Lactational Amenorrhea Method:
Workshop for Maternal, Newborn, and Child Health Service Providers

Facilitator’s Notebook

Field-Test Draft, December 2009
ACCESS-FP, a five-year, USAID-sponsored global program, 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 repositions 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, or contact Catharine McKaig, ACCESS-FP Program Director, at cmckaig@jhpiego.net.

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This learning resource package is largely based on (adapted from, with modifications for maternal, newborn, and child health service providers) the following publication: Georgetown University, Institute for Reproductive Health, and Jhpiego. 2009. Lactational Amenorrhea Method (LAM): A Learning Resource Package for Family Planning Service Providers and Trainers. Georgetown University: Washington, D.C. www.irh.org

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FIELD-TEST DRAFT, December 2009
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INTRODUCTION

WORKSHOP RATIONALE

Worldwide, 50% of pregnancies are unintended. Pregnancies that are spaced too close together decrease the likelihood of healthy newborn, child, and maternal outcomes. A postpartum woman may become pregnant, even while she is breastfeeding or before her menstrual period has returned—if she is not using contraception, such as the Lactational Amenorrhea Method (LAM).

LAM is a highly effective, temporary method of contraception that is available and accessible to postpartum women who are breastfeeding. Although the scientific evidence supporting LAM is strong, LAM is often undervalued and rarely used, even by women who would be excellent candidates for the method. A major reason for the underutilization of LAM is the lack of awareness of LAM—its advantages/benefits, mechanism of action and correct use—and of LAM counseling skills on the part of maternal, newborn, and child (MNCH) health service providers. While most MNCH service providers are knowledgeable in breastfeeding support, many are not familiar with LAM as a family planning method, nor with importance of “transitioning” from LAM to another modern method of contraception.

This workshop will help prepare MNCH service providers to take advantage of the many opportunities they have to assist women in:

- Making well-informed family planning decisions, and
- Initiating and correctly using LAM for those who choose this method.

WORKSHOP GOAL AND OVERVIEW

The goal of this 2.5 hour workshop is to assist MNCH service providers in learning to provide safe, effective, high-quality LAM services to clients.

- Workshop content focuses on the essential skills necessary to provide LAM services to postpartum women. Topics presented include: basic LAM characteristics, including advantages and limitations; opportunities for providing LAM counseling; correcting misconceptions about LAM; and the principles and practice of effective LAM counseling, including for HIV-positive women.

1 There is some duplication between the facilitator's Introduction and the participant's Introduction (page P-1), but also significant differences. Where the facilitator's version has a section on “Organization and Use of LAM Workshop Materials,” the participant’s version has a detailed “Workshop Syllabus.”
This workshop is not intended to prepare a “breastfeeding counselor.” It will instead prepare a LAM service provider who (although s/he can assist postpartum women in effective breastfeeding and managing common breastfeeding difficulties) knows when to refer a client for specialized breastfeeding care and support.

Because LAM services do not usually “stand alone,” but are rather incorporated into other services, this workshop/content may be integrated with training on antenatal or postpartum care, child care or basic family planning. Additional training may be necessary to update participants’ knowledge on modern contraceptive methods, through a contraceptive technology update. Additional training on breastfeeding and the management of breastfeeding difficulties may also be necessary, depending on the current knowledge and skills of participants.

**About the LAM Facilitation Skills Course, also included on this CD-ROM:** Whereas the “LAM Workshop” is designed to prepare MNCH service providers to deliver LAM services, the “LAM Facilitation Skills Course” is designed to prepare “LAM trainers” through developing the LAM knowledge, counseling skills and training skills necessary to effectively facilitate the LAM Workshop.

**ORGANIZATION AND USE OF LAM WORKSHOP MATERIALS**

The “LAM Workshop” portion of this learning resource package (LRP) is composed of four main components:

- This **Facilitator’s Notebook**, which includes all of the materials needed to conduct this workshop—In addition to this introduction, the Notebook includes a model workshop outline, which provides a detailed plan for how the workshop may be conducted; pre- and post-workshop knowledge assessments and answer keys; a collection of teaching aids and exercises, including facilitator notes/instructions and answer keys; and a thumbnail version of the Graphics Presentation (further described below), as well as narration notes. Also included is a complete version of the Participant’s Notebook (further described below).

- A **Graphics Presentation**, which contains all of the basic content of the workshop and provides a visual accompaniment to activities—Depending on resources available, this PowerPoint presentation can be projected via computer onto a screen, transferred for use on an overhead projector or a flip chart, or shared as a handout.²

- The **Participant’s Notebook**, which contains materials that accompany several of the course segments and activities, enhancing the learning experience—Materials include an introduction, a model course agenda, answer sheets for the pre-course knowledge assessment and exercises, and a course evaluation.

² A print-ready PDF of the thumbnail version of the Graphics Presentation is included in the Resources section of the CD-ROM.
Making modifications… While a broad selection of learning tools and activities are included the LAM Workshop portion of the LRP, the experienced facilitator will be able to modify materials as appropriate based on time available, participant needs and the local situation. For example, modifications may need to be made to the materials relating to transition from LAM to other modern methods of contraception, depending on the methods that are locally available. In addition, time spent on LAM use among HIV-positive woman and prevention of mother-to-child transmission of HIV may need to be reduced or lengthened, depending on local prevalence of HIV.

- A Reference Manual, which contains basic information about LAM and expands upon the content included in the Graphics Presentation—The manual also includes several key learning tools/job aids: the LAM Counseling Guide, LAM Client Education Card, LAM Counseling Checklist, “Transition” Checklist and LAM Frequently Asked Questions (FAQs). These materials, and the manual as a whole, will be useful to the facilitator and participants not only during the workshop, but in the clinical setting as well.

Also included on the CD-ROM is a Resources section, which contains an annotated bibliography of relevant LAM literature and reference materials; individual, print-ready PDFs of the learning tools/job aids provided in the Reference Manual; and other key resources.
## LAM Workshop for MNCH Service Providers—Model Workshop Outline (2.5 Hours)

<table>
<thead>
<tr>
<th>ACTIVITY # (TIME ALLOTTED)</th>
<th>BRIEF CONTENT DESCRIPTION</th>
<th>TRAINING/LEARNING METHODS</th>
<th>RESOURCES/MATERIALS</th>
</tr>
</thead>
</table>
| 1 (10 minutes)            | Review of workshop goal and objectives  
                           |                           |                     |
|                           | Review of workshop materials  
                           |                           | Workshop materials  
                           | Graphics 1–4  
                           | Facilitator’s Notebook  
                           | Participant’s Notebook |
|                           | Introduction to LAM within context of MNCH services | Overview of Workshop: Welcome participants and review the workshop materials and workshop objectives using flipchart graphics/overhead. Ask participants to list the methods of contraception available to their clients. Define and introduce LAM as another modern method of contraception, broadening the method mix. Briefly mention that LAM has numerous benefits for the mother and baby, which will be further discussed later. (See Facilitator’s Notebook for optional Pre-Workshop Knowledge Assessment.) |                     |
| 2 (10 minutes)            | Benefits of healthy timing and spacing of pregnancies | Presentation/Discussion: Ask the group to list the benefits of healthy timing and spacing of pregnancies. Summarize answers using graphic(s). Use questioning techniques with graphics to discuss return to fertility. | Graphics 5–8  
                           | Reference Manual: Appendix A |
| 3 (5 minutes)             | Basic mechanism of action of LAM | Presentation/Discussion: Ask participants to explain the way in which LAM prevents pregnancy. Summarize answers using graphic(s), as well as and illustration in Reference Manual. | Graphics 9–10  
                           | Reference Manual |
| 4 (20 minutes)            | LAM criteria and their importance | Presentation/Discussion: Ask participants to list LAM criteria. Emphasize that breastfeeding is not LAM. Explain/review criteria with graphics and the Client Education Card. Discuss why each criterion is important.  
                           | EXERCISE/Case Studies for LAM Criteria: Read each case study. (Instruct participants to write answers on handout or separate sheet, if time allows.) Review answers as a group. Be sure to emphasize at least one case study illustrating each of the criteria. (For additional guidance, see notes/instructions in Facilitator’s Notebook.) | Graphics 11–18  
                           | Reference Manual and Appendix C  
                           | Facilitator’s Notebook  
                           | Participant’s Notebook |

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3 The participant’s course model agenda (page P-4) provides an abbreviated version of this outline.

4 Times allotted are general guidelines only, provided for illustrative purposes. Again, some activities may be lengthened or reduced based on the needs of a specific group of participants.
<table>
<thead>
<tr>
<th>ACTIVITY #</th>
<th>TIME (ALLOCATED)</th>
<th>BRIEF CONTENT DESCRIPTION</th>
<th>RESOURCES/MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>5 minutes</td>
<td>Effectiveness of LAM</td>
<td>Graphics 19–21</td>
</tr>
<tr>
<td></td>
<td>(5 minutes)</td>
<td></td>
<td>Graphics 22–33</td>
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<td></td>
<td></td>
<td></td>
<td>Reference Manual</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>National/Local HIV/PMTCT Guidelines</td>
</tr>
<tr>
<td>6</td>
<td>10 minutes</td>
<td>Advantages and limitations of LAM, including use by HIV-positive mother</td>
<td>Graphics 22–33</td>
</tr>
<tr>
<td></td>
<td>(10 minutes)</td>
<td></td>
<td>Reference Manual</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Participant’s Notebook</td>
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<td></td>
<td></td>
<td></td>
<td>Facilities Notebook</td>
</tr>
<tr>
<td>7</td>
<td>10 minutes</td>
<td>Opportunities for integration of LAM services, including transition</td>
<td>Graphics 34–38</td>
</tr>
<tr>
<td></td>
<td>(10 minutes)</td>
<td></td>
<td>Reference Manual</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Participant’s Notebook</td>
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<td></td>
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<td></td>
<td>Facilities Notebook</td>
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<tr>
<td>8</td>
<td>30 minutes</td>
<td>Appropriate timing for transition to other modern methods of contraception</td>
<td>Graphics 39–41</td>
</tr>
<tr>
<td></td>
<td>(30 minutes)</td>
<td></td>
<td>Reference Manual</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Appendices B–E</td>
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<td></td>
<td></td>
<td></td>
<td>Facilities Notebook</td>
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<td></td>
<td></td>
<td></td>
<td>Participant’s Notebook</td>
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<tr>
<td></td>
<td>(35 minutes)</td>
<td></td>
<td>Reference Manual</td>
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<td></td>
<td></td>
<td></td>
<td>Appendices B–E</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Facilities Notebook</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Participant’s Notebook</td>
</tr>
<tr>
<td>ACTIVITY # (TIME ALLOTTED)</td>
<td>BRIEF CONTENT DESCRIPTION</td>
<td>TRAINING/LEARNING METHODS</td>
<td>RESOURCES/MATERIALS</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------</td>
<td>---------------------------</td>
<td>---------------------</td>
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</tbody>
</table>
| 10 (15 minutes)           | Assessment of participants knowledge, summary, evaluation | **Wrap-up activities:** Ask Post-Workshop Knowledge Assessment questions of the group and, to summarize key workshop content, briefly discuss each answer as a group. (Alternately, if time allows, have participants complete the assessment in written form.) After reviewing/summarizing correct answers, have participants complete the workshop evaluation. (For additional guidance, see notes/instructions in Facilitator’s Notebook.) | • Graphic 48  
• Facilitator’s Notebook  
• Participant’s Notebook |

**Equipment for workshop:**

- Flipchart and markers/pens (or blackboard and chalk, whiteboard and markers)
- 2” x 2” post-it notes (or small papers and tape)
- Projection unit and laptop or overhead projector
PRE-WORKSHOP KNOWLEDGE ASSESSMENT

USING THE ASSESSMENT

The Pre-Workshop Knowledge Assessment is not intended to test but rather to assess what the participants already know, individually and as a group, about the workshop topics. Participants, however, are often unaware of this distinction and may become anxious and uncomfortable at the thought of being “tested” in front of their colleagues. The facilitator should be sensitive to participants’ concerns and administer the assessment in a neutral and non-threatening way, as the following suggested instructions illustrate:

- Participants draw numbers to ensure anonymity (e.g., from 1 to 20 if there are 20 participants in the workshop).
- Participants complete the assessment (page P-5), placing their numbers (in place of their actual names) at the top of the sheet.
- After all participants have completed the assessment (or after an allotted time), the facilitator provides the correct answer to each question. (Explanations are provided on page 9.)
- Participants grade their own assessments and give them to the facilitator.
- During the next break, the facilitator quickly reviews the completed assessments to find significant gaps in participants’ knowledge. This can help in determining which topics should be emphasized or de-emphasized during the workshop. (If there are two facilitators, one can review the assessments while the other continues with the workshop.)

Although this tool may be helpful in assessing participants’ knowledge of LAM, it is not considered an essential component of the workshop. As such, there is no time allotted for it in the schedule (model workshop outline). A facilitator who chooses to use the assessment (perhaps as a warm-up activity in the introduction to the workshop) will need to make small reductions in the times allotted for other activities in order to accommodate it.
### PRE-WORKSHOP KNOWLEDGE ASSESSMENT

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The Lactational Amenorrhea Method (LAM) is 80% to 90% effective when correctly used.</td>
<td>FALSE</td>
</tr>
<tr>
<td>2</td>
<td>Breastfeeding and LAM are the same thing.</td>
<td>FALSE</td>
</tr>
<tr>
<td>3</td>
<td>LAM cannot be relied on for contraception if the woman has vaginal bleeding after the first two months postpartum.</td>
<td>TRUE</td>
</tr>
<tr>
<td>4</td>
<td>If a woman is not breastfeeding, ovulation will occur at 45 days postpartum on average, and may occur as early as 21 days postpartum.</td>
<td>TRUE</td>
</tr>
<tr>
<td>5</td>
<td>Most health care workers encourage mothers to use LAM because they know that it is an effective modern method of contraception.</td>
<td>FALSE</td>
</tr>
<tr>
<td>6</td>
<td>One of the benefits of waiting at least two years after a birth to become pregnant again is that it reduces newborn, infant and child mortality.</td>
<td>TRUE</td>
</tr>
<tr>
<td>7</td>
<td>The health care worker does not need to mention transitioning from LAM to another modern method until the fifth or sixth month postpartum.</td>
<td>FALSE</td>
</tr>
<tr>
<td>8</td>
<td>The breastfeeding postpartum mother can safely use progestin-only contraceptive pills or an intrauterine contraceptive device (IUD) at six weeks postpartum.</td>
<td>TRUE</td>
</tr>
<tr>
<td>9</td>
<td>The HIV-positive mother should not use LAM.</td>
<td>FALSE</td>
</tr>
<tr>
<td>10</td>
<td>LAM counseling might appropriately be provided as part of antenatal care, postpartum care, child health care or community health visits.</td>
<td>TRUE</td>
</tr>
</tbody>
</table>
PRE-WORKSHOP KNOWLEDGE ASSESSMENT—EXPLANATIONS

1. **FALSE.** LAM is more than 98% effective as commonly used.

2. **FALSE.** For LAM to effectively prevent pregnancy, three conditions or “criteria” must be met. A breastfeeding woman can become pregnant if she has had menstrual bleeding (bleeding after two months postpartum); if she is not breastfeeding only/exclusively (whenever the baby is hungry, day and night; giving no other food or fluids); OR if her baby is six months of age or older.

3. **TRUE.** Amenorrhea (lack of menstrual bleeding) is one of the essential criteria for LAM effectiveness. Any vaginal bleeding after two months postpartum is considered menstrual bleeding.

4. **TRUE.** For the non-breastfeeding mother, ovulation will occur on average at 45 days postpartum, but may occur as early as 21 days postpartum. It is important for clients and providers to know about return to fertility and how early it can occur.

5. **FALSE.** Many health care workers doubt the benefits and effectiveness of LAM, and will need to have their misinformation and myths about the method corrected/dispelled.

6. **TRUE.** Newborn, infant and child mortality is reduced when the interval between birth and the next pregnancy is at least two years.

7. **FALSE.** “Transition” from LAM to another modern method of contraception is an essential component of LAM and should be mentioned at the initial LAM counseling session and at every client contact thereafter.

8. **TRUE.** Both of these methods can safely be used by the breastfeeding mother at six weeks postpartum.

9. **FALSE.** An HIV-positive mother can and should be encouraged to use LAM, if replacement feeding with other milk or formula is not a viable option for her (according to the AFASS criteria, presented on page 14 in the Reference Manual). It is especially important for HIV-positive mothers who breastfeed or use LAM to only/exclusively breastfeed their baby until six months of age.

10. **TRUE.** All of these health care settings/scenarios are appropriate for LAM services. Providers should miss no opportunity to provide appropriate information and counseling about this highly effective contraceptive method.
LAM EXERCISES

IDENTIFYING LAM CRITERIA: CASE STUDIES (ANSWER KEY)

Objective: To help participants learn and understand the importance of the three LAM criteria

Time: 20 minutes

Materials: Case studies answer key (below) and case studies answer sheet (page P-7).

Process:
- Have participants refer to the case studies.
- Read each of the case studies aloud.
- After each case, stop and ask a different participant the questions that follow.
- Acknowledge/repeat and explain correct answers so that the group hears and understands them before moving on to next case.

1. Dafina is the mother of a three-month-old baby. She only/exclusively breastfeeds the baby and has already had menstrual bleeding.
   
   Q. Can this woman rely on LAM? Why or why not?
   A. No, she should not rely on LAM because her menses have returned. She is no longer in amenorrhea, which means that one of the three LAM criteria is no longer being met.

2. Mary has a four-month-old baby and her menses have not returned. She feeds her baby only breast milk. Lately, she has been leaving the house for three hours every day to do laundry. While she is gone, the baby stays with his grandmother.
   
   Q. Can this woman rely on LAM? Why or why not?
   A. Yes, she can rely on LAM now because she meets all three LAM criteria.

   Q. Based on the information provided, is there any reason to suggest that she should start using another method sooner rather than later? What would you recommend?
   A. Transition to another family planning method seems appropriate at this time for several reasons. This baby is starting to be physically separated from his mother more frequently; this means that breast stimulation is decreasing, which can lead to return of fertility. Also, because the baby is being left with someone else on a regular basis, there is an increased possibility that the caretaker will start feeding the baby other foods or liquids. In some cultures, four-month-old babies may already be receiving other foods/liquids.
3. Fatima, mother of a two-week-old baby girl, presents at your clinic. She only/exclusively breastfeeds her baby and has vaginal bleeding.

   **Q. Can this woman rely on LAM? Why or why not?**
   
   **A.** Yes, she can rely on LAM because she meets all three LAM criteria. Vaginal bleeding during the first two months postpartum is not considered the return of menses.

4. Parvene has a two-month-old baby boy. She has not yet had any menstrual bleeding. She breastfeeds the baby and also gives him two or three spoonfuls of sugared water a few times a day—to calm him when he is crying.

   **Q. Can this woman rely on LAM? Why or why not?**
   
   **A.** No, she should not rely on LAM because the baby is already receiving other foods and liquids. Even though it is only two or three spoonfuls, this is a large enough quantity to reduce the need to breastfeed in a two-month old baby. Also, once the baby starts receiving foods or liquids in addition to breast milk, it is likely that increasing quantities of foods/liquids will be introduced. Based on this information, transition to another family planning method seems appropriate at this time.

5. Sonia comes to you for a check-up at six months postpartum. She is only/exclusively breastfeeding her baby and has not had any menstrual bleeding.

   **Q. Can this woman rely on LAM? Why or why not?**
   
   **A.** No, the baby is now six months old, so LAM can no longer be relied on for contraception. She needs to transition to another method immediately if she does not want to become pregnant again.
TRANSITIONING TO OTHER MODERN METHODS OF CONTRACEPTION: THREE EXERCISES (ANSWER KEYS)

Exercise One: Initiation of Postpartum Contraception (Graph)

Objective: To help participants learn when various methods of contraception can be initiated for the postpartum mother

Time: 20 minutes

Materials: Exercise One answer key (completed graph, below) and answer sheet (blank graph, page P-7); flipchart (or white board); Reference Manual

Process:
- List locally available family planning methods on a flipchart (or white board) at the front of the room. Possible examples:
  - LAM
  - Progestin-only methods
  - Combined estrogen–progestin methods
  - Female sterilization
  - Male sterilization
  - Intrauterine contraceptive device (IUD)
  - Emergency contraception
- Give each participant a copy of the blank graph.
- Instruct participants to complete the blank column of the graph with family planning methods that correspond with the appropriate time periods indicated to the right. Clarify that the starting point of each arrow should correspond with the time when the method can be initiated.
- After participants have had time to complete the blank column of the graph, review their answers together as a group.
- Then, review/discuss the correct answers, as indicated in the answer key (following). Refer participants to the completed version of the graph in the Reference Manual (Exhibit 8, page 11).
### Exercise One: Initiation of Postpartum Contraception—Answer Key (completed graph)

<table>
<thead>
<tr>
<th>Contraceptive Method</th>
<th>Birth</th>
<th>48 hours</th>
<th>3 weeks</th>
<th>4 weeks</th>
<th>6 weeks</th>
<th>6 months</th>
<th>9 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALL WOMEN</strong></td>
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<td>1. Condom</td>
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<td>2. IUD</td>
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<td>3. Female sterilization</td>
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<td>4. Emergency contraception</td>
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Exercise Two: Initiation of Postpartum Contraception (Labeling)

Objective: To help participants learn when various methods of contraception can be initiated for the postpartum mother

Time: 20 minutes

Materials: Six labeled flipcharts (or white boards) (see more about the labels in the process description below); 2” x 2” post-it papers (or small papers and tape)6; Reference Manual

Process:

- Place six flip chart papers around the room, each with a different label at the top: “Breastfeeding—at birth,” “Breastfeeding—at 6 weeks,” “Breastfeeding—at 6 months,” “Non-breastfeeding—at birth,” “Non-breastfeeding—at 3 weeks” and “Non-breastfeeding—at 6 weeks.”
- Give each participant post-it papers—each with a different, locally available family planning method written on it. (There should be at least two post-it papers for each method.) Possible examples: “LAM,” “combined oral contraceptives (COCs),” “progestin-only methods (pill or injection),” “intrauterine contraceptive device (IUD),” “female sterilization,” “male sterilization,” “condoms”
- Instruct participants to place each post-it paper on the appropriate flip chart (i.e., the one that corresponds with the time when the method can be INITIATED).
- After participants have had time to complete the exercise, review their answers together as a group.
- Then, review/discuss the correct answers, as indicated in the answer key (following). Refer participants to the completed version of the graph in the Reference Manual (Exhibit 8, page 11).
- After reviewing the correct answers, have the participants correct the flip charts.

Answers:

Breastfeeding—at birth:

- LAM, condoms, IUD (within 48 hours), female sterilization (within the first week), male sterilization

Breastfeeding—at 6 weeks:

- Progestin-only methods
- Female sterilization (if not done within the first week)

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6 The number of post-it papers/small papers to prepare beforehand, as well as the number each participant will receive, depends on the how many participants there are and what family planning methods are locally available.
Breastfeeding—at 6 months:
  - COCs

Non-breastfeeding—at birth:
  - Condoms, IUD (within 48 hours), female sterilization (within the first week), male sterilization and progestin-only methods

Non-breastfeeding—at 3 weeks:
  - COCs

Non-breastfeeding—at 6 weeks:
  - Female sterilization (if not done within the first week)
Exercise Three: Case Studies for Transition

Objective: To help participants learn when various methods of contraception can be initiated for the postpartum mother

Time: 20 minutes

Materials: Case studies answer key (below) and case studies answer sheet (page P-6)

Process:
- Have participants refer to the case studies.
- Read each of the case studies aloud.
- After each case, stop and ask a different participant the questions that follow.
- Acknowledge/repeat and explain correct answers⁷ so that the group hears and understands them before moving on to next case.

1. Jane has a four-month-old baby, is only/exclusively breastfeeding and has been using LAM to prevent pregnancy. Her menses returned last week and she is not sure which family planning method would be best for her while she continues breastfeeding. She has been told that hormonal methods are bad for milk production.

   Q. Can this woman continue to rely on LAM? Why or why not?
   A. No, she can no longer rely on LAM because she has had menstrual bleeding.

   Q. Based on the information provided, what are some methods that may be appropriate for her at this time and/or what counsel would you provide?
   A. Review the methods that are compatible with breastfeeding, which include progestin-only methods, IUD and condoms. Combined oral contraceptives could not be started until the baby is six months old if she plans to continue breastfeeding. And because she is concerned about hormonal methods affecting her milk, the non-hormonal methods may be the best option for her. Vasectomy and tubal ligation are possibilities if she does not want to have more children. Discuss the benefits of exclusive breastfeeding for six months and continuing to provide complementary breastfeeding until the baby is 24 months old.

2. For the last six months (since delivery), Mrs. Smith has been only/exclusively breastfeeding her baby. She believes that breastfeeding will continue to protect her from pregnancy until her menstrual bleeding returns.

   Q. Can this woman continue to rely on LAM? Why or why not?
   A. No, she can no longer use LAM because her baby is six months old.

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⁷ The open-endedness of the second follow-up question for each case study provides an opportunity for participants to consider other possible answers, in addition to those presented here. The facilitator should encourage this as time allows, while reminding participants to stick with the information provided.
Q. Based on the information provided, what are some methods that may be appropriate for her at this time and/or what counsel would you provide?

A. Discuss the benefits of continuing to breastfeed for 24 months, even though the baby should be starting on complementary foods now. Discuss the return of fertility and the benefits of waiting until the baby is at least two years old before trying to become pregnant again. Advise the woman that she should begin another contraceptive immediately if she does not want to become pregnant. Based on the information provided, she can use any method she chooses.

3. Celia had her baby two weeks ago and has been using LAM. She is returning to work and will no longer be only/exclusively breastfeeding the baby.

Q. Can this woman continue to rely on LAM? Why or why not?

A. No, she cannot use LAM for contraception because she will no longer be only/exclusively breastfeeding her baby.

Q. Based on the information provided, what are some methods that may be appropriate for her at this time and/or what counsel would you provide?

A. Discuss the benefits of continuing to breastfeed for 24 months, even when using another modern method of contraception (other than LAM). She can use condoms and other barrier methods. At this time, however, she cannot use combined oral contraceptives or an IUD, nor can she have a tubal ligation. If she chooses the IUD, she should use condoms now and return in two weeks to have the IUD inserted. If she does not plan to have more children, her husband can have a vasectomy now or she can return at six weeks postpartum for a tubal ligation.

4. Stephanie is the mother of three children; her youngest is three months old. She believes that she has been using LAM to space her pregnancies, but she began to give the baby a daily bottle of formula when he was two months old. She has not yet had any menstrual bleeding. Stephanie plans to continue breastfeeding but seems confused about LAM. She is not sure how much longer she will be protected from pregnancy.

Q. Can this woman continue to rely on LAM? Why or why not?

A. No, she cannot rely on LAM because she is no longer only/exclusively breastfeeding.

Q. Based on the information provided, what are some methods that may be appropriate for her at this time and/or what counsel would you provide?

A. Advise the woman that she should begin another contraceptive immediately if she does not want to become pregnant. (You may use a pregnancy test to be sure she is not pregnant. However, if a pregnancy test is not available and you are reasonably sure that she is not pregnant, she can begin using another method.) Based on the information provided, she can use any method except combined oral contraceptives. Discuss the benefits of exclusive breastfeeding for six months and continuing to provide complementary breastfeeding until the baby is 24 months old.
5. While counseling Sophie after delivery about initiating LAM, you learn that she lives far away from the clinic. She is concerned that she may not be able to return soon enough when one of the criteria can no longer be met. What should she do?

**Q. Can this woman continue to rely on LAM? Why or why not?**

**A.** Yes, she can rely on LAM as long as the three criteria are met.

**Q. Based on the information provided, what are some methods that may be appropriate for her at this time and/or what counsel would you provide?**

**A.** She can be given condoms to use at any time. Or if she chooses progestin-only pills, the pills can be given to her with instructions not to begin them until after the baby is six weeks old. Counsel her that whichever method she chooses, she should start it IMMEDIATELY when one of the criteria is no longer met. Discuss the benefits of exclusive breastfeeding for six months and continuing to provide complementary breastfeeding until the baby is 24 months old.
LAM COUNSELING DEMONSTRATION AND PRACTICE SESSIONS

Objective: To familiarize participants with the LAM counseling process and key learning tools/job aids.

Time: 35 minutes (10 for demonstration, 10 for practice, 15 for discussion)

Materials: Key learning tools/job aids: the LAM Counseling Guide (job aid), LAM Client Education Card and LAM Counseling Checklist (Reference Manual, Appendices B–E); and LAM counseling practice session scenarios (page P-9)

Process:
- Review/introduce the key learning tools/job aids (listed above).
- Explain that the demonstration and following practice sessions will begin at the point in the counseling checklist when the client chooses LAM as her method of contraception. (This point is clearly indicated on the checklist.) The job aid and client education card begin to apply once the client has chosen LAM. And the transition checklist can aid in counseling a woman who is using LAM but planning to stop.
- According to the guidance provided below, conduct the counseling demonstration (1), facilitate the participants’ counseling practice sessions (2) and, if time allows, follow with a discussion (3).

Counseling Demonstration:
- Advise participants to follow along, throughout the demonstration, with the LAM Counseling Guide (job aid).
- If there is one facilitator, s/he should play the role of the counselor and have a participant play the role of the client, as described in the scenario below. (Have the participant read the description beforehand.) If there are two facilitators, they should play the two roles.

LAM Counseling Demonstration Scenario

Client: The woman has her two-month-old baby in her arms. She has never before used contraception. She is only/exclusively breastfeeding her baby and her menses have not returned. She has heard of LAM and would like to use it to prevent pregnancy. (Because of time limitations, the client should not present with a complicated history or questions. She should understand what the counselor is telling her.)

Counselor: The counselor provides counseling according to the job aid. (Because of time limitations, the counselor should not embellish or add to the messages in the job aid.) S/he speaks respectfully to the client, using language that she will understand. S/he uses the client education card to guide the woman through the information and to provide a take-home reminder of critical LAM messages.
Post-Demonstration Practice:

- After the demonstration is completed, have participants turn to the person next to them and practice counseling using the scenarios provided (page P-9).

- Assign a scenario to each participant pair. Explain that one person should play the role of client and the other should play the role of the provider. Then, they should switch roles so that each person has a chance to play both roles. Advise them to use the job aid and client education card as demonstrated.

- For each practice session, they have only five minutes (total 10 minutes).

Post-Demonstration Discussion (if time allows): After the counseling demonstration and practice sessions—

- Ask the participants for their impressions:
  - What did they like about the demonstration and practice?
  - What did not work well (if anything)?
  - What was it like playing the role of client? Of provider?
  - What did they think of the learning tools/job aids?
  - How feasible would this type of counseling be for their work setting?

- Address anything that was confusing and any other questions or concerns.

- Conclude with a statement about the usefulness of the learning tools/job aids in for LAM counseling.
POST-WORKSHOP KNOWLEDGE ASSESSMENT

USING THE ASSESSMENT

This knowledge assessment is designed to: (1) help the participants determine whether they have achieved the objectives of the workshop; and (2) summarize and/or review the key content of the workshop. It should be administered in a neutral and non-threatening way using one of the following options.

Option One:
Conduct the knowledge assessment orally, as the following guidelines illustrate:

- Read each question with the possible answers aloud. (Participants may be given copies of the answer sheet beforehand, so that they can follow along with the facilitator.)
- Direct each question to the entire group or to an individual participant—ensuring that each person answers at least one question.
- Pause after each question is read, to allow participants time to consider the possible answers.
- Repeat questions if requested.
- After the participant(s) have responded, review/discuss the correct answer.

Option Two:
If time allows, conduct the knowledge assessment as a written test, as the following guidelines illustrate: (Note that at least 10 minutes should be reserved after the assessment is completed for the facilitator to review/discuss the correct answers with the group.)

- The facilitator makes copies of the answer sheet (pages 24–25) and distributes them to participants.
- Participants place their names at the top of the answer sheet and complete the assessment. The facilitator remains in the room during this time.
- After all participants have completed the assessment (or after an allotted time), the facilitator reviews/discusses the correct answers with the group.
- Participants grade their own assessments and give them to the facilitator.
POST-WORKSHOP KNOWLEDGE ASSESSMENT (ANSWER KEY)

1. The LAM criteria for a postpartum woman are:
   a. Her menstrual bleeding has not yet returned
   b. It has been less than six months since the birth of the baby
   c. She is only/exclusively breastfeeding her baby
   d. She is waiting at least two years before trying to become pregnant again
   e. a, b and c
   f. All of the above

2. If a woman is not breastfeeding, ovulation will occur on average at:
   a. 20 days postpartum, but may occur as early as 12 days postpartum
   b. 45 days postpartum, but may occur as early as 21 days postpartum
   c. 60 days postpartum, but may occur as early as 30 days postpartum
   d. Two months postpartum, but may occur as early as one month postpartum

3. LAM’s effectiveness, as commonly used, is:
   a. 65% to 85%
   b. 85% to 90%
   c. 90% to 96%
   d. 98% or more

4. Advantages of LAM include all of the following except:
   a. Can be used immediately after childbirth
   b. Facilitates modern contraceptive use by previous non-users
   c. Offers some protection against STIs/HIV
   d. Motivates users to only/exclusively breastfeed for six months

5. Each of the following is a misconception/myth about LAM that is common among health care workers except:
   a. LAM is not an effective means of contraception
   b. LAM is synonymous with breastfeeding
   c. LAM is extremely effective as a “gateway” to the use of other modern methods of contraception
   d. LAM does not provide sufficient protection to justify the counseling time it requires

6. Benefits of waiting at least two years after a birth before trying to become pregnant include:
   a. Improved newborn and child health
   b. Improved maternal health
   c. Improved nutritional status of children
   d. a and b
   e. All of the above
7. By the time a woman who is using LAM is six months postpartum:
   a. She should begin thinking about transitioning to another modern method of contraception
   b. She may ovulate even if her menstrual bleeding has not returned
   c. She should stop breastfeeding and give her baby other foods and fluids
   d. Her milk may dry up

8. The breastfeeding postpartum mother can safely use/have all of the following except:
   a. Progestin-only pills at six weeks
   b. Copper-containing IUD at four weeks
   c. Tubal ligation at four weeks
   d. Combined oral contraceptives at six months

9. The HIV-positive mother who chooses to breastfeed should do all of the following except:
   a. Feed only from the unaffected breast if she experiences problems such as mastitis, cracked nipples or breast abscess
   b. Discontinue breastfeeding the baby abruptly at six months of age
   c. Breastfeed only/exclusively rather than supplementing with other food and fluids
   d. Use condoms consistently

10. Some principles of effective counseling include:
    a. Show every client respect, including respect for the client’s decisions
    b. Encourage the client to ask questions and express concerns
    c. Listen carefully
    d. All of the above

11. LAM counseling should cover all of the following topics except:
    a. Return of fertility and benefits of healthy timing and spacing of pregnancy
    b. The three eligibility criteria for LAM
    c. Timely, effective transition from LAM to another modern method of contraception
    d. Importance of using a back-up method of contraception if it is critical that the woman does not become pregnant

12. Appropriate opportunities for LAM counseling include all of the following except:
    a. Well-child care visits
    b. Post-abortion care (PAC) clinic
    c. Community health visit
    d. Antenatal care (ANC) visit
POST-WORKSHOP KNOWLEDGE ASSESSMENT
(ANSWER SHEET)

1. The LAM criteria for a postpartum woman are:
   a. Her menstrual bleeding has not yet returned
   b. It has been less than six months since the birth of the baby
   c. She is only/exclusively breastfeeding her baby
   d. She is waiting at least two years before trying to become pregnant again
   e. a, b and c
   f. All of the above

2. If a woman is not breastfeeding, ovulation will occur on average at:
   a. 20 days postpartum, but may occur as early as 12 days postpartum
   b. 45 days postpartum, but may occur as early as 21 days postpartum
   c. 60 days postpartum, but may occur as early as 30 days postpartum
   d. Two months postpartum, but may occur as early as one month postpartum

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   b. She may ovulate even if her menstrual bleeding has not returned
   c. She should stop breastfeeding and give her baby other foods and fluids
   d. Her milk may dry up

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   a. Progestin-only pills at six weeks
   b. Copper-containing IUD at four weeks
   c. Tubal ligation at four weeks
   d. Combined oral contraceptives at six months

9. The HIV-positive mother who chooses to breastfeed should do all of the following except:
   a. Feed only from the unaffected breast if she experiences problems such as mastitis, cracked nipples or breast abscess
   b. Discontinue breastfeeding the baby abruptly at six months of age
   c. Breastfeed only/exclusively rather than supplementing with other food and fluids
   d. Use condoms consistently

10. Some principles of effective counseling include:
    a. Show every client respect, including respect for the client’s decisions
    b. Encourage the client to ask questions and express concerns
    c. Listen carefully
    d. All of the above

11. LAM counseling should cover all of the following topics except:
    a. Return of fertility and benefits of healthy timing and spacing of pregnancy
    b. The three eligibility criteria for LAM
    c. Timely, effective transition from LAM to another modern method of contraception
    d. Importance of using a back-up method of contraception if it is critical that the woman does not become pregnant

12. Appropriate opportunities for LAM counseling include all of the following except:
    a. Well-child care visits
    b. Post-abortion care (PAC) clinic
    c. Community health visit
    d. Antenatal care (ANC) visit
LAM WORKSHOP GRAPHICS
PRESENTATION THUMBNAILS

Workshop Objectives

- Define LAM
- Discuss benefits of healthy timing and spacing of pregnancies (HTSP)
- Explain basic mechanism of action and effectiveness of LAM
- Describe the three criteria for LAM
- List advantages and limitations of LAM

Workshop Objectives (cont.)

- Identify opportunities for integrating LAM counseling with other services
- Identify appropriate timing to start key methods of contraception for breastfeeding mothers (for “transition” from LAM)
- Demonstrate effective LAM counseling

What Is LAM?

- A family planning method based on the physiological infertility experienced by breastfeeding women
- A “gateway” to other modern methods of contraception

Waiting Two Years after a Birth to Become Pregnant Again:

- Increases likelihood of healthy outcomes for baby and mother
- Reduces neonatal, infant and child mortality
- Reduces maternal mortality
- Improves nutritional status of children
- Addresses unmet need for contraception among postpartum women
- Benefits family economically

What is healthy timing and spacing of pregnancy (HTSP)?

### Return of Fertility and Risk of Pregnancy

- In women not breastfeeding, ovulation will occur at 45 days postpartum on average; may occur as early as 21 days
- Breastfeeding women not practicing LAM are likely to ovulate before return of menses
- Between 5% and 10% of women conceive within the first year postpartum

### LAM Mechanism of Action

- Baby’s suckling stimulates the nipple
- Nipple stimulation triggers signals to mother’s brain
- Signals disrupt hormone production
- Disruption of hormones suppresses ovulation

### The Three LAM Criteria

1. The woman’s menstrual bleeding has not returned: AND
2. She only/exclusively breastfeeds her baby; AND
3. The baby is less than six months old.
1. LAM Criteria

- The woman’s menstrual bleeding has not returned since the birth (“amenorrhea”)
  - Bleeding during first two months postpartum is not considered menstrual bleeding
  - Bleeding after two months postpartum can indicate return of fertility

2. LAM Criteria

- The baby is only/exclusively breastfed
  - The baby receives no other food or liquids—only breast milk
  - The baby is fed whenever hungry, day and night

Why is it so important for baby to be only/exclusively breastfed?

- When baby receives any other food or liquid:
  - The baby becomes full and will not want the breast as often.
  - Infrequent suckling will cause the mother to produce less milk and her fertility to return.
  - She can become pregnant again.

3. LAM Criteria

- The baby is less than six months old
  - Biologically appropriate cut-off point
  - WHO recommends supplementing after six months
  - Supplemental food decreases suckling

Exercise: Case Studies

- Decide which women can rely on LAM for contraception.
  - Read each case study
  - Answer questions
  - Review and discuss answers as a group
Be sure that your clients understand:

- BREASTFEEDING IS NOT THE SAME AS LAM!

How effective is LAM in preventing pregnancy?

LAM Effectiveness

- LAM is more than 98% effective if the woman meets ALL three criteria
- Effectiveness rates of LAM are comparable to those of other modern methods

What are the advantages of LAM as a contraceptive?

Contraceptive Advantages of LAM

- Effectively prevents pregnancy for up to six months
- Is provided and controlled by the woman
- Can be used immediately after childbirth
- Is universally available to postpartum women
- Does not require supplies or procedures
- Is economical
- Has no hormonal, or other, side effects (for breastfeeding mother or infant)
- Raises no religious objections

Contraceptive Advantages of LAM (cont.)

- Facilitates transition by allowing time for decision to use/adopt another modern contraceptive method
- Facilitates modern contraceptive use by previous non-users
- Supports and builds on global infant-feeding recommendation to exclusively breastfeed for six months
### Benefits of Breastfeeding—Specific Health Benefits for Mother
- Stimulates uterine contractions in early postpartum period
- Promotes involution (return of uterus to pre-pregnancy state)
- Leads to less anemia because of less iron depletion (due to amenorrhea)
- Strengthens mother–baby bonding

### Benefits of Breastfeeding—Specific Health Benefits for Baby
- Is easily digested
- Adapts to needs of growing infant
- Promotes optimal brain development
- Provides passive immunity and protects from infections
- Provides some protection against allergies

### Limitations of LAM
- Offers only temporary contraceptive protection (up to six months)
- Is not usually appropriate if mother will be separated from baby for periods of time
- May pose concerns for HIV-positive mothers

### A mother with HIV can use LAM...
- All HIV-positive women for whom replacement feeding is not Acceptable, Feasible, Affordable, Sustainable and Safe (AFASS) should be encouraged to only/exclusively breastfeed their infants for six months.
- After six months, they should continue breastfeeding in addition to supplemental feeds until AFASS criteria are met.


### Can an HIV-positive woman use LAM?
- Every woman should be supported in her infant-feeding decision and in her contraceptive choice.
- The choice is hers.
What are some special considerations for an HIV-positive woman who wants to use LAM?

**A mother with HIV who chooses to breastfeed or use LAM...**

- Should:
  - Breastfeed only/exclusively for the first six months before switching completely to replacement foods if possible (if AFASS criteria are met)
  - Receive care and treatment for herself
  - Use condoms consistently

**A mother with HIV who chooses to breastfeed or use LAM (cont.)...**

- Should:
  - Feed from unaffected breast (and express and discard milk from affected breast) if she experiences cracked nipples or other breast problems
  - Seek immediate care for baby with thrush or other lesions in mouth

**Other Important LAM Issues**

- Where/when can LAM services be provided?
- How can transition to other modern methods be facilitated?
- Why is transition important?

**Opportunities to Provide LAM Counseling**

- Antenatal clinic
- Child health (well-baby or immunization) clinic
- Postpartum ward or clinic
- Family planning clinic
- Labor ward (during early labor or following birth)
- Community health visits

**Transition to Another Method: An Essential Component of LAM**

- LAM is a “gateway” to other modern methods of contraception
- LAM provides the couple time to decide on another modern method to use after LAM

How can providers ensure that LAM will facilitate transition?
### Transition to Another Method: An Essential Component of LAM (cont.)

- When LAM counseling is initiated, the provider should discuss transition with the client:
  - Another method should be started as soon as any one of three LAM criteria is not met
  - Transition method should be selected before this occurs

### Why is timely transition so essential?

- Because fertility may return soon after birth—
  - In women not breastfeeding, ovulation will occur at 45 days postpartum on average; may occur as early as 21 days
  - Breastfeeding women not practicing LAM are likely to ovulate before return of menses
  - Between 5% and 10% of women conceive within the first year postpartum

### What are appropriate contraceptives for the postpartum period and when can they be initiated?

Time for another EXERCISE...

### Methods that Are Safe while Breastfeeding

- Condoms
- IUD (before 48 hrs or after 4 wks)
- Tubal ligation (before 1 wk or after 6 wks)
- Vasectomy
- Natural methods (if criteria met)
- Progestin-only pills (after 6 wks)
- Progestin-only injection (after 6 wks)

### Postpartum Contraceptive Options

Adapted from: The MAQ Exchange: Contraceptive Technology Update

### After a woman decides she wants to use LAM, what should be included in counseling?
Helpful Job Aids/Learning Tools

- Screen for/educate about LAM criteria:
  - Three criteria and why each is important
  - Any conditions that exclude use of LAM
- Discuss effectiveness of LAM
- Select another modern method to which to transition from LAM
- Encourage spacing of pregnancies
- Discuss optimal breastfeeding practices
- Ensure that client knows to return if she has a problem

Exercise: LAM Counseling Demonstration and Practice

- Follow along with your LAM Counseling Guide (Job Aid) and LAM Client Education Card as your facilitator demonstrates a LAM counseling session with a “client”...

Follow-Up for LAM Users

- Follow-up visit before six months to ensure/support timely transition to another modern method

What should a woman who is using LAM know when she leaves the clinic?

Follow-Up for LAM Users

- The woman should understand that she:
  - Can contact provider any time with question or concern
  - Should contact provider immediately if any one of criteria is no longer met, OR if breastfeeding difficulties occur
  - Can transition to other method at any time, even if LAM criteria are still met

Workshop Summary

Let’s assess what we have learned today...
LAM WORKSHOP
GRAPHICS PRESENTATION
NARRATION NOTES

Slide 1
- Welcome to the LAM Workshop for Maternal, Newborn, and Child Health (MNCH) Service Providers.
- Let’s look at the materials you have been given. [Briefly have participants look at each of the materials and explain its use.]
- What are the methods of contraception that are currently used locally? [Allow participants to answer.]
- So now LAM is one more method to add to the available method mix.

[Note: Underlined text (in brackets) indicates suggested actions or notes for the trainer/facilitator. Non-underlined/normal text is language that the trainer/facilitator can use as “narration”—to supplement the information on the slides and engage participants. Bullets do not necessarily correspond with bullets in the slides.]

Slide 2
So what are we going to do together today?
- Define LAM
- Discuss the benefits of health timing and spacing of pregnancies (HTSP)
- Explain the basic mechanism of action and effectiveness of LAM
- Describe the three criteria for LAM
- List advantages and limitations of LAM

Slide 3
And we are going to:
- Identify opportunities for integrating LAM counseling with other services
- Identify appropriate time to introduce key methods of contraception to the breastfeeding mother
- Demonstrate effective LAM counseling/services

Slide 4
So what is LAM?
- LAM is not just breastfeeding.
- LAM is a family planning method based on the hormonal suppression of ovulation caused by breastfeeding.
- But of strategic importance is the fact that LAM serves as a “gateway” to other modern methods of family planning. I want you to keep this in mind throughout this session. We will discuss it in much more detail later.

In this document all of the notes from the graphics presentation are compiled for ease of use in the classroom setting.
Let’s set the larger context for LAM…

[Ask participants the following questions. Recognize any correct answers. Then summarize with the following slide.]

- How many of you have heard of HTSP—Healthy Timing and Spacing of Pregnancies? What is it?
- HTSP revolves around the recommendation that women wait for two years after a birth before trying to become pregnant again. Why is this important?


Couples who wait at least two years after having a baby before becoming pregnant again:

- Are more likely to have a healthy outcome for their baby—Babies born more than three years after their sibling are generally healthier. Also, a baby is more likely to be healthy and have better nutritional status (through breastfeeding) if its mother doesn’t have another baby for at least three years.
- Are more likely to have a healthy outcome for the mother—There are fewer complications for women who wait two years to become pregnant after a previous birth.

HTSP also:

- Reduces neonatal, infant and child mortality—Few deaths among newborns, infants and children born more than three years after their sibling
- Improves nutritional status of children—Both babies benefit from breastfeeding more than infants born too close together
- Addresses unmet need for contraception among postpartum women—Most women do not want to become pregnant within two years of their previous birth
- Economic benefits to family—Fewer births reduce economic demand on families

(To answer: What is unmet need?) More than 100 million women in less developed countries would prefer to avoid pregnancy, but are not using any form of family planning. These women are considered to have an “unmet need” for family planning (Source: Ross and Winfrey 2002).

So why is contraception during the postpartum period so important?

[Ask participants these questions. Recognize any correct answers. Then summarize with the below points AND following slide.]

- Postpartum contraception reduces the numbers of women becoming pregnant, and therefore the risk of dying from pregnancy-related complications.
- Pregnancy intervals of less than six months (15-month birth intervals) are associated with 150% increased risk of maternal death.
- These intervals are also associated with 70% elevated risk of third-trimester bleeding, 70% increase of premature rupture of membranes, 30% increase of anemia, and 30% increased risk of postpartum endometritis in the next pregnancy.
- Fewer newborns, infants and children die if they have been conceived at least two years after their sibling was born.

(Sources: WHO 2006c; Conde-Agudelo and Belizan 2000)

The message is to wait two years to become pregnant, not to wait two years to give birth to another baby.
Slide 8  Why is early initiation of LAM or another contraceptive critical if the couple does not want to become pregnant again right away? Because fertility can return soon after birth…

- If not breastfeeding, ovulation will occur on (mean) average at 45 days; and it may occur as early as 21 days postpartum
- The breastfeeding woman who is not practicing LAM is likely to ovulate before return of menses
- Between 5% and 10% of women conceive within the first year postpartum

Slide 9  [Ask participants to explain the way that LAM prevents pregnancy. Recognize any correct answers. Then summarize with the following slide.]

Slide 10  LAM prevents pregnancy by interfering with the release of hormones that allow ovulation. Suckling stimulates production of a hormone that tells the brain/hypothalamus not to release the hormone necessary for ovulation. Regular and frequent nipple stimulation is necessary to ensure a continuous stimulation of the brain/hypothalamus.

Let’s break it down now:

**Frequent and intense breastfeeding prevents ovulation** through the following sequence of events:

1. The baby’s suckling stimulates the nipple. The baby squeezes and rubs the nipple with his/her gums and palate; this causes a pressure or “mechanical stimulation” of the nipple.
2. This stimulation of the nipple sends a neural signal to the mother’s brain—specifically her pituitary, which produces and secretes hormones related to many bodily processes, including ovulation.
3. This signal to the mother’s brain disrupts the production of hormones that would normally stimulate the ovary.
   - In response to the suckling stimuli, there is an increased production of prolactin*, which inhibits the secretion of GnRH (gonadotropin-releasing hormone) by the hypothalamus.
   - Disruptions in the release of GnRH, in turn, disrupt the pituitary’s production and release of hormones directly responsible for ovulation: follicle-stimulating hormone (FSH) and luteinizing hormone.
4. Thus, ovulation is prevented. Disruption in release of FSH impedes the normal maturation of the egg by the ovary; disruptions in the release of LH impede the release of a mature egg by the ovary.

*Prolactin controls the rate of milk production but it is not believed to play a major role in suppressing ovarian function.

[Advise participants to refer to the reference manual for a more detailed description of this mechanism of action.]

Slide 11  [Ask participants what conditions, or criteria, must be met to use LAM. Recognize any correct answers. Then summarize with the following slide.]

Slide 12  [Read slide.] LAM will not be effective if any one of the three criteria is not met. LAM is not just “breastfeeding.” While any breastfeeding may decrease fertility, LAM cannot be used as an effective method of contraception unless the other two criteria are also met.
Slide 13

Any bleeding after two months postpartum should be considered the return of menses and thus the client should start using another modern method immediately. LAM can potentially be more effective if any bleeding (after two months) is considered menstrual bleeding:

- This reduces or eliminates the probability that a true but scanty menstruation will be ignored.
- Women experiencing pre-ovulatory bleeding would consider this the return of menstruation (pre-ovulatory bleeding is a sign that the endometrium was hormonally stimulated by the ovary; even if no actual ovulation occurred, this must be considered a sign of the return of fertility).
- The lochial discharge that may occur during the first two months postpartum would not disqualify a woman from using LAM.

Slide 14

“Food or liquids” includes ANY substance except medicines. Milk substitutes, pap, herbal tea—all are considered food/liquids.

- Breastfeeding should be “on demand” (not scheduled). (Babies who are only/exclusively breastfed tend to breastfeed more frequently than every four hours.)
- The baby should go no longer than four hours during the day and six hours during the night between feeds.
- Mechanical or hand pumping does NOT appropriately stimulate the nipples.
- Breastfeeding should begin as soon as possible after birth, can even begin breastfeeding before placenta is expelled. Breastfeeding includes feeding of colostrum. Colostrum is important to the newborn for immunity and to help “clean” its intestines.

Slide 15

When the baby receives any other food or liquid:

- The baby becomes full and will not want to suckle at the breast as often.
- Then the mother will not produce as much milk.
- Infrequent suckling will allow the mother’s fertility to return. So she can get pregnant.
- It is important that the woman continues to only/exclusively breastfeed so that she doesn’t ovulate and her menses don’t return.

Slide 16

Up until six months of age, breast milk is the best and only nutrition needed by the baby. This is supported by evidence and recommended by WHO.

- When the baby turns six months old, s/he should begin receiving supplemental foods, so suckling will decrease and the mother’s fertility will return.

Easy to remember!
Now let’s look at some case studies, some real-life situations that you might encounter.

[A suggested process: Read each of the first three case studies. Pause after each case study for answers from participants. Discuss each case study and provide correct answer to each before proceeding to the next case study. Following the completion of the third case study, instruct participants to turn to the person beside them. In pairs, they are discussing each of the last three case studies. After pairs have discussed all three case studies, reconvene the group to discuss the last three case studies together, one at a time. Again, before proceeding to each subsequent case study, clearly state the answer to the current case study.]

[Note: Case Studies for LAM Criteria/Answer Key and additional guidance can be found in the Facilitator’s Notebook.]

Breastfeeding alone cannot be relied upon to prevent pregnancy. Rather it is the period of lactational amenorrhea, together with effective breastfeeding practices, that provides this protection.

[Read question to participants. Recognize any correct answers. Then summarize with the following slide.]

[First bullet] And what are the three criteria again? … Yes, LAM is 99.5% effective with consistent and correct use and more than 98% effective with typical use. How do you think this compares with combined oral contraceptives? [Allow participants to answer…]

[Second bullet] COCs are only 92% effective with typical use. (Source: WHO/RHR and JHU/CCP 2007)

[Note: What do we mean by “consistent and correct” and “typically used”? “Consistent and correct use” is the best rate a user can expect from this method. “Typical use” is the average rate of protection. Some women will be more successful and some less successful than this.]

What are the advantages of LAM? First, what are the advantages for LAM as a contraceptive (that is, ASIDE from the benefits of breastfeeding)? Brainstorm/quickly list your thoughts.

[Allow participants to provide answers. Remind participants that this particular question is not asking for benefits of breastfeeding, but rather benefits or advantages of LAM as a contraceptive. Recognize any correct answer. Then summarize with the following two slides.]

Contraceptive advantages of LAM include that LAM:

- Effectively prevents pregnancy for up to six months
- Is provided and controlled by the woman, unlike an IUD or sterilization
- Can be used immediately after childbirth, unlike combined oral contraceptives
- Is universally available to postpartum women
- Does not require supplies or procedures, unlike condoms or pills
- Is economical—you do not have to pay for procedures (e.g., IUD insertion) or for supplies of condoms or pills
- Has no hormonal, or other, side effects (for breastfeeding mother or infant)
- Raises no religious objections
[Emphasize these advantages, and explain:]

- LAM facilitates transition by allowing time for the couple to decide on another method of contraception that they will use after LAM.
- LAM has been shown to facilitate modern contraceptive use by couples who have never used contraception before. Some couples have never wanted to use family planning methods. However, LAM is a natural way to introduce contraception into the postpartum period. Having used this modern method of contraception, previous non-users are then more likely to want to use another method when LAM is no longer effective.
- WHO and other global experts advise that babies should only receive breast milk for the first six months of life. A baby doesn’t need any other nutrition than breast milk until s/he is six months old. LAM supports this recommendation since exclusive breastfeeding is one of the three criteria.

[Note: This and the next slide are optional. In areas where providers are very familiar with the advantages of breastfeeding, these slides may be deleted.]

- There are a number of benefits to breastfeeding, which is one of the three LAM criteria.
- In early postpartum, breastfeeding stimulates uterine contractions.
- It promotes involution (return of the uterus to its pre-pregnancy state).
- Also, there is less anemia because there is less iron depletion due to absence of menses.
- In addition, breastfeeding strengthens mother-baby bonding.

[Note: This and the previous slide are optional. In areas where providers are very familiar with the advantages of breastfeeding, these slides may be deleted.]

There are also many health benefits to the baby.
- For instance, breast milk is more easily digested than artificial formulas.
- Also breast milk adapts to needs of growing infant. As the infant grows and sucks more, more breast milk is produced.
- Breast milk promotes optimal brain development.
- And it provides passive immunity and protects from infections. Certain antibodies in breast milk provide immunity to many infections.
- Researchers have also found that breast milk provides some protection against allergies. Bottle-fed babies are at higher risk for allergies.
- Also, breastfeeding decreases risk of Sudden Infant Death Syndrome (SIDS) [This may be deleted if no one in this setting is familiar with SIDS]

LAM does have some limitations. For instance:
- LAM is only a temporary method. It can be used for six months at most.
- Also, LAM is not usually an appropriate method when a mother must be separated from her baby for long periods of time—such as if she works outside of the home.
- Also, an HIV-positive mother may have concerns about breastfeeding.

[Ask participants whether HIV-positive women can use LAM.]
Yes, HIV-positive women may use LAM.

- In fact, all women (regardless of HIV status) for whom replacement feeding is not:
  - (A) acceptable (i.e., in some cultures bottle feeding is not accepted);
  - (F) feasible (i.e., is not appropriate because the woman does not have the resources to prepare and give replacement feeding);
  - (A) affordable (i.e., some families cannot afford to pay the high price of formula/replacement feeding);
  - (S) sustainable (i.e., some people who can afford and prepare formula now may not be able to a month from now); and
  - (S) safe (i.e., contaminated water or unclean feeding equipment may be the only thing available in some settings)—should be encouraged to only/exclusively breastfeed their infant for six months. You may have heard this referred to as “AFASS” in PMTCT programs.
- After six months, breastfeeding should continue in addition to supplementary feeds until AFASS criteria are met. The HIV-positive infant should also continue to breastfeed until AFASS criteria are met.

All mothers are eligible for LAM, regardless of their HIV status.

A woman should be supported in her infant feeding decision and in her contraceptive choice; the choice is hers.

A study in Durban, South Africa, found that infants who were breastfed for three to six months of age had no increased risk of HIV infection at six months compared to infants who were not breastfed. However, infants who received other food or liquids in addition to breast milk had increased risk of transmission.

The woman who is HIV-positive should be on ARV therapy if clinically eligible. ARVs taken by the mother greatly reduce the likelihood of transmission of the virus through breast milk.

What about the HIV-positive mother who has a breast problem?

HIV is more likely to be transmitted to the baby if the nipples are cracked or bleeding.

HIV is more likely to be transmitted through lesions in the baby’s mouth than through a healthy oral mucosa.

Breast problems in the mother or problems in the mouth of the baby may encourage transmission of the virus from mother to baby.
So now we understand the important role LAM can play in spacing pregnancies. Let’s think about other important LAM issues now… [Read slide.]

Starting with the first question, how can we integrate LAM counseling with services you, or others, provide? [Allow participants to provide answers. Recognize any correct answer. Then summarize with the following slide.]

[Read slide. Ask participants to list community sites that may be appropriate for LAM counseling in the local setting.]

As described earlier, LAM can provide a “gateway” to other modern methods of contraception. What do we mean by “gateway”? For one thing, LAM provides the couple time to think about, discuss and decide on another modern method that they can use when LAM criteria are no longer met, or if they choose to discontinue use of LAM.

[ASK QUESTION. Recognize any correct answers. Then summarize with the following slide.]

Providers can help ensure that another modern method of contraception follows the cessation of LAM, by:

- Mentioning the importance of transition from the very first contact with the mother (and in all subsequent contacts).
- Advising the woman to select the method to which she will transition BEFORE any one of the three criteria is no longer met.
- Providing the woman with advance contraceptive supplies (if the program can afford it).

[ASK] How can programs facilitate transition?

- Train all MNCH, as well as family planning, personnel in LAM and postpartum contraception.
- Prepare materials to support a range of personnel in providing LAM counseling.
- Stock family planning/transition supplies in clinics where mothers take their babies for check-ups, etc.

We have mentioned this before, but it is so important, we want to emphasize this again. We have talked about timely transition to another modern method of contraception. Early initiation of LAM or any other contraceptive is critical if the couple does not want to become pregnant again right away. Again—

- If not breastfeeding, ovulation will occur on average at 45 days; and it may occur as early as 21 days postpartum
- And the breastfeeding woman who is not practicing LAM is likely to ovulate before return of menses
- Between 5% and 10% of women conceive within the first year postpartum

[ASK QUESTION.] To find some answers, let’s do another exercise.

[At this point, use one (or more) of the Three Exercises for Transition according to the instructions provided. See Facilitator’s Notebook.]
So options that are safe while breastfeeding include:

- Condoms
- IUD—before 48 hours postpartum or after four weeks
- Tubal ligation—before one week postpartum or after six weeks
- Vasectomy
- Natural methods—If criteria met
- Progestin-only pills—after six weeks for breastfeeding women
- Progestin-only injection (three-month injection)—after six weeks for breastfeeding women

[ASK QUESTION. Recognize any correct answers.] Let’s look at some job aids and learning tools that can provide some answers…

Let’s take out three items from our package of materials: the provider counseling guide/job aid, the client counseling card and the counseling checklist. [Help participants find/identify these materials in their package of learning resources.]

- First, you can rely on the counseling guide (job aid) when helping a woman determine whether she meets the three criteria for LAM. [Review major sections of the job aid. Explain the front side of the job aid in preparation for the practice sessions. Ask if participants have any questions or concerns about this job aid. Tell them that when they are observing the demonstration in a few minutes, they should follow along with this job aid. Also, later, when they are practicing LAM counseling, they can use this job aid to remind them of all the essential points.]

- Now look at the client education card—which is, of course, for the client. As you are counseling the client on each key message, you should point out that message on the card. Then tell the client that she can take this home with her as a reminder and for her partner to read (if her partner is not with her that day). [Review the client card, message by message.]

- Now let’s look at the checklist. This can be used by you when you are assessing yourself or trying to remember each step of a client visit. It can also be used if you and a colleague are assessing each other or coaching each other. And it can be used by a supervisor or trainer. You can even use it when you are training someone else—to remind yourself and the participant of each step. This checklist starts at the very beginning of a postpartum visit, before the woman has chosen a method of contraception. Let’s look at the steps. [Review steps 1 to 20.]

- The remainder of the checklist provides step-by-step instructions for counseling a woman who has chosen LAM as a contraceptive method. Because of time limitations today, we are going to focus on the counseling needed by a woman who has already chosen LAM. Information in this part of the checklist is also included in the job aid and client education card. [Quickly point out steps 21 to 32.]

- There is also a “transition” checklist, which can be used in counseling the woman who is using LAM but planning to stop.
Using the provider job aid, discuss each of these items with women who choose LAM:

LAM criteria, including:
- Reasons each criteria is important
- Conditions that exclude use of LAM
- Selection of another modern method of contraception to transition to from LAM
- Healthy timing and spacing of pregnancies, that is, waiting at least two years after a previous pregnancy to become pregnant again
- Optimal breastfeeding practices
- Where the woman should go if she has a problem

Now you will see a brief demonstration of LAM counseling. Please take your job aid and client education card in hand and follow along. [Ensure that all participants have the right papers in hand.]

[Following the counseling demonstration, the facilitator should ask the participants for their impressions of the counseling, what they liked about it, what they thought did not work well (if anything), how feasible this type of counseling is for their work setting. Lead a brief discussion to interpret anything that was confusing, and to address any concerns. Conclude with statement about usefulness of tools in counseling. Proceed to the counseling practice sessions. (See detailed instructions for this activity in the Facilitator’s Notebook.)]

For women using LAM, a follow-up visit before six months postpartum is necessary to determine her plans for transitioning to another method—and to ensure/support timely transition.

[ASK QUESTION. Allow participants to answer. Recognize accurate answers. Summarize with the following slide.]

Before the client leaves, ensure that she knows:
- She can contact the health care provider whenever she has a question or concern.
- She needs to start another contraceptive immediately if any one of the three LAM criteria is no longer met, OR if she has a breastfeeding problem.
- She can transition to another modern method at any time, even though all three criteria are being met. We must respect a client’s choice. She can choose another method at any time for any reason.

Let’s assess what we have learned today by taking a brief oral quiz.

[Ask questions from the Post-Workshop Knowledge Assessment Answer Key. Pause after each question to allow participants to answer. Recognize correct answer. Provide or repeat correct answer before going on to the next question. (Note: This can also be a written test; see Facilitator’s Notebook for more detailed guidance.)]

[Following completion of assessment…] This has been a good time together! Thanks for attending. I know you will be providing excellent counseling on LAM to postpartum women. Thank you.
PART TWO: PARTICIPANT MATERIALS
INTRODUCTION

WORKSHOP RATIONALE

Worldwide, 50% of pregnancies are unintended. Pregnancies that are spaced too close together decrease the likelihood of healthy newborn, child and maternal outcomes. A postpartum woman may become pregnant, even while she is breastfeeding or before her menstrual period has returned—if she is not using contraception, such as the Lactational Amenorrhea Method (LAM).

LAM is a highly effective, temporary method of contraception that is available and accessible to postpartum women who are breastfeeding. Although the scientific evidence supporting LAM is strong, LAM is often undervalued and rarely used, even by women who would be excellent candidates for the method. A major reason for the underutilization of LAM is the lack of awareness of LAM—its advantages/benefits, mechanism of action and correct use—and of LAM counseling skills on the part of maternal, newborn, and child (MNCH) health service providers. While most MNCH service providers are knowledgeable in breastfeeding support, many are not familiar with LAM as a family planning method, nor with importance of “transitioning” from LAM to another modern method of contraception.

This workshop will help prepare MNCH service providers to take advantage of the many opportunities they have to assist women in:

- Making well-informed family planning decisions, and
- Initiating and correctly using LAM for those who choose this method.

WORKSHOP GOAL AND OVERVIEW

The goal of this 2.5 hour workshop is to assist MNCH service providers in learning to provide safe, effective, high-quality LAM services to clients.

- Workshop content focuses on the essential skills necessary to provide LAM services to postpartum women. Topics presented include: basic LAM characteristics, including advantages and limitations; opportunities for providing LAM counseling; correcting misconceptions about LAM; and the principles and practice of effective LAM counseling, including for HIV-positive women.

- This workshop is not intended to prepare a “breastfeeding counselor.” It will instead prepare a LAM service provider who (although s/he can assist postpartum women in effective breastfeeding and managing common breastfeeding difficulties) knows when to refer a client for specialized breastfeeding care and support.

- Because LAM services do not usually “stand alone,” but are rather incorporated into other services, this workshop/content may be integrated with training on antenatal or postpartum care, child care or basic family planning. Additional training may be necessary to update participants’ knowledge on modern contraceptive methods, through
a contraceptive technology update. Additional training on breastfeeding and the management of breastfeeding difficulties may also be necessary, depending on the current knowledge and skills of participants.

**WORKSHOP SYLLABUS**

**Participant Learning Objectives**

By the end of the workshop, the participant will be able to:

1. Discuss the benefits of health timing and spacing of pregnancies (HTSP)
2. Explain the basic mechanism of action for LAM
3. Describe the three LAM criteria and why each is important, as well as the importance of timely transition to another modern method of contraception
4. Discuss the effectiveness of LAM
5. List advantages and limitations of LAM
6. Discuss opportunities for integrating LAM counseling with other services
7. Identify appropriate timing of initiation of key methods of contraception for the postpartum breastfeeding mother
8. Identify the basic content and approach of LAM counseling/services (describing the use of key learning tools/job aids, specified below), including counseling for the HIV-positive woman

**Training/Learning Methods**

- Illustrated presentations and group discussions
- Case studies and other exercises
- Counseling demonstration/simulation through role plays

**Participant Selection Criteria**

Participants for this workshop should be MNCH service providers. Ideally, each participant should be currently active in MNCH service provision.

**Workshop Materials**

- Participant’s Notebook
Methods of Evaluation

- LAM Counseling Checklist—Participants may have opportunity to use this checklist during the LAM counseling demonstration/simulation.
- Post-Workshop Knowledge Assessment (to be given orally)
- Workshop Evaluation (to be completed by each participant)

Workshop Duration

- 2.5 hours

Suggested Workshop Composition

- Up to 24 MNCH service providers
- One or two facilitators
# MODEL WORKSHOP AGENDA

<table>
<thead>
<tr>
<th>Activity</th>
<th>Brief Content Description</th>
<th>Time Allotted</th>
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<tbody>
<tr>
<td>1 Overview of Workshop</td>
<td>Review of workshop goal and objectives, Review of workshop materials, Introduction to LAM within context of MNCH services</td>
<td>10 minutes</td>
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<tr>
<td>2 Presentation/Discussion</td>
<td>Benefits of healthy timing and spacing of pregnancies</td>
<td>10 minutes</td>
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<tr>
<td>3 Presentation/Discussion</td>
<td>Basic mechanism of action of LAM</td>
<td>5 minutes</td>
</tr>
<tr>
<td>4 Presentation/Discussion EXERCISE: Case Studies for LAM Criteria</td>
<td>LAM criteria and their importance</td>
<td>20 minutes</td>
</tr>
<tr>
<td>5 Presentation/Discussion</td>
<td>Effectiveness of LAM</td>
<td>5 minutes</td>
</tr>
<tr>
<td>6 Brainstorm, Presentation/Discussion</td>
<td>Advantages and limitations of LAM, including use by HIV-positive mother</td>
<td>10 minutes</td>
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<tr>
<td>7 Presentation/Discussion</td>
<td>Opportunities for integration of LAM services, including transition</td>
<td>10 minutes</td>
</tr>
<tr>
<td>8 EXERCISE(S): Transition to other Modern Methods of Contraception</td>
<td>Appropriate timing for transition to other modern methods of contraception</td>
<td>30 minutes</td>
</tr>
<tr>
<td>10 Post-Workshop Assessment/Summary, Evaluation</td>
<td>Wrap-up activities</td>
<td>15 minutes</td>
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## PRE-WORKSHOP KNOWLEDGE ASSESSMENT

### PRE-WORKSHOP KNOWLEDGE ASSESSMENT
(ANSWER SHEET)

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>The Lactational Amenorrhea Method (LAM) is 80% to 90% effective when correctly used.</td>
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<tr>
<td>2</td>
<td>Breastfeeding and LAM are the same thing.</td>
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<tr>
<td>3</td>
<td>LAM cannot be relied on for contraception if the woman has vaginal bleeding after the first two months postpartum.</td>
</tr>
<tr>
<td>4</td>
<td>If a woman is not breastfeeding, ovulation will occur at 45 days postpartum on average, and may occur as early as 21 days postpartum.</td>
</tr>
<tr>
<td>5</td>
<td>Most health care workers encourage mothers to use LAM because they know that it is an effective modern method of contraception.</td>
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<tr>
<td>6</td>
<td>One of the benefits of waiting at least two years after a birth to become pregnant again is that it reduces newborn, infant and child mortality.</td>
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<tr>
<td>7</td>
<td>The health care worker does not need to mention transitioning from LAM to another modern method until the fifth or sixth month postpartum.</td>
</tr>
<tr>
<td>8</td>
<td>The breastfeeding postpartum mother can safely use progestin-only contraceptive pills or an intrauterine contraceptive device (IUD) at six weeks postpartum.</td>
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<tr>
<td>9</td>
<td>The HIV-positive mother should not use LAM.</td>
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<tr>
<td>10</td>
<td>LAM counseling might appropriately be provided as part of antenatal care, postpartum care, child health care or community health visits.</td>
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LAM EXERCISES AND TOOLS

IDENTIFYING LAM CRITERIA: CASE STUDIES (ANSWER SHEET)

1. Dafina is the mother of a three-month-old baby. She only/exclusively breastfeeds the baby and has already had menstrual bleeding.
   
   Q. Can this woman rely on LAM? Why or why not?

2. Mary has a four-month-old baby and her menses have not returned. She feeds her baby only breast milk. Lately, she has been leaving the house for three hours every day to do laundry. While she is gone, the baby stays with his grandmother.

   Q. Can this woman rely on LAM? Why or why not?

   Q. Based on the information provided, is there any reason to suggest that she should start using another method sooner rather than later? What would you recommend?

3. Fatima, mother of a two-week-old baby girl, presents at your clinic. She only/exclusively breastfeeds her baby and has vaginal bleeding.

   Q. Can this woman rely on LAM? Why or why not?

4. Parvene has a two-month-old baby boy. She has not yet had any menstrual bleeding. She breastfeeds the baby and also gives him two or three spoonfuls of sugared water a few times a day—to calm him when he is crying.

   Q. Can this woman rely on LAM? Why or why not?

5. Sonia comes to you for a check-up at six months postpartum. She is only/exclusively breastfeeding her baby and has not had any menstrual bleeding.

   Q. Can this woman rely on LAM? Why or why not?
### TRANSITIONING TO OTHER MODERN METHODS OF CONTRACEPTION

#### Exercise One: Initiation of Postpartum Contraception—Answer Sheet (blank graph)

<table>
<thead>
<tr>
<th>Contraceptive Method</th>
<th>Birth</th>
<th>48 hours</th>
<th>3 weeks</th>
<th>4 weeks</th>
<th>6 weeks</th>
<th>6 months</th>
<th>9 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL WOMEN</td>
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<tr>
<td>BREASTFEEDING WOMEN</td>
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<tr>
<td>NON-BREAST-FEEDING WOMEN</td>
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</tbody>
</table>
Exercise Three: Case Studies for Transition

1. Jane has a four-month-old baby, is only/exclusively breastfeeding and has been using LAM to prevent pregnancy. Her menses returned last week and she is not sure which family planning method would be best for her while she continues breastfeeding. She has been told that hormonal methods are bad for milk production.

   Q. Can this woman continue to rely on LAM? Why or why not?

   Q. Based on the information provided, what are some methods that may be appropriate for her at this time and/or what counsel would you provide?

2. For the last six months (since delivery), Mrs. Smith has been only/exclusively breastfeeding her baby. She believes that breastfeeding will continue to protect her from pregnancy until her menstrual bleeding returns.

   Q. Can this woman continue to rely on LAM? Why or why not?

   Q. Based on the information provided, what are some methods that may be appropriate for her at this time and/or what counsel would you provide?

3. Celia had her baby two weeks ago and has been using LAM. She is returning to work and will no longer be only/exclusively breastfeeding the baby.

   Q. Can this woman continue to rely on LAM? Why or why not?

   Q. Based on the information provided, what are some methods that may be appropriate for her at this time and/or what counsel would you provide?

4. Stephanie is the mother of three children; her youngest is three months old. She believes that she has been using LAM to space her pregnancies, but she began to give the baby a daily bottle of formula when he was two months old. She has not yet had any menstrual bleeding. Stephanie plans to continue breastfeeding but seems confused about LAM. She is not sure how much longer she will be protected from pregnancy.

   Q. Can this woman continue to rely on LAM? Why or why not?

   Q. Based on the information provided, what are some methods that may be appropriate for her at this time and/or what counsel would you provide?

5. While counseling Sophie after delivery about initiating LAM, you learn that she lives far away from the clinic. She is concerned that she may not be able to return soon enough when one of the criteria can no longer be met. What should she do?

   Q. Can this woman continue to rely on LAM? Why or why not?

   Q. Based on the information provided, what are some methods that may be appropriate for her at this time and/or what counsel would you provide?
LAM COUNSELING PRACTICE SCENARIOS

Client Profile #1:
You are six weeks postpartum with your second baby. Your first baby is 20 months old. During an antenatal care visit, your midwife told you about LAM and you decided you wanted to use this method. You have been only/exclusively breastfeeding your infant and your postpartum bleeding has stopped. You would like to give the baby some herbal tea but are not sure whether you should. You have no plans for work outside the home. You have not used any contraception method previously.

Provider Profile #1:
You are the midwife at the clinic in the district health center. This is the first time this patient has attended a clinic since her baby was born. Her husband is not present.

Client Profile #2:
You are three months postpartum and have come to the clinic because you are afraid that you might get pregnant. You and your husband have become sexually active again. You are only/exclusively breastfeeding your baby, although you have been giving the baby a liquid antibiotic twice each day for a week because the baby has been ill. You have not had any bleeding since your postpartum bleeding stopped. You do not work outside of the home and are usually there.

Provider Profile #2:
You are the midwife at the clinic in the district health center. This is the first time this patient has attended a clinic since the birth of her baby. Her husband is also present.

Client Profile #3:
You are two months postpartum and have come to the clinic because you do not want to become pregnant. You are breastfeeding your baby, but also give the baby a bottle once a day because you work outside of the home. You and your husband plan to begin having sex again this week. This is your first baby and you have never used contraception before.

Provider Profile #3:
You are the midwife at the clinic in the district health center. This is the first time this patient has attended a clinic since the baby was born. Her husband is present but waiting outside.
**Client Profile #4:**
You are being discharged today from the hospital after giving birth two days ago. Your milk has not “come in” yet. You told the midwife who delivered you that you want to breastfeed and that you do not want to become pregnant for at least one year. However, you have heard bad things about IUDs and do not want to use one. You are getting ready to go home, but are waiting for the nurse to come with discharge instructions. Your mother-in-law and husband are with you, as is your baby.

**Provider Profile #4:**
You are the nurse who is responsible for discharging mothers and babies after delivery. You have just come to visit this woman and her family, who are preparing to go home today.

---

**Client Profile #5:**
You are one week postpartum and are using LAM, adhering to all three criteria. The doctor where you delivered told you that if you had any problems using LAM, you should go to the clinic. Your mother-in-law has been saying that the baby needs a bottle since, she believes, the baby is not getting enough milk.

**Provider Profile #5:**
You are the nurse at the clinic in the district health center. This is the first time this patient has attended a clinic since the baby was born. Her mother-in-law is with her.
LAM COUNSELING CHECKLIST FOR MNCH SERVICE PROVIDERS

**Note:** In reality, LAM counseling will not occur in isolation but will be integrated with family planning, antenatal, postpartum or child health services.

- **Items 1 through 20** of this checklist relate to the broader postpartum context in which LAM counseling might be initiated, as part of these other services.
- **Items 21 through 32** relate specifically to LAM—guiding the interaction that would occur between a couple/woman interested in using LAM and an MNCH service provider.

**INSTRUCTIONS:** Place a “✓” in the box beside each step/task that is accomplished. Place an “NA” in the box for each step/task that is not applicable/relevant to the specific client encounter. Leave box blank if task/step was appropriate/relevant but not completed.

### LAM COUNSELING CHECKLIST FOR MNCH SERVICE PROVIDERS

(Note: Some of the following steps/tasks should be performed simultaneously.)

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GETTING READY</strong></td>
<td></td>
</tr>
<tr>
<td>1. Collects the necessary equipment, job aids, client education materials and client record to evaluate the postpartum mother.</td>
<td></td>
</tr>
<tr>
<td>2. Greets the woman respectfully and with kindness. Introduces her/himself.</td>
<td></td>
</tr>
<tr>
<td>3. Listens to the woman attentively, and responds to her questions and concerns.</td>
<td></td>
</tr>
<tr>
<td>4. Assures her of confidentiality and maintains privacy.</td>
<td></td>
</tr>
<tr>
<td>5. Respects the client’s right to make an informed decision.</td>
<td></td>
</tr>
<tr>
<td><strong>ASSESSMENT</strong></td>
<td></td>
</tr>
<tr>
<td>6. Takes relevant history:</td>
<td></td>
</tr>
<tr>
<td>6.1 If pre-discharge, reviews clients records of ANC, L&amp;D and PPC if available. Asks mother if she had any problems during pregnancy and childbirth or if she and the baby had or are having any problems.</td>
<td></td>
</tr>
<tr>
<td>6.2 If postpartum outpatient visit, reviews any records and asks mother for relevant history of most recent pregnancy, childbirth, and current postpartum period. Asks mother if she or the baby has had any problems since the last time they were seen by a health care worker.</td>
<td></td>
</tr>
<tr>
<td>7. Checks record for HIV status and encourage to be tested if not yet done.</td>
<td></td>
</tr>
<tr>
<td>8. Asks the mother if she plans to have more children; if not, refers for permanent method.</td>
<td></td>
</tr>
</tbody>
</table>

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9 About this tool: This tool can be used by the learner for self-assessment, by colleagues for peer assessment and/or by the trainer or supervisor for comprehensive skills assessment. See the Resources section of the CD-ROM for an individual, print-ready version of this document.
### LAM COUNSELING CHECKLIST FOR MNCH SERVICE PROVIDERS

*(Note: Some of the following steps/tasks should be performed simultaneously.)*

<table>
<thead>
<tr>
<th>STEP/TASK</th>
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</thead>
<tbody>
<tr>
<td>9. <strong>Asks the mother what methods of contraception she would like to use; assesses her knowledge about the method.</strong></td>
<td></td>
</tr>
<tr>
<td>10. <strong>Discusses benefits and advantages of exclusive breastfeeding, and asks woman if she is breastfeeding. If yes, asks the woman to demonstrate breastfeeding her infant. (If immediate postpartum, assists with on correct position and latch, if needed, and advises on benefit of colostrum.)</strong></td>
<td></td>
</tr>
<tr>
<td>11. <strong>Conducts postpartum physical exam including general appearance, blood pressure, temperature, breasts/nipples, abdomen, legs and perineum—covering or draping as appropriate to preserve privacy and modesty.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>COUNSEL</strong></td>
<td></td>
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<tr>
<td>12. <strong>Discusses results of exam.</strong></td>
<td></td>
</tr>
<tr>
<td>13. <strong>Discusses infant care and self-care, including hygiene, nutrition, breast care and breastfeeding, immunizations and the mother’s need to continue iron and folate for at least three months after birth of baby.</strong></td>
<td></td>
</tr>
<tr>
<td>14. <strong>Discusses return to fertility—If not breastfeeding, first ovulation can occur in four weeks. In breastfeeding women not using LAM, two-thirds ovulate before their first menses and are at risk of becoming pregnant again</strong></td>
<td></td>
</tr>
<tr>
<td>15. <strong>Discusses benefits of waiting at least two years after birth to try to become pregnant again.</strong></td>
<td></td>
</tr>
<tr>
<td>16. <strong>If she is not going to breastfeed, discusses contraceptive options chosen above (in Question 9).</strong></td>
<td></td>
</tr>
<tr>
<td>• Discusses advantages and limitations of each available method she chose</td>
<td></td>
</tr>
<tr>
<td>• Helps client decide which option is best for her</td>
<td></td>
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<tr>
<td>17. <strong>Provides contraceptive method, along with instructions on how to use it and manage possible side effects.</strong></td>
<td></td>
</tr>
<tr>
<td>18. <strong>If woman is breastfeeding but does not choose to use LAM, advises the woman of the following:</strong></td>
<td></td>
</tr>
<tr>
<td>• Breastfeeding alone (without adhering to the three LAM criteria) will not protect her from pregnancy.</td>
<td></td>
</tr>
<tr>
<td>• The method she chooses should be compatible with breastfeeding and the woman’s medical history.</td>
<td></td>
</tr>
<tr>
<td>• Breast milk gives her baby all the nutrition s/he needs for the first six months.</td>
<td></td>
</tr>
<tr>
<td>19. **Counsels client concerning STI/HIV history, sexual behavior and reduction of risks. <em><strong>(Note: If the woman’s HIV status is unknown or she is HIV-positive, counsel on AFASS noting that many women in rural areas will not have access to replacement feeding.)</strong></em></td>
<td></td>
</tr>
<tr>
<td>20. <strong>Ensures that woman/couple has “complication readiness plan” and knows when and where to return if danger signs, complications or other problems develop.</strong></td>
<td></td>
</tr>
</tbody>
</table>
### LAM COUNSELING CHECKLIST FOR MNCH SERVICE PROVIDERS

(Note: Some of the following steps/tasks should be performed simultaneously.)

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. If woman is breastfeeding and is interested in using LAM, provides the following counseling. (Note: Use the LAM Job Aid [Appendix B] to assist in providing counseling.)</td>
<td></td>
</tr>
<tr>
<td>22. Encourages the client to follow along with the LAM Client Education Card (Appendix C) provided.</td>
<td></td>
</tr>
<tr>
<td>23. Determines whether the woman meets all three LAM criteria:</td>
<td></td>
</tr>
<tr>
<td>• Her menstrual bleeding has not returned since her baby was born; and</td>
<td></td>
</tr>
<tr>
<td>• She breastfeeds only (i.e., breastfeeds her baby day and night and does not give any other food, water or liquids); and</td>
<td></td>
</tr>
<tr>
<td>• Her baby is less than six months old</td>
<td></td>
</tr>
<tr>
<td>24. Explains that if she breastfeeds only/exclusively and her menses have not returned, she is practicing contraception that is more than 98% effective until one of the three criteria is no longer being met.</td>
<td></td>
</tr>
<tr>
<td>25a. Gives the client advice on how to maintain only/exclusive breastfeeding:</td>
<td></td>
</tr>
<tr>
<td>• Breastfeed as often as your baby wants, day and night</td>
<td></td>
</tr>
<tr>
<td>• Continue to breastfeed even when you or your baby is sick</td>
<td></td>
</tr>
<tr>
<td>• Do not give your baby any foods, water or other liquids before six months of age</td>
<td></td>
</tr>
<tr>
<td>• Do not use bottles, pacifiers or other artificial nipples, which discourage your baby from breastfeeding as frequently</td>
<td></td>
</tr>
<tr>
<td>25b. Reassures her that breast milk gives her baby everything s/he needs to be healthy.</td>
<td></td>
</tr>
<tr>
<td>26. Discusses the importance of transitioning to another method immediately if any of the three LAM criteria is not met or if she no longer wants to use LAM.</td>
<td></td>
</tr>
<tr>
<td>27. Discusses the method of family planning she would like to use when no longer using LAM (the method to which she will transition).</td>
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</tr>
<tr>
<td>28. Discusses the importance of continuing to breastfeed up to two years (i.e., 1.5 years or more after LAM criteria are no longer met), even when she is using another method of contraception. Includes discussion of appropriate methods to which a breastfeeding mother can transition.</td>
<td></td>
</tr>
<tr>
<td>29. Ensures that the woman knows to where to go if she has a question/concern or problem or if any danger signs arise.</td>
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</tbody>
</table>
### LAM COUNSELING CHECKLIST FOR MNCH SERVICE PROVIDERS

(Note: Some of the following steps/tasks should be performed simultaneously.)

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>CASES</th>
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</thead>
<tbody>
<tr>
<td>30. Advises the woman to return to the provider/clinic immediately to start on another family planning method when any one of the three LAM criteria is no longer met, or if she has breastfeeding difficulties. Have the woman take the LAM Client Education Card (Appendix C) and any other educational material with her.</td>
<td></td>
</tr>
<tr>
<td>31. Reminds her of when she needs to return for her next postpartum/postnatal visit AND that she can get pregnant before her menses returns if she is not practicing LAM or another method of contraception.</td>
<td></td>
</tr>
<tr>
<td>32. Asks her to name/describe the three criteria of LAM once more before she goes.</td>
<td></td>
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</tbody>
</table>
### “TRANSITION” FAMILY PLANNING COUNSELING CHECKLIST

**INSTRUCTIONS:** Place a “✓” in the box beside each step/task that is accomplished. Place an “NA” in the box for each step/task that is not applicable/relevant to the specific client encounter. Leave box blank if task/step was appropriate/relevant but not completed.

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>CASES</th>
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</thead>
<tbody>
<tr>
<td><strong>PREPARATION FOR COUNSELING</strong></td>
<td></td>
</tr>
<tr>
<td>1. Ensures room is well lit and there is availability of chairs and table.</td>
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<tr>
<td>2. Prepares equipment and supplies.</td>
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<tr>
<td>3. Ensures availability of writing materials (e.g., client file, daily</td>
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<tr>
<td>activity register, follow-up cards).</td>
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<tr>
<td>4. Ensures privacy.</td>
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<tr>
<td><strong>SKILL/ACTIVITY PERFORMED SATISFACTORILY</strong></td>
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</tr>
<tr>
<td><strong>GENERAL COUNSELING</strong></td>
<td></td>
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<tr>
<td>5. Greets the woman with respect and kindness; introduces self.</td>
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<tr>
<td>6. Confirms woman’s name, address and other required information.</td>
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<tr>
<td>7. Offers the woman a place to sit; ensures her comfort.</td>
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<tr>
<td>8. Reassures the woman that the information in the counseling session is</td>
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<tr>
<td>confidential.</td>
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<tr>
<td>9. Tells the woman how the visit will proceed and encourages questions;</td>
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<tr>
<td>responds to the woman’s questions/concerns.</td>
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</tr>
<tr>
<td>10. Uses body language to show interest in and concern for the woman.</td>
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</tr>
<tr>
<td>11. Asks questions appropriately and with respect; elicits more than “yes”</td>
<td></td>
</tr>
<tr>
<td>and “no” answers.</td>
<td></td>
</tr>
<tr>
<td>12. Uses (non-technical) language that the woman can understand.</td>
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</tr>
<tr>
<td>13. Appropriately uses available visual aids, such as posters, flipcharts</td>
<td></td>
</tr>
<tr>
<td>drawings, samples of methods and anatomic models.</td>
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</tr>
<tr>
<td><strong>SKILL/ACTIVITY PERFORMED SATISFACTORILY</strong></td>
<td></td>
</tr>
</tbody>
</table>

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10 **About this tool:** This tool can be used—during the course (as in the counseling demonstration and practice session) and after the course—by the learner for self-assessment, by colleagues for peer assessment and/or by the trainer or supervisor for comprehensive skills assessment. A print-ready PDF version of this document is included in the Resources section of the CD-ROM. *Reprinted from: ACCESS-FP. 2009.*
### “TRANSITION” FAMILY PLANNING COUNSELING CHECKLIST
(Note: Some of the following steps/tasks should be performed simultaneously.)

<table>
<thead>
<tr>
<th>STEP/TASK</th>
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</thead>
<tbody>
<tr>
<td><strong>GENERAL FAMILY PLANNING COUNSELING (for the postpartum woman)</strong></td>
<td></td>
</tr>
<tr>
<td>14. Asks the woman if she is still using LAM, ensuring that each criterion (no menstrual bleeding, breastfeeding only/exclusively, baby less than 6 months old) has been met up until this time.</td>
<td></td>
</tr>
<tr>
<td>• If discontinued LAM already and has not been using another method of contraception, ascertains that she is not pregnant.</td>
<td></td>
</tr>
<tr>
<td>15. Asks the woman what she knows about family planning and if she has ever used a contraceptive method, other than LAM, before. If yes:</td>
<td></td>
</tr>
<tr>
<td>• What methods did she use?</td>
<td></td>
</tr>
<tr>
<td>• Did she have any problems with that method or does she have any questions or concerns about that method?</td>
<td></td>
</tr>
<tr>
<td>16. Asks the woman about her reproductive goals.</td>
<td></td>
</tr>
<tr>
<td>17. Asks the woman whether she plans to continue breastfeeding</td>
<td></td>
</tr>
<tr>
<td>18. Discuss with the woman the benefits of healthy timing and spacing of pregnancy.</td>
<td></td>
</tr>
<tr>
<td>19. Asks the woman if she has any history of medical problems (STIs/HIV/AIDS, irregular vaginal bleeding, unusual vaginal discharge, pelvic pain, breast or genital cancer, TB, seizures, liver disease, clotting disorder, etc.)</td>
<td></td>
</tr>
<tr>
<td>20. Assesses the woman’s risk for STIs and HIV/AIDS, as appropriate.</td>
<td></td>
</tr>
<tr>
<td>21. Briefly provides general information about each contraceptive method available:</td>
<td></td>
</tr>
<tr>
<td>• How it prevents pregnancy</td>
<td></td>
</tr>
<tr>
<td>• How it is administered</td>
<td></td>
</tr>
<tr>
<td>• Effectiveness</td>
<td></td>
</tr>
<tr>
<td>• Advantages and disadvantages</td>
<td></td>
</tr>
<tr>
<td>• Side effects</td>
<td></td>
</tr>
<tr>
<td>• Whether it offers protection against STIs including HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>22. Corrects any misinformation the woman may have about family planning methods.</td>
<td></td>
</tr>
<tr>
<td>23. Asks which method interests the woman; helps the woman chose a method.</td>
<td></td>
</tr>
<tr>
<td><strong>SKILL/ACTIVITY PERFORMED SATISFACTORILY</strong></td>
<td></td>
</tr>
<tr>
<td><strong>METHOD-SPECIFIC COUNSELING (once the woman has chosen a method)</strong></td>
<td></td>
</tr>
<tr>
<td>24. Performs a physical assessment that is appropriate for the method chosen (e.g., blood pressure for hormonal methods, pelvic examination for IUD, etc.).</td>
<td></td>
</tr>
<tr>
<td>• If indicated, refers the woman for further evaluation.</td>
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</tbody>
</table>
### "TRANSITION" FAMILY PLANNING COUNSELING CHECKLIST
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<thead>
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</thead>
<tbody>
<tr>
<td>25. Ensures there are no conditions that contraindicate the use of the chosen method.(^{11})</td>
<td></td>
</tr>
<tr>
<td>- If necessary, helps the woman to find a more suitable method.</td>
<td></td>
</tr>
<tr>
<td>26. Provides basic information about the family planning method she has chosen:</td>
<td></td>
</tr>
<tr>
<td>- Brief description of method</td>
<td></td>
</tr>
<tr>
<td>- How to use it correctly, if applicable, and what to do if problems arise in use (e.g., what to do if she is late taking an oral contraceptive)</td>
<td></td>
</tr>
<tr>
<td>- How it works</td>
<td></td>
</tr>
<tr>
<td>- Effectiveness</td>
<td></td>
</tr>
<tr>
<td>- Advantages and non-contraceptive benefits</td>
<td></td>
</tr>
<tr>
<td>- Disadvantages and limitations</td>
<td></td>
</tr>
<tr>
<td>- Common side effects and what to do about them</td>
<td></td>
</tr>
<tr>
<td>- Danger signs and where to go (immediately) if any arise</td>
<td></td>
</tr>
<tr>
<td>27. Provides the method of choice if available or refers woman to the nearest health facility where it is available.</td>
<td></td>
</tr>
<tr>
<td>28. Asks the woman to repeat the instructions about her chosen method of contraception:</td>
<td></td>
</tr>
<tr>
<td>- How to use it</td>
<td></td>
</tr>
<tr>
<td>- Side effects</td>
<td></td>
</tr>
<tr>
<td>- Danger signs</td>
<td></td>
</tr>
<tr>
<td>- When to return to the clinic</td>
<td></td>
</tr>
<tr>
<td>29. Educates the woman about prevention of STIs and HIV/AIDS; provides her with condoms if she is at risk.</td>
<td></td>
</tr>
<tr>
<td>30. Educates the woman about the benefits of continued breastfeeding, even after introducing foods and/or discontinuing LAM.</td>
<td></td>
</tr>
<tr>
<td>31. Asks the woman if she has any questions or concerns; listens attentively and addresses her questions and concerns.</td>
<td></td>
</tr>
<tr>
<td>32. Schedules the follow-up visit; encourages the woman to return to the clinic at any time if she has any problems, questions or concerns.</td>
<td></td>
</tr>
<tr>
<td>33. Records the relevant information in the woman’s chart.</td>
<td></td>
</tr>
<tr>
<td>34. Thanks the woman politely, says goodbye and—again—encourages her to return to the clinic for any reason.</td>
<td></td>
</tr>
</tbody>
</table>

#### SKILL/ACTIVITY PERFORMED SATISFACTORILY

##### FOLLOW-UP COUNSELING

1. Greets the woman with respect and kindness; introduces self.
2. Confirms the woman’s name, address and other required information.

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\(^{11}\) For specific guidance, see World Health Organization/Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communications Programs (JHU/CCP), INFO Project. 2007. *Family Planning: A Global Handbook for Providers*. CCP and WHO: Baltimore and Geneva.
### "TRANSITION" FAMILY PLANNING COUNSELING CHECKLIST
(Note: Some of the following steps/tasks should be performed simultaneously.)

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>CASES</th>
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<tbody>
<tr>
<td>3.</td>
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<td>4.</td>
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<td>6.</td>
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<td>10.</td>
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<td>11.</td>
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<td>12.</td>
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<td>13.</td>
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</table>

- Asks the woman the purpose of her visit.
- Reviews her record/chart.
- Checks whether the woman is satisfied with her family planning method and is still using it; asks if she has any questions, concerns or problems with the method.
- Explores changes in the woman’s health status or lifestyle that may indicate the need for a different family planning method.
- Reassures the woman about side effects she may be having; offers treatment if necessary.
- Asks the woman if she has any questions; listens to her attentively and responds to her questions or concerns.
- Performs any physical assessment if indicated.
  - If indicated, refers the woman for further evaluation.
- Provides the woman with a resupply of her contraceptive method (e.g., the pill, DMPA, condoms, etc.), if applicable and as needed.
- Schedules the follow-up visit; encourages the woman to return to the clinic at any time.
- Records the relevant information in the woman’s chart.
- Thanks the woman politely, says goodbye and—again—encourages her to return to the clinic for any reason.
# LAM WORKSHOP EVALUATION

(To be completed by the **Participant**)

5—Strongly Agree  4—Agree  3—No Opinion  2—Disagree  1—Strongly disagree

<table>
<thead>
<tr>
<th>WORKSHOP COMPONENT</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The facilitating/training methods were effective in helping me to learn about</td>
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<tr>
<td>LAM.</td>
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<td>2. The workshop materials were effective in helping me to learn about LAM.</td>
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<td>3. I am now able to define LAM and its three criteria.</td>
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<td>4. I am now able to explain the basic mechanism of action and effectiveness of</td>
<td></td>
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<tr>
<td>LAM.</td>
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<td>5. I am now able to discuss the benefits of healthy timing and spacing of</td>
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<tr>
<td>pregnancies.</td>
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<td>6. I am now able to identify appropriate contraceptives to which LAM users can</td>
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<tr>
<td>transition at various times during the postpartum period.</td>
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<tr>
<td>7. I am now able to identify the appropriate timing of introduction of key</td>
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<tr>
<td>methods of contraception to the breastfeeding mother.</td>
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<td>8. I am now able to identify opportunities for integrating LAM counseling with</td>
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<td>other services.</td>
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<tr>
<td>9. I feel confident in providing LAM counseling.</td>
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</tbody>
</table>

**Circle one:**

The workshop was:  **Too Long**  **Too Short**  **Correct Length**

We needed more time for: ____________________________________________

We spent too much time on: __________________________________________

What topics (if any) should be **added** (and why) to improve the workshop? ________________

What topics (if any) should be **deleted** (and why) to improve the workshop? ________________

The best aspect of the workshop was: ____________________________________________

The least helpful aspect of the workshop was: ____________________________________________