



Postpartum Family Planning for Community Health Workers



Trainer's Manual



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FROM THE AMERICAN PEOPLE



Family Planning Initiative
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.

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March 2010

POSTPARTUM FAMILY PLANNING FOR COMMUNITY HEALTH WORKERS TRAINER’S MANUAL

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LIST OF ABBREVIATIONS

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

WORKSHOP SCHEDULE

TIME	DAY 1	DAY 2	DAY 3
1½ hours	SESSION 1 Welcome Topic 1: Introduction Topic 2: Overview Pre-test Topic 3: Goal and Objectives	Warm-up Review previous day SESSION 5 Topic 1: Healthy Spacing of Pregnancy Topic 2: Return to Fertility	Warm-up Review previous day SESSION 9 Topic: Counseling PPFp skills: Role plays, using pictorial counselling guide and checklist
Tea: 15 min			
1½ hours	SESSION 2 Topic 1: Reasons for PPFp Topic 2: CHW Role in PPFp counseling	SESSION 6 Topic 1: Introduction to LAM Topic 2: Switching from LAM	SESSION 10 Topic: Counseling all PPFp Skills and Methods: Role plays using pictorial counselling guide and checklist
Lunch: 12:00–1:00			
1½ hours	SESSION 3 Topic 1: Personal Values Topic 2: Breaking PPFp Barriers: Myths, beliefs, religion, misconceptions	SESSION 7 Topic: Other Modern Methods: Mini-pills, regular pills, injections, condoms	SESSION 11 Topic: Field Practice: PPFp Counseling Post-testing
Break: 15 min			
1 hour 15 min	SESSION 4 Topic 1: How to Be a Good Counselor Topic 2: Counseling Couples and Fathers	SESSION 8 Topic 1: IUD, Male and Female Sterilization Topic 2: Modern Methods: myths and realities Topic 3: Natural Family Planning	SESSION 12 Topic: 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 th 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?



Photo credit: ACCESS Nigeria

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



Photo credit: Arqam Nash Mawada

Objective

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

Counseling with PFP counseling guide



Photo credit: Robin Anthony Kuyper

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, Constanza 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 prevent 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.




5

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.

HSP

- That is what healthy spacing of pregnancy means

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

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

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 PFP until too late or not at all.

This shows the unmet need for PFP!

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



Session 2b
PPFP: The Role of the CHW

Jhpiego in partnership with Save the Children, Coriella 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**



5

When to counsel mothers?

- When to give PPFP messages is very important.



6

When do CHWs make PFP visits?

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

No missed chances to counsel mothers

- This is KEY because mothers need a PFP 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, Constanza Futures, The Academy for Educational Development,
 The American College of Nurse-Midwives and 111MA 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




5

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




6

Barriers to PFP counseling and PFP use

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

Barriers to PFP 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 PFP

Barriers to PFP counseling and PFP use (cont.)

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

(Values = what someone holds as true or important)

Overcoming barriers to PFP use

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

**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*

Ipiligo 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: Angala Nishi Menon

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 PPFPP counseling to a postpartum woman than when I give it to her husband.		
I believe men do not want to talk about PPFPP.		
I think men would rather get PPFPP 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 PPFPP.		
I look forward to having men in PPFPP counseling.		

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




Session 5a
Healthy Spacing of Pregnancy

Jhpiego 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

Phlego 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






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






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 PPF 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 PPF 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 PPF 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



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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.

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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.

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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.

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Reminder: For LAM, breastfeed only



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11

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

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12

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

 13

A mother with HIV can use LAM...

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

 14

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.

 15

LAM for the mother with HIV

- LAM is a good choice for the mother with HIV.
- Mother must switch to another PPF 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.

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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 PPF:
 - Good reasons for exclusive breastfeeding and LAM
 - Importance of safer sex and dual protection (using condoms)
 - She can use all PPF choices
 - Healthy spacing of pregnancy, if future pregnancy desired

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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. 

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Session 6b
LAM and Switching to Other PFP Methods

Ugilego in partnership with Save the Children, Conasta 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




LAM is no longer working



Image credit: ACCESS Nigeria




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.




Why do you need to switch from LAM to another PFP method?

- Switching from LAM to another PFP 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.




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.




HANDOUT #4: 5 CASE STUDIES TO PRACTICE PFP COUNSELING

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

CASE STUDIES 6–10	
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 PFFP. 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, Constanza Futures, The Academy for Educational Development, The American College of Nurse-Midwives and IMA World Health.

Objectives

- **CHWs will be able to:**
 - Describe PPFM 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"> • LAM • Mini-pill • Combination pill • Injection • Condom 	<ul style="list-style-type: none"> • Implant • IUD 	<ul style="list-style-type: none"> • Sterilization • Tubal Ligation • Vasectomy



3

When to start a PPFM 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 PPFM 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 them? 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/Forterra

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7

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

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8

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

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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.

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10

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/Forterra

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11

Why take combination pills?

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

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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

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Why use male condoms?

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

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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)

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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

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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

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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

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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
<p>NOTE: In some settings IUCD can be inserted within 48 hours postpartum. In some settings female sterilization can be performed in the first week postpartum.</p>		

HANDOUT #3: SUMMARY OF MODERN PFP 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
LAM	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
Mini-pill	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
Pills	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
Injection	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
Condom	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 PFP 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 PFPF 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 PPF 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 PFPF

Jiplego 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 Kipale




2

A demonstration

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




3

Case study #1

- 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. 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.

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.

HANDOUT #5 CHW PFP 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 PFP 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"> • Cannot predict • Can happen before first menses returns • Why she needs to choose a PFP method before she can become pregnant again after her last birth 				
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 PFP METHODS				
STEP	CASES			
1. Ask the woman/couple what she/they know/s about PFP. Have family planning methods ever been used before?				
2. If "yes": <ul style="list-style-type: none"> • What method did she/they use? • Did she/they have any problems with the method? • Does/do she/they have questions about that method? • Does/do she/they wish to use that method again? 				
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"> • Is she only breastfeeding? • Has bleeding returned yet? • Is baby under 6 months old? 				
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"> • LAM is a short-term method • 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. • There are methods for breastfeeding mothers that we can start to talk about now. Continue to discuss #8. 				
8. Give the woman/couple details about each modern method she/they can use: <ul style="list-style-type: none"> • How it prevents her from getting pregnant • How to use it and when to start • Good reasons to use it and reasons to not use it • Side effects • Need to protect against disease (such as HIV/AIDS) that could happen from sex 				
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 PFP methods.				
11. Ask her/them what her/their PFP 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 PFP METHODS AND
CORRECTING MYTHS: PRACTICE
USING CHECKLISTS**



Session 10
Counseling on PFP: Practice Using the Counseling Guide
Role Plays #6–10

Phlego 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 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.



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 PFP 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 st year



2

REMEMBER
Counseling: No missed chances!





3

Key PFP 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





Photo credit: Mary Gilson, CMM
5

Key PFP messages: 1st 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: Robyn Hale, OMS

Key PFP 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

Counseling at 6 weeks postpartum



Photo credit: Robyn Hale, OMS

Key PFP messages: Within baby's 1st 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

Counseling in the child's 1st year



Photo credit: Mary Gleason, OMS

PFP counseling

- **WHO** Community Health Worker: You!!
- **WHAT** Give PFP 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 PFP counseling messages



HANDOUT #7: TIMING OF KEY PFP MESSAGES

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

HANDOUT #9: SAMPLE PFP COUNSELING SCHEDULE

MESSAGES	DURING PREGNANCY	WITHIN 1 ST 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!**

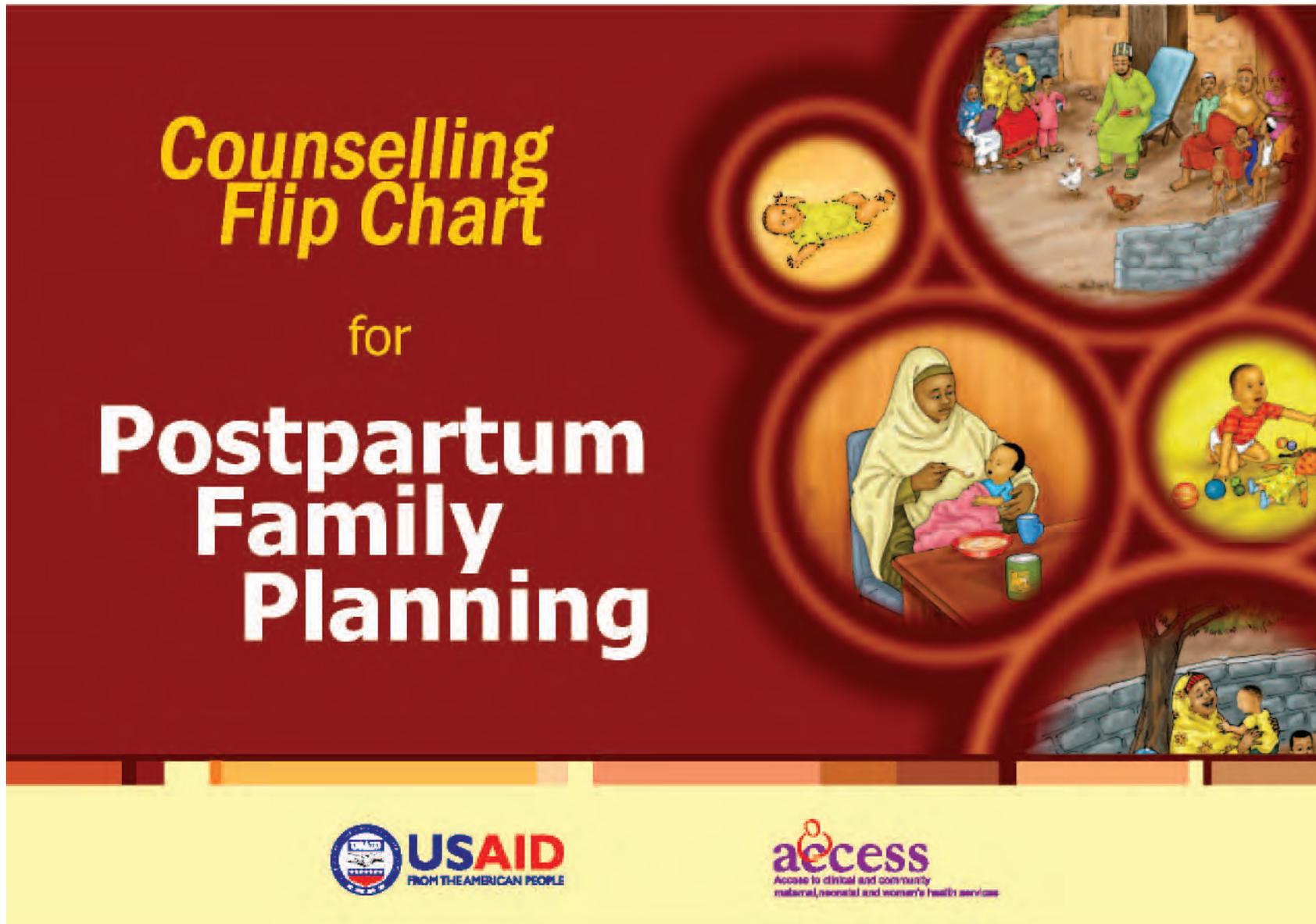
Wait 2 years after your baby is born before getting pregnant again. It is good for the health of your baby and you.



Family Planning Initiative
Addressing unmet need for contraception, family planning

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 shekará 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 (ba kwaini) .
- Baiwa uwa da uba dammar tsawon shekara 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 saurarawa har tsawon shekaru biyu kafin a santi 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 weta shida bayan samun barin ciki, kafin samun wani cikin domin lafiyar ki da jariri .
- Yi amfani da hanya mafi sauki wajen shayar da jariri, a kwai hanyoyi da yawa wadanda basa cutarwa a Wajen Shayar 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!

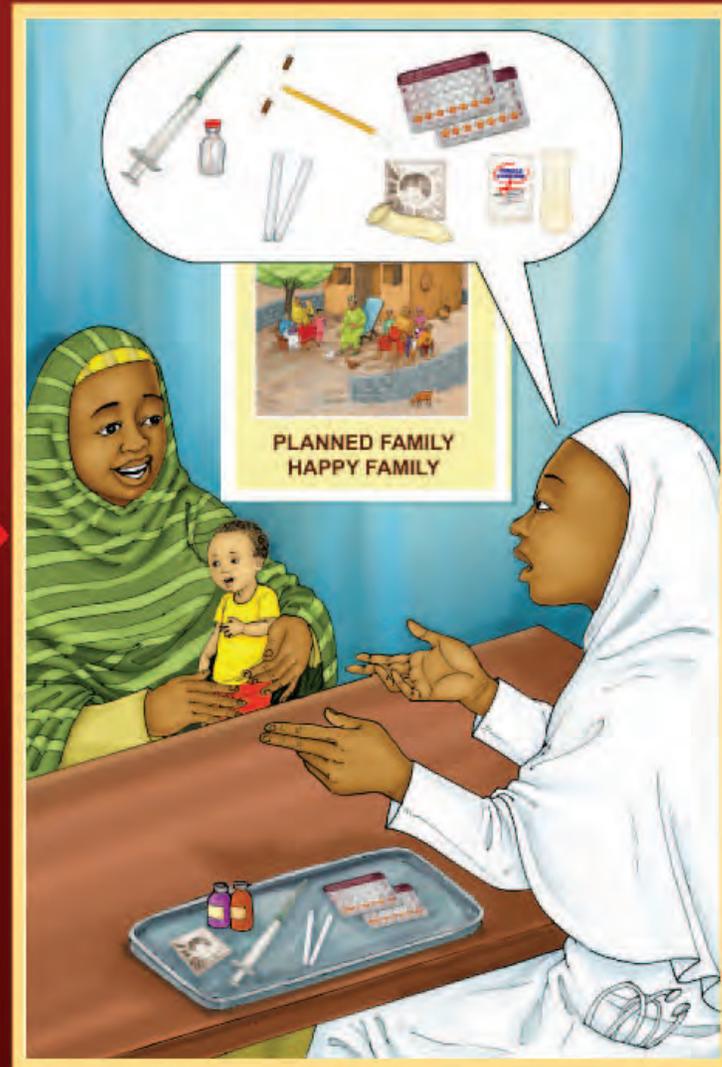
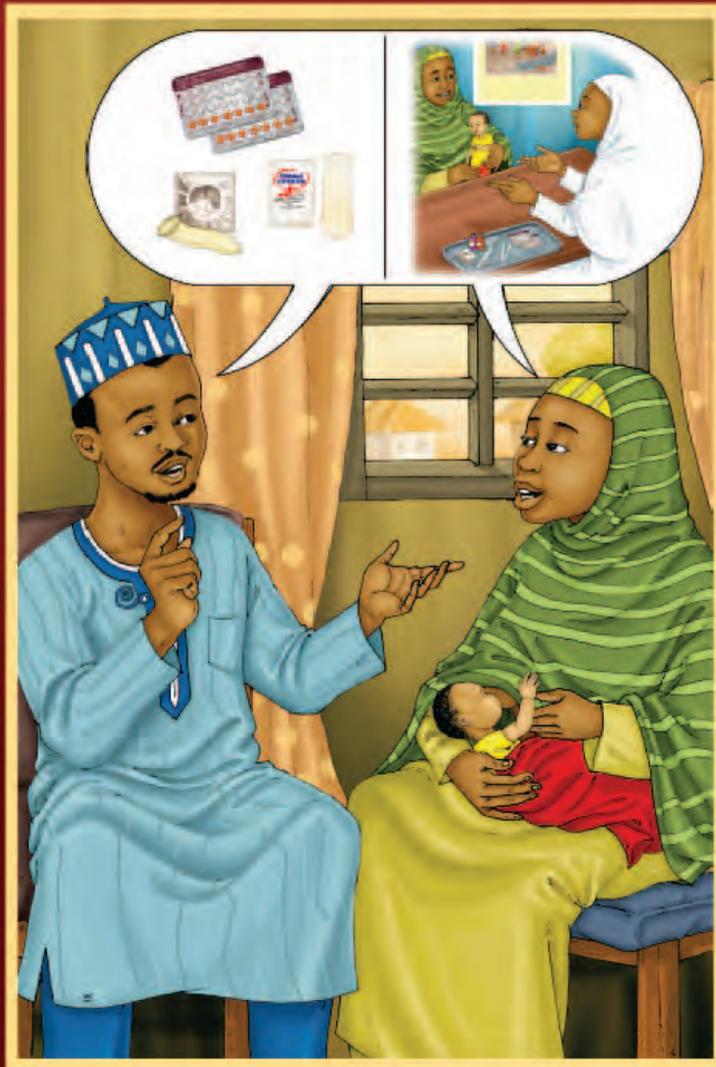
Remember:

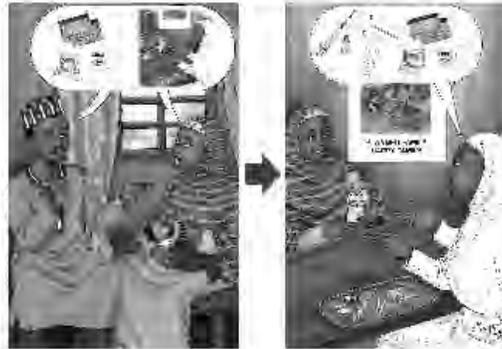
"One good child is better than many useless ones" (Hausa Proverb). Remember waiting at least two years to become pregnant after the birth of your last child will help you have healthy and productive children.

- 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 tazarar 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 tazarar iyali?
- Tattaunawa tare da zaben hanyar bada tazarar haihuwa ne da muhimanci ga ma'aurata..
- Idan har zai yiwu, yana da muhimanci ga ma'aurata su koyi hanyoyin bada tazarar haihuwa daga jami'an wayar da kai lokacin goyon ciki..
- Bayan haihuwa, yana da muhimanci ma'aurata su tattauna tare da zabar hanyar bada tazarar haihuwa lokacin da jariri ya kai sati shida..

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

Tattaunawa tare da zaben hanyar bada tazarar haihuwa da kuma (matakin tazarar 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 da mmar tambayar mai bada shawara a kan bada tazarar 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 ne taimaka domin daukan matakin kare cikin da ba'a shire shi ba..
- Ma'aurata, su tambayi jami'in bada shawarwari akan bayanar bada tazarar haihuwa lokacin goyon ciki..
- Ma'aurata su tattauna tare da zabar hanyar bada tazarar haihuwa kafin jariran su kai wata shida..
- Uwa ta karbi hanyar bada tazarar 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 sauki 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 bukatan 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 cikiri 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..
- Al'wai 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 diki 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 cikiri 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..
- Al'wai 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 transitional 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 familial 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



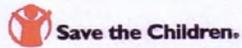
PIEGS

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

Draft



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 familial 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 :

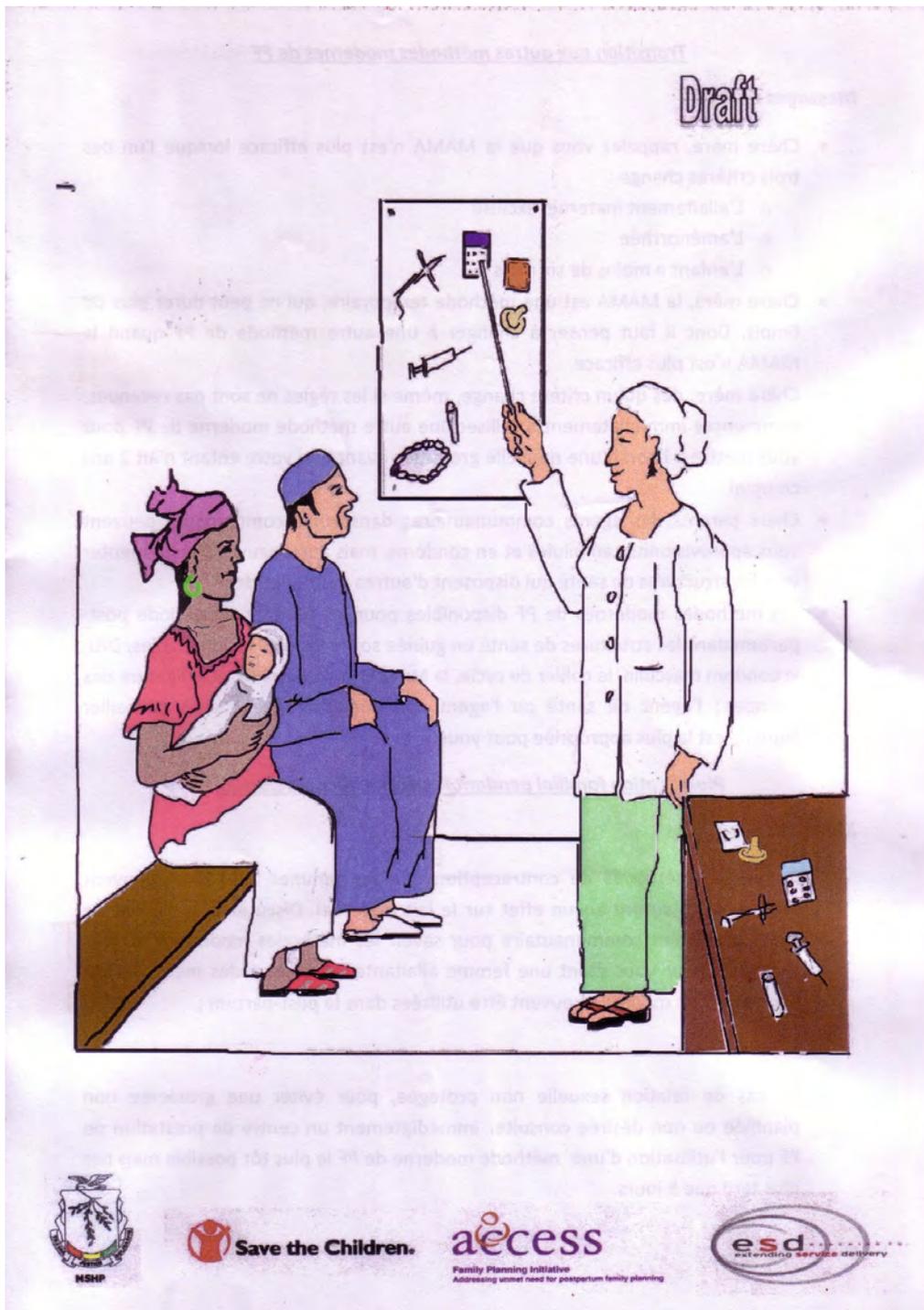
- Si vous êtes une femme allaitante/une nourrice, la MAMA est une méthode contraceptive moderne et temporaire très efficace dont les critères sont:
 - L'allaitement maternel exclusif
 - L'aménorrhée
 - L'enfant a moins de six mois
- Soit que vous êtes '*sii moso*' ou '*Koladjan*', la méthode MAMA n'est 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 :

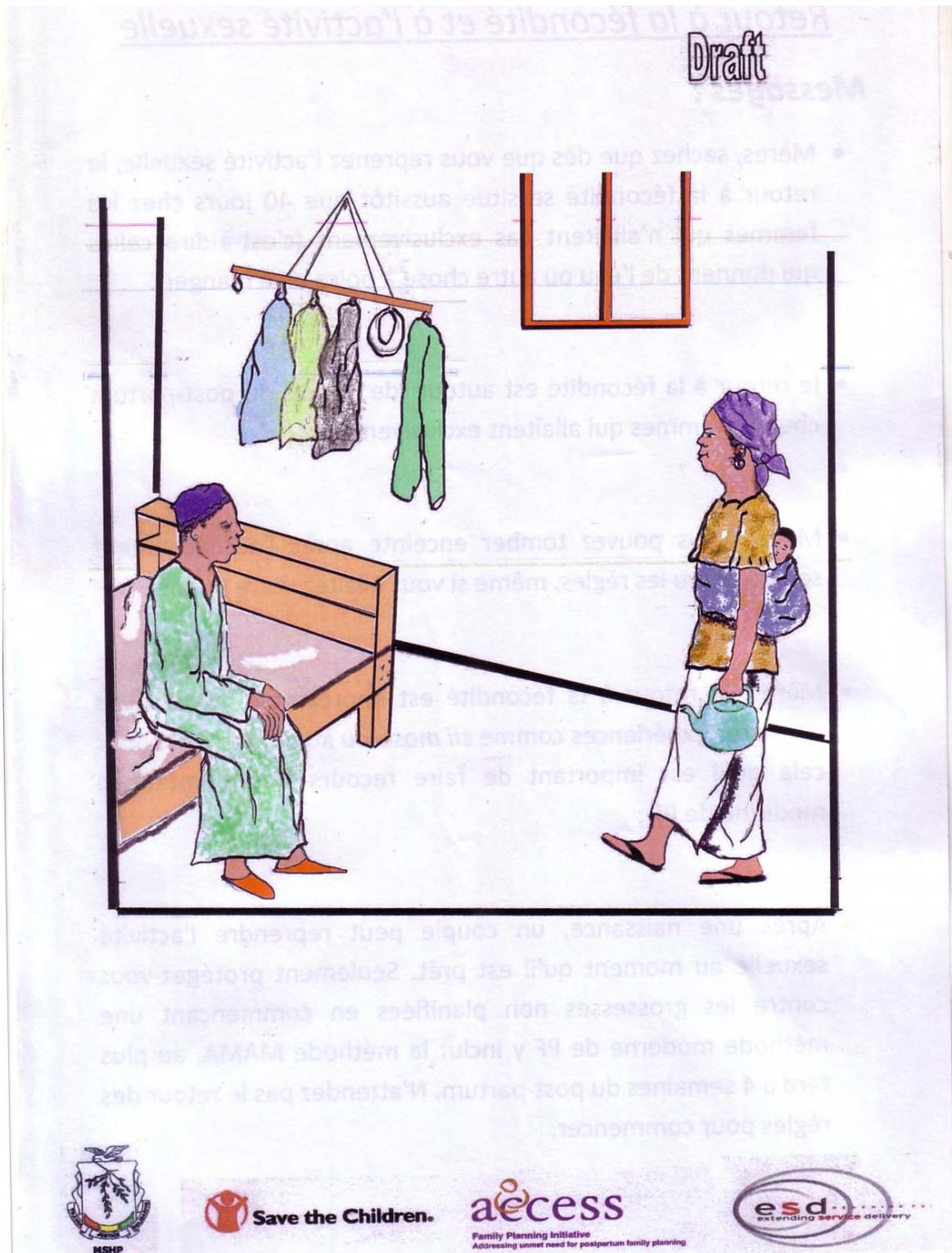
- Chère mère, rappelez vous que la MAMA n'est plus efficace lorsque l'un des trois critères change :
 - L'allaitement maternel exclusif
 - L'aménorrhée
 - L'enfant a moins de six mois
- Chère mère, la MAMA est une méthode temporaire, qui ne peut durer plus de 6 mois. Donc il faut penser à changer à une 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 خفه وروسته د کورنۍ د سمبالتیا میتودونه

Postpartum Family Planning Methods



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

در این تصویر کار کن صحتی 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 صحتی 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 صحتی در جریان قبل و بعد از ولادت باعث یک ولادت مصنون شده و در پایین آوردن مرگ و میر مادر و نوزاد اهمیت فراوان دارند.
- کارکنان صحتی 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 شخه وروسته د دزیپونونو ترمنخ د واین در لودلوه گتو په هکله مشوره ور کونه

په دې انځور کې روغتیايي کارکوونکي څه کوي؟

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

څېرې اثرې:

- روغتیايي کارکوونکي ولې دکورنیو سره دزیپون شخه دمخه او وروسته باید وگوري؟
- په خپلو کوموکتو کې دزیپونونو ترمنخ دواڼ په هکله څېرې کوي؟

په یاد ولری!

- دزیپون شخه دمخه او وروسته دروغتیايي کارکوونکو کتنې اومشوره ورکونه دیو خوندي زېږون لامل گرځي اود مور اوماشوم دمړینې دکچې په کموالي کې ډیر ارزښت لري.
- د ټولنې روغتیايي کارکوونکي کورنیو ته باید په خپلو ټولوکتو کې د زېږون شخه 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. دزیپونونو ترمنخ لبر لره د دوه کالو خنخه و یر واین ماشوم او مور روغینا و ایننه کوی

په دې انځور کې څه گوري؟

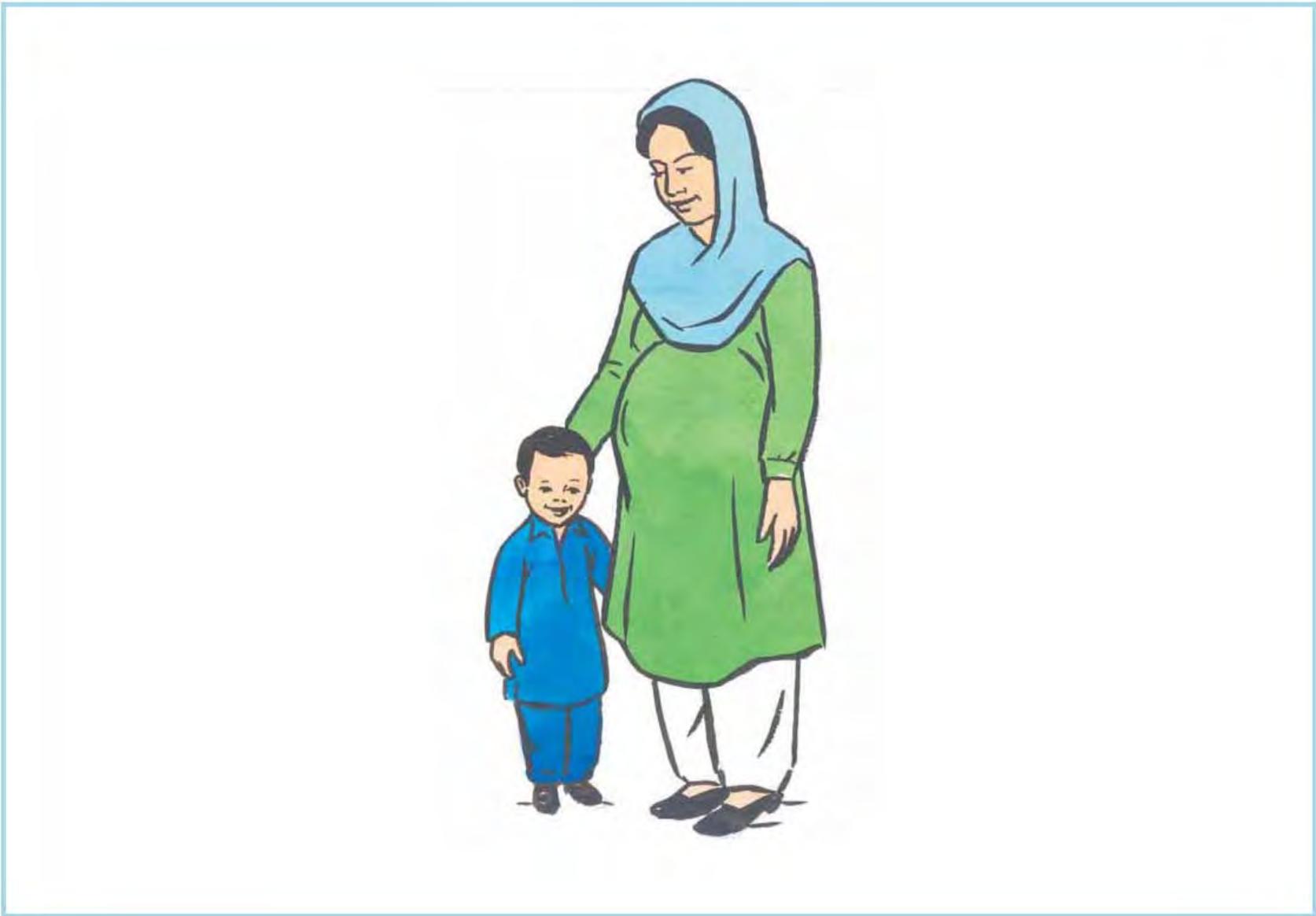
- یوه مور دروغ اونیکمرغه ماشوم سره

خبرې ترې:

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

په یاد ولری:

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



۳. ولادت در مرکز صحنی (کلینک یا شفاخانه) ویا در خانه وشیر دادن نوزاد فوراً بعد از ولادت

دراین تصویر چه می بینید؟

- مادری که درخانه ولادت کرده است فوراً بعد از ولادت به نوزادخویش 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 شیرمادر داده شود چه فایده دارد؟
- اگر به نوزاد بعد از ولادت بصورت فوری شیر مادر داده نشود چی واقع خواهدشد؟

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 تولدمی باشد
- قله دارای پروتین و ویتامین ها به خصوص ویتامین ای (Vitamin A) می باشد، ویتامین ها طفل را در مقابل امراض مقاومت می دهد

۳. رونقپایی مرکز یا په کور کبی زیپونونه اوه زیپون شخه وروسته سمدلاسه ماشوم ته دمور شیدې ورکول

په دې انځور کې څه گورئ؟

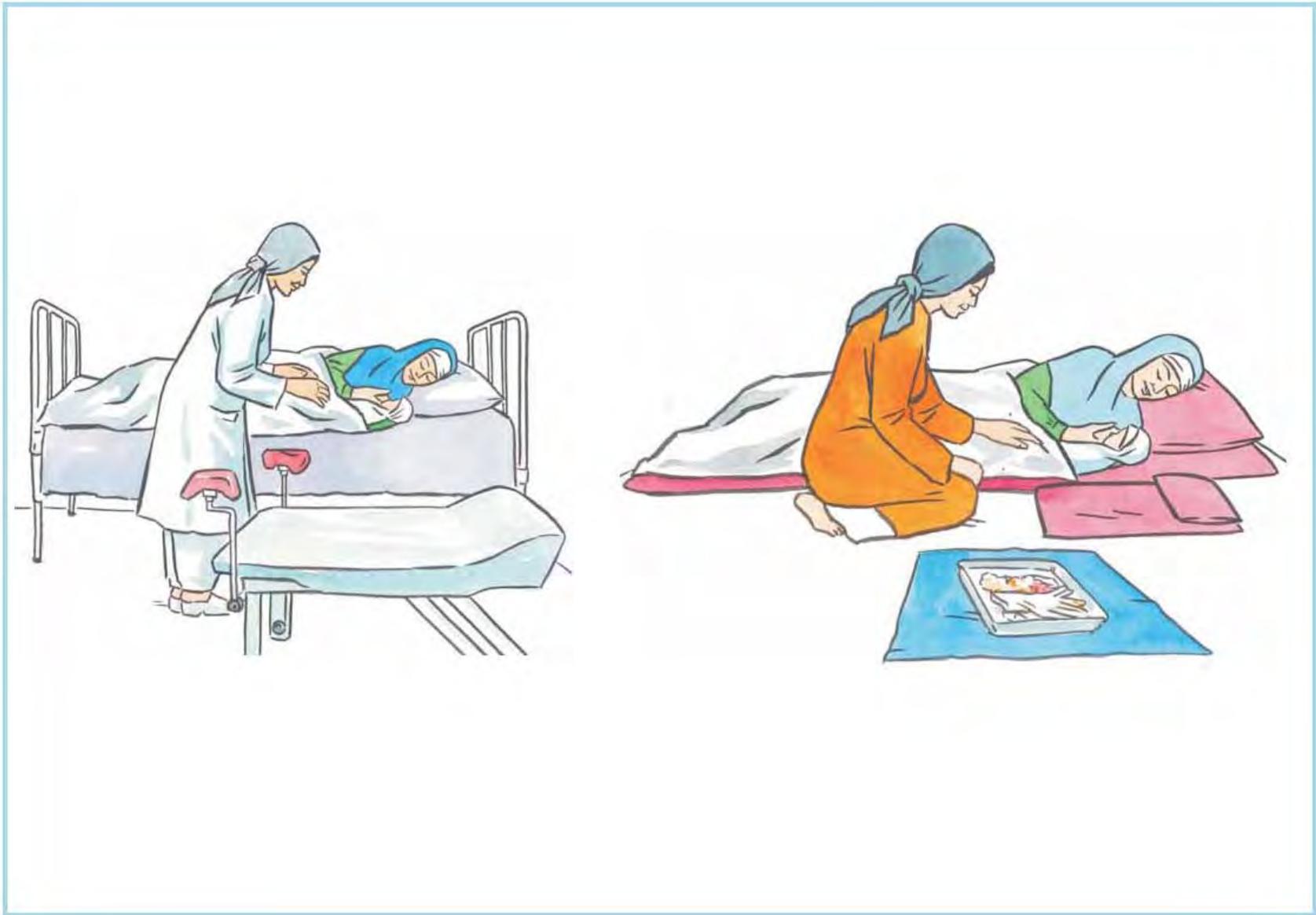
- هغه مور چې په کور کې یې زیپون کړی دزیپون شخه وروسته سمدلاسه خپل نوي زیپیدلي ماشوم ته شیدې ورکوي

څیرې اثرې:

- که چیرته ماشوم ته دزیپیدلو وروسته سمدلاسه دمور شیدې ورکړل شي څه گټه لري؟
- که چیرته ماشوم ته د زیپیدلو وروسته سمدلاسه دمور شیدې ورته کړل شي نو څه به پېښ شي؟

په یاد ولرئ!

- ماشومان باید د زیپون وروسته سمدلاسه د مور سره نږدې واچول شي (د پوستکې او پوستکې تماس) او څومره ژر چې ممکنه وي دمور لومړنۍ شیدې (ورگه) ورته پیل شي
- دزیپون شخه وروسته ورگه دماشوم لپاره پوره خواړه دي
- ورگه دپروټینونو اوویتامینونو په ځانگړي توگه دویتامین ای (Vitamin A) لرونکي دي، ورگه ماشومان دناروغیو په مقابل کې مقاوم کوي



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

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

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

مباحثه:

- چراحتماً باید به طفل در هر بار شیردهی از هر دو نُدیه استفاده شود؟

به یاد داشته باشید!

- در هر بار شیردهی استفاده به نوبت شیر از هر دو نُدیه باعث تخلیه مکمل نُدیه 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 بشیره توگه ظالی شی

آیا په دې دوه انځورونو کې کوم توپیر وینئ؟

- اول انځور: مور اول د یوې سینه (تی) څخه خپل ماشوم ته شیدې ورکوي
- دوهم انځور: مور بیا د بلې سینه (تی) څخه خپل ماشوم ته شیدې ورکوي

څېړی لری:

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

په یاد ولری!

- په هرخل شیدو ورکولو کې که چیره د دواړو سینه (تیو) څخه شیدې ورکړل شی نو د سینه (تیو) د پشپړې خالي کېدنې او د ماشوم د پریدو لامل گرځي که چیره ماشوم سینه (تی) پرپریدی په دې مانا ندی چې هغه مور شوی دی امکان لری:
- ماشوم ته مو د شیدو 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 الکللی، دوغ، آب، چای، تریوز، خربوزه، سیب، کیله و غیره

۵. میندی دشدو و رکولو پر مهال باید دمخلفو خورو او د پیرو مایعاتو نه گته واظف

به دی انخور کی شه گوری؟

- هغه مور چي ماشوم بي دشپرومیاشترو شخه وړوکی دی
- دمخلفو خورو او مایعاتو نه گته اخلی

خبری آری:

- ولې میندی دشدو و رکولو پر مهال دمخلفو خورو او پیرو مایعاتو نه اړتیا لري؟

به یاد ولری!

- دامدواری- اودشدو و رکولو پر مهال دمخلفو مایعاتو او خورو شخه گته اخیسته دماشوم د رشد اونسو اود ماشوم اومورده روغتیا لامل گرځي په ځانگړې توگه دشدو و رکولو په اولو شهرومیاشتر کی ماشوم خورو او مصنوعی شیدو ته اړتیا لري
- دخورو، مایعاتو او میوو بیلگي:
 - لوبیا، نخود، دال، می، ووهچې، سبزی، ترکاری، هگي، ماهی، شیدی، غیرالکولي مایعات، تروپي، اوبه، چای، هندوانه، خنکی، مبه، کیله اونیوز



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 مکنکی له وخته پیدا شوی وی خپلې شیدې به خپل ماشوم مه قطع کوی

تاسی په دې انځور کې څه گوري؟

- 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 کونښ کوي چې شیدې ورکړي

څېرې 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 ناروغیو څخه در شیدو 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

مباحثه:

- 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؟

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 نظر به ضرورت طفل شیر می دهد.

به یاد داشته باشید!

- شما میتوانید با شیردان به طفل تان تا شش ماه بعد از ولادت از حامله شدن محافظه شوید در صورتیکه:
- طفل تان حتماً کمتر از شش ماه باشد
- شما باید به طفل تان هر دو تا سه ساعت بعد نظر به ضرورت طفل شب و روز شیرخورد 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 میتود مناسب دیگر فاصله دهی بین ولادت ها در زمان شیر دهی استفاده نماید

۷. ماشوم ته شیدی ورکول دزیرونونورمنخ دوانن راوستولپاره یواخی دزیرون په لومریو شیپومیاشوکی یوبه میتود دی

مخبرې الرې:

- ایا یواخی دمور شیدی کولای شی چې دزیرون په لومریو شیپومیاشوکی د لپرونونو ترمنخ دوانن دیو میتود په توگه وي؟
- په کومو حالاتو کې ویلای شو چې یواخی دمور شیدی ورکول چاومن دي؟

په دې انځور کې څه گورئ؟

- هغه مور چې ماشینی عادت (حیض) یې نه وي راغلی
- هغه مور چې ماشوم یې دشیپومیاشو څخه وړوکی دی
- هغه مور چې خپل ماشوم ته شپه او ورځ دماشوم دارتیا پرېستې شیدی ورکوي

په یاد ولرئ!

- تاسې کولای شی چې دزیرون وروسته تر شیپومیاشو پورې ماشوم ته په شیدو ورکولو سره ورپسې امیدواري وځنلوی که چېرته:
- ماشوم باید د شپرو میاشو ته کم وي
- خپل ماشوم ته باید د شپې او ورځې هر دوه تر درې ساعته وروسته دماشوم دارتیا پرېستې شیدی ورکړی
- ستاسې ماشینی عادت (حیض) نه وي راغلی
- که چېرته د پورته شرایطو له یو هم موجود نه وي نو مور باید دشیدو ورکولو پرمهال دیوبل مناسب میتودنه گټه 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 خودتان استفاده نمایید:
 - تابلیت
 - پیچکاری
 - پوش
 - سامان (TUD)

۸. دشیرو میاتنوخنه وروسته د امیدواری دمخنیوی دمیودونو خنه کته اخیل

خبری، الری:

- که چیرته ماشوم دشیرو میاشتر خنه غب وی مورباید دکومر نورو میودونو خنه گنه واخلی؟

به دی انخور کی شه گوری؟

- د امیدواری د مخنیوی بیلا بیل میودونه

به یاد ولری!

- دشیرو میاشتر خنه وروسته دشیرو وروکولو دمیود اغیزه کمبیری چی به دی وخت کی تر دوه کلنی پوری باید شیدر وروکولوته ادامه وروکول شی اوپه عین وخت کی به خنله خوینه یو له لاندی میودونو خنه گنه واخلی:
 - گولی
 - پیچکاری (سسه)
 - کنلم
 - 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 نه میتواند 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 خنجه خلوبیت ورخی (شیپ اونی) وروسته دامیدواری ضد میتودونو خنجه کتبه اخیسل

به دې انځور کې څه ګورئ؟

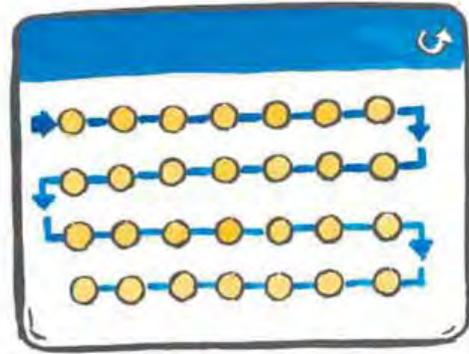
- دزپرون خنجه وروسته د امیدواری د مخپوی بهلا بیل میتودونه:
- کولی
- پیچکاری (سنته)
- لوپ (IUD)

څېرې الرې:

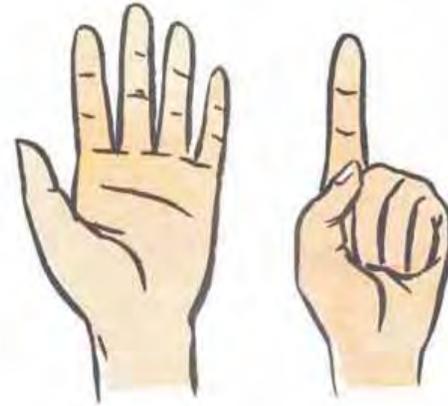
- که چیرته یوه مور ونشي کولای چې دشیپوور کولې میتود په بشپړه توګه ترسره کړې نو د امیدواری-خنجه دمخنیوی لپاره دامیدواری ضد دکوم میتودونو خنجه کتبه اخیستلای شي؟

به یاد ولری!

- که چیرته یوه مور ونشي کولای دشیپوور کولې میتود ته ادامه ورکړې نو کولای شي چې دزیپرون نه ۴۰ ورځې وروسته (شیپ اونی) د لاندې میتودونو نه ځکه واخیلي:
- یواځې د پروجسترون کولې (POP)
- پیچکاری (سنته)
- لوپ (IUD)



شش هفته / شپږ اونۍ



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 شخه گتیه اخیستنه

به دی انخور کي شخه گوری؟

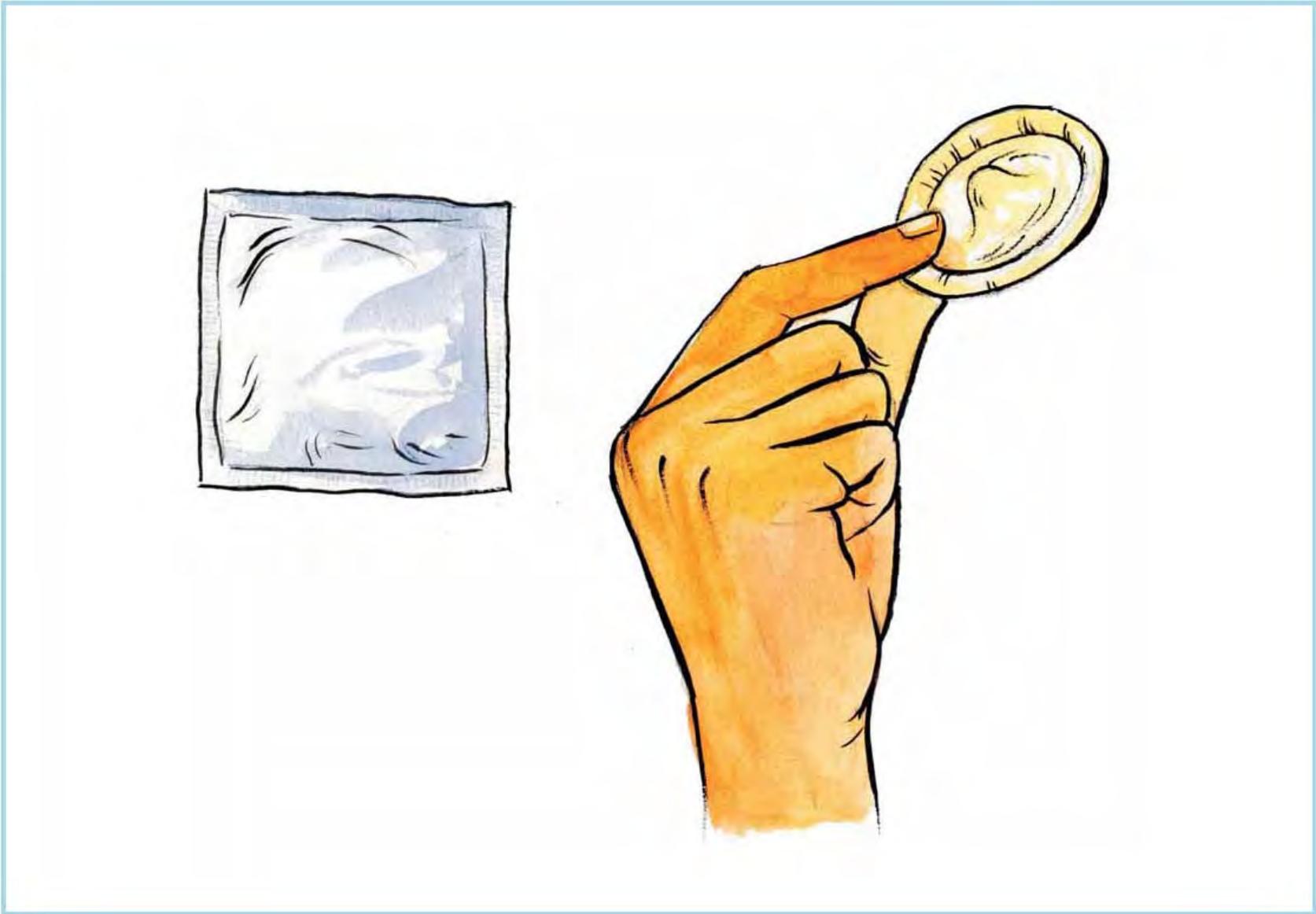
- کنلیم

خیوی اتری:

- دزپون شخه وروسته شخه وخت دکنلیم شخه گتیه اخیستل کیری؟
- دکنلیم کارول شخه گتیه لری؟

به یاد ولری!

- کنلیم یو اسانه میتود دیچی دزپون شخه وروسته هر وخت کارول کیدای شی
- دهغه ناروغیو شخه چی دجنسی نژدیوالی له کبله رامنخ ته کیری ژغورنه کوی



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

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

۱۱. شیدی و رکوتکو میدوا گدی گولی (COC) د زیرون خغه شپ میاشتی و رویت و کاروی

به دی انخور کپی خد گوری؟

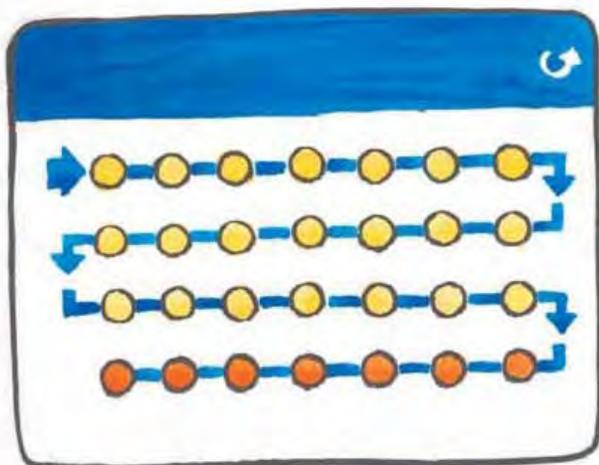
- یوه بنخه شپو میاشتی. ماشوم لری او غواری چې د امیدواری د منخوی له پاره گدی گولی (COC) و کاروی

غیری لری:

- که چیرته یوه بنخه د شپو میاشتی نه کم ماشوم ولری آیا کولای شی د امیدواری د منخوی له پاره گدی گولی (COC) و کاروی؟ که به نشی کارولای نو ولې؟

به یاد ولری!

- که چیرته ماشوم مو شپو میاشتی نه وی رسیدلای نو د زیرون خغه د منخوی له پاره دکدو کولیو (COC) خغه گپه نشی اغیستلای خکه چې:
- ستاسی د شیدو دکموالی لامل گرخی



قابلیت های مختلف / گدی شوې کولی



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 کارکن صحتی به نزدیک ترین کلینیک خانه تان بروید تا معلومات بیشتر و راه حل برای تان داده شود

۱۳. دنورو مالوماتو لپاره روغتیاپی مرکز (کلینیک) ته مراجعه وکری

به دی انخور کپی خه گوری؟

- یوه بنخه اومیره چې ماشوم یې دشیپرومیاشته دی دشیپو وړکولو میتودپې څیر ښه توسره کړی غواړي چې دراتلونکې زیږون څخه له دوه کالونه څیرواتن ولري

عبري الړي:

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

په یاد ولری!

- هرکله چې تاسې دزیږون ترمنځ دواتن راوستلو دیلایللو میتودونو په هکله کومه اندیښنه ولری اویا ددوی څخه دگپې اخیستلو پرمهال دکومې ستونزې سره مخامخ شوی دروغتیا یې کارکوونکو سره د مشورې نه وروسته خپل نږدې روغتیاپی مرکز ته دلا څیرمالوماتو اودستونزو دهورولو 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 از طرف مردم آمریکا د آمریکا دولس لخوا HSSP امکان پذیر گردید. نظرات گنجانیده شده درین سند مربوط سهم گیرندگان بوده و لزوماً چشم دید USAID را انعکاس نمی دهد.



POSTPARTUM FAMILY PLANNING FOR COMMUNITY HEALTH WORKERS TRAINER'S MANUAL

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OVERVIEW

LEARNING RESOURCE PACKAGE FOR A POSTPARTUM FAMILY PLANNING WORKSHOP FOR COMMUNITY HEALTH WORKERS

Worldwide, 50% of pregnancies are not planned or wanted. Pregnancies that are spaced too close together decrease the likelihood of healthy newborn, child and maternal outcomes. A postpartum woman may become pregnant, even while she is breastfeeding or before her menstrual period has returned if she is not using a birth spacing or limiting method. Community health workers (CHWs) are often front-line health care workers—the first contact that the woman and family have with the health care system. Thus the CHW should be able to provide effective postpartum family planning counseling to her community.

ABOUT THIS PACKAGE

This package provides the tools a trainer needs to help CHWs learn how to counsel mothers and families about postpartum family planning (PPFP). It has materials you need to conduct a 3-day orientation for CHWs. You will teach how to provide accurate and effective counseling to the postpartum mother about healthy spacing of pregnancy, return to fertility (RTF), and appropriate birth spacing or limiting methods.

This package can be used alone or with other maternal and newborn care (MNC) training materials. The content covers counseling on suitable family planning (FP) method choices, primarily for breastfeeding mothers, with a strong emphasis on the lactational amenorrhea method (LAM). Why and when to make the transition from LAM to another modern method is covered in detail. The content focuses on helping the mother make the best method choice and understand how to use it. This package assumes that the CHW role will include counseling skills rather than skills in contraceptive method provision. Other PPFP updates include skills for the provision of specific birth spacing or limiting methods. Likewise, content on pregnancy, labor and delivery, postpartum care or newborn care is well covered elsewhere. Nor is the complex subject of HIV/AIDS presented in this learning resource package (LRP) except as it relates to breastfeeding practices.

The package emphasizes the importance of “no missed opportunities” to give women appropriate PPFP messages. This means that every client contact with pregnant or postpartum women is used to provide appropriate counseling and services. This package provides the content that is needed for PPFP counseling. It will, however, be up to the individual country/locale to decide where, when and how many times the CHW is expected to visit the mother to give these PPFP messages. Ideally, these visits will be conducted during pregnancy, at the end of pregnancy and several times in the postpartum period. For example, the mother’s health post visits for newborn care provide good “opportunities” for giving PPFP messages.

ADAPTABILITY OF THE PACKAGE

This LRP is a generic model, to be adapted as needed for the specific country where it is offered. It is understood that CHWs have various and differing functions: some are volunteers; some are

government workers; many are chosen by their communities; and others work for nongovernmental organizations. Given the PPFPP content, for the purpose of these materials it is assumed that most of the CHWs will be women. Some CHWs may already be counseling in the home on general health topics or on other MCH topics. For other CHWs using this PPFPP learning material, it will be their first or only counseling task.

It is recognized that different birth spacing or limiting methods are available in the public and private sectors in different countries. Materials and counseling information on any methods that are not locally available can be removed from the methods covered in Sessions 7 and 8.

ORGANIZATION AND USE OF THIS PACKAGE

This package of materials is intended to include all of the teaching materials and aids that a trainer will need to conduct training for CHWs in PPFPP.

The components of this package include:

- A participant’s manual, which includes those items that the CHWs will need as they proceed through the training, including the PowerPoint presentations, pre-test, handouts, LAM card and a set of illustrative counseling guides.
- The trainer’s manual, which includes the contents of the participant’s manual as well as this overview of the course, the pre-test and answer key and detailed session plans. A set of PowerPoint slides that contain the content for each session is also included.

The trainer will use the session plans in preparing for, and presenting, each session. The session plan will provide the following for the trainer: the topic of the session; the estimated length of time that will be required for the session; the learning objectives of the session; the materials that the trainer will need to have for the session; and the preparation that is required prior to the session. The session plan also explains in detail each activity that will be used in the session, and the key content that will be needed for that session. Much of this content is provided on the PowerPoint slides. However, each session plan provides additional information about the content, in a section entitled “Reference Information” that the trainer may need during discussion or to answer participant’s questions. Additional available information is also provided in the References at the end of the manual. The PPFPP message guide, *A Guide for Developing Family Planning Messages for Postpartum Women*, is a key reference for this training.

You will note that this package includes a pre-test, but does not include a post-test knowledge assessment. The pre-test is used to provide the trainer with an understanding of the areas that may need special attention during the training. For the “post-test,” the simulated and actual practice of PPFPP counseling using the CHW PPFPP Counseling Checklists will demonstrate the participant’s grasp of the knowledge and skills included in the training. Since the goal of the training is to equip CHWs to provide effective PPFPP counseling, assessment of their counseling skills will gauge their readiness to provide counseling to clients.

While graphics for the training sessions are presented in a PowerPoint format, it is recognized that projectors and electricity may not be available in all settings in which this training is conducted. The PowerPoints are designed so that the content can be transferred to transparencies, flip charts or other paper.

Finally, the reference materials for this workshop include several examples of pictorial counseling guides that can be used to guide the counseling session and provide visual reminders of messages. One counseling guide is from Nigeria and has the English translation for each message. The next guide has the French text for the messages, and the third guide has been developed and used in Afghanistan. Ideally, prior to the workshop, a group of in-country experts will design a locally acceptable counseling guide that includes the key counseling messages. If no local guide is available at the beginning of the training, and if neither Dari nor French is spoken by the participants, use counseling guide from Nigeria for your counseling demonstration as well as for the participants to use while practicing counseling.

WHO SHOULD USE THE PACKAGE

Although trainers and CHWs may have differing educational backgrounds, these workshop materials assume that the trainers are nurses, midwives or other health care providers who have a tenth-grade reading level. The workshop is designed to have at least one lead trainer, with the hope that there can be one additional trainer to function as a co-trainer. Ideally, there should be no more than 20 CHW learners. With more than 20 learners, it becomes very difficult to manage the role plays and other interactive games and exercises that are the basis of the training. It is very important that **EVERY** CHW learner has enough time to practice the role of being a PFP counselor.

While numerous FP training materials exist for facility-level providers, this package has been designed to address the need for materials appropriate for the community-level provider with limited literacy. Although CHWs may have varying literacy levels, this training package assumes the CHW has a sixth-grade reading level. It is hoped that this LRP will thus fill the existing gap and provide materials for the CHW counselors that are evidence-based, easily understandable and appropriate for their literacy level.

TEACHING METHODS USED IN THE PACKAGE

As with all competency-based training, the sessions are highly interactive with the focus on small-group work, demonstration/return demonstration, case studies, games and role plays to stimulate interest, energy and active participation of the learners. Visual aids are particularly important. Fewer words and more actions are the key for a training of this type.

In order for health care providers to develop competence in counseling skills, they must have opportunities to practice these skills. Different individuals require varying amounts of practice in order to become competent. While this workshop provides for several sessions of practice in a simulated setting, it is recognized that in some instances, the workshop may need to be extended to a fourth day to allow additional skill-building practice. It is hoped that, by the end of this workshop, each participant will have the knowledge and skills necessary to practice effective PFP counseling.

WORKSHOP SCHEDULE

TIME	DAY 1	DAY 2	DAY 3
1½ hours	SESSION 1 Welcome Topic 1: Introduction Topic 2: Overview Pre-test Topic 3: Goal and Objectives	Warm-up Review previous day SESSION 5 Topic 1: Healthy Spacing of Pregnancy Topic 2: Return to Fertility	Warm-up Review previous day SESSION 9 Topic: Counseling PPFP skills: Role plays, using pictorial counseling guides and checklist
Tea: 15 min			
1½ hours	SESSION 2 Topic 1: Reasons for PPFP Topic 2: CHW Role in PPFP counselling	SESSION 6 Topic 1: Introduction to LAM Topic 2: Switching from LAM	SESSION 10 Topic: Counseling all PPFP Skills and Methods: Role plays using pictorial counseling guides and checklist
Lunch: 12:00–1:00			
1½ hours	SESSION 3 Topic 1: Personal Values Topic 2: Breaking PPFP Barriers: Myths, beliefs, religion, misconceptions	SESSION 7 Topic: Other Modern Methods: Mini-pills, regular pills, injections, condoms	SESSION 11 Topic: Field Practice: PPFP Counseling Post-testing
Break: 15 min			
1 hour 15 min	SESSION 4 Topic 1: How to Be a Good Counselor Topic 2: Counseling Couples and Fathers	SESSION 8 Topic 1: IUD, Male and Female Sterilization Topic 2: Modern Methods: myths and realities Topic 3: Natural Family Planning	SESSION 12 Topic: Record Keeping 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 th day for more field practice as needed)

PRE-TEST ANSWER KEY

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

DAY 1: SESSION 1

TOPIC 1: INTRODUCTION

Time	30 minutes
Objectives	By the end of the topic, the Community Health Worker (CHW) will: <ul style="list-style-type: none">• Have received a welcome to the workshop.
Materials	Name tags, pens Participant booklets Tape for posting charts Trainer's manuals Registration forms Participant booklets
Preparation	Trainer's manuals (2, 1 for each trainer) Registration forms (20, 1 for each participant) Participant booklets (20, 1 for each participant) Classroom: arrange chairs/tables in semi-circle, if possible Check all audio-visual equipment for proper functioning Arrange logistics: breaks, lunches

Activities

Welcome

- Welcome participants and any officials or guests, such as Ministry of Health (MOH) representatives or community leaders.
- Formally open the training: give thanks and other remarks suitable to the local custom.
- Have participants create name tags.
- Have participants complete the registration form; collect upon completion.
- Ask participants to pair up and share some information with each other (e.g., birth place, marriage, number of children, favorite food, favorite color, etc.). Each participant then introduces her partner to the group. Continue around room until all are introduced.

TOPIC 2: OVERVIEW

Time	30 minutes
Objective	By the end of the topic, the CHW will: <ul style="list-style-type: none">• Have been shown the creative learning environment.
Materials	Kid's ball (small soccer ball) Flip chart stand/paper Markers in different colors Pre-tests and pens
Preparation	Pre-tests (20, 1 for each participant) Workshop schedules (22)

Activities

- Read excerpt from overview statement to briefly describe what the CHW PFP Workshop entails.
- Play the “name game” with ball:
 - Have participants form a circle, standing. While calling another participant's name, toss her the ball; continue calling a name and tossing the ball until everyone has had a chance to catch the ball. (This is a great ice-breaker activity; everyone laughs a lot.)
- With volunteers from the group writing responses on a flip chart, guide group discussion on ground rules, group norms, responsibilities and expectations (i.e., what they hope to learn). Post suggestions around room; refer to these charts as reminders over the course of the workshop.
- Assign daily tasks to participants: agenda, warm-up, time keeper, etc.
- Review the workshop schedule with participants; have a volunteer write today's agenda on a flip chart and post.
- Describe training methods to be used in the workshop and why. (See Reference Information.)
- Distribute the participant manuals and briefly describe how to use them in the training.
- Hand out pre-tests and pens, explaining that this is not a graded test; it is an anonymous (no names on it) exercise used to determine what participants know now about PFP. May want to call it the “what do you know now report” to make the test seem less threatening. Pre-test should take no longer than 15 minutes.

TOPIC 3: OBJECTIVE AND GOAL

Time	30 minutes
Objective	By the end of the topic, the CHW will be able to: <ul style="list-style-type: none">• Explain the purpose and goal of the training.
Materials	PowerPoint presentation #1 (or transparencies)

Activities

- Show **PowerPoint presentation #1** (or transparencies made from it) that describes the workshop objectives.

- State that at the end of the workshop, the CHWs will be able to:
 - Discuss the importance of PFP to the health of mothers and babies.
 - Explain healthy spacing of pregnancy (HSP) and return to fertility (RTF).
 - Talk with families about PFP myths, misconceptions and beliefs.
 - Demonstrate PFP counseling skills and use a PFP counseling flip chart.
 - Counsel breastfeeding women on all available FP methods, including LAM, and how to transition (switch) to other modern FP methods.
- End session by stating that the **goal of the workshop is to help CHWs provide effective PFP counseling**, adding that they will start learning promptly after a tea break.

REFERENCE INFORMATION

Purpose of the Trainer’s Manual

The purpose of this manual is to assist trainers in conducting the workshop on PFP for the CHW. Based on principles of adult learning, this manual promotes a training approach that is participatory, relevant and practical.

Adult Learning Principles

Adult learning principles are based on the following assumptions:

- The participants are interested in the topics.
- The participants wish to improve their knowledge, skills and job performance.
- The participants desire to be actively involved in course activities.

Hands-on Training Techniques

To achieve effective experiential learning, the trainers must use appropriate “hands-on” training techniques, which are emphasized in this manual.

This approach is perhaps best described by an old Chinese proverb:

WHAT I HEAR, I FORGET
WHAT I SEE, I REMEMBER
WHAT I PRACTICE, I CAN DO

Through the use of this Trainer’s Manual—along with a thorough understanding of the Participant’s Manual, presentations, handouts and job aids—trainers will be able to:

- Explain the purpose of the training sessions.
- Conduct the sessions according to adult learning theory.

- Use the principles of competency-based training.
- Impart the methods of practical skill training and experience.

Methodology Used during the Training

This training workshop will consist of:

- Short presentations to show basic information and teach appropriate messages for counseling women on PPF.
- Brainstorming, participatory discussions and small group work.
- Exercises and role plays for key skills in PPF counseling.
- Use of checklists to learn counseling skills and give guidance on PPF methods.
- Active practice sessions to gain first-hand experience.
- Exposure to actual clients in the field to practice new competencies.

The Trainer’s Manual will be used as a reference to conduct the training session.

The trainer-participant ratio should be: 1 trainer for large group sessions with 20 participants; and 1 trainer for every 5 participants for small-group work and hands-on clinical experiences.

Each Session of the Trainer’s Manual includes the following components

Session	Each session is numbered. There are 12 sessions over the 3 workshop days.
Topic	A title for the subject within the session. There can be up to 3 topics covered in a session.
Time	The approximate time for the session and topics, adjustable as needed.
Objectives	The knowledge and/or skills the participants can expect to have by the end of the topic or session.
Materials	The materials needed to conduct the topic or session.
Preparation	Any preparations that need to be completed ahead of time, e.g., the day before.
Activities	A description of the training methods or steps to be used during the topic/session. Activities include key concepts and information necessary to meet the objectives and conduct the session.
Reference Information	Additional information for the trainer to better understand the subject of the topic/session and to share with participants as needed.

DAY 1: SESSION 2

TOPIC 1: REASONS FOR PFP

Time	50 minutes
Objectives	By the end of the topic, the CHW will be able to: <ul style="list-style-type: none"> • Explain the importance of PFP. • Discuss timing of pregnancies that help the woman and baby to stay healthier. • Describe factors that support the use of FP, and those that do not support it.
Materials	PowerPoint Presentation #2a (or other graphic representation of this information using flip chart, overhead or copies) Flip chart Markers Paper and pens Items for the “Problem Tree” game
Preparation	Make items for the “Problem Tree” game: <ul style="list-style-type: none"> • Draw a “sad” tree on a flip chart and a “happy” tree on another flip chart • Write the word “effects” near the branches and the word “causes” near the roots. • Prepare the cards. The cards are in 4 categories. Write 1 phrase by itself on each card; do not include which category it is in.

CATEGORIES	PHRASES
1. Causes for no PFP	No FP knowledge, no transportation, FP is dangerous/may affect breast milk, no clinic appointment for mother after having a baby, no FP available, cannot get pregnant while breastfeeding, no need because no menses yet
2. Cause/motivation for using PFP	Clinic appointments for postpartum mothers, mother knows how to use PFP, CHW comes to house and explains PFP methods, mother learns about PFP during pregnancy, husband learns about PFP methods, mother knows her fertility can return before menses
3. Effects if not using PFP	Unwanted pregnancy, too many babies too close together, mother or baby sick, abortions, mother has problems in pregnancy and birth
4. Effects if using PFP	Mother is healthy, baby is healthy, children are more than 2 years apart in age, family is happy and healthy, family has enough money, children go to school

Activities

- Show **PowerPoint presentation #2a**.
- Ask the group: What is PFP? How is it different from FP at any other time?
- Begin the “Problem Tree” game:

- To introduce the game state, “We know how trees grow. For a tree to grow tall and have big, leafy branches, there must be a good foundation first; the roots must be good and strong. Here we have 2 trees, drawn on separate flip charts; one sad, “problem” tree to show what happens without PFP; the other a “happy” tree to show what happens with PFP. Please take 1 card from the box (or bag) without looking. You will be divided into 4 groups. In each group, discuss and decide where on the trees to tape your cards. When you are ready, put your cards on the correct tree and in the correct place—either at the roots (causes) or in the branches (effects).
- Following introduction, divide participants into 4 groups.
- When everyone is done, explain to the participants that there is no winner. Ask everyone to check the placement of the cards. Ask participants if they agree on the placement of cards. If participants have different answers, try to get the group to explain where the disputed cards belong and why.
- Brainstorm the benefits of using PFP:
 - Ask participants to brainstorm the benefits of using PFP. Write a list of the responses on a flip chart. When complete, praise everyone. Suggested answers: healthy baby/children, healthy mother, happy family, enough money, enough food, healthier life, children when wanted, no unwanted pregnancy, less miscarriage, fewer abortions, less HIV/AIDS, less mothers dying, less babies or children dying, healthy community, children can go to school, father can make more money for the family.

REFERENCE INFORMATION

Why is PFP Important?

Key points

- Many mothers and babies around the world die because of problems with pregnancy and birth.
- It is true that 1 woman dies due to pregnancy- or childbirth-related causes every minute. That is more than half-a-million women who die each year. There are many reasons: One is because some mothers have too many babies born too close together.
- Mothers who have babies too close together can suffer health problems.
- Babies and older children born too close together can have health problems.
- Babies born too close together can become a financial hardship for the family.

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.

Current Research Statistics

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

- Some mothers want to stop having more babies; But 1 in every 4 women continues to have babies more often than every 2 years.
- Almost half (40%) of postpartum women say they want to use FP but do not, which is called “unmet need.”

Why is this so?

- Many postpartum mothers do not know they can get pregnant again before their menses returns.
- They do not get FP until it is too late.
- Health care workers also may not know and do not give FP advice in time to be helpful.
- Usually there is no clinic visit for the mother after birth to provide her with FP.

Mothers Need Counseling Advice on PPF!

Good FP counseling, given several times before and after a birth, provides postpartum mothers with the knowledge they need.

With PPF counseling, mothers and couples can:

- Decide the family size they want.
- Have their babies when they choose and not just because it happens.
- Learn the importance of spacing pregnancies to keep mothers and children healthy.

Definition of PPF: The initiation and use of FP during the first year after a delivery. PPF is a means by which a couple, or an individual, voluntarily decides on the number of children to have, how to space them and when to stop. It involves the use of modern and natural FP methods to make these decisions possible.

TOPIC 2: PPF COUNSELING AND THE ROLE OF THE CHW

Time	40 minutes
Objectives	By the end of the topic, the CHW will be able to: <ul style="list-style-type: none"> ● Describe the role of CHWs in PPF. ● Explain why CHWs are the appropriate people to offer PPF counseling. ● Explain important PPF messages CHWs can give when counseling. ● Discuss “no missed chances” to counsel women on PPF.
Materials	PowerPoint presentation #2b
Preparation	None

Activities

- Show **PowerPoint Presentation #2b**, guiding the discussion according to the notes for each slide, rather than reading the slides.
- Keep the final slide on the screen.
- Next, tell a story:
 - “Once there was a family with 6 children. The oldest child was 10 years old. The others were 8, 6, 4, 3, and the youngest was only 1 year old. When the mother gave birth to her 7th child, a baby boy, he was born too soon, was very small, and he died when he was just 2 days old. The family was very sad. Four weeks later, the mother saw her menses again, but only that one time. The next month it did not come, nor the month after that, nor the next month. Soon she knew she was pregnant again, but felt very weak. She could not even go to the community well to fetch the water. She had a difficult time throughout the pregnancy, never feeling strong enough. She had no appetite; she had headaches. But luckily she carried the baby the full term. The baby, a girl this time, was born healthy, but the mother had very heavy bleeding afterward and was too weak to get up out of bed and care for her other children. The father had to stay home from his work in the field and care for the family, but then he did not earn any money to buy his family food.”
- Then ask:
 - Do you know of stories like this one? (Volunteers tell their stories.)
 - What are the common problems in these tales?
 - What can be done for these mothers and families? What help do they need? Write responses on flip chart. (Guide the discussion toward need for PFP information).

REFERENCE INFORMATION

The Role of the PFP Counselor

CHWs learn to be household counselors to reach mothers during pregnancy and after childbirth. Specifically, they counsel them on healthy spacing of pregnancies, return to fertility, FP methods appropriate for breastfeeding women, and address beliefs and myths about PFP.

As a household counselor, the CHW role may include:

- Raising awareness about the importance of healthy spacing of pregnancies.
- Addressing beliefs about when a woman can become pregnant after her most recent delivery.
- Raising awareness about the range and availability of FP methods that can be used by breastfeeding mothers.
- Addressing some myths, beliefs and rumors about using FP during the postpartum period that may prevent mothers from protecting themselves from unplanned pregnancies.
- Providing short-term methods (such as condoms, pills and injectables) in some contexts.
- Referring mothers to a provider for PFP methods.

- Helping to create a supportive environment for postpartum mothers by talking to their husbands, mothers-in-law or others about PPFPP.

Key Counseling Points

CHWs will learn how to give mothers messages about:

- When they can become pregnant after a birth.
- Healthy spacing of pregnancies.
- The importance of postpartum care for the mother, not just care for baby.
- Using a FP method by the first 6 weeks postpartum for breastfeeding mothers, especially LAM and how to use it.
- Getting a FP method within 3 weeks for mothers who do not breastfeed.
- Different PPFPP methods mothers can use.
- How to deal with barriers to using PPFPP.

CHWs will learn the messages and how to give them so mothers can space their pregnancies.

WHEN to give these PPFPP messages is very important!

REMEMBER: CHWs must make PPFPP visits to mothers during pregnancy, and several times after the birth of the baby, so there are no missed chances to offer her PPFPP counseling help!

The idea of “no missed chances” to counsel mothers is so important because mothers need a FP method:

- Within 6 weeks after childbirth if breastfeeding
- Within 3 weeks after childbirth if not breastfeeding

DAY 1: SESSION 3

TOPIC 1: CHW PERSONAL VALUES

Time	45 minutes
Objectives	By the end of the topic, the CHW will be able to: <ul style="list-style-type: none">• Express his/her own values about PFP.• Explain why a CHW's personal opinion and values should not be part of counseling women and families.
Materials	Flip charts (2) PowerPoint Presentation #3, slides 1 and 2
Preparation	Write 2 titles at the top of 2 different flip chart pages: "Agree" and "Disagree" Post the flip charts in 2 different places in the room.

Activities

"Understanding One's Values" Exercise

- Show **PowerPoint presentation #3, slides 1 and 2**; follow the notes page for each slide.
- Begin exercise by providing instructions: "There are 2 flip charts on the walls, (pointing to them) one has "agree" written at the top and the other has "disagree." I will read aloud 6 statements about PFP, one at a time. After I read a statement, each participant is to stand under the flip chart that best describes her opinion about that statement. The group at each flip chart should discuss why they feel they way they do about the statement. After the discussion, ask a group member to report to the whole group. Then, we will go to the next statement and do the same thing until we have discussed all 6 statements."
 - The 6 statements are:
 - Women who breastfeed for 2 years will not get pregnant, so they don't need PFP counseling.
 - Married women can get PFP methods without discussing it with their husbands.
 - Women who only have 1 child do not need information about PFP.
 - Women who use salt or vinegar as a PFP method are well-protected from getting pregnant.
 - Women should wait 6 months after having a baby to get PFP information because they are not at risk for pregnancy before then.
 - Women already use breastfeeding to prevent pregnancy, so there is no need to counsel them about LAM.
- Summarize the exercise: "All of us have heard many differences. Some are opinion differences, some are a result of not having good factual information and some are based on having correct information."
- Briefly mention that: 1) women who breastfeed can get pregnant within 6 weeks after birth if they are not using an FP method (They may use LAM, which we will discuss later.); and 2) salt or vinegar is not an effective way to prevent pregnancy, and that women should get PFP information as early as during pregnancy or early postpartum.
- Ask: What will make it easy or difficult for you to discuss statements like these with the women you see?
- After the discussion, thank everyone!

Brainstorming Session

- Ask the class: What other statements have you heard regarding FP that might cause different feelings? If a participant offers a statement, ask for a show of hands, one at a time, for: 1) who agrees with the statement, 2) who disagrees, and 3) who has no opinion or feels neutral on the statement.
- Occasionally, look at a certain participant and say, “That’s not correct,” whether or not it is correct. Then ask her how that made her feel. Did she feel like talking more? Did she feel embarrassed? Tell the class that you made those comments to show how clients may feel if they give a negative opinion about their beliefs. Explain that if they need to correct misinformation, that they do it in a gentle way, acknowledging any part of their statement that is correct, assuring that many other people also have such a false belief and gently giving the correct information.
- Summarize: Opinions and facts are different, and it will be important as PFP counselors to learn the factual PFP information. CHWs may have their own personal opinions about something, but in counseling it is important to share the factual information and to keep one’s own opinions and values to oneself. In addition, the training will address some of these issues and provide information that can be used during counseling.
- Show **PowerPoint presentation #3, slides 3–5**, reading the key messages about values.

Key Messages

- Everyone had his/her own values based on one’s own customs, community and background.
- CHWs need to keep their values separate from their counseling.
- CHWs need to try to accept different opinions and attitudes.
- Do not let one’s own values become a barrier to giving good PFP counseling.
- Remember that the role of the CHW is to give good counseling by sharing correct information NOT her personal values or opinions.

TOPIC 2: BREAKING BARRIERS TO PFP COUNSELING AND PFP METHOD USE—MYTHS, BELIEFS, RELIGION AND MISCONCEPTIONS

Time	45 minutes
Objectives	By the end of the topic, the CHW will be able to: <ul style="list-style-type: none">● Discuss myths, beliefs and misconceptions about when it is possible to become pregnant after a pregnancy or during breastfeeding.● Explain PFP methods to prevent pregnancies.
Materials	PowerPoint presentation #3, slides 6–12 Flip charts (4) with one question written on each: <ol style="list-style-type: none">1. When can a woman become pregnant again after having a baby?2. How can a woman prevent a pregnancy?3. What are FP methods (contraception) for birth spacing?4. When does a woman have to start FP if she is breastfeeding?

Activity

- Show **PowerPoint presentation #3, slides 6–10**, and discuss barriers to PFP.
- Begin small group work, showing **slides 11–12**.
- Divide participants into 4 groups by counting off 1, 2, 3, 4. Or if it works out by the numbers, have each community form a group.
- Explain that each group will:
 - Receive a flip chart with a question.
 - Discuss and answer the question, based on the beliefs you have heard women (or men) say in your communities.
 - Write the beliefs on your flip chart.
 - Choose one member to report to the whole group.
- After each group presentation:
 - Ask other participants if they have other examples of myths and beliefs about that question.
 - Give the right answers (see correct answers below) saying: “This is the factual information, based on good PFP evidence.”

EXAMPLES OF MYTHS AND BELIEFS IN SOME COUNTRY CONTEXTS	
Question and Myths	Correct Answer
When can a woman become pregnant after a birth? <ul style="list-style-type: none"> ● 6 months after a delivery ● Any time after delivery ● After weaning her baby ● 40 days after delivery 	A woman can get pregnant within 3 weeks if she is not breastfeeding. If she is breastfeeding, she can become pregnant as soon as 6 weeks.
How can a woman prevent pregnancy? Methods that do NOT prevent pregnancy: <ul style="list-style-type: none"> ● Wear amulet around waist until want to get pregnant ● Cooked tree bark with red potash—take 1 time per month during or after menses ● Writing that is put inside a pillow, twisted in hair or pinned/tied into clothing ● Put a ring with an inscription on the second toe until want to get pregnant ● Fruit or tablet—take 1 to prevent pregnancy for 1 year, take 2 to prevent pregnancy for 2 years ● Schweppes and aspirin—drink immediately after sex to flush out sperm ● Salt—drink or insert salt vaginally before intercourse to kill off sperm 	By using PFP methods: 3 weeks after having a baby if not breastfeeding, 6 weeks after having a baby if breastfeeding. It is good to choose a method before you are at risk of a pregnancy.

EXAMPLES OF MYTHS AND BELIEFS IN SOME COUNTRY CONTEXTS	
Question and Myths	Correct Answer
<p>What are FP methods for birth spacing? Methods that do NOT prevent pregnancy:</p> <ul style="list-style-type: none"> • Modern contraceptives will prevent women from having children when they want them, because they destroy the egg completely. • Taking modern contraceptives will stop a woman from giving birth again. • God will protect you from having a child when you do not want one, so it is not “godly” to take modern contraceptives. • Do not accept any contraceptives (modern or traditional) because cannot out-smart God. 	<p>There are many available modern methods of PFP that are safe with breastfeeding and that do not stop fertility when method is stopped.</p>
<p>When does a woman start FP if she is breastfeeding?</p> <ul style="list-style-type: none"> • No need for FP while breastfeeding • FP is bad for breast milk • FP will make the baby sick • When baby is weaned 	<p>If she is breastfeeding only, her menses has not returned, and the baby is less than 6 months old, she is using the effective and natural method called LAM. If one of those 3 things changes, she must change to another modern method.</p>

- Sum up the session, showing **PowerPoint presentation 3, slides 5–11**.
- Read the key points or, if enough time remains, encourage discussion from the group on how to dispel myths and misunderstandings and negotiate religious beliefs or laws.

Key Messages
<ul style="list-style-type: none"> • The CHW may often meet resistance to PFP counseling because of a woman’s or families’ beliefs or values. • Having good PFP information will enable CHWs to help women/families learn helpful PFP methods. • In the sessions tomorrow, the CHW will learn the PFP messages in each of the counseling topics in order to give good PFP information to women and families.

DAY 1: SESSION 4

TOPIC 1: HOW TO BE A GOOD PFP COUNSELOR— COUNSELING

Time	45 minutes
Objectives	By the end of the topic, the CHW will be able to: <ul style="list-style-type: none">• List effective communication skills.• Discuss how and why to use effective communication skills when counseling a woman or couple about PFP.
Materials	Flip chart and pens PowerPoint presentation #4, slides 1–5 Handout #1: Comfort when Counseling Men
Preparation	Baby doll Rug for sitting 20 copies of Handout #1: Comfort when Counseling Men”

Activities

- Show **PowerPoint presentation #4, slides 1–5**. Do not read, but follow guidance from notes page for each slide.
- Begin demonstration role plays, **PowerPoint presentation #4, slide 6**.

Role Play #1

Directions

A trainer will select 2 learners to perform the roles of a woman holding her baby and the husband. A trainer will perform the role of the CHW. The 2 learners taking part in the role play should take a few minutes to prepare for the activity by reading the background information provided below.

Roles

Mother with baby: She delivered her baby 5 months ago and is no longer only breastfeeding. Her menses has returned.

Husband: He is seated with his wife on the floor. Since his wife has never used a contraceptive previously, he has many questions. He asks: Why does his wife need a FP method if the baby is less than 1 year old? Will use of a FP method harm the baby who still breastfeeds occasionally?

CHW: The CHW comes in to area where the husband and wife are sitting on the floor. She stands over them, is looking down at her papers, starts talking to them without addressing them or looking at them and lectures about PFP methods. When they ask a question, she doesn't listen and just continues reading from her papers.

Focus of the Role Play

The focus of the role play is the interpersonal interaction between the CHW and the couple. This role play will demonstrate poor verbal and non-verbal communication skills.

Role Play #2

Directions

A trainer will select 2 learners to perform the roles of a woman holding her baby and the husband. A trainer will perform the role of the CHW. The 2 learners taking part in the role play should take a few minutes to prepare for the activity by reading the background information provided below.

Roles

Mother with baby: She delivered her baby 7 months ago. She continues to breastfeed occasionally. Her menses has returned. She and her husband are thinking about using a family planning method.

Husband: He is seated with his wife on the floor. Since his wife has never used a contraceptive previously, he has many questions. He asks: Why does his wife need a FP method if the baby is less than 1 year old? Will use of a FP method harm the baby who still breastfeeds occasionally?

CHW: The CHW comes into the area where the family is sitting on the floor. She sits down with them, greets them warmly and introduces herself. She makes a little joke about the weather then states her purpose for her visit and asks if this is a good time to talk together. They say yes. She asks them what their concerns and needs are, what they would like information about. She listens very carefully to what the couple says, and repeats their questions to be sure she understood correctly. The CHW says she will be happy to provide them with information on PFP methods, so that they can decide which will be the best choice for them.

Focus of the Role Play

The focus of the role play is the interpersonal interaction between the CHW and the couple. This role play will demonstrate effective verbal and non-verbal communication skills.

Role Play Discussion

Explain that these role plays were not designed to talk about the specifics of FP methods but rather to demonstrate how to be a good counselor.

Ask the class the following discussion questions:

- In which role play was the CHW a better counselor?
- What non-verbal cues were used in each role play?
- What made role play #2 a better counseling session?

Write the discussion responses on a flip chart.

If not mentioned by the group's responses, add:

- CHW shows the family respect and kindness (e.g., sits with them, introduces, eye contact, etc.)
- Helps them feel at ease (e.g., a little joke, sitting same level).
- Encourages questions; finds out their needs.

- Listens carefully. Uses “active listening” and silences effectively.
- Checks that she understands by repeating back what the family said.
- Lets the woman/couple’s wishes guide the discussion.
- Gives key information using words the family knows.

Key Points—Good Communication Skills

- Try to earn the family’s trust.
- Use a private, quiet place.
- Talk together to help the woman make her own decision.
- Let go of personal beliefs/feelings when counseling.
- Use active listening.
- Use silence.
- Use open questions (not ones that can be answered “yes” or “no”).
- Use simple words and pictures and objects to explain.
- Repeat back what you think you hear.
- Encourage the mother to ask questions.
- Respect woman’s/family’s rights and beliefs.
- Give only needed information.
- Give correct information.
- Give praise and encouragement.

TOPIC 2: COUNSELING COUPLES, COUNSELING THE FATHER

Time	30 minutes
Objectives	By the end of the topic, the CHW will be able to: <ul style="list-style-type: none"> ● Explore his/her feelings on the subjects of counseling men, sexual activity and FP. ● Explain the importance of counseling both a woman and the father. ● Explain the importance of timely counseling so that couples choose a PFP method before they need it.
Materials	PowerPoint presentation #4, slides 7–11
Preparation	20 copies (or one for each participant) of Handout #1: Comfort when Counseling Men

Activities

- A check on CHW comfort when counseling men:
 - Explain that you are going to read some statements and participants should raise their hands if they agree.
 - Read each statement from the table below, and state how many agreed with the statement.

- After reading all of the statements and getting responses from participants, comment on those statements that show some discomfort among participants.
- Discuss each statement and ask group to brainstorm ways to make it easier to provide PPFp counseling to men as well as women.

STATEMENT (From Handout #1)	AGREE	DISAGREE
I feel more comfortable with giving FP counseling to a postpartum woman than to her husband.		
I believe men are not interested in discussing PPFp.		
I think men would rather get FP information from a man than a woman.		
I feel comfortable talking to husbands about a mother's return to sexual activity after having a baby.		
I am comfortable talking about male methods of contraception (e.g., withdrawal, condoms).		
I feel comfortable talking with married couples about use of condoms to prevent STIs and HIV.		
I am comfortable in making sure that the woman is able to express her needs and concerns when talking with a couple about FP.		
I look forward to including men in counseling for PPFp.		

- Show **PowerPoint presentation #4, slides 7–11**. Do not read, but follow guidance from notes page for each slide.

Remember

CHWs will learn how to give mothers **messages** about:

- When they can become pregnant after a birth;
- The importance of postpartum care for the mother, not just care for baby;
- Using a FP method by the first 6 weeks postpartum for breastfeeding mothers, especially LAM and how to use it;
- Getting a FP method by 3 weeks for mothers who do not breastfeed;
- Different PPFp methods mothers can use; and
- How to deal with barriers to using PPFp.

Key Points

- Important to counsel the couple together so both understand and agree on FP methods.
- The CHW needs to show she is comfortable talking in front of men about PFP and the subject of sex.
- The CHW can use counseling skills to make it easier for couples to talk about the uneasy subject of sex and PFP.
- It is important to counsel when the woman is pregnant.
- It is important for a couple to choose a method by the time the baby is 6 weeks old, if breastfeeding, or by the time the baby 3 weeks old, if NOT breastfeeding.
- An early understanding of PFP can help prevent an unplanned pregnancy.
- A woman has the right to get counseling and the FP method of her choice even if husband is not in agreement.

Today CHWs learned the important ways to counsel women/couples so they can trust you and understand you.

Tomorrow CHWs will learn the messages and how to present them so that mothers can space their pregnancies.

DAY 2: SESSION 5

TOPIC 1: HEALTHY SPACING OF PREGNANCY (HSP)

Time	1 hour
Objectives	By the end of the topic, the CHW will be able to: <ul style="list-style-type: none">● Define HSP.● Explain the benefits of HSP to women, children and fathers.● Discuss 5 key counseling messages for HSP.● Address beliefs, misconceptions or values that may prevent healthy spacing.
Materials	PowerPoint presentation #5a Flip chart Markers (for 4 groups)
Preparation	None

Activities

- Define HSP:
 - Ask: What is Healthy Spacing of Pregnancy?
 - After listening to participant responses, confirm participant's definitions or say, "HSP means waiting at least 2 years between birth and starting the next pregnancy so mothers and babies have the best health."

HSP = 2 years from birth to trying to become pregnant

- Ask: Have you or a family member or a friend used HSP in his/her own life? Can you tell us about it?
- **Begin small group work to discuss HSP counseling points and benefits, and myths and misconceptions:**
 - Divide participants into 4 groups in a new way to get a different combination of people and ask them to sit in their new groups.
 - Show **PowerPoint presentation #5a, slides 1 and 2**; Stop on **slide 3** (or give handout to each group that has the drawing of the large family).
 - Ask: What do you see in the picture? After groups discuss, have a presenter from each group talk about what they see in the picture.
 - **Counseling Points and Benefits:** Review the points on **slide 4** (counseling) and **slides 5–8** (benefits of HSP). Then ask each group to think about messages they might want to share with this family and write them on a flip chart. Ask each group to report on their messages. Ask participants which messages are helpful (i.e., accurate and effective communication).
 - **Myths/misconceptions:** (or handout) give each group one of the misconceptions from **slide 9** to discuss among themselves and then present how they would address that misunderstanding so it is not a barrier to using HSP (**slide 10**).
 - Have group share responses in plenary session.
 - Summarize with **slide 11**.

REFERENCE INFORMATION

Why Should Women/Couples Use HSP?

Benefits for women

- Less chance of problems during the next pregnancy.
- Less chance of complications during childbirth (e.g., stuck or too long labor, fits, too much bleeding)
- Less risk of postpartum problems (e.g., too much bleeding, fits, weak, high blood pressure, mother dying)
- Healthy spacing prevents unwanted pregnancies; HSP means fewer abortions.
- Allows mothers to breastfeed for 2 full years.
- Helps each co-wife have healthy children.

Benefits for fathers

- Helps fathers protect the health and happy life of their wives and children.
- Allows fathers to save money for their next child.
- Gives mothers and fathers 2 years to get ready for the next pregnancy.

Benefits for children

- Less chance that newborns, infants and children will die under 5 years old.
- Less chance that babies are born too early, too small or with a low birth weight.
- Fewer stunted or underweight children.
- Baby gets benefit of breastfeeding for 2 years.

Key Points—Counseling Messages for HSP:

- WAIT at least 2 years after your baby's birth before trying to become pregnant again. This is for the health of you and your baby.
- WAIT at least 6 months after a miscarriage before trying to become pregnant again. This is for the health of you and your baby.
- PRACTICING HSP helps you wait at least 2 years after the birth of your last child or 6 months after a miscarriage to become pregnant again.
- To practice HSP use PFP methods that are safe for a breastfeeding baby and mother.
- There are many choices safe for breastfeeding women (e.g., LAM, mini-pills, IUD, condom).

TOPIC 2: RETURN TO FERTILITY (RTF)

Time	30 minutes
Objectives	By the end of the topic, the CHW will be able to: <ul style="list-style-type: none"> ● Define return to fertility (RTF). ● Explain when a woman can become pregnant after a pregnancy. ● Discuss key counseling points about RTF. ● Clarify common beliefs and misconceptions about RTF.
Materials	PowerPoint presentation #5b 20 prepared Post-it notes or pieces of paper Celo tape (if Post-it notes are not available) flip chart with line down the center to make 2 columns with “True” and “False” written at the top Basket/bag to collect Post-it notes
Preparation	20 Post-it notes or pieces of paper, each with one RTF statement written on it NOTE: Do not write the (T) or (F) on each Post-it; this is the key for the trainer
Return to Fertility Statements	<ul style="list-style-type: none"> ● It is not predictable when a mother can get pregnant again. (T) ● Mothers know when they can get pregnant again because it will be the same as what happened last time. (F) ● Mothers cannot get pregnant while they are breastfeeding. (F) ● Women won’t get pregnant if they only have sex once in a while. (F) ● Women can’t get pregnant until their menses returns. (F) ● Women can wait until their menses returns before using FP. (F) ● Even if mothers breastfeed only once in a while, they are protected from pregnancy. (F) ● Mothers who do not breastfeed can become pregnant 3–4 weeks after birth. (T) ● Mothers who breastfeed exclusively cannot become pregnant until at least 6 weeks after they have a baby. (T) ● Women are protected from pregnancy if they are only breastfeeding, their menses hasn’t returned, and the baby is under 6 months old. (T) ● Women cannot get pregnant if the baby is under 1 year old. (F) ● Sex can harm the breast milk. (F) ● Women should wait until return of menses before having sex again. (F) ● Women should wait 40 days before having sex after having a baby. (F) ● Menses won’t return as long as the mother is breastfeeding. (F) ● Fertility will not return until the woman wants another baby. (F) ● If the mother is breastfeeding but also giving the baby some food or other liquids, her fertility can return. (T) ● If a mother/couple knows when fertility returns, they are able to better plan their next baby. (T)

Activities

- Show **PowerPoint presentation #5b**, following the guidance on the notes page of each slide.
- Introduce the True/False game:
 - Hand out 20 Post-it notes, each with a different statement, 1 to each participant.

- At front of room place a flip chart with 2 columns: True and False.
- Participants place their Post-it, either under “True” or “False” columns on flip chart.
- Review the chart; re-arrange the Post-it to the proper column, as necessary—engaging the audience to comment on what they think and explaining the reason why each statement is either true or false. (The correct answers are written as (T) or (F) at the end of each statement on the preparation instructions.)
- Use this exercise to emphasize the facts of RTF and point out that there are many myths and misunderstandings that the CHW will encounter.
- Then ask what other myths and beliefs the CHWs know about, again emphasizing what is factual RTF information and key counseling.

REFERENCE INFORMATION

Return to Fertility

For non-breastfeeding mothers

Non-breastfeeding women can become pregnant as soon as 4–6 weeks after delivery.

When the baby sucks at the mother’s breast, eggs are not made and released by the mother and so she cannot become pregnant. With less sucking there is more likelihood of egg’s being made and released and the mother becoming pregnant. Most non-breastfeeding women start menses within 4–6 weeks after birth. However, in about 33% of first cycles the woman does not release an egg (not fertile). Therefore pregnancy is less likely than when normal cycles resume.

In non-breastfeeding women, the first egg release occurs around 45 days postpartum, but may occur 3 weeks after the birth. Although, there is some risk of a pregnancy that could be harmful to the mother and the infant at this time. FP can keep the mother and infant healthy.

For breastfeeding mothers

When a breastfeeding woman can become pregnant again varies based on how often and how long she breastfeeds. Fertility is less predictable in breastfeeding women who also give other feedings to their babies. These women are at risk of pregnancy even though their menses has not yet returned.

Women who are breastfeeding some of the time may become pregnant as soon as 6 weeks after a birth.

Women who ONLY breastfeed may become pregnant once their menses return, once they begin feeding food or liquids other than breast milk to the baby, or when their baby is 6 months old—whichever occurs first.

After an abortion (either miscarriage or induced)

Following a first trimester abortion (either miscarriage or induced), a woman's fertility starts almost immediately, within 10–12 days. After a second trimester abortion, a woman's fertility usually starts within 4 weeks.

Becoming pregnant after having a baby depends on

- When her menses return
- How a woman breastfeeds
- When a woman starts sex again

When a mother can become pregnant after a birth is NOT predictable.

3 weeks—For mothers who not breastfeeding

6 weeks—For mothers who breastfeed and give other foods or liquids

6 months—For mothers who ONLY breastfeed

Other Important Fertility Information

- Menses is one sign of fertility, but you can become pregnant again, even if your menses has not yet returned!
- Every pregnancy is different, even for the same woman. You cannot predict fertility from what happened after your last baby.
- Since waiting a long time to start sex again after having a baby is not as common as it used to be, it is very important to know how to space your pregnancies.
- Knowing when you can become pregnant after your last birth, helps you to plan when to start using a method to prevent an unplanned pregnancy.
- It is important to make plans for FP before your menses return.
- Sex during the breastfeeding months cannot harm the baby or the breast milk.
- After having a baby, whenever a mother is comfortable to start sex again, it is important to use a FP method to space the next pregnancy at least 2 years.

Key Points—Counseling Mothers

- You CAN become pregnant soon 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.
- To space your next pregnancy at least 2 years after your last baby, start FP before you start having sex again.

DAY 2: SESSION 6

TOPIC 1: INTRODUCTION TO THE LACTATIONAL AMENORRHEA METHOD (LAM)

Time	45 minutes
Objectives	By the end of the topic, the CHW will be able to: <ul style="list-style-type: none">• Define LAM and its 3 important criterions.• Explain the benefits of LAM.• Describe how breastfeeding and LAM are different.• Explain LAM use for the HIV-infected mother.
Materials	PowerPoint presentation #6a Basket/bag to hold statements Prize for Understanding LAM Criteria Contest
Preparation	Flip chart with 3 columns: Team 1, Team 2, Team 3 9 cards/pieces of paper, each with 1 of the LAM statements written on it
LAM Statements	<ul style="list-style-type: none">• Baby is 3 months old and breastfeeding except at night when gets formula.• Baby is 4 months old, breastfeeding sometimes; mother has no menses yet.• Baby is 5 months old and only breastfeeding; menses has returned.• Mother has light bleeding 2 weeks after birth and is only breastfeeding.• Mother has no menses yet, baby is 7 months old and only breastfeeding.• 4-month-old baby, breastfeeding only, day and night, every 2–3 hours.• Baby is 3 months old, breastfeeding and gets special baby tea 2 times a day.• Baby is 8 months old, still breastfeeding day and night; mother has no menses yet.• Baby is 4 months, breastfeeding only, plus vitamin; mother has no menses.

Activities

- Show **PowerPoint presentation #6a, slides 1–12**, following the notes page for guidance.
- Begin the **“Understanding LAM Criteria Contest”**:
 - Display slide (or transparency) that shows the 3 LAM criterions and divide participants into 3 teams (counting off 1, 2, 3).
 - Provide instructions: “Please get into your 3 different teams. You see there is a flip chart with 3 columns marked Team 1, Team 2, Team 3. I have this basket/bag that has 9 cards/pieces of paper. Each paper has a statement on it. Each team will reach in and pull out 3 pieces of paper. I will ask one person from each team to read a card/paper and say if it meets LAM criteria and why, or what is still missing. For each correct answer, a team gets a tick under their column on the flip chart. We will continue until all cards have been read and answered. The team that gets the most correct answers gets a prize.”
- **Answers to LAM statements**: Here are the statements with correct answer in parentheses; **(Y) = Yes**, meets LAM criteria; **(N) = No**, does not meet LAM criteria. If some criteria are missing, they are written in parentheses.

- Baby is 3 months old and breastfeeding except at night when gets formula. **(N)**
- Baby is 4 months old, breastfeeding sometimes; mother has no menses yet. **(N)**
- Baby is 5 months old and only breastfeeding; menses returned. **(N)**
- Mother has light bleeding 2 weeks after birth and is only breastfeeding. **(Y)** (She still has her birth bleeding; it is not return of menses.)
- Mother has no menses yet; baby is 7 months old and only breastfeeding. **(N)**
- 4-month-old baby, breastfeeding only, day and night, every 2–3 hours. **(Y)**
- Baby is 3 months old, breastfeeding and gets special baby tea 2 times a day. **(N)**
- Baby is 8 months old, still breastfeeding day and night; mother has no menses yet. **(N)**
- Baby is 4 months, breastfeeding only, plus vitamin; mother has no menses. **(Y)**
- Show **PowerPoint presentation #6a, slides 13–17** to review breastfeeding and LAM for HIV-infected mothers and exposed newborns.

REFERENCE INFORMATION

Infant Feeding Recommendations for an HIV-infected Mother and Exposed Newborn

- Exclusive breastfeeding is recommended for HIV-infected women for the first 6 months of life unless replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS) for them and their infants.
- Exclusive breastfeeding is safer than mixed (breast and bottle) feeding. The baby is less likely to get infected.
- At 6 months, if replacement feeding is still not AFASS, continuation of breastfeeding with additional complementary foods is recommended, while the mother and baby continue to be regularly assessed.
- All breastfeeding should stop only if and when a nutritionally adequate and safe diet without breast milk can be provided.

LAM = Lactational Amenorrhea Method

LAM is a temporary FP (contraceptive) method that a mother can start herself immediately after birth if she is breastfeeding. It can only be used for a short time (no longer than 6 months) as long as menses has not returned and baby is breastfeeding only. LAM is a natural FP method so nothing artificial is used.

LAM is 98% effective. That means if 100 women are using LAM, only 2 out of those 100 women may get pregnant. It is as effective as other modern methods in preventing pregnancy in the first 6 months after having a baby.

Breastfeeding and LAM are different

Breastfeeding is giving food to the baby. LAM is a temporary FP method that uses breastfeeding as one of its 3 criteria.

Key Messages

LAM only works with these criteria:

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

LAM benefits:

- Has no side effects
- Can start right away
- Costs nothing
- Mothers can use LAM without a health clinic visit
- Requires no medical devices, injections, pills or hormones
- Gives mothers time to think about and choose other FP methods to use by 6 months when LAM will no longer work
- Uses breastfeeding, which is good for the baby's health
- Motivates mothers to breastfeed only

Additional Information

Optimal breastfeeding behaviors that contribute to breastfeeding and LAM success

- Allow newborn to breastfeed as soon as possible after birth, and to remain with the mother for at least several hours following delivery.
- Breastfeed exclusively for the first 6 months: no water, other liquids or solid foods.
- Position and attach infant correctly at the breast.
- Breastfeed frequently both day and night.
- Offer second breast after infant releases the first.
- Continue breastfeeding even if the mother or the baby becomes ill.
- Avoid using bottles, pacifiers (dummies) or other artificial nipples.
- The lactating mother should eat more than usual.
- After the first 6 months when complementary foods are introduced, breastfeed before each complementary feeding.

Continue to breastfeed for up to 2 years and beyond!

Remember

Advantages of LAM

- More than 98% effective for up to 6 months postpartum.
- Can be started immediately postpartum.
- Has no side effects.
- Motivates users to exclusively breastfeed.
- Is a natural method, requiring no medical devices or artificial hormones.
- Facilitates transition to another method.

Disadvantages of LAM

- Provides no protection against HIV and STIs.
- Can only be used for up to 6 months after birth.
- The necessary pattern of breastfeeding may be difficult to maintain.

TOPIC 2: LAM AND THE TRANSITION (SWITCH) TO OTHER METHODS

Time	45 minutes
Objectives	By the end of the topic, the CHW will be able to: <ul style="list-style-type: none">● Explain what is meant by the LAM transition.● Counsel a mother on when to change from LAM to another modern FP method.
Materials	PowerPoint presentation #6b Handout #4: 5 Case Studies to Practice PFP Counseling, page 1 Flip chart Markers (for 5 groups)
Preparation	Write each of the 5 case studies on a separate paper or card. Handout #4: 5 Case Studies to Practice PFP Counseling (20, 1 for each participant)

Activities

- Show **PowerPoint presentation #6b**.
- Begin case studies review in small group work for “**Transitioning from LAM**” activity:
 - Divide the class into 5 groups of 4 and give each group one of the 5 case studies.
 - Provide instructions: “Read your group’s case study. Discuss in your group how the CHW should counsel this woman or couple. The focus of the counseling is: if and when to transition from LAM to another modern FP method. Write up the key counseling points on

your flip chart. When everyone finishes their discussion and write-up, each group will take turns reporting to the class. After each report, other groups can comment on the report.”

- At the end of the exercise, ask the entire class: When does LAM end? Make sure that the 3 criteria are clearly understood. (Refer to **slide 10**.)
- Then ask: When should couples receive information about the transition to modern methods? ANSWER: At all counseling opportunities. If couples know about the choices, they can take time while using LAM to think about the best method for them after LAM.
- Distribute **Handout #4: 5 Case Studies to Practice PFP Counselling**.

Case Studies

Case Study 1

CHW goes to visit Maya at her house. She has a 4-month-old baby who is breastfeeding only. She has been using LAM. She started her menses last week. She knows LAM won't work anymore for FP. She is afraid other FP methods will ruin her milk.

Case Study 2

The CHW sees Mrs. S at the baby's clinic visit. The baby is 6 months old now, still only breastfeeding, and Mrs. S has not seen her menses yet. She plans to continue using LAM as her FP method until her menses starts again. Does she need to be using another method of FP or is she not at risk of pregnancy?

Case Study 3

The CHW goes to visit Damila, who is a mother of 3 children and a 5-month-old baby who is breastfeeding. She is using LAM. She has started giving her baby 1 bottle of formula a day, because he is always hungry. She does not have her menses yet. She wonders how much longer LAM method will protect her from another pregnancy. Does she have to do something else if she does not want to become pregnant at this time?

Case Study 4

The CHW visits a LAM user whose baby is 6 months old. The mother has never used a modern method other than LAM. The CHW suggests that she switch to another method in order to space her next pregnancy. The mother tells her that she is waiting for menses to return. She says she knows that she will not get pregnant, because she has never become pregnant prior to menses returning.

Case Study 5

The CHW does a follow-up visit on mother Miriam whose baby is now 5 months old. Her husband is there also. She is only breastfeeding. She says she had 4 days of bleeding last week. Because the baby is under 6 months old and she gets only breast milk, she plans to continue using LAM as her FP method for another month at least.

Answers to Case Studies

Case Study 1

The CHW should support the woman for knowing the LAM criteria and that LAM will no longer work for her because her menses returned. Fact: FP methods will not ruin mother's milk. Tell the mother there are several modern FP methods that will be safe with breastfeeding.

Case Study 2

The CHW reminds the mother of the 3 LAM criteria and ask her if she thinks she still can use LAM. Hopefully, the mother remembers that baby's age is one of the LAM criteria, and her baby is now 6 months old. LAM will not work anymore. She must now make a transition to another method for FP.

Case Study 3

The CHW asks the mother if she remembers the 3 LAM criterions. If needed, the CHW reminds the mother that "breastfeeding only" is one of the criteria. Since the baby now takes a bottle of formula every day, LAM no longer works for her. It is time to transition to another FP method that is safe for breastfeeding.

Case Study 4

The CHW will remind the mother that women can and do become pregnant before menses returns. She will counsel her that LAM is temporary, lasting only up to 6 months and that she should begin to use another method right away to ensure that her baby and she stay healthy by spacing her next pregnancy.

Case Study 5

The CHW asks the mother to remember the 3 LAM criterions and does she meet all 3 of them. If needed, the CHW reminds her that LAM stops working once the menses returns. Her menses returned last week. She must now make the change to another modern FP method that is safe with breastfeeding.

Key Messages

- Couples can practice LAM, while they decide on another method to change to after LAM.
- This will help ensure healthy spacing of their children.

Since LAM is a Temporary Method, When Does It End?

LAM ends when any one of these 3 things is true:

- The mother's menses return.
- The breastfeeding pattern changes (baby starts taking food or water or formula).
- The baby is more than 6 months old.

REFERENCE INFORMATION

What Does It Mean to Transition to Another Method after LAM?

LAM is a short-term method and only prevents pregnancy up to 6 months after a birth. As soon as a woman starts using LAM, it is important for her to decide which method she will use as soon as one of the 3 criterions changes—this is called the transition.

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 6 months old.

As soon as **any 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, or change the quality or quantity of breast milk. The baby **can** continue to breastfeed safely for 2 years even if the mother is using a modern FP method.

DAY 2: SESSION 7

TOPIC 1: SHORT-ACTING FP METHODS—MINI-PILLS, REGULAR PILLS, INJECTIONS, CONDOMS

Time	1½ hours (90 minutes)
Objectives	By the end of the topic, the CHW will be able to describe: <ul style="list-style-type: none">• PPFM methods that breastfeeding mothers can use.• How to use the methods.• When to start each method.• Benefits and side effects of each method.• When to refer to a provider.
Materials	PowerPoint presentation #7 Post-it notes or pieces of paper and tape Handout #2: Timing for Choosing Family Planning Methods Handout #3: Summary of Modern PPFM Methods Handout #4: 5 Case Studies to Practice PPFM Counselling, page 1 (distributed in Session 6) 3 flip charts titled: <ul style="list-style-type: none">• Immediate Postpartum: Birth–6 weeks• Postpartum: 6 weeks–6 months• Extended Postpartum: 6 months–1 year
Preparation	Handout #2: Timing for Choosing Family Planning Methods (20 copies) Handout #3: Summary of Modern PPFM Methods (20 copies)

Activities

- Show **PowerPoint presentation #7**. Do not only read, but follow the guidance on the notes page of each slide
- Begin “**FP Method**” game:
 - Give each participant a Post-it note (or small piece of paper and tape) with one of the following FP methods written on it: LAM, mini-pill, combined pill, injection, condom, IUD, male sterilization, female sterilization. Place 3 flip charts on the wall with the titles: 1) Immediate Postpartum: Birth–6 weeks, 2) Postpartum: 6 weeks–6 months, and 3) Extended Postpartum: 6 months–1 year.
 - Participants place their Post-it on the flip chart that they think is the best choice of when the method written on her Post-it can be started. Explain that this exercise pertains to breastfeeding women only.
 - When everyone is finished, review the placement of Post-its, and with group participation, make any corrections, asking group for reasons why.
 - **Answers: Birth to 6 weeks**—LAM, condom, mini-pill, IUD immediately after birth or after 4 weeks depending on local protocols, male sterilization; **6 weeks–6 months**—LAM, condom, mini-pill, injection, female sterilization if not performed within 48 hours of birth; **6 months–1 year**—combined pill.

- Question and Answer Activity–Selecting Suitable FP Methods Using Case Studies:
 - Distribute **Handout #2: Timing for Choosing Family Planning Methods**, and **Handout #3: Summary of Modern PFP Methods**.
 - Using the same 5 case studies from the morning Session 6, Topic 2, guide the participants in helping the mother/couple in each case study choose suitable FP methods as they transition from LAM.
 - Read the first case study and ask the class each of the following key questions:
 - What methods are suitable?
 - When to begin the method?
 - How to use the method?
 - What are some possible side effects?
 - When to go to the provider/clinic?
 - After each question, ask participants to raise their hands to respond. Encourage involvement from as many participants as possible.
 - Repeat the exercise with as many of the case studies as time allows.
 - All answers and necessary information is contained in the handouts and in the PowerPoint presentation.

REFERENCE INFORMATION

Modern Family Planning Methods

- Short-acting: methods that need frequent use or attention to be effective.
- Long-acting: methods that last for some years without attention.
- Permanent: methods that prevent any more pregnancies ever.
- **NOTE:** Long-acting and permanent methods require providers with special training and facilities with special equipment. These may not be available in many areas.

MODERN FAMILY PLANNING METHODS		
Short-acting	Long-acting	Permanent
<ul style="list-style-type: none"> • LAM • Mini-pill • Combined pill • Injection • Condom 	<ul style="list-style-type: none"> • Implant • IUD 	<ul style="list-style-type: none"> • Sterilization • Tubal ligation • Vasectomy

- For this training, the focus is on short-acting methods.
- LAM was covered in the previous session. Now, the focus will be on those methods that can be used in the postpartum period, especially for breastfeeding mothers.

Some Short-acting FP Methods

Combined-oral contraceptive, combination pills, regular pills

- These are tablets taken everyday by a woman.
- They stop the woman's ovaries from releasing eggs so she cannot become pregnant.
- Pills thicken the cervical mucus, thus making it difficult for sperm to pass through.
- Combined pills can affect the quantity of the breastfeeding milk supply and so are not advised before baby is 6 months old.
- Breastfeeding women can start taking combined pills after their baby is at least 6 months.

Mini-pill or Progestin-only Pill (POP)

- These are tablets taken everyday by a woman.
- They stop the woman's ovaries from releasing eggs so she cannot become pregnant.
- They also thicken the mucus plug at the cervix, which makes it difficult for the sperm to pass into the womb and thus prevent fertilization.
- These tablets do not disturb the quality and quantity of breast milk.

Injections, injectables, DMPA, depo-provera

- This is an injection that a woman receives regularly every 3 months.
- It stops the woman's ovaries from releasing eggs each month so she cannot become pregnant.
- In addition, it makes it difficult for the sperm to pass through the tiny opening at the end of the vagina and into the womb and thus prevents fertilization.
- It does not affect the quality or the quantity of breast milk.

Condom

- This is a rubber sheath shaped like a penis usually made of latex.
- It works by providing a barrier between partners so that body fluids, like semen and blood are not shared.
- Condoms are the only FP method that protect against STIs and HIV.

TIMELINE FOR CHOOSING FAMILY PLANNING METHODS		
Timing	Breastfeeding Mothers	Non-breastfeeding Mothers
Birth–6 weeks	<ul style="list-style-type: none"> ● LAM ● Condoms ● Male sterilization 	<ul style="list-style-type: none"> ● Mini-pill ● Combined pill (start at 3 weeks) ● Injection ● Condoms ● Male sterilization
6 weeks–6 months	<ul style="list-style-type: none"> ● LAM ● Mini-pill ● Injections ● Condoms ● IUD ● Male sterilization ● Female sterilization 	<ul style="list-style-type: none"> ● Mini-pill ● Combined pill ● Injections ● Condoms ● IUD ● Male sterilization ● Female sterilization
6 months–1 year (+)	<ul style="list-style-type: none"> ● Mini-pill ● Combined pill ● Injections ● Condoms ● IUD ● Male sterilization ● Female sterilization 	<ul style="list-style-type: none"> ● Mini-pill ● Combined pill ● Injections ● Condoms ● IUD ● Male sterilization ● Female sterilization
<p>NOTE: In some settings, IUD can be inserted within 48 hours postpartum; and in some settings female sterilization can be performed in the first week postpartum.</p>		

- When to start a method depends on:
 - If woman is breastfeeding or not
 - Her choice of method
 - Couple's plans for more children or not

Choice of Contraceptive Methods for the Breastfeeding Woman

Breastfeeding women may use other contraceptive methods to fit their needs (short-term, long-term or permanent). It is VERY IMPORTANT to counsel the mother to continue breastfeeding her infant when she switches to another contraceptive method.

Contraceptive methods are safe to use during breastfeeding. Studies have shown that progestin-only methods did not affect breastfeeding performance, the growth or health of the baby after 6 weeks (WHO MEC 2004). Further, pills or injections containing estrogen may decrease the quantity of breast milk and are not recommended before 6 months postpartum.

The frequent side effect of spotting or irregular bleeding for pill and injection users needs to be discussed. It is a harmless side effect but can cause difficulties in people's sexual lives and can be uncomfortable for some women. However, it is a side effect that usually goes away over time.

Condoms and LAM **can be provided to the breastfeeding mother immediately postpartum**. She may also have sterilization surgery during the first week postpartum; her husband may have a vasectomy at any time. **After 6 weeks postpartum**, progestin-only pills (POPs), progestin-only injectables (Depo-Provera) and IUDs can be provided; while estrogen-containing pills or estrogen-containing injections can be used **after 6 months postpartum**.

What the woman/couple must do:

- **Condoms**—Keep a constant supply at home. Must be used every time the couple has sex.
- **Mini-pills**—Must take 1 pill at the same time every day. She begins a new pack after finishing the old without a break.
- **Combination pills**—Must take 1 pill at the same time every day. If the pack has only (21) white pills, she must wait one week after finishing an old pack before beginning the new. If the pack contains white pills and pills of another color, she must complete all the white pills in one pack before beginning the new pack. She then begins a new pack without a break, beginning with the white pills of the new pack.
- **Injections**—The woman must go every 3 months to the clinic for an injection.

DAY 2: SESSION 8

TOPIC 1: CONTINUING MODERN PFP METHODS—IUD, MALE AND FEMALE STERILIZATION

Time	15 minutes
Objectives	By the end of the topic, the CHW will be able to: <ul style="list-style-type: none">• Describe female sterilization and how it works.• Describe male sterilization (vasectomy) and how it works.
Materials	PowerPoint presentation #8, slides 1–5
Preparation	If possible, get a sample of an IUD

Activities

- Start session by showing **PowerPoint presentation #8, slides 1–5**. Present these graphics following the guidance on the notes page of each slide.

Key Points

IUD is a small device that is inserted into the woman’s womb through her birth canal. It does not require surgery.

Female sterilization is a small operation that is intended to provide life-long, permanent protection against pregnancy. It is very difficult, and often impossible to repair the cut tubes later if the woman wants to become pregnant.

Male sterilization is intended to provide life-long, permanent protection against pregnancy. It is very difficult, and often impossible to repair the cut tubes later so that the man can make a woman pregnant.

REFERENCE INFORMATION

Male sterilization (vasectomy) can be done anytime. It is a simple operation: A doctor cuts and ties the tubes that carry the sperm to the penis. After vasectomy, another method of FP must be used for 3 months because the man still has live sperm remaining for up to 3 months after the procedure. This operation does not affect the man’s sexual ability, but the semen that is released with ejaculation no longer contains sperm. Vasectomy is a permanent method so men who have it can never make women pregnant.

Female sterilization (tubal ligation) is a simple and safe operation that must be done in facilities with doctors who have special training. It can be done within the 48 hours following childbirth, or the woman must wait until 4–6 weeks after giving birth to have the operation. The woman’s tubes

that carry the eggs from the ovary are tied and cut. This is a permanent method so a woman will never have children again.

Implants are 1 or 2 progestin-containing rods placed under the skin of the woman’s upper arm; they are only available in some areas. This long-acting FP method requires a provider with special training to insert them. This method lasts from 3–5 years. Implants can be used after 6 weeks in breastfeeding women, or immediately after birth in non-breastfeeding women.

IUD

- This is a small, flexible plastic item shaped like letter “T” with some copper wrapped around it that is placed inside the womb.
- It prevents the woman’s egg from meeting with the man’s sperm.
- An IUD can be in place and effective for 12 years.
- It must be inserted at health facilities.
- It does not affect the quality or quantity of breast milk.

TOPIC 2: MODERN METHODS—MYTHS AND REALITIES

Time	50 minutes
Objectives	By the end of the topic, the CHW will learn: <ul style="list-style-type: none"> ● How other modern FP methods work. ● How to dispel myths and misunderstandings about PFP methods.
Materials	PowerPoint presentation #8, slides 6–12 Flip charts Markers
Preparation	7 folded cardboard signs: mini-pill, combined pill, condom, injection, IUD, female sterilization, male sterilization

Activities

- Start session by showing **PowerPoint presentation #8, slides 6–12**. Do not read the slides, but follow the guidance on the notes page of each slide.
- Next divide the class into 7 groups. (Some groups may only have 2 or 3 participants).
- Hand one of the 7 modern FP method signs to each group to place on their table to represent their topic.
- Provide instructions:
 - Groups will have 10–15 minutes to discuss among themselves:
 1. Myths and misinformation they have heard about this method.
 2. How they would counsel the woman/couple.
 - After group discussion, each group’s reporter will present an account to the entire class.

- After all the reports have been presented, summarize by reading both the Key Points and Reference Information below. This will reinforce accurate FP information and supplement information that may not have been reported by the groups.

Key Points

Some methods make a barrier between the egg and the sperm:

- Condoms
- IUDs
- Female and male sterilization

Some methods have hormones that prevent the release of the egg:

- Mini-pill
- Combined pill
- Injections

Modern FP methods do not:

- Make a person weak
- Change a person's sexual behavior
- Change the breast milk
- Make a person infertile when method is stopped
- Cause birth defects

REFERENCE INFORMATION

Correcting Myths and Misconceptions

Mini-pills (progestin-only pills)

- Do not cause a breastfeeding woman's milk to dry up.
- Must be taken every day, whether or not a woman has sex that day.
- Should be taken at the same time each day.
- Do not make women infertile.
- Do not cause diarrhea in breastfeeding babies.
- Do reduce the risk of ectopic pregnancy (pregnancy in the tube).

Injectables (injections, shots)

- Can stop monthly bleeding, but this is not harmful. It is similar to not having monthly bleeding during pregnancy. Blood is not building up inside the woman.
- Do not make women infertile.
- Do not cause early menopause.
- Do not cause birth defects or multiple births.

- Do not cause itching.
- Do not change women's sexual behavior.

Combined oral pills (combination pills)

- Do not build up in a woman's body. Women do not need a "rest" from taking them.
- Must be taken every day, whether or not a woman has sex that day.
- Do not make women infertile.
- Do not cause birth defects or multiple births.
- Do not change women's sexual behavior.
- Do not collect in the stomach. Instead, the pill dissolves each day.
- Do not disrupt an existing pregnancy.

Lactational Amenorrhea Method (LAM)

- Is highly effective when a woman meets all 3 LAM criterions.
- Is just as effective among fat or thin women.
- Can be used by women with normal nutrition. No special foods are required.
- Can be used for up to 6 months as long as no menses and breastfeeding only, without worry that the woman will run out of milk.
- Milk will continue to be produced through 6 months and longer in response to the baby's suckling or the mother's expression of her milk.

Condom

- This is a rubber sheath shaped like a penis usually made of latex.
- It works by providing a barrier between partners so that body fluids, like semen and blood are not shared.
- Condoms are the only FP method that protect against STIs and HIV.

Intrauterine Devices (IUDs)

- Rarely lead to pelvic inflammatory infection.
- Do not increase the risk of miscarriage when a woman becomes pregnant after the IUD is removed.
- Do not make women infertile.
- Do not cause birth defects.
- Do not cause cancer.

- Do not move to the heart or brain.
- Do not cause discomfort or pain for the woman during sex.
- Substantially reduce the risk of ectopic pregnancy.

Vasectomy

- Does not remove the testicles. In vasectomy the tubes carrying sperm from the testicles are blocked. The testicles remain in place.
- Does not decrease sex drive.
- Does not affect sexual function. A man's erection is as hard, it lasts as long, and he ejaculates the same as before.
- Does not cause a man to grow fat or become weak, less masculine or less productive.
- Does not cause any diseases later in life.

Female Sterilization

- Does not make women weak.
- Does not cause lasting pain in back, uterus or abdomen.
- Does not remove a women's uterus or lead to a need to have it removed.
- Does not cause hormonal imbalances.
- Does not cause heavier bleeding or irregular bleeding or otherwise change women's menstrual cycles.
- Does not cause any changes in weight, appetite or appearance.
- Does not change women's sexual behavior or sex drive.
- Substantially reduces the risk of ectopic pregnancy.

TOPIC 3: NATURAL FAMILY PLANNING METHODS

Time	10 minutes
Objectives	By the end of the topic, the CHW will know: <ul style="list-style-type: none"> ● The correct information about natural FP methods. ● That LAM is the only natural FP method that can be recommended for postpartum women. ● LAM can work for up to 6 months but only if the 3 criteria are met.
Materials	PowerPoint presentation #8, slides 13–14 Flip chart Marker
Preparation	None

Activities

- Lead a short discussion with entire group, asking them what they know or have heard women say about natural FP methods; write down some of their comments on flip chart.
- Summarize this discussion with **PowerPoint presentation #8, slides 13 and 14**, following the guidance on the notes page of each slide.

Key Messages—Postpartum Women

- It is not advisable to use calendar-based methods to determine fertile and non-fertile days; these methods rely on having regular menstrual cycles.
- Regular menstrual cycles are usually delayed for many months after giving birth, especially in breastfeeding mothers.
- Postpartum mothers should not start to use calendar-based methods until they have had at least 3 regular menstrual cycles in a row.
- LAM is the only reliable natural FP method for postpartum women, and only as long as the 3 LAM criteria are met.

REFERENCE INFORMATION

Natural FP Methods

LAM

This is a natural method of contraception where a woman is protected against pregnancy if she is only breastfeeding (giving her baby only breast milk without any other foods) for the first 6 months after birth, her menses do not return and her baby is less than 6 months old. (Note: already discussed in Session 6.)

Withdrawal method

This is a method where the man does not ejaculate (reach his climax or “finish”) into the woman while having sex. This is also called coitus interruptus or “pulling out.” The man withdraws his penis from the woman’s vagina and ejaculates outside the vagina, keeping his semen away from her genitalia. This method is not reliable; other methods should be considered first.

Methods Based on Fertile and Non-fertile Days

MoonBeads, CycleBeads

This is a tool used by couples to plan for their families in a natural way. It is a string of colored beads that help couples to know when a woman can become pregnant and the days when she is not likely to become pregnant. This method is only effective if the woman has a regular menstrual cycle. There should be proper understanding between couples for this method to be effective so they can agree either to abstain or to use a condom during the fertile days when a woman can become pregnant.

Calendar method (also called rhythm method)

This is a method where couples do not have sex during the unsafe days in woman's menstrual cycle (days when they know that a woman can become pregnant). During this period couples do not have sexual intercourse.

DAY 3: SESSION 9

TOPIC 1: PFP COUNSELING SKILLS—PRACTICE USING CHECKLISTS

Time	1½ hours (90 minutes)
Objectives	By the end of the session, the CHW will: <ul style="list-style-type: none">• Have practiced using the PFP counseling flip chart.• Have practiced counseling using checklist.
Materials	PowerPoint presentation #9 Handout #4: 5 Case Studies to Practice PFP Counseling, page 1 (distributed in Session 6) Handout #5: CHW PFP Counseling Checklists, page 1
Preparation	Handout #5: CHW PFP Counseling Checklists, page 1 (20, 1 copy for each participant) PFP counseling flip chart (20, 1 copy for each participant)

Activities

- Review checklist and counseling flip chart.
- Distribute checklists and a counseling flip chart to each participant. Then, demonstrate how to use the checklist with flip chart.
- Show **PowerPoint presentation #9**; begin demonstration:
 - Invite 1 participant to act as a postpartum mother who is coming to her CHW to ask for a FP method. Instruct the “mother” that she should play the role of a woman who is 7 months postpartum and wants mini-pills. She is breastfeeding but also giving the baby other foods.
 - Ask all of the participants to observe the demonstration while following with their checklist. Then demonstrate a counseling session, following each step on the checklist. Also use the flip chart while counseling the “mother.”
- After the demonstration, lead a discussion. Ask the group: What did you see that you especially want to imitate when you are counseling? What might you want to do differently?
- Encourage participants to give their opinions.
- Reinforce positive observations, as well as valid responses about what they would do differently.

Role Play (itemized on PowerPoint presentation #9)

- State that the role playing exercise is in 2 parts. This part (Session 9) is to help the participant practice the basic skills of counseling on PFP. The second part (Session 10) will build on those skills and also add more review on dealing with myths and misconceptions.
- Begin the role playing activity by dividing the class into 5 groups of approximately 4 participants each.
- There are 5 case study scenarios; give each group 1 case study and ask them to refer to **Handout #4: 5 Case Studies to Practice PFP Counseling**, page 1, if necessary. Also distribute **Handout #5: PFP Counseling Checklist**.

CASE STUDIES 1–5 FROM HANDOUT #4	
1.	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. HINT FOR TRAINER: Emphasize benefits of healthy spacing of pregnancy. Ask what she has heard about FP methods.
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. HINT FOR TRAINER: Emphasize the benefits of PPF.
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 the baby takes formula every day too. HINT FOR TRAINER: Emphasize that the woman cannot rely on breastfeeding to prevent pregnancy. Introduce discussion of other methods.
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. HINT FOR TRAINER: Emphasize counsel on return to fertility. Introduce other methods.
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 FP is not good because it makes the milk bad. HINT FOR TRAINER: Discuss LAM and the 3 criteria. Initiate discussion on transition.

- The participants in each group will play the role of either:
 - Mother
 - Husband
 - CHW Counselor
 - Observer with checklist
- The actors will study their case and then act out giving PPF counseling.
- The Observer with checklist (page 1 of **Handout #5: PPF Counseling Checklist**) will watch the play, noting the CHW Counselor’s performance, and will mark the box for each step on the checklist.
 - The Observer is to mark: **Y** if step done well; **X** if not done well; **○** if not done or not seen.
- The group will then give the CHW Counselor feedback on her performance.
- In this session, the focus will be on the Counselor’s skills in giving PPF counseling. (The CHW counselor will not be marked on giving correct information about the modern PPF methods yet; that will be covered in Session 10).
- Circulate among the groups to observe and help them with the exercise.
- Have participants rotate roles, so that at least 2 get a chance to play the Counselor.
- Explain to the whole class how to give feedback:
 - Remember to be praiseworthy.
 - First, tell the Counselor what was done well.

- Then, mention what could be improved.
- Encourage the rest of group to contribute their ideas, too.
- When all groups have performed and received feedback, have each group pick another case study by taking the next one on the list. That means that group that had #1 will now take #2, the group that had #5 will now be taking #1, etc.
- Rotate roles again, so that the 3rd person in the group gets a chance to play the Counselor. Finally, repeat the scenario with the 4th person in the group playing the Counselor.

REFERENCE INFORMATION

Role Plays

- Role plays are valuable learning exercises in which participants are able to practice new skills using new information they have learned.
- The role play is a safe situation in which participants can practice in a pretend scenario until they feel confident enough to perform actual counseling with women/families.
- The trainer is there to offer support and encouragement and give positive suggestions for improvement.
- The use of checklists helps both trainer and participant remember all the steps; the checklist is used to evaluate performance.
- **REMEMBER:** Role plays are not tests; they are practice sessions to help participants gain competency in their new skills.

DAY 3: SESSION 10

TOPIC 1: COUNSELING ABOUT MODERN PFP METHODS AND CORRECTING MYTHS—PRACTICE USING CHECKLISTS

Time	1½ hours (90 minutes)
Objectives	By the end of the topic, the CHW will have: <ul style="list-style-type: none"> • Practiced counseling about the modern PFP methods. • Confidence counseling about the modern PFP methods, including myths.
Materials	PowerPoint presentation #10 Handout #3: Summary of Modern PFP Methods (distributed in Session 7) Handout #4: 5 Case Studies to Practice PFP Counseling, page 2 (distributed in Session 6) Handout #5: CHW PFP Counseling Checklists, page 2 (distributed in Session 9)
Preparation	None

Activity

Role Play

- Divide class into 5 new groups of 4 participants each.
- Assign each group 1 of the case studies below. **Note:** These are the same case studies as in Session 9, with some added details.

HANDOUT #4, CASE STUDIES 6–10	
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 PFP. 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.

HANDOUT #4, CASE STUDIES 6–10

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 criterions. Initiate discussion on transition. Dispel myths.

- Each participant in each group will again play the role of either:
 - Mother
 - Husband
 - CHW Counselor
 - Observer with checklist
- Instruct participants to play different roles than they did in Session 9.
- The actors will study their case and then enact giving PPFPP counseling.
- The Observer with checklist will watch the play, noting the CHW Counselor's performance and will mark the box for each step.
- The Observer is to mark: **Y** if step done well; **X** if not done well; **○** if not done or not seen.
- The group will then give the CHW Counselor feedback on her performance.
- In this session, in addition to being marked on skills of counseling, the CHW Counselor will also be marked on ability to give correct counseling on the modern PPFPP methods, including dispelling myths.
- Each group can refer to Handout #3, which has the summary of the modern methods.
- Circulate around among the groups to help them if needed.
- Emphasize again to the whole class about how to give feedback:
 - Remember to be praiseworthy.
 - First, tell counselor what was done well.
 - Then, mention anything that could be improved.
 - Encourage everyone's participation.
- Again, as time permits, have groups act out a different case study. Participants should change roles. More practice can be done after lunch, before the field work, so that each participant has a chance to practice the role of CHW Counselor.

DAY 3: SESSION 11

TOPIC 1: FIELD PRACTICE FOR PFP COUNSELING

Time	2 hours
Objectives	By the end of the topic, the CHW will have: <ul style="list-style-type: none">• Additional practice doing role plays.• The chance to apply PFP counseling skills with postpartum women/couples from the community.
Materials	PFP counseling flip chart Handout #3: Summary of Modern PFP Methods (distributed in Session 7) Handout #5: CHW PFP Counseling Checklist (distributed in Session 9) Handout #8: CHW Job Aid for PFP Counseling (Note: There is no PowerPoint presentation for this session)
Preparation	Handout #8: CHW Job Aid for PFP Counseling (20, 1 for each participant) Arrange in advance for clients (postpartum women/couples) from the community who have agreed to have a PFP counseling session with workshop participants Determine time and place: This can either be done in the village households if near enough and/or in the training area, if there is enough space to provide privacy. Organizers will try to have 10 women/couples participate in this exercise. If there are not enough clients or insufficient trainers/mentors available, the participants will practice in a simulated setting.

Activities

- Distribute **Handout #8: CHW Job Aid for PFP Counseling**.
- If clients are available for counsel, a trainer or other experienced mentor should accompany a participant on each training opportunity.
- Participants will work in pairs: one will be the counselor, the other will observe the counseling session using the checklist.
- The counselor can use the checklist, summary of modern PFP methods, job aid and flip chart of PFP to help guide her.
- Then the 2 participants will exchange roles so that each gets the chance to be the counselor. Following the counseling sessions, the pair will give each other feedback in the presence of the trainer or the co-trainer.
- Following the counseling session, the trainer or experienced mentor will ask her if she feels she did well and what could be improved.
- The trainer or mentor will then provide feedback on the session, beginning with the positive observations.
- The trainer will observe this feedback of 5 pairs of participants and the co-trainer will observe the other 5 pairs, one at a time.

- The trainer must allow at least 1 hour. This final exercise will serve as the evaluation or post-test for the training.
- **NOTE:** If there is insufficient time for adequate practice of the PFP counseling skills, an additional day could be arranged for more field work with real families.

DAY 3: SESSION 12

TOPIC 1: PFP COUNSELING—KEEPING RECORDS AND SCHEDULING VISITS

Time	45 minutes
Objectives	By the end of the topic, the CHW will: <ul style="list-style-type: none">• Have a method of recordkeeping for PFP counseling visits.• Know the recommended schedule of PFP counseling visits.• Have the opportunity to give feedback on the workshop (i.e., Course Evaluation).• Participate in ending ceremony and receive a Certificate of Completion.
Materials	PowerPoint presentation #12 Large ball of yarn Scissors Handout #7: Timing of Key PFP Messages Handout #9: Sample Counseling Schedule Course Evaluation form Certificates of Completion
Preparation	Obtain, review and copy the locally available recordkeeping form that CHWs in this locale use, one for each participant (Handout #6 is a sample) Handout #7: Timing of Key PFP Messages (20, 1 for each participant) Handout #9: Sample PFP Counseling Schedule (20, 1 for each participant) Course Evaluation form (20, 1 for each participant) Certificates of Completion (20, 1 for each participant; each with participant's name and signature of official)

Activities

Recordkeeping

- Hand out the copies of PFP counseling recordkeeping forms, emphasizing the importance of keeping a record.
- Review how to complete the form.

PFP Counseling Schedule

- Distribute the copies of **Handout #7: Timing of Key PFP Messages** and **Handout #9: Sample PFP Counseling Schedule**.
- Show **PowerPoint presentation #12** and read through the suggested schedule of PFP counseling visits and the content of each visit.
- Explain that this is a suggested number and timing of visits and that it may be different, depending on where the CHW lives/works.

Evaluation

- Distribute the Course Evaluation form to participants for their completion.

Ending Ceremony

- Trainers and officials will conduct an ending ceremony in which participants are handed individual, signed Certificates of Completion. Official(s) to give thanks to participants and offer closing remarks.

End Game

- Have participants stand in a circle.
- Hold the end of a ball of yarn and toss the ball to someone across the circle.
- Continue until everyone has caught and tossed the ball, each holding on to their strand of yarn as it continues making a crisscross of yarn connecting all the participants and trainers.
- Go around the circle cutting the yarn, leaving each person with a piece of yarn, now separated from the whole.
- Make statements similar to: “We have all come together to learn this important information to help women stay strong and healthy. Now we each go our separate way, each still holding our new knowledge and skills, as represented by each strand of yarn. May each of you now go forward, remembering that you have the skills to be a very good PFP counselor for families.”
- Maybe some of the participants will lead the group in a song.

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.	

Certificate of Completion

This certifies that participant:

Has completed the 3 day workshop training

For Community Health Workers

In Postpartum Family Planning Counseling

Signed: _____

Title: _____

Date: _____

REFERENCES

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Mother and Newborn Health Reference Manual for Household Counselor, Nigeria, March, 2007.

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