilization.
4. Some methods can be used for short-term and long-term spacing, as well as limiting.
5. Hard work does not “weaken” or change sperm. You need to use a FP method to space your pregnancies.

### REMEMBER



- Wait at least 2 years after your baby's birth before trying to become pregnant again.
- Wait at least 6 months after a miscarriage before trying to become pregnant again.
- Use contraceptive methods that have no effect on a breastfeeding baby and mother.
- There are many choices of contraceptive methods: LAM, mini-pills, IUD, condom.






## Session 5b

*Return to Fertility (RTF)  
When a Woman Becomes Fertile Again*

Shalego in partnership with Save the Children, Conasta Futures, The Academy for Educational Development, The American College of Nurse-Midwives and IMA World Health

## What does it mean?



- Pregnant again after having a baby

2

## Factors affecting return to fertility

- When her bleeding (menses) returns
- How she breastfeeds
- When she starts sex again

3

## When can a woman become pregnant?

**YOUR RISK OF PREGNANCY AFTER CHILDBIRTH**

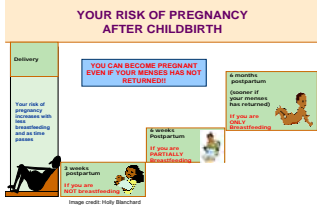






Image credit: Holly Blanchard

4

## When a woman can become pregnant after a birth is NOT predictable

3 Weeks	Women who are not breastfeeding
6 Weeks	Women who breastfeed and give other foods or liquids
6 Months	Women who ONLY breastfeed

5

## Return to fertility

**Resuming sexual relations and your risk of becoming pregnant after a birth**






Image credit: Holly Blanchard

6

### REMEMBER: Key counseling points





- **After having a baby:**

- You can become pregnant even if you have not seen your menses yet!
- You cannot predict fertility from what happened last time.
- Space getting pregnant by at least 2 years after your last baby.
- You start having sex again.

**DAY 2: SESSION 6—INTRODUCTION TO  
THE LACTATIONAL AMENORRHEA  
METHOD (LAM), LAM AND THE  
TRANSITION TO OTHER METHODS**





## Session 6a



*LAM: Lactational Amenorrhea Method*

Jhpiego in partnership with Save the Children, Coriella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and IMA World Health.

### What is LAM?

#### LAM = Lactational Amenorrhea Method

- LAM is a temporary PPFP method a mother can start herself right after she has given birth.
- LAM can only be used for a short time, up to 6 months, and only if bleeding has not returned and baby is breastfeeding only.

2

### LAM only works with these 3 things



- Menses has not yet returned
- Baby is breastfeeding only
- Baby is less than 6 months old




3

### LAM



- LAM is a natural PPFP method so nothing that is not real is used.
- LAM is 98% effective.
- That means if 100 women are using LAM, only 2 out of those 100 women might get pregnant.
- LAM is just as effective in stopping a woman from getting pregnant in the first 6 months after having a baby as other modern methods.

4

### Breastfeeding and LAM are different



- Breastfeeding is giving mother's milk to the baby.
- LAM is a short-term PPFP method that uses breastfeeding to prevent a woman from getting pregnant.

5

### For a mother to practice LAM, all of these 3 things must be true

- Her menses have not yet returned.
- Her baby is breastfeeding only.
- Her baby is less than 6 months old.

6

## LAM requires



## How LAM works

- The baby sucking at the breast sends a signal to the brain, which changes the hormonal messages sent to the ovary so that the woman stops making eggs.
- How long a woman remains not fertile depends upon how much and often the baby breastfeeds, and how long it has been since the birth.
- The longer the time after birth, the more likely a woman is to start making eggs again, even if she breastfeeds a lot or often.

## Good reasons to use LAM

- LAM has no side effects.
- LAM costs nothing.
- Mothers can use LAM without a health clinic visit.
- LAM requires no medical devices, injections, pills or hormones.

## Good reasons to use LAM (cont.)

- LAM gives mothers time to think about and choose other PFP methods to use, until the criteria are no longer met.
- LAM uses breastfeeding, which is good for the baby's health.
- LAM helps mothers to breastfeed only.

## Reminder: For LAM, breastfeed only



## Drawbacks to using LAM

- Does not protect against HIV and STIs
- Can only be used for up to 6 months after birth
- Might be hard to stick to the pattern of breastfeeding that is needed

### REMEMBER: There are good reasons to use LAM



- Works more than 98% of the time for up to 6 months
- Can be started right after the baby is born
- No side effects
- Helps mothers to only breastfeed
- No clinic visits, drugs or supplies needed
- Gives time to decide on other family planning methods

### A mother with HIV can use LAM...

- Every mother should be supported in her infant-feeding decision and in her PPFP choice.
- The choice is hers.

### Breastfeeding for the mother with HIV

- The same as for any mother:
  - Exclusive breastfeeding (breastfeeding only) for the first six months is recommended for the HIV+ mother.

### LAM for the mother with HIV

- LAM is a good choice for the mother with HIV.
- Mother must switch to another PPFP method by 6 months or sooner if any of the LAM conditions change.
- The mother should continue breastfeeding for the first 12 months even after adding complementary foods.



### PPFP and HIV

- Women with HIV who are NOT breastfeeding need a FP method right away
- Counsel the woman (even when HIV status is not known) on importance of PPFP:
  - Good reasons for exclusive breastfeeding and LAM
  - Importance of safer sex and dual protection (using condoms)
  - She can use all PPFP choices
  - Healthy spacing of pregnancy, if future pregnancy desired

### HIV and use of condoms

- Condoms should be used with all FP methods.
- Condoms help to prevent re-infection.
- Condoms are the only FP method that can protect against HIV.
- Condoms can protect the woman from increasing her amount of virus; this is especially important if the woman is breastfeeding.





## Session 6b

### LAM and Switching to Other PPFP Methods

Challenge in partnership with Save the Children, Conestoga Futures, The Academy for Educational Development, The American College of Nurse-Midwives and IMA World Health.

## LAM: When does it end?

- Since LAM is a short-term method, it ends when any of these 3 things happen:
  - The mother's menses returns
  - The pattern of breastfeeding changes (baby starts taking food or water or formula)
  - The baby is more than 6 months old

2

## LAM is no longer working








Image credit: ACCESS Nigeria

3

## Switching from LAM



- As soon as any one of the 3 conditions changes, couples should immediately switch to another modern FP method.
- There are many safe FP methods for mothers who breastfeed that will not affect the amount of milk she makes or how good it is.
- The baby can still breastfeed safely for 2 years even if the mother is using some other modern FP method.

4


## Why do you need to switch from LAM to another PPFP method?

- Switching from LAM to another PPFP method, as soon as one of the criteria changes, helps make the healthiest spacing of pregnancies for the mother and the baby.
- Since LAM is short-term, changing to another method will prevent mothers from becoming pregnant before they are ready.






5

## REMEMBER



- As soon as any one of these 3 LAM conditions is not met, a woman can become pregnant:
  - No longer breastfeeding only
  - Menstrual bleeding has returned
  - The baby is more than 6 months old
- Help the woman decide which method to switch to before she needs to switch.

6

## HANDOUT #4: 5 CASE STUDIES TO PRACTICE PPFP COUNSELING



CASE STUDIES 1–5	
1.	<ul style="list-style-type: none"><li>• The CHW visits Mrs. T.</li><li>• Mrs. T has a 6-month-old baby who is still breastfeeding. The baby has just started taking some food too.</li><li>• She also has a 2-year-old and a 3-year-old.</li><li>• She does not want more children yet.</li><li>• She has never used family planning methods.</li><li>• She hears that family planning methods make you sick and cause bleeding all the time.</li></ul>
2.	<ul style="list-style-type: none"><li>• The CHW sees Mariam when she takes her baby for a clinic visit.</li><li>• The baby is 3 months old.</li><li>• The mother is only breastfeeding.</li><li>• This is her first child.</li><li>• She wants to have more children soon. That is why she is not looking for family planning guidance.</li></ul>
3.	<ul style="list-style-type: none"><li>• Mrs. S. and her husband come to see the CHW because they learned she can give them guidance on family planning.</li><li>• Their baby is 4 months old.</li><li>• They have 5 children, all under 10 years old.</li><li>• Mr. S. is worried about his wife who has been very tired since having this baby.</li><li>• She does not have enough breast milk. To make up for that, they also feed the baby formula each day.</li></ul>
4.	<ul style="list-style-type: none"><li>• The CHW visits Elvia who is only breastfeeding her 5-month-old baby.</li><li>• Elvia just had her first menses since the birth.</li><li>• She has been using LAM and plans to use it as her family planning method until the baby is 6 months old.</li></ul>
5.	<ul style="list-style-type: none"><li>• The CHW visits Helen, a 16-year-old girl, and her 2-month-old baby.</li><li>• Helen is breastfeeding. She also gives sugar water to her baby twice a day.</li><li>• Her mother-in-law is in the room during the visit. She says that family planning is not good because it makes the milk turn bad.</li></ul>

<b>CASE STUDIES 6–10</b>	
6.	CHW goes to visit Mrs. T. She has a 6-month-old baby, who is still breastfeeding but just started taking some food, too. She also has a 2-year-old and a 3-year-old. She does not want another child soon. She has never used FP and has heard that FP is dangerous. HINT FOR COUNSELOR: Emphasize benefits of healthy spacing of pregnancy. Ask what she has heard about FP methods. Dispel myths.
7.	The CHW sees Mariam at her baby's clinic appointment. The baby is 3 months old. The mother is only breastfeeding. She has had no menses. This is her first child. She is not sure when she wants to have more children. She has heard that she will not get pregnant as long as she is breastfeeding. HINT FOR COUNSELOR: Emphasize the benefits of PPFP. Dispel myths about breastfeeding and return to fertility.
8.	Mrs. S comes to see the CHW with her husband because they learned the CHW has information on FP. Their baby is 4 months old. They have 5 children, all under 10 years old. Mr. S is worried for his wife who is very tired with this baby. She is giving the baby cereal every day. She has had her first menses. They think they may not want to have more children. However, they have heard that a man will be "weak" if he is sterilized. HINT FOR COUNSELOR: Emphasize that the woman cannot rely on breastfeeding to prevent pregnancy if LAM criteria are not met. Introduce discussion of various methods, including sterilization. Point out that they should use a short-term contraceptive while they make the decision about sterilization.
9.	The CHW visits Elvia who is breastfeeding her 5-month-old baby. She just had her first menses since the birth. She has been using LAM and plans to continue using it for her FP until her baby is 6 months old. She has heard that a woman cannot breastfeed if she is using pills. HINT FOR COUNSELOR: Emphasize counsel on return to fertility. Introduce other methods. Explain safety of mini-pills and the possibility of combination pills after 6 months postpartum.
10.	The CHW goes to visit Helen who is 16 years old and has a 2-month-old baby. She is breastfeeding only. She has had no menses. Her mother-in-law is in the room and says that FP is not good because it makes the milk bad. Also she has heard that an IUD can get out of the womb and travel to the brain or heart. HINT FOR COUNSELOR: Discuss LAM and the 3 criteria. Initiate discussion on transition. Dispel myths.

**DAY 2: SESSION 7—SHORT-ACTING FP  
METHODS: MINI-PILLS, REGULAR  
PILLS, INJECTIONS, CONDOMS**







## Session 7

### Short-acting Family Planning Methods for Women in the Postpartum

Jhpiego in partnership with Save the Children, Coriella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and IMA World Health.

## Objectives



- CHWs will be able to:
  - Describe PPFP methods that breastfeeding mothers can use
  - Describe how to use the methods
  - Describe benefits of each method
  - Describe side effects of each method

2

## Family planning methods



Short-Term	Long-Term	Permanent
<ul style="list-style-type: none"> <li>LAM</li> <li>Mini-pill</li> <li>Combination pill</li> <li>Injection</li> <li>Condom</li> </ul>	<ul style="list-style-type: none"> <li>Implant</li> <li>IUD</li> </ul>	<ul style="list-style-type: none"> <li>Sterilization</li> <li>Tubal Ligation</li> <li>Vasectomy</li> </ul>

3

## When to start a PPFP method



- Timing depends on:
  - Breastfeeding or not breastfeeding
  - Choice of method
  - Plans to have or not have more children

4

## What are side effects?



- These are symptoms or signs that women may have when they are using PPFP methods.
- Not all women will have these side effects.

5

## Mini-pill

- Also called progestin-only pill (POP) because the hormone progestin is in the pill.
- A woman must take these tablets each day.
- They stop the release of the eggs from the woman's ovaries. This means she cannot get pregnant.
- They thicken the mucus plug at the cervix. This makes it hard for the sperm to pass into the womb and fertilize the egg.

6

## Mini-pills

- What type of method?  
Short-term.
- When can she start?  
6 weeks after birth if she breastfeeds; right away if she does not breastfeed.
- How should she use it?  
1 pill the same time every day.
- When to return to clinic?  
Well before she runs out of pills.
- Safe if breastfeeding?  
Yes, starting 6 weeks after birth.

Note: Does not protect against illness (such as HIV) that could happen from having sex.



Image credit: Population Council/Forbes

## Special reasons to take mini-pills?

- Can be used by breastfeeding women
- Breastfeeding woman can begin at 6 weeks after birth
- Non-breastfeeding woman can begin immediately after birth

## Side effects that *might* occur

- Bleeding that occurs some months but not other months
- Delayed return of monthly bleeding in women who breastfeed
- Headaches, dizzy spells, tender breasts, mood changes or other side effects might occur

## Combination pill

- This pill is also called combined oral contraceptive (COC).
- A woman must take these tablets each day.
- The pill has two hormones—estrogen and progestin.
- It stops the release of the woman's eggs.
- The hormones thicken the mucus in the opening of the womb. This makes it hard for the sperm to pass into the womb and fertilize the egg.
- Because the pill can reduce the amount of breast milk, a woman should not take it until baby is 6 months old.

## Combination pills

- What type of method?  
Short-term.
- When can she start?  
6 months after birth if she breastfeeds; 3 weeks after giving birth if she does not breastfeed.
- How should she use them?  
1 pill at the same time each day.
- When should she go back to clinic?  
To refill her pills.
- Safe for breastfeeding women?  
Yes, starting 6 months after birth.

Note: Does not protect illness (such as HIV) that could happen from having sex.



Image credit: Population Council/Forbes

## Why take combination pills?

- Can be used by breastfeeding women, starting 6 months after birth.
- Lessens cramps and bleeding problems during menses.

### Side effects that *might* occur

- Bleeding that occurs some months but not other months (most often in first 3 months)
- No menses
- Headaches
- Tender breasts
- Weight gain or loss

### Depo-Provera injection

- This is an injection or “shot” that a woman gets every 3 months.
- It stops the release of the woman’s eggs.
- The hormone thickens the mucus in the opening of the womb. This makes it hard for the sperm to pass into the womb and fertilize the egg.

### Injections: Depo-Provera

- What type of method?  
Short-term.
- When can she start?  
6 weeks after birth if she breastfeeds;  
right after giving birth if she does not breastfeed.
- How should she use it?  
1 shot every 3 months.
- When should she go back to the clinic?  
In 3 months.
- Safe if breastfeeding?  
Yes, starting 6 weeks after giving birth.

Notes: Does not protect against illness (such as HIV) that could happen from having sex.  
(Noristerat is another injection, taken every 2 months, which can be found in some areas.)



Image credit: Population Council/Forbes

### Why take injections?

- Can be used by breastfeeding women, starting 6 weeks after giving birth
- No daily action is needed
- Does not get in the way of sex
- Private—no one can tell she is using this method
- Causes monthly bleeding to stop after a few months in many women

### Side effects that *might* occur

- Bleeding that occurs some months but not other months (most often in first several months) and then no monthly bleeding
- After stopping this method, the time when she can become pregnant again is delayed about 4 months longer than with most other methods
- Slow weight gain

### Male Condoms

- A condom is a thin rubber sheath, often made of latex, that is placed over the penis.
- It works by acting as a “wall” between partners so that body fluids, such as semen and blood, are not shared.
- Condoms are the only family planning method that protect against illness, such as HIV/AIDS, that could happen from having sex!

## Male condom (cont.)

- **How to use:**
  - Before having sex, place the condom over the erect penis.
  - You husband/partner must use a new condom for each act of sex.
  - Husband or partner must agree to use condom.



Image credit: Population Council/Fontes

## Why use male condoms?

- Protects the woman from getting pregnant
- Protects against illness (such as HIV) that can be caused by having sex

## Side effect and issues that *might* happen

- **Side effect that *might* happen:**
  - Bad reaction to latex
- **Issues that *might* happen:**
  - Need partner to agree
  - Need to use the condom the right way for it to be a good method (for example, to avoid breaking or spilling semen)

## Female condom

- **Things to know:**
  - The female condom is a sheath made of a see-through film with soft rings at both ends.
- **How to use:**
  - Before having sex, place the female condom inside your vagina. It fits loosely inside the vagina.
  - You must use a new condom for each act of sex.
  - Partner must agree to its use.



Image credit: Population Council/Fontes

## Why use female condoms?

- Protects the woman from getting pregnant
- Protects against illness (such as HIV) that can be caused by having sex
- Keeps the pleasure of sex for men and women
- Unlike male condom, can be put into the vagina a few hours before having sex

## Side effects and issues that *might* happen

- **Side effects that *might* happen:**
  - None
- **Issues that *might* happen:**
  - Need partner to agree
  - Need to place the condom the right way inside the vagina for the method to work well

### When to refer the postpartum mother to the clinic

- **If the mother:**
  - Needs more family planning supplies or a repeat injection
  - Misses more than 1 pill or is late for next injection
  - Starts to have health problems
  - Is having trouble with the side effects
  - Has certain questions about how the method works
  - Thinks she is pregnant

### REMEMBER



- **Remind the mother about the value of using a method before she is at risk for getting pregnant.**
- **Explain to her that there are methods available with no effect on breast milk.**
- **Refer her to the center for more guidance, if she starts to have health problems, or needs help in dealing with side effects.**

## HANDOUT #2: TIMING FOR CHOOSING FAMILY PLANNING METHODS

CHOOSING FAMILY PLANNING METHODS		
Timing	Breastfeeding Mothers	Non-Breastfeeding Mothers
Birth up to 6 weeks	LAM Condoms Male sterilization	Mini-pill Combined pill (start @3 weeks) Injection Condoms Male sterilization
6 weeks–6 months	LAM Mini-pill Injections Condoms IUD Male sterilization Female sterilization	Mini-pill Combined pill Injections Condoms IUD Male sterilization Female sterilization
6 months–1 year (+)	Mini-pill Combined pill Injections Condoms IUD Male sterilization Female sterilization	Mini-pill Combined pill Injections Condoms IUD Male sterilization Female sterilization
<b>NOTE:</b> In some settings IUCD can be inserted within 48 hours postpartum. In some settings female sterilization can be performed in the first week postpartum.		

### HANDOUT #3: SUMMARY OF MODERN PPFP METHODS


METHOD	HOW PREVENTS WOMAN FROM GETTING PREGNANT	HOW TO USE	GOOD REASONS TO USE	OK WITH BREASTFEEDING	POSSIBLE SIDE EFFECTS	PROTECTS AGAINST ILLNESS CAUSED BY SEX
<b>LAM</b>	Prevents release of egg	Meet 3 conditions: 1. Only breastfeeding 2. No menses yet 3. Baby under 6 months old	Easy Can start right away No cost No pills, shots or drugs No clinic visit Good for up to 6 months	Yes, this method depends on breastfeeding only  LAM promotes and helps good breastfeeding	None	No
<b>Mini-pill</b>	Prevents release of egg	Take 1 each day at same time each day	Can start at 6 weeks postpartum if breastfeeding; can start right away if not breastfeeding	Yes, after 6 weeks  Does not decrease amount of breast milk	Menses that occurs some months but not others Bleeding, spotting, headaches, mood changes	No
<b>Pills</b>	Prevents release of egg	Take 1 each day	Can start at 6 months if breastfeeding; can start at 3 weeks if not breastfeeding Reduces cramps due to menses	Yes, after 6 months  (Before 6 months can reduce amount of breast milk)	In first 3 months of use, menses might not occur each month Headaches, weight changes	No
<b>Injection</b>	Blocks release of egg	1 shot every 3 months; no daily action is needed	Start at 6 weeks if breastfeeding; can start right away if not breastfeeding; reduces bleeding problems	Yes, after 6 weeks	Monthly menses may stop after a few months (not a risk to woman's health)	No
<b>Condom</b>	Blocks sperm getting inside woman	Use each time you have sex; need partner to agree	Protects against illness passed or shared during sexual activity, including HIV/AIDS	Yes	Some people have a bad reaction to latex Must use right way	Yes!





**DAY 2: SESSION 8—CONTINUING  
MODERN PPFP METHODS: IUD, MALE  
AND FEMALE STERILIZATION; MODERN  
METHODS—MYTHS AND REALITIES;  
NATURAL FAMILY PLANNING  
METHODS**






## Session 8

*Topic 1: Long-acting Methods: IUDs, sterilization*  
*Topic 2: Myths and Reality*  
*Topic 3: Natural Family Planning*

Jhpiego in partnership with Save the Children, Cordella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and IMA World Health.

## Long-term and permanent methods

- 2 PFP methods that can be used right after giving birth:
  - IUDs
  - Making a woman sterile
- You must be in a hospital or clinic to get these methods




2

## Female sterilization

- How does it work? The doctor makes a cut in the tube that carries the egg to the womb.
- When can a woman have this surgery? Within 1 week of birth or 6 weeks after birth
- Safe if breastfeeding? Yes, it does not affect breast milk.
- It is very difficult, and often impossible, to repair the cut tubes later so that the woman can become pregnant. The woman can never get pregnant again.
- There are no long-term side effects from this surgery.

**NOTE:** Does not protect against illness (such as HIV) that could happen from having sex.




3

## Male sterilization

- How does it work? The doctor makes a cut in the tube that carries the sperm to the penis.
- When can a man have this surgery? Any time
- Not fully effective for 3 months after the surgery.
- It is very difficult, and often impossible, to repair the cut tubes later. The man can never make a woman pregnant.
- There are no long-term side effects from this surgery.


**Note:** Does not protect against illness (such as HIV) that could happen from having sex.



4

## How FP methods work


- Some methods prevent the sperm from getting to the egg:
  - Condoms
  - IUDs



5

## How FP methods work

- Some methods prevent the release of the egg:
  - LAM
  - Mini-pill
  - Combined pill
  - Injections



6

### How family planning methods work

- **Family planning methods do not:**
  - Make a person weak
  - Change a person's sexual behavior
  - Affect the breast milk
  - Prevent pregnancy once the method is stopped
  - Cause birth defects

### What untrue rumors have you heard?

- What will you tell a woman who comes with an untrue rumor?

**Remember what you learned about each method in the last session.**

### Natural family planning methods



- **Withdrawal: does not always work, but better than nothing**
- **Methods based on days a woman is fertile and not fertile (when she can get pregnant):**
  - Calendar or rhythm method
  - Moon beads, cycle beads
  - These methods are not advised for postpartum women.
  - The only natural PFP method advised is LAM

### Natural family planning methods (cont.)

- These methods work only when a woman has regular menses.
- A postpartum woman does not have regular menses that she can predict until many months after giving birth.
- **Do not think about using these natural family planning methods (other than LAM) until a woman has had 3 regular bleeding cycles in a row.**

**DAY 3: SESSION 9—PPFP COUNSELING  
SKILLS: PRACTICE USING CHECKLISTS**



## Session 9

Counseling Skills for PPFP

aeccess in partnership with Save the Children, Cordella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and IMA World Health.

## Counseling mothers: Time to change to modern methods






Photo credit: Robin Anthony Kinyale




2

## A demonstration



- Follow along with your checklist as your trainer conducts a PPFP counseling session.

3

## Case study #1



- CHW goes to visit Mrs. T. She has a 6-month-old baby, who is still breast-feeding but just started taking some food too.
- She also has a 2-year-old and a 3-year-old.
- She does not want another child soon.
- She has never used FP. She hears that FP makes you sick and causes bleeding all the time.

4

## Case study #2



- The CHW sees Mariam at her baby's clinic appointment. The baby is 3 months old.
- The mother is only breastfeeding.
- She has had no menses.
- This is her first child.
- She is not sure when she wants to have more children.

5

## Case study #3

- Mrs. S. comes to see the CHW with her husband because they learned the CHW has information on FP.
- Their baby is 4 months old. They have 5 children, all under 10 years old.
- Mr. S. is worried for his wife who is very tired with this baby.
- She thinks she does not have enough milk and so baby takes formula every day also.

6

#### Case study #4

- The CHW visits Elvia, who is only breastfeeding her 5-month-old baby.
- She just had her first menses since the birth.
- She has been using LAM and plans to continue using it for her FP until her baby is 6 months old.



7

#### Case study #5

- The CHW goes to visit Helen who is 16 years old and has a 2-month-old baby.
- She is breastfeeding only.
- She has had no menses.
- Her mother-in-law is in the room and says that family planning is not good because it makes the milk bad.



8



## HANDOUT #5 CHW PPFP COUNSELING CHECKLISTS

To be used by CHW for role-play practice

### Directions

Place **Y** in box if step is done well.

Place **X** in box if step is not done well.

Place **O** in box if step is not done or not seen.

CHW's NAME: \_\_\_\_\_

PPFP COUNSELING SKILLS					
STEP	CASES				
1. Greet the woman/couple with respect and kindness. Tell her/them your name.					
2. Explain purpose of visit is to offer PPFP guidance.					
3. Confirm the woman's name, family name and when baby was born.					
4. Find a place where she/they can sit, feel relaxed and talk with you in private.					
5. Let the woman/couple know that the session is private.					
6. Support woman/couple in asking questions.					
7. Listen with care to the woman/couple.					
8. Respond to the woman's/couple's questions and concerns.					
9. Use a style that shows interest and concern for the woman/couple.					
10. Ask questions that bring out more than "yes" or "no" answers.					
11. Use words that the woman/couple know/s.					
12. Use visual aids such as posters, flip chart, drawings and samples of methods.					
13. Discuss good reasons for mother and baby to wait at least 2 years after birth before she tries to get pregnant again.					
14. Explain, in simple terms, the concept of woman being fertile again: <ul style="list-style-type: none"><li>• Cannot predict</li><li>• Can happen before first menses returns</li><li>• Why she needs to choose a PPFP method before she can become pregnant again after her last birth</li></ul>					
15. Be polite and thank woman/couple for coming. Suggest she/they come back to see you with any questions or concerns.					

CHW's NAME: \_\_\_\_\_



COUNSELING ON PPFP METHODS					
STEP		CASES			
1. Ask the woman/couple what she/they know/s about PPFP. Have family planning methods ever been used before?					
2. If "yes": <ul style="list-style-type: none"> <li>• What method did she/they use?</li> <li>• Did she/they have any problems with the method?</li> <li>• Does/do she/they have questions about that method?</li> <li>• Does/do she/they wish to use that method again?</li> </ul>					
3. Ask the woman/couple about plans for any more children.					
4. Ask the woman if she has started her monthly bleeding.					
5. If woman breastfeeds now, ask her: <ul style="list-style-type: none"> <li>• Is she only breastfeeding?</li> <li>• Has bleeding returned yet?</li> <li>• Is baby under 6 months old?</li> </ul>					
6. If "yes" to all 3 questions, tell her that she is using LAM. Ask her if she want to continue using LAM. If she says yes, counsel her on #7 below. If she wants to stop using LAM, continue to counsel her on other methods in #8.					
7. If the mother says yes, she would like to continue using LAM, remind her: <ul style="list-style-type: none"> <li>• LAM is a short-term method</li> <li>• When you start to give other foods or liquids or you begin menses/bleeding, or you baby is older than 6 months, you will need to switch to another method.</li> <li>• There are methods for breastfeeding mothers that we can start to talk about now. Continue to discuss #8.</li> </ul>					
8. Give the woman/couple details about each modern method she/they can use: <ul style="list-style-type: none"> <li>• How it prevents her from getting pregnant</li> <li>• How to use it and when to start</li> <li>• Good reasons to use it and reasons to not use it</li> <li>• Side effects</li> <li>• Need to protect against disease (such as HIV/AIDS) that could happen from sex</li> </ul>					
9. Ask if she/they know the choices that she/they has/have in terms of methods.					
10. Talk about any wrong details or myths that the woman/couple may have heard about PPFP methods.					
11. Ask her/them what her/their PPFP method of choice is.					
12. Find out if there are any reasons her/their choice is not right for her/them.					

COUNSELING ON PPFP METHODS					
STEP		CASES			
13. Refer the woman/couple to nearest health center where she/they can get her/their method of choice.					
14. Ask the woman/couple if there are any questions/concerns. Listen with care, and deal with any questions.					
15. Make a record of visit: note the woman's FP choice, and the plan for next visit.					



**DAY 3: SESSION 10—COUNSELING  
ABOUT MODERN PPFP METHODS AND  
CORRECTING MYTHS: PRACTICE  
USING CHECKLISTS**





## Session 10

*Counseling on PPFP: Practice Using the Counseling Guide*  
*Role Plays #6–10*

Philego in partnership with Save the Children, Cordella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and IMA World Health.

### Case Study #6



- CHW goes to visit Mrs. T. She has a 6-month-old baby, who is still breast-feeding but just started taking some food too.
- She also has a 2-year-old and a 3-year-old.
- She does not want another child soon.
- She has never used FP and has heard that FP is dangerous.

2

### Case Study #7



- The CHW sees Mariam at her baby's clinic appointment. The baby is 3 months old.
- The mother is only breastfeeding.
- She has had no menses.
- This is her first child.
- She is not sure when she wants to have more children.
- She has heard that she will not get pregnant as long as she is breastfeeding.

3

### Case Study #8



- Mrs. S. comes to see the CHW with her husband because they learned the CHW has information on FP. Their baby is 4 months old. They have 5 children, all under 10 years old.
- Mr. S. is worried for his wife who is very tired with this baby. She is giving the baby cereal every day. She has had her first menses.
- They think they may not want to have more children. However, they have heard that a man will be "weak" if he is sterilized.

4

### Case Study #9



- The CHW visits Elvia who is breastfeeding her 5-month-old baby.
- She just had her first menses since the birth.
- She has been using LAM and plans to continue using it for her FP until she has her first menses.
- She has heard that a woman cannot breastfeed if she is using pills.

5

### Case Study #10

- The CHW goes to visit Helen who is 16 years old and has a 2-month-old baby.
- She is breastfeeding only.
- She has had no menses.
- Her mother-in-law is in the room and says that family planning is not good because it makes the milk bad.
- Also she has heard that an IUD can get out of the womb and travel to the brain or heart.

6





## **DAY 3: SESSION 11—FIELD PRACTICE FOR PPFP COUNSELING**



## HANDOUT #8: CHW JOB AID FOR PPFP COUNSELING

### Methods for Breastfeeding Women

#### Methods that can be used **right after giving birth:**

- Condoms
- Vasectomy
- LAM (through first 6 months only)
- IUD\*
- Tubal ligation\*\*

#### Methods that women can start using **at 6 weeks** after giving birth:

- Progestin-only pills, injections, implants

#### Methods that women can start using **at 6 months** after giving birth:

- Combined pills and injections (with estrogen)

\* If IUD not put inside woman within first 48 hours after giving birth, must wait until 4 weeks postpartum

\*\* If tubal ligation not done within first 7 days after giving birth, must wait until 6 weeks postpartum

### Methods for Non-breastfeeding Women

#### Methods that can be used **right after giving birth:**

- Condoms
- Vasectomy
- Progestin-only pills, injections, implants
- IUD\*
- Tubal ligation\*\*

#### Methods that women can start using **at 3 weeks** after giving birth:

- Combination pills and injections (with estrogen)



\* If IUD not put inside woman within first 48 hours after giving birth, must wait until 4 weeks postpartum

\*\* If tubal ligation not done within first 7 days after giving birth, must wait until 6 weeks postpartum




**DAY 3: SESSION 12—PPFP  
COUNSELING: KEEPING RECORDS  
AND SCHEDULING VISITS**



## Session 12



### CHW Workshop Summary



Jhpiego in partnership with Save the Children, Corstella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and IMA World Health.

## Schedule of counseling visits


1. Antenatal	2. First week postpartum
3. Six weeks postpartum	4. Within baby's 1 <sup>st</sup> year





2

## REMEMBER

### Counseling: No missed chances!








3

## Key PPFP messages: Antenatal

- Start to breastfeed right after the baby is born
- Breastfeed only for the first 6 months
- Discuss possibility of next pregnancy
- Counseling and get permission from the woman for postpartum methods right after giving birth (postpartum IUD and tubal ligation)
- Skilled person should be with the mother during the birth

4

## CHW counseling pregnant women








5

## Key PPFP messages: 1<sup>st</sup> week postpartum

- Breastfeeding only for the first 6 months
- Return to fertility
- Spacing the next pregnancy
- Care for the newborn baby
- Danger signs for mother and newborn

6

### CHW counseling new mother



Photo credit: Robin Hale, CHW



7

### Key PPFP messages: 6 weeks postpartum

- Breastfeed only for the first 6 months
- Think about and plan for when she can become pregnant again
- Return to having sex
- Spacing the next pregnancy
- LAM or other methods based on when she wants to become pregnant again
- Family planning choices that have no effect on breastfeeding
- Postnatal visit for mother and newborn



8

### Counseling at 6 weeks postpartum



Photo credit: Robin Hale, CHW



9

### Key PPFP messages: Within baby's 1<sup>st</sup> year

- Only breastfeeding through first 6 months; then add other foods
- Return to fertility
- Spacing the next pregnancy
- Switching to other methods based after LAM
- Family planning choices that have no effect on breastfeeding
- Care for the baby during the first year



10

### Counseling in the child's 1<sup>st</sup> year



Photo credit: Mary Gibson, CHW



11

### PPFP counseling

- **WHO** Community Health Worker: You!!
- **WHAT** Give PPFP guidance to women
- **WHY** To save lives of mothers/babies
- **WHEN** Many times: before and after birth
- **WHERE** In women's homes and at clinics
- **HOW** With PPFP counseling messages



12





## HANDOUT #7: TIMING OF KEY PPFP MESSAGES

BEFORE THE BABY IS BORN
<ul style="list-style-type: none"><li>• Start to breastfeed right after the baby is born</li><li>• Breastfeed only for the first 6 months</li><li>• Think about and plan when she can become pregnant again</li><li>• LAM or other methods based on when she wants to become pregnant again</li><li>• Counseling and get permission from the woman for postpartum methods right after giving birth (postpartum IUD and tubal ligation)</li><li>• Spacing the next pregnancy</li><li>• Skilled person should be with the mother during the birth</li></ul>
FIRST WEEK POSTPARTUM
<ul style="list-style-type: none"><li>• Breastfeed only for the first 6 months</li><li>• Think about and plan when she can become pregnant again</li><li>• Spacing the next pregnancy</li><li>• LAM or other methods based on when she wants to become pregnant again</li><li>• Care for the newborn baby</li><li>• Danger signs for mother and newborn</li></ul>
6 WEEKS POSTPARTUM
<ul style="list-style-type: none"><li>• Breastfeed only for the first 6 months</li><li>• Think about and plan for when she can become pregnant again</li><li>• Return to having sex</li><li>• Spacing the next pregnancy</li><li>• LAM or other methods based on when she wants to become pregnant again</li><li>• Family planning choices that have no effect on breastfeeding</li><li>• Postnatal visit for mother and newborn</li></ul>
CHILD HEALTH CONTACTS WITHIN BABY'S FIRST YEAR
<ul style="list-style-type: none"><li>• Only breastfeed through first 6 months; then add other foods</li><li>• Think about and plan for when she can become pregnant again</li><li>• Spacing the next pregnancy</li><li>• LAM and switching to other methods based on when she wants to become pregnant again</li><li>• Family planning choices that have no effect on breastfeeding</li><li>• Care for the baby during the first year</li></ul>

## HANDOUT #9: SAMPLE PPFP COUNSELING SCHEDULE

MESSAGES	DURING PREGNANCY	WITHIN 1 <sup>ST</sup> WEEK POSTPARTUM	4–6 WEEKS POSTPARTUM	4–6 MONTHS POSTPARTUM
Exclusive Breastfeeding	√	√	√	√
LAM	√	√		
LAM Transition to Other Methods			√	√
HTSP	√		√	√
Return to Fertility		√		
Visit to Facility		√	√	√



## WORKSHOP EVALUATION

### Instruction:

Please give your opinion of the workshop using the following score:

**3 = Agree**

**2 = No opinion**

**1 = Disagree**

HOW I FEEL ABOUT DIFFERENT PARTS OF THE WORKSHOP		SCORE
1.	The trainer(s) made me feel welcome.	
2.	The objectives for each session were clear.	
3.	The presentations were understandable.	
4.	The role plays helped me to feel confident about using good communication when giving counseling to postpartum women.	
5.	The case studies helped me to feel confident in knowing how to give postpartum family planning counseling.	
6.	The field practice with the women in the community helped me feel confident about giving family planning counseling.	
7.	Almost everything presented in the workshop was new information for me.	
8.	I learned enough to feel confident being a postpartum family planning counselor.	
9.	The trainers encouraged me to participate.	
10.	The trainers made it easy for me to ask questions.	
11.	I think other people would like this workshop also.	



# **COUNSELING AIDS**





## LAM CARD

Developed by IRH and ACCESS-FP with input from the LAM Working Group.



# LAM

Lactational Amenorrhea Method

## A Family Planning Method for Breastfeeding Women

**LAM can help you prevent pregnancy if you are breastfeeding and meet ALL these criteria.**

**1**

No menstrual bleeding since your baby was born



**2**

You only breastfeed your baby  
(no other food or liquid is given)



**3**

Baby is less than 6 months old



**Do YOU meet all 3 of these criteria?**

**If yes, you can use LAM to prevent pregnancy.**

When you no longer meet ALL these criteria, begin using another family planning method immediately.

## While You Are Using LAM:



Breastfeed as often as your baby wants, day and night.



Do not give any foods or other liquids (not even water). Breast milk is all your baby needs to grow and be healthy for the first 6 months.



Continue to breastfeed even when you or your baby is sick.

Begin thinking about a new method while still using LAM.

Be ready to switch to a new method immediately, when you no longer meet ANY of the 3 LAM criteria.

The best methods for breastfeeding women are condoms, IUD, tubal ligation, vasectomy, and some pills and injections.

A health care provider can help you choose the best method for you.

When you start using another method, continue to breastfeed. **Breast milk is the best food for your baby!**



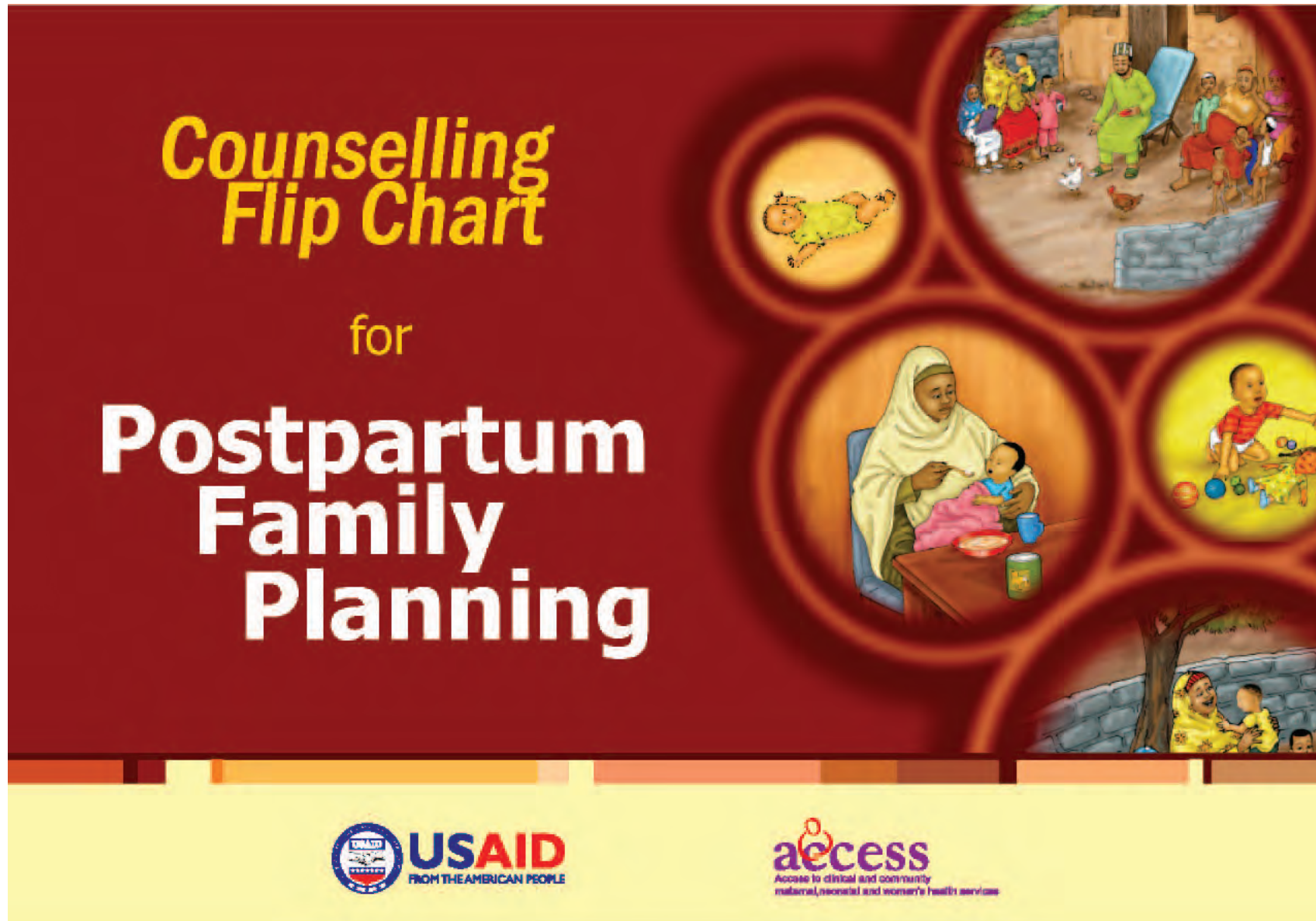
Wait 2 years after your baby is born before getting pregnant again. It is good for the health of your baby and you.





# COUNSELING GUIDE I (NIGERIA)

Created by ACCESS Nigeria for community health workers.





## WHAT ARE THE BENEFITS OF FAMILY PLANNING?





Bayanai akan bada tazara tsakanin samun juna biyu, cikin koshin lafiya.

**Me kika gani a wannan hoton?**

**Me kika fahimta game da wannan hoton? e?**

**Me ake nufi da bada tazara tsakanin samun juna biyu?**

Bada tazara tsakanin samun juna biyu cikin koshin lafiya shine, samun hutu kamar misalin shekaru biyu bayan haihuwa.

**Mene ne amfanin bada tazara tsakanin samun juna biyu?**

Bada tazara tsakanin samun juna biyu cikin koshin lafiya::

- Inganta lafiyar uwa da jaririnta.
- Rage mace-macen yara da jarirai, a kasa da shekaru biyar.
- Rage haihuwar jariran da basu isa haihuwa ba (balkwaini).
- Baiwa uwa da uba dammar tsawon shekaru biyu domin samun wani cikin.
- Rage matsaloli lokacin goyon cikin da za'a samu a gaba.
- Baiwa iyaye mata dammar shayar da jariransu cikin shekaru biyu.
- Taimakawa mata samun yara masu lafiya.

**Tuna fa:**

**"Yaron kirki guda daya, yafi yara masu yawa mara sa amfani" (Da haihuwan yuyuyu gara Da daya kwakwara- Karin maganar Hausa ). Tuna fa saurawa har tsawon shekaru biyu kafin a sami ciki bayan haihuwa, zai taimaka wajen samun yara masu lafiya da kwazo.**

- Saurara har tsawon shekaru biyu, bayan haihuwa, kafin samun wani cikin domin lafiyar ki da ta jaririn ki.
- Saurara har tsawon wata shida bayan samun barin ciki, kafin samun wani cikin domin lafiyar ki da jariri.
- Yi amfani da hanya mafi sauƙi wajen shayar da jariri, a kwai hanyoyi da yawa wadanda basa cutarwa a Wajen Sharar da jariri.

### HEALTHY SPACING OF PREGNANCIES

What do you see in this picture?

What do you understand about this picture?

Healthy spacing of pregnancies is waiting at least two years after the birth of your last child or six months after a miscarriage to become pregnant again for the health of the mother and baby.

What are the benefits of healthy spacing of pregnancies?

Healthy spacing of pregnancies:

- Improves the health of the mother and the child.
- Reduces the chance that newborns, infants and children will die under five years of age.
- Reduces the chance that babies are born too early, too small or with a low birth weight.
- Gives mothers and fathers two years to prepare for the next pregnancy.
- Reduces the chance of problems during the next pregnancy.
- Allows mothers to breastfeed for two full years.
- Helps each co-wife to have healthy and productive children!

**Remember:**

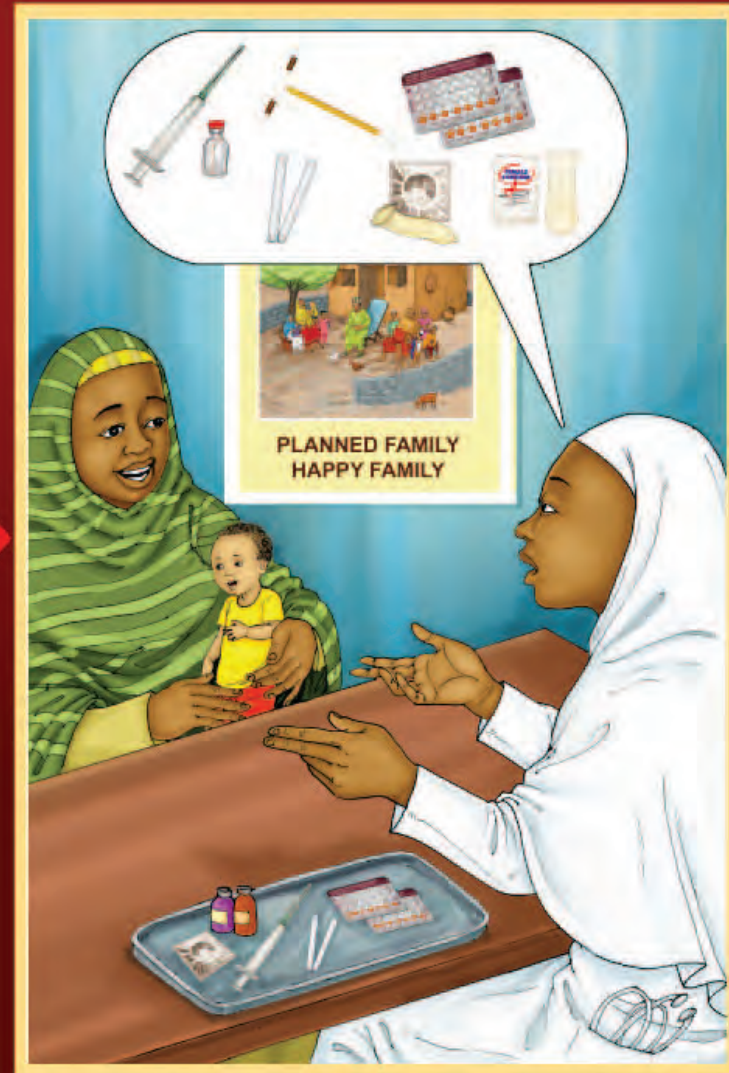
"One good child is better than many useless ones" (Hausa Proverb). Remember waiting at least two years to become pregnant after the birth of your last child will help you have healthy and productive children.

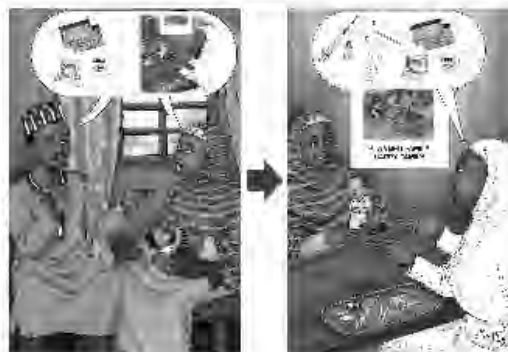
- Wait at least two years after your baby's birth before trying to become pregnant again for the health of you and your baby.
- Wait at least six months after a miscarriage before trying to become pregnant again for the health of you and your baby.
- Use methods that are safe for a breastfeeding baby and mother. You have many choices that have no effect on breastfeeding.

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**CHOOSE AN FP METHOD WITHIN SIX WEEKS OF GIVING BIRTH**





**Bayani akan yadda za'a tattauna wajen zaben hanyar bada tazazar iyali, bayan sati shida da haihuwa**

**Me kika gani a wannan hoton?**

**Me kika fahimta game da wannan hoton?**

- Menè nè tattaunawa tsakanin ma'aurata akan bada tazazar iyali?
- Tattaunawa tare da zaben hanyar bada tazazar haihuwa na da muhimman ga ma'aurata..
- Idan har zai yiwa, yana da muhimman ga ma'aurata su koyi hanyoyin bada tazazar haihuwa daga jami'an wayar da kai lokacin goyon ciki..
- Bayan haihuwa, yana da muhimman ma'aurata su tattauna tare da zaben hanyar bada tazazar haihuwa lokacin da jariri ya kai sati shida..

**Mene ne amfanin tattaunawa tare da zaben hanyar bada tazazar iyali kafin jariri ya kai wata shida?**

Tattaunawa tare da zaben hanyar bada tazazar haihuwa da kuma (matakin tazazar haihuwa da zaban haihu) kafin jariri yayi wata shida..

- Zai taimaka wajen bada tazara tsakanin samun juna biyu cikin koshin lafiya..
- Zai taimaka wajen hana samun cikin da ba'a niyya ba..
- Baiwa uwa dammar tambayar mai bada shawara a kan bada tazazar haihuwa lokacin ziyarar wata shida bayan haihuwa..

**Tuna fa::**

- Uwa zata iya samun juna biyu bayan sati shida da haihuwa, idan har bata shayar da jaririn da nononta tsantsa koda kuwa bata yi jinin alada ba..if her menses has not yet returned!!
- Saurin fahimtar tsakanin ma'aurata na taimaka domin daukan matakin kare cikin da ba'a shire shi ba..
- Ma'aurata, su tambayi jami'in bada shawarwari akan bayanan bada tazazar haihuwa lokacin goyon ciki..
- Ma'aurata su tattauna tare da zaben hanyar bada tazazar haihuwa kafin jaririn su kai wata shida..
- Uwa ta karbi hanyar bada tazazar haihuwa daga wurin jami'an bada shawarwari lokacin ziyarar sati shida..

## DISCUSSING AND CHOOSING A FAMILY PLANNING METHOD PRIOR TO SIX WEEKS AFTER THE BIRTH

**What do you see in this picture?**

**What do you understand about this picture?**

**What is communication between couples about family planning?**

- Discussing and choosing a family planning method is an important decision for couples.
- Whenever possible, it is useful for couples to learn about family planning methods (including LAM) from a provider during pregnancy.
- After a birth, it is important for couples to discuss and choose a method (including LAM) by the time the baby is six weeks old.

**What is the benefit of discussing and choosing a family planning method before a baby is six weeks old?**

Discussing and choosing a method, including LAM, before your baby is six weeks:

- Can help ensure healthy spacing of pregnancies.
- Can help prevent an unintended pregnancy.
- Allows a mother to ask a provider for a method (including LAM) during the 6-week postpartum visit.

**Remember:**

- A mother can become pregnant as soon as 6 weeks after a birth if she is not exclusively breastfeeding, even if her menses has not yet returned!
- An understanding between couples early on can help prevent unplanned pregnancies.
- Couples, ask your provider for family planning information during your pregnancy.
- Couples, discuss and choose a family planning method before your baby is 6 weeks old.
- Mother, obtain your family's method of choice during your 6-week visit with your provider.

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## LAM'S THREE CRITERIA ARE NECESSARY TO PREVENT PREGNANCY





**Bayani akan daukar matakin tazarar haihuwa da zarar an haihu**

**Me kika gani a wannan hoton?**

**Me kika fahimta game da wannan hoton?**

**Mene ne matakin bada tazarar haihuwa da zarar an haihu (LAM)?**

**Matakin bada tazarar haihuwa (LAM) ana daukar sa ne a wani karamin lokaci da zarar an haihu, idan:**

1. Idan jinin alada bai dawo ba, kuma
2. Ana shayar da jaririn nonon uwarsa dare da rana, san nan kuma,
3. Jaririn bai kai wata shida ba..

**Mene ne amfanin daukar matakin tazarar haihuwa da zarar an haihu (LAM) ?**

- Yana hana mata samun cikin da ba'a shirye shi ba har tsawon wata shida bayan haihuwa..
- Yana hana samun ciki idan har an sami wadan nan abubuwa uku da aka fada a sama..
- Za a iya fara wad a zarar an haihu..
- Bashi da illa
- Hanya ce mai sauƙi bata bukatar magani..
- Yana samar da lokaci ga ma'aurata wajen zaben wata hanyar idan har wannan bata yi aiki ba..
- Ana amfani da nonon uwa tsantsa domin koshin lafiyar jariri..

**Tuna fa :**

- Da zarar an haihu Ma'urata ku yi amfani da hanyar shayar da nonon uwa tsansa ba tare da an hada da abinci ko ruwa ba, ko kuma jinin al'ada bai dawo ba, da kuma idan jaririn yana kasa da wata shida , san nan kuma a na buƙatan ma'aurata su fara s tunanin bin wata hanyar bada tazarar haihuwa bayan wannan ta shayar da nonon uwa tsansa, zai taimaka wajen tabbatar da bada tazarar haihuwa cikin koshin lafiya..
- Matakin tazarar haihuwa da zarar an haihu(LAM) yana hana samun cikin da ba'a shirya shi ba. Idan jinin al'ada bai dawo ba, ana shayar da jaririn da nonon uwa kawai, sannan bai kai wata shida ba..
- Jami'a mai bada shawarwari zata sanar da matan da bata aiki da wannan tsarin cewar zata iya samun juna biyu koda jinin al'ada bai dawo ba masamman idan bata yi amfani da wadannan hanyoyi uku .

## LAM

**What do you see in this picture?**

**What do you understand about this picture?**

**What is lactational amenorrhea method or LAM?**

**Lactational Amenorrhea Method (LAM)** is a temporary, natural family planning method you can start yourself immediately after a delivery if:

1. Your menses has not returned, **AND**
2. The baby is only breastfed and is fed frequently day and night, **AND**
3. The baby is less than six months old.

**What are the benefits of LAM?**

- LAM is a family planning method that can help protect women from unplanned pregnancies for up to 6 months after the last birth.
- It prevents pregnancies if all three conditions are met.
- It can be started immediately after birth.
- There are no side effects.
- It is a natural method, requiring no medical devices or artificial hormones.
- It gives you time as a family to consider and choose other FP methods for when LAM will no longer be effective.
- It uses breastfeeding, which is good for the health of your baby

**Remember:**

- Couples, practice LAM, while you decide on another method to change to after LAM. This will help ensure healthy spacing of your children.
- LAM prevents unplanned pregnancies if the mother's menses has not yet returned, your baby is only breastfeeding, and your baby is less than six months old.
- A mother not using LAM (volunteer asks the household women what the criteria are and the volunteer repeats the criteria again) can become pregnant even if her menses has not yet returned!

**REMEMBER- LAM is not equal to EXCLUSIVE BREASTFEEDING**

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**TRANSITION FROM LAM IS NECESSARY TO PREVENT PREGNANCY WHEN ANY ONE OF THE LAM CRITERIA IS NO LONGER MET**







**Bayanai akan matakin tazarar haihuwa da zarar an haihu da kuma sabon tsarin daukan matakin tazarar haihuwa nan gaba.**

**Me kika gani a wannan hoton??**  
**Me kika fahimta a wannan hoton ?**

**Mene ne sabon tsari tsakanin matakin tazarar haihuwa da zarar an haihu da wata sabuwar hanyar daukan mataki nan gaba??**

? Matakin tazarar haihuwa da zarar an haihu yana kare mata samun cikin da ba'a shirye shi ba har zuwa tsawon wata shida bayan haihuwa, idan: :

1. Idan jinin al'ada bai dawo ba, kuma,
2. Ana shayar da jaririn nonon uwar sa dare da rana, san nani kuma,
3. Jaririn bai kai wata shida ba.

- \* Da zarar an ga canji a wadan nan abubuwa uku, ma'aurata saisu sake wata sabuwar hanyar..
- \* Alkwal hanyoyin tazarar haihuwa masu sauki ga mata masu shayarwa, wadanda ba za su kawo matsala ga shayarwar su ba ko kuma canjin inganci ko yawan Nonon su ba..
- \* Za'a iya cigaba da shayar da jaririn nonon uwa, koda ana amfani da sabuwar hanyar tazarar haihuwa.

**Mene ne amfanin sabon tsari daga matakin tazarar haihuwa zuwa sabuwar hanyar daukan matakan tazarar haihuwa nan gaba? ?**

- \* Canjawa daga matakin tazarar haihuwa na bada Nonon uwa tsantsa (LAM) zuwa ga sauran matakan bada tazarar haihuwan nan gaba yana taimakawa uwa da zara ta gan canji a matakan nan uku na shayar da nonon uwa tsantsa, hakan yana tabbatar da tazarar haihuwa dikin koshin lafiya ga uwa da jaririnta..
- \* Tunda, matakin tazarar haihuwa na shayar da nonon uwa tsantsa da zarar an haihu ba daukar dogon lokaci, sauyawa zuwa wani tsarin yana kare mata daga samun cikin da ba shirya daukan shi ba..

**Tuna fa:**

- \* Ma'aurata, idan kuna amfani da tsarin bada tazarar haihuwa ta shayar da nonon uwa tsantsa da zarar an haihu, kuma matar ta fara jinin al'ada, jaririn ba, jaririn ba nonon uwa kadai ake bashi ba, ko kuma ya wuce wata shida, sai ayi maza, a canja zuwa wata hanyar bada tazarar haihuwar..
- \* Alkwal hanyoyin bada tazarar haihuwa masu sauki ga mata shayarwa, yi Magana da jami'an bada shawarwari akan hanyoyin da basu da matsala ga mai shayarwa..

### LAM AND THE TRANSITION

What do you see in this picture?  
 What do you understand about this picture?

What is the transition from lactation amenorrhea method or LAM to another modern method?

LAM protects women from unplanned pregnancies for up to 6 months postpartum, if:

1. Her menses has not returned, **AND**
2. The baby is only breastfed and is fed frequently day and night, **AND**
3. The baby is less than six months old.

As soon as one of the 3 criteria changes, couples should immediately switch to another method.

There are many safe FP methods for breastfeeding mothers that will not affect breastfeeding, change the quality or quantity of breastmilk.

Your baby can continue to breastfeed even if you are using a modern FP method.

What are the benefits of transitioning from LAM to another modern FP method?

Switching from LAM to another family planning method as soon as one of the criteria changes

helps too ensure the healthiest spacing of pregnancies for the mother and the baby.

Since LAM is temporarily changing to another method will prevent mothers from becoming pregnant before they are ready.

**Remember:**

Couples, if you are using LAM and the mother has returned her menses, the baby is no longer only breastfeeding, or the baby is older than six months, change to another family planning method immediately to space your pregnancies.

There are many safe FP methods for breastfeeding mothers. Talk to your provider and ask about those methods that have no effect on breastfeeding.

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# COUNSELING GUIDE II (GUINEA)

Developed by Save the Children Guinea, ACCESS-FP and ESD for community health workers.



### **Planification familiale pendant la période du post-partum**

#### **Messages :**

- Rappelez-vous que la PF vous aide à avoir un meilleur espacement des naissances pour la santé de la maman et de l'enfant. Cet espacement a plusieurs bénéfices pour l'enfant, la maman et aussi bien que la famille et la communauté :
  - La PF réduit le risque que le nouveau-né soit prématuré, trop petit et de faible poids de naissance ;
  - La PF réduit les cas de maladies et de décès chez les mères et les enfants de moins de deux années ;
  - La PF donne aux mères plus de temps pour se reposer physiquement et émotionnellement pour une nouvelle grossesse ;
  - La PF aide les hommes à protéger la santé et le bien être de leur famille ;
  - La PF réduit la pauvreté et améliore la qualité de vie des membres de la communauté
- Il y a des méthodes de contraception que les femmes allaitantes peuvent utiliser, qui n'auront aucun effet sur le lait maternel. Discuter avec l'agent de santé ou l'agent communautaire pour savoir les méthodes modernes les plus indiquées pour vous étant une femme allaitante. La plupart des méthodes de contraception moderne peuvent être utilisées dans le post-partum ;
- En cas de relation sexuelle non protégée, pour éviter une grossesse non planifiée ou non désirée consulter immédiatement un centre de prestation de PF pour l'utilisation d'une méthode moderne de PF le plus tôt possible mais pas plus tard que 5 jours.

### **Méthode MAMA**

#### **Messages :**

- Si vous êtes une femme allaitante/une nourrice, la MAMA est une méthode contraceptive moderne et temporaire très efficace dont les critères sont:
  - L'allaitement maternel exclusif
  - L'aménorrhée
  - L'enfant à moins de six mois
- Soit que vous êtes 'sii moso' ou 'Koladjan', la méthode MAMA n'est plus efficace lorsque n'importe lequel des 3 critères change, et ne peut être utilisé pendant plus de 6 mois -même si les règles n'ont pas repris.



## HEALTHY SPACING



# **PIEGS**

## ***Messages :***

- **Pour votre santé et celle de votre bébé, veuillez attendre 2 ans après une naissance et pas plus de 5 ans avant d'envisager une nouvelle grossesse**
- **Même si vous ou votre mari veut beaucoup d'enfants, un espacement de 2 ans après une naissance est important ; cela vous aide à assurer la bonne croissance et la survie de chaque enfant**
- **Pour votre santé et celle de votre bébé, attendez 6 mois après un avortement /fausse couche avant de concevoir.**
- **Pour votre santé et celle de votre bébé, veuillez attendre jusqu'à l'âge de 18 ans avant d'être enceinte ; pensez à utiliser une méthode de PF de votre choix dans l'entre temps.**



## IMMEDIATE BREASTFEEDING



## **Allaitement immédiat et exclusif**

### ***Messages :***

- Commencer l'allaitement immédiatement après l'accouchement ;
- Jusqu'à six(6) mois, le lait maternel à lui seul suffit ;
- Chaque mère peut bien allaiter même en étant malade ;
- Continuer l'allaitement maternel jusqu'à 2 ans au moins ;
- Continuer et augmenter l'allaitement de l'enfant malade ;

## **Planification familiale pendant la période du post-partum**

### ***Messages :***

- Rappelez-vous que la PF vous aide à avoir un meilleur espacement des naissances pour la santé de la maman et de l'enfant. Cet espacement a plusieurs bénéfices pour l'enfant, la maman et aussi bien que la famille et la communauté :
  - La PF réduit le risque que le nouveau-né soit prématuré, trop petit et de faible poids de naissance ;
  - La PF réduit les cas de maladies et de décès chez les mères et les enfants de moins de deux années ;
  - La PF donne aux mères plus de temps pour se reposer physiquement et émotionnellement pour une nouvelle grossesse ;
  - La PF aide les hommes à protéger la santé et le bien être de leur famille ;

## EXCLUSIVE BREASTFEEDING







## LACTATIONAL AMENORRHEA METHOD (LAM)



### Méthode MAMA

#### **Messages :**

- Si vous êtes une femme allaitante/une nourrice, la MAMA est une méthode contraceptive moderne et temporaire très efficace dont les critères sont:
  - L'allaitement maternel exclusif
  - L'aménorrhée
  - L'enfant a moins de six mois
- Soit que vous êtes '*sii moso*' ou '*Koladjan*', la méthode MAMA n'est plus efficace lorsque n'importe lequel des 3 critères change, et ne peut être utilisé pendant plus de 6 mois **-même si les règles n'ont pas repris.**
- La méthode MAMA est efficace à 98% pour empêcher les grossesses non planifiées avant qu'un des critères change. Tant que vous utilisez la MAMA correctement vous n'aurez pas besoin de vous abstenir.

### Transition aux autres méthodes modernes de PF

#### **Messages :**

- Chère mère, rappelez vous que la MAMA n'est plus efficace lorsque l'un des trois critères change :
  - L'allaitement maternel exclusif
  - L'aménorrhée
  - L'enfant a moins de six mois
- Chère mère, la MAMA est une méthode temporaire, qui ne peut durer plus de 6mois. Donc il faut penser à changer à une autre méthode de PF quand la MAMA n'est plus efficace.
- Chère mère, dès qu'un critère change, même si les règles ne sont pas revenues, commencez immédiatement à utiliser une autre méthode moderne de PF pour vous mettre à l'abri d'une nouvelle grossesse avant que votre enfant n'ait 2 ans complet.

## LAM TRANSITION





### **Transition aux autres méthodes modernes de PF**

#### **Messages :**

- Chère mère, rappelez vous que la MAMA n'est plus efficace lorsque l'un des trois critères change :
  - L'allaitement maternel exclusif
  - L'aménorrhée
  - L'enfant a moins de six mois
- Chère mère, la MAMA est une méthode temporaire, qui ne peut durer plus de 6 mois. Donc il faut penser à changer à une autre méthode de PF quand la MAMA n'est plus efficace.
- Chère mère, dès qu'un critère change, même si les règles ne sont pas revenues, commencez immédiatement à utiliser une autre méthode moderne de PF pour vous mettre à l'abri d'une nouvelle grossesse avant que votre enfant n'ait 2 ans complet.
- Chers parents, les agents communautaires dans votre communauté peuvent vous approvisionner en pilules et en condoms, mais aussi peuvent vous orienter vers les structures de santé qui disposent d'autres méthodes de PF.
- Les méthodes modernes de PF disponibles pour les femmes en période post-partum dans les structures de santé en guinée sont : les pilules, injectables, DIU, le condom masculin, le collier du cycle, la MAMA, la vasectomie et la ligature des trompes ; l'agent de santé ou l'agent communautaire peut vous conseiller laquelle est la plus appropriée pour vous.

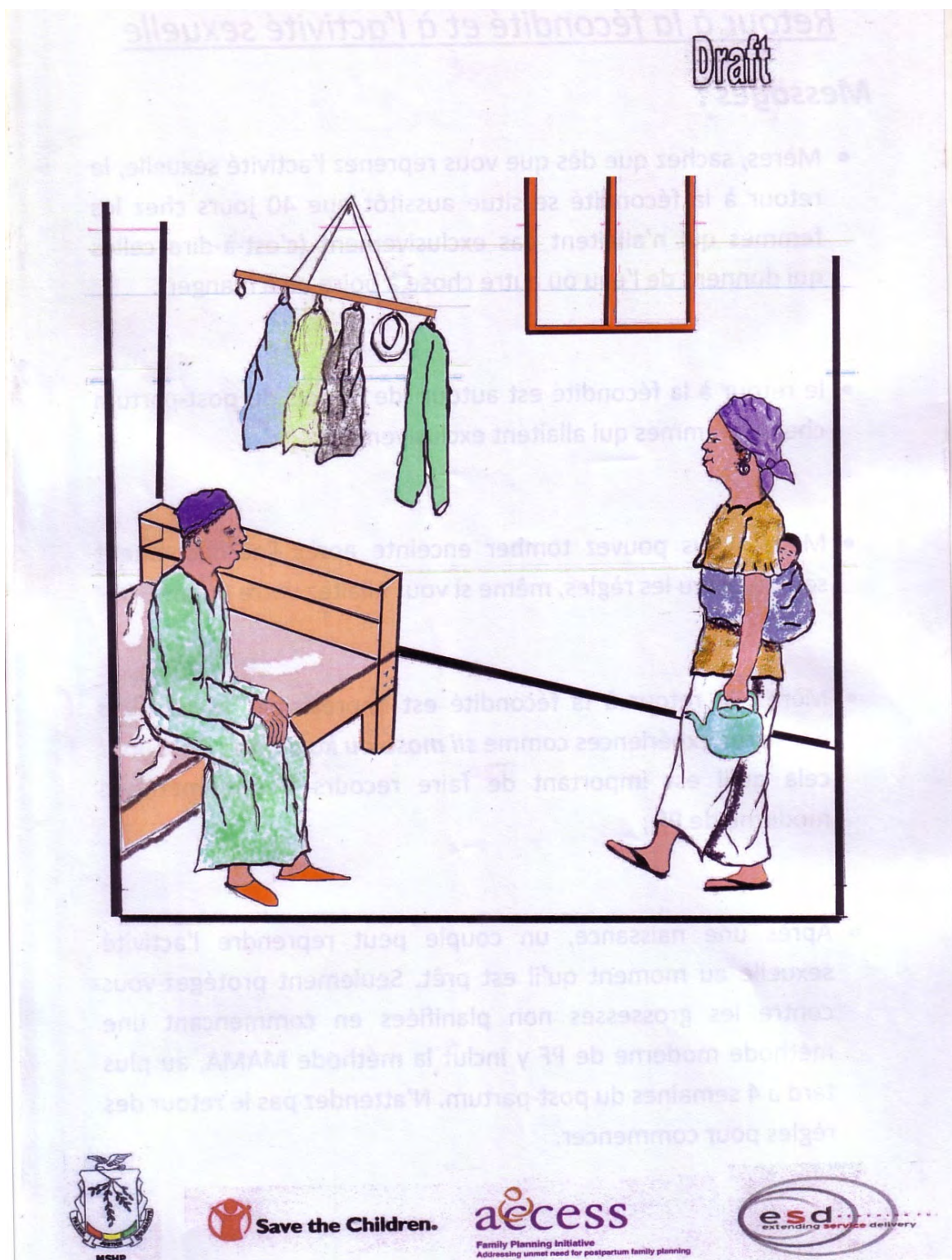
### **Planification familiale pendant la période du post-partum**

#### **Messages :**

- Il y a des méthodes de contraception que les femmes allaitantes peuvent utiliser, qui n'auront aucun effet sur le lait maternel. Discuter avec l'agent de santé ou l'agent communautaire pour savoir les méthodes modernes les plus indiquées pour vous étant une femme allaitante. La plupart des méthodes de contraception moderne peuvent être utilisées dans le post-partum ;
- En cas de relation sexuelle non protégée, pour éviter une grossesse non planifiée ou non désirée consulter immédiatement un centre de prestation de PF pour l'utilisation d'une méthode moderne de PF le plus tôt possible mais pas plus tard que 5 jours.



## RESUMED SEXUAL ACTIVITY/RETURN TO FERTILITY





# COUNSELING GUIDE III (AFGHANISTAN)

Developed by the Health Services Support Project (HSSP) in Afghanistan for community health workers.

میتود های تنظیم خانواده بعد از ولادت

د زیرون څخه وروسته د کورنۍ د سمبالیا میتودونه

Postpartum Family Planning Methods





## ۱. مشوره دهی در مورد فواید فاصله دهی بعد از ولادت

### در این تصویر کار کن صحنی چه می کند؟

- برای فامیل خانمی که تازه ولادت نموده است در مورد فواید و استفاده از میتود های فاصله دهی معلومات می دهد.

### مباحثه:

- چرا کار کن صحنی باید فامیل ها را قبل و بعد از ولادت ملاقات نماید؟
- در کدام ملاقات های خویش روی فاصله دهی میان ولادت ها بحث می نمایند؟

### به یاد داشته باشید!

- مشوره دهی و ملاقات های کارکنان صحنی در جریان قبل و بعد از ولادت باعث یک ولادت مصئون شده و در پایین آوردن مرگ و میر مادر و نوزاد اهمیت فراوان دارند.
- کارکنان صحنی جامعه فامیل ها را باید در همه بازدید های خود در مورد طریقه های مختلف فاصله دهی بعد از ولادت به خصوص در ماه های اخیر حمل و در جریان چهل روز اول بعد از ولادت معلومات دهند.

## ۱. دزیپون خخه وروسته د دزیپونونو ترمنخ د واین در لودلوه گتیو په هکله مشوره ور کونه

### په دې انځور کې روغتيايي کارکوونکي څه کوي؟

- دهغه کورنۍ ښځې ته چې نوی زېږون یې کړی دزیپونونو ترمنخ دواڼ د رامنځ ته کولو دمیودونو دگټو او دهغوی خخه دگټې اخیستې په هکله معلومات ورکوي

### څیرې اثرې:

- روغتيايي کارکوونکي ولې دکورنیو سره دزیپون خخه دمنځه او وروسته باید وگوري؟
- په خپلو کومو کتنو کې دزیپونونو ترمنخ دواڼ په هکله څیرې کوي؟

### په یاد ولری!

- دزیپون خخه دمنځه او وروسته دروغتيايي کارکوونکو کتنې اومشوره ورکونه دیو خوندې زېږون لامل گرځي اود مور اوماشوم دمړینې دکچې په کموالي کې ډیر ارزښت لري
- د ټولنې روغتيايي کارکوونکي کورنیو ته باید په خپلو ټولو کتنو کې د زېږون خخه وروسته دزیپونونو ترمنخ د واین راوستلو د مختلفو میتودونو په هکله په ځانگړې توگه دزیپون په آخره میاشت او دزیپون په لومړیو څلویښتو ورځو کې مالومات ورکړي



۲. ایجاد حد اقل بیشتر از دو سال فاصله بین ولادت ها صحت مادر و طفل را تأمین می نماید

در این تصویر چه را می بینید؟

- یک مادر با طفل صحت مند و خوشبخت

مباحثه:

- چطور میتوان یک مادر و طفل صحت مند داشته باشیم؟
- اگر بخواهیم که یک مادر و طفل صحت مند داشته باشیم به چی ضرورت خواهیم داشت؟

به یاد داشته باشید!

- یک مادر صحت مند فرزندان سالم و صحت مند را به جامعه تقدیم می نماید در صورتیکه:
- در بین ولادت ها فاصله حد اقل بیشتر از دو سال را ایجاد نماید

۲. دزیبونونو ترمنخ لبر لره د دوه کالو خخه و یر وائین ماشوم او مور روغینا واپمنه کوي

په دې انځور کې څه ګوري؟

- یوه مور دروغ اونیکمرغه ماشوم سره

خبرې اثرې:

- خرنګه کولای شو چې روغه مور او ماشوم ولرو؟
- د روغې مور او ماشوم د درلودلو لپاره باید څه وکړو؟

په یاد ولری:

- یوه روغه مور روغ او جوړ ماشومان ټولنې ته وړاندې کوي که چیرته:
- دزیبونونو ترمنخ لبر لره د دوه کالو خخه زیات وائین رامنځ ته کړي





### ۳. ولادت در مرکز صحنی (کلینک یا شفاخانه) و یا در خانه و شیر دادن نوزاد فوراً بعد از ولادت

در این تصویر چه می بینید؟

- مادری که در خانه ولادت کرده است فوراً بعد از ولادت به نوزاد خویش شیر خود را می دهد
- مادری که در کلینک ولادت کرده است فوراً بعد از ولادت شیر خود را می دهد

مباحثه:

- اگر به نوزاد بعد از ولادت بصورت فوری شیر مادر داده شود چه فایده دارد؟
- اگر به نوزاد بعد از ولادت بصورت فوری شیر مادر داده نشود چی واقع خواهد شد؟

به یاد داشته باشید!

- نوزاد فوراً بعد از ولادت باید به تماس مادر گذاشته شود (تماس جلد به جلد) و هر چه زود تر برای شان اولین شیر مادر (قله) داده شود
- قله کاملترین غذا برای نوزاد بعد از تولد می باشد
- قله دارای پروتئین و ویتامین ها به خصوص ویتامین ای (Vitamin A) می باشد، ویتامین ها طفل را در مقابل امراض مقاومت می دهد

### ۳. روتینایی مرکز یا په کور کې زیږونونه اود زیږون څخه وروسته سمدلاسه ماشوم ته دموږ شیدې ورکول

په دې انځور کې څه گوري؟

- هغه مور چې په کور کې یې زیږون کړی د زیږون څخه وروسته سمدلاسه خپل نوي زیږېدلي ماشوم ته شیدې ورکوي

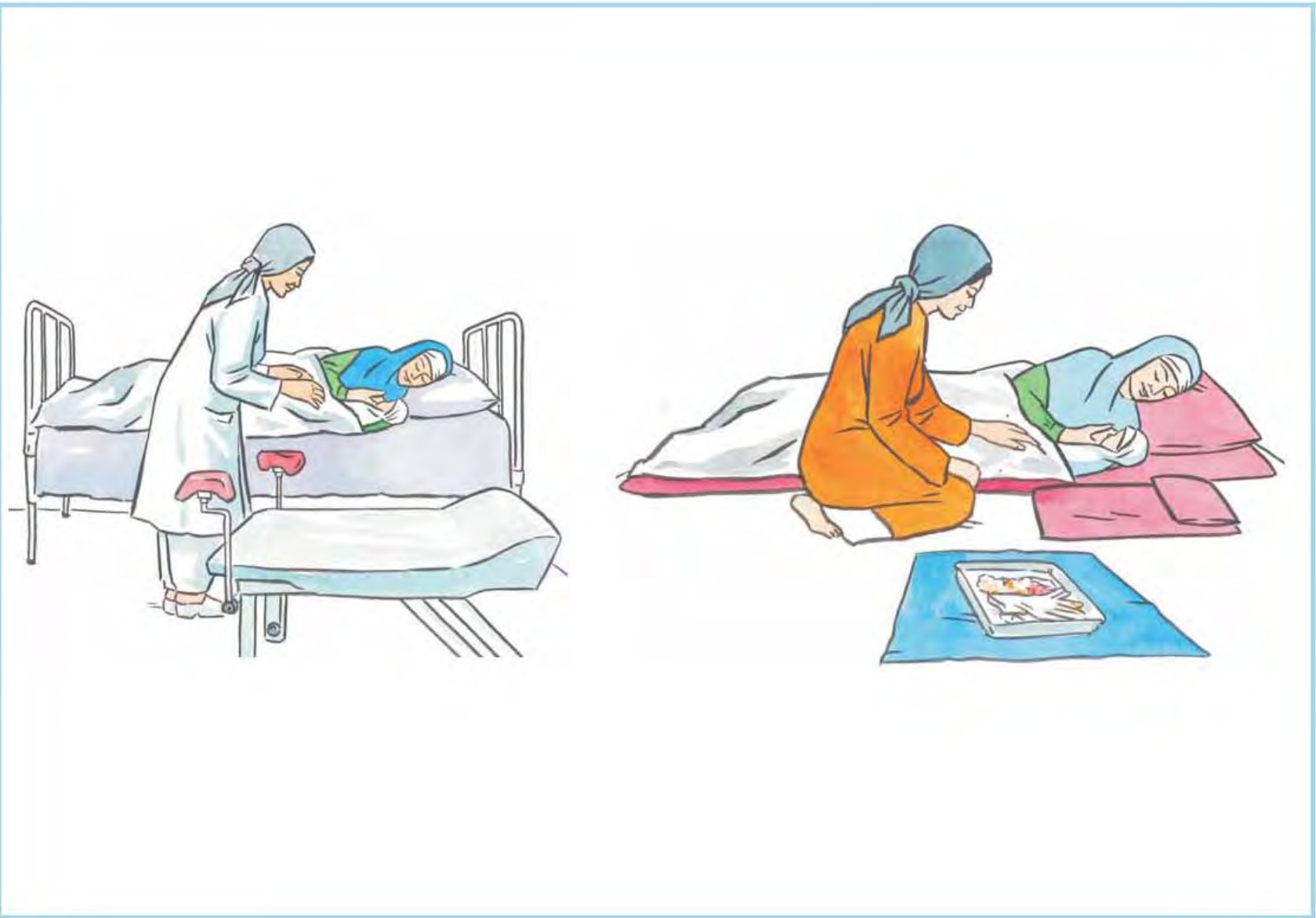
غیرې اړې:

- که چیرته ماشوم ته د زیږېدو وروسته سمدلاسه دموږ شیدې ورکړل شي څه گټه لري؟
- که چیرته ماشوم ته د زیږېدو وروسته سمدلاسه دموږ شیدې ور نه کړل شي نو څه به پېښ شي؟

په یاد ولری!

- ماشومان باید د زیږون وروسته سمدلاسه د مور سره نږدې واچول شي (د پوستکې او پوستکې تماس) او څومره ژر چې ممکنه وي دموږ لومړنۍ شیدې (ورگه) ورته پیل شي
- د زیږون څخه وروسته ورگه د ماشوم لپاره پوره خواړه دي
- ورگه د پروتینونو او ویتامینونو په ځانگړي توگه د ویتامین ای (Vitamin A) لرونکي دي، ورگه ماشومان د ناروغیو په مقابل کې مقاوم کوي





۴. مادران عزیز! اگر نوزاد پستان را رها می کند ثدیه دیگر را بدهید تا در هر دفعه شیردهی هردو ثدیه مکمل تخلیه گردد

آیا کدام تفاوت ها را در این دو تصویر مشاهده کرده می توانید؟

- تصویر اول: مادر اول با یک ثدیه نوزاد خویش را شیر می دهد
- تصویر دوم: بعد مادر طفل را با ثدیه دیگر خود شیر میدهد

مباحثه:

- چرا حتماً باید به طفل در هر بار شیر دهی از هر دو ثدیه استفاده شود؟

به یاد داشته باشید!

- در هر بار شیر دهی استفاده به نوبت شیر از هر دو ثدیه باعث تخلیه مکمل ثدیه و سیر شدن طفل می گردد بعضاً اگر طفل پستان را رها می کند به این معنی نیست که او سیر شده است امکان دارد:
- وضعیت دادن طفل را در هنگام شیر دادن مراعات نکرده باشید

۴. گرانو میندو! که چیره ماشوم سینه (تی) پرپریدی بله سینه (تی) ورکری ترخو په هرخل شیدو ورکولوکې دواړه سینه (تی) په بشپړه توګه خالي شي

آیا په دې دوه انځورونو کې کوم توپیر وینئ؟

- اول انځور: مور اول دیوې سینه (تی) څخه خپل ماشوم ته شیدې ورکوي
- دوهم انځور: مور بیا دبلې سینه (تی) څخه خپل ماشوم ته شیدې ورکوي

څېړنې لري:

- ولې باید ماشوم ته په هرخل شیدو ورکولو کې د دواړو سینه (تیو) نه شیدې ورکړل شي؟

په یاد ولرئ!

- په هرخل شیدو ورکولو کې که چیره ددواړو سینه (تیو) څخه شیدې ورکړل شي نو دسینه (تیو) دپشپړې خالي کیدنې او دماشوم دمړیندو لامل ګرځي که چیره ماشوم سینه (تی) پرپردي په دې مانا ندی چې هغه مور شوی دی امکان لري:
- ماشوم ته مو دشیدو ورکولو وضعیت نه وي مراعت کړي
- یاداچې په سینه (تی) کې مو شیدې ختمې شوي وي



**۴. مادران باید در جریان شیر دهی از غذا های مختلف و مایعات بیشتر استفاده نمایند**

در تصویر چه را می بینید؟

- مادری که طفل اش کمتر از ۶ ماه است
- از غذا های مختلف، میوه جات و مایعات استفاده می نماید

مباحثه:

- چرا مادران به غذا های مختلف و مایعات بیشتر در جریان شیر دهی ضرورت دارند ؟

به یاد داشته باشید!

- استفاده از مایعات و غذا های متنوع در جریان حمل و شیر دهی سبب رشد و نموی طفل و صحت مندی طفل و مادر گردیده و در جریان شش ماه اول شیر دهی طفل ضرورت به غذا و شیر مصنوعی ندارد
- مثال های غذاها، مایعات و میوه جات:
- لوبیا، نخود، دال، ماش، برنج، سبزی، ترکاری، تخم، ماهی، شیر، نوشابه های غیر الکولی، دوغ، آب، چای، تریوز، خربوزه، سیب، کیله و غیره

**۵. میندی دشدو و رکولو پر مهال باید دمخلفو خوړو او د پیرو مایعاتو نه کته واخلي**

به دي انځور کې څه کوری؟

- دغه مور چې ماشوم یې د شپږو میاشتو څخه وړوکی دی
- دمخلفو خوړو او مایعاتو نه کته اخلي

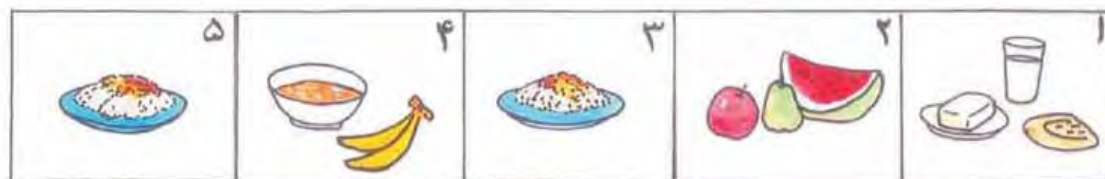
څېړی آئې:

- ولې میندې دشدو وړکولو پر مهال دمخلفو خوړو او پیرو مایعاتو ته اړتیا لري؟

به یاد ولری!

- دامدواری اودشدو وړکولو پر مهال دمخلفو مایعاتو او خوړو څخه کته اخیسته دماشوم د رشد اوندو اود ماشوم اومورده روغتیا لامل گرځي په ځانگړې توگه دشدو وړکولویه اولو شپږو میاشتو کې ماشوم خوړو او مصنوعی شیدو ته اړتیا لري
- د خوړو، مایعاتو او میوو ښکې:
- لوبیا، نخود، دال، می، وریجې، سبزی، ترکاری، هگې، ماهی، شیدې، غیرالکولي مایعات، تروې، اوبه، چای، هندوانه، خنکې، مڼه، کیله اونوز





۶. حتی اگر شما و یا طفل تان مریض هم باشید و یا طفل تان قبل از وقت تولد شده باشد شیر خود را بالای شان قطع نکنید

در این تصویر چه می بینید؟

- مادری که مریض است و به طفل خود شیر میدهد
- طفلی که مریض است و از گرفتن شیر خود داری می کند ولی مادر کوشش می کند که شیر خود را برایش بدهد.

مباحثه:

- چرا در صورت مریضی مادر و یا طفل شیردهی به طفل قطع نگردد؟

به یاد داشته باشید!

- در صورت قطع شدن شیر مادر:
- وزن طفل کم می گردد
- برای شفایابی به وقت بیشتر ضرورت میشود
- امکان دارد شیرمادرش کم شود
- وقتی که خوب شود ممکن از گرفتن شیر مادر امتناع ورزد

۶. که چیره تاسی او یا تاسی ماشوم ناروغه هم وی او یا مخکې له وخته پیدا شوی وی خپلې شیدې به خپل ماشوم مه قطع کوی

تاسی په دې انځور کې څه ګوري؟

- هغه مور چې ناروغه ده او خپل ماشوم ته شیدې ورکوي
- هغه ماشوم چې ناروغه دی او د شیدو درودلو څخه ډډه کوي ولې مورې ګوښې کوي چې شیدې ورکړي

څېړنې اثرې:

- ولې د ماشوم او مور د ناروغۍ برسیره ماشوم ته شیدې ورکول قطع نه شي؟

په یاد ولری!

- که چیره د مور شیدې قطع شي:
- د ماشوم وزن کمېږي
- د ناروغۍ څخه درخېدو لپاره ډیر وخت ته اړتیا پېښېږي
- امکان لري د مور شیدې یې کمې شي
- کله چې روغ شي امکان لري د مور د شیدو د روډلو څخه ډډه وکړي



۷. **طریقه شیر دهی یکی از بهترین طریقه های فاصله دهی میان ولادت ها صرف برای شش ماه اول بعد از ولادت می باشد**

در تصویر چه را می بینید؟

- مادری که عادت ماهوار اش برگشت نه کرده است
- مادری که طفل اش کمتر از شش ماه است
- مادری که طفل خویش را شب و روز نظیر به ضرورت طفل شیر می دهد.

**مباحثہ:**

- آیا تنها شیر مادر به طفل برای شش ماه اول بعد از ولادت میتواند یک میتود فاصله دهی بین ولادت ها باشد؟
- در کدام حالت می توان گفت که شیردهی کاملاً مطمئن است؟

**به یاد داشته باشید!**

- شما می‌توانید با شیر دادن به طفل تا شش ماه بعد از ولادت از حامله شدن محافظه شوید در صورتیکه:
- طفل تا نوحه کمتر از شش ماه باشد
- شما باید به طفل تا نوحه هر دو تا سه ساعت بعد نظر به ضرورت طفل شب و روز شیر خود را بدهید
- عادت ماهوار شما باید برگشت نه کرده باشد
- اگر یکی از شرایط فوق قابل تطبیق نبود در آن صورت مادر باید از یک متود مناسب دیگر فاصله دهی بین ولادت ها در زمان شیر دهی استفاده نماید

۷. ماشوم ته شیدی ورکول د زیرونو ترمنځ دواړه راوستول پوره یواځې د زیرون په لومړیو شپږ میاشتو کې یوځای مینود دی.

ۛ ڊي انځور ڪي شھ ڪوري؟

- هغه مور چې مياشتيني عادت (حيض) يې نه وي راغلی
- هغه مورچې ماشوم يې د شپږو مياشتو څخه وړوکی دی
- هغه مور چې خپل ماشوم له شپه او ورځ د ماشوم داريا پرېست شيدي وړکوي

مختصری الروی:

- ايا يواځې دمور شيدې كولاى شي چې درېونو په لومړي شپږمياشتو كې د لېږونونو ترمنځ دواړه ديو ميتود په توگه وي؟
- په كومو حالاتو كې ويلاى شو چې يواځې دمور شيدې وركول ډاډمن دي؟

په یاد ولری!

- تاسې کولای شئ چې دزیږون وروسته تر شپږو میاشتو پورې ماشوم ته په شیدو ورکولو سره ورپسې امیډواري وغځولای که چیرته:
  - ماشوم باید د شپږو میاشتو نه کم وي
  - خپل ماشوم ته باید د شپې او ورځې هر دوه تر درې ساعته وروسته دماشوم ډاډتیا پرېنست شیدي ورکړی
  - ستاسې میاشیني عادت (حیض) نه وي راغلې
- که چیرته د پورته شرایطو نه یو هم موجود نه وي نو مور باید دشیدو ورکولو پرمهال دتوبل مناسب میتودونه ښه واخلي





## ۸. استفاده میتودهای فاصله دهی بین ولادت ها بعد از شش ماه

### مباحثه:

- اگر طفل اضافه تر از شش ماه باشد مادر باید از کدام طریقه های دیگر فاصله دهی استفاده کند؟

در تصویر چه را مشاهده می کنید؟

- میتود های مختلف فاصله دهی

به یاد داشته باشید!

- بعد از شش ماه تأثیرات میتود شیردهی کم میشود در این صورت حتماً به شیردهی الی دو سال ادامه داده و درعین زمان از یکی از طریقه های ذیل با رضایت خود تان استفاده نمایید:
  - تابلیت
  - پیچکاری
  - پوش
  - سامان (TUD)

## ۸. دشیرو میاشتر خنخه وروسته د امیدواری دمخنیوی دمیودونو خنخه کته آخیل

### خبری الوی:

- که چیرته ماشوم دشیرو میاشتر خنخه غب وې مور باید دکومو نورو میودونو خنخه کته واخلې؟

په دې انځور کی څه ګوري؟

- د امیدواری د مخنیوی بېلا بېل میودونه

په یاد ولری!

- دشیرو میاشتر خنخه وروسته دشیرو ورکولو دمیود اغېزه کمېږي چې په دې وخت کې تر دوه کلنۍ پورې باید شیدر ورکولو ته ادامه ورکړل شي اوپه عین وخت کې په خپله خوښه یو له لاندې میودونو خنخه ګټه واخلې:
  - ګولی
  - پیچکاري (سټه)
  - کنډم
  - لوب (TUD)



#### ۹. استفاده میتود های فاصله دهی بعد از چهل روز (شش هفته) ولادت

در تصویر چه را مشاهده می کنید؟

- میتود های مختلف فاصله دهی بعد از ولادت:
- تابلیت های پروجسترون خالص (POP)
- پیچکاری
- سامان (IUD)

مباحثه:

- اگر یک مادر نمی تواند میتود شیردهی را کاملاً مراعات نماید از کدام طریقه های فاصله دهی میتواند استفاده کند؟

به یاد داشته باشید!

- اگر یک مادر نمی تواند میتود شیردهی را ادامه بدهد، ۴۰ روز (شش هفته) بعد از ولادت از میتود های ذیل فاصله دهی استفاده نماید:
- تابلیت های پروجسترون خالص (POP)
- پیچکاری
- سامان (IUD)

#### ۹. دزیپرون خفه خلوبیت ورخی (شیپ اولی) وروسته دامیدواری ضد میتودونو خفه گتیه اخیتل

به دې انځور کې څه کوږی؟

- دزیپرون خفه وروسته د امیدواری د مخنیوی بېلا بیل میتودونه:
- کوڼی
- پیچکاری (مستنه)
- لوپ (IUD)

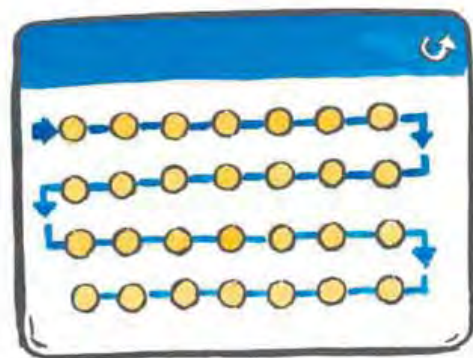
څېړنې اثرې:

- که چیرته یوه مور ونشي کولای چې دشیپوور کوڼی میتود په بشپړه توگه ترسره کړي نو د امیدواری خفه دمخنیوي لپاره دامیدواری ضد د کوم میتودونو خفه گتیه اخیتلای شي؟

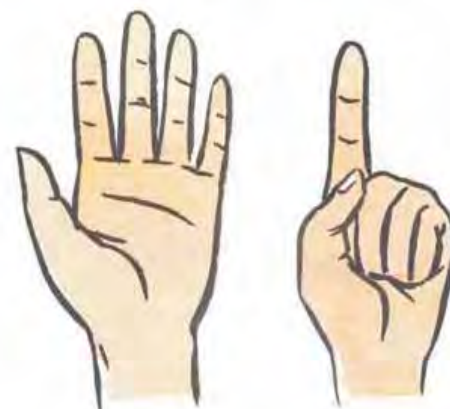
به یاد ولری!

- که چیرته یوه مور ونشي کولای دشیپوور کوڼی میتود ته ادامه ورکړي نو کولای شي چې دزیپرون نه ۴۰ ورځې وروسته (شپږ اولی) د لاندې میتودونو نه گتیه واخیلي:
- یواځې د پروجسترون کوڼی (POP)
- پیچکاری (مستنه)
- لوپ (IUD)





شش هفته / شیر اونی



## ۱۰. استفاده از کاندوم یا پوش

در تصویر چه را می بینید؟

- کاندوم یا پوش

مباحثه:

- پوش چی وقت بعد از ولادت استفاده شده می تواند؟
- فواید استفاده پوش چیست؟

به یاد داشته باشید!

- پوش آسانترین طریقه است که در هر وقت بعد از ولادت قابل استفاده است
- از امراض مختلف مقاربتی جنسی محافظه می کند

## ۱۰. دکنیم خفه گتیه اخيستنه

به دي انخوړ کې څه کوړی؟

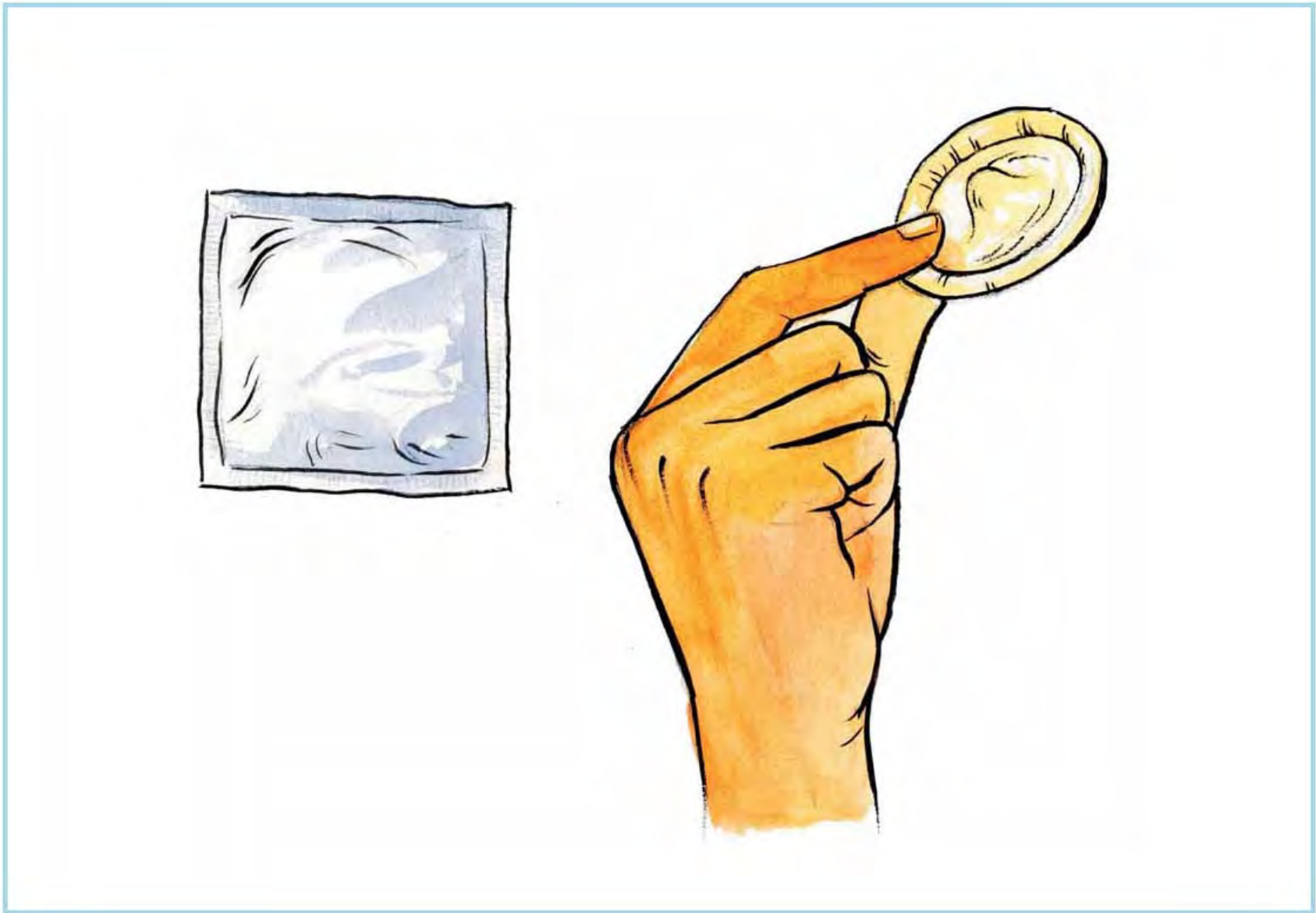
- ککنیم

ځيرې اثرې:

- د زېږون څخه وروسته څه وخت د ککنیم څخه گتیه اخيستل کېږي؟
- د ککنیم کارول څه گتیه لري؟

په یاد ولری!

- ککنیم یو اسانه میتود دی چې د زېږون څخه وروسته هر وخت کارول کېدای شي
- دهغه ناروغیو څخه چې د جنسي نژدیوالي له کبله رامنځ ته کېږي ژغورنه کوي



## ۱۱. مادران شیر ده! تابلیت های مختلط (COC) را شش ماه بعد از ولادت استفاده نمایید

در تصویر چه را می بینید؟

- یک خانم که طفل شش ماهه دارد و میخواهد از تابلیت های مختلط (COC) فاصله دهی استفاده نماید

مباحثه:

- اگر یک خانم طفل کمتر از شش ماه داشته باشد آیا میتواند از تابلیت های مختلط (COC) فاصله دهی استفاده کند؟ اگر نمیتواند چرا؟

به یاد داشته باشید!

- اگر طفل تان کمتر از شش ماه باشد نه میتوانید از تابلیت های مختلط (COC) فاصله دهی استفاده نمایید زیرا:
- باعث کم شدن شیر تان می شود

## ۱۲. شیدی و رکوتکو میدو! گدی گولی (COC) د زیپون خخه شپ میاشتی وروسته و کاروی

به دی انخور کپ خه گوری؟

- یوه بنخه شپو میاشتی. ماشوم لری او غواړي چې د امیدواری د مخنیوي له پاره گدی گولی (COC) وکاروي

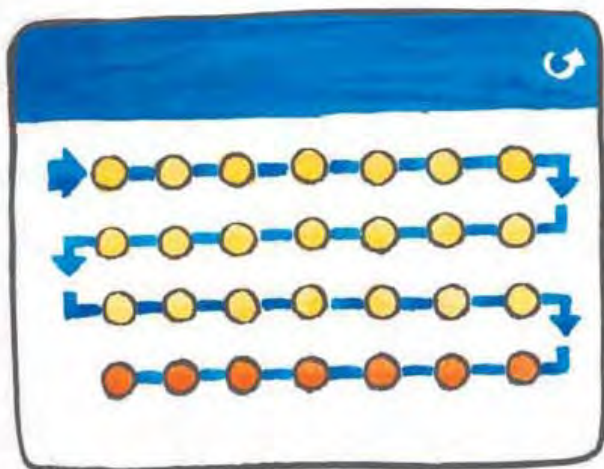
غیرې لری:

- که چیرته یوه بنخه د شپو میاشته نه کم ماشوم ولري آیا کولای شي د امیدواری د مخنیوي له پاره گدی گولی (COC) وکاروي؟ که بې نشي کارولای نو ولې؟

به یاد ولری!

- که چیرته ماشوم مو شپو میاشته نه وي رسیدلای نو د زیپون خخه د مخنیوي له پاره دکدو کولیو (COC) خخه گپه نشي اغیستلای ځکه چې:
- ستاسې د شیدو دکموالي لامل گرځي





قابليت هاى مختلف / گدي شوې گولى



## ۱۲. برای معلومات بیشتر به مرکز صحتی مراجعه نمایید

در تصویر چه را می بینید؟

- یک خانم وشوهری که طفل شان سن شش ماهگی را تکمیل کرده و طریقه شیر دهی را بسیار خوب مراعات نموده و می خواهند که برای بیشتر از دوسال وقفه بین ولادت بعدی داشته باشند

مباحثه:

- اگر در مورد فاصله دهی بین ولادت ها به معلومات بیشتر ضرورت داشتید چه می کنید و به کجا می روید؟

به یاد داشته باشید!

- هر گاه در مورد طریقه های مختلف فاصله دهی میان ولادت ها کدام تشویش داشتید و یا در هنگام استفاده به کدام مشکل روبرو شدید، بعد از مشوره با کار کن صحتی به نزدیک ترین کلینیک خانه تان بروید تا معلومات بیشتر و راه حل برای تان داده شود

## ۱۳. دنورو مالوماتو لپاره روغتیا یی مرکز (کلینیک) ته مراجعه وکری

په دې انځور کې څه ګوري؟

- یوه ښځه اومیره چې ماشوم یې دښپرومياشتو دی دښډو ورکولو میتود یې ډیر ښه تومره کړی غواړي چې دراتلونکې زیږون څخه له دوه کالونه ډیروان ولري

عبري اړي:

- که چیرته دزیږونونو ترمنځ دواتن راوستلو په هکله لاپرومالوماتوته اړتیا ولری څه باید وکړی اوچیرته باید ولاړ شی؟

په یاد ولری!

- هرکله چې تاسې دزیږون ترمنځ دواتن راوستلو دیلایلو میتودونو په هکله کومه اندیښنه ولری اویا ددوی څخه دگټې اخیستلو پرمهال دکومې ستونزې سره مخامخ شوی دروغتیا یی کارکوونکو سره د مشورې نه وروسته خپل نږدې روغتیا یی مرکز ته دلا ډیر مالوماتو اودستونزو دهارولو لپاره لاړشی





این چاپ از اثر حمایت اداره صحت و تغذی مربوط دفتر صحت جهانی USAID تحت شرایط قرار داد شماره 306-A-00-06-00523 HSSP امکان پذیر گردید. نظرات گنجانیده شده درین سند مربوط سهم گیرندگان بوده و لزوماً چشم دید USAID را انعکاس نمی دهد.

