Postpartum Family Planning for Community Health Workers

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

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March 2010
POSTPARTUM FAMILY PLANNING FOR COMMUNITY HEALTH WORKERS
PARTICIPANT’S MANUAL

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

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

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

1. It is not necessary to give postpartum family planning counseling until 6 months postpartum.   

2. The criteria for using LAM are: only breastfeeding, baby less than 6 months old and menses has not returned   

3. Postpartum family planning counseling includes introducing oneself, giving privacy and helping to make the mother feel comfortable.   

4. Depo-Provera (the shot) is a good method for a breastfeeding mother in the first 6 weeks after having a baby.   

5. A postpartum mother is not fertile until after her menses returns.   

6. Contraceptive pills can be used by breastfeeding women at 3 weeks postpartum.   

7. LAM gives 98% protection against another pregnancy.   

8. Family planning methods that have hormones are dangerous.   

9. Family planning counseling improves the chances that the woman will continue using her family planning method.   

10. Postpartum women are not interested in family planning.   

11. If a mother is breastfeeding, she still needs a method of family planning.   

12. Family planning is not necessary for mothers who have only 1 child.
DAY 1: SESSION 1—INTRODUCTION, OVERVIEW, OBJECTIVE AND GOAL
Postpartum Family Planning (PPFP) for Community Health Workers (CHW)

Session 1
Overview
Objectives
Goal

PPFP Workshop for CHWs: What will you learn about?

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

Objective

- By the end of the workshop, CHWs will be able to discuss:

  - Why postpartum family planning (PPFP) is key to keeping mothers and babies healthy

PPFP counseling: Why?

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

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

Objective

- By the end of the workshop, CHWs will be able to explain to mothers and families:

  - Healthy spacing of pregnancy (HSP) and return to fertility (RTF)
What do you see?

A family

- With many children, close in age

Objective

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

Dispel myths and beliefs that are wrong

Objective

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

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

Objective

Giving PPFP counseling on modern methods

CHW PPFP counselor

- Who: The Community Health Worker—YOU!
- Why: To improve the lives of mothers and babies
- When: When the woman is pregnant and after she gives birth—No missed chances!
- Where: Household and clinic visits
- How: By giving the PPFP messages
DAY 1: SESSION 2—REASONS FOR PPFP, PPFP COUNSELING AND THE ROLE OF THE CHW
Session 2a
Postpartum Family Planning (PPFP)
Why It Matters

What is postpartum family planning (PPFP)?
- The initiation and use of family planning during the first year after a delivery

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

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

Rationale for PPFP: Mortality and unmet need
- Maternal mortality reduction:
  - 32%
- Child mortality reduction:
  - 10%
- Address unmet need:
  - 3-4 times higher than all women

There are many reasons for these deaths:
- One reason is that some mothers have too many babies born too close together.
- Mothers who have babies too close together have health problems.
- Babies and older children born too close together have health problems.
The World Health Organization (WHO) says:

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

That is what healthy spacing of pregnancy means.

Research shows:

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

Research shows (cont.):

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

WHY does this happen?

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

This shows the unmet need for PPFP!

- With PPFP, mothers and couples can:
  - Decide the family size they want
  - Have their babies when they choose and not just because it happens
Why use CHWs as counselors for PPFP?

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

CHW role

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

Key PPFP messages

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

Key PPFP messages

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

When to counsel mothers?

- When to give PPFP messages is very important.
When do CHWs make PPFP visits?

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

No missed chances to counsel mothers

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

Remember this picture? Here’s a story
DAY 1: SESSION 3—CHW PERSONAL VALUES, BREAKING BARRIERS TO PPFP COUNSELING AND PPFP METHOD USE
Session 3
Breaking Barriers to PPFP Counseling:
Values, Myths, Beliefs, and Views That Are
Wrong

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

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

Values and opinions (cont.)
- Do not let own values become a barrier to giving good PPFP counseling.
- REMEMBER: The CHW can provide good counseling when she shares correct knowledge, not her own values or opinions.

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

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

Barriers to PPFP use

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

Barriers to PPFP counseling and PPFP use (cont.)

- The CHW may find that women or families resist PPFP counseling because of their beliefs or values.
  (Values = what someone holds as true or important)

Overcoming barriers to PPFP use

- Having good PPFP information will help CHWs get families to accept PPFP messages.
DAY 2: SESSION 4—HOW TO BE A GOOD COUNSELOR; COUNSELING COUPLES, COUNSELING THE FATHERS
Session 4
How to Be a Good Counselor
Counseling Couples and Men

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

Counseling: Key points (cont.)
- Use active listening
- Use silence
- Use open questions (not ones that can be answered “yes” or “no”)
- Use simple words as well as pictures and objects to explain

Counseling: Key points (cont.)
- Repeat back what you think you hear
- Encourage the mother to ask any questions she might have
- Respect mother’s/family’s rights and beliefs

Counseling: Key points (cont.)
- Give only needed guidance
- Give correct information
- Give praise and encouragement

Two role plays
- Now we will have some role plays
Counseling men and couples

REMEMBER

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

What are we learning?

- Today you learned the important ways to counsel women/couples so they can trust you and understand you.
- Tomorrow you will learn the messages and how to discuss them so mothers can space their pregnancies.
### HANDOUT #1: COMFORT WHEN COUNSELING MEN

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>AGREE</th>
<th>DO NOT AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel better when I give PPFP counseling to a postpartum woman than when I give it to her husband.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I believe men do not want to talk about PPFP.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think men would rather get PPFP guidance from a man than a woman.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel OK when I talk to husbands about a couple starting to have sex again after having a baby.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel OK when I talk about male methods of family planning (withdrawal, condoms).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel OK when I talk with married couples about condom use to prevent HIV and other diseases caused by sex.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel OK about making sure that the woman is able to mention her needs and concerns when I am talking with a couple about PPFP.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I look forward to having men in PPFP counseling.</td>
<td></td>
<td></td>
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</tbody>
</table>
DAY 2: SESSION 5—HEALTHY SPACING OF PREGNANCY (HSP), RETURN TO FERTILITY (RTF)
What is healthy spacing of pregnancy (HSP)?

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

Counseling messages for healthy spacing

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

Benefits of spacing

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

Benefits of spacing for children

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

Healthy Spacing of Pregnancy

Postpartum Family Planning for Community Health Workers

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### Benefits of spacing for fathers

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

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

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

### Talking about

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

### Examples of answers

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

### REMEMBER

- Wait at least 2 years after your baby’s birth before trying to become pregnant again.
- Wait at least 6 months after a miscarriage before trying to become pregnant again.
- Use contraceptive methods that have no effect on a breastfeeding baby and mother.
- There are many choices of contraceptive methods: LAM, mini-pills, IUD, condom.
Session 5b
Return to Fertility (RTF)
When a Woman Becomes Fertile Again

Factors affecting return to fertility
- When her bleeding (menses) returns
- How she breastfeeds
- When she starts sex again

When can a woman become pregnant?

- Your risk of pregnancy increases with less breastfeeding and as time passes.
- You can become pregnant even if your menses has not returned!!

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

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

Return to fertility

- resumed sexual relations and your risk of becoming pregnant after a birth
- resumed sexual relations and your risk of becoming pregnant after a birth
- resumed sexual relations and your risk of becoming pregnant after a birth
REMEMBER: Key counseling points

- After having a baby:
  - You can become pregnant even if you have not seen your menses yet!
  - You cannot predict fertility from what happened last time.
  - Space getting pregnant by at least 2 years after your last baby.
  - You start having sex again.
DAY 2: SESSION 6—INTRODUCTION TO THE LACTATIONAL AMENORRHEA METHOD (LAM), LAM AND THE TRANSITION TO OTHER METHODS
What is LAM?
LAM = Lactational Amenorrhhea Method

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

LAM only works with these 3 things
- Menses has not yet returned
- Baby is breastfeeding only
- Baby is less than 6 months old

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

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

For a mother to practice LAM, all of these 3 things must be true
- Her menses have not yet returned.
- Her baby is breastfeeding only.
- Her baby is less than 6 months old.
LAM requires

How LAM works

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

Good reasons to use LAM

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

Good reasons to use LAM (cont.)

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

Reminder: For LAM, breastfeed only

Drawbacks to using LAM

- Does not protect against HIV and STIs
- Can only be used for up to 6 months after birth
- Might be hard to stick to the pattern of breastfeeding that is needed
REMEMBER: There are good reasons to use LAM

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

A mother with HIV can use LAM...

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

Breastfeeding for the mother with HIV

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

LAM for the mother with HIV

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

PPFP and HIV

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

HIV and use of condoms

- Condoms should be used with all FP methods.
- Condoms help to prevent re-infection.
- Condoms are the only FP method that can protect against and HIV.
- Condoms can protect the woman from increasing her amount of virus; this is especially important if the woman is breastfeeding.
Session 6b
LAM and Switching to Other PPFP Methods

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

LAM is no longer working

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

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

REMEMBER
- As soon as any one of these 3 LAM conditions is not met, a woman can become pregnant:
  - No longer breastfeeding only
  - Menstrual bleeding has returned
  - The baby is more than 6 months old
- Help the woman decide which method to switch to before she needs to switch.
## HANDOUT #4: 5 CASE STUDIES TO PRACTICE PPFP COUNSELING

### CASE STUDIES 1–5

1. The CHW visits Mrs. T.
   - Mrs. T has a 6-month-old baby who is still breastfeeding. The baby has just started taking some food too.
   - She also has a 2-year-old and a 3-year-old.
   - She does not want more children yet.
   - She has never used family planning methods.
   - She hears that family planning methods make you sick and cause bleeding all the time.

2. The CHW sees Mariam when she takes her baby for a clinic visit.
   - The baby is 3 months old.
   - The mother is only breastfeeding.
   - This is her first child.
   - She wants to have more children soon. That is why she is not looking for family planning guidance.

3. Mrs. S. and her husband come to see the CHW because they learned she can give them guidance on family planning.
   - Their baby is 4 months old.
   - They have 5 children, all under 10 years old.
   - Mr. S. is worried about his wife who has been very tired since having this baby.
   - She does not have enough breast milk. To make up for that, they also feed the baby formula each day.

4. The CHW visits Elvia who is only breastfeeding her 5-month-old baby.
   - Elvia just had her first menses since the birth.
   - She has been using LAM and plans to use it as her family planning method until the baby is 6 months old.

5. The CHW visits Helen, a 16-year-old girl, and her 2-month-old baby.
   - Helen is breastfeeding. She also gives sugar water to her baby twice a day.
   - Her mother-in-law is in the room during the visit. She says that family planning is not good because it makes the milk turn bad.
### CASE STUDIES 6–10

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

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

Family planning methods

<table>
<thead>
<tr>
<th>Short-Term Methods</th>
<th>Long-Term Methods</th>
<th>Permanent Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAM</td>
<td>Implant</td>
<td>Sterilization</td>
</tr>
<tr>
<td>Mini-pill</td>
<td>IUD</td>
<td>Tubal Ligation</td>
</tr>
<tr>
<td>Combination pill</td>
<td></td>
<td>Vasectomy</td>
</tr>
<tr>
<td>Injection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condom</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

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

**Side effects that might occur**

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

**Special reasons to take mini-pills?**

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

**Combination pill**

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

**Combination pills**

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

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

**Why take combination pills?**

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

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

Depo-Provera injection

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

Injections: Depo-Provera

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

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

Why take injections?

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

Male Condoms

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

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

Why use male condoms?

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

Side effect and issues that **might** happen

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

Female condom

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

Why use female condoms?

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

Side effects and issues that **might** happen

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

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

REMEMBER

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

REMEMBER

- Remind the mother about the value of using a method before she is at risk for getting pregnant.
- Explain to her that there are methods available with no effect on breast milk.
- Refer her to the center for more guidance, if she starts to have health problems, or needs help in dealing with side effects.
**HANDOUT #2: TIMING FOR CHOOSING FAMILY PLANNING METHODS**

<table>
<thead>
<tr>
<th>Timing</th>
<th>Breastfeeding Mothers</th>
<th>Non-Breastfeeding Mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth up to 6 weeks</td>
<td>LAM</td>
<td>Mini-pill</td>
</tr>
<tr>
<td></td>
<td>Condoms</td>
<td>Combined pill (start @ 3 weeks)</td>
</tr>
<tr>
<td></td>
<td>Male sterilization</td>
<td>Injection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Condoms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Male sterilization</td>
</tr>
<tr>
<td>6 weeks–6 months</td>
<td>LAM</td>
<td>Mini-pill</td>
</tr>
<tr>
<td></td>
<td>Mini-pill</td>
<td>Combined pill</td>
</tr>
<tr>
<td></td>
<td>Injections</td>
<td>Injections</td>
</tr>
<tr>
<td></td>
<td>Condoms</td>
<td>Condoms</td>
</tr>
<tr>
<td></td>
<td>IUD</td>
<td>IUD</td>
</tr>
<tr>
<td></td>
<td>Male sterilization</td>
<td>Male sterilization</td>
</tr>
<tr>
<td></td>
<td>Female sterilization</td>
<td>Female sterilization</td>
</tr>
<tr>
<td>6 months–1 year (+)</td>
<td>Mini-pill</td>
<td>Mini-pill</td>
</tr>
<tr>
<td></td>
<td>Combined pill</td>
<td>Combined pill</td>
</tr>
<tr>
<td></td>
<td>Injections</td>
<td>Injections</td>
</tr>
<tr>
<td></td>
<td>Condoms</td>
<td>Condoms</td>
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<tr>
<td></td>
<td>IUD</td>
<td>IUD</td>
</tr>
<tr>
<td></td>
<td>Male sterilization</td>
<td>Male sterilization</td>
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<tr>
<td></td>
<td>Female sterilization</td>
<td>Female sterilization</td>
</tr>
</tbody>
</table>

**NOTE:** In some settings IUCD can be inserted within 48 hours postpartum. In some settings female sterilization can be performed in the first week postpartum.
<table>
<thead>
<tr>
<th>METHOD</th>
<th>HOW PREVENTS WOMAN FROM GETTING PREGNANT</th>
<th>HOW TO USE</th>
<th>GOOD REASONS TO USE</th>
<th>OK WITH BREASTFEEDING</th>
<th>POSSIBLE SIDE EFFECTS</th>
<th>PROTECTS AGAINST ILLNESS CAUSED BY SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAM</td>
<td>Prevents release of egg</td>
<td>Meet 3 conditions: Only breastfeeding, No menses yet, Baby under 6 months old</td>
<td>Easy Can start right away No cost No pills, shots or drugs Good for up to 6 months</td>
<td>Yes, this method depends on breastfeeding only LAM promotes and helps good breastfeeding</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>Mini-pill</td>
<td>Prevents release of egg</td>
<td>Take 1 each day at same time each day</td>
<td>Can start at 6 weeks postpartum if breastfeeding; can start right away if not breastfeeding</td>
<td>Yes, after 6 weeks Does not decrease amount of breast milk</td>
<td>Menses that occurs some months but not others Bleeding, spotting, headaches, mood changes</td>
<td>No</td>
</tr>
<tr>
<td>Pills</td>
<td>Prevents release of egg</td>
<td>Take 1 each day</td>
<td>Can start at 6 months if breastfeeding; can start at 3 weeks if not breastfeeding Reduces cramps due to menses</td>
<td>Yes, after 6 months (Before 6 months can reduce amount of breast milk)</td>
<td>In first 3 months of use, menses might not occur each month Headaches, weight changes</td>
<td>No</td>
</tr>
<tr>
<td>Injection</td>
<td>Blocks release of egg</td>
<td>1 shot every 3 months; no daily action is needed</td>
<td>Start at 6 weeks if breastfeeding; can start right away if not breastfeeding; reduces bleeding problems</td>
<td>Yes, after 6 weeks</td>
<td>Monthly menses may stop after a few months (not a risk to woman's health)</td>
<td>No</td>
</tr>
<tr>
<td>Condom</td>
<td>Blocks sperm getting inside woman</td>
<td>Use each time you have sex; need partner to agree</td>
<td>Protects against illness passed or shared during sexual activity, including HIV/AIDS</td>
<td>Yes</td>
<td>Some people have a bad reaction to latex Must use right way</td>
<td>Yes!</td>
</tr>
</tbody>
</table>
DAY 2: SESSION 8—CONTINUING MODERN PPFP METHODS: IUD, MALE AND FEMALE STERILIZATION; MODERN METHODS—MYTHS AND REALITIES; NATURAL FAMILY PLANNING METHODS
Long-term and permanent methods

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

Female sterilization

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

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

Male sterilization

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

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

How FP methods work

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

- Some methods prevent the release of the egg:
  - LAM
  - Mini-pill
  - Combined pill
  - Injections
How family planning methods work

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

Natural family planning methods

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

Natural family planning methods (cont.)

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

What untrue rumors have you heard?

- What will you tell a woman who comes with an untrue rumor?
  Remember what you learned about each method in the last session.
DAY 3: SESSION 9—PPFP COUNSELING
SKILLS: PRACTICE USING CHECKLISTS
Session 9  
Counseling Skills for PPFP

A demonstration

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

Case study #1

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

Case study #2

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

Case study #3

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

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

### Case study #5

- The CHW goes to visit Helen who is 16 years old and has a 2-month-old baby.
- She is breastfeeding only.
- She has had no menses.
- Her mother-in-law is in the room and says that family planning is not good because it makes the milk bad.
HANDOUT #5 CHW PPFP COUNSELING CHECKLISTS
To be used by CHW for role-play practice

Directions
Place Y in box if step is done well.
Place X in box if step is not done well.
Place O in box if step is not done or not seen.

CHW’s NAME: ____________________________

<table>
<thead>
<tr>
<th>PPFP COUNSELING SKILLS</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEP</strong></td>
<td></td>
</tr>
<tr>
<td>1. Greet the woman/couple with respect and kindness. Tell her/them your name.</td>
<td></td>
</tr>
<tr>
<td>2. Explain purpose of visit is to offer PPFP guidance.</td>
<td></td>
</tr>
<tr>
<td>3. Confirm the woman’s name, family name and when baby was born.</td>
<td></td>
</tr>
<tr>
<td>4. Find a place where she/they can sit, feel relaxed and talk with you in private.</td>
<td></td>
</tr>
<tr>
<td>5. Let the woman/couple know that the session is private.</td>
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<tr>
<td>7. Listen with care to the woman/couple.</td>
<td></td>
</tr>
<tr>
<td>8. Respond to the woman’s/couple’s questions and concerns.</td>
<td></td>
</tr>
<tr>
<td>9. Use a style that shows interest and concern for the woman/couple.</td>
<td></td>
</tr>
<tr>
<td>10. Ask questions that bring out more than “yes” or “no” answers.</td>
<td></td>
</tr>
<tr>
<td>11. Use words that the woman/couple know/s.</td>
<td></td>
</tr>
<tr>
<td>12. Use visual aids such as posters, flip chart, drawings and samples of methods.</td>
<td></td>
</tr>
<tr>
<td>13. Discuss good reasons for mother and baby to wait at least 2 years after birth before she tries to get pregnant again.</td>
<td></td>
</tr>
<tr>
<td>14. Explain, in simple terms, the concept of woman being fertile again:</td>
<td></td>
</tr>
<tr>
<td>* Cannot predict</td>
<td></td>
</tr>
<tr>
<td>* Can happen before first menses returns</td>
<td></td>
</tr>
<tr>
<td>* Why she needs to choose a PPFP method before she can become pregnant again after her last birth</td>
<td></td>
</tr>
<tr>
<td>15. Be polite and thank woman/couple for coming. Suggest she/they come back to see you with any questions or concerns.</td>
<td></td>
</tr>
</tbody>
</table>
## COUNSELING ON PPFP METHODS

<table>
<thead>
<tr>
<th>STEP</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ask the woman/couple what she/they know/s about PPFP. Have family planning methods ever been used before?</td>
<td></td>
</tr>
</tbody>
</table>
| 2. If “yes”:  
  • What method did she/they use?  
  • Did she/they have any problems with the method?  
  • Does/do she/they have questions about that method?  
  • Does/do she/they wish to use that method again? |   |
| 3. Ask the woman/couple about plans for any more children. |   |
| 4. Ask the woman if she has started her monthly bleeding. |   |
| 5. If woman breastfeeds now, ask her:  
  • Is she only breastfeeding?  
  • Has bleeding returned yet?  
  • Is baby under 6 months old? |   |
| 6. If “yes” to all 3 questions, tell her that she is using LAM. Ask her if she want to continue using LAM. If she says yes, counsel her on #7 below. If she wants to stop using LAM, continue to counsel her on other methods in #8. |   |
| 7. If the mother says yes, she would like to continue using LAM, remind her:  
  • LAM is a short-term method  
  • When you start to give other foods or liquids or you begin menses/bleeding, or you baby is older than 6 months, you will need to switch to another method.  
  • There are methods for breastfeeding mothers that we can start to talk about now. Continue to discuss #8. |   |
| 8. Give the woman/couple details about each modern method she/they can use:  
  • How it prevents her from getting pregnant  
  • How to use it and when to start  
  • Good reasons to use it and reasons to not use it  
  • Side effects  
  • Need to protect against disease (such as HIV/AIDS) that could happen from sex |   |
| 9. Ask if she/they know the choices that she/they has/have in terms of methods. |   |
| 10. Talk about any wrong details or myths that the woman/couple may have heard about PPFP methods. |   |
| 11. Ask her/them what her/their PPFP method of choice is. |   |
| 12. Find out if there are any reasons her/their choice is not right for her/them. |   |
## COUNSELING ON PPFP METHODS

<table>
<thead>
<tr>
<th>STEP</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Refer the woman/couple to nearest health center where she/they can get her/their method of choice.</td>
<td></td>
</tr>
<tr>
<td>14. Ask the woman/couple if there are any questions/concerns. Listen with care, and deal with any questions.</td>
<td></td>
</tr>
<tr>
<td>15. Make a record of visit: note the woman’s FP choice, and the plan for next visit.</td>
<td></td>
</tr>
</tbody>
</table>
DAY 3: SESSION 10—COUNSELING ABOUT MODERN PPFP METHODS AND CORRECTING MYTHS: PRACTICE USING CHECKLISTS
Session 10
Counseling on PPFP: Practice Using the Counseling Guide
Role Plays #6–10

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

Case Study #7
- The CHW sees Mariam at her baby’s clinic appointment. The baby is 3 months old.
- The mother is only breastfeeding.
- She has had no menses.
- This is her first child.
- She is not sure when she wants to have more children.
- She has heard that she will not get pregnant as long as she is breastfeeding.

Case Study #8
- Mrs. S. comes to see the CHW with her husband because they learned the CHW has information on FP. Their baby is 4 months old. They have 5 children, all under 10 years old.
- Mr. S. is worried for his wife who is very tired with this baby. She is giving the baby cereal every day. She has had her first menses.
- They think they may not want to have more children. However, they have heard that a man will be “weak” if he is sterilized.

Case Study #9
- The CHW visits Elvia who is breastfeeding her 5-month-old baby.
- She just had her first menses since the birth.
- She has been using LAM and plans to continue using it for her FP until she has her first menses.
- She has heard that a woman cannot breastfeed if she is using pills.

Case Study #10
- The CHW goes to visit Helen who is 16 years old and has a 2-month-old baby.
- She is breastfeeding only.
- She has had no menses.
- Her mother-in-law is in the room and says that family planning is not good because it makes the milk bad.
- Also she has heard that an IUD can get out of the womb and travel to the brain or heart.
DAY 3: SESSION 11—FIELD PRACTICE FOR PPFP COUNSELING
### Methods for Breastfeeding Women

**Methods that can be used right after giving birth:**
- Condoms
- Vasectomy
- LAM (through first 6 months only)
- IUD*
- Tubal ligation**

**Methods that women can start using at 6 weeks after giving birth:**
- Progestin-only pills, injections, implants

**Methods that women can start using at 6 months after giving birth:**
- Combined pills and injections (with estrogen)

* If IUD not put inside woman within first 48 hours after giving birth, must wait until 4 weeks postpartum
** If tubal ligation not done within first 7 days after giving birth, must wait until 6 weeks postpartum

### Methods for Non-breastfeeding Women

**Methods that can be used right after giving birth:**
- Condoms
- Vasectomy
- Progestin-only pills, injections, implants
- IUD*
- Tubal ligation**

**Methods that women can start using at 3 weeks after giving birth:**
- Combination pills and injections (with estrogen)

* If IUD not put inside woman within first 48 hours after giving birth, must wait until 4 weeks postpartum
** If tubal ligation not done within first 7 days after giving birth, must wait until 6 weeks postpartum
DAY 3: SESSION 12—PPFP
COUNSELING: KEEPING RECORDS
AND SCHEDULING VISITS
Schedule of counseling visits

<table>
<thead>
<tr>
<th>1. Antenatal</th>
<th>2. First week postpartum</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Six weeks postpartum</td>
<td>4. Within baby's 1st year</td>
</tr>
</tbody>
</table>

REMEMBER
Counseling: No missed chances!

Key PPFP messages: Antenatal

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

CHW counseling pregnant women

Key PPFP messages: 1st week postpartum

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

Key PPFP messages: 6 weeks postpartum

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

Counseling at 6 weeks postpartum

Key PPFP messages: Within baby’s 1st year

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

Counseling in the child’s 1st year

PPFP counseling

- WHO Community Health Worker: You!!
- WHAT Give PPFP guidance to women
- WHY To save lives of mothers/babies
- WHEN Many times: before and after birth
- WHERE In women’s homes and at clinics
- HOW With PPFP counseling messages
Thank You!
## HANDOUT #7: TIMING OF KEY PPFP MESSAGES

### BEFORE THE BABY IS BORN
- Start to breastfeed right after the baby is born
- Breastfeed only for the first 6 months
- Think about and plan when she can become pregnant again
- LAM or other methods based on when she wants to become pregnant again
- Counseling and get permission from the woman for postpartum methods right after giving birth (postpartum IUD and tubal ligation)
- Spacing the next pregnancy
- Skilled person should be with the mother during the birth

### FIRST WEEK POSTPARTUM
- Breastfeed only for the first 6 months
- Think about and plan when she can become pregnant again
- Spacing the next pregnancy
- LAM or other methods based on when she wants to become pregnant again
- Care for the newborn baby
- Danger signs for mother and newborn

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

### CHILD HEALTH CONTACTS WITHIN BABY’S FIRST YEAR
- Only breastfeed through first 6 months; then add other foods
- Think about and plan for when she can become pregnant again
- Spacing the next pregnancy
- LAM and switching to other methods based on when she wants to become pregnant again
- Family planning choices that have no effect on breastfeeding
- Care for the baby during the first year
**HANDOUT #9: SAMPLE PPFP COUNSELING SCHEDULE**

<table>
<thead>
<tr>
<th>MESSAGES</th>
<th>DURING PREGNANCY</th>
<th>WITHIN 1ST WEEK POSTPARTUM</th>
<th>4–6 WEEKS POSTPARTUM</th>
<th>4–6 MONTHS POSTPARTUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusive Breastfeeding</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>LAM</td>
<td>√</td>
<td>√</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAM Transition to Other Methods</td>
<td></td>
<td></td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>HTSP</td>
<td></td>
<td></td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Return to Fertility</td>
<td></td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Visit to Facility</td>
<td></td>
<td></td>
<td>√</td>
<td>√</td>
</tr>
</tbody>
</table>
WORKSHOP EVALUATION

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

3 = Agree 2 = No opinion 1 = Disagree

<table>
<thead>
<tr>
<th>HOW I FEEL ABOUT DIFFERENT PARTS OF THE WORKSHOP</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The trainer(s) made me feel welcome.</td>
<td></td>
</tr>
<tr>
<td>2. The objectives for each session were clear.</td>
<td></td>
</tr>
<tr>
<td>3. The presentations were understandable.</td>
<td></td>
</tr>
<tr>
<td>4. The role plays helped me to feel confident about using good communication when giving counseling to postpartum women.</td>
<td></td>
</tr>
<tr>
<td>5. The case studies helped me to feel confident in knowing how to give postpartum family planning counseling.</td>
<td></td>
</tr>
<tr>
<td>6. The field practice with the women in the community helped me feel confident about giving family planning counseling.</td>
<td></td>
</tr>
<tr>
<td>7. Almost everything presented in the workshop was new information for me.</td>
<td></td>
</tr>
<tr>
<td>8. I learned enough to feel confident being a postpartum family planning counselor.</td>
<td></td>
</tr>
<tr>
<td>9. The trainers encouraged me to participate.</td>
<td></td>
</tr>
<tr>
<td>10. The trainers made it easy for me to ask questions.</td>
<td></td>
</tr>
<tr>
<td>11. I think other people would like this workshop also.</td>
<td></td>
</tr>
</tbody>
</table>
COUNSELING AIDS
LAM can help you prevent pregnancy if you are breastfeeding and meet ALL these criteria.

1. No menstrual bleeding since your baby was born

2. You only breastfed your baby (no other food or liquid is given)

3. Baby is less than 6 months old

Do YOU meet all 3 of these criteria?
If yes, you can use LAM to prevent pregnancy.

When you no longer meet ALL these criteria, begin using another family planning method immediately.
While You Are Using LAM:

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

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

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

Begin thinking about a new method while still using LAM.

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

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

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

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

Wait 2 years after your baby is born before getting pregnant again. It is good for the health of your baby and you.
WHAT ARE THE BENEFITS OF FAMILY PLANNING?
Bayanai akan bada tazara tsakanin samun jana biyu, cikin koshin lafiya.

Me ka gani a wannan hoton?
Me ka fa tai yata game da wannan hoton? C?

Me ake nufi da bada tazara tsakanin samun jana biyu?
Bada tazara tsakanin samun jana biyu cikin koshin lafiya shi ne, samun hurrin kamar misali shi ne, biyu bayan fi hancu.

Mene ne amfanin bada tazara tsakanin samun jana biyu?
Bada tazara tsakanin samun jana biyu cikin koshin lafiya.

- Inga ina da nuna da jariinta.
- Rate shine ya yi na kuma, ya yi da shi ne, biyu.
- Rate shine ya na nuna da jariinta da babu ba ba lia "liya ba" (baliyinu).
- Sawar ya da dawa da dammu ta ba biyu da cikin samun yana.
- Rate shi ne, ya yi da jariinta da babu ba ba lia "liya ba".
- Sawar ya da dawa da dammu ta ba biyu da cikin samun yana.
- Taikin ya da dawa da dammu ta ba biyu da cikin samun yana.

Tuna fa:
"Yaranci kiki guda daga, yadda yana masu yawan mata za amfani" (Da kai hwanar yaya, gare Da daya kwakwara, Karin magana Hausa). Tuna fa sajawawa har ba wa biyu, kafi a soni cikin bayan hanyarwa, za taikin wajen samun yana masu biya da kwsaro.

- Saikin na wa biyu da cikin kai hanyarwa, lakin samun yana masu yawan mata da ta jahi. Kafi a soni cikin kai hanyarwa, daban samun yana masu yawan mata da ta jahi.
- Ya amfani da yadda yana masu yawan shayar da jahi, ta kwar da yadda yana wada da bai ta a tsare a Wajen Shayan da jahi.

**HEALTHY SPACING OF PREGNANCIES**

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

Healthy spacing of pregnancies is waiting at least two years after the birth of your last child before trying to become pregnant again for the health of both mother and baby.

What are the benefits of healthy spacing of pregnancies?

Healthy spacing of pregnancies:

- **Improves the health of the mother and the child**
- Reduces the chance that teenagers, young child and children will die under five years of age.
- Reduces the chance that babies are born too small or with a low birth weight.
- Helps mothers and father to offer time and energy necessary to prepare for the next pregnancy.
- Reduces the chance of problems in the next pregnancy.
- A time to reduce the gap for at least two years.
- Helps each couple have healthy and productive children.

**Reminder:**
"The good times is better than many years later" (Hausa Proverb). Remember waiting at least two years before getting pregnant after the birth of your last child will help you have a healthy and productive children.

- Wait at least two years after your baby's birth before trying to become pregnant again for the health of both mother and baby.
- Wait at least two months after miscarriage before trying to become pregnant again for the health of both mother and baby.
- Use methods that are safe for breastfeeding babies and mother. You have many choices that have an effect on breastfeeding."
CHOOSE AN FP METHOD WITHIN SIX WEEKS OF GIVING BIRTH
DISCUSSING AND CHOOSING A FAMILY PLANNING METHOD PRIOR TO SIX WEEKS AFTER THE BIRTH

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

What is your understanding of a family planning method?
Discuss and choose a family planning method or discuss which method is best for you. (methods to discuss: IUD, condom, barrier, oral contraceptives, etc.)

What is the benefit of discussing and choosing a family planning method before a baby is born?

Discussing and choosing a method, including IUD, before your baby is born:
- Can help prevent unplanned pregnancies
- Can help prevent unintended pregnancy
- Allows a woman to select a method (including IUD) during the few postpartum weeks

Remember:
- A mother can become pregnant as soon as she stops breastfeeding, even after her menstrual cycle returns!
- A miscommunication between couples can help prevent unwanted pregnancies
- Couples, discuss and choose a family planning method before your baby is 6 weeks old.
- Pregnant, your family's method of choice during your current week is your provider.

For additional information and resources, please contact your provider or local health clinic.
LAM’S THREE CRITERIA ARE NECESSARY TO PREVENT PREGNANCY
Postpartum Family Planning for Community Health Workers

LAM

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

What is lactational amenorrhea method or LAM?

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

1. Your periods have not returned, AND
2. The baby is only breastfeeding and is not frequently awak at night, AND
3. The baby is less than six months old.

What are the benefits of LAM?

- LAM is a family planning method that can help prevent women from unplanned pregnancies for up to 6 months after the last birth.
- It can prevent pregnancy if all these conditions are met.
- It can be started immediately after birth.
- There are no side effects.
- It is a natural method, requiring no medical device or artificial hormone.
- It provides full contraceptive protection for up to 6 months after the last birth.
- It saves money and is more effective.
- It is pregnancy prevention, which is good for the health of your baby

Notes:

- Couples, practice LAM, while you decide on another method to change to after LAM. This will help ensure healthy spacing of your children.
- LAM is a temporary contraceptive if the mother’s periods have not yet returned, your baby is only breastfeeding, and your baby is less than six months old.
- A woman not using LAM (volunteer asks the household woman if the criteria are met and the volunteer repeats the criteria again) can become pregnant even if her periods have not yet returned.

REMEMBER- LAM is not equal to EXCLUSIVE BREASTFEEDING.
TRANSITION FROM LAM IS NECESSARY TO PREVENT PREGNANCY WHEN ANY ONE OF THE LAM CRITERIA IS NO LONGER MET
Bayani akan matakini tazarar haluwua da zanar an haliu da kuma sabun tsarin duwanc matakini tazarar haluwua nan gaba.

Me kika gan'i a wannan iden?
Me kika fazhibbinta a wannan iden? ?

Mene ne sabun tsari ba'ala wanda matakini tazarar haluwua da zanar an haliu da wata sabunwar hanyar da wacan matakini nan gaban?

1. Iman kika al'ama da cewa ba, kuma, 
2. Ana shayar da jantin a wani a cewa a'anda da tana, sani karin kuma, 

Da zaara a gasari a wani nan sabunwar uku, maiyatu shi a salai wata sabunwar hanyar.

- Ana shayar da jantin a wani a cewa a'anda da tana, sani karin kuma.
- Ana shayar da jantin a wani a cewa a'anda da tana, sani karin kuma.
- Ana shayar da jantin a wani a cewa a'anda da tana, sani karin kuma.

Mene ne amfani sabun tsari da sani matakini tazarar haluwua zuwa sabunwar hanyar da wacan matakini tazarar haluwua na gaba? ?


- Turu matakini tazarar haluwua da shayar da jantin a wani a cewa a'anda da zanar an haliu da wacan a cewa a'anda da tana, sani karin kuma.

Tuna far: - Malhara, idan kuma a shikh da tsari baba sabun tazarar haluwua da shayar da jantin a wani a cewa a'anda da zanar an haliu, kuma mukar ba fara hani a cewa. Jantin ba, jantin ba mukar ba wani a cewa a'anda da tana, sani karin kuma.

- Ana shayar da jantin a wani a cewa a'anda da tana, sani karin kuma.

LAM AND THE TRANSITION

What do you think about the picture?

- What is the transition from lactation amenorrhea (LAM) to another FP method?
- LAM protects women from unplanned pregnancies for up to 6 months postpartum.
- 1. The baby is only breastfed and is not fed any other milk, and
- 2. The baby is less than 6 months old.

- Avoid using oral FP methods immediately after breastfeeding.
- Women may use other FP methods as soon as breastfeeding is complete or if there are health risks to breastfeeding.
- Avoid using oral FP methods during breastfeeding.
- Women can use other FP methods once they are ready.

- What are the benefits of transitioning from LAM to another contraceptive method?

- Switching from LAM to another family planning method as soon as breastfeeding ends helps to ensure the health and well-being of the mother and baby.

- Since LAM is technically changing to another method without medical help, women should be made aware of the benefits.
COUNSELING GUIDE II (GUINEA)
Developed by Save the Children Guinea, ACCESS-FP and ESD for community health workers.
Planification familiale pendant la période du post-partum

Messages :

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

- Il y a des méthodes de contraception que les femmes allaitantes peuvent utiliser, qui n’auront aucun effet sur le lait maternel. Discuter avec l’agent de santé ou l’agent communautaire pour savoir les méthodes modernes les plus indiquées pour vous étant une femme allaitante. La plupart des méthodes de contraception moderne peuvent être utilisées dans le post-partum ;

- En cas de relation sexuelle non protégée, pour éviter une grossesse non planifiée ou non désirée consulter immédiatement un centre de prestation de PF pour l’utilisation d’une méthode moderne de PF le plus tôt possible mais pas plus tard que 5 jours.

Méthode MAMA

Messages :

- Si vous êtes une femme allaitante/nourrice, la MAMA est une méthode contraceptive moderne et temporaire très efficace dont les critères sont:
  o L’allaitement maternel exclusif
  o L’aménorrhée
  o L’enfant à moins de six mois

- Soit que vous êtes ‘sii moso’ ou ‘Koladjan’, la méthode MAMA n’est plus efficace lorsque n’importe lequel des 3 critères change, et ne peut être utilisé pendant plus de 6 mois -même si les règles n’ont pas repris.
HEALTHY SPACING
PIEGS

Messages :

- Pour votre santé et celle de votre bébé, veuillez attendre 2 ans après une naissance et pas plus de 5 ans avant d’envisager une nouvelle grossesse.

- Même si vous ou votre mari veut beaucoup d’enfants, un espacement de 2 ans après une naissance est important ; cela vous aide à assurer la bonne croissance et la survie de chaque enfant.

- Pour votre santé et celle de votre bébé, attendez 6 mois après un avortement /fausse couche avant de concevoir.

- Pour votre santé et celle de votre bébé, veuillez attendre jusqu’à l’âge de 18 ans avant d’être enceinte ; pensez à utiliser une méthode de PF de votre choix dans l’entre temps.
IMMEDIATE BREASTFEEDING
Allaitement immédiat et exclusif

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

Planification familiale pendant la période du post-partum

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

Messages :

• Si vous êtes une femme allaitante/une nourrice, la MAMA est une méthode contraceptive moderne et temporaire très efficace dont les critères sont :
  o L’allaitement maternel exclusif
  o L’aménorrhée
  o L’enfant a moins de six mois

• Soit que vous êtes ‘sii moso’ ou ‘Koladjan’, la méthode MAMA n’est plus efficace lorsque n’importe lequel des 3 critères change, et ne peut être utilisé pendant plus de 6 mois -même si les règles n’ont pas repris.

• La méthode MAMA est efficace à 98% pour empêcher les grossesses non planifiées avant qu’un des critères change. Tant que vous utilisez la MAMA correctement vous n’aurez pas besoin de vous abstenir.

Transition aux autres méthodes modernes de PF

Messages :

• Chère mère, rappelez-vous que la MAMA n’est plus efficace lorsque l’un des trois critères change :
  o L’allaitement maternel exclusif
  o L’aménorrhée
  o L’enfant a moins de six mois

• Chère mère, la MAMA est une méthode temporaire, qui ne peut durer plus de 6 mois. Donc il faut penser à changer à une autre méthode de PF quand la MAMA n’est plus efficace.

• Chère mère, dès qu’un critère change, même si les règles ne sont pas revenues, commencez immédiatement à utiliser une autre méthode moderne de PF pour vous mettre à l’abri d’une nouvelle grossesse avant que votre enfant n’ait 2 ans complet.
LAM TRANSITION
Transition aux autres méthodes modernes de PF

Messages :

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

Planification familiale pendant la période du post-partum

Messages :

- Il y a des méthodes de contraception que les femmes allaitantes peuvent utiliser, qui n’affecteront aucun effet sur le lait maternel. Discuter avec l’agent de santé ou l’agent communautaire pour savoir les méthodes modernes les plus indiquées pour vous étant une femme allaitante. La plupart des méthodes de contraception moderne peuvent être utilisées dans le post-partum ;

- En cas de relation sexuelle non protégée, pour éviter une grossesse non planifiée ou non désirée consulter immédiatement un centre de prestation de PF pour l’utilisation d’une méthode moderne de PF le plus tôt possible mais pas plus tard que 5 jours.
RESUMED SEXUAL ACTIVITY/RETURN TO FERTILITY
Postpartum Family Planning Methods
Postpartum Family Planning for Community Health Workers
Postpartum Family Planning for Community Health Workers
Postpartum Family Planning for Community Health Workers

- Postpartum Family Planning
- For Community Health Workers

- What to do if a woman has a postpartum bleeding?
  - Monitor the bleeding closely.
  - If the bleeding continues for more than 48 hours, refer her to a health facility.

- Vitamin A supplementation:
  - Give vitamin A to women within 48 hours of delivery.
  - Monitor the child's intake of Vitamin A and provide additional doses if needed.

- Providing essential supplies:
  - Ensure that all health facilities have essential supplies for postpartum family planning.
  - Train health workers on the importance of providing these supplies.

- Follow-up with families:
  - Schedule follow-up visits to assess the effectiveness of postpartum family planning.
  - Provide counseling and support to families to help them make informed decisions.

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Postpartum Family Planning for Community Health Workers
### Postpartum Family Planning for Community Health Workers

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you aware of the post-natal care provided by the health worker?</td>
<td>Yes</td>
</tr>
<tr>
<td>Have you received any counseling on family planning?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are you aware of the availability of long-acting contraceptive methods?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### General Information

- Family planning is recommended after childbirth to prevent unplanned pregnancies.
- Long-acting reversible contraceptive methods are highly recommended.

### Counseling

- Counselling on family planning should be provided.
- Discuss the benefits and risks of each method.

### Contraceptive Methods

- Implant
- Intrauterine device
- Contraceptive pills
- Condom
- Spermicides

### Follow-up

- Arrange a follow-up visit to check the health of the mother and child.
- Provide support and guidance on contraceptive use.

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Postpartum Family Planning for Community Health Workers
11. مادران شیر ده! تا بلیت های مختلط (COC) را شش ماه بعد از ولادت استفاده نمایید

● در تصور کجها می‌بینید؟
  • بچک نامی که تبلیت شش ماهه دارد و بخش‌هایی از تبلیت‌های مختلط (COC) قابلیت دم می‌کند یا نیست؟

● به یاد داشته باشید!
  • اگر مدتی بیش از شش ماه می‌توانید از تبلیت‌های مختلط (COC) قابلیت دم استفاده نمایید زیرا:

11. کمی ورکر و منو کمی کولی (COC) هم زیور خون خیم میانشی وروده و کاروی

● به دی اتوک گی گی گری؟
  • برای بچک های مادرانی که در کولی از گریابی چی دامپه می‌ورود و به‌کار می‌رود کولی (COC) و کاروی

● به یاد ولای!
  • که چطور می‌ورود و چه زمانی؟ نه وی رفتهای و در زمانی می‌ورود شهید دامپه کولی از گریابی چی داکتر کولی
  • مسالی دمای درک کارامل لازم گریابی
12- برای مواردی که مرکز صحتی مراجعه نمایید

**مباحثه:**
• اگر در مورد فاصله دهی بین ولادت‌ها به مواردی چشم‌پوشی داشتید، چه می‌کنید؟ و چه کجا می‌روید؟

**در تصویر چه را می‌بینید؟**
• یک خانم و رهبری که مطالعه شده است، چه مانگونی را تاکید کرده و چه مورد می‌شود?
• چه در بیمارستان مراقبت نموده و چه درمانی که برای بیماران داده دارند، وقفه‌ای در کار دارند؟

**به پایان داشته‌باشید!**
• گزاره در مورد طرفدارین مختلف فاصله دهی میان ولادت‌ها کدامیک که نشان داده شده و یا در هنگام استفا به کدام مشکل روبرو شدند، بعد از مشورت با کارکن صحتی به ترتیب ترین کلیک‌گیران شده‌اند، در مورد تغییراتی که پیشتر نشان داده شده‌اند، و

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12- مفصل مولتی‌پلان ((کلیه‌ها)) به مراجعه و کنترل

**خو Sor:**
• که چهرا دیپلمان ترمین دوباره را به پایان نفت که لازم را می‌بخشید و چه؟
• چه پیاده و چه عوامل دارد؟ و چه؟

**به دیگری که گُردی**
• یوز سه ماهه یا پیش‌بینی مهدازهای دیه‌های ورود می‌آید در ترسه‌های غیر عادی، کی خودی که این ترجمه‌ای زیره شده است به کار کرده یا پیش‌بینی کرده؟

**به پایان گرده:**
• در حالی که از دیپلمان ترمین دوباره را در دیپلمان می‌آورد و به پایان نفت که لازم را می‌بخشید و چه، کارکردنی که شرط‌های زیره نیست، ورود می‌آورد و در ترسه‌های غیر عادی، کی خودی که این ترجمه‌ای زیره شده است به کار کرده یا پیش‌بینی کرده؟