

Lactational Amenorrhea Method

Workshop for Family Planning
Service Providers

Participant's Notebook



USAID
FROM THE AMERICAN PEOPLE



Copyright © 2009 Georgetown University, Institute for Reproductive Health (www.irh.org), and Jhpiego (www.jhpiego.org)



**Institute for Reproductive Health
Georgetown University
4301 Connecticut Ave, NW, Suite 310
Washington, DC 20008**



**Jhpiego
1615 Thames St.
Baltimore, MD 21231**

Any part of *Lactational Amenorrhea Method (LAM): A Learning Resource Package for Family Planning Service Providers and Trainers* (2009) may be reproduced and excerpts may be quoted without permission, provided that the material is distributed free of charge and the Georgetown University, Institute for Reproductive Health, is credited as the source of all copies, reproductions, distributions and adaptations of the materials.

Please use the following reference [*Adapted (or Reprinted) from*]:

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.

TRADEMARKS: All brand and product names are trademarks or registered trademarks of their respective companies.

June 2009

**LAM WORKSHOP FOR FAMILY PLANNING SERVICE PROVIDERS:
PARTICIPANT'S NOTEBOOK
Table of Contents**

INTRODUCTION	1
Workshop Rationale	1
Workshop Goal and Overview	1
Workshop Syllabus	2
MODEL WORKSHOP AGENDA	4
PRE-WORKSHOP KNOWLEDGE ASSESSMENT (ANSWER SHEET)	5
LAM EXERCISES	7
Identifying LAM Criteria: Case Studies	7
Transitioning to Other Modern Methods of Contraception	8
Exercise One: Initiation of Postpartum Contraception (BLANK GRAPH)	8
Exercise Three: Case Studies for Transition	9
LAM Counseling Practice Scenarios	10
WORKSHOP EVALUATION	13

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 family planning service providers. This workshop will help prepare family planning service providers to assist postpartum women in making well-informed family planning decisions and in 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 family planning 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.

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 family planning service providers. Ideally, each participant should be currently active in family planning service provision.

Workshop Materials

- LAM Reference Manual, including key learning tools/job aids: LAM Counseling Guide (**Appendix B**), LAM Client Education Card (**Appendix C**), LAM Counseling Checklist (**Appendix D**) and LAM FAQs (**Appendix F**)
- 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 family planning service providers
- One or two facilitators

MODEL WORKSHOP AGENDA

MODEL WORKSHOP AGENDA (2.5 HOURS)			
	Activity	Brief Content Description	Time Allotted
1	Overview of Workshop	<ul style="list-style-type: none"> Review of workshop goal and objectives Review of workshop materials Introduction to LAM within context of family planning 	10 minutes
2	Presentation/Discussion	Benefits of healthy timing and spacing of pregnancies	10 minutes
3	Presentation/Discussion	Basic mechanism of action of LAM	5 minutes
4	Presentation/Discussion EXERCISE: Case Studies for LAM Criteria	LAM criteria and their importance	20 minutes
5	Presentation/Discussion	Effectiveness of LAM	5 minutes
6	Brainstorm, Presentation/Discussion	Advantages and limitations of LAM, including use by HIV-positive mother	10 minutes
7	Presentation/Discussion	Opportunities for integration of LAM services, including transition	10 minutes
8	EXERCISE(S): Transition to other Modern Methods of Contraception	Appropriate timing for transition to other modern methods of contraception	30 minutes
9	EXERCISE: Counseling Demonstration and Practice	Introduction to key learning tools/job aids: LAM Counseling Guide, LAM Client Education Card and LAM Counseling Checklist	35 minutes
10	Post-Workshop Assessment/Summary, Evaluation	Wrap-up activities	15 minutes

PRE-WORKSHOP KNOWLEDGE ASSESSMENT

PRE-WORKSHOP KNOWLEDGE ASSESSMENT (ANSWER SHEET)

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

LAM EXERCISES

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. Pilar, 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.

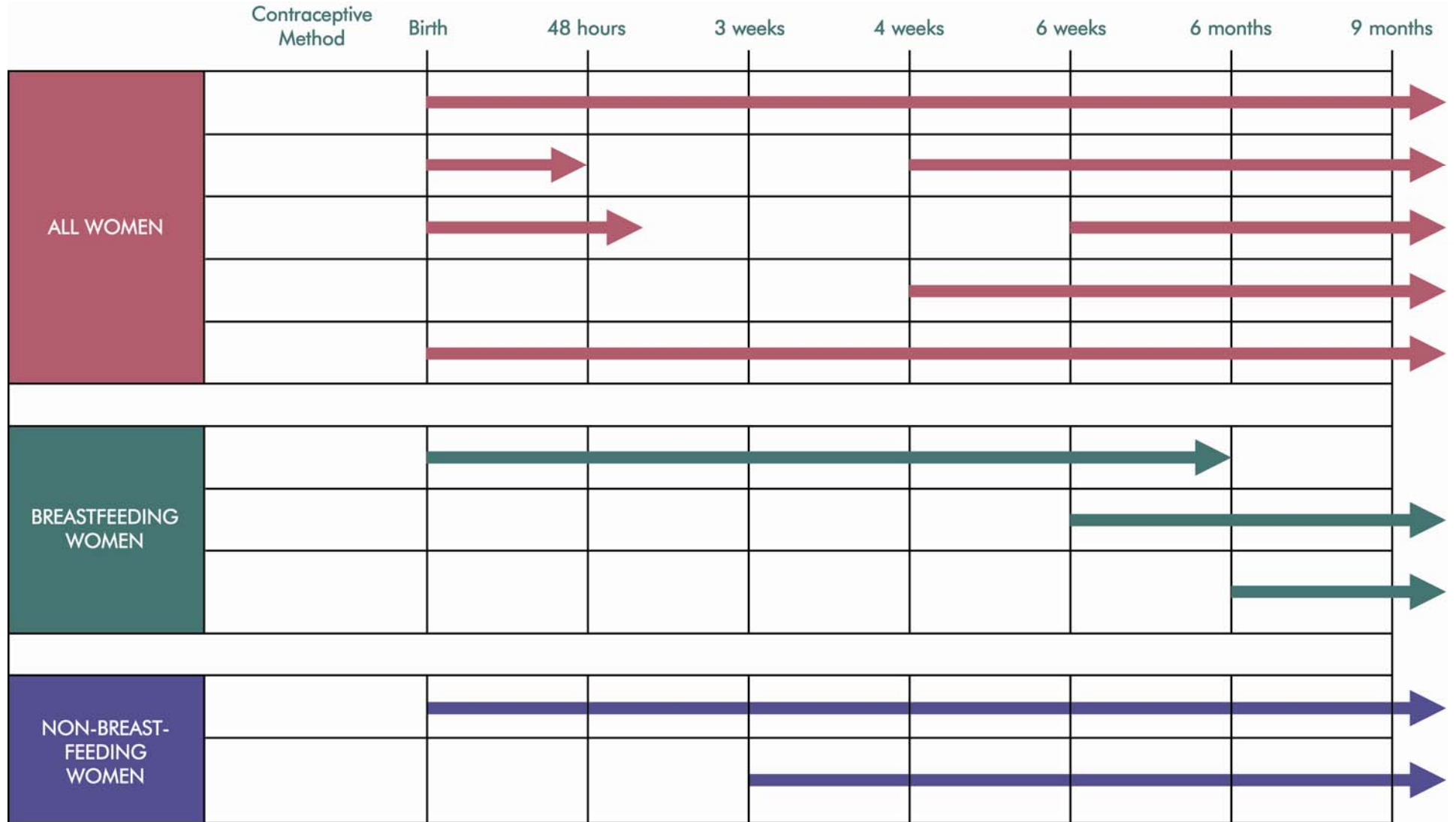
Q. Can this woman rely on LAM? Why or why not?

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)



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 family planning clinic in the district health center. This is the first time this patient has attended a family planning clinic. Her husband is not present.

Client Profile #2:

You are three months postpartum and have come to the family planning 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 family planning clinic in the district health center. This is the first time this patient has attended a family planning clinic. Her husband is also present.

Client Profile #3:

You are two months postpartum and have come to the family planning 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 family planning clinic in the district health center. This is the first time this patient has attended a family planning clinic. 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. The midwife advised you to go by the family planning clinic, which is located in the same building, on your way home today. Your mother-in-law and husband are with you, as is your baby.

Provider Profile #4:

You are the nurse at the family planning clinic in the district hospital. The midwife from the delivery ward has called to tell you that a recently delivered woman is coming over and she may be interested in using LAM. You do not have another client at the moment and so are able to take this postpartum woman as soon as she arrives at your clinic.

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 family planning 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 family planning clinic in the district health center. This is the first time this patient has attended a family planning clinic. Her mother-in-law is with her.

LAM WORKSHOP EVALUATION

(To be completed by the participant)

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

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

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: _____

