Community Health Worker
Postpartum Family Planning
Training Package for CHW Trainers

October 2008

Acknowledgements
This training module is developed based the Community Worker Training Manual developed by Dr. Salahuddin Ahmed for the Healthy Fertility Study in Bangladesh
### List of acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ANC</td>
<td>Ante-natal Care</td>
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<tr>
<td>BCC</td>
<td>Behavior Change Communication</td>
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<tr>
<td>BF</td>
<td>Breastfeeding</td>
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<tr>
<td>BNCP</td>
<td>Birth and Newborn Care Preparedness</td>
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<tr>
<td>CBHC</td>
<td>Community Base Health Care</td>
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<tr>
<td>CHW</td>
<td>Community Health Worker</td>
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<tr>
<td>CM</td>
<td>Community Mobilizer</td>
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<tr>
<td>CHS</td>
<td>Community Health Supervisor</td>
</tr>
<tr>
<td>COC</td>
<td>Combined oral contraception</td>
</tr>
<tr>
<td>DMPA</td>
<td>Depot medroxyprogesterone acetate ‘the injection’</td>
</tr>
<tr>
<td>EBF</td>
<td>Exclusive Breastfeeding</td>
</tr>
<tr>
<td>HTSP</td>
<td>Healthy Timing and Spacing of Pregnancy</td>
</tr>
<tr>
<td>IPC</td>
<td>Inter Personal Communication</td>
</tr>
<tr>
<td>IUD</td>
<td>Intrauterine device</td>
</tr>
<tr>
<td>LAM</td>
<td>Lactational Amenorrhea Method</td>
</tr>
<tr>
<td>POP</td>
<td>Progestin-only pill</td>
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Community Based Health Care

“The provision of health care services to the population of Afghanistan requires a system that meets the most important needs of communities and brings services as close to people as possible. Currently, only a minority of the population of Afghanistan have easy access to a health facility, and for women and children it is even more difficult.

To meet the needs of all the people of Afghanistan, the National Health Policy of Afghanistan has an emphasis on Community-based Health Care (CBHC). The principles of CBHC include the prevention of disease through a healthy environment and healthy behaviors, and making it easier for people to receive essential preventive and curative health care. In Afghanistan, this is being achieved through the training of men and women as volunteer Community Health Workers (CHWs). This policy will start to reduce the high morbidity and mortality among children and women.(CHW Manual Department of CBHC MOPH)

A key principle of CBHC is to empower the community to be able to identify their needs, decide which are the most important issues, and take action themselves to improve their health. In addition, the community and health facility staff should develop cooperative relationships and establishes linkages with the health facility for referrals of very sick persons. Health workers at all levels of the health care system should receive orientation to the principles of CBHC:

Community is central to the planning, implementation, supervision and sustainability of the CBHC. The chosen community Shura (council) should be oriented, trained and supported by staff of the local health facility. Community health worker candidates should be identified by the community and given training and regular supervision by the health authorities. Guidance and criteria for selection should be given to the community, and any modifications in qualifications should be negotiated locally.

Community Health Workers and their Selection:

The CHW is the primary or first level of health workers of the Health Care System, Their main task is to promote a healthy community through healthy behaviors and a healthy environment. They also encourage use of the local health facility for preventive health services. They treat common health problems and recognize life threatening problems that need referral.

The CHW will serve 100 –150 families within his/her own community. In isolated and remote areas with scattered populations, one CHW will serve 30 – 50 families. The CHW should be identified by the community. This is very important if the CHW is to receive the support and respect of the community members. The CHW should be:

Resident in local area.
Age 20-50.
Volunteer, motivated and interested to serve as CHW.
Respected person in the area.

Women should be encouraged to volunteer and be trained as a CHW (MOPH guidelines now require at least 50% of the CHW trainees to be women). Basic literacy is an advantage, but is not essential for the CHW.
CHW Training and “Active CHWs”

CHWs that are being trained are encouraged to put their skills into practice as soon as possible. The training normally takes place over a period of six months. It may need to be longer or shorter depending on weather and travel conditions. There are three phases of classroom training. Each lasts three weeks. In between these classroom phases, the CHW practices what he/she has learned in the community under the supervision of the trainer or the Community Health Supervisor.

At the end of each phase, the CHW should receive those medicines and supplies for the CHW kit that he/she has been trained to use. A CHW is considered an “Active CHW” at the end of the first phase.

Purpose of this Training Package

The purpose of this training package is to assist the CHW Trainers in conducting the PPFP training course to the Community Health Worker (CHW). This training package does not replace the current CHW manual. It is being implemented in 13 provinces under the leadership of the MOPH Departments of Family Planning and Community Based Health Care.

This training package promotes a training approach based on the principles of adult learning, which is participatory, relevant, and practical. Adult learning principals are based on the following assumptions:

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

To be effective, trainers must use appropriate “hands-on” training techniques, which are emphasized in this training package. This approach is perhaps best described by the Chinese proverb:

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

Through the use of this guide along with a thorough understanding of the CHW flip charts the CHW trainers will be able to:

- Explain the purpose of the training;
- Use the principles of competency-based training;
- Explain the learning approach to training; and
- Describe the principles of practical skill training
Methods used during the training

This training course will consist of:

Participatory discussion, short presentations to conceptualize the basic principles.
Group work, exercises and role-play of key skills in Decision making, counseling and negotiation.
Active practice sessions to gain first-hand experience.
Exposure of trainees to high-quality first-contact service delivery sites.

The training package will be used as a reference to conduct the training session.
Trainer/trainee ratio: one trainer for large group sessions with 25 trainees and one trainer for six to seven trainees for small group sessions and “hands-on” clinical experience.

Format of the Manual

Each chapter of the manual may include the following components:

- **Duration of the session** – This is an approximate time to adjust according to the time facilitators have and also to the level of the participants....
- **Session Objectives** – The knowledge and/or skills the participants can expect to have by the end of the session.
- **Training Materials** – Materials needed to implement the session.
- **Overview of Session Plan** – A detailed schedule of each sub-topic to be covered, an approximation of the time required covering the sub-topic, the method to be used and materials needed.
- **Process – Methodology** - A summary of the training methods or steps to be used during the session.
- **Notes to Facilitator** – Any additional content information the trainers may need to achieve the session objectives.
Ice breaker & Introductions

Duration: ~ 60 minutes

Session Objectives: At the end of the session, each participant will have:

- Interviewed one participant
- Introduced the participant interviewed in plenary
- “name game” (will need a child’s ball that is easy to catch)

Training materials:

- Name tags
- Child’s ball

Process – Methodology

Step 1
Ask all trainers and the trainees to convene in the session. Welcome the participants to this training course. Ensure that everybody has completed her registration and other formalities. Ask the participants to pair up with someone who is unknown or less known to them. Ask them to interview each other. The interviewer can ask any questions of her choice (e.g. name, residence, marital status, hobby, interest to work, future plan etc.) Give each participant 5 minutes time.

Step 2
Ask the group to sit together. Ask each pair to introduce each other to the group Give each one 2-3 minutes time for the presentation.

Step 3
Ask each participant to write her name on a nametag and wear it.

Step 4
After everyone has introduced herself, the trainer will explain the name game. She will say her own name and then call at the name of one of the trainees and toss the ball to her. She catches the ball and repeats her name and then calls out the name of another and tosses the ball to her until all of the trainees have had a chance to catch and toss the ball.
Module 2: Maternal and Newborn Health status in Afghanistan

Duration: ~ 60 minutes

Session Objectives: At the end of the session the participants will able to:

- Tell the important causes of neonatal mortality and morbidity in Afghanistan
- Explain the importance of saving maternal and newborn life for the family, society and the country

Overview of Session Plan:

<table>
<thead>
<tr>
<th>No</th>
<th>Sub topics</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction &amp; Overview</td>
<td>5 min</td>
<td>Mini-Lecture</td>
<td>Poster paper with objectives</td>
</tr>
<tr>
<td>2</td>
<td>Presentation on mother and infant mortality rate in Afghanistan</td>
<td>5 min</td>
<td>Mini-Lecture and discussion</td>
<td>Easel Paper, Marker/Black board and Chalk</td>
</tr>
<tr>
<td>3</td>
<td>Community story about Bibigul and GulAhamad</td>
<td>25 min</td>
<td>Interactive group discussion</td>
<td>Story Easel Paper, Marker/Black board and Chalk</td>
</tr>
<tr>
<td>4</td>
<td>Importance saving maternal and newborn lives</td>
<td>10 min</td>
<td>Interactive group discussion</td>
<td>Easel Paper, Marker/Black board and Chalk</td>
</tr>
<tr>
<td>5</td>
<td>Feedback &amp; Summary</td>
<td>15 min</td>
<td>Plenary - Participatory discussion</td>
<td>Poster paper with objectives</td>
</tr>
</tbody>
</table>

Process - Methodology:

Step 1: Introduction  Facilitator will initiate the session by showing and reading the overview and objectives.

Step 2: Plenary: Inform the participants about the current maternal and infant mortality

- The infant mortality rate - the number of children who die before their first birthday - has dropped to 135 per 1,000 live births in 2006 from 165 per 1,000 in 2001, according to a countrywide survey by Johns Hopkins University. By comparison, the infant mortality rate in France in 2005 was 5 per 1,000, according to UNICEF.
  - Major causes: preterm delivery, asphyxia, and infections
- The highest infant mortality rate occurs during the first week of life.
- Maternal mortality is 1600/100,000 the second highest in the world. More than half (60%) of these women die during the postpartum period.
  - Major causes postpartum hemorrhage, pre-eclampsia and obstructed labor
Step 3:
Through interactive discussion, encourage participants to give their feedback on the following story. Trainer “tells” the story.

Bibigul is a woman whose oldest child was 8 years, her other five children were 6, 5, 3, and one year old. She was 6 months pregnant, an unintended pregnancy. Her husband was using withdrawal “most of the time”. Her one year old was small and unhealthy most of the time because she stopped breastfeeding when she learned that she was pregnant again. She started to have labor pains but ignored them thinking that she was too early to go into labor. When the pains became very strong she told her husband. He tried to find the traditional birth attendant. By the time that he came back with her, his wife had already delivered a premature baby who was very weak. His wife was bleeding and the traditional birth attendant tried to stop the bleeding, but could not. His wife was feeling very weak. Their newborn premature baby was very weak. The traditional birth attendant advised him to take his wife and baby to the health facility. By the time he was able to arrange transportation, and reached the health facility the newborn baby was too weak and the providers were unable to save him. However, they were able to save the mother’s life. The doctors said because the mother had her children closely spaced, the uterus was not able to hold onto this pregnancy for the entire 9 months. The uterus also could not contract after the birth of the premature baby. That is why she had so much bleeding. The baby was born too soon, too small and too premature to live outside of the uterus (womb).

Ask the participants to state what some of the problems were for this family?
(Possible answers: Having pregnancies too closely spaced, not using a reliable method of contraception, not breastfeeding her one year old long enough, delay to seek care once preterm labor started, many pregnancies increases the risk for a woman to have an obstetrical complication).

What are some possible life-saving measures to help this family?
(Possible answers: using contraception after the birth of the last baby so allow the baby to grow and benefit from mother’s milk. A couple should wait 2 years after the birth of their last baby before they try to conceive the next pregnancy. If Bibigul and her husband GulAhmad had practiced healthy timing and spacing of pregnancy, they would have avoided this complication as well as having a sickly one-year old.

Step 4:
The trainer will ask the group if they heard or knew anyone who had problems like Bibigul and GulAhmad, ask for a show of hands. Then ask if anyone would like to share with the group some of the stories from the community.

Step 5:
The trainer and the participants will discuss the cases presented on infant and maternal deaths; brainstorm on some of the causes and ways to reduce high mortality rates (exclusive breastfeeding, ANC immunizations, better nutrition to mother and children) Help the group see the relationship between HTSP and better infant and mother outcomes.
Project Brief & Roll and responsibilities of CHW and CM:

**Duration:** ~ 120 minutes

**Session Objectives:** At the end of the session the participants will be able to

Describe the goal, objectives and activities of PPFP

**Training Materials:**

Over head projector
Flip papers, markers
Transparency on: objectives of the training course, summary training schedule

**Overview of Session Plan:**

<table>
<thead>
<tr>
<th>No</th>
<th>Sub topics</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>5 min</td>
<td>Overview of session</td>
<td>Poster paper with objectives</td>
</tr>
<tr>
<td></td>
<td>Review of current CHW work responsibilities regarding pregnancy, labor and</td>
<td>45 min</td>
<td>small group discussion among groups in plenary consensus building</td>
<td>CHW Training Manual 2005 Easel Paper, Marker/Black board and Chalk</td>
</tr>
<tr>
<td></td>
<td>postpartum Discussion of PPFP introduced during current CHW activities 5 visits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Feedback &amp; Summary</td>
<td>60 min</td>
<td>Presentation of key points (10 min per group)</td>
<td>Poster paper with key objectives</td>
</tr>
<tr>
<td>4</td>
<td>Wrap-up New Responsibilities regarding PPFP</td>
<td>10 min</td>
<td>Plenary - Participatory discussion for additional clarifications and to address questions</td>
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**Note for the Facilitator**

**Process - Methodology**

**Step 1: Introduction**

**Step 2:**

Divide participants into 5 small groups. Assign each group one scheduled CHW activity visit (ANC visit at 8 months, within 24 hours postpartum, at one week postpartum, 6 weeks postpartum, and 3-4 months postpartum). The groups will review and an overview of the key points of the activities that the CHWs currently do In addition each group will add on the PPFP messages that are associated with her visit (10 minutes)
Step 3:
Have each group report out the activities that they now and highlight the PPFP messages that are additional. Allow for discussion and consensus to reflect the activities that are listed in the CHW manual and the PPFP messages.

Step 4:
Brief wrap-up asking the participants if they have any questions or need any points clarified.

A. Overview of PPFP

Postpartum care, as well as postpartum family planning care, remains one of the major neglected health services in Afghanistan. Birth-to-pregnancy intervals of less than 24 months or greater then 59 months are associated with increased risk of poor perinatal and neonatal health outcomes including increase in the risk of prematurity, low birth weight, neonatal mortality and poor maternal outcomes.

The MOPH, HSSP and Tech Serve are providing trainings, support and supervision and advocacy in improving postpartum contraception through promoting LAM as a gateway method to other contraception during the first postpartum year. Community mobilization will be done through the Shuras and women’s’ groups to promote postpartum family planning so that couples can achieve healthy timing and spacing of pregnancy for the health of the baby and mother. The CHW will work with the Women’s’ group and Shurah to advocate for HTSP through postpartum family planning. She will have the support of the Community Health Supervisor (CHS)

Implementation of the project:

Field level activities are being supported through MOPH, HSSP working with NGOs’ trainers and Tech Serve. The CHS will advocate PPFP at the health center and support the CHWs. One of the first field activities will be to re-invigorate the skills of the CHWs to mapping out the community. The CHW needs to identify the households in her area listing Recently Delivered Women (RDW) – who delivered within last 12 months and pregnant women. The CHWs are tracking immunization, pregnancies and method of contraception that each household is using. The CHWs are keeping tally sheets of their services (Appendix XX). The MOPH is responsible for the monitoring and evaluation of these tally sheets with support from HSSP and Tech Serve. Illustrative examples of key indicators are seen in the appendix xx.

The CHW trainers need to support the CHWs new responsibilities and provide three support and supervision visits to each group of CHWs trained (every 4 months for one year). The support and supervision exercises will include observation of visits using checklists to see that the CHW is remembering the new messages about PPFP. If possible the CHW trainer should also speak to several recently delivered women who are being followed by the CHW and ask her what she has learned from the CHW regarding PPFP. The support and supervision visit gives the CHW an opportunity to discuss with the CHW trainer some of her successes as well as brainstorm with the trainer about any difficulties she may be having.
Current CHW Activities: Antenatal and Postpartum

During visits, the CHW should also evaluate the woman for any complications of pregnancy and provide Antenatal Care

- Provide antenatal care to pregnant women. Make the first visit by the end of the 4th month of pregnancy; the second visit in the 6th or 7th month of pregnancy; the third visit in the 8th month of pregnancy; and the fourth visit during the 9th month of pregnancy.
- Record the date of the last menstrual period, and estimate the date of delivery to be 9 months later.
- Explain how to eat a balanced diet, and give ferrous sulfate-folate tablets daily for at least 3 months during pregnancy.
- Tell the woman not to do hard work or lift heavy objects during pregnancy.
- Arrange or give additional tetanus vaccinations to reach a total of five.
- Orient a pregnant woman that the five major complications of pregnancy are 1) fever; 2) swelling of the extremities and face; 3) vaginal bleeding; and 4) abdominal pain 5) headache. Instruct her to contact the CHW immediately if any of these things occur, The CHW should then arrange referral to a health center.
- Tell the mother to drink extra fluids whenever she has a fever, and make sure she is evaluated for malaria or other infections.

In addition to these activities that the CHW is already doing based on the CHW Training Manual, the CHW will also counsel the following messages:

PPFP Messages during ANC visit at 8 months

- The best for your baby is to breastfeed immediately after birth; the colostrum protects your baby against diseases. Give your breast frequently to your baby so that he or she can get as much protection from illnesses as possible. Only Breastfeed. This means feeding the baby only breast milk not even water. Empty one breast then the other breast at each feeding. Breastfeed your baby on demand day and night, and continue to breastfeed even when you or your baby is sick
- It is important for you and your family to space your children. Wait until your last child is two years old to become pregnant again. Your baby will grow strong and will benefit from breastfeeding for 2 years. Your body will be stronger to take care of your baby. To space your children there are different methods to prevent pregnancy too soon.
- There is one natural contraceptive method, called LAM that you can start yourself immediately after delivery. LAM is a good thing for you and your baby, so both of you will be strong and healthy There are 3 conditions for LAM:
  - You must only breastfeed your baby;
  - Your baby must be less than 6 months old, and
  - Your menses have not returned. Can you repeat these three conditions? [Make sure she repeats the three conditions].
- Be careful, you may become pregnant again sooner than you want. You may be at risk for another pregnancy before your next menses. Discuss with your husband contraceptive methods.
Immediate Postpartum (24-48 hours after delivery)

Things to Do

The CHW should try to visit the mother and newborn baby in the first day, and again at the end of the first week. She should use the flip chart to remind the mother about care after delivery and the danger signs for her and her baby. If the CHW hears that the mother or baby are sick at any time, she should visit them as soon as possible.

The First Day

**Check the mother for:**

- Too much vaginal bleeding (More than two perineal cloths each hour)
  Rub the top of the womb until it becomes hard. If bleeding does not stop, take mother to the health facility.
- Fever
  Check for signs of infection of the womb. If not apply a small amount of honey to wound and advise the mother to repeat applications four times a day. Give mother plenty to drink and check her the next day.
- Anemia
  If the mother is very pale and weak, take her to the health facility. If she is just pale, give iron and folic acid tablets two times each day.
- Tear at the opening of the vagina
  If big, get it repaired at the health facility. If small, advise use of warm, wet cloths with some honey to help it to heal. Do not put any other substances or oily things inside or outside of vagina.

**Check that the baby is:**

- Warm
- Breast-feeding at least every two hours
- Passing urine and feces

**Check the baby for:**

- Danger signs: Go to health facility urgently
  - Diarrhea,
  - Fever or feels very cold
  - Pus from the cord and red skin on the belly around the cord,
  - Fits or very sleepy
  - Not sucking.
- Birth defects: Go to health facility at one month

In addition to these activities that the CHW is already doing based on the CHW Training Manual, the CHW will also counsel the following messages:
• The best food for your baby is breast milk. Give your baby the colostrum, it protects him/her against diseases. Breastfeed exclusively, which means feeding your baby only breast milk not even water. Empty one breast then the other breast at each feeding. Breastfeed your baby on demand day and night, and continue to breastfeed even when you or your baby is sick.

• By only breastfeeding your baby, you also prevent from becoming pregnant too soon. This natural contraceptive method is called LAM, and you can start yourself immediately after delivery. LAM is a good thing for you and your baby, so both of you will be strong and healthy. However, there are 3 conditions for LAM: (1) you must only breastfeed your baby; (2) Your baby must be less than 6 months old, and (3) your menses have not returned. Can you repeat these three conditions? [Make sure she repeats the three conditions].

• Be careful, you may become pregnant again sooner than you want. If you do not only breastfeed your baby, your fertility will return before the onset of your next menses.

• It is important for you and your family to space your children. Wait until this child is two years old to become pregnant again. Your baby will grow strong and will get benefit of breastfeeding for 2 years. Your body will be stronger to take care of your child. To space pregnancies, there are contraceptive methods that are safe for breastfeeding mothers when the baby is 6 weeks such as the injection or POPs. By exclusively breastfeeding you are using LAM right now.

At One Week:

**Check the mother for:**

• Fever or signs of infection
• Too much vaginal bleeding: (more than one perineal cloth each hour)
• Anemia
• If the mother is still weak, take her to the health facility. If she is just pale, continue iron and folic acid tablets two times each day.
• Tear at the opening of the vagina
  – Make sure that it is healing. If not, take the mother to the midwife or doctor.

**Check the baby:**

• Is the baby warm?
  – Is head and body well covered?
• Has the cord come off? Is the navel clean and healing?
  – Clean and put on gentian violet if local infection
  – Take to hospital if redness on skin of belly round the cord
• Any redness or pus in the eyes?
  – Take to health facility
• Are there any danger signs?
  – Take to health facility urgently
• Does the mother have any worries?
Talk with the mother about family planning (See new message)

Ask the mother and family when will be the first clinic visit for:

- Mother’s check after delivery
- Discuss family planning
- Baby’s first check
- Baby’s first immunization

Check that the baby is breast feeding well (See annex xx chapter on Breast Feeding)

- Is the baby sucking well?
- The baby should be taking NO other food or fluids
- Does the mother have any difficulties or problems with breast feeding?
- Encourage mother to eat well and drink plenty of liquids
- Give the mother one dose of Vitamin A (400,000 IU) This improves the baby’s nutrition

In addition to these activities that the CHW is already doing based on the CHW Training Manual, the CHW will also counsel the following messages:

New PPFP Messages

- The best food for your baby is breast milk, and it protects him/her against diseases. Breastfeed exclusively, which means feeding your baby only breast milk not even water. Empty one breast then the other breast at each feeding. Breastfeed your baby on demand day and night, and continue to breastfeed even when you or your baby is sick.

- By only breastfeeding your baby, you also prevent from becoming pregnant too soon. This natural contraceptive method is called LAM, and you can start yourself immediately after delivery. LAM is a good thing for you and your baby, so both of you will be strong and healthy. However, there are 3 conditions for LAM: (1) you must only breastfeed your baby; (2) Your baby must be less than 6 months old, and (3) your menses have not returned. Can you repeat these three conditions? [Make sure she repeats the three conditions].

- Be careful, you may become pregnant again sooner than you want. If you do not only breastfeed your baby, your fertility will return before the onset of your next menses.

- It is important for you and your family to space your children. Wait until this child is two years old to become pregnant again. Your baby will grow strong and will get benefit of breastfeeding for 2 years. Your body will be stronger to take care of your child. To space pregnancies, there are several contraceptives that are safe for breastfeeding women. LAM can be started right away. POPs and the injection are safe for breastfeeding mothers and their babies six or more weeks after delivery.
Visit at 6 weeks postpartum

CHWs should strongly encourage families to take their children to the health center to receive all of the routine vaccinations during the first year of life.

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soon after birth</td>
<td>Tuberculosis (BCG)</td>
</tr>
</tbody>
</table>
| 6 weeks         | 1st dose of Diphtheria + Whooping Cough + Tetanus  
                    1st dose of Polio                      |
| 10 weeks        | 2nd dose of Diphtheria + Whooping Cough + Tetanus  
                    2nd dose of Polio                      |
| 14 weeks        | 3rd dose of Diphtheria + Whooping Cough + Tetanus  
                    3rd dose of Polio                      |
| 9 months        | Measles                                |
| 18 months       | Measles (booster dose)                 |

During this visit at 6 weeks to encourage the mother to have her baby immunized as well as go to the health facility to have her baby checked and starts a method of contraception. The CHW should also ask the mother if she or a family member is giving her baby anything else to eat or drink. If she answers yes, you can provide POPs or DMPA today if the mother wants to space her next pregnancy. Provide the following message:

- The best food for your baby is breast milk, and it protects him/her against diseases. Breastfeed exclusively, which means feeding your baby only breast milk not even water. Empty one breast then the other breast at each feeding. Breastfeed your baby on demand day and night, and continue to breastfeed even when you or your baby is sick.

- By only breastfeeding your baby, you also prevent from becoming pregnant too soon. This natural contraceptive method is called LAM, and you can start yourself immediately after delivery. LAM is a good thing for you and your baby, so both of you will be strong and healthy. However, there are 3 conditions for LAM: (1) you must only breastfeed your baby; (2) Your baby must be less than 6 months old, and (3) your menses have not returned. Can you repeat these three conditions? [Make sure she repeats the three conditions].

- Be careful, you may become pregnant again sooner than you want. If you do not only breastfeed your baby, your fertility will return before the onset of your next menses.

- It is important for you and your family to space your children. Wait until this child is two years old to become pregnant again. Your baby will grow strong and will get benefit of breastfeeding for 2 years. Your body will be stronger to take care of your child. To space pregnancies, there are several contraceptives that are safe for breastfeeding women. You can continue to use LAM. POPs and the injection are safe for breastfeeding mothers and their babies six or more weeks after delivery.
**Postpartum visit at 3-4 months**

During this visit at 3-4 months look at the immunization record and encourage the mother to keep up with her baby immunization record. The CHW should also ask the mother if she or a family member is giving her baby anything else to eat or drink. If she answers yes, you can provide POPs or DMPA today if the mother wants to space her next pregnancy. Give guidance that the infant will soon be 6 months. The mother should start contraception before she stops using LAM so that she can continue to practice healthy spacing of her next pregnancy. Provide her information about DMPA, POPs, condoms and the IUD. Tell her that you can provide her with DMPA, POPs and the condom. The IUD is also an excellent and effective method but she needs to go the health facility. Advise her to continue breastfeeding. These methods of contraception are safe for the mother and baby.

**Provide the following message:**

- The best food for your baby is breast milk, and it protects him/her against diseases. Breastfeed exclusively, which means feeding your baby only breast milk not even water. Empty one breast then the other breast at each feeding. Breastfeed your baby on demand day and night, and continue to breastfeed even when you or your baby is sick.

- By only breastfeeding your baby, you also prevent from becoming pregnant too soon. This natural contraceptive method is called LAM, and you can start yourself immediately after delivery. LAM is a good thing for you and your baby, so both of you will be strong and healthy. However, there are 3 conditions for LAM: (1) you must only breastfeed your baby; (2) Your baby must be less than 6 months old, and (3) your menses have not returned. Can you repeat these three conditions? [Make sure she repeats the three conditions].

- Be careful, you may become pregnant again sooner than you want. If you do not only breastfeed your baby, your fertility will return before the onset of your next menses.

- It is important for you and your family to space your children. Wait until this child is two years old to become pregnant again. Your baby will grow strong and will get benefit of breastfeeding for 2 years. Your body will be stronger to take care of your child. To space pregnancies, there are several contraceptives that are safe for breastfeeding women. You can continue to use LAM. POPs and the injection are safe for breastfeeding mothers and their babies. Soon your baby will be 6 months. What method of contraception would you like so that you can continue healthy spacing of your next pregnancy.
UNIT 1. Interpersonal Communication and Counseling, Attitude and Negotiation (IPCCAN)

1.1 Concept of Communication for Behavior Change

Duration: ~60 minutes

Session Objectives: At the end of the session the participants will able to:

1. Discuss the importance of behavior in health of the newborn and mothers
2. Describe the process of behavior change
3. Define communication process
4. Explain the role of communication in behavior change
5. Describe the types and ways of communication

Over view of Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
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<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>5 min.</td>
<td>Interactive discussion</td>
<td>Transparency of objectives</td>
</tr>
<tr>
<td>2</td>
<td>Concept of behavior and its importance in health</td>
<td>10 min.</td>
<td>Interactive discussion</td>
<td>Flip sheet and pen</td>
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<tr>
<td>3</td>
<td>Process of behavior change</td>
<td>10 min.</td>
<td>Interactive discussion</td>
<td>Transparency</td>
</tr>
<tr>
<td>4</td>
<td>Communication process and its role in behavior change</td>
<td>10 min.</td>
<td>Interactive discussion</td>
<td>Pictures of good and bad communication</td>
</tr>
<tr>
<td>5</td>
<td>Types and ways of communication</td>
<td>10 min.</td>
<td>Interactive discussion and Mini-presentation</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Feedback and evaluation</td>
<td>10 min.</td>
<td>Q &amp; A</td>
<td>Questions</td>
</tr>
<tr>
<td>7</td>
<td>Summary</td>
<td>5 min.</td>
<td></td>
<td>Flip sheet of summary</td>
</tr>
</tbody>
</table>

Process and Methodology

**Step 1**: Greet the participants, show the transparency of objectives.
**Step 2**: Discuss behavior change and the influence of external and internal factors based on examples
**Step 3**: Discover and discuss the different steps of the process of behavior change and its relation/consequences with health outcome.
**Step 4**: Define communication and discuss why it is necessary and where it is necessary.
**Step 5**: Discuss the importance of verbal and non-verbal communication. Explain the importance of two-way communication to achieve the purpose.
**Step 6**: Practice/Feedback: Ask each participant to evaluate how this can be practiced in their daily work.
**Step 7**: Summarize the important points of the session. Close the session with thanks and claps.
Step 1: Introduction

Step 2: Concept of behavior and its importance in health
Ask participants to (a) work alone to think of a behavior that they have changed or are in the process of doing; (b) ask them to think what made them change; (c) what was difficult or easy to change. After about 5-10 minutes, ask participants to form small groups (of ~ 3 people) and to discuss the behaviors that they have been thinking of changing, and what really happened. After 10-15 minutes, in plenary, ask volunteers to explain the change of behaviors they discussed and what factors made them change. Be sure to ask how long did it take to change? (It is hopeful that some examples will show clearly that changes may occur slowly or rapidly).

What is behavior and why it is important in health?
Newborn health and mothers’ health depends on day-to-day practices done by the mother and other family members. For example, if a pregnant mother eats well during pregnancy she is more likely to have a healthy normal size baby. A family that has a birth plan and knows to go to the health facility, has the means to get to the facility is more likely to have a skilled birth attendant deliver the baby. A mother that exclusively breastfeeds her baby will be protecting her infant against illness and diarrhea. A husband who knows the benefits of healthy timing and spacing of pregnancy will encourage his wife to seek contraception. These are all examples of good behavior leading to good outcomes.

Why behavior of people is important?
Many behaviors determine health outcomes. Newborn babies’ death and diseases could be reduced by change in relevant health behaviors of people.

Step 3: Process of behavior Change
In plenary, and after the participants have given their examples, guide the discussion based on the examples they gave. Lead the discussion for people to go from one step to the other... and write the steps on the board...

The change in the behavior may involve several steps:

Knowledge

- Recalls specific messages
- Understands what messages means
- Can name products, methods, or other practices and/or sources of services/supplies

Approval

- Responds favorably to messages
- Discusses messages or issues with members of personal networks (family, friends).
- Thinks family, friends, and community approve of practice
- Approves practice

Intention

- Recognizes that specified health practices can meet a personal need
- Intends to consult a provider
- Intends to practice at some time
Practice

- Goes to a provider of information/supplies/services
- Chooses a method or practice and begins use
- Continues use

Advocacy

- Experiences and acknowledges the benefits of practice
- Advocates the practice to others
- Supports programs in the community

Notes for the Facilitator

The steps of changing behavior are not linear; they can occur rapidly or take a long time... They do not follow any pattern. The behavior can go from knowledge to practice,... and then regress; or they indeed go from knowledge to approval, intention, practice... It all depends on the individuals.

Based on the following example, with the group, analyze the steps....

"I work in the medical field, so I do know that smoking is bad for me....Since I am 15 years old I smoke!! I still smoke and I am more than 50 years old now! I have the intention of stopping, (for many years!!) I just do not know how".

Ask the group to analyze the behavior steps...

Now compare with the following:

"My son is now 30 years old; when he was 15, he said that he will never smoke because it is bad for his health. He never smoked in his life. He always tells his friends (and his mother) that they should not smoke!"

Discuss with the group the steps of these behaviors. That will help the groups to see that behavior change does not occur in a linear way, or through specific steps...

Conclude by asking them to discuss how important it is to know where people stand (in terms of their behavior) when linked to communication/messages.

To help participants understand what you mean, ask them:

In the 2 examples just presented, should the mother receive the same message as her son? The answer is NO, however we are talking about the same behavior (not smoking)...

The mother smokes and is with the intention since 35 years to stop smoking!... While her son, never smoked and he advocates to others (including his mother), not to smoke!!

What type of messages should receive the mother? And what type of message should receive the son?
Step 4: The Communication Process and its Role in Behavior Change
How does behavior change? It is difficult to change behavior of people, but it can be done through proper communication.

What is communication?
Communication is exchange of views or ideas between two or more people with a definite objective. Behavior change communication (BCC) is any communication that helps to foster a change in behavior in individuals, families, or communities.

Where communication is necessary?
Communication is necessary in every step of life. It is necessary to express our need, reaction, and expectation from others. In the health profession, communication is necessary in taking history of patients, understanding the problem from the patients’ perspective, making them understand the problem, providing health and nutrition education, providing information for people to make choices, providing the direction for management, taking feedback, negotiating solutions that are doable for the patient and lead to healthy outcomes, etc. Keep in mind that behavior change requires communication of more than knowledge. BCC is listening, understanding, and then negotiating and addressing barriers in order to affect long-term positive health behaviors.

Step 5: Types and Ways of communication
How do we communicate? There are several types of communication. We will focus on one, the interpersonal communication (face to face communication). The other one that we use a lot and is opposite to the interpersonal communication is the mass media communication.

Let’s now focus on the “face to face communication”

By speaking or writing: Verbally

By posture, gesture: Non Verbally

In plenary, ask what is more powerful, the verbal or non-verbal communication?

Of course it depends, but the non-verbal communication (gesture, posture, etc.) can translate more than just the words. Give an example, by walking very tired and slowly in the room, looking at your watch and with a soft and sad voice say: I am so happy to be with you today!

Ask them what do they believe more: What I said or the way I look and how I walked, did ... (looking at my watch...etc.)

In conclusion, tell them how important it is to observe patients and be also very cautious of our gesture and non-verbal communication!

Ways of communication
The goal is to increase dialogue, to exchange ideas.... Ways we can communicate:

- One way
- Two way
One-way communication.
If a person only talks continuously and does not allow the other to respond or talk, it is one way communication. It is an incomplete and unsuccessful communication.

Two-way communication
If two or more people discuss an issue, exchange their views, decide together what to do, then it is a two-way communication. Two-communication is what CHWs should be using offering dialogue. In two-way communication the CHW also uses listening skills, asks open-ended questions, uses techniques to invite the client to talk more.

Step 6: Practice, Feedback
In real life, what happens?

Scope of communication (≈10 min)
Discuss an example of communication between a CHW and a mother on keeping the baby warm. Ask the participants to discuss the type of this communication. Help them to come up with concrete ways of improving their communication behaviors. What type of communication skills can they use?

Ask them to tell more examples of communication and discuss ways of improving; how to remember to keep the new behaviors...

Remind them that good communication occurs when it helps the patient/client to make a choice, feel strong/convinced about what to do (e.g., take a medicine, change diet, go to the hospital, bring her child for vaccination...)

Step 7: Evaluation and summary (10 min)
Ask participants to work in pairs. Each one expresses something that they learned or liked and that they commit to change. Ask them whether they need further clarification on any issues of the session. Ask the participants to summarize the important points from the session.
Facilitators note: Scope of communication:
Let us think of a communication session. Discussing “exclusive breastfeeding up to six month of baby” with a mother can be an example of communication session. In this session, there should be all 5 components of communication. Here a CHW who is talking with mother and leads the discussion, is the sender. The mother is the receiver. They are discussing on why it is important to breastfeed exclusively, how the mother is exclusively breastfeeding. These points of discussions are the message. While discussing, the CHW is directly talking to the mother (audio) and she is also showing some pictorials from flip chart (visual) for more clarity. Hence she is using audio-visual media. Here the Flip chart with its pictures is the material. During the discussion and at the end, the CHW checks by asking a few question that what the mother understands about exclusive breastfeeding. This checking is feedback.

One important thing to note is that, the communication process is not and should not be one way. If only the CHW talks and gives direction on the benefits of exclusive breastfeeding this is one-way communication. Rather, it should be two-way communication. Here the mother must participate in the discussion actively. The CHW may need to negotiate with the mother about the desired behavior.

The CHWs will have to communicate with the pregnant & postpartum women, their husbands, mothers-in-law, other family members on care of the pregnant & postpartum women, care of the newborn, about LAM, HTSP.

The CHWs will have to listen, understand individual problems, community prejudices, beliefs and barriers to good practices and then change the behaviors through appropriate communication and negotiation.

All these steps demand excellent skills of communication and counseling.
1.2 How to Improve Communication

Duration: ~ 60 minutes

Session Objectives: At the end of the session the participants will be able to:

1. Use 3-5 communication skills
2. Discuss how and why the use media and support materials can improve the communication

Overview of Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>3 min</td>
<td></td>
<td>Transparency of Objective</td>
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<tr>
<td>2</td>
<td>Communication skills:</td>
<td>40 min</td>
<td>Interactive discussion;</td>
<td>Sample material: Project Flip chart on PPFP)</td>
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<tr>
<td></td>
<td>Listening skills:</td>
<td></td>
<td>simulation, role-play, demonstration...</td>
<td></td>
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<tr>
<td></td>
<td>Using open-ended questions vs. close ended questions</td>
<td></td>
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<tr>
<td></td>
<td>Use of silence reflecting feelings (sentences, words)</td>
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<tr>
<td></td>
<td>paraphrasing</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3</td>
<td>Use of media and materials</td>
<td>10 min</td>
<td>Participatory exercise in plenary</td>
<td>Sample material: Project Flip chart on PPFP)</td>
</tr>
<tr>
<td></td>
<td>to show effectiveness of using media/materials</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>4</td>
<td>Messages</td>
<td>10 min</td>
<td>Interactive plenary discussion</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Summary</td>
<td>2 min.</td>
<td></td>
<td>Transparency</td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Introduction  3 min
Greet the participants. Tell the importance of improving communication. Highlight the fact that counseling involves both an exchange of information and showing the client you understand their perspective and how they feel. Show the transparency of objectives and briefly tell what we are going to achieve at the end of the session.
Step 2: Communication skills  40 minutes

In an interactive plenary session, provide participants with an overview of the five communication skills below:

Listening skills:
Ask participants to form pairs of two. Ask one of the in the pair to talk about an issue that she believes strongly about. Ask the second person in the pair to listen and show by non-verbal communication that she is expressing good listening skills. The second person should not interrupt the talk of the first person. Let them “communicate” for 3 minutes. Then ask participants to shift role. Ask them to change the story. Let them “talk” for another 3 minutes. After, in plenary, ask them how it was etc...

Use of open-ended questions vs. close-ended questions:
In plenary, ask volunteers to give an example of an open-ended question. Do that over and over... For each one of the question used, ask participants if it was an open-ended question... etc... This is fun; have participants give several examples. At the end, ask them to form pairs and to ask each other an open-ended question. The pair will agree or not whether the questions are opened-ended. Ask in plenary who did not agree and discuss the case.

Use of silence:
With a volunteer, do a simulation. You (the facilitator) are the health provider, while the volunteer participant plays the role of a woman coming for a specific reason. For example, she already has 4 children, is tired and is seeking information about what ways to prevent having anymore children...

After health provider asked the patient a specific question, let the person (client) talk, then let silence occur... 30 to 45 seconds... you will see that patient/client will talk more.

Ask the participants in plenary, what they observed and what happened.

Reflecting feelings (sentences, words):
When a patient says something, repeat using her/his own words what s/he just said and stop there. Reflecting focuses on acknowledging how a client feels and showing that you understand his/her needs and concerns.

Paraphrasing:
When a patient finishes of explaining something, the health provider (HP) summarizes what has been said, by using eventually other words. This helps to clarify the main points mentioned by the client (C).

Here is a short simulation using the two skills:
HP:  Good afternoon Ms, B how can I help you? (Use of open-ended question)
C:  I came because I am tired, do not feel good
HP:  hmmmm... knotting the head (listening skills using non verbal communication)
C:  and I do not know what to do
HP:  You are tired, do not feel good and do not know what to do.... (reflect what patient just said and use silence after that....
C:  Yes, I have so many children and I am tired
HP:  Nods head in supportive way,..... (use silence)
C:  Yes..... Hum... I wonder if there is a way for me not to have anymore children....
HP:  (Use silence.... Do not say anything...)
C: But,...but,..my husband wants more children and...he should not know...that I am using something to prevent pregnancy..

HP: I understand, you are tired, have several children, your husband wants more children, while you are looking for ways to prevent pregnancy. (paraphrasing)

After a while, you could continue by using open-ended questions:

HP: You said that you would like not to have any more children, tell me what you know about contraception? (Use of open-ended question....)

Step 3: Role plays
After completing an overview of the skills, do role plays. Ask participants to form groups of threes (client, provider, observer) and have them role play one scenario for 5 min. Ask them to use at least 3 of the 5 skills just discussed. Come back together as a group and ask one group to talk about their experience

Step 3: IEC support materials 10 minutes
What are the advantages and reasons for doing that? Lead participants in discussion about IEC
Use the example of healthy timing and spacing of pregnancy: read the following “couples should wait at least 2 years after the birth of their last child before they try to conceive so that their infant will grow healthy and strong and give the mother enough time to become healthy and strong”. Now show the image of the pregnant mother with her three year old child and repeat the same message. Ask the participants how they reacted to the IEC materials about HTSP

Emphasize that community people will understand you better if you show something as you tell. Ask them to list some materials, which can be used to communicate with the family members.

Step 4: Messages 10 min
In plenary discuss some characteristics of a good message. Write the answers on the board. If necessary complete the answers discussed (see facilitators notes)

Step 5: Summarize the important points of the session
Summarize the session. Show a transparency on skills of communication; Distribute handouts.
Facilitators note: Addition Tips for Improving Communications

**Communication Skills**

**Aspects of communication**
- Listening
- Asking
- Telling
- Observing
- Understanding
- Convincing
- Controlling the situation

**Good presentation**
The discussion should be lively. On the part of health communicator, the way of talking, asking, answering should be attractive, polite, and acceptable by cultural and social norms; in other words, by using the sills learned: Listen, using verbal and non verbal communication.

**Situation Conscious- Showing respect**
The health communicator should be alert about the time of the day, surrounding situation and total duration of discussion. Usually, mothers do not feel comfortable to give time when they are busy cooking or when her husband comes back to the house and needs her attention. Hence the CHW should choose a time suitable for the receiver. Again, if the father is a receiver, he may not give time during working hour. If the discussion goes on unusually longer or if the situation is chaotic, the children are crying, the mother might not give much attention. The CHW should consider all these matters during home visit.

**Respect to listener’s opinion**
The listener is the receiver. If she is somehow hurt by any comments from the sender, she will not listen attentively and will not comply with the suggestions. Her behavior regarding health care will not change. On the other hand, if the communicator listens to the receiver carefully, does not comment on any wrong ideas, shows respect by praising the receiver’s idea, then the receiver will also listen to the communicator.

**Use of local language and words that patients understand**
For better understanding by the patient, it is better to use local, simple language and local terms instead of medical terms that only health personnel understand and use.

**Attention to all**
When communicating with a group of people, the communicator should ensure that she/he gives attention to all. Otherwise, those who does get frequent eye contact, may loss attention and interest.

**Ensure that the client knows what to do when at home**
This is an important quality of a good communicator. Ensure that what has been discussed is understood, in other words what the client needs to do at home. Feedback is taken by asking some specific questions to check whether the receiver (client) understands the message clearly. Use open-ended question to check. Example: HP: Tell me how you will take your POPs (progestin-only pills) at home.... (This is of course asked if previously the client has requested POPs and the CHW has explained how to use them).
Use of Media/Materials

**Optimal use of media**
In communicating with the people, we can use the following media –

- Audio-verbal communication like speaking directly, listening to radio etc.
- Visual-looking at a picture, diagram, reading a poster
- Audio-visual – discussing with a mother and showing a flip chart; telling and showing the steps of exclusive breastfeeding.

Best communication approach is to combine both audio and visual media. It helps in better perception and understanding as well as retention for a considerable time.

**Optimum use of materials**
While communicating, if the communicator uses pictorials, dolls etc. that will help the receiver understand the message better. These materials should be used appropriately. The materials that can be used in to communicate with the family members are (for example):

- Flip chart/Flip book
- Doll
- Breast model
- Hand washing materials
- Birth kit etc.

**Messages**
Message is the heart of communication. A set of good messages can reach the heart of the client easily. A good message should have some criteria:

**Meaningful**
The message should carry a meaning and should be in the light of objective of the program.

**Clear and easy language**
It should be simple to understand. Any advice and instruction should be straightforward. Example, the newborn baby should put to the breast immediately after birth within half an hour. Use words that the person can understand.

**Concise**
Small message works better. It is easy to remember.

**Complete**
The message should cover the important points. Example, information on TT immunization of the mother should include number of shots, when to give, where it is available.

**Convincing**
The message should be such that the client believes it. Otherwise, she/he will not practice it. The message should include logical information to be convincing. For example, we can say, a newborn baby losses heat very rapidly, if he becomes cold he may become sick, hence the baby needs to be kept warm. This may convince a mother.

**Correct**
Be sure to use correct words and correct information. Explain if patient does not understand the
word; explain using their local words, (for example, uterus, vagina, menstruation, etc... In order to use exact information, check with your colleagues or in book.

**Relevant**

Give details or information on what the person came for or is useful for her/him. DO not start to mix information or the person will not pay attention or will just mix with the essential information!

**Taking Feedback**

At the end of any communication session, it is very important to know whether the client /mother has understood all the issues/discussion point clearly. This process is ‘feedback’. Taking feed back helps in checking the understanding of the client/mother so that any less understood issues can be clarified.

Feedback can be taken by asking questions, asking to demonstrate etc.

Questions for taking feedback should be specific.
Some good checking questions are –
- “Tell 3 LAM criteria”
- “Tell me some benefits of HTSP for mother and for baby.”

Try to use open-ended questions instead of close-ended ones to solicit the information needed. For example, use:
- Tell me what did you understand about the benefits of healthy timing and spacing of pregnancy? (that is a good question!)

**Instead of:**
- Have you understood the benefits of healthy timing and spacing of pregnancy? (close-ended question)
1.3 **How to Conduct IPC Sessions: One to One and Group Sessions**

**Duration:** 45 minutes

**Session Objectives:** At the end of the session the participants will be able to:

1. Demonstrate/practice the basic skills of interpersonal communication (IPC)

**Overview of Session Plan**

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<tr>
<td>1</td>
<td>Introduction</td>
<td>5 min</td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td>Concept of IPC and Importance of IPC and scope of IPC in PPFP</td>
<td>5 min</td>
<td>Interactive discussion</td>
<td>OHP, Transparency</td>
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<tr>
<td>3</td>
<td>Basic steps of IPC</td>
<td>10 min</td>
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<td>4</td>
<td>Arrange a role play</td>
<td>15 min</td>
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<tr>
<td>5</td>
<td>Evaluation</td>
<td>5 min</td>
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<td></td>
</tr>
<tr>
<td>6</td>
<td>Summary</td>
<td>5 min</td>
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</table>

**Process and Methodology**

**Step 1:** Greet the participants. Show the transparency of objectives and briefly tell what we are going to achieve at the end of the session.

**Step 2:** Discuss interpersonal communication. Express why IPC is important in PPFP and the scope of IPC in PPFP.

**Step 3:** Discuss the basic steps of IPC. Write a check list of these steps in a Flip sheet.

**Step 4:** Arrange a role-play. Assign a simple topic to a trainee as CHW. Another trainee will be the client. Tell other trainees to evaluate the role play with the help of the check list. At the end discuss the good things the CHW has done and also give feedback on how the role could be further improved.

**Step 5:** Ask each participant one checking question to evaluate whether they have understood important points. Ask them whether they need further clarification on any issues of the session. Clarify those if relevant

**Step 6:** Summarize the session. Show a transparency on skills of communication.
How to conduct IPC sessions (One to one, and group)

Step 2: Interpersonal communication (IPC) is a person-to-person, two-way, verbal and nonverbal communication that includes the sharing of information and feelings between individuals or in small group that establishes trusting relationships.

IPC includes the process of education, counseling and motivation.
IPC may be of two types:

1. One to one communication
2. One to many or Group session

One to one IPC communication
In this project, CHWs will use this kind of communication. The communication will be between a CHW and a pregnant mother or a mother-in-law or a father etc.

Step 3 & 4: Basic steps of IPC and role play;
Before the participants perform a role play, discuss what steps they follow when they go to someone’s home to discuss with the pregnant woman how to prepare for labor and delivery. Ask a participant to write down on the flip chart the key points in each step. Try to elicit the bold-face words listed below. These key points will serve as the check list when evaluating the role play

The site of communication will be the house of the mother. Some possible topics during the role play are the benefits of immediate and exclusive breastfeeding, healthy timing and spacing of pregnancy, LAM, transition to other contraception before the return to fertility.

The steps for IPC are listed below,

Preparation: The CHW should plan for the session well. She should prepare the topic of discussion, plan how to organize the discussion, start the session, how to continue and how to finish. She should also know what materials to use and how.

Arranging the session: The identified pregnant woman should be informed earlier. Preferably a date and suitable time can be fixed. On the day of visit, CHW should reach the house timely well prepared with the necessary materials.

Greet: CHW will greet the seniors of the family according to culture. Then she will take permission to talk to the appropriate client e.g. the pregnant woman or the mother-in-law, decide on a good place inside or outside the house according to convenience.

Set the environment: CHW will take time to make the client comfortable.

Setting objectives: At the beginning of entering into main discussion, the purpose of the discussion should be clearly told. Example: today, we are going to discuss on what you will feed the baby and how you will do that once she or he is born.
Assessing baseline knowledge and current practice: CHW will enquire about what the client already knows on the issue of discussion. This can be done by observing, and asking open-ended questions, so the patient can explain what you asked her/him.

Praise: The appropriate knowledge and good practices should be praised.

Discuss: Then the CHW will start discussion the issues.

Use easy language that the other(s) understand
Discuss issues one by one.

Intermittently check whether the client has understood by asking open-ended question, e.g., “Can you tell me what are the three criteria of LAM”.

Show the relevant IEC materials clearly and appropriately.
Speak clearly and loudly.
Use Eye contact.

Get feedback at the end: Clarify further any confusion in the client. You can check by asking her to repeat the important points. To help the patient in doing that, you may want to list the important points then ask her to repeat them. (Do not ask: Did you understand?)

Thank the client and other members of the family.

Set another date of discussion as necessary

Offer any help if necessary. Leave any IEC materials to the family as directed by the project.

Ask non-performing participants if the role play covered the basic steps that were written on the flip chart, areas performed well and areas for improvement

Step 5: Check for understanding about IPC

Step 6: Summarize
1.4 Concept of counseling, principles of counseling and qualities of good counselor

**Duration:** ~60 minutes

**Session Objectives:** At the end of the sessions the participants will able to:

1. Define counseling
2. Explain the different approaches of counseling
3. Explain the principles of counseling
4. Identify the characteristics and skills of an effective counselor

**Over view of Session Plan**

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<thead>
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<td>Counseling &amp; different approach of counseling</td>
<td>15 min</td>
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<td>3</td>
<td>Principles of counseling</td>
<td>20 min</td>
<td>Interactive discussion</td>
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<td>4</td>
<td>Characteristics and skills of an effective counselor</td>
<td>10</td>
<td>Group discussion</td>
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<td>5</td>
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**Process – Methodology**

**Step 1:** Greet the participants. Show the transparency of objectives and briefly tell what we are going to achieve at the end of the session.

**Step 2:** Elicit from the participants their ideas about counseling: its definition, and the difference with interpersonal communication. List them on flipchart.

**Step 3:** Discuss the principles of counseling & different approaches see facilitator’s notes

**Step 4:** Discuss/practice the characteristics and skills of an effective counselor. The facilitator will play act the counselor and one of the participants will play the client. Have the participants pair up one is the client the other is the counselor

**Step 5:** Summarize the session. Show a transparency on skills of communication.
Notes for the Facilitator on Counseling

Definition of counseling

- Counseling is a kind of interpersonal communication where one can help someone in making his or her own decision. Or,
- Counseling is a way of working with people in which you understand how they feel, and help them to decide what to do.
- Counseling skills are useful when you talk to patients or clients in other situations. You may also find them helpful with your family and friends, or your colleagues at work. Practice some of the techniques with them. You may find the result surprising and helpful.

When there is a question of making a decision, like to or whether to deliver at home or in the health facility, or whether to exclusively breast feed or not, or to use the injection when their infant is 6 weeks there is good scope of counseling to help the client make their own decision based on logical information.

Different approaches of counseling:

During counseling session, the counselor has some rules.

- **Greet** the clients
- **Ask** clients about them, their children and families. Asking is more than taking a medical history, because other aspects of a person’s life often impact a client’s behavior. Ask how you can help them.
- **Tell** clients (e.g. about healthy timing and spacing of pregnancy). Give complete, correct, clear and concise information
- **Help** clients change behavior (e.g. type of contraception to achieve pregnancy spacing) through problem-solving
- **Explain** in details how it helps (e.g. prevents another pregnancy until the couple is ready to conceive again), the advantages and disadvantages of various contraception and then how to use the contraception
- **Return** for follow-up (Another meaning of it is – for the client to repeat on what has been discussed)

**ROLES** = Relax, Open up, Lean forward, Eye contact, Sits squarely & Smile appropriately

**CLEAR** = Clarify, Listen, Encourage, Acknowledge, Reflect & Repute.

Principles of Counseling:

- Counseling should take place in a **private quiet place** where client and Community Health Worker (CHW) can hear each other, and with sufficient **time** to ensure that all necessary information, clients concerns and medical requirements are discussed and addressed.
- **Confidentiality** must be ensured, both in the process of counseling and the handling of client records.
- It is essential that counseling takes place in a **non-judgmental, accepting and caring atmosphere**.
• The client should be able to understand the language the CHW uses (local dialect, simple culturally appropriate vocabulary, no highly technical medical technology).
• CHW must use good interpersonal communication skills, the ability to question effectively, listen actively, summarize and paraphrase clients comments or problems, and adopt a non-judgmental, helpful manner.
• The client should not be overwhelmed with information. The most important message should be discussed first and be brief simple and specific.

Repeating critical information is the most effective way to reinforce the massage.
Repeat, repeat and repeat.

• Always verify that the client has understood what has been discussed. This can be done by asking open-ended question or through observation when they practice the skills.

Characteristics and skills of an effective counselor:

An effective counselor:

• Is a good and active listener
• believes in and is committed to the basic values and principles of issues for counseling and client rights
• Is accepting, respectful, non-judgmental and objective when dealing with clients
• Is aware of her/his own values and biases and does not impose them on clients
• Understands and is sensitive to cultural and psychological factors (such as family or community pressures) that may affect a client’s decision to adopt service
• Always maintains clients' privacy and confidentiality

Counselor’s Essential Skills:

An effective counselor possesses and is able to apply good interpersonal communication skills and counseling techniques:

• Relates/empathizes
• Listens actively
• Poses questions clearly, using both open- and close-ended questions
• Answers questions clearly and objectively
• Recognizes nonverbal cues and body language
• Offers praise and encouragement
• Explains points in language the client understands in culturally appropriate ways
• Strong technical knowledge of topics
1.5  Steps of counseling: Listening and Learning

**Duration:** ~ 90 minutes

**Session Objectives:** At the end of the session the participants will able to:

- Enumerate the steps of Counseling
- Discuss the Sub-steps of Listening and learning
- Use the listening-learning skills in different situations

**Over view of Session Plan**

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<thead>
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<td>2</td>
<td>Basic steps of counseling</td>
<td>10 min</td>
<td></td>
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<td>3</td>
<td>Listening and learning</td>
<td>65 min</td>
<td>Discussion and short role play</td>
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<tr>
<td>4</td>
<td>Evaluation</td>
<td>5 min</td>
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<tr>
<td>5</td>
<td>Summary</td>
<td>5 min</td>
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**Process - Methodology**

**Step 1:** Greet the participants. Show the transparency of objectives and briefly tell what we are going to achieve at the end of the session.

**Step 2:** Elicit from the ideas participants their ideas about steps of counseling and list them on flipchart

**Step 3:** Divide the participants in two groups. Ask them to do a short role-play

**Step 4:** Ask each participant one checking question to evaluate whether they have understood important points. Ask them whether they need further clarification on any issues of the session. Clarify those if relevant

**Step 5:** Summarize the session. Show a transparency on steps of counseling and skills of listening and learning.
Facilitators Note:

Steps of counseling

WHO steps of counseling:

Listening
Learning
Building Confidence
Giving Support

Listening and Learning
A mother may not talk about her feelings easily, especially if she is shy, and with someone whom she does not know well. A patient may not disclose important information readily. You need the skill to listen, and to make her feel that you are interested in her. This will encourage her to tell you more. She will be less likely to 'turn off' and say nothing.

Skill 1. Use helpful non-verbal communication.
Non-verbal communication means showing your attitude through you posture, your expression, everything except through speaking. Helpful non-verbal communication makes a mother feel that you are interested in her, so it helps her to talk to you.

Skill 2. Ask open-ended questions
Open-ended questions are very helpful. To answer them a mother must give you some information. Open-ended questions usually start with 'How? What? When? Where? Avoid using 'why' questions as it has a judgmental tone

For example: "How are you feeding your baby?"
Closed-ended questions are usually less helpful. They tell a mother the answer that you expect, and she can answer them with a "Yes" or "NO". They usually start with words like "Are you? Did he? Has he? Does she?

For example: Did you breastfeed your last baby? If a mother says 'Yes' to this question, you still do not know if she breastfeed exclusively, or if she also gave some artificial feeds.

To start a conversation, general open-ended questions are helpful.
For example: "How is breastfeeding going for you?"

To continue a conversation, a more specific open question may be helpful.
For example: "How many hours after he was born did he have his first feed?"

Sometimes it is helpful to ask a closed-ended question, to make sure about a fact.
For example: "Are you giving him any other food or drink?"

If she says, "yes", you can follow up with an open-ended question, to learn more.
For example: "What are you giving him?"
Skill 3. Use responses and gestures, which show interest
Another way to encourage a mother to talk is to use gestures such as nodding and smiling, and simple responses such as "Mmm" or "Aha". They show a mother that you are interested in her.

Skill 4. Reflect back what the mother says
Reflecting back means repeating back what a mother has said to you, to show that you have heard, and to encourage her to say more. Try to say it in a slightly different way. For example, if a mother says: "My baby was crying too much last night."

You could say: "Your baby kept you awake crying all night?"

Skill 5. Empathize- show that you understand how she feels
Empathy or empathizing means showing that you understand how a person feels.

For example, if a mother says: "My baby wants to feed very often and it makes me feel so tired," you could say:" I understand, your baby wants to feed very often, and you feel so tired!" This shows that you understand that she feels tired, so you are empathizing.

In addition you can respond with a factual question, for example, "How often is he feeding? What else do you give him?" your questions are open-ended and may lead to precise information.

Skill 6. Avoid words, which sound judgmental
Judging words are words like: right, wrong, well, badly, good, enough, properly. Avoid the question "Why?", as it has a judgmental weight attached to it. If you use these words when you ask questions, you may make a mother feel that she is in wrong, or that there is something wrong with her baby.

However, sometimes you need to use the "good" judging words to build a mother's confidence (see Session 1.6 "Building confidence and giving support)."
1.6 Steps of Counseling: Building confidence and giving support

**Duration:** ~ 75 minutes

**Objectives:** At the end of the sessions the participants will able to:

- Practice how-to building confidence and giving support
- Use these steps in different situations

**Overview of Session Plan**

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<td>2</td>
<td>Building confidence &amp; giving support</td>
<td>30 min</td>
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<td>Practice</td>
<td>30 min</td>
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<tr>
<td>4</td>
<td>Evaluation</td>
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<tr>
<td>5</td>
<td>Summary</td>
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</table>

**Step 1:**
Greet the participants. Show the transparency of objectives and briefly tell what we are going to achieve at the end of the session.

**Step 2:**
Help them by making them practice how-to build confidence & giving support

**Step 3:**
Ask each participant one checking question to evaluate whether they have understood important points. Ask them whether they need further clarification on any issues of the session. Clarify those if relevant

**Step 4:**
Summarize the session. Show a transparency on skills of Building confidence and giving support
Facilitators Note:

BUILDING CONFIDENCE AND GIVING SUPPORT

Introduction

A mother of a sick baby or the patient may loss confidence in herself or himself. This may lead her to practice unnecessary harmful treatments or give artificial feeds, and she may have to respond to pressures from family and friends to do so. You need the skill to help her to feel confident and good about herself. Confidence can help a patient to take self-care or can help a mother to take care for the baby. Confidence also helps her to resist pressures from other people.

*It is important not to make a mother/patient feel that she has done something wrong.*
A new mother may easily believe that there is something wrong with herself, or that she is not doing well. This reduces her confidence.

*It is important to avoid telling a mother what to do.*
Help each mother to decide for herself what is best for her and her baby. This increases her confidence.

**Skill 1. Accept what a mother/ other client thinks and feels**

Sometimes a woman or mother-in-law has a *mistaken idea* that you do not agree with. If you *disagree* with her, or criticize, you make her feel that she is wrong. This reduces her confidence. If you *agree* with her, it is difficult later to suggest something different. It is more helpful to *accept* what she thinks.

Accepting means responding in a neutral way, and not agreeing or disagreeing. *Reflecting back* and *respond in gestures which show interest* are both useful ways to show acceptance, as well as being useful listening and learning skills.

Sometimes a mother feels very upset about something that you know is not a serious problem. If you say something like “Don’t worry, there is nothing to worry about!” you make her feel that she is wrong to feel the way that she does. This makes her feel that you do not understand, and it *reduces* her confidence. If you accept that she is upset, it makes her feel that it is all right to feel the way she does, so it does not reduce her confidence. *Empathizing* is one useful way to show acceptance of how a mother feels.

**Skill 2. Recognize and praise what mothers and babies do right.**

As health workers, we are trained to *look for problems.* We see only what we think people are doing wrong, and we try to correct them. As counselors, we must learn to look for and *recognize what mothers and babies do right.* Then we should *praise* or show approval of the good practices.

**Praising good practices has these benefits:**

- It builds a mother’s confidence;
- It encourages her to continue those good practices;
- It makes it easier for her to accept suggestions later.
Skill 3. Give practical help

Sometimes practical help is better than saying anything. For example:

- When a mother feels tired or uncomfortable;
- When she is hungry or thirsty;
- When she has had a lot of advice already;
- When you want to show support and acceptance;
- When she has a clear practical problem.

Some ways to give practical help are these:

- Help to make her clean and comfortable;
- Give her a warm drink, or something to eat;
- Hold the baby while she gets comfortable.

Skill 4. Give a little, relevant information

Relevant information is information, which is useful for a mother NOW.

When you give mother information, remember these points:

- Try to give only one or two pieces of information at a time, especially if she is tired, and has already received a lot of advice.
- Wait until you have built her confidence, by accepting what she says, and praising what she and her baby do right. You do not need to give new information or to correct a mistaken idea immediately.
- Give information in a positive way, so that it does not sound critical. This is especially important if you want to correct a mistaken idea.

Skill 5. Use simple language

Use simple familiar terms to explain things to mothers. Remember that most people do not understand the technical terms that health workers use.

Skill 6. Make one or two suggestions, not commands

Be careful not to tell or command a mother to do something. This does not help her to feel confident.

Instead, when you counsel a mother, suggest what she could do differently. Then she can decide if she will try it or not. This leaves her feeling in control, and helps her to feel confident.
Unit 2. Breastfeeding

2.1 Importance of breastfeeding

Duration: ~ 90 min

Session Objectives: At the end of the session all participants will be able:

- Explain benefits of Breast milk
- Define what is colostrum & discuss its importance
- Explain exclusive Breastfeeding
- Discuss disadvantages of formula feeding.
- State recommendation of breastfeeding.

Overview of Session Plan:

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<td>Introduction</td>
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<td>What is colostrum Its Importance</td>
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<td>Presentation</td>
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<td>8</td>
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Process and Methodology

Step 1: Introduction

Greet the participants, tell them this session’s title & explain its objectives.

Step 2: Colostrum

Ask the participants when first BF should be given & why? Write down the responses e board in two columns When and Why. Discuss with group the responses to come to a consensus all of the benefits of immediate breastfeeding. Fill in any gaps and clarify any questions.
Step 3: Benefits of breastfeeding

Elicit from participants what are the possible benefits of BF through a brain storming session (for baby, mother and family).

Step 4: Exclusive breastfeeding

Ask the participants to explain ‘Exclusive BF’ and record their answers on the board. Compare their answers to the information written on the easel paper. Then show them the poster titled Recommendations on Breastfeeding. Read one by one.

Step 5: Disadvantages of artificial feeding

Ask the participants one by one to tell the benefits of breastfeeding that they have already learned & then help them to compare these points with those of artificial feeding & at the end show the transparency.

Step 6: Evaluation

Ask each participant one checking question to evaluate whether they have understood important points. Ask them whether they need further clarification on any issues of the session.

Step 7: Summarization

Summarize the important points of the session
Background on Breastfeeding Importance (2.1)

Importance of colostrum

Colostrum is the, yellowish discharge that comes from the mother’s breast sometimes during pregnancy and after the child birth. It continues through the first few days of delivery. This is known as local term or the “first milk”. Colostrum is the baby’s first immunization. It contains antibodies and vitamins which act as a shield to protect the newborn from infections during the initial stage of life and its purgative effect helps the baby to clear the gut of meconium (the initial dark stool). You have seen other mammals provide their newborns with colostrum to offer protection and get the flow of milk started.

Benefits of Breastfeeding

Breast milk is the best food for the baby. Breast milk alone is enough nourishment for the baby for up to six months of life and no other food is necessary during this time. The benefits of breastfeeding are as follows:

| Exclusive breastfeeding means giving a baby no other food or drink not even water but mother’s milk. Medicines, vitamin and mineral drops essential for the newborn can be given. Expressed-mother’s milk is also permitted. |
| (In addition to breastfeeding) (Except medicines and vitamin or mineral drops; expressed breastmilk is also permitted). |

For baby:

- **Breast milk is the perfect nutrient for the baby.**
  - Breast milk contains all the food components – protein, fat, carbohydrate, vitamins, minerals and water in appropriate amounts needed for the baby.
  - The quantity and quality of the food components are most suitable for the baby.
  - Breast milk contains sufficient water for the baby.

- **It protects the baby from infection and hypothermia**
  - Mother’s milk contains living cells and natural chemicals, which can fight against the germs. Breastfed babies are less likely to develop diarrhea and pneumonia and are less likely to die.
  - Contact with mother during feeding keeps the baby warm and the glucose in breast milk provides energy to keep the baby warm.

- **Breastfeeding helps a mother and baby to bond – encouraging the development of a close, loving relationship**

- **Breast milk helps baby’s brain develop better.**
  - In most cases it is found that breastfed babies have higher intelligence level than non-breast fed babies.
• **Breast milk is free of cost**

For Mother:

• **Breastfeeding can help to delay a new pregnancy.**
  – If the baby is exclusively or predominantly breast-fed day and night, if his/her age is less than 6 months and if the mother has not yet menstruated she is practicing LAM (lactational amenorrhoeic method) a very effective but temporary contraception (>98% effective).

• **Early onset of breastfeeding initiates uterine contraction which accelerates expulsion of placenta.**

**Disadvantages of artificial feeding**

• Formula feed is costly and difficult to procure and on the other hand cow’s and goat’s milk is difficult to digest.
• Artificial feeding needs accessories which have to be disinfected and if not done properly the child becomes prone to infection.
• There is a chance that the water used to dilute the formula is contaminated and could cause diarrhea in a newborn’s fragile gut
• Other animals milk is not exactly suited for humans but is perfect for calves, lambs and kid goats. Just like breast milk is perfect for human babies!!
• If the formula feed is not prepared in proper dilution, there is chance of inadequate nutrition and deficiency of certain essential vitamins and iron which are essential for the proper growth of the baby.
• On the whole artificial feeding takes up more time and energy for the mother making the newborn vulnerable to infections and allergies.
2.2 Basics of Breastfeeding

Duration 15 minutes

Session Objectives: At the end of the session all the participants will be able to:

Tell where & how milk is produced
Tell how to increase breast milk.

Overview of Session Plan

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<td>Anatomy of breast</td>
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<td>Describing the pictures</td>
<td>Picture</td>
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<td>Where milk is produced</td>
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<td>How it comes out?</td>
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<td>3.</td>
<td>When reflexes work well?</td>
<td>5 min</td>
<td>Describing the pictures</td>
<td>Picture</td>
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<td>When reflexes are impaired?</td>
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<tr>
<td>4.</td>
<td>Evaluation &amp; Summary</td>
<td>3 min</td>
<td>Asking Question Discussion</td>
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</tbody>
</table>

Process-Methodology:

Step 1: Introduction
Greet the participants & tell them this session’s title & explain its objective.

Step 2: Where & how milk is produced
Describe to the participants the structure of breast (internal and external) in an easy way & show them where & how milk is produced & comes out.

Step 3: Factors increasing & impairing milk production
Show the participants the reflex arc in the picture. Then narrate the factors one by one which influences milk production & which impairs it.

Step 4: Evaluation
Ask the participants questions to get the feedback

Step 5: Summarization.
Summarize whole the important points again & draw a conclusion Close the session with thanks.
Basic information on how breastfeeding works (2.2)

How breastmilk is produced and how the baby gets the milk

When a baby sucks at the breast, sensory impulses go from the nipple to the brain. In response, a substance, or hormone, called prolactin comes from one part of the brain. This prolactin goes in the blood to the breast and produces milk. At the same time another hormone called oxytocin comes from brain, goes to the breast and causes the milk to be ejected out of the breast. The milk is produced in the alveoli of the breast that is under its white colored portion. From here it goes towards the central part through a system of ducts. During suckling almost the whole of the areola should be inside the baby’s mouth for effective milk outflow from the nipple, which is the only outpouring portion of the breast.

- Breastmilk production is initiated by effective suckling by the baby. The more baby sucks, the more milk comes in.
- Frequent night feeding helps more milk production
- Knowledge and belief on benefits of breastfeeding helps mother to be motivated and confident. Confidence helps in milk production.

Initiation of breastfeeding

At birth the newborn is placed on the mother’s chest in skin-to-skin contact for warmth and to promote early breastfeeding. The first breastfeeding should take place within half hour of birth. There is evidence that if the first breastfeeding is delayed, the duration of breastfeeding is compromised. Also, mothers who experience early skin-to-skin contact and suckling are more likely to communicate with their infants and have fewer problems with night feeds.

As soon as the newborn starts rooting for the breast (i.e. searching with mouth open, looking and moving around), the mother helps her infant to latch on to her breast. The health worker should be available at this time to ensure that the infant is positioned and attached to the breast correctly. Once attached to the breast there should be no restriction to the time the infant suckles.

Tips for initiating immediate breastfeeding

These are some ways that you, the family and others can help the mother to breast feed successfully:

1) Put the newborn baby together with the mother right after birth. Keep the baby warm by laying him/her on the mother’s skin and covering them both.

2) Help the mother with the first breastfeeding. Watch to make sure the baby is well attached and has plenty of the mother’s areola in his/her mouth. The mother’s arms need to be well supported.
3) **Baby should sleep next to the mother on the same bed.**

4) **Feed the baby OFTEN.** Usually newborns want to feed every 2-3 hours if the baby is not demanding to feed (by crying), tell the mother to offer the breast to the baby.

5) **Give ONLY colostrum and breast milk.** Other feeds like honey, sugar water, and simple drinking water can make the baby sick and decrease the mother's milk supply since her breasts produce milk according to how much the baby sucks. If other feeding or water is given, he will not feel hungry and he will not suck. Colostrum and breast milk have all the nutrients and water a baby needs during the first 6 months of life.

6) **Mother and her family need to know benefits of the colostrum:**
   As mentioned previously, the colostrums boosts the baby's health and immunity to disease (like a first immunization), helps the baby clear out meconium and thus helps to prevent physiological jaundice. Colostrum is exactly the food the baby needs before the breast milk comes.

7) **Avoid bottles and pacifiers:**
   They confuse the newborn and may cause them to refuse the mother's own nipple. Alternative feeding always carries the possibility of infection and the bottles itself may be the habitat for infections.
2.3 **Techniques of breastfeeding.**

**Duration:** ~ 60 min

**Session Objectives:** At the end of the session all the participants will be able to

- Explain the importance of early initiation of breastfeeding
- Describe the techniques of breastfeeding
- Demonstrate techniques of breastfeeding

**Overview of Session Plan:**

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<td>Asking question</td>
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**Process – Methodology:**

**Step 1: Introduction**
Greet them & tell them this session’s title & explain its objective.

**Step 2: Early initiation of breastfeeding.**
Describe to the participants the importance of early initiation of breastfeeding.

**Step 3: Positioning & attachment.**
Ask one of the participants to show how a mother holds her baby during breastfeeding & then narrate the steps of holding the baby in an appropriate way. Finally she can demonstrate the whole process. (Demonstrate poor and good positioning, ask participants to compare the differences).

**Step 4: Evaluation**
Ask participants to show how they will demonstrate & counsel mother regarding positioning & attachment through role-play. (Practice in triads: mother, counselor, observer, and switch roles).

**Step 5: Summarization**
Techniques of breastfeeding (2.3)

Successful breastfeeding depends on how the mother holds the baby and how his/her mouth is attached to the breast. If the infant is not positioned and attached correctly, the woman is likely to develop problems such as sore nipples, insufficient milk and painful, engorged breasts. These problems are major reasons for women ceasing to breastfeed during the first two weeks after birth. Correcting mothers’ feeding technique (i.e. positioning and attachment) after the birth of healthy term newborns is associated with a longer duration of breastfeeding. This is a simple technique and the community health workers should demonstrate it to every mother they counsel. Even mothers who have breastfed their previous babies may learn some better techniques!

Position

For effective breastfeeding, the mother and baby should be in a good position. The mother must be in a comfortable condition so that she is relaxed. The mother can feed the baby in a position comfortable to her: lying down, sitting or even standing. She should place her forearm on her baby’s upper back and shoulders and position her hand on the baby’s buttocks bringing the baby close to her. The baby’s whole body should remain in a straight line and turned completely to the mother’s chest and tummy. If there is a need to hold the breast the mother’s finger should be well away from the areola. The mother should not feel any pain if the baby is in a good position.

Note: It may not be necessary for her to support her breast. But if she wishes to do so, she should support the whole breast with her hand, not just offer the nipple between her fingers.

Common positions

Sitting with the baby cradled in her arms
Lying down- with the baby lying on his side
Sitting with the baby’s body facing the mother supported along her arm

Signs of good positioning

Infant’s head and body are straight.
Infant is facing the breast, with nose opposite the nipple
Infant’s body close to the mother
Mother supports infant’s whole body, not just neck and shoulders.

All these signs should be present if the positioning is good

Attachment

The mother should touch the upper lip of the baby with her nipple to stimulate the rooting reflex then wait for the baby’s mouth to open up. (Rooting reflex is the attempt of searching the nipple when the lip of the baby is touched with the nipple). Then the mother will quickly bring the baby on to her breast to allow the baby to take a big mouthful of the breast areola. When well attached, the baby’s chin touches the breast with the lower lip curled outwards and most of the areola remains within the baby’s mouth. More areola above the lips is seen than below. The baby sucks slowly and deeply with intervening pauses.


**Steps for attaching the baby to the breast**

- Elicit the rooting reflex by touching the baby’s lip with the nipple
- Wait until the baby has a wide-open mouth (almost as if the baby is going to yawn)
- Bring the baby to the breast, not the breast to the baby
- Move the baby’s whole body towards the breast, do not push the baby’s head to the breast
- Make sure the baby gets a large mouthful of breast
- Support the breast during the feed to help with attachment

**Signs of good attachment**

There are five sign of good attachment:

- Chin touching breast (or very close)
- Mouth wide open
- Lower lip turned outward
- More areola visible above than below the mouth
- The baby sucks slowly and deeply with intervening pauses.

If all of these five signs are present, the infant has a good attachment. If an infant is not attached well, the mother may experience pain and damage to the nipples, or the infant may not remove the breast milk effectively, which may cause engorgement of the breast.

**Assessment of breastfeeding during CHW visits**

While the mother is breastfeeding her baby, quietly observe for the 5 signs of a good attachment. This will help to identify the mothers who need help.

**Signs that a baby is poorly attached**

- The nipple looks flattened or striped as it leaves the baby’s mouth at the end of the feed
- The mother feels pain in her nipples during and after feeds
- The mother’s breasts may be engorged because of insufficient removal of milk

**Effects of wrong position and attachment**

The mother feels pain in the nipple, which may be damaged causing sore, cracked and fissured nipple and subsequent breast problems.
The baby fails to express the milk because he does not press on the areola containing milk sinuses.
The baby fails to stimulate the nipple enough so that the hormones, prolactin and oxytocin, are not available to work for the production and expression of milk out of the breast.
Baby becomes frustrated, fusses and refuses to suckle at the breast.
The mother thinks that she does not have enough milk to nourish her baby.

**Ending a breastfeed**

- Feed until the baby releases the breast spontaneously
- Offer the second breast only after the baby has finished the first breast
- Do not move the baby from the breast if still suckling and swallowing
Maintenance of breastfeeding

Demand feeding

The newborn should be fed on demand rather than at scheduled times. The mother is therefore encouraged to feed her newborn as often as her infant wishes.

The newborn normally feeds frequently and should achieve a minimum of eight feeds in 24 hours, apart from the first day when a term infant may sleep for longer periods after feeding. Newborns require feeding day and night for the first few weeks, so should be within easy reach of the mother at night. When the infant has emptied the first breast he releases it and is then offered the second. It is important that the newborn empties the first breast to obtain the hind milk which is of a higher calorific value than the foremilk. If the infant refuses the second breast, or only takes a small feed from it, the mother is advised to start feeding on that breast at the next feed so that both breasts are regularly emptied.

Duration of exclusive breastfeeding

Experts around the world and the World Health Organization recommend that infants should be exclusively breastfed from birth to six months of age.
2.4 Expressing Breast Milk

Duration: ~ 45 min

Session Objectives: At the end of the session all the participants will be able to:

- Explain the importance of expressing breast milk.
- Demonstrate the technique of breast milk expression.

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Process – Methodology:

Step 1: Introduction
Greet the participants and ask their opinions of expression of breastmilk. Tell session’s title & explain its objectives. He/She will show Easel paper while explaining the objectives.

Step 2: Importance of expressing breast milk
Ask them to find out some problems, which can be solved through expressed breast milk through interactive discussion.

Step 3: How to express & store breastmilk
Describe & demonstrate the process of milk expression step by step using picture & dummy of breast. Then she will tell different alternatives on how this milk can be stored.

Step 4: Evaluation
Ask some of the participants to demonstrate the way of milk expression & other questions.

Step 5: Summarization
Summarize in full the important points again & draw a conclusion.
Facilitator’s notes

Milk Expression (2.5)

When a mother is separated daily from her infant, she can express milk. When expressing milk:

• Mother can express or pump milk and store for use while separated from baby. Mother-in-law or father can feed the baby when she acts hungry. Breast milk may be stored at room temperature for 8 hours. Mother should offer breast milk with a separate cup from the container used to store the milk.

• Mother should feed baby frequently when she is at home.

• If mother is able to keep baby with her at the work site, she should feed baby frequently.
2.5 Common breastfeeding difficulties

Duration: ~ 90 min

Session Objectives: At the end of the session all the participants will be able to:

- Describe common difficulties of breast & its management
- Help mother to find solutions, give assurance, & refer if necessary.

Overview of Session Plan

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<td>Signs and symptoms</td>
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<td>Why it usually develops</td>
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<td>Find out the cause</td>
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<td>4.</td>
<td>Summary</td>
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Process – Methodology:

Step 1: Introduction
Greet the participants & ask them to name some common breast difficulties they have already heard or know. Then tell the importance of knowing these difficulties in order to help the mother & baby.

Step 2: Some common breast difficulties & their managements
Show pictures of different difficulties one by one. For each one describes the mechanism of why & when this difficulty can arise, how to identify it, and ultimately how it can be managed.

Step 3: Evaluation
Distribute two case exercises in four groups & then evaluate their answers.

Step 4: Summarization:
Summarize the important points again & draw conclusions.
Common breastfeeding difficulties (2.6)

Sore or cracked nipples

Sore or cracked nipples may occur during the early days of breastfeeding if the infant is not correctly positioned and attached to the breast. With correct positioning and attachment the nipple, areola and underlying tissues are drawn into a long teat in the infant’s mouth, which extends back as far as the junction of the hard and soft palate. During suckling the infant’s tongue applies pressure to the teat and removes the milk. If the infant is not correctly attached to the breast, he suckles only at the nipple and, because the only the nipple is inside his mouth, repeatedly comes off the breast causing nipple damage. If the baby has a thrush infection, it can been passed to the mother’s nipples and causes sore nipples.

Management of sore nipples

- Check the baby’s position at the breast and improve if necessary. This may be all that is needed.
- Apply expressed breast milk (EBM) to the mother’s nipples after a breastfeeding to lubricate and soothe the nipple tissue.
- Apply a warm, wet cloth to the breast before the feed to stimulate letdown.
- Begin each breastfeeding on the least sore breast.
- If the baby has fallen asleep at the breast and is no longer actively feeding but remains attached, gently remove the baby from the breast.
- Treat the thrush both on the mother’s nipples and in the baby’s mouth at the health facility if the baby’s tongue and inside of their checks has a white coat on it which is probable thrush.

What NOT to do for sore nipples

- **DO NOT** stop breastfeeding to rest the breast. The breast may become engorged and may have inadequate milk production and transfer.
- **DO NOT** limit the frequency or length of breastfeeds.
- **DO NOT** apply any oil-based or inedible substances to the nipples.

Low milk production / not enough milk

The breasts normally fill on about the third postnatal day and thereafter the supply of milk is related to the demand. If the breasts are not emptied frequently, the amount of milk produced will diminish. Other causes include fatigue, stress, hunger, pain that the mother is experiencing, incorrect positioning of attachment of the nursing baby. It is therefore essential that the infant feed well and frequently at the breast in order to maintain the supply of milk. In addition the mother needs to be well rested, well fed and position the baby well on the breast during feedings. If supplementary feeds are given, the infant will take less milk from the breasts and the supply will diminish. The treatment for insufficient milk is therefore to increase the frequency and duration of breastfeeding to stimulate the production of more milk. No supplementary feeds of any sort are given.

Signs that a baby is getting enough milk: A baby is getting enough milk if s/he:

- Passes urine 6 times or more in 24 hours
- Consistently gaining weight (average 500 gm in a month)
Management of milk production

- Identify the causes of insufficient milk
- Describe correct position and attachment for breastfeeding
- Counsel and manage the mother to overcome the problem

Engorgement of the breasts

What is engorgement?

When the milk is “coming in”, extra blood and lymph is brought to the breast. The breasts may feel warm, full and heavy. This is normal. Feeding the baby frequently will relieve the fullness. A rapid increase in milk volume causes vascular congestion and edema. Swelling can occur if milk removal is inadequate or infrequent during this time. Some mothers may produce so much milk that the baby cannot remove it quickly enough to prevent a certain degree of engorgement.

The health worker needs to investigate the cause of the problem and ensure that:

- The infant is correctly positioned and attached to the breast,
- The mother is feeding her infant frequently on demand,
- Feeding times are not restricted and
- No supplementary feeds are being given.

Because the breasts are hard and tense, it is more difficult for the infant to latch onto the breast, thus it may be necessary to express a little milk before feeds to enable the infant to latch on more easily. The health worker should assist the mother with feeds until the problem improves. Once the infant is breastfeeding well and frequently, the condition quickly improves, usually within 24 hours.

Preventing engorgement

- Initiate exclusive, unlimited breastfeeding within one hour after birth
- Keep mother and baby together in a caring atmosphere
- Show mother how to attach the baby at the breast
- For those who are unable to breastfeed, encourage to express milk

Helping mothers relieve engorgement

- Check positioning to make sure the baby is attached well at the breast.
- If feeds have been limited, encourage the mother to breastfeed whenever her baby wants.
- Cold compresses lessen pain between feeds. Apply a warm cloth to the areola area just before a feed to help get the milk flow started.
- Suggest that she gently express milk from her breasts prior to a feed to soften the areola and help the baby to attach. Let her do this by herself, to prevent pain.
- If breastfeeding alone does not reduce the engorgement, advise the mother to express milk between feeds.

Inverted nipples

If the mother’s nipples retract when the areola is squeezed, they are inverted. Inverted nipples do not always present a problem. Babies attach to the breast, not to the nipple. However, if the baby
has difficulty attaching because the nipple cannot protrude sufficiently, you may suggest the following:

1. Frequent gentle stimulation around the base of the inverted nipple.
2. Frequent breastfeeding with proper attachment.

Blocked milk ducts

When milk from one part of the breast does not flow well, a lump of thickened milk can form and block the duct.

Causes of blocked ducts

- Infrequent breastfeeding
- Inadequate removal of milk from area of the breast
- Local pressure on one area of the breast

Treatment of a blocked duct

To treat a blocked duct, suggest that the mother:

- Check that the baby is attached to the breast well at breastfeeds.
- Breastfeed the baby frequently.
- Offer the baby the affected breast first, with the baby’s chin pointed toward the lump so that the tongue milks the affected area.
- Message the lump down toward the nipple gently before and during the feed.
- Apply a moist, warm cloth to the area before a breastfeed (hot wet application)
- Check that clothing, especially bras, do not have a tight fit.

Mastitis

Mastitis is an infection in the breast that produces localized tenderness, redness and heat. The mother may have a fever, feel tired, nauseated or have a headache. If mastitis is not treated early, it may develop breast abscess.

Causes of mastitis

- Cracks or fissures in the nipple.
- An untreated block duct, engorgement, or milk stasis (milk not removed from the breast).

Management of mastitis or breast abscess

- Refer the mother at health Center for management. If referral failed manage as below-
  - Do not stop breastfeeding. Continue to keep the milk flowing often.
  - Get as much rest as possible until the infection is gone. Rest the mother, not the breast.
  - Make sure the baby is attached for effective suckling.
  - Breastfeed as frequently as the baby agrees to feed.
  - Hand express milk from the affected breast after every feed.
  - Soak the affected breast in warm water to increase drainage.
2.6 Counseling points on breastfeeding

**Duration:** ~ 75 min

**Session Objectives:** At the end of the session all the participants will be able to

Counsel mother to encourage breastfeeding

**Overview of Session Plan**

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**Process - Methodology:**

**Step 1: Introduction**
Greet them & tell them this session’s title & try to elicit from the participants whom & why to counsel.

**Step 2: Identification of counseling points**
Ask the participants & help them to find out counseling points. Then show the flip chart to get the possible common counseling points.

**Step 3: What & how to counsel:**
Give two topics (HTSP and LAM) for counseling & select participants. Then give them 5 min. time to think or discuss how they will conduct counseling. Then allow 10 minutes for each counseling.

**Step 4: Evaluation**
At the end of the role play other participants & the trainer will evaluate their counseling by giving feedback

**Step 5: Summarization**
Summarize the important points again & draw a conclusion
Facilitators note: Breastfeeding counseling guideline for:

Breastfeeding is fundamental to the health and development of newborn babies and important for the health of their mothers as well. After the baby is born, initiation of breastfeeding as early as possible is an important step of essential newborn care.

During an antenatal visit or postpartum visit pregnant women and lactating mothers should be counseled on breastfeeding (immediate and exclusive) to support them to breastfeed successfully. Counseling involves listening to the mother with care and empathy, understanding her, and giving her relevant information on breastfeeding and appropriate suggestions to overcome any challenges she might face. Counseling increases the confidence of mothers while helping to rectify wrong ideas and practices. It also helps the mothers when difficulties arise with breastfeeding.

This guideline provides information on some of the basic information a mother needs to know regarding breastfeeding (BF) practices, how to prepare for infant for feeding, benefits of BF, what to eat during BF, and what to do when there is a difficulty with regard to BF.

Breastfeeding Counseling

The Community Health Worker (CHW) is the key counselor during the antenatal and postpartum sessions. In this role, the CHW needs to be able to establish a good relationship and communicate well with the pregnant woman, making her feel at ease so that she can talk about her concerns freely. The CHW needs to remember:

- Time is limited for counseling, and
- The pregnant woman may not be willing to talk about her feelings openly

Therefore, it is prudent that she does the following:

1. Begin with an open-ended question in order to start a discussion. Examples of open ended questions about breastfeeding could be:
   
   a) How do you feel about breastfeeding?
   b) What do you know about breastfeeding?

2. Figure out how the woman is feeling and be willing to affirm and support her feelings. For instance, the CHW could say something to the effect of:

   a) I have also heard that from a friend
   b) Often other women also talk about that
   c) I also felt like that when I had my baby

This is not to say that one should always affirm whatever the women say, but first affirming their feeling gives the message that the woman is not alone in the matter. After that, the CHW can more readily provide information that is most relevant to the woman.
Content of Breastfeeding Messages and Counseling Components

CHWs provide one antenatal and four postnatal visits to the pregnant/post partum mothers to provide counseling and care in PPFP. Therefore, there should be specific messages and advice designed for these visits. For each of the visits, the CHW will maintain the basic counseling techniques as described above.

Counseling content during antenatal period

Prepare the mother-to-be for breastfeeding in such a way that she does not have any inhibition about this. The pregnant women should be prepared psychologically for breastfeeding.

Discuss the following breastfeeding topics during the antenatal visit at 8 months:

- **Message: Breastfeed the baby immediately after he or she is born**
  - Identify how much the pregnant woman and her family knows about breastfeeding through a friendly discussion.
  - Find out who the decision makers are in the family regarding feeding and involve them as well so that they can provide support and advice later when needed. Ask the family members tell you how and when the baby would be fed during the first day of life.
  - Ask the family their opinions of colostrum and when they think breastfeeding should start.
  - Explain the advantages of early and exclusive breastfeeding. Mention immediate breastfeeding helps make the uterus contract, the colostrum protects the baby against diseases, helps pass the first stool, and helps the milk come in faster.

Counseling content during the postnatal section

During and immediately after delivery

After the baby is born, dried and wrapped, and the cord is cut, the baby should be placed on the mother’s chest, with a blanket/cloth covering the mother and the baby. Allow the mother and the baby to feel each other. After a while the baby will start moving and searching for the breast. Gently help the baby to reach the breast. The baby will open the mouth and search for the nipple. Help him/her to take the nipple and areola and allow remaining on the breast for at least half an hour. Approach the mother, take time, and teach her how to take the baby to the breast step by step. Check that she has understood by observing whether she can repeat the steps. Help her repeatedly.

During postnatal visit(s)

Enquire about baby’s feeding. Check proper position and attachment. Encourage continuing exclusive BF. Recommend that the baby sleeps with the mother in the same bed and encourage frequent feeding by demand day and night. Answer any questions about breastfeeding and encourage mother to breastfeed exclusively for 6 months. Help if there is any problem.
Discuss the following messages during postnatal visits:

- **Only breastfeed on demand, no need to give the baby any water, tea or any solid foods for the first 6 months**
  - Ask the family members how and when the baby is being fed, and to show the food that is being given to baby
  - Explain advantages of exclusive breastfeeding: baby will not be exposed to germs, baby grows well, baby gets special protection from breast milk,
  - Explain problems with feeding other foods and drinks to babies less than 6 months of age
  - Remind the mother to eat and drink enough to satisfy her own hunger and thirst.
  - Ask the mother if she is having any difficulty breastfeeding; any problem with sore nipples, enlarged breasts, inverted nipples. If she is experiencing difficulties,
  - Ask the mother to demonstrate breastfeeding - check for position and attachment, breast condition.
UNIT 3.  Basic LAM Concepts and Providing LAM services

3.1  The Lactational Amenorrhea Method (LAM) and LAM criteria

Duration: ~ 80 min

Session Objectives: At the end of the session all the participants will be able to:

1. Explain what LAM is and what the LAM acronym means
2. Name the three criteria of LAM
3. Explain each LAM criteria

Overview of Session plan

<table>
<thead>
<tr>
<th>No.</th>
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<tr>
<td>1.</td>
<td>Introduction</td>
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<td>Interactive discussion</td>
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<tr>
<td>2.</td>
<td>What is LAM and its acronym means</td>
<td>10 min</td>
<td>Presentation</td>
<td>OHP Transparency</td>
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<td>3.</td>
<td>LAM criteria</td>
<td>20 min</td>
<td>Interactive discussion</td>
<td>OHP</td>
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<td>4.</td>
<td>Case studies</td>
<td>30 min</td>
<td>Group work</td>
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<td>5.</td>
<td>Evaluation</td>
<td>10 min</td>
<td>Asking question</td>
<td></td>
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<tr>
<td>6.</td>
<td>Summary</td>
<td>5 min</td>
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</tbody>
</table>

Learning Process:

Step 1: Introduction
Greet them & tell them this session’s title & explain its objectives.

Step 2: LAM
Present the meaning of LAM acronym, its definition.

Step 3: LAM criteria
Present the three LAM criteria then ask them what is the meaning of fully breastfeeding, then explain all three LAM criteria and allow them to ask questions. Display the LAM decision-making path and ask volunteer participants to explain the criteria for screening clients for possible use of LAM. Elaborate as necessary at each point of the path. Be sure that participants are clear about how the decision-making path works.

Step 4: Case studies
Divide the group in 3 or 4 smaller groups and assign two cases, allow each group to present their answers.
Step 5: Evaluation and Summarization
Ask each participant one checking question to evaluate whether they have understood three criteria of LAM. Ask them whether they need further clarification on any issues of the session, clarify those points.
Summarize the important points again & draw a conclusion
Facilitators note:

LAM:

The Lactational Amenorrhea Method (LAM) is a contraceptive method based on the natural infertility resulting from breastfeeding. To use LAM the following criteria must be met:

1. The woman’s menstrual periods have not resumed, and
2. The baby is fully breastfed frequently day and night, and
3. The baby is less than six months old.

- Lactational = Related to breastfeeding.
- Amenorrhea = No vaginal bleeding.
- Method = A modern, temporary (up to 6 months postpartum) contraceptive method.

Explanation of LAM criteria:

1. **The woman’s menstrual periods have not resumed**

   Following childbirth, the resumption of menses is an important indicator of a woman’s return to fertility. During the first three to six months postpartum, a woman who fully breastfeeds frequently day and night (on demand) is unlikely to ovulate before her menses resume. However, once a woman starts to menstruate, there is a probability that ovulation has resumed. Bleeding during the first two months postpartum is not considered menstrual bleeding. Menstruation may be considered to have returned whenever the woman experiences any bleeding after the first two months or when she perceives that her menstruation has returned.

2. **The baby is fully breastfed * frequently day and night**

   During the first six months the baby only breastfeeds. That means the baby does not regularly receive any water, other liquids, or foods. Whenever the baby shows signs or cues of wanting to be fed, by sucking on his/her hand, by moving or opening his mouth or by moving his head about, be it day or night, the mother breastfeeds her baby. This is called breastfeeding “on demand.” All of a baby’s thirst, hunger, nutritional, and sucking needs are met at the breast. The baby is nursed frequently for as long as he/she wants to remain on the breast. Exclusive breastfeeding is preferred.

3. **The baby is less than six months old**

   At six months of age, the baby needs to begin receiving complementary foods while continuing to breastfeed. Introduction of water, liquids, and foods can reduce the amount of sucking at the breast, triggering the hormonal mechanism that causes ovulation and menses to resume.

   These three criteria are referred to as the “Criteria for LAM.” See the LAM decision-making path, which asks questions in order to apply the criteria; helping service providers screen...
clients for their eligibility to use LAM. The absence of menses and the maintenance of
frequent breastfeeding day and night during the first six months postpartum is what make
LAM work.

When any one of these three criteria is no longer met, another family planning method must
be introduced in a timely manner to ensure healthy birth spacing. The CHW can help the
mother transition from LAM to another method of contraception several of them she can
provide.

When does lactational amenorrhea end?
Answer: Lactational Amenorrhea ends when the woman’s menses return.

When does LAM end?
Answer: LAM ends when woman’s menstrual periods have returned, or the pattern of
breastfeeding changes to regularly include water, other liquids or solid food, or the infant is more
than six months old. LAM also ends when a woman wishes to change to another method of
contraception.
Practice case studies: 3.1

Case 1

January 1: The baby is born.

September 12: Menstrual periods return.

Q 1. When does lactational amenorrhea end? (September 12)

Q 2. When does LAM end? (June 1 because the infant is now 6 months)

Case 2

March 1: The baby is born.

November 5: Menstrual periods return.

Q 1. When does lactational amenorrhea end? (Nov 5)

Q 2. When does LAM end? (Sept. 1)

Case 3

September 1: The baby is born.

February 15: Menstrual periods return

March 19: The mother begins to give solid food five times a week.

Q 1. When does lactational amenorrhea end? (February 15)

Q 2. When does LAM end? (February 15)

Practice case studies: 3.1 (continued)

Case 4

February 28: Twins are born

April 30: The mother begins to give two bottles of formula to each twin every day.

December 1: Menstrual periods return.

Q 1. When does lactational amenorrhea end? (December 1)

Q 2. When does LAM end? (April 30)
3.2 The “fourth element” of LAM/ Transition of LAM

Objective: At the end of the session all the participants will be able to

- Explain the timing of transitioning to another contraception that is compatible with breastfeeding
- Discuss the importance of the “fourth element” of LAM

Duration: 35 min

Session plan

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<td>Transition of LAM</td>
<td>10 min</td>
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<td>OHP Transparency</td>
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<td>3.</td>
<td>Importance of transition of LAM to another method</td>
<td>10 min</td>
<td>Group work</td>
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<tr>
<td>4.</td>
<td>Evaluation</td>
<td>5 min</td>
<td>Asking question</td>
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<tr>
<td>5.</td>
<td>Summary</td>
<td>5 min</td>
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</tbody>
</table>

Learning Process:

Step 1: Introduction
Greet them & tell them this session’s title & explain its objectives.

Step 2: Transition of LAM
Present the timing of transition of LAM and describe why its importance.

Step 3: Importance of transition of LAM to another method
Divide the group in 3 or 4 smaller groups and assign the questions “What is the importance of the timely introduction and ongoing use of another contraceptive method when LAM criteria are no longer met (or when the woman decides to switch to another contraceptive method that fits her needs)? How much flexibility is there?” Allow each group to present their answers.

Step 4: Evaluation and Summarization
Ask each participant one checking question to evaluate whether they can explain when to introduce another method. Check if they need further clarification on any issues of the session, clarify those points.
Summarize the important points again & draw a conclusion
Facilitators note:

The “fourth element” of LAM- the timely introduction and ongoing use of another contraceptive method-is extremely important for the healthiest outcomes of the mother and baby. At each one of the five PPFP visits (one during the 8th month of pregnancy, during the first 24-48 hours, at the end of the first week, at 6 weeks and again at 2-3 months. The CHW has addressed that there contraception is available that is safe for breastfeeding mothers and their babies. She can use LAM at any time during the first 6 months and she can transition to condoms, POP or the progestin-only injectables after the infant is 6 weeks old.

Timeliness

When any one of the three criteria of LAM is no longer met:

1. The woman’s menstrual periods have not resumed
2. The baby is fully or nearly fully breastfed frequently day and night
3. The baby is less than six months old
   (or when the woman decides to switch to another contraceptive method that fits her needs), another family planning method should be introduced immediately to prevent an unwanted pregnancy and to ensure healthy spacing of the next pregnancy at least two years from the birth of the last baby.
3.3 The basic mechanism of action and effectiveness of LAM

Objective: At the end of the session all the participants will be able to explain the basic mechanism of action and effectiveness of LAM

Duration: 35 min

Session plan

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<td>Introduction</td>
<td>5 min</td>
<td>Interactive discussion</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>How does LAM work</td>
<td>10 min</td>
<td>Presentation Question answer</td>
<td>OHP Transparency</td>
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<tr>
<td>3.</td>
<td>Effectiveness of LAM and other methods</td>
<td>10 min</td>
<td>Exercise</td>
<td>Display cards</td>
</tr>
<tr>
<td>4.</td>
<td>Evaluation</td>
<td>5 min</td>
<td>Asking question</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Summary</td>
<td>5 min.</td>
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</tbody>
</table>

Learning Process:

Step 1: Introduction
Greet them & tell them this session’s title & explain its objectives.

Step 2: How does LAM work
Present physiology how does LAM prevent to become pregnant. Allow participant to ask questions.

Step 3: Effectiveness of LAM and other methods
Display cards in three different areas in the room. One card has “Highly Effective”, another has “Moderately Effective” and the last has “Somewhat Effective” written on it. Call out the different methods that are available locally. Ask participants to stand in the area that best describes the effectiveness of the method when typically used. Discuss handout “Effectiveness of Contraceptive Methods”.

Step 4: Evaluation and Summarization
Ask each participant one checking question to evaluate whether they have understood the mechanism of action of LAM. Ask them whether they need further clarification on any issues of the session, clarify those points.
Summarize the important points again & draw a conclusion.
Facilitators note:
Basic mechanism of action and effectiveness of LAM

1. Breastfeeding delays fertility return

2. During full or nearly full breastfeeding, preferably exclusive, day and night, menses return will occur before fertility return

3. During partial or mixed feeding women will be fertile before menses returns

Clinical studies have shown LAM to be more than 98 percent effective.

Calculations show that if 100 women started LAM and used it according to the criteria, one or at most two women would become pregnant.

LAM is as effective as some of the most effective reversible contraceptive methods.
Breastfeeding and fertility

Effectiveness of contraceptive methods: 1.5b

<table>
<thead>
<tr>
<th>Method of Contraception</th>
<th>Typical Use</th>
<th>Perfect Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norplant</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>0.15</td>
<td>0.1</td>
</tr>
<tr>
<td>Depo-provera, Noristerat</td>
<td>0.3</td>
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</tr>
<tr>
<td>Female Sterilization</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>IUD (TC u-380A)</td>
<td>0.8</td>
<td>0.6</td>
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<tr>
<td>Progestin-only Ocs during breastfeeding</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>LAM</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>COCs</td>
<td>6-8</td>
<td>0.1</td>
</tr>
<tr>
<td>Condom</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>Diaphragm with spermicide</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td>Fertility awareness-based methods</td>
<td>20</td>
<td>1-9</td>
</tr>
<tr>
<td>Female condom</td>
<td>21</td>
<td>5</td>
</tr>
<tr>
<td>Spermicide</td>
<td>26</td>
<td>6</td>
</tr>
<tr>
<td>No method</td>
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</tr>
</tbody>
</table>

3.4 Advantages and disadvantages of LAM

**Objective:** At the end of the session all the participants will be able to

- List advantages and disadvantages of LAM

**Duration:** 30 min

**Session plan**

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<thead>
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<th>No.</th>
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<tbody>
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<td>1.</td>
<td>Introduction</td>
<td>5 min</td>
<td>Interactive discussion</td>
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</tr>
<tr>
<td>2.</td>
<td>Advantages of LAM</td>
<td>10 min</td>
<td>Brainstorming</td>
<td>Flip chart, markers</td>
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<tr>
<td>3.</td>
<td>Disadvantages of LAM</td>
<td>10 min</td>
<td>Brainstorming</td>
<td>Flip chart, markers</td>
</tr>
<tr>
<td>4.</td>
<td>Summary</td>
<td>5 min</td>
<td></td>
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</tbody>
</table>

**Learning Process:**

**Step 1: Introduction**  
Greet them & tell them this session’s title & explain its objectives.

**Step 2: Advantages of LAM**  
Ask participants to brainstorm on the advantages of LAM. Write answers on flip chart.

**Step 3: Effectiveness of LAM and other methods**  
Ask participants to brainstorm on the disadvantages of LAM. Write answers on flip chart.

**Step 4: Summarization**  
Summarize the important points again & draw a conclusion
Facilitators note:

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

Disadvantages of LAM
- Provides no protection against HIV and STIs.
- Can only be used for up to six months after delivery.
- Pattern of breastfeeding may be difficult to maintain.
3.5 Distinctions between “breastfeeding” and “LAM”, and “amenorrhea” and “LAM”

Objective: At the end of the session all the participants will be able to

- Distinguish between “breastfeeding” and “LAM”
- Distinguish between “amenorrhea” and “LAM”

Duration: 30 min

Session plan

<table>
<thead>
<tr>
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<td>1.</td>
<td>Introduction</td>
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<td>2.</td>
<td>Distinguish between “breastfeeding” and “LAM”</td>
<td>10 min</td>
<td>Brainstorming</td>
<td>Flip chart, markers</td>
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<td>3.</td>
<td>Distinguish between “amenorrhea” and “LAM”</td>
<td>10 min</td>
<td>Brainstorming</td>
<td>Flip chart, markers</td>
</tr>
<tr>
<td>4.</td>
<td>Summary</td>
<td>5 min.</td>
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</table>

Learning Process:

Step 1: Introduction
Greet them & tell them this session’s title & explain its objectives.

Step 2: Distinguish between “breastfeeding” and “LAM”
Ask participants to brainstorm on distinguish between “breastfeeding” and “LAM”. Write answers on flip chart.

Step 3: Distinguish between “amenorrhea” and “LAM”
Ask participants to brainstorm on distinguish between “amenorrhea” and “LAM”. Write answers on flip chart.

Step 4: Summarization
Summarize the important points again & draw a conclusion.
Facilitators note:

What is the difference between LAM and breastfeeding?

Breastfeeding is a method of infant feeding -NOT a contraceptive method. LAM is a contraceptive method that uses a pattern of breastfeeding that can effectively suppress ovulation and prevent pregnancy.

What is the difference between amenorrhea and LAM?

Many women who breastfeed will have delay in the return of menses. However, only those women who breastfeed their babies frequently day and night with no regular supplements can be 98% confident that they will not become pregnant during the first 6 months postpartum. Many breastfeeding women will not experience their menses but their fertility may return prior to their menses. They are at risk of an unintended pregnancy that may result in an unhealthy baby. Many women continue to breastfeed past one year and their menses has not yet returned, however they are at risk for pregnancy if they haven’t transitioned to another contraception.
3.6. Optimal breastfeeding behaviors that help make LAM successful

**Objective:** At the end of the session all the participants will be able to

- Describe optimal breastfeeding behaviors that contribute to breastfeeding and LAM success

**Duration:** 35 min

**Session plan**

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<thead>
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<td>Interactive discussion</td>
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<td>2.</td>
<td>Optimal breastfeeding behaviors</td>
<td>20 min</td>
<td>Exercise</td>
<td>Counseling cards on optimal breastfeeding</td>
</tr>
<tr>
<td>3.</td>
<td>Evaluation</td>
<td>5 min</td>
<td>Asking question</td>
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</tr>
<tr>
<td>4.</td>
<td>Summary</td>
<td>5 min</td>
<td></td>
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</tbody>
</table>

**Learning Process:**

**Step 1: Introduction**
Greet them & tell them this session’s title & explain its objectives.

**Step 2: Optimal breastfeeding behaviors**
Use the counseling cards that illustrate optimal breastfeeding behaviors. Jumble the cards and tape them to a wall. Ask volunteer participants to stand by one of the cards and ask them how this behavior influences the effectiveness of LAM. Have them choose another behavior and again ask them how this behavior influences the effectiveness of LAM. If time allows do this same thing again.

**Step 3: Evaluation**
Ask each participant one checking question to evaluate whether they have understood the optimal breastfeeding behaviors that contribute to LAM success. Ask them whether they need further clarification on any issues of the session, clarify those points.

**Step 4: Summarization**
Summarize the important points again & draw a conclusion.
Facilitators note:

LAM works best with optimal breastfeeding behaviors and breastfeeding support.

Optimal breastfeeding behaviors1 that contribute to breastfeeding and LAM success:

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

Continue to breastfeed for up to two years and beyond.

Evaluation questions:

1. What is the definition of LAM?
2. What are the three criteria for LAM use?
3. Which pattern of breastfeeding is required to use LAM?
4. How does LAM prevent pregnancy?
5. What are three advantages of LAM?
6. What is the effectiveness of LAM?

___________________________

3.7. Initiating use of LAM

Objective: At the end of the session all the participants will be able to

- Counsel clients about LAM

Duration: 30 min

Session plan

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<td>2.</td>
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<td>20 min</td>
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<td>3.</td>
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<td>5 min.</td>
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</table>

Learning Process:

**Step 1: Introduction**
Greet them & tell them this session’s title & explain its objectives.

**Step 2: LAM counseling**
Arrange a role play on counseling for LAM.

**Step 3: Summarization**
Summarize the important points again & draw a conclusion
Facilitators note:

LAM is a temporary contraceptive method. When counseling a woman to use LAM, provide clear information on the following:

- The three criteria for LAM use and what they mean for ensuring contraceptive protection,
- The optimal breastfeeding behaviors which help maximize the contraceptive effect of LAM,
- The conditions that indicate a need to use another contraceptive method,
- The importance of adequate birth spacing. (SEE UNIT 4)

A couple should wait until their last child is 2 years old before they try to conceive again for optimal health to the mother and newborn and older child.

Women counseled about family planning options during antenatal visits can start using LAM immediately postpartum if that is the selected method. LAM can also be initiated during the first few days postpartum.

A woman can also initiate LAM use within the first six months postpartum, but care must be taken to verify that she has been fully breastfeeding her infant since delivery. Most women have postpartum bleeding (lochial discharge) during the first two months after delivery. Lochial discharge does not disqualify a woman from using LAM. Lochia is not menses.
3.8 Counseling women who are ready to transition to another contraceptive method

Objective: At the end of the session all the participants will be able to

- Counsel women to switch from LAM to another contraceptive method

Duration: 30 min

Session plan

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<tr>
<td>2.</td>
<td>Counseling on switching from LAM to another method</td>
<td>20 min</td>
<td>Role play</td>
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<tr>
<td>3.</td>
<td>Summary</td>
<td>5 min.</td>
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</tbody>
</table>

Learning Process:

Step 1: Introduction
Greet them & tell them this session’s title & explain its objectives.

Step 2: Counseling on transitioning from LAM to another method
Arrange a role play on counseling on transitioning from LAM to another method.

Step 3: Summarization
Summarize the important points again & draw a conclusion
Facilitators note:

Choice of Contraceptive Methods for the Breastfeeding Woman:
Breastfeeding women may use other contraceptive methods to fit their needs (short-term, long-term or permanent). It is VERY IMPORTANT to counsel the mother to continue breastfeeding her infant when she switches to another contraceptive method. Contraceptive methods are safe to use during breastfeeding. Studies have shown that progestin-only methods did not affect breastfeeding performance, the growth or health of the neonate after 6 weeks (WHO MEC 2004). Further, estrogen-containing pills or estrogen-containing injections may decrease the quantity of breast milk and are not recommended before six months postpartum.

The following methods can be provided to the breastfeeding mother immediately postpartum – condoms and LAM

After 6 weeks post partum - Progestin-only pills (POPs), Progestin-only injectables: Depo-provera, and IUDs

After 6 months postpartum – Estrogen-containing pills or Estrogen-containing injections.

As a provider of reproductive health services, it is important that you learn a women’s fertility intentions, and that you counsel a woman about the various method options at the earliest opportunity so that she can make an informed and voluntary decision about using LAM or another method that is appropriate for her. A LAM user must transition to another method as soon as any one of the LAM criteria no longer applies or whenever she decides that she would prefer to use a different method.

At that time, the woman needs to be counseled again about method options, based on her fertility intentions. The CHW must provide clear instructions about the how to use of the new method and check for understanding by asking the mother to repeat how she will use the new contraceptive method. Schedule a follow-up visit according to local guidelines in order to support women to use their chosen method successfully.
Unit 4. Healthy Timing and Spacing of Pregnancy (HTSP)

4.1 Benefits of HTSP to mothers, children, husbands and community

Objectives: At the end of the session all participants will be able

- Describe HTSP
- List the benefits of HTSP to mother, to children, to husband and to community

Duration: 65 min

Session Plan:

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<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td>5 min</td>
<td>Interactive lecture</td>
<td>Easel Paper</td>
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<tr>
<td>2.</td>
<td>Definition of HTSP</td>
<td>10 min</td>
<td>Interactive Discussion</td>
<td>OHP Transparency</td>
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<tr>
<td>3.</td>
<td>Benefits of HTSP to mother and children</td>
<td>20 min</td>
<td>Brainstorming</td>
<td>OHP Transparency</td>
</tr>
<tr>
<td>4.</td>
<td>Benefits of HTSP to husband and community</td>
<td>15 min</td>
<td>Brainstorming</td>
<td>OHP Transparency</td>
</tr>
<tr>
<td>5.</td>
<td>Evaluation</td>
<td>10min.</td>
<td>Asking question</td>
<td></td>
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<tr>
<td>6.</td>
<td>Summary</td>
<td>5min.</td>
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</table>

Learning Process:

Step 1: Introduction
Greet the participants, tell them this session’s title & explain its objectives.

Step 2: Definition of HTSP
Ask the participants what is their thinking about healthy timing and spacing of pregnancy. Describe WHO recommendation on HTSP.

Step 3: Benefits of HTSP to mother and children
Ask all the participants to think and brainstorm the possible benefits of HTSP to mother and to children to conduct a brainstorming session. 5 min

Step 4: Benefits of HTSP to husband and community
Ask all the participants to think and brainstorm about the possible benefits of HTSP to husband and the community. 5 min

**Step 5: Evaluation**
Ask each participant one checking question to evaluate whether they have understood important points. Ask them whether they need further clarification on any issues of the session.

**Step 6: Summarization**
Summarize the important points of the session
Facilitator’s Note:

WHO recommendation on HTSP:

- 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.

- After a miscarriage or induced abortion, the recommended interval to the next pregnancy should be at least six months in order to reduce risks of adverse maternal and perinatal outcomes.

Health outcomes:

Less than 24 months from the last live birth to the next pregnancy:
- Newborns can be born too soon, too small, or with a low birth weight.
- Infants and children may not grow well and are more likely to die before the age of five.

Less than six months from the last live birth to the next pregnancy:
- Mothers may die in childbirth.
- Newborns can be born too soon, too small, or with a low birth weight.
- Infants and children may not grow well and are more likely to die before the age of five.

When pregnancies occur too soon (less than six months) after a miscarriage or abortion:
- Mothers are at a higher risk of developing anemia or premature rupture of membranes.
- Newborns can be born too soon, too small, or with a low birth weight.

HTSP Benefits:

HTSP Benefits Newborns, Infants, and Children under Five
HTSP is associated with reduced risk of:
- Pre-term births, low birth weight, small for gestational age, and, in some populations, stunting or underweight conditions
- Death for newborns, infants, and children under five
- Finally, HTSP allows young children to experience the substantial health benefits of breastfeeding for a full two years.

HTSP Benefits Mothers
- Gives mothers two years to prepare physically, emotionally, and financially for their next pregnancy, if they choose to have one
- Helps young mothers avoid pregnancy-induced high blood pressure and associated complications, obstructed and prolonged labor, iron-deficiency anemia, and maternal death
- Provides mothers with two full years before becoming pregnant again to focus on their newborns, partners, and other children
- Is associated with reduced risk of pregnancy complications like pre-eclampsia
- Allows two years of breastfeeding, which is linked with reduced risk of breast and ovarian cancer
HTSP Benefits Men
- Helps men safeguard the health and wellbeing of their partners and children
- Allows men time to plan financially and emotionally for their next child, if they choose to have one
- Contributes to a man’s sense of satisfaction from supporting his partner in making healthy decisions regarding HTSP and family planning use and raising a healthy family

HTSP Benefits Communities
- Benefits communities by helping to reduce deaths and illnesses among mothers, newborns, infants, and children
- Benefits communities by helping to reduce poverty and to improve the quality of life among community residents
4.2 Return to Fertility

Objectives: At the end of the session all participants will be able

- Describe when fertility return after delivery

Duration: 30 min

Session Plan:

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<th>No.</th>
<th>Contents</th>
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</thead>
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<tr>
<td>1</td>
<td>Introduction</td>
<td>5 min</td>
<td>Interactive lecture</td>
<td>Easel Paper</td>
</tr>
<tr>
<td>2</td>
<td>Concept of return to fertility</td>
<td>15 min</td>
<td>Interactive Discussion</td>
<td>OHP Transparency</td>
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<tr>
<td>3</td>
<td>Evaluation</td>
<td>5 min.</td>
<td>Asking question</td>
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<tr>
<td>4</td>
<td>Summary</td>
<td>5 min</td>
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</tbody>
</table>

Learning Process:

Step 1: Introduction
Greet the participants, tell them this session’s title & explain its objectives.

Step 2: Concept of return to fertility
Ask the participants what is their thinking about return to fertility.

Step 3: Evaluation
Ask each participant one checking question to evaluate whether they have understood important points. Ask them whether they need further clarification on any issues of the session.

Step 4: Summarization
Summarize the important points of the session
Facilitator’s Note:

**Return to fertility:** Non-breastfeeding women can ovulate and become pregnant as soon as 4-6 weeks after delivery. Fertility is less predictable in breastfeeding women who also give supplemental feedings to their babies. These women are at risk of pregnancy even though their menses have not yet returned.

During pregnancy, cyclic ovarian function is suspended. After the delivery of the placenta, the inhibiting effects of estrogen and progesterone are removed so that levels of follicle stimulating hormone and lutiezing hormone gradually rise and ovarian function begins again.

Most non-lactating women resume menses within four to six weeks of delivery. Approximately 33% of first cycles are anovulatory; therefore pregnancy is less likely than with normal cycles. In non-lactating women, the first ovulation occurs on average around 45 days postpartum.

There is some risk of a pregnancy that could be detrimental to the mother and the infant during the initial 6 months postpartum. Another pregnancy would put the mother and her baby at risk for a poor health outcome. Family planning is a high priority for optimal reproductive health in this context. The further from the last delivery increases the risks of another pregnancy. If the couple conceives within 24 months from the last birth, the newborn and the older child are at risk for poor health outcomes.

Following an abortion (either spontaneous or induced), a woman’s fertility resumes almost immediately, about 11 days after the abortion.
4.3 Importance of a CHW visit at 6 week and at 3-4 months after delivery

Objectives: At the end of the session all participants will be able

- Encourage the client to bring her baby for immunizations
- Counsel women on contraceptive options for when the client no longer practices LAM
- Explain to clients the safety to mothers and babies when they start progestin-only contraception

Duration: 30 min

Session Plan:

<table>
<thead>
<tr>
<th>No.</th>
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<tr>
<td>1.</td>
<td>Introduction</td>
<td>5 min</td>
<td>Interactive lecture</td>
<td>Easel Paper</td>
</tr>
<tr>
<td>2.</td>
<td>Importance of CHW visit at 6 week, 3-4 months or if she no longer id practicing LAM</td>
<td>15 min</td>
<td>Interactive Discussion/ brain storming</td>
<td>OHP Transparency</td>
</tr>
<tr>
<td>3.</td>
<td>Evaluation</td>
<td>5 min</td>
<td>Asking question</td>
<td></td>
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<tr>
<td>4.</td>
<td>Summary</td>
<td>5 min</td>
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</table>

Learning Process:

Step 1: Introduction
Greet the participants, tell them this session’s title & explain its objectives.

Step 2: Importance of a CHW visit at 6 week, 3-4 months or if no longer practicing LAM
Ask the participants why a CHW visit is important and write all points in the board to conduct a brain storming session.

Step 3: Evaluation
Ask each participant one checking question to evaluate whether they have understood important points. Ask them whether they need further clarification on any issues of the session.

Step 4: Summarization
Summarize the important points of the session
Facilitator’s Note:

Importance of facility visit:
Six weeks: CHWs should visit women six weeks postpartum both for the baby’s health and the mother’s health. They need to encourage mothers to bring their babies for immunizations. It is important for the baby to receive immunization services, and for the mother to discuss breastfeeding and plans for future pregnancies. Many methods of family planning are available that are safe for women who are breastfeeding but not practicing LAM. These methods are POPs (progestin-only pills), DMPA injection, condoms, and an IUD that is available only at the health facility. 

3-4 months: The CHW needs to visit women to check on infant feeding and advise those who are using LAM that they will need to soon transition. By not transitioning to another method before six months, they will be at risk of a pregnancy spaced too closely. This is risky for their current infant as well as the mother and a new pregnancy. The CHW can counsel on family planning methods and offer POPs, DMPA, or condoms to a LAM user. All of these contraceptive methods are safe for breastfeeding women.

During this visit the CHW can check the immunization record and encourage completion of the last DPT. This is an opportunity to discuss weaning foods introduction when the baby is 6 months old. The mother should be encouraged to continue breastfeeding.
Screening tool to see if mother is still using LAM

Ask the mother these three questions:

1. Have your menses returned? 
   - YES
   - NO

2. Are you no longer fully* breastfeeding?
   - YES
   - NO

3. Is your baby more than six months old?
   - YES
   - NO

There is only a one to two percent chance of pregnancy at this time.

4. If any of the responses to the 3 questions is ‘YES’ then
   - Screen her for starting progestin-only methods of contraception.
   - Encourage her to keep breastfeeding!

*No longer fully breastfeeding=Are you supplementing regularly or allowing long periods without breastfeeding, either day or night?
Unit 5.  Family planning methods

5.1  Basic concept of family planning methods

Objectives: At the end of the session all participants will be able

- Describe the family planning methods

Duration: 60 min

Session Plan:

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<thead>
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<th>No.</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td>5 min</td>
<td>Interactive lecture</td>
<td>Easel Paper</td>
</tr>
<tr>
<td>2.</td>
<td>Family planning methods</td>
<td>40 min</td>
<td>Interactive Discussion</td>
<td>OHP Transparency</td>
</tr>
<tr>
<td>3.</td>
<td>Evaluation</td>
<td>10 min</td>
<td>Asking question</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Summary</td>
<td>5 min</td>
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</tbody>
</table>

Learning Process:

Step 1: Introduction
Greet the participants, tell them this session’s title & explain its objectives.

Step 2: Family planning methods
Ask the participants about their knowledge about family planning methods then trainer systematically describe about the methods.

Step 3: Evaluation
Ask each participant one checking question to evaluate whether they have understood important points. Ask them whether they need further clarification on any issues of the session.

Step 4: Summarization
Summarize the important points of the session
Facilitator's Note:

Family Planning:
Family planning is a means by which a couple or an individual voluntarily decides on the number of children to have, when to start having them, how to space them and when to stop. It involves use of modern and natural family planning methods to make these decisions possible.

Examples of modern family planning methods:

- **Progestin-Only Pill (POP):** These are tablets taken everyday by a woman. They stop the woman’s ovaries from releasing eggs so she cannot become pregnant. In addition, POPs thicken the mucus plug at the cervix that makes it difficult for the sperm to pass into the womb and thus prevents fertilization.
  - These tablets do not disturb the quality and quantity of breast milk.

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

- **Intrauterine Devices-IUD:** This is a small flexible plastic frame shaped like letter “T” with some copper wire or copper sleeves wound around it. It prevents the woman’s egg meeting with the man’s sperm. An IUD can be effective for 12 years. This must be inserted at the health facilities.
  - It does not affect the quality or quantity of breast milk

- **Condom:** This is a rubber sheath shaped like a penis usually made of latex. It works by providing a barrier between partners so that body fluids, like semen and blood are not shared.

- **Combined Oral Contraception (COC):** These are tablets taken everyday by a woman. They stop the woman’s ovaries from releasing eggs so she cannot become pregnant. Pills thicken the cervical mucus, thus making it difficult for sperm to pass through. Breastfeeding women can start taking Combined Oral Contraception after their infant is at least 6 months.

Permanent Methods

- **Vasectomy:** This is a simple operation where a doctor cuts and ties the tubes that carry the sperms to the penis. After this operation the man can still perform his sexual roles normally but the semen he releases does not contain sperms so he cannot make a woman pregnant. This is a permanent method so men who undergo vasectomy can never make women pregnant.

- **Tubal ligation:** This is a simple and safe operation in which the woman’s tubes, which carry the eggs from the ovary, are tied and cut. It is a permanent method so a woman who undergoes this procedure will never have children again.
Examples of natural methods:

- **LAM**: This is a natural method of contraception where a woman is protected against pregnancy if she is exclusively breastfeeding (giving her baby only breast milk without any other foods) for the first six months after delivery, her menstruation does not return and her baby is less then six month old.

- **Moon Beads**: This is a tool used by couples to plan for their families in a natural way. It is a string of colored beads that help couples to know when a woman can become pregnant and the days when she is not likely to become pregnant. This method is only effective if the woman has a regular menstrual cycle. There should be proper understanding between couples for this method to be effective so they can agree either to abstain or to use a condom during the fertile days when a woman can become pregnant. This is a difficult method for women who are breastfeeding as it requires normal cycles every 26-31 days. Not yet available in Afghanistan?

- **Withdrawal method**: This is a method where the man does not ejaculate (reach his climax – ‘finish’) in the woman while having sex. This method is not always reliable so is generally favored less over other contraceptive methods.
5.2 Myths and Realities about Family Planning Methods

**Objectives:** At the end of the session all participants will be able

- Describe the myths and misconceptions about family planning methods

**Duration:** 60 min

**Session Plan:**

<table>
<thead>
<tr>
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<th>Contents</th>
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<tr>
<td>1.</td>
<td>Introduction</td>
<td>5 min</td>
<td>Interactive lecture</td>
<td>Easel Paper</td>
</tr>
<tr>
<td>2.</td>
<td>Myths and misconceptions about family planning methods</td>
<td>40 min</td>
<td>Interactive Discussion</td>
<td>OHP Transparency</td>
</tr>
<tr>
<td>3.</td>
<td>Evaluation</td>
<td>10 min</td>
<td>Asking question</td>
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<tr>
<td>4.</td>
<td>Summary</td>
<td>5 min</td>
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</table>

**Learning Process:**

**Step 1: Introduction**
Greet the participants, tell them this session’s title & explain its objectives.

**Step 2: Myths and Realities about family planning methods**
Ask the participants about myths/ misconceptions on family planning methods in the community then trainer systematically explain myths and misconceptions and presents realities.

**Step 3: Evaluation**
Ask each participant one checking question to evaluate whether they have understood important points. Ask them whether they need further clarification on any issues of the session.

**Step 4: Summarization**
Summarize the important points of the session
Facilitator’s Note:

Correcting myths and presenting realities:
- Progestin-only pills:
  - Do not cause a breastfeeding woman’s milk to dry up
  - Do not make women infertile
  - Do not cause diarrhea in breastfeeding babies
  - Reduces the risk of ectopic pregnancy
  - Must be taken every day, whether or not a woman has sex that day
  - May cause irregular bleeding but less so if mother is breastfeeding

Injectable DMPA:
- Can stop monthly bleeding, but this is not harmful. It is similar to not having monthly bleeding during breastfeeding. Blood is not building up inside the woman
- Does not make women infertile
- Does not cause early menopause
- Does not cause birth defects or multiple births
- Does not cause itching
- Does not change women’s sexual behavior

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

The lactational amenorrhea method:
- Is highly effective when a woman meets all 3 LAM criteria
- Is just as effective among fat or thin women
- Can be used by women with normal nutrition. No special foods are required
- Can be used for a full 6 months without the need for supplementary foods. Mother’s milk alone can fully nourish a baby for the first 6 months of life. In fact, it is the ideal food for this time in a baby’s life
- Can be used for 6 months without worry that the woman will run out of milk. Milk will continue to be produced through 6 months and longer in response to the baby’s suckling or the mother’s expression of her milk

Condoms:
- Do not make men sterile, impotent, or weak
- Do not decrease men’s sex drive
- Cannot get lost in the women’s body
- Prevent sexually transmitted illnesses like Hepatitis-B, AIDS Gonorrhea and Chlamydia in a woman because they prevent semen or sperm from entering her body
- Do not cause illness in men because sperm “backs up.”
Vasectomy:
- Does not remove the testicles. In vasectomy the tubes carrying sperm from the testicles are blocked. The testicles remain in place
- Does not decrease sex drive
- Does not affect sexual function. A man’s erection is as hard, it lasts as long, and he ejaculates the same as before
- Does not cause a man to grow fat or become weak, less masculine, or less productive
- Does not cause any diseases later in life

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

Intrauterine Device:
- Does not cause PID
- Does increase the risk of miscarriage when a woman becomes pregnant after the IUD is removed
- Does not make women infertile
- Does not cause birth defects
- Do not cause cancer
- Does not move to the heart or brain
- Does not cause discomfort or pain for the woman during sex
- Substantially reduce the risk of ectopic pregnancy

Implants:
- Stop working once they are removed. Their hormones do not remain in a woman’s body
- Can stop monthly bleeding, but this is not harmful. It is similar to not having monthly bleeding during pregnancy. Blood is not building up inside the woman
- Can cause irregular bleeding and spotting. This is not dangerous but a response that some women have to very low levels of progestin
- Do not make women infertile
- Do not move to other parts of the body
- Substantially reduce the risk of ectopic pregnancy
- Not yet available in Afghanistan 2008
Progestin-only methods

Objectives: At the end of the session all participants will be able

- Understand the advantages and disadvantages of POPs
- Counsel women about POPs and how to take them
- Dispense POPs to women who are good candidates

Duration: 75 min

Session Plan:

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<td>2.</td>
<td>Differences between POP and COC</td>
<td>40 min</td>
<td>Interactive Discussion</td>
<td>Easel paper</td>
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<td>3.</td>
<td>Counseling on POPs</td>
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<td>Role plays</td>
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<td>Evaluation</td>
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<td>Asking question</td>
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<td>5 min</td>
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Learning Process:

**Step 1: Introduction**
Greet the participants, tell them this session’s title & explain its objectives.

**Step 2: Explain differences between COC and POP**
Ask the participants about their knowledge on COC (who can take them, side effects how to take them) List their responses on one side of the board under COC. Do the same with POPs.

**Step 3: Role plays: The facilitator will ask one of the participants to volunteer to role play the mother who id breast feeding her 2-month old. The facilitator will role play the CHW in a POP counseling session**

**Step 4: Evaluation**
Ask each participant one checking question to evaluate whether they have understood important points. Ask them whether they need further clarification on any issues of the session.

**Step 5: Summarization**
Summarize the important points of the session
What are progestin-only pills and how do they differ from combined oral contraception (COCs)?

- Progestin-only pills (POPs) contain only low doses of the hormone progestin which is like the natural hormone, progesterone that a woman produces. Each pill has the hormone in it unlike the combined oral contraception that has 7 pills at the end of the packet that are hormone free.
- POPs only contain progestin. COCs contain both progestin and synthetic estrogen hormones that are based on the naturally occurring hormones that are in women’s bodies.
- Because POPs contain only progesterin, a breastfeeding mother can safely take POPs after her infant is 6 weeks old. POPs will effectively prevent pregnancy in breastfeeding women who are not practicing LAM. Depending on the amount of breastfeeding that the infant does will delay the return to menses. Some women on POPs will have changes in their menses too, some have spotting and other will have no menses.
- POPs are highly effective especially when used by breastfeeding women. Among 100 typical breastfeeding users 99 of them will prevent pregnancy, one will not.
- When women take POPs every day, then the pregnancy rate is less than 1% or about 3 pregnancies among 1,000 women. Breastfeeding women who have infants less than 6 months should not take COCs.
- POPs are about 90-97% effective in preventing pregnancy among typical users who are no longer breastfeeding. This is about the same rate of efficacy for COCs among typical users.
- When non-breastfeeding women take POPs every day at the same time they are 99% effective. The efficacy rate among perfect users of COCs is slightly higher or 99.7% effective.
- For women who are not breastfeeding, they can start right away on POPs.
- For women who are not breastfeeding they must wait 3 weeks before they can start COCs.
- POPs and COCs both work by thickening the cervical mucus (sperm cannot penetrate into the uterus or womb) and interrupts the normal menstrual cycle so that ovulation does not occur (the egg is not released).
- Both COC and POP users must take one pill every day at the same time regardless if they had sex that day.
- No delay in fertility return when both COCs and POPs are stopped.
- No known correlation between cancer and POPs.
- Unclear evidence about the risks between breast cancer and COCs. Women who have taken them longer than 10 years have no increased risk. Women who have taken them less than 10 years may have a slight risk, but the evidence is not clear.
- COCs help protect against endometrial (uterine lining) and ovarian cancer.
- If a woman takes COCs or POPs and doesn’t realize that she is pregnant, studies have shown that she is no more at risk for a fetal abnormality than a pregnant woman who has not taken COCs or POPs.

How to counsel women to start POPs

POPs are a good option for breastfeeding women who are no longer practicing LAM or in the process of transition to other contraception from LAM. They do not affect the quantity or quality of breast milk.
How to take POPs:
- A woman can start taking them after her infant is 6 weeks old and when she decides to stop practicing LAM.
- Advise her to take a POP once a day at the same time every day. It’s easier to remember if she takes her pill at the same time that she does another routine activity for example when she washes her face every morning to also take her pill.
- As soon as she finishes one pack of pills she continues on to a new pack even if she doesn’t get her menses.
- If she forgets one pill (or is greater than 3 hours late taking her pill), take it as soon as she remembers then uses condoms or abstains for the next 2 days. If she misses more than 1 pill, start as soon as she remembers and continues to use condoms or abstain for 2 days.
- If she has a hard remembering to take pills daily, she might want to think about another method such as the DMPA injection that only requires her to get injections every 3 months, or the IUD that can be inserted at the health facility but will prevent pregnancy for up to 12 years.

Common side effects:
- Some women taking POPs may experience change in their menses, with spotting, lighter cycles or even no menses. If she is breastfeeding her return to menses may be delayed for some time.
- Mild headaches (some women)
- Breast tenderness (some women)
- Nausea (some women)

Advise her to return
- When she needs more POP (usually give the mother 3 packs)
- If she wants to change to another method
- Has any questions about the POPs
- Remind her that POPs are safe and suitable for nearly all women.

Who cannot take POPs
- Breastfeeding mothers whose infant is less than 6 weeks
- Severe liver disease where jaundice is apparent
- Serious problems with blood clots in legs or lungs. Varicose veins are NOT a problem
- Taking medications for seizures or for tuberculosis (Rimfampicin)
- Has breast cancer or history of breast cancer

Infection prevention modified for injection giving Tech serve?

Injection review Tech Serve
5.3 Islam and family planning methods

Objectives: At the end of the session all participants will be able to

- Explain Islamic view on family planning

Duration: 50 min

Session Plan:

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<td>Islam and family planning</td>
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<td>Interactive lecture</td>
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<td>Evaluation</td>
<td>5 min</td>
<td>Asking question</td>
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<td>4.</td>
<td>Summary</td>
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Learning Process:

Step 1: Introduction
Greet the participants, tell them this session’s title & explain its objectives.

Step 2: Islam and family planning
Describe family planning in the view of Islam.

Step 3: Evaluation
Ask each participant one checking question to evaluate whether they have understood important points. Ask them whether they need further clarification on any issues of the session.

Step 4: Summarization
Summarize the important points of the session
Facilitator’s Note:

Islam and family planning:

What does “family planning” mean? It means to jointly decide how many children to have and when to have them through mutual consultation, cooperation and joint-decision-making between the husband and the wife. The decision-making process about when and how many children to have requires physical and mental preparation, taking into consideration the family’s economic situation and the family’s maturity in being able to take care of children adequately.

In Islam, a family is a very important institution where parents play a vital role and they establish the foundations for a family. In Islam, it is not sufficient to ensure that the basic needs of family members such as food, clothing, education, accommodation, and health care are met. Islam also advocates that within families, both the husband and wife should maintain good physical and mental health and ensure a close and intimate relationship between them. All discrimination and distance between them should be eliminated. They should make sure that their family is not larger than they can handle.

We can now understand that a model family means:

- A family which has been formed in a planned way.
- A family in which its members are granted their basic human rights.
- A family where rights, prestige and positions of the members are established without discrimination.
- A family where the development of individual family members and the family as a whole is encouraged and facilities for such developments are provided readily.
- Where basic demands and rights of children, adolescents, adults, men and women are considered with due importance regardless of the nature of the issue.

Environment of a family

Cleanliness is the first and foremost issue regarding a family environment. A neat and clean family environment directly affects the mentality of the family members. Peace of mind is also very important for a peaceful and happy family life.

Our holy Prophet (Pbuh) said:

“Cleanliness is half of the Iman.”(Tirmizi)

A husband and wife’s relationship can influence the family environment: Husbands are directed to play their roles with care. Allah (SWT) said:

“(Consort) with them in kindness, for if you hate it may happen that you hate a thing where is Allah has placed much good.” 4:19)

In this verse we can see how Allah tells couples to take care of their relationship.

The father has to provide his children and their mother with sustenance. Allah says:

“Father has to provide them (child and mother) with sustenance and clothing in a decent manner.” (2:233)
Holy Prophet (Pbuh) said:

“Child’s right upon his father is to be taught well behavior and to be given a fine name.”

Young children need to be taught lessons on what to do and what not to do.

In this regard our Prophet (Pbuh) said:

“Children’s right upon the father is to be taught about how to write, how to swim and how to throw arrow and not being fed but good foods.”

A healthy family environment, cleanliness, peaceful living and a responsible lifestyle are essential for the welfare of the family and the society.

The holy Prophet (Pbuh) said:

“Every one of you is responsible and every one of you will be accountable for his/her liabilities.” (Bukhari and Muslim)

The father is primarily held responsible for his family, but in a wider sense, both the parents are responsible for the welfare of their family with regard to different issues.

**Birth Control and Islamic Ruling**

**Adopting Birth Control Methods in the Light of Islam**

To follow and practice birth control methods is in line with Islamic principles and values. The first instance of this was the ‘azl’ method which was exercised in the early Muslim communities even in the time of our Prophet (Pbuh). The ‘azl’ method is still familiar to everybody and its aim was the same as the aim of modern birth control practices. The only difference is that the modern methods have been developed by modern technologies. Therefore, adopting these methods is quite acceptable from the Islamic point of view.

Islam lays great stress on ensuring the welfare of humankind. Family planning is aimed at ensuring the welfare of mothers and children; therefore it is totally in agreement with Islamic principles. There is no evidence in the Holy Quran and Hadith which prohibits birth control. Therefore, family planning is permissible within Islam.

Family planning programs have been supported by noted Ulema and religious leaders of Muslim world. Mufties, Grand Mufties and leading Islamic thinkers considered those to be consistent with Islamic values and many of them commended the programs as very timely and appropriate efforts for the greater interest of the Ummah.
Some Evidences from the Traditions of Holy Prophet (Pbuh)

It was mentioned earlier that withdrawal of penis before ejaculation, which is called ‘azl’ was an ancient method adopted by couples. But over the ages, scientists have been able to develop some advanced methods which can be used for the same aim and objective, but more effectively.

However, we can try to find out supporting instances from the tradition of our Prophet (Pbuh) which is one of our two sources of sacred laws of Islam. Here is a very distinct Hadith narrated by two noted compilers of Hadith: Imam Bukhari and Imam Muslim. A close companion of our Prophet (Pbuh) Sayeduna Jaber (R) says:

“We used to practice ‘azl’ (withdrawal of penis before ejaculation) during the time when the Holy Quran was being revealed. This information reached the holy Prophet (Pbuh), but eventually he indicated it to be lawful.”

In another Hadith narrated by Imam Ibn Majah, the ruling is made clearer where Omar (the second Caliph of Islam) says:

“Holy Prophet has prohibited conducting ‘azl’ without the consent of wife.”

It is clear that holy Prophet (Pbuh) gave his vocal consent to this practice and issued the verdict that it was lawful, provided that the wife permitted this.

This Hadith is treated as the deciding evidence in this respect. It is clear that ‘azl’ was permitted by the holy Prophet (Pbuh) himself.

Since it is proved that ‘azl’ was practiced as a method of birth control in the time of holy Prophet (Pbuh), and some leading companions of Prophet (Pbuh) practiced it themselves, we can see that birth control is not only permitted but also essential against the backdrop of our present socio-economic realities.

Imam Gazli, a noted Islamic scholar, remarked in his famous book “Ehya Ulum-al-Din” that he did not agree with those people who said ‘azl’ should be rejected. A modern Islamic jurisprudence expert Sheikh M. S. Madkur referred to a verdict that modern scientific methods of birth control are acceptable in Islam. There are a good number of renowned Islamic scholars who expressed their positive opinion regarding family planning explaining the issue from a modern point of view.

It is understandable that practicing ‘azl’ as a method of birth control is not easy. But since there was no other alternative methods in the past, people had to practice this natural method. Today the modern medical science provide us with many convenient methods and we can choose whatever is suitable for us.
Opinions of Renowned Islamic scholars on Family Planning and Reproductive Health Issues

Muslim scholars have given us their invaluable instructions and guidance over the ages. Ulemas of present times have also put up their opinions. The following views on family planning come from renowned Muslim scholars who are known worldwide because of their sagacity and profound wisdom.

1. Imam Abu Hanifa (Rh.)
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“First of all acquire the knowledge, then earn the assets then marry.”
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This famous saying is perfectly applicable in case of our society. By the time a man obtains a university degree and a job, he is already 25-30 years old, which is an ideal age for getting married. On the contrary, some guardians are keen to marry off their teen-age daughters. According to Imam Ajam it should not be so, and his advice applies equally to men and women.

2. Imam Fairozabadi Al-Siraji
Fairozabadi, a shariaet faqih (D.1083), opined:

‘Azl is lawful provided wife consents.’

3. Sheikh A. Majid Salem
Sheikh Abdul Majid Salem, the Grand Mufti of Egypt, has given his verdict about birth control methods:

“According to Hanafiet School of thought it has been proved through authentic evidence from the Holy Quran and Sunnah that use of birth control materials or practice of methods to withdraw spermatozoa or to create barriers for semen to prevent its mixing with ovum of woman, is legal and lawful.”

4. Sheikh Mahmud Shaltut
Sheikh Mahmud Shaltut, former rector of the Al-Azhar University of Egypt, states in his famous book “Al-Fatawa”:

A woman who is suffering from infectious diseases, has many children, is very poor, or has to work so hard that she is not healthy and receives no assistance from the society or the government, may pursue any method of birth control. Our sacred Islamic laws do not prohibit it.

Islam desires the population of the planet to be healthy, not weak, broken and unhealthy. Islamic Shariah does not ignore the health of children. It is devoted to the betterment of human civilization and saving humankind from potential disasters. The rule of Shariah exists for this purpose. Muslims must protect themselves from all types of losses. Use of birth control methods temporarily based on mutual understanding between the husband and the wife is “jayez”. Even permanent methods of birth control are also allowed if there are valid socio-economic and health-related reasons to support the measure.

5. Advisory council of religious affairs of Turkistan
Though some sahabis were avoiding ‘azl’ as a method of birth control, a large number of them were practicing that. We can mention some names who considered this ‘azl’ as lawful:
Sayyeduna Ali Bin Abi Taleb (R), Sa’d Bin Abi Waqqas, Zaid Bin Thabet, Abu Ayub Ansary, Jaber Ibn Abbas, Urwah Ibn Zobaer, Abu Saeed Al-Khudri, Abdullah Ibn Masud and some other sahabis (R). ‘Azl’ is also supported by many other renowned scholars after the age of sahabis.

6. Sheikh Hasan Mamun
Imam of Al-Azhar Mosque Sheikh Hasan Mamun said in an article titled “Islam and family planning” published in Akhbarul Yaum (22 August, 1964):

“In the early years of the rise of Islam, healthy women capable of giving birth to more children were preferred by men as wives, but that was because Muslims were very few in number compared to Moshriks, and the Muslim population needed to be increased. But that situation no longer exists.

Now, due to a steady increase in the density of the population of the world, living standards of people are deteriorating. Ulema and Islamic leaders are trying to find out a solution to this problem. Islam is a religion which was never against human welfare or progress. Islam encourages all that is beneficial for mankind. Therefore, family planning methods are also acceptable by Islam. However, we must convince the people through logic, and not by force.”

7. Sheikh Abdullah Al-Kalikili
Sheikh Abdullah Al-Kalikili, Grand Mufti of Jordan, gave the following verdict about birth control:

“In many parts of the world over—population is a huge problem. Experts have termed it as a devastating and dangerous problem. They found birth control to be the most effective way of battling it.

We also must consider the directives of the Holy Quran and the tradition of our Prophet (Pbuh):

Imams have declared that “azl” is lawful, and there are thus no reasons to reject new methods of birth control. So, we express our verdict with full confidence that birth control is lawful.

8. Maulana Mufti Mohammad Shafi
Mufti Shafi of Pakistan says in his book “Dhabti Waladah” (birth control from the points of view of logic and Shariah):

“Birth control is not a new issue. Discussion on it has been going for ages. The issue has been discussed even in the time of our Prophet (Pbuh). People asked the Prophet about the matter several times. He consented in favor of this. It was called ‘azl’ that time, and its objective was to prevent semen from entering the womb of a woman. A couple can adopt methods like this in order to prevent unexpected births.”

9. Ayatullah Khameni, former President of Iran
Ayatullah Khameni, the former president of Iran, was an eminent and top ranking Alim and Islamic thinker. He delivered a lecture on 2nd June in the year 1989 and expressed his opinion about birth control from an Islamic point of view of Islam.

Imam Khameni also said that since ‘azl’ was recognized by the Prophet (Pbuh), and later Isqat and Sadd Famur Rehm (discharging outside, closing the mouth of uterus etc.) were recognized by Ulemas in the ages of Sahabah and Tabeie and so on, and since the aim and objective is the same, usage of different family planning methods do not matter. Family planning is lawful in Islam.
10. Dr. Sayed Yousuf Al-Refaie
Dr. Sayed Yousuf Al-Refaie, a world famous Islamic scholar and former minister of Kuwait, opined in this regard as follows:

“To control the birth of offspring upon mutual understanding of husband and wife and to build a planned family considering the future is not only lawful, but is also encouraged by Islam in order to benefit humankind.”

Our Prophet (Pbuh) also said in his prayer to Allah:

“O! Allah we seek your shelter from Jahd-el-Bala (extreme problem), “Jahadul Bala” means many children with a little wealth.

From these statements, it can be clearly realized that family planning is expected in Islam.

In June 1990, a conference was held in Jakarta on “Family Planning and Islam”. Many Islamic thinkers from Muslim countries participated in that conference. The conference passed a decision that family planning, along with birth control, is lawful in Islam.

Clearly, majority of Muslim scholars take a positive stand on this issue.
Unit 6.  IPC, Advocacy and group meeting

6.1 Counseling guideline

Objectives: At the end of the session all participants will be able

- Counsel about HTSP
- Use the counseling cards

Duration: 90 min

Session Plan:

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<td>70 min</td>
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<td>Summary</td>
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Learning Process:

Step 1: Introduction
Greet the participants, tell them this session’s title & explain its objectives.

Step 2: Role play
Participants will be grouped—one will be CHW and another will be pregnant/postpartum women and counsel about HTSP. They will practice with counseling cards for antenatal visit at 8 months postpartum visit within 24-48 hours, postpartum visit at one week, postpartum visit at 6 weeks and postpartum visit at 3-4 months, counseling sessions; they will change their role.

Step 3: Summarization
Summarize the important points of the session
Facilitator's Note:

SEE COUNSELING GUIDELINE
6.2 Advocacy and group meeting

Objectives: At the end of the session all participants will be able

- Conduct advocacy and group meeting

Duration: 90 min

Session Plan:

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Learning Process:

Step 1: Introduction
Greet the participants, tell them this session’s title & explain its objectives.

Step 2: Role play
By rotation all participants will be conducted group meeting and other will participate as participants of the meeting.

Step 3: Summarization
Summarize the important points of the session