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

Participant's Notebook

Field-Test Draft, December 2009

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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.

ACCESS-FP
Jhpiego
1615 Thames Street
Baltimore, Maryland 21231
www.jhpiego.org

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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

FIELD-TEST DRAFT, December 2009

LAM WORKSHOP FOR MATERNAL, NEWBORN AND CHILD HEALTH SERVICE PROVIDERS: PARTICIPANT'S NOTEBOOK

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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.
- 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

- 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**), "Transition" Checklist (**Appendix E**), Breastfeeding Support (**Appendix F**) and LAM FAQs (**Appendix G**)
- 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

MODEL WORKSHOP AGENDA (2.5 HOURS)			
	Activity	**Brief Content Description**	**Time Allotted**
1	**Overview of Workshop**	• Review of workshop goal and objectives • Review of workshop materials • Introduction to LAM within context of MNCH services	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, LAM Counseling Checklist, "Transition" 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 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.

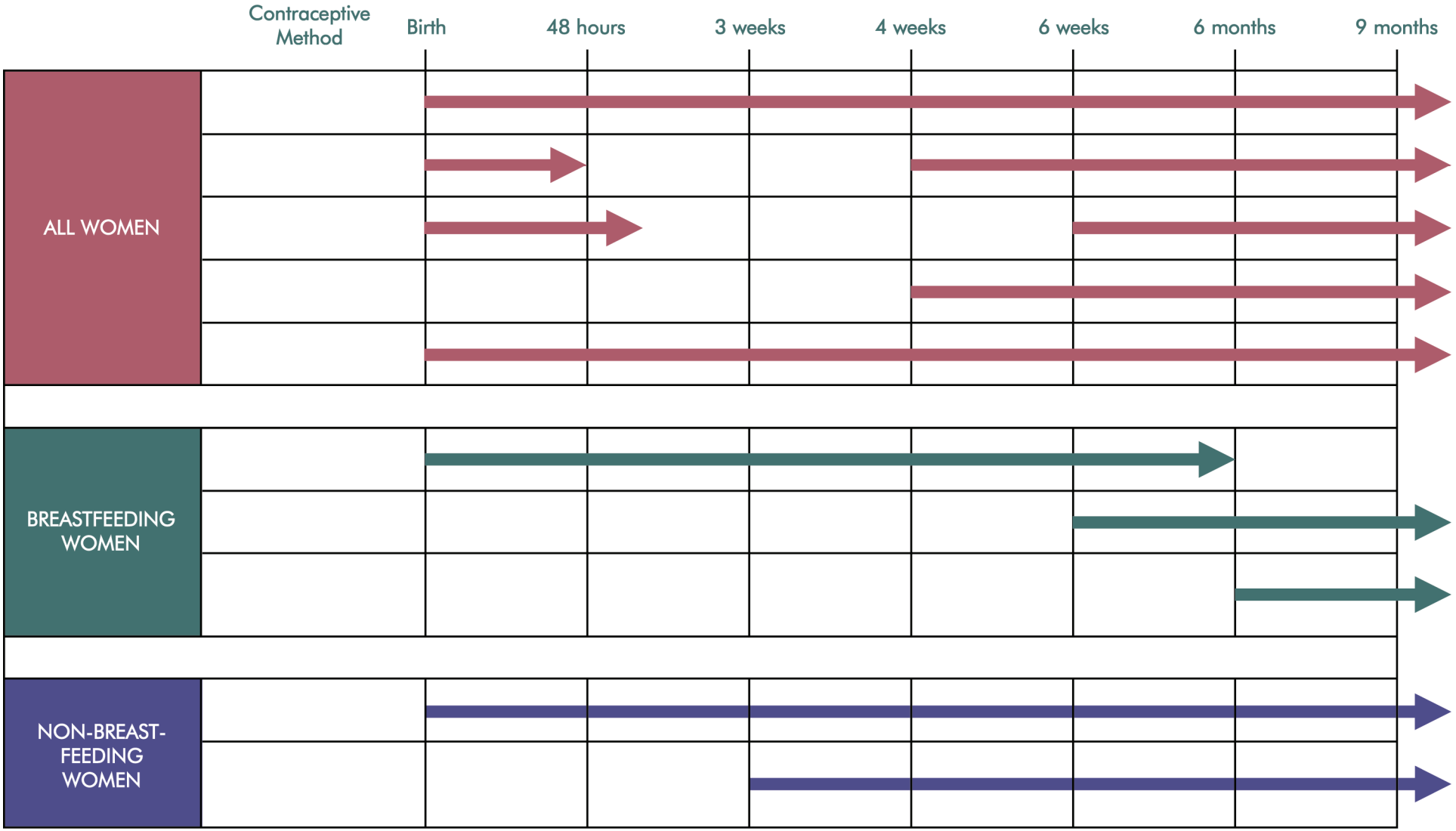
   Q. Can this woman rely on LAM? Why or why not?

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)



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[9]

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.)					
STEP/TASK	**CASES**				
GETTING READY					
1. Collects the necessary equipment, job aids, client education materials and client record to evaluate the postpartum mother.					
2. Greets the woman respectfully and with kindness. Introduces her/himself.					
3. Listens to the woman attentively, and responds to her questions and concerns.					
4. Assures her of confidentiality and maintains privacy.					
5. Respects the client's right to make an informed decision.					
ASSESSMENT					
6. Takes relevant history: • If pre-discharge, reviews clients records of ANC, L&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. • 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.					
7. Checks record for HIV status and encourage to be tested if not yet done.					
8. Asks the mother if she plans to have more children; if not, refers for permanent method.					
9. Asks the mother what methods of contraception she would like to use; assesses her knowledge about the method.					

[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.)					
STEP/TASK	**CASES**				
10. 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.					
11. 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.					
COUNSEL					
12. Discusses results of exam.					
13. 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.					
14. 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					
15. Discusses benefits of waiting at least two years after birth to try to become pregnant again.					
16. **If she is not going to breastfeed**, discusses contraceptive options chosen above (in Question 9). • Discusses advantages and limitations of each available method she chose • Helps client decide which option is best for her					
17. Provides contraceptive method, along with instructions on how to use it and manage possible side effects.					
18. **If woman is breastfeeding but does not choose to use LAM**, advises the woman of the following: • Breastfeeding alone (without adhering to the three LAM criteria) will not protect her from pregnancy. • The method she chooses should be compatible with breastfeeding and the woman's medical history. • Breast milk gives her baby all the nutrition s/he needs for the first six months.					
19. Counsels client concerning STI/HIV history, sexual behavior and reduction of risks. (**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.)					
20. Ensures that woman/couple has "complication readiness plan" and knows when and where to return if danger signs, complications or other problems develop.					

LAM COUNSELING CHECKLIST FOR MNCH SERVICE PROVIDERS (**Note**: Some of the following steps/tasks should be performed simultaneously.)					
STEP/TASK	**CASES**				
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.)					
22. Encourages the client to follow along with the LAM Client Education Card (Appendix C) provided.					
23. Determines whether the woman meets all three LAM criteria: • **Her menstrual bleeding has not returned since her baby was born; and** • **She breastfeeds only (i.e., breastfeeds her baby day and night and does not give any other food, water or liquids); and** • **Her baby is less than six months old**					
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.					
25a. Gives the client advice on how to maintain only/exclusive breastfeeding: • **Breastfeed as often as your baby wants, day and night** • **Continue to breastfeed even when you or your baby is sick** • **Do not give your baby any foods, water or other liquids before six months of age** • **Do not use bottles, pacifiers or other artificial nipples, which discourage your baby from breastfeeding as frequently** **25b. Reassures her that breast milk gives her baby everything s/he needs to be healthy.**					
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.					
27. Discusses the method of family planning she would like to use when no longer using LAM (the method to which she will transition).					
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.					
29. Ensures that the woman knows to where to go if she has a question/concern or problem or if any danger signs arise.					

LAM COUNSELING CHECKLIST FOR MNCH SERVICE PROVIDERS (**Note**: Some of the following steps/tasks should be performed simultaneously.)					
STEP/TASK	**CASES**				
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.					
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.					
32. Asks her to name/describe the three criteria of LAM once more before she goes.					

"TRANSITION" FAMILY PLANNING COUNSELING CHECKLIST[10]

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.

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

[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.)					
STEP/TASK	**CASES**				
GENERAL FAMILY PLANNING COUNSELING (for the postpartum woman)					
14. Asks the woman if she is still using LAM, ensuring that each criteria (no menstrual bleeding, breastfeeding only/exclusively, baby less than 6 months old) has been met up until this time. • If discontinued LAM already and has not been using another method of contraception, ascertains that she is not pregnant.					
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: • What methods did she use? • Did she have any problems with that method or does she have any questions or concerns about that method?					
16. Asks the woman about her reproductive goals.					
17. Asks the woman whether she plans to continue breastfeeding					
18. Discuss with the woman the benefits of healthy timing and spacing of pregnancy.					
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.)					
20. Assesses the woman's risk for STIs and HIV/AIDS, as appropriate.					
21. Briefly provides general information about each contraceptive method available: • How it prevents pregnancy • How it is administered • Effectiveness • Advantages and disadvantages • Side effects • Whether it offers protection against STIs including HIV/AIDS					
22. Corrects any misinformation the woman may have about family planning methods.					
23. Asks which method interests the woman; helps the woman chose a method.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
METHOD-SPECIFIC COUNSELING (once the woman has chosen a method)					
24. Performs a physical assessment that is appropriate for the method chosen (e.g., blood pressure for hormonal methods, pelvic examination for IUD, etc.). • If indicated, refers the woman for further evaluation.					

"TRANSITION" FAMILY PLANNING COUNSELING CHECKLIST (**Note**: Some of the following steps/tasks should be performed simultaneously.)					
STEP/TASK	**CASES**				
25. Ensures there are no conditions that contraindicate the use of the chosen method.[11] • If necessary, helps the woman to find a more suitable method.					
26. Provides basic information about the family planning method she has chosen: • Brief description of method • 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) • How it works • Effectiveness • Advantages and non-contraceptive benefits • Disadvantages and limitations • Common side effects and what to do about them • Danger signs and where to go (immediately) if any arise					
27. Provides the method of choice if available or refers woman to the nearest health facility where it is available.					
28. Asks the woman to repeat the instructions about her chosen method of contraception: • How to use it • Side effects • Danger signs • When to return to the clinic					
29. Educates the woman about prevention of STIs and HIV/AIDS; provides her with condoms if she is at risk.					
30. Educates the woman about the benefits of continued breastfeeding, even after introducing foods and/or discontinuing LAM.					
31. Asks the woman if she has any questions or concerns; listens attentively and addresses her questions and concerns.					
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.					
33. Records the relevant information in the woman's chart.					
34. Thanks the woman politely, says goodbye and—again—encourages her to return to the clinic for any reason.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
FOLLOW-UP COUNSELING					
1. Greets the woman with respect and kindness; introduces self.					
2. Confirms the woman's name, address and other required information.					
3. Asks the woman the purpose of her visit.					

[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.)					
STEP/TASK	**CASES**				
4. Reviews her record/chart.					
5. Checks whether the woman is satisfied with her family planning method and is still using it; asks if she has any questions, concerns or problems with the method.					
6. Explores changes in the woman's health status or lifestyle that may indicate the need for a different family planning method.					
7. Reassures the woman about side effects she may be having; offers treatment if necessary.					
8. Asks the woman if she has any questions; listens to her attentively and responds to her questions or concerns.					
9. Performs any physical assessment if indicated. • If indicated, refers the woman for further evaluation.					
10. Provides the woman with a resupply of her contraceptive method (e.g., the pill, DMPA, condoms, etc.), if applicable and as needed.					
11. Schedules the follow-up visit; encourages the woman to return to the clinic at any time.					
12. Records the relevant information in the woman's chart.					
13. 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

	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: _____