

Counseling for Postpartum Family Planning and Postpartum IUCD

Trainers' Notebook

Family Planning Division
Ministry of Health and Family Welfare
Government of India

January 2012



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This manual was developed through technical assistance from USAID under the MCHIP program and printed with support from the Bill & Melinda Gates Foundation.



Anuradha Gupta, IAS

Joint Secretary

Telefax : 23062157

E-mail : anuradha-gupta@hotmail.com



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110108
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110108

FOREWORD

Research and program experience worldwide indicate that the adoption of family planning to delay the first pregnancy and space subsequent pregnancies significantly contribute towards safe motherhood and child survival. The postpartum period is recognized as an important phase in the life cycle of women for adoption of family planning because it is during this period that the woman experiences return of fertility and has a high unmet need for contraception (which is 65% during the first year after birth). The Ministry of Health and Family Welfare (MoHFW), GoI as a part of its commitment towards provision of quality spacing services in family planning has been working towards strengthening of postpartum family planning services.

The overarching strategy of family planning program is to offer clients easy access to a wide range of affordable, reliable and good quality contraceptive services. It has been seen that the best decisions about family planning are those that people make for themselves, based on accurate information and a range of contraceptive options. Effective counselling is a tool which empowers people to seek what is best for them and to exercise their right to good quality family planning care. A need was therefore felt to reorient and refocus the family planning counselling to offer a tailored approach for meeting individual needs of the clients.

The trainers notebook 'Counselling for Postpartum Family Planning and Postpartum IUCD' has been developed to provide guidance and serve as resource material for trainers for conducting a comprehensive and participatory training workshop on family planning counselling, with a special focus on postpartum family planning and IUCD for service providers. The content of this Trainers Notebook can be used and adapted by trainers in the training for strengthening the counseling skills of various levels family planning providers and counsellors.

The effort of the Family Planning Division in developing the trainers notebook, is indeed commendable.


(Anuradha Gupta) 6/1/2012



Dr. S.K. Sikdar

MBBS, MD(CHA)
Deputy Commissioner
Incharge : Family Planning Division
Telefax : 23062427
email : sikdarsk@gmail.com
sk.sikdar@nic.in



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ACKNOWLEDGEMENT

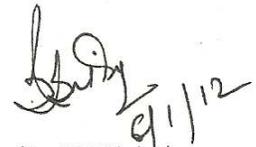
The Trainers' notebook 'Counselling for Postpartum Family Planning and Postpartum IUCD' has been developed to provide guidance and serve as resource material for trainers for conducting a comprehensive and participatory training workshop on family planning counselling, with a special focus on postpartum family planning and IUCD for service providers.

The endeavour has been made possible through contribution from the technical team of Jhpiego, comprising of Dr Saswati Das, Dr G. V. Rashmi, Dr Dinesh Singh, Dr Vivek Yadav and Dr Somesh Kumar under the leadership of Country Director Dr Bulbul Sood. The contribution of Dr Rashmi Asif, Ms Holly Blanchard and Dr Jeffrey Smith is acknowledged for reviewing the manual. The contribution of Dr Vineet Srivastava and Dr Kailash Saran, who have translated the manual in Hindi and Celine Gomes, who has designed and formatted the manual, is also acknowledged.

We are thankful to agencies like USAID and the Bill and Melinda Gates Foundation for their support in various forms for bringing out this manual.

Special appreciation goes to Dr Sushma Dureja, DC (FP-II) for reviewing the technical content of the manual.

Appreciation is also due to other members of the Family Planning Division, vide Rahul Pandey, Renuka Patnaik and Sharmila Neogi who have provided support in preparation of the trainers' notebook.


(Dr S K Sikdar)

Healthy Village, Healthy Nation



एड्स - जानकारी ही बचाव है
Talking about AIDS is taking care of each other

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ACCRONYMS AND ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
ANC	Antenatal Care
ARV	Anti Retro Viral
COC	Combined Oral Contraceptive
CNS	Central Nervous System
DMPA	Depot Medroxy Progesterone Acetate
DVT	Deep Vein Thrombosis
EBF	Exclusive Breast feeding
EC	Emergency Contraception
ECP	Emergency Contraceptive Pill
FP	Family planning
HIV	Human Immuno Deficiency Virus
HTSP	Healthy Timing and Spacing of Pregnancy
IEC	Information, Education and Communication
IPPF	The International Planned Parenthood Federation
IUCD	Intrauterine Contraceptive Device
JSY	Janani Suraksha Yojna
LAM	Lactational Amenorrhea Method
NSV	No Scalpel Vasectomy
OCP	Oral Contraceptive Pill
PID	Pelvic Inflammatory Disease
PNC	Postnatal Care
POP	Progestin Only Pill
PPFP	Postpartum Family Planning
PPIUCD	Postpartum Intrauterine Contraceptive Device
RH	Reproductive Health
SDM	Standard Days Method
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
WHO	World Health Organization

INTRODUCTION FOR TRAINERS AND PROGRAM PLANNERS

This introduction provides information to trainers and program planners on the training package and how it should be used.

Counseling women or couples on family planning (FP) has a crucial role to contribute to the success of FP programs by increasing the acceptance and use of FP methods. Therefore, this trainers notebook provides guidance and information on how to conduct a two-day training on FP counseling, for all levels of staff including counselors, technicians, health supervisors, nurses, midwives, medical officers, health assistants, outreach workers, public sector providers and private sector providers. The unifying theme in training these different providers is the **focus on the client and on meeting his or her needs**.

Since it is being increasingly recognized that most postpartum women want to space or limit their future pregnancies, this training is not only intended to enhance the FP counseling skills of providers, but is focusing on the promotion of positive health outcomes for mothers, newborns and infants by building health workers' skills in providing postpartum family planning counseling and increasing postpartum women's access to all family planning methods and services, so that couples can follow healthy timing and spacing of pregnancy.

The overall goal of the training is to build the competency of health providers on counseling women and couples on family planning especially focusing on the use of contraceptives in the postpartum period to achieve healthy timing and spacing of pregnancy.

Training objectives are as follows:

1. Participants will demonstrate improved FP counseling based on updated knowledge and skills
2. Participants will be able to counsel women on postpartum family planning for achieving healthy spacing of pregnancy or limiting future pregnancies
3. Participants will be able to suggest appropriate postpartum contraceptive methods to postpartum women based on their breastfeeding status and the most appropriate time to initiate their use

The trainers' notebook has been designed for use by skilled, experienced trainers, who are identified for their knowledge, expertise and training skills and expected to conduct the two-day counseling training based on the topics included in the reference manual, "Counseling for Postpartum Family Planning and Immediate Postpartum IUCD". Before conducting training, the trainers should internalize the content given in the reference manual.

The course outline for two-day training is suggested in the notebook. Participatory training methodologies are used in the training activities and explained in each session of the trainers' notebook. The variety of training activities like interactive presentation, brainstorming, group

activities, case studies and role-plays have been included to establish an energetic and positive learning environment that fully engages participants and facilitates effective learning. Although the notebook contains information to assist trainers in facilitating the training workshops that will enhance the learning experience, it is assumed that trainer understands adult learning principles, employs a variety of training techniques, and knows how to adapt the course to meet participants' needs.

TRAINERS' NOTEBOOK

The course outline is suggested in the notebook with adequate timing for each session. The training activity for each session includes the following:

- Session Objectives
- Time
- Resources/Materials Needed
- Instructions

For the sessions and training activity, which have the presentations, the CD containing slides of the sessions will be provided to the trainers.

The training should be conducted in the language that participants are most comfortable in speaking. To ensure the quality of training, there should be no more than 20 participants per training event.

EQUIPMENT AND SUPPLIES

Arrangements should be made well in advance of the training to secure availability of all the necessary materials and supplies at the training site during the training.

Suggested equipment for the training includes the following:

- Flip charts with stand
- Flip chart markers of different colors
- Laptop computer and projection monitor
- Extension cord
- Double sided tape for posting flip chart on the wall
- Note pads (for every participant)
- Pens and pencils (for every participant)
- Folders or bags for participants to carry the materials back home
- Adequate no. of copies of reference manual for participants
- Adequate no. of copies of job-aids like contraceptive effectiveness chart, safe time to initiate various contraceptives in postpartum period, etc.
- Certificates of completion

ASSESSING THE TRAINING

▪ **Pre-course and post-course test**

These tests help both trainers and participants assess the gain in knowledge through training. Trainers should administer the pre-test in the first session and give the post-test at the end of the two-day training.

The pre-test will help trainers to understand participants' baseline knowledge, strengths and weaknesses and then to adjust training as needed. The post-test gauges how well trainees understood the content.

▪ **Course evaluation form**

Course evaluation form should be administered at the end of two-day training to assess the overall satisfaction of participants and identify areas of strengths and weakness of the whole training process.

PREPARATION FOR THE TRAINERS

Prior to the training, the trainer should:

- Master the content of the reference Manual, “Counseling for Postpartum Family Planning and Postpartum IUCD”
- Review the training goals, course outline, training activity for each session (learning objectives, time, resource materials needed and instructions for trainers)
- Review and become familiar with the slides for the sessions (that include presentation) given in the CD
- Review the pre/post-test and course evaluation form and make copies for each participant
- Make copies of relevant handouts, role-play situations, checklists to be distributed in the training
- Check all audio-visual equipment
- Check training venue for sitting arrangement, lights, fans/air cooling (in summer)
- Ensure arrangements have been made for lunch, tea etc.
- Prepare participant packets, including reference manuals, job-aids, notebooks, pencils/pens, handouts, etc.
- Prepare registration sheets and name tags
- Prepare flip charts according to sessions. Write agenda for both days on the flip charts
- Certificates for participants

COURSE OUTLINE (Agenda)

Training Agenda

DAY 1		DAY 2	
Session and Time	Content	Session and Time	Content
1. 9.30-11.00	Session 1: Introductory session <ul style="list-style-type: none"> - Welcome - Goal and objective of the workshop - Participant Expectation - Knowledge Assessment (Pre-test) 	1. 9.30-10.00	Session 6: Review of Day 1
		2. 10.00-11.00	Session 7: Demonstration of FP Counseling Skills with focus on PPFP and PPIUCD <ul style="list-style-type: none"> - Demonstration of FP counseling, PPIUCD counseling skills through role-play using visual job aids - Review of the counseling skills demonstrated in the role play using checklist, using the checklists
11.00-11.15	Tea	11.00-11.15	Tea
2. 11.15-12.45	Session 2: Benefits of Family Planning & Importance of Postpartum Family Planning <ul style="list-style-type: none"> - Benefits of Family Planning - Risks if FP is not practiced - Rationale for postpartum family planning - Importance of postpartum family planning - Occasions and information on postpartum family planning for pregnant and new mothers - Return to fertility 	3. 11.15-12.00	Session 8: Practice of Counseling in small groups and peer assessment through checklist
		4. 12.00-12.45	Session 9: Return Demonstration of PPFP, PPIUCD counseling by volunteers in front of the large group, followed by discussion
12.45-1.30	Lunch	12.45-1.30	Lunch
3. 1.30-1.45	Afternoon Warm-up	5. 1.30-2.30	Session 10: Orientation to counselors roles and responsibilities, performance standards for PPIUCD counseling
4. 1.45-3.15	Session 3: Technical Overview of Family Planning Methods for Postpartum Women <ul style="list-style-type: none"> - Brief Technical Overview of Family Planning Methods - Contraceptive effectiveness of various FP methods - Contraception for postpartum women - Safe time for postpartum initiation of various methods of family planning 		

			assessment of PPFP and PPIUCD counseling skills of individual participants on clients in the postpartum ward
3.15-3.30	Tea	3.15-3.30	Tea
5. 3.30-5.00	Session 4: Family Planning (FP) Counseling Approach & Communication Skills <ul style="list-style-type: none"> - FP Counseling: goal, key points, types, quality, informed choice - Rights of clients - Three kinds of communication in FP - Communication skills - Effective counselor 	8. 3.30-4.45	Session 12 (contd): Practice and assessment of PPFP and PPIUCD counseling skills of individual participants on clients in the postpartum ward
6. 5.00-5.30	Session 5: Elements of Family Planning Counseling & Postpartum IUCD (PPIUCD) Counseling <ul style="list-style-type: none"> - Tasks in FP counseling following GATHER approach - Elements of PPFP counseling - Orientation to the checklists for PPFP counseling skills - PPIUCD counseling 	9. 4.45-5.30	Session 13: Closing <ul style="list-style-type: none"> - Participant feedback (Course evaluation) - Action plan (if time permits) - Distribution of certificate of completion - Closing

The maximum number of trainees in a batch should not exceed 20 and minimum number of trainers in a batch should be 2.

SESSION OUTLINES (Syllabus)

Training Content	Training Activities	Time
Day 1		
Session 1: Introductory session <ul style="list-style-type: none"> - Welcome - Goal and objective of the workshop - Participant Expectation - Knowledge Assessment (Pre-test) 	Welcome – Icebreaker Goal & Objective – Interactive presentation Participant Expectation – Culling out from participants Pre-test- Written assessment	90 minutes
Session 2: Benefits of Family Planning & Importance of Postpartum Family Planning <ul style="list-style-type: none"> - Benefits of Family Planning - Risks if FP is not practiced - Rationale for postpartum family planning - Importance of postpartum family planning - Occasions and information on postpartum family planning for pregnant and new mothers - Return to fertility 	Benefits & risks – Brainstorming activity, followed by discussion PPFP – Interactive presentation	90 minutes
Session 3: Technical Overview of Family Planning Methods for Postpartum Women <ul style="list-style-type: none"> - Brief Technical Overview of Family Planning Methods - Contraceptive effectiveness of various FP methods - Contraception for postpartum women - Safe time for postpartum initiation of various methods of family planning 	Exercise in pairs; Small group activity; Presentation by participants followed by discussion; Interactive presentation	90 minutes
Session 4: Family Planning (FP) Counseling Approach & Communication Skills <ul style="list-style-type: none"> - FP Counseling: goal, key points, types, quality, informed choice - Rights of clients - Three kinds of communication in FP - Communication skills - Effective counsellor 	Culling out from participants (based on experiences from their own lives) followed by discussion; Interactive presentation; Small role play followed by discussion	90 minutes
Session 5: Elements of Family Planning Counseling & Postpartum IUCD (PPIUCD) Counseling <ul style="list-style-type: none"> - Tasks in FP counseling following GATHER approach - Elements of PPFP counseling - Orientation to the checklist for PPFP counseling skills - PPIUCD counseling 	Interactive presentation	30 minutes

Day 2		
Session 6: Review of Day 1	Game-activity	30 minutes
Session 7: Demonstration of PPFP and PPIUCD Counseling Skills <ul style="list-style-type: none"> - Demonstration of FP counseling skills through role-play using visual job aids - Review of the FP counseling skill demonstrated in the role play using checklist 	Demonstration by trainer through role-play Review of the counseling skills demonstrated in role-play, with participants using checklist	60 minutes
Session 8: Practice of Counseling in small groups and peer assessment through checklist	Small groups practicing FP counseling based on case-stories given to them	45 minutes
Session 9: <ul style="list-style-type: none"> - Return demonstration of PPFP and PPIUCD counseling by volunteers in front of the large group, followed by discussion 	Return demonstration of FP counseling by participant through role-play	45 minutes
Session 10: <ul style="list-style-type: none"> - Orientation to roles and responsibility of counsellors and performance standards for PPIUCD counseling 	Discussion	60 minutes
Session 11: <ul style="list-style-type: none"> - Post-test 	Written assessment	10 minutes
Session 12: Practice and assessment of PPFP and PPIUCD counseling skills of individual participants on clients in the postpartum ward	FP counseling skill assessment of participants using checklist	100 minutes
Session 13: <ul style="list-style-type: none"> - Participant feedback/course evaluation - Action plan - Distribution of certificates of completion - Closing 	<ul style="list-style-type: none"> - Participants written feedback - Individual participant activity - Closing remarks by trainer and govt representative - Distribution of certificates - Vote of thanks 	55 minutes

SESSION 1 TRAINING ACTIVITY

INTRODUCTORY SESSION

Session Objectives

By the end of the session, participants will be able to:

- Introduce the trainers and participants to each other
- Define the participants' expectations of the course
- Introduce the goal and objectives of the training workshop
- Establish a positive climate and spirit of cooperation
- Participate in knowledge assessment before training

Time

90 minutes

Resources/Materials Needed

- Daily registration form or sign in sheet
- Name tags
- Participant packets – containing agenda, reference manual, counseling job-aids, note book
- Presentation on the goal, objectives of the training workshop and key messages for the session
- Flip chart, stand and markers
- Day's agenda made on the flipchart paper and posted on the wall
- Copies of the pretest for participants

Instructions

- Greet participants and give them a name tag, fill the registration form and distribute training workshop packets
- Formally open the training. This might be done by an invited guest such as representative of the Ministry of Health, or the head of the facility where training is happening. If the representative from the MOH is late continue the training and open when the representative arrives
- Welcome participants and introduce the trainers.
- Ask participants to introduce to each other. You can do this by
 - Asking the participants to pair off
 - Ask each pair to spend 5 minutes time interviewing each other to answer: partner's name, worksite, and at least one thing his/her partner hopes to gain from the training
 - Have each participant present his/her partner's name, worksite and one expectation, to the group
- Make note of the participant expectations on a flipchart and post
- Provide an overview of the training by reviewing the training goal and objectives.

- Review the agenda with participants. Through discussion point out where the training will meet participant expectations or explain why this is not the case. Respond to any questions about the day or about the overall workshop.
- Ask the participants to have a quick brainstorm to create a set of ground rules, based on following:
 - Allow all participants to benefit from the training
 - Ensure that everyone can participate openly
 - Create a stress free learning environment

Examples of ground rules include:

- Arrive on time
- Come back from tea and lunch breaks on time
- Attend the entire day
- Start and end on time
- Keep side conversation to a minimum
- Speak one at a time
- Ask a question when you have one and request an example if a point is not clear
- Show respect for others
- Don't close your mind by saying, "this is all fine in theory, but....."
- Keep your mobile phone in switch off mode
- Actively participate in the training
- Have fun

- Distribute the pre-test (questionnaire for participants and answer key for trainers are given at the end of this session). Tell participants that this is a simple test designed to assess their existing knowledge and practices related to postpartum family planning and immediate postpartum IUCD counseling. Explain that it will help indicate areas where additional information and/or skills development may need to be addressed during the training



Session 1

Welcome to Training Workshop on Postpartum Family Planning Counseling

Goal of Training Workshop

Build the competency of health providers on counseling women and couples on family planning especially on the use of contraceptives in the postpartum period to achieve healthy timing and spacing of pregnancy.



2

Objectives of the Training Workshop

- Participants will demonstrate improved FP counseling based on updated knowledge and skills
- Participants will be able to counsel women on postpartum family planning for achieving healthy timing and spacing of pregnancy
- Participants will be able to suggest appropriate postpartum contraceptive methods to postpartum women based on their breastfeeding status, including the most appropriate time to initiate their use.



3

PRE/POST COURSE KNOWLEDGE ASSESSMENT FOR PARTICIPANTS

Name..... Date.....

Pre-Test / Post-Test (Circle the right one)

Please circle the most appropriate answer out of the options given below each question.

1. A couple should wait for at least 2 years from their last child birth before attempting another pregnancy. True/ False.
2. Postpartum family planning counseling can be provided as part of which following services?
 - a) Antenatal care
 - b) Postpartum care
 - c) Clinics for newborns and infants
 - d) All of the above
3. Postpartum FP education and counseling should include:
 - a) Discern if the couple plan to have more children in the future, information about healthy spacing of pregnancy, appropriate methods a postpartum woman can use, and answer any questions s/he may have about PPF
 - b) Giving information about all of the methods and then asking women to decide whether or not they want to use a family planning method
 - c) Encourage women who are pregnant and already have one or more child or children, to have sterilization after delivery of this baby
4. Women who use the Lactational Amenorrhea Method (LAM) to prevent pregnancy should:
 - a) Have a baby who is less than six months old and is breastfeeding sometimes and topfeeds sometimes, and her menses have started
 - b) Has not begun menstruation yet, only gives breast milk to her baby, not even water, and her baby is less than six months
 - c) Be only breastfeeding her baby, baby is seven months old and she has not started her menses
5. Which family planning method(s) can be initiated immediately after delivery by postpartum breastfeeding women?
 - a) IUCD (Cu T) and Lactational Amenorrhea Method (LAM)
 - b) No family planning method should be initiated immediately postpartum by breastfeeding women

6. The method specific information about the IUCD should include:
 - a) Effectiveness, how it works and for how long it prevents pregnancy
 - b) Common side effects , relief measures for them and RARE danger signs
 - c) The IUCD can be removed at any time by a trained provider
 - d) All of the above

7. For PPIUCD (postpartum intrauterine contraceptive device), who should choose or consent for IUCD for the postpartum woman:
 - a) The provider
 - b) The woman/client
 - c) The counselor

8. How long does IUCD, Copper T 380 A, prevent pregnancy?
 - a) Upto 3 years
 - b) Upto 10 years
 - c) Upto 5 years

9. When can a PPIUCD be inserted in the postpartum period?
 - a) After 48 hours of delivery
 - b) Immediately after delivery up to 48 hours
 - c) Immediately after delivery up to 1 week postpartum

10. Which of the following is a non-verbal communication
 - a) Using simple language and providing feedback
 - b) Maintaining eye contact with the client and presenting facial expressions which show interest and concern
 - c) Listening what client asks and answers questions clearly and objectively

PRE/POST COURSE KNOWLEDGE ASSESSMENT FOR PARTICIPANTS

(With answers)

Please circle the most appropriate answer out of the options given below each question.
The correct answers are in bold.

1. A couple should wait for at least 2 years from their last child birth before attempting another pregnancy.**True**/ False.
2. Postpartum family planning counseling can be provided as part of which following services?
 - a) Antenatal care
 - b) Postpartum care
 - c) Clinics for newborns and infants
 - d) **All of the above**
3. Postpartum FP education and counseling should include:
 - a) **Discern if the couple plan to have more children in the future, information about healthy spacing of pregnancy, appropriate methods a postpartum woman can use, and answer any questions s/he may have about PPF**
 - a) Giving information about all of the methods and then asking women to decide whether or not they want to use a family planning method
 - b) Encourage women who are pregnant and already have one or more child or children, to have sterilization after delivery of this baby
4. Women who use the Lactational Amenorrhea Method (LAM) to prevent pregnancy should:
 - a) Have a baby who is less than six months old and is breastfeeding sometimes and topfeeds sometimes, and her menses have started
 - b) **Has not begun menstruation yet, only gives breast milk to her baby, not even water, and her baby is less than six months**
 - c) Be only breastfeeding her baby, baby is seven months old and she has not started her menses
5. Which family planning method(s) can be initiated immediately after delivery by postpartum breastfeeding women?
 - a) **IUCD (Cu T) and Lactational Amenorrhea Method (LAM)**
 - b) No family planning method should be initiated immediately postpartum by breastfeeding women

6. The method specific information about the IUCD should include:
 - a) Effectiveness, how it works and for how long it prevents pregnancy
 - b) Common side effects , relief measures for them and RARE danger signs
 - c) The IUCD can be removed at any time by a trained provider
 - d) **All of the above**

7. For PPIUCD (postpartum intrauterine contraceptive device), who should choose or consent for IUCD for the postpartum woman:
 - a) The provider
 - b) **The woman/client**
 - c) The counselor

8. How long does IUCD, Copper T 380 A, prevent pregnancy?
 - a) Upto 3 years
 - b) **Upto 10 years**
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9. When can a PPIUCD be inserted in the postpartum period?
 - a) After 48 hours of delivery
 - b) **Immediately after delivery up to 48 hours**
 - c) Immediately after delivery up to 1 week postpartum

10. Which of the following is a non-verbal communication
 - a) Using simple language and providing feedback
 - b) **Maintaining eye contact with the client and presenting facial expressions which show interest and concern**
 - c) Listening what client asks and answers questions clearly and objectively

Scoring criteria:

- The maximum marks for each question is 1
- For each correct answer, the participant will get 1
- For each incorrect answer or question not attempted, the participant will get 0
- Add the marks obtained for all questions, to get the total marks/score
- For evaluating score percentage, use the following formula:

$$\frac{X (\text{Marks obtained})}{10} \times 100 = \dots\dots\dots\%$$

SESSION 2 TRAINING ACTIVITY

BENEFITS OF FAMILY PLANNING AND IMPORTANCE OF POSTPARTUM FAMILY PLANNING (PPFP)

Session Objectives

By the end of the session, participants will:

- Recollect some of the benefits of family planning (FP) and risks if FP is not practiced, for mothers and newborns
- Understand the relevance of family planning during postpartum period
- Identify existing services for pregnant and postpartum women into which postpartum family planning education and counseling can be integrated

Time

90 minutes

Resources/Materials Needed

- Four flipcharts with headings written on them
- Blank flipcharts, stand and markers
- Power point presentation (Session 2 slides), projector and screen
- Reference manuals for all participants already given to participants in the participant packet

Instructions

- Present the slides 1 and 2 of the session 2 presentation
- Prepare in advance 2 flipcharts on which you have clearly written the following headings:
 - Benefits of family planning for the mother (Flipchart 1)
 - Risks for the mother if family planning is not practiced (Flipchart 2)
- Prepare in advance another 2 flipcharts on which you have clearly written the following headings:
 - Benefits of family planning for the baby (Flipchart 3)
 - Risks for the baby if family planning is not practiced (Flipchart 4)
- Post these flipcharts on the wall and brainstorm (20 minutes) on:
 - What are the benefits for mother?
 - What are the risks for mother?
 - What are the benefits for baby?
 - What are the risks for baby?

- Record the responses of participants on the flipcharts and ask participants to match their responses with the content of Table 1 of the chapter 1 of the Reference Manual. Summarize the benefits and risks by presenting the slides 3-6 of session 2
- Pose the following questions and discuss the answers with the help of slides 7-9
 - What is postpartum family planning?
 - What is the rationale of providing postpartum family planning services?
- Ask the group, when can the information or messages for postpartum family planning be given to pregnant women? Show the slides 10
- Present the healthy timing and spacing messages for following 2 types of clients with the help of slide 11
 - For couples, who desire a next pregnancy after a live birth
 - For couples, who desire to have a child after a miscarriage or abortion
- Emphasize that for healthy timing and spacing of pregnancies after a child birth or abortion, it is important to know the return of fertility. Present and discuss the slide 12



Session 2

Benefits of Family Planning and Importance of Postpartum Family Planning

Learning Objectives

- Recollect benefits of family planning (FP) for mothers and newborns
- Understand the relevance of family planning during postpartum period
- Identify existing services for pregnant and postpartum women into which postpartum FP (PPFP) education and counseling can be integrated



2

Benefits of FP for Mothers

- Reduced risk of complications associated with pregnancies
- Will have more time to take care for her baby
- Will breastfeed longer, longer duration of breastfeeding is linked to reduced risk of breast and ovarian cancer
- May be more rested and well nourished so as to support the next healthy pregnancy
- May have more time for herself, children and family
- More time to prepare for next pregnancy



3

Risks for Mothers if FP is Not Practiced

- Increased risk of pregnancy complications
- Increased risk of miscarriage
- More likely to induce abortion
- At greater risk of maternal death



4

Benefits for the Newborn Child

- More likely to be born strong and healthy
- Breastfed for a longer period, so health and nutritional benefits
- Enhanced mother-baby bonding by breastfeeding, facilitating child's overall development
- Mothers are better able to meet the needs of their newborns



5

Risks for Newborns if FP is Not Practiced

- Newborn and infant mortality is higher
- Greater chance of pre-term low birth weight baby or baby small for its gestational age
- If breastfeeding is stopped before 6 months:
 - ✓ the newborn does not experience the health and nutritional benefits of breast milk
 - ✓ diminished mother-baby bonding affecting baby's development



6

Postpartum Family Planning (PPFP)

Initiation and use of family planning during the 1st year after delivery

- Postplacental - within 10 minutes after placenta delivery
- Immediate postpartum – delivery to 48 hours
- Postpartum – Initial 6 weeks post delivery
- Extended postpartum – 6 weeks to 1 year after delivery



7

Rationale for PPFP

- Most receptive period to accept contraception- With increasing institutional deliveries, contacts of women after childbirth and first 48 hours, with health providers are more
- Risk of pregnancy after childbirth – The return of fertility is unpredictable. Woman can become fertile before her periods return
- Unmet need is high in postpartum women – In India 91% women in the 1st year of postpartum period understand the importance of family planning, out of which 65% women have an unmet need for family planning; 24% use any method
- Birth to pregnancy interval of less than 24 months = highest risks of poor maternal and neonatal, infant outcomes

27% of births in India occur within less than 24 months of previous birth, and 34% occur between 24 and 35 months



8

Importance of PPFP

- Reduce maternal mortality and morbidity
- Reduce infant mortality and morbidity
- Prevent risky or unwanted pregnancies
- Reduce the incidence of abortion, especially unsafe abortions
- Allow women to space their pregnancies
- Reduce no. of cases of vertical transmission of HIV/AIDS from mother to child



9

Opportunities to Provide PFP Information to Pregnant and New Mothers

- During antenatal period (ANC check ups)
- During immediate postpartum (hospital stay (48 hours) after delivery)
- During postnatal care contacts (within 6 weeks)
- Child health contacts during the 1st year/immunization session

Counselors should help women/couples in making informed choice by providing family planning messages, discussing their fertility intentions and contraceptive options



10

FP Messages: 2006 WHO Technical Consultation

- Recommendation for spacing after a **live birth**:
 - The recommended interval before attempting the next pregnancy is **at least 24 months** in order to reduce the risk of adverse maternal, perinatal and infant outcomes
 - This results in a 36 month birth-to-birth interval
- Recommendation for spacing after miscarriage or induced abortion:
 - The recommended minimum interval to next pregnancy should be **at least six months** in order to reduce risks of adverse maternal and perinatal outcomes

Source: World Health Organization, 2006 Report of a WHO Technical Consultation on Birth Spacing



11

Return to Fertility

For postpartum women

- Non-breastfeeding women can become pregnant as soon as 4-6 weeks after delivery
- Fertility is less predictable in breastfeeding women. They are at risk of pregnancy, even if their menses has not yet returned
- Health provider should help them choose an FP method that is appropriate for them

For postabortion women

- Woman's fertility returns within 10-14 days
- Should begin the use of contraceptive method within 48 hours following the incident



12

SESSION 3 TRAINING ACTIVITY

TECHNICAL OVERVIEW OF FAMILY PLANNING METHODS AND CONTRACEPTION FOR POSTPARTUM WOMEN

Session Objectives

By the end of the session, participants will be able to:

- Identify the questions that can be asked to be reasonably sure a woman is not pregnant
- Describe various family planning methods for spacing and limiting pregnancies for postpartum women
- Recommend appropriate family planning method and its safe time for initiation, for postpartum women, considering their breastfeeding status

Time

90 minutes

Resources/Materials Needed

- Flipcharts with headings written on them
- Flipchart with grid for initiation of various FP methods in postpartum period
- Power point presentations (session 3 slides)
- Reference manuals for all participants already distributed to participants in the packet

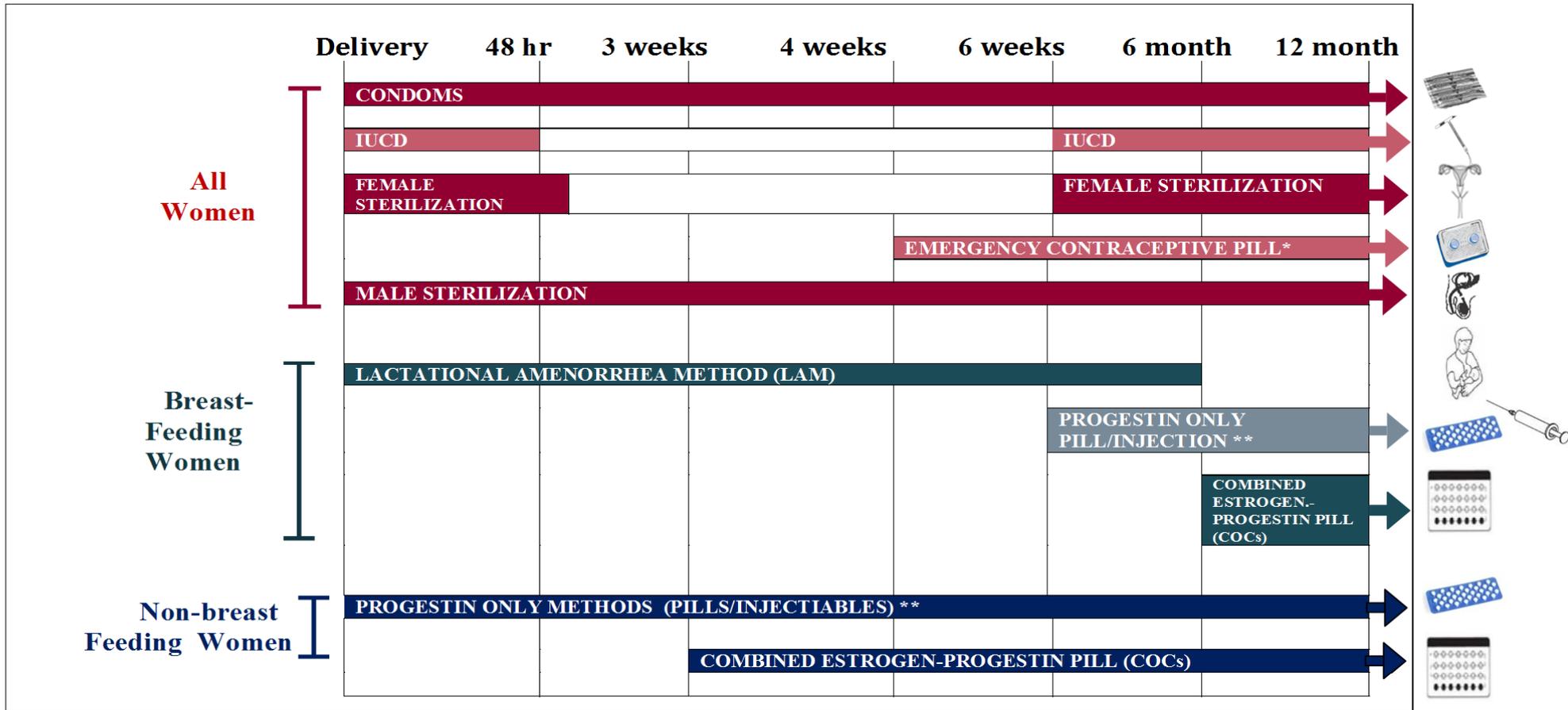
Instructions

- Introduce the session by presenting slides 1-2 of session 3
- Show the slide no 3 on how one can be reasonably sure a woman is not pregnant. Ask participants to open the checklist given in the reference manual, chapter 2 and practice asking these questions with the participant sitting next to her in 10 minutes
- Divide participants in small groups of 3-4 people and ask each group to act as a team
- Give each group a copy of blank forms (3 charts: Chart 1, 2 and 3 given at the end of this session) as given below and ask them to review the tables on “The important characteristics of the commonly available family planning methods” given in the chapter 2 of the reference manual and based on the information given in the tables, complete the blank forms (3 charts given to the small groups) by putting a check mark in the appropriate box
- Bring participants back together after 30 minutes and ask volunteers to share their answers on following points for each family planning method
 - Mechanism of action
 - Contraceptive effectiveness

- Benefits
- Limitations
- Who should not use the method?
- Discuss Contraceptive Effectiveness Chart and Emergency Contraception by showing the slide no 5-6
- Discuss Timing of Method Use in Postpartum Period by

Displaying the flipchart showing the following grid without the names of methods:

SAFE TIMES FOR POSTPARTUM INITIATION OF VARIOUS METHODS OF FAMILY PLANNING



*This is to be used only in emergency. For a regular contraceptive use, take advice from ANM/Doctor at government health centre.

**This is available in private sector.

- Discuss with the group, the time of initiation of various methods and write names of methods in appropriate bars in the grid on flipchart, as shown in the above diagram. Keep the flipchart stuck on the wall of the training room
- Show the slide no 7 on Safe Time for Postpartum Initiation of Various Methods of Family Planning
- Ask participants to open the table 3 on the “Timing of Method Use in the Postpartum Period” in the reference manual and give 5-7 minute time to go through it. Ask them to ask question if they have any



Session 3

Technical Overview of Family Planning Methods And Contraception for Postpartum Women

Learning Objectives

- Identify the questions that can be asked to be reasonably sure a woman is not pregnant
- Describe various family planning methods for spacing and limiting pregnancies
- Recommend appropriate family planning method and its safe time for initiation, for postpartum women, considering their breastfeeding status



2

Checklist to be Reasonably Sure a Woman is NOT Pregnant

Ask these 6 questions:

- Did you have a baby less than 6 months ago? If so, are you fully or nearly-fully breastfeeding? Have you had no menstrual bleeding since giving birth?
- Have you abstained from unprotected sex since your last menstrual bleeding or delivery?
- Have you given birth in the last 4 weeks?
- Did your last menstrual bleeding start within the past 7 days (or within 12 days if you plan to use an IUD)
- Have you had a miscarriage or abortion in the past 7 days?
- Have you been using a reliable contraceptive method consistently and correctly?



3

Checklist to be Reasonably Sure a Woman is NOT Pregnant

IF CLIENT ANSWERS THEN

"Yes" to any of the questions and she is free of signs and symptoms of pregnancy

Pregnancy is unlikely

"No" to all of the questions

1. Pregnancy cannot be ruled out
2. Give client a pregnancy test if available
3. Ask her to return when she has her next menstrual bleeding
4. Provide her with a back-up method, such as condoms, to use until then



4

Comparing Effectiveness of Family Planning Methods

Comparing Effectiveness of Family Planning Methods

More effective
Less than 1 pregnancy per 100 women in 1 year



How to make your method more effective

Implants, IUD, female sterilization: After procedure, little or nothing to do or remember

Vasectomy: Use another method for first 3 months



Injectables: Get repeat injections on time

Lactational amenorrhea method, LAM (for 6 months): Breastfeed often, day and night

Pills: Take a pill each day

Patch, ring: Keep in place, change on time



Condoms, diaphragm: Use correctly every time you have sex

Fertility awareness methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be easier to use.

Less effective
About 30 pregnancies per 100 women in 1 year



Withdrawal, spermicides: Use correctly every time you have sex



Citation:
Gutman ML, Russell J, Melita N, Condon S, Subramaniam S, Biname O. Communicating contraceptive effectiveness: a randomized controlled trial to inform a World Health Organization family planning handbook. *Am J Obstet Gynecol*. 2004;191(3):80-91.
World Health Organization/Department of Reproductive Health and Research (WHO/RH), Johns Hopkins Bloomberg School of Public Health (JHSPH)/Center for Communication Programs (CCP). *Family Planning: A Global Handbook for Providers*. Baltimore, MD and Geneva: CCF and WHO, 2007.
Trussell J. Choosing a contraceptive: efficacy, safety, and personal considerations. In: Hatcher RA, Trussell J, Stewart F, Nelson AL, Cates W Jr, Guest F, Kozal D, eds. *Contraceptive Technology*. Nineteenth Revised Edition. New York: Arden Media Inc., in press.

Emergency Contraception

- **EC Pills**
 - Not used as a regular FP method
 - Not as effective as regular FP methods
 - Taken within 5 days (120 hours) of unprotected sex, sooner the better
- **Copper IUCD**
 - Inserted within 5 days of unprotected sex
 - Can be continued as an ongoing method of FP
- **COCs**
 - If above ECs are not available
 - First 4 tabs within 5 days of unprotected sex & then 4 tabs after 12 hrs
 - Anticipate nausea and vomiting



6

Safe Time for Postpartum Initiation of Family Planning Methods

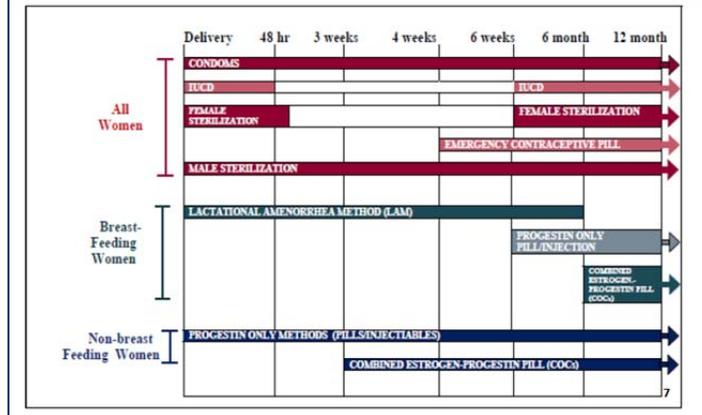


Chart 1: Technical Overview of FP Methods (Exercise format for participants)

Instructions: Below is a chart listing technical details of various family planning methods on the left side (first column). For each statement listed in the first column, place a check mark in the appropriate box, indicating the statement is right for which method.

Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Combined Oral Contraceptive Pills (COCs)	Intrauterine Contraceptive Devices (IUCDs)	Inj. DMPA	Female Tubal Ligation	Vasectomy
<i>Mechanism of Action</i>							
Blocks the tubes carrying sperms (vas deferens) and prevents sperms from entering the semen							
Slow sperm movement in the uterus, so sperms cannot meet the eggs							
Temporary infertility after childbirth that may last as long as 6 months if women fully or nearly fully breastfeed and their menses have not returned							
Barrier method that physically prevent sperms from uniting with the egg as the method does not allow ejaculation and sperms to be deposited in direct contact with the vagina							
The hormones estrogen and progesterone suppress ovulation							
Blocks the fallopian tubes to prevent sperm and egg from uniting							
The hormone progesterone suppresses ovulation							

Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Combined Oral Contraceptive Pills (COCs)	Intrauterine Contraceptive Devices (IUCDs)	Inj. DMPA	Female Tubal Ligation	Vasectomy
Benefits							
Long or short-term reversible method, no hormonal side effects, immediately reversible with no delay in return to fertility, does not require daily actions, does not interfere with sexual intercourse, no effect on breastfeeding							
Regulates the menstrual cycle, reduces menstrual flow, does not interfere with sexual intercourse, pelvic exam is not required before use							
Does not interfere with intercourse, no systemic side effects, no supplies required, promotes nutritional benefits to infant, no cost to mother, helps mother's uterus return to normal size quicker,							
Only method that protects from STIs, including HIV/AIDS, no effect on breastfeeding, no hormonal side effects							
Does not interfere with sexual intercourse, given by inj once every 12 weeks and no daily action required, pelvic exam is not required before use, for some women, may help prevent iron deficiency anemia							
Simple surgery performed on women, permanent procedure, no effect on breast milk production							
Permanent procedure, easier to perform than tubal ligation							

Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Combined Oral Contraceptive Pills (COCs)	Intrauterine Contraceptive Devices (IUCDs)	Inj. DMPA	Female Tubal Ligation	Vasectomy
Limitations							
Delayed effectiveness (requires at least 3 months for procedure to be effective), permanent method							
Minor side effects like longer and heavier bleeding, spotting between periods, more cramps and pain during periods- these disappear spontaneously after initial months, requires a trained provider for initiation of the method							
Uncommon complications of surgery – infection, bleeding; requires a trained provider and health facility providing the service, not reversible							
Must be taken every day, side effects in some women such as nausea, headache, weight gain, risk of developing cardiovascular disease in women over 35 years of age and who smoke							
May produce minor side effects such as light spotting, bleeding, amenorrhea, or weight gain; delayed return to fertility, currently not available in the public health facilities							
Supply must be readily available before intercourse begins, effectiveness depends on following instructions for correct use							
Effective only when all 3 criteria are met, such as baby is less than 6 months old, woman is fully breastfeeding her baby and her menses have not returned							

Chart 2: Hormonal methods: Who can use the method and who should not use the method (exercise format for participants)

Instructions: Below is a chart listing various conditions which may affect choice of hormonal FP methods by clients. For each condition, place a check mark in the appropriate column.

Client condition	Combined oral pills	
	Can use	Should not use
21 years old and newly married wanting an effective contraceptive to delay her pregnancy.		
Anemic, with haemoglobin 8 gms.		
Immediately postpartum (1 week after delivery) not breastfeeding		
2 month postpartum and using LAM		
8 months postpartum and breastfeeding		
History of blood clots in the legs		
Current purulent cervical discharge		
Have high blood pressure		
Post abortion		
Menses started 4 days ago.		
Using hormonal method and did not have menses this past month		

Chart 3: Copper IUCD (Cu T): Who can use the method (exercise format for participants)

Instructions: Below is a chart listing various conditions which may affect use of the IUCD by clients. For each condition, place a check mark in the appropriate column.

Client condition	IUCD can be inserted	IUCD should not be inserted
Age 18 and has one child.		
Has high blood pressure		
Is breastfeeding		
Postabortion <ul style="list-style-type: none"> ▪ 1st trimester ▪ 2nd trimester 		
Immediately after delivery within 48 hours postpartum		
Postpartum with puerperal infection		
History of ectopic pregnancy		
Current pus like discharge from cervix		
Have heart disease		
HIV but clinically well		
On rifampicin for pulmonary tuberculosis		
Unexplained vaginal bleeding		
Grand multiparity (more than 5 pregnancies)		

Chart 1: Technical Overview of FP Methods (with answers)

Instructions: Below is a chart listing technical details of various family planning methods on the left side (first column). For each statement listed in the first column, place a check mark in the appropriate box, indicating the statement is right for which method.

Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Combined Oral Contraceptive Pills (COCs)	Intrauterine Contraceptive Devices (IUCDs)	Inj. DMPA	Female Tubal Ligation	Vasectomy
Mechanism of Action							
Blocks the tubes carrying sperms (vas deferens) and prevents sperms from entering the semen							✓
Slow sperm movement in the uterus, so sperms cannot meet the eggs				✓			
Temporary infertility after childbirth that may last as long as 6 months if women fully or nearly fully breastfeed and their menses have not returned		✓					
Barrier method that physically prevent sperms from uniting with the egg as the method does not allow ejaculation and sperms to be deposited in direct contact with the vagina	✓						
The hormones estrogen and progesterone suppress ovulation			✓				
Blocks the fallopian tubes to prevent sperm and egg from uniting						✓	
The hormone progesterone suppresses ovulation					✓		

Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Combined Oral Contraceptive Pills (COCs)	Intrauterine Contraceptive Devices (IUCDs)	Inj. DMPA	Female Tubal Ligation	Vasectomy
Benefits							
Long or short-term reversible method, no hormonal side effects, immediately reversible with no delay in return to fertility, does not require daily actions, does not interfere with sexual intercourse, no effect on breastfeeding				✓			
Regulates the menstrual cycle, reduces menstrual flow, does not interfere with sexual intercourse, pelvic exam is not required before use			✓				
Does not interfere with intercourse, no systemic side effects, no supplies required, promotes nutritional benefits to infant, no cost to mother, helps mother's uterus return to normal size quicker,		✓					
Only method that protects from STIs, including HIV/AIDS, no effect on breastfeeding, no hormonal side effects	✓						
Does not interfere with sexual intercourse, given by inj once every 12 weeks and no daily action required, pelvic exam is not required before use, for some women, may help prevent iron deficiency anemia					✓		
Simple surgery performed on women, permanent procedure, no effect on breast milk production						✓	
Permanent procedure, easier to perform than tubal ligation							✓

Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Combined Oral Contraceptive Pills (COCs)	Intrauterine Contraceptive Devices (IUCDs)	Inj. DMPA	Female Tubal Ligation	Vasectomy
Limitations							
Delayed effectiveness (requires at least 3 months for procedure to be effective), permanent method							✓
Minor side effects like longer and heavier bleeding, spotting between periods, more cramps and pain during periods- these disappear spontaneously after initial months, requires a trained provider for initiation of the method				✓			
Uncommon complications of surgery – infection, bleeding; requires a trained provider and health facility providing the service, not reversible						✓	
Must be taken every day, side effects in some women such as nausea, headache, weight gain, risk of developing cardiovascular disease in women over 35 years of age and who smoke			✓				
May produce minor side effects such as light spotting, bleeding, amenorrhea, or weight gain; delayed return to fertility, currently not available in the public health facilities					✓		
Supply must be readily available before intercourse begins, effectiveness depends on following instructions for correct use	✓						
Effective only when all 3 criteria are met, such as baby is less than 6 months old, woman is fully breastfeeding her baby and her menses have not returned		✓					

Chart 2: Hormonal methods: Who can use the method and who should not use the method (with answers)

Instructions: Below is a chart listing various conditions which may affect choice of hormonal FP methods by clients. For each condition, place a check mark in the appropriate column.

Client condition	Combined oral pills	
	Can use	Should not use
21 years old and newly married wanting an effective contraceptive to delay her pregnancy	✓	
Anemic, with haemoglobin 8 gms	✓	
Immediately postpartum (1 week after delivery) not breastfeeding		✓
2 month postpartum and using LAM		✓
8 months postpartum and breastfeeding	✓	
History of blood clots in the legs		✓
Current purulent cervical discharge	✓	
Have high blood pressure		✓
Post abortion	✓	
Menses started 4 days ago	✓	
Using hormonal method and did not have menses this past month	✓	

Chart 3: Copper IUCD (Cu T): Who can use the method (with answers)

Instructions: Below is a chart listing various conditions which may affect use of the IUCD by clients. For each condition, place a check mark in the appropriate column.

Client condition	IUCD can be inserted	IUCD should not be inserted
Age 18 and has one child.	✓	
Has high blood pressure	✓	
Is breastfeeding	✓	
Postabortion 1 st trimester 2 nd trimester	✓	
Immediately after delivery within 48 hours postpartum	✓	
Postpartum with puerperal infection		✓
History of ectopic pregnancy	✓	
Current pus like discharge from cervix		✓
Have heart disease	✓	
HIV but clinically well	✓	
On rifampicin for pulmonary tuberculosis	✓	
Unexplained vaginal bleeding		✓
Grand multiparity (more than 5 pregnancies)	✓	

SESSION 4 TRAINING ACTIVITY

FAMILY PLANNING COUNSELING APPROACH AND COMMUNICATION SKILLS

Session Objectives

By the end of the session, participants will be able to:

- Endorse goal, key points, types and quality of family planning counseling
- Identify tasks for counseling different categories of FP clients
- Explain informed choice and describe the roles of a counselor in encouraging clients to make informed choice
- Understand rights of clients and explain how they apply to FP services
- Describe the differences in 3 kinds of communication in FP
- Identify qualities of a good counselor and describe knowledge and skills needed by a good counselor
- Identify important verbal and nonverbal communication skills that can be used for effective communication with FP clients

Time

90 minutes

Resources/Materials Needed

- Presentation (Session 4 slides), projector, laptop, screen
- Flipchart papers, stand and markers
- Reference Manual already distributed to participants in the packet
- Role-play situation and discussion questions with trainers

Instructions

Goal of FP Counseling, Key Points, Types of FP Counseling

- Introduce the session by presenting slides 1-2 of session 4
- Ask the group to think of a situation from their lives, when the counseling or a discussion with another person helped them to make a decision in life. (Hint: Example can be given from personal life like deciding to choose subjects while entering into college; fixing marriage of one's son or daughter; counseling done by a friend etc.)
- Ask any one or two participants to volunteer for sharing their examples with the large group
- Linking with the example given by the participant, discuss goal, key points, types of counseling in FP. Show slides no 3-7

Types of FP Clients & essential tasks for counseling different categories of clients

- Keep 4 flipchart papers hanged on the wall. The 1st flip chart has a heading, “New Clients with No Method in Mind”; 2nd flipchart bearing the heading, “New Clients with A Method in Mind”; 3rd flip chart with a heading, “Returning Clients with No Problems or Concerns” and 4th flip chart with a heading, “Returning Clients who are Experiencing Problems or Have Concerns”.
- Ask the group to brainstorm on what are the special information needs of each category of clients? Write the responses on flip chart. Then ask participants to open the page in Chapter 3 of reference manual and see the table on “Essential Counseling Tasks for” different types of FP clients and match if their responses noted on the flipchart are there or not.

Informed choice

- Ask the group what do they understand by ‘informed’ and then by ‘choice’. Discuss informed choice in FP and role of counsellors for encouraging clients to make informed choice. Show the slide no. 8-9. Tell participants that we will practice the FP counseling skill based on informed choice in one of the following sessions.

Clients rights

- Ask participants to individually recollect a situation from their personal lives when they have gone to a health provider or health facility for their own or family member’s health related problem/matter. Ask them to think in following lines:
 - Are they satisfied with the services provided to them or their family members?
 - If yes, why? If no, why?
- Ask volunteer/s to describe the incident and explain why she is satisfied or not satisfied
- Ask the group, if you go to a health provider to avail some health service/care, what rights you think you should have as a client
- Show the slide no 10 listing the rights of FP clients and ask participants to focus on all 10 rights and think for 10 minutes, whether and how they, as counsellors or health providers, can support each of the 10 rights of clients. Elicit answers from the participants on how they can support each of the 10 rights while providing FP counseling

Kinds of communication in FP, Skills of a counsellor, Verbal & non-verbal communication

- Show slide no. 11 and discuss the difference between motivating, informing and counseling by first asking the participants and then explaining

- Ask learners to do a short role-play, as given below and after discussing the role play (discussion questions are given below with the role-play) show the slides of skills of an effective counsellor, slide no 12-13, referring to the role play shown
- Referring to the role-play and giving examples, emphasize on verbal and non-verbal communication by showing slides 14-16



Session 4

Family Planning Counseling Approach And Communication Skills

Learning Objectives

- Endorse goal, key points & types of FP counseling
- Identify types of FP clients & essential tasks for counseling them
- Explain informed choice, clients' rights
- Describe kinds of communication in FP, skills of a counselor, verbal & non verbal communication



2

Goal of FP Counseling

Is to help clients to

- Make better choices about contraceptive methods
- Use their chosen method(s) well
- Continue to use their methods

Two major components of a good FP counseling process

- Mutual trust between client and counselor
- The client & counselor give and receive accurate and complete information



3

Key Points of Counseling

- Two way communication process- both client & counselor actively participate
- Ongoing process, must be part of every client provider interaction
- Decision for FP method – voluntary, informed decision by the client
- Responsibility of counselor – client is fully informed and freely chooses
- An informed client taking a method of her choice is a satisfied client, likely to continue the method
- Ensuring client's rights – Privacy, confidentiality, respect, and dignity



4

Types of FP Counseling

- **General Counseling**
 - Orientation on benefits of & methods available FP methods
 - Reproductive goals and needs of clients
 - Client concerns addressed
 - General information about methods
 - Qs answered
 - Misconceptions/myths discussed and clarified
 - Method choice begins



5

Types of FP Counseling (Cont.)

- **Method Specific Counseling**
 - More info on method choice
 - Screening process and procedures explained
 - Instruction on how and when to use method
 - Common side effects discussed
 - When to return for follow up
 - Client should repeat key information
 - Client given handouts/info to take home
 - Myths and misconceptions are clarified



6

Types of FP Counseling (Cont)

- **Return/Follow up Counseling**
 - Elicit client experience and satisfaction with the method
 - Problems and side effects discussed and managed
 - Continuing use encouraged unless major problems exist
 - Key instructions should be repeated
 - Questions answered and client concerns addressed



7

Informed Choice

A client has the right to choose any family planning method s/he wishes, based on a clear understanding of the benefits and risks of all the available methods, including the option not to choose



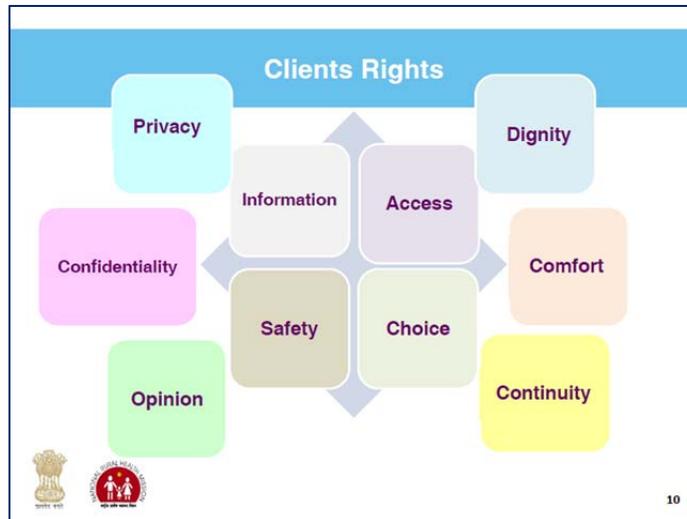
8

Counselors Role in Providing Informed Choice

- Explain the range of all methods available, information on risks of not using any method
- Provide clear, unbiased information on advantages/disadvantages of methods
- Explain possible side effects/complications of methods
- Tailor counseling and advice to each client's expressed needs and personal situation
- Give clients their desired method, unless medically inappropriate
- Explain how to use the method chosen safely and effectively
- Respect client's decision



9



- ### Kinds of Communication in FP
- **Motivation**
 - **Informing**
 - **Counseling**
- At the bottom left, there are logos for the Government of India and the National Commission for Women. The page number 11 is located at the bottom right.

- ### Skills of Effective Counselor
- Strong technical knowledge of FP methods
 - Create a comfortable atmosphere by showing interest, concern, friendliness
 - Speaks gently in understandable words & language
 - Presents information clearly in simple terms
 - Encourages the client to ask questions
 - Listens carefully to client
 - Asks questions effectively
 - Asks only 1 question at a time
 - Poses questions clearly, using open & close ended questions
 - Uses visual aids
- At the bottom left, there are logos for the Government of India and the National Commission for Women. The page number 12 is located at the bottom right.

Skills of Effective Counselor (cont)

- Recognizes when to refer the client to a specialist
- Treats each client as an individual
- Answers questions clearly and objectively
- Keeps silent sometimes and gives clients time to think
- Recognizes and correctly interprets nonverbal cues and body language
- Looks directly at clients when they speak
- Applies good **interpersonal communication skills**, and counseling techniques



13

Communication Skills: Verbal & Non-verbal

- **Positive Non verbal Cues:**
 - Leaning towards the client
 - Smiling not showing tension
 - Presenting facial expressions which show interest and concern
 - Maintaining eye contact with the client
 - Making encouraging gestures such as nodding ones head
- **Negative Non verbal Cues:**
 - Reading from a chart
 - Sitting with the arms crossed
 - Leaning away from the client
 - Glancing at ones watch
 - Yawning or looking at papers or elsewhere
 - Frowning
 - Fidgeting
 - Not maintaining eye contact



14

Communication Skills: Verbal & Non-verbal

- **Verbal communication**
 - Active listening: Hearing, understanding showing interest
 - Verbal encouragement: "*Achha*" or "*Haan*" or "*Thik*"
 - Tone of voice: The way you say, gets results
 - Simple language
 - Giving feedback: Communicating a response
 - Empathy: Understanding person's feelings
 - Being non-judgmental: Respect client's rights
 - Asking open and close-ended questions



15

Asking Questions

**Close ended questions:
Require only a brief, one
word response**

- How old are you?
- When was your last menstrual period?
- How many children do you have?

**Open ended questions:
Allow longer responses
for exploring client's
opinions**

- How can I help you?
- What have you heard about this family planning method?
- Why did you decide to use the same method as your sister?
- Tell me how you are going to take your oral contraception?



ROLE PLAY

COMMUNICATING ABOUT FAMILY PLANNING CHOICES

Directions

The purpose of the role play is to provide an opportunity for learners to appreciate the importance of good interpersonal communication skills when providing counseling for a woman who is seeking a family planning method.

The facilitator will select two learners to perform the following roles: a skilled provider and a client seeking a family planning method. The two learners participating in the role play should take a few minutes to read the background information provided below and to prepare for the role play. The observers in the group should also read the background information so that they can participate in the small group discussion following the role play.

Participant Roles

Provider: The provider is an experienced clinician (doctor, nurse or ANM) at a PHC who has good communication skills.

Client: Mrs. Kamla has come to the health center to get information about family planning methods. Mrs. Kamla has a 4 year old daughter and is currently pregnant. Her husband has agreed to her using a family planning method after this delivery, but he does not want to use condoms. She is nervous about the safety of family planning; she has heard that it can make it impossible to have more children.

Focus of the role play

The focus of the role play is the interaction between the provider and Mrs. Kamla. The provider should assess Mrs. Kamla's knowledge about the available family planning methods (Condoms, Pills, DMPA, IUCD and LAM). She should provide Mrs. Kamla with information about each of the available methods and assess the appropriateness of each of the methods for Mrs. Kamla. The provider should provide Mrs. Kamla with emotional support and reassurance. Mrs. Kamla should continue to express her fears and concerns until the provider has provided her with enough information and reassurance to decide what method she would like to try.

DISCUSSION QUESTIONS

The Facilitator should use the following questions to facilitate discussion after the role play:

1. How did the provider approach Mrs. Kamla?
2. Did the provider give Mrs. Kamla all of the information that she needed to make the best decision for herself?
3. How did Mrs. Kamla respond to the provider?

4. What did the provider do to demonstrate emotional support and reassurance during her interaction with Mrs. Kamla? Were the provider's explanations and reassurance effective?
5. What could the provider do to improve her interaction with a client?

ROLE PLAY
COMMUNICATING ABOUT FAMILY PLANNING CHOICES
ANSWER KEY

Discussion Questions

1. How did the provider approach Mrs. Kamla?
2. Did the provider give Mrs. Kamla all of the information that she needed to make the best decision for herself?
3. How did Mrs. Kamla respond to the provider?
4. What did the provider do to demonstrate emotional support and reassurance during her interaction with Mrs. Kamla? Were the provider's explanations and reassurance effective?
5. What could the provider do to improve her interaction with a client?

ANSWERS

The following answers should be used by the trainer to guide the class discussion after the role play. Although these are “likely” answers, other answers provided by the learners during the discussion may be equally acceptable.

1. The provider should introduce herself and address Mrs. Kamla by name. She should speak in a calm and reassuring manner, using terminology that Mrs. Kamla will easily understand.
2. Sufficient information should be provided about each of the family planning methods available (IUCD, Depo-Provera, condoms, and the Pill); the time of initiation of each method in postpartum period, the risks and benefits of each of these methods should be explained.
3. The provider should listen and express understanding and acceptance of Mrs. Kamla's feelings about family planning. She should address each of Mrs. Kamla's questions with respect, ensuring that Mrs. Kamla fully understands the family planning methods available to her.
4. Nonverbal behaviors, such touching or squeezing Mrs. Kamla's hand or a look of concern, may be enormously helpful in providing emotional support and reassurance for Mrs. Kamla. Mrs Kamla's responses and non-verbal expressions will tell if the provider's explanation and reassurance was effective or not.

SESSION 5 TRAINING ACTIVITY

ELEMENTS OF COUNSELING ON POSTPARTUM FAMILY PLANNING AND IMMEDIATE POSTPARTUM IUCD

Session Objectives

By the end of the session, participants will be able to:

- Understand key elements of counseling postpartum women on using family planning for healthy timing and spacing of pregnancy
- Understand key elements of counseling for immediate postpartum IUCD

Time

30 minutes

Resources/Materials Needed

- Presentation (Session 5 slides), projector, laptop, screen
- Flipchart papers, stand and markers
- Reference manual distributed to participants
- Handouts for checklists on FP counseling and PPFPP counseling in the ward

Instructions

- Introduce the session by showing the slide no.1-3 of session 5 presentation.
- Ask participants to open the chapter 4 of reference manual and read “Tasks conducted under GATHER approach” given in the table form. Ask if they have any question.
- Ask participants to close their eyes for a few minutes and think of a moment in their life when they had a concern or problem that they were uncomfortable or embarrassed to share with others
Now have participants open their eyes. Ask participants “How comfortable would you be if I asked you to share that situation with the person next to you?”

Point out that it is difficult for many clients to comfortably discuss private concerns with a counselor. Counselors must build trust and rapport, and encourage dialogue with a client that maintains privacy and confidentiality

- Distribute the 2 checklists as given below and point out that checklist is a good way to help us remember important points to address with clients when counseling on FP
- Ask participants to review the checklists and identify tasks in the checklist that address the 6 elements of GATHER approach, like “What is/are the step/s written in the checklist, that are for G: Greet; What are the steps for A: Ask; Steps for T: Tell; Steps for H: Help; Steps for E: Explain and Steps for R: Return?”

- Now have the participants speak out from FP checklist, what tasks are to be performed for each steps of GATHER
- Show and discuss slide no.4-5 to point out elements of PPFPP and PPIUCD counseling. Ask participants to open the chapter 4 of the reference manual and read the “Textbox: Client Messages about Basic Attributes of the PPIUCD” to recapitulate the key information about PPIUCD that are given in counseling. Ask participants to remember these key information
- Show the slide no. 6 and point out the occasions when women can be counselled for PPFPP and PPIUCD
- Discuss the points of post insertion counseling by showing the slide no. 7



Session 5

Elements of Counseling on Postpartum Family Planning And Immediate Postpartum IUCD

Learning Objectives

- Key elements of counseling postpartum women on using family planning for healthy timing and spacing of pregnancy
- Understand key elements of counseling for immediate postpartum IUCD



2

GATHER Approach for FP Counseling

Six Elements of FP Counseling

1. G: Greet
2. A: Ask
3. T: Tell
4. H: Help
5. E: Explain
6. R: Return



3

Elements of Postpartum FP Counseling

- Immediate and exclusive breastfeeding
- Benefits of healthy pregnancy spacing
- Return to fertility
- Lactational amenorrhea method and transition to other methods
- FP methods available to use while breastfeeding inclusive of long acting methods
- Provide the method that the client requests if medically appropriate



4

Elements of IPPIUCD Counseling

- Key information about the IUCD
 - Effectiveness
 - How IUCD prevents pregnancy
 - How the IUCD is used
 - How long the IUCD prevents pregnancy
 - How the IUCD can be removed and return of fertility
 - How the IPPIUCD will be inserted
- IPPIUCD Advantages
- Side Effects – Non-harmful
- Warning signs



5

When to Counsel for PFP & IPPIUCD

- Antenatal check up – PFP counseling and FP choice should be note on ANC card
- During an antenatal admission
- During early labor- when the woman is relatively comfortable with infrequent contractions
- On the first postpartum day
- Prior to a scheduled cesarean section



6

Post-insertion Counseling

- IUCD side effects and normal postpartum symptoms
- Importance of breastfeeding and IUCD does not affect breastfeeding or breast milk
- When to return for IUCD/PNC/Newborn check up
- Need to come back at any time if she has a concern or experience warning sign
- Warning signs for IUCD
- How to check for expulsion and what to do in case of expulsion



CHECKLIST 1: FAMILY PLANNING COUNSELING

(To be used for practicing and assessment of the FP counseling skill)

This checklist is for counseling woman/couple at any time on various methods of family planning

Place a “✓” in case box if step/task is performed **satisfactorily**, an “X” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step or task not performed by participant during evaluation by trainer

Participant _____ **Date Observed** _____

CHECKLIST FOR FAMILY PLANNING COUNSELING (Some of the following steps/tasks should be performed simultaneously)					
STEP/TASK	CASES				
PREPARATION FOR COUNSELING					
1. Ensures room is well lit and there is availability of chairs and table.					
2. Prepares equipment and supplies.					
3. Ensures availability of writing materials (eg., client file, daily activity register, follow-up cards).					
4. Ensures privacy.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
GENERAL COUNSELING SKILLS					
1. Greets the woman with respect and kindness. Introduces self.					
2. Confirms woman’s name, address and other required information.					
3. Offers the woman a place to sit. Ensures her comfort.					
4. Reassures the woman that the information in the counseling session is confidential.					
5. Tells the woman what is going to be done and encourages questions. Responds to the woman’s questions/concerns.					
6. Gives a brief description of the family planning methods available.					
7. Uses body language to show interest in and concern for the woman.					
8. Asks questions appropriately and with respect. Elicits more than “yes” and “no” answers.					
9. Uses language that the woman can understand.					

CHECKLIST FOR FAMILY PLANNING COUNSELING
(Some of the following steps/tasks should be performed simultaneously)

STEP/TASK	CASES				
10. Appropriately uses visual aids, such as posters, flipcharts, drawings, samples of methods and anatomic models.					
11. Discusses the health benefits to mother and baby of waiting at least two years after the birth of her last baby before she tries to conceive again.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
SPECIFIC FAMILY PLANNING COUNSELING					
1. Asks the woman if she has a method in mind. Did she have any problems with that method or does she have any questions or concerns about that method?					
2. Asks the woman does she want more children.					
3. Discuss with the woman the benefits of healthy timing and spacing of pregnancy.					
4. Ask the woman if her husband will contribute to using family planning such as using condoms					
5. Asks the woman if she is currently breastfeeding.					
6. Is she EBF, amenorrheic and her infant <6 months (LAM)?					
7. Ask the woman what the first day of her last menses was					
8. Asks the woman if she has any history of medical problems (TB, seizures, irregular vaginal bleeding, liver disease, unusual vaginal discharge & pelvic pain, clotting disorder, breast or genital cancer).					
9. Assesses the woman's risk for STIs and HIV/AIDS, as appropriate.					
10. Briefly provides general information about each contraceptive method that is appropriate for that woman based on her responses to questions 1-9: <ul style="list-style-type: none"> ▪ How to use the method ▪ Effectiveness ▪ Common side effects ▪ Need for protection against STIs including HIV/AIDS 					
11. Clarifies any misinformation the woman may have about family planning methods.					
12. Asks which method interests the woman. Helps the woman chose a method.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
METHOD-SPECIFIC COUNSELING – once the woman has chosen a method					
1. Performs a physical assessment that is appropriate for the method chosen, if indicated, refers the woman for evaluation. (BP for hormonal, pelvic for IUCD)					
2. Ensures there are no conditions that contraindicate the use of the chosen method. <ul style="list-style-type: none"> ▪ If necessary, helps the woman to find a more suitable method 					

CHECKLIST FOR FAMILY PLANNING COUNSELING
(Some of the following steps/tasks should be performed simultaneously)

STEP/TASK	CASES				
3. Tells the woman about the family planning method she has chosen: <ul style="list-style-type: none"> ▪ Type ▪ How to take it, and what to do if she is late taking her method ▪ How it works ▪ Effectiveness ▪ Advantages and non-contraceptive benefits ▪ Disadvantages ▪ Common side effects ▪ Danger signs and where to go if she experiences any 					
4. Provides the method of choice if available or refers woman to the nearest health facility where it is available.					
5. Asks the woman to repeat the instructions about her chosen method of contraception: <ul style="list-style-type: none"> • How to use the method of contraception • Side effects • When to return to the clinic 					
6. Educates the woman about prevention of STIs and HIV/AIDS. Provides her with condoms if she is at risk.					
7. Asks if the woman has any questions or concerns. Listens attentively, addresses her questions and concerns.					
8. Schedules the follow-up visit. Encourages the woman to return to the clinic at any time if necessary.					
9. Records the relevant information in the woman's chart.					
10. Thanks the woman politely, says goodbye and encourages her to return to the clinic if she has any questions or concerns.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
FOLLOW-UP COUNSELING					
1. Greets the woman with respect and kindness. Introduces self.					
2. Confirms the woman's name, address and other required information.					
3. Asks the woman the purpose of her visit.					
4. Reviews her record/chart.					
5. Checks whether the woman is satisfied with her family planning method and is still using it. Asks if she has any questions, concerns, or problems with the method.					
6. Explores changes in the woman's health status or lifestyle that may mean she needs a different family planning method.					
7. Reassures the woman about side effects she is having and treats them if necessary.					
8. Asks the woman if she has any questions. Listens to her attentively and responds to her questions or concerns.					
9. Performs any necessary physical assessment.					

CHECKLIST FOR FAMILY PLANNING COUNSELING
 (Some of the following steps/tasks should be performed simultaneously)

STEP/TASK	CASES				
10. Provides the woman with her contraceptive method (e.g. the pill, DMPA, condoms, etc.)					
11. Schedules return visit as necessary-tells her. Thanks her politely and says goodbye. <ul style="list-style-type: none"> ▪ Records info in her chart 					

CHECKLIST 2: POSTPARTUM IUCD COUNSELING IN THE WARD

(To be used for practicing and assessment of the FP counseling skill)

This checklist is for counseling woman, who has just delivered, for postpartum family planning. This counseling can be done in postpartum ward. After getting information on all the methods of family planning, if the woman shows interest in IUCD (CuT), she should be counseled on PPIUCD according to the steps given in this checklist

Place a “✓” in case box if step/task is performed **satisfactorily**, an “X” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step or task not performed by participant during evaluation by trainer

Participant _____ **Date Observed** _____

CHECKLIST FOR POSTPARTUM FAMILY PLANNING (PPFP) COUNSELING IN THE WARD (Some of the following steps/tasks should be performed simultaneously)					
STEP/TASK	CASES				
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
GENERAL COUNSELING SKILLS					
1. Greets the woman with respect and kindness. Introduces self.					
2. Arranges all items and supplies needed for counseling.					
3. Ensures the documents are available (for example: Client’s file, daily activity register, flip book, follow up card, etc).					
SPECIFIC FAMILY PLANNING COUNSELING CONTENT					
1. Asks the woman if she is breastfeeding and offer help to get her started. <ul style="list-style-type: none"> ▪ Discuss benefits for the baby once baby is attached to the breast ▪ Discuss that exclusive breastfeeding also offers 98% protection against pregnancy 					
2. Discuss the 3 criteria: Exclusive breastfeeding, no menses, and the baby is less than 6 months.					
3. Asks the woman if she and her husband plan to have more children.					
4. Asks the woman when she and her husband would like to have more children (if applicable). Tell the woman the benefit of healthy spacing of pregnancy (if applicable).					
5. Tell the woman the risks of another pregnancy before the return of her menses if she is not fully breastfeeding her baby.					

6. Tell her that there are methods of contraception that are available that will not affect the quantity or quality of her breastmilk such as IUCD, which can be inserted within 48 hours of childbirth; progestin-only pills, DMPA, condoms					
7. Remind the client that withdrawal is not very effective; 25 women in 100 will become pregnant.					
8. Ask her if she would like any information about these methods.					
9. Leave the client information sheet and invite her to ask question or concern, she might have about postpartum family planning method or if she is interested for any method.					
10. Advice that to ensure her health and the health of her baby, she should wait at least 2 years after this birth before trying to get pregnant.					
11. Based on client's prior knowledge and interest, briefly explain the benefits, limitations and use of the following methods: LAM, Condoms, IUCD, female sterilization.					
12. Show the samples of methods and explain the effectiveness of various methods.					
13. Correct any misconception about family planning methods.					
14. Help the client to choose a method <ul style="list-style-type: none"> ▪ Give the client additional information that she may need and answer any question ▪ Assess her knowledge about the selective method 					
15. If the client has chosen to get IUCD inserted within 48 hours of delivery, determine if she can safely use the method (Chapter 2, Table on IUCD, last column lists all such conditions in which woman will not be eligible to use IUCD and PPIUCD)					
16. Discuss key information about the PPIUCD with the client – <ul style="list-style-type: none"> ▪ Effectiveness: Prevents almost 100% of pregnancies ▪ How does the IUCD prevent pregnancy: Causes a chemical change that damages the sperm before the sperm and egg meet ▪ How long does the IUCD prevent pregnancy: Can be used as long as she likes, even up to 10 years ▪ The IUCD can be removed at any time by a trained provider and fertility will return immediately 					
17. Discuss the following advantages of PPIUCD <ul style="list-style-type: none"> ▪ Simple placement immediately and within 48 hours of delivery ▪ Does not affect breastfeeding ▪ Long acting but reversible 					
18. Discuss the following limitations of PPIUCD <ul style="list-style-type: none"> ▪ Heavier and more painful menses especially first few cycles. May not be noticed by the client after PPIUCD insertion ▪ Does not protect against STIs, including HIV/AIDS ▪ IUCD might come out on its own 					

<p>19. Discuss the following warning signs, which are rare, but if she has any of the following, she should return to the clinic as soon as possible</p> <ul style="list-style-type: none"> ▪ Foul smelling vaginal discharge different from the usual lochia ▪ Lower abdominal pain, especially if accompanied by not feeling well, fever or chills, especially in the first 3 weeks after insertion ▪ Concerns that she might be pregnant ▪ Concerns that the IUCD has fallen out 					
<p>20. Check that the woman understands-</p> <ul style="list-style-type: none"> ▪ Allow the client to ask questions ▪ Ask the client to repeat key information 					
<p>21. Next steps-</p> <ul style="list-style-type: none"> ▪ If client cannot arrive at a conclusion, ask her to plan for a discussion with her husband/family and a follow up discussion with you or doctor ▪ Make note on the client's record card about her postpartum contraceptive choice or which method interests her ▪ If she chooses IUCD, make arrangement for insertion ▪ If PPIUCD is inserted, ask her to come back after 6 hours 					

SESSION 6 TRAINING ACTIVITY

REVIEW OF DAY 1

Session Objectives

By the end of the session, participants will be able to:

1. Recapitulate the key messages discussed, which are important for PPF and PPIUCD counseling

Time

30 minutes

Resources/Materials Needed

2. Chits of paper, each containing a topic from the following:
 - Benefits of FP for mother and baby
 - Risks for mother and baby if FP is not practiced
 - Rationale & importance of PPF
 - FP recommendation for spacing after a live birth
 - FP recommendation for spacing after miscarriage or induced abortion
 - Return to fertility
 - Questions asked to be reasonably sure that woman is not pregnant
 - Compare contraceptive effectiveness of condoms, COCs, IUCD, Inj. DMPA, Sterilization
 - State mechanism of action, how to use the method, benefits, side effects of COCs, condoms
 - State mechanism of action, how to use the method, benefits, side effects of LAM, IUCD
 - Emergency contraception: Methods and how to use
 - Safe time for postpartum initiation of FP methods: For all women, for breastfeeding women and for non-breast feeding women
 - Types of FP counseling and content of each type
 - What is informed choice and counselors role in providing informed choice
 - What are client's rights
 - Skills of effective counselor
 - Examples of non-verbal communication and verbal communication
 - Six steps of FP counseling (GATHER) and tasks under each step
 - Elements of PPF and PPIUCD counseling
 - When to counsel women for PPF and PPIUCD
 - How will you ensure that you remember the tasks that you have to perform during FP counseling

Instructions

1. State that this starting session of the day 2 is an opportunity to review important learning dealt on previous day and which we need to remember so that each of us can get the most out of the course and previous day's experiences.
2. Ask each participant to pick up 1 or 2 chits depending on the no. of participants and then one by one, all participants will read out the topic written in their chits and share key messages related to the topics. If a participant gives some wrong message or forgets any important information, ask other participants to raise their hands, who want to complete and give chance to a participant to give the correct and complete information. For good and complete responses, acknowledge participants.

SESSION 7 TRAINING ACTIVITY

DEMONSTRATION OF PFPF AND PPIUCD COUNSELING SKILLS

Session Objectives

By the end of the session, participants will be able to:

- Specify tasks and steps to counsel women on using postpartum family planning
- Specify tasks to counsel women on immediate postpartum IUCD, if she chooses to use IUCD as FP method in the postpartum period

Time

60 minutes

Resources/Materials Needed

- Role play situations
- Checklists 1 and 2 for PFPF counseling (given at the end of session 5 in this trainer notebook)
- Contraceptive effectiveness chart
- PFPF counseling IEC materials like flipbook, leaflet, follow up card and recommendation card

Instructions

1. Read out case for role-play # 1. Ask the participants to observe the role-play conducted by trainer and co-trainer, using the checklist.

Case for role-play #1: A 30 year old pregnant woman has come to the antenatal clinic for check-up. She has 2 children at home. She is counseled in ANC clinic by the counselor.

2. After the role-play, ask the following questions:
 - What did you think about the counseling that was provided? What worked? What did not?
 - Did the counselor effectively use “GATHER”? Why or why not?
 - Tell from checklist, what was done effectively and what was not done.

3. Read out Case for role-play #2.

Case for role-play # 2: A woman has come in early labor, with her husband. This is going to be her first baby. She is not a booked case and so could not be counseled during antenatal period. Her contractions are weak and she is comfortable between contractions. She is counseled for PFPF and when she chooses IUCD, she is counseled for PPIUCD.

4. After the role-play, ask the following questions:
 - What did you think about the PFPF and PPIUCD counseling that was provided? What worked? What did not?
 - What are some other ways to have counseled the client effectively?
 - Did the counselor provide method specific counseling on PPIUCD effectively? Why or why not?

5. Read out case study #3.

Case study # 3: A 20 year old woman is seen at the immunization clinic, who has come for measles vaccine for her eight month old daughter.

Ask participants to practice with the person sitting next to her, counseling this woman on FP, using the checklist.

SESSION 8 TRAINING ACTIVITY

PRACTICE OF PFPF AND PPIUCD COUNSELING SKILLS

Session Objectives

By the end of the session, participants will be able to:

- Counsel women on using postpartum family planning
- Counsel women on immediate postpartum IUCD, if she chooses to use IUCD as FP method in the postpartum period

Time

45 minutes

Resources/Materials Needed

- Role play situations
- Checklists 1 and 2 for PFPF counseling (given at the end of session 5 in this trainer notebook)
- Contraceptive effectiveness chart
- PFPF counseling IEC materials like flipbook, leaflet, follow up card and recommendation card

Instructions

1. Divide participants in small groups of 4. Give 2 case studies (from the list given below) to each group and ask them that each participant needs to practice counseling in the small group, based on any one case study given to her group. Two participants will counsel using case study 1 and rest two will counsel using case study 2.

For practicing counseling, the participants will do role-play one by one in the small groups: one participant in the small group will act as a counselor and another will act as a client. The counselor will use all audio-visual job-aids for counseling.

The other 2 participants in the small group, who are not acting in the role play, should observe the role-play using checklist. At the end of the role-play they should give feedback to the participant doing counseling based on checklist.

In this way, the roles in the small group should be changed and each of the 4 participants should get chance to enact as counselor and practice doing counseling, based on the case studies given to them.

Role Play Case Studies

1. A 35 year-old woman with three children who has just delivered her fourth child and does not want any more children.
Firstly do PFP counseling with her and then when she agrees for IUCD, counsel on PPIUCD.
2. A 20 year-old woman who is fully nursing a four week-old baby, wants to know about IUCD.
Counsel her on FP, ensure that she knows about all methods available, which she can use and then counsel her on IUCD, when she chooses IUCD.
3. A 22 year-old woman has a 1 year old child and has come to the facility for registering for ANC, as she is pregnant again.
Counsel her on healthy spacing of pregnancies, PFP.

SESSION 9 TRAINING ACTIVITY

RETURN DEMONSTRATION OF PPFPP AND PPIUCD COUNSELING SKILLS

Session Objectives

By the end of the session, participants will be able to:

- Demonstrate counseling women on using postpartum family planning
- Demonstrate counseling women on immediate postpartum IUCD, if she chooses to use IUCD as FP method in the postpartum period

Time

40 minutes

Resources/Materials Needed

- Role play situations (as given in session 8)
- Checklists 1 and 2 for PPFPP counseling (given at the end of session 5 of this trainer notebook)
- Contraceptive effectiveness chart
- PPFPP counseling IEC materials like flipbook, leaflet, follow up card and recommendation card

Instructions

1. Ask participants to volunteer for demonstrating in front of the large group, the PPFPP and PPIUCD counseling based on case study, on which she has practiced in the last session.
2. Ask other participants to observe the role-play, using the checklist.
3. After the role-play, elicit from participants, what were done well; what were not done well and how could those be improved; and what were not done that should be performed.
4. Appreciate and thank the participants who performed the role-play for their good work.

SESSION 10 TRAINING ACTIVITY

ORIENTATION TO COUNSELORS ROLES AND RESPONSIBILITIES AND PERFORMANCE STANDARDS FOR PPIUCD COUNSELING

Session Objectives

By the end of the session, participants will be able to:

- Specify counselors roles and responsibilities in enhancing FP use by the clients and their follow up
- Understand how the performance on PPIUCD counseling service will be assessed as a component of quality PPIUCD services in the facility/

Time

60 minutes

Resources/Materials Needed

- Reference manual already distributed to participants in the packet
- Flipchart, stand and markers

Instructions

1. Ask participants to speak out one by one the role or responsibility of the counselor at their work-site. Each participant should mention at least one role.
2. Note down their responses on the flip chart and if some roles are repeated, write them only once.
3. Ask participants to open the chapter 5 of the reference manual and match what is listed as roles and responsibilities in the manual, with the collated responses noted on the flipchart.
4. Point out, what all have been covered by the participants and what they have left out.
5. Now, ask participants to open the performance standards for immediate postpartum intrauterine device (PPIUCD) counseling. Explain that the PPIUCD service-delivery of a facility is assessed based on the performance standards to ensure quality. Counseling for PPIUCD is an important component of PPIUCD service delivery. So, this is the performance standard for PPIUCD counseling services, which you will provide. Explain each performance standard and verification criteria.

Point out that the counselors and their supervisors can also use the performance standards to ensure quality PPIUCD counseling is done at the facility.

6. Ask participants: Should you change the way FP counseling is done with the clients? What kind of change will you facilitate?

SESSION 11: TRAINING ACTIVITY

POST-TEST

Session Objectives

- Participants will participate in the assessment of knowledge (sample questions, same as given in the pre-test) to indicate the gain through training

Time

20 minutes

Resources/Materials Needed

- Copies of post-test questionnaire for all participants

Instructions

1. Explain to the participants that the same questions will be given to the participants, which was given at the beginning of the training to assess the gain in knowledge of participants, which will indicate how successful the training is in transferring the knowledge to participants.

Note for trainers: The pre/post-test questionnaire and the answer-key are given at the end of session 1 in this trainer's notebook

SESSION 12 TRAINING ACTIVITY

ASSESSMENT OF PPF AND PPIUCD COUNSELING SKILLS ON CLIENTS IN PNC WARD

Session Objectives

Participants will:

- Participate in the assessment of PPF and PPIUCD counseling skills

Time

100 minutes

Resources/Materials Needed

- Checklists 1 and 2 for assessing the counseling skills of participants
- Counseling job aids like contraceptive effectiveness chart, safe time for initiation of FP method in postpartum period, flipbook, leaflet, sample of FP methods, etc.

Instructions

1. Divide the participants in 2 or 3 groups depending on the total no. of participants and the no. of trainers.
2. Inform the name of the trainer for assessing counseling skill of each group (Example: Trainer X will assess group 1 and Trainer Y will assess group 2).
3. Ask the participants of each group to come one by one to the respective trainer and demonstrate the counseling skills on PPF and PPIUCD.
4. Assess individual participant using the checklists.

SESSION 13 TRAINING ACTIVITY

PARTICIPANTS FEEDBACK AND CLOSING

Session Objectives

- Participants will evaluate the training and offer their feedback

Instructions

- Administer the course evaluation form to the participants (The course evaluation form is given below)
- Thank participants for attending the training workshop
- Present certificate of completion
- If possible, get the action plan (given below) filled by the participants

COURSE EVALUATION FORM

(To be completed by **Learners**)

Instructions: Please complete the following evaluation of the training in which you just participated. Complete all sections of the evaluation form to indicate your opinion of the course components. Your response will let us know how to improve future training and provide us with information about what other topics you would like to see addressed:

Please circle the choice that best reflects your evaluation of the training.

1. Overall Evaluation: The training is useful.

4 Strongly Agree 3 Agree 2 Disagree 1 Strongly Disagree

2. This training has enhanced my knowledge on the subject of FP counseling and PPF, PPIUCD counseling

4 Strongly Agree 3 Agree 2 Disagree 1 Strongly Disagree

3. This training has helped me develop skills in counseling on healthy timing and spacing of pregnancy; and counseling for immediate postpartum IUCD

4 Strongly Agree 3 Agree 2 Disagree 1 Strongly Disagree

4. Did the training methods help you learn?

4 Very well 3 Well 2 Neutral 1 Not well

5. Do you feel confident for counseling women on FP, PPF and PPIUCD, when you go back from the training?

4 Very confident 3 Confident 2 I need more practice 1 I cannot do counseling

6. If you have any feedback on what could have improved the training, please write:

Thank you for your feedback!

Action Planning Matrix

After this training, I plan to implement the following priority activities:

Occasions when I will counsel women on healthy timing and spacing of pregnancy and method specific counseling depending on client's choice	What preparation will I do to offer effective counseling on PFP and PPIUCD?	What support and resources will I need?	Notes

In designing this training and preparation of the trainer's notebook, the work of various organizations have been utilized, including:

1. Comprehensive Reproductive Health and Family Planning Training Curriculum (Pathfinder International)
2. Counseling for Postpartum Family Planning and Immediate Postpartum IUCD, Reference Manual, Government of Jharkhand, USAID, NRHM, ACCESS FP, July 2010 (draft)
3. Family Planning: A Global Handbook for Providers (WHO/USAID/Johns Hopkins Bloomberg School of Public Health/Center for Communications Programs (CCP), INFO Project (2008 update)
4. Postpartum Family Planning for Healthy Pregnancy Outcomes: A Training Manual (ESD/USAID), February 2009

