Trainer's Notebook

Lactational Amenorrhea Method

Training Skills Course

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FROM THE AMERICAN PEOPLE

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LACTATIONAL AMENORRHEA METHOD (LAM) TRAINING SKILLS COURSE: TRAINER'S NOTEBOOK

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INTRODUCTION[1]

COURSE 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. To help address this need, the LAM Training Skills Course will prepare participants to facilitate a LAM Workshop for Family Planning Service Providers.

COURSE GOAL AND OVERVIEW

The goal of this three-day course is to provide the **LAM knowledge/skills** and **training skills** necessary for participants to effectively facilitate a LAM Workshop for Family Planning Service Providers.[2] As summarized below, the first half of the course focuses on knowledge and skills updates; the second half focuses on preparing for and undertaking a practicum, in which participants will have the opportunity to apply the knowledge and practice the skills that they have learned.

Day One: LAM Technical Update (full day)

Day Two: Training Skills Update (morning/half day)
Preparing for Practicum (afternoon/half day)

Day Three: Practicum (full day)—Conducting a LAM Workshop for Family Planning Service Providers

[1] There is some duplication between the facilitator's Introduction and the participant's Introduction, but also significant differences. For example, where the facilitator's version has a section on "Organization and Use of LAM Course Materials," the participant's version has a detailed "Workshop Syllabus."

[2] Because LAM services do not usually "stand alone," but are rather incorporated into other services, this course/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.

About the LAM Workshop for Family Planning Service Providers, also included on this CD-ROM:
Whereas the "LAM Training 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, the "LAM Workshop" is designed to prepare family planning service providers to deliver LAM services.

TRAINER AND PARTICIPANT ROLES DURING THE COURSE

Throughout the course, trainer and participant roles continue to evolve. As participants gain knowledge and skills in LAM counseling and training, trainers take on an increasingly facilitative and supportive role. This evolution culminates on the third day when participants lead a LAM workshop entirely on their own, with the trainer acting primarily as a mentor. The evolution of these roles, within the context of the three-day training skills course, is described in further detail below.

Day One Roles

Participant:
On Day One, participants take part in a LAM Technical Update to gain the knowledge and skills needed to provide LAM counseling—as part of preparing to become facilitators of a LAM Workshop for Family Planning Service Providers. Topic areas include LAM mechanism of action, LAM criteria, advantages and limitations of LAM, opportunities for integration of LAM with other health care services, appropriate timing for transition from LAM to other modern methods, optimal breastfeeding practices, and LAM counseling. This highly interactive, participatory update and allows time for practice of LAM counseling skills in a simulated setting

Trainer:
Using the LAM Update Model Outline as a guide, the trainer conducts the LAM Update on Day One to help participants become knowledgeable, credible and skilled in LAM counseling. The trainer gives presentations and leads discussions, based on the content contained in the Graphics Presentation, and facilitates a range of interesting exercises. Key among them are the LAM counseling demonstration and simulations/practice sessions, conducted by the trainer(s) and the participants, respectively. The trainer observes as many of the counseling practice sessions as possible. Afterward, the trainer recognizes some of the effective counseling skills observed and provides guidance on any areas needing strengthening.

Day Two Roles

Participant:
On the morning of Day Two, participants participate in a Training Skills Update focusing on the knowledge and skills needed to effectively facilitate a LAM Workshop for Family Planning Service Providers. Topic areas include features of adult learning, effective presentation skills and a variety of training methods. Participants are then given the opportunity to practice applying

their new knowledge and skills by preparing for and presenting/conducting an assigned topic or activity from the LAM Workshop Facilitator's materials.

In the afternoon of Day Two, participants spend three to four hours preparing for the actual LAM Workshop that they will conduct on Day Three. Participants review the LAM Workshop Model Outline, assign a facilitator for each topic or activity, and prepare any visual aids (e.g., posters, flip charts) and sufficient copies of handouts that will be needed.

Trainer:
On the morning of Day Two, the trainer conducts the Training Update, as described in the Training Skills Update Model Outline. They then divide participants into groups of five to prepare for and present/conduct one topic or activity from the LAM Workshop Model Outline. Participants spend approximately 30 minutes preparing, while the trainer coaches and assists as needed. Following each group presentation, the trainer guides a constructive critique of the session.

In the afternoon of Day Two, the trainer assists participants as they prepare to conduct the actual LAM Workshop the following day. As part of preparation, the trainer reviews with participants the LAM Workshop for Family Planning Service Providers—Facilitator's Notebook, explaining how to use the LAM Workshop Model Outline, case studies, exercises, answer keys and other teaching aids. The trainer then assists participants in planning and practicing their presentations/activities (focusing on interactive facilitation methods) and preparing necessary visual aids and handouts, while encouraging them to proceed from task to task in a timely fashion.

> Note: Ideally, two LAM Workshops will be organized for Day Three, so that as many participants as possible can participate actively/directly in facilitation. The trainer should assist participants in dividing topics/activities among themselves.

Day Three Roles

Participant:
On Day Three, participants conduct a LAM Workshop for a group of family planning service providers. They are responsible for the entire workshop— from the introduction, through the presentations/discussions and activities, to the post-workshop knowledge assessment and closing. If some participants are not able to participate actively in facilitation of the workshop, they should be instructed to critically observe, using the Training Skills Assessment Checklist to guide their assessment of others' performance. Following the workshop, they have the opportunity to discuss their experience.

Trainer:
On Day Three, the trainer is present throughout the LAM Workshops conducted by the participants. Remaining in a supportive role, rather than serving as a facilitator, the trainer vigilantly watches for any difficulties the participant experiences and provides additional information or advice as required. Throughout the workshop, the trainer is careful to ensure that

the participant-facilitator is viewed by workshop attendees as the central figure and authority in a given presentation or activity.

Following the workshop, the trainer reconvenes participants to discuss their experiences as facilitators and observers. The trainer should ask participants, individually or as a group, to describe an aspect of facilitating that they thought went well, as well as an aspect they felt needed strengthening. Throughout this process, the trainer should ensure that all comments are presented in a positive and constructive, rather than critical, manner. The trainer should conclude the review session with enthusiastic congratulations for a job well done!

ORGANIZATION AND USE OF LAM COURSE MATERIALS

The "LAM Training Skills Course" learning resource package (LRP) is composed of four main components:

- **LAM Training Skills Trainer's Notebook**, which includes materials needed to conduct the LAM course (both LAM update and training skills portions)—In addition to this introduction, the Notebook includes: model course outlines, which provide a detailed plan for how key portions of course may be conducted; pre- and post-course 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 Presentations (further described below), as well as narration notes. The Notebook also includes a complete copy of the Participant's Notebook (further described below).
- **LAM Training Skills Participant's Notebook**, which contains participant materials (both LAM update and training skills portions) that accompany or support several of the course segments and activities, enhancing the learning experience—Included are an introduction, model course agendas, exercise prompts and answer sheets, a training skills assessment checklist, a training skills reference and a course evaluation.
- **LAM Technical Update and Training Skills Graphics Presentations**, which cover all the basic content for this portion of the course, providing a visual accompaniment to activities—Depending on resources available, these PowerPoint presentations can be projected via computer onto a screen, transferred for use on an overhead projector or a flip chart, or shared as a handout.[3]

Additionally, in this course, use is made of the following materials from the CD-ROM:

- **LAM Workshop for Family Planning Service Providers**, which contains all of the materials used in the 2.5-hour workshop;
- **LAM Reference Manual**, which contains basic information about LAM and expands upon the content included in the Graphics Presentation(s)—The manual also includes several key

[3] A print-ready PDF of the thumbnail version of the Graphics Presentations are included in the Resources section of the CD-ROM.

learning tools/job aids: the LAM Counseling Guide, LAM Client Education Card, LAM Counseling Checklist and LAM Frequently Asked Questions (FAQs). These materials, and the manual as a whole, will be useful to the trainer and participants not only during the course/workshop, but in the clinical setting as well.

Making modifications … While a broad selection of learning tools and activities are included the LAM Training Skills LRP, the experienced trainer 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.

The CD-ROM also includes 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.

A description of how these materials fit into the three-day training skills course follows.

Day One Materials
Activities on this day will focus on the following:

- LAM Training Skills Trainer's Notebook and Participant's Notebook, focusing on introductory material and "LAM Technical Update" materials
- LAM Technical Update Graphics Presentation
- LAM Reference Manual

Day Two Materials
Activities on this day will focus on the following:

- LAM Training Skills Trainer's Notebook and Participant's Notebook, focusing on "LAM Training Skills" materials (including the "Training Skills Reference" in the Participant's Notebook)
- LAM Training Skills Graphics Presentation
- LAM Workshop for Family Planning Service Providers—Facilitator's Notebook

Day Three Materials

- LAM Training Skills Trainer's Notebook and Participant's Notebook
- LAM Workshop for Family Planning Service Providers—Facilitator's Notebook

COURSE EVALUATION METHODS

- **LAM Counseling Checklist**—Participants are assessed on their LAM counseling skills during their counseling practice on the afternoon of Day One.
- **Post-Course Knowledge Assessment**—Participants' knowledge of LAM is assessed using a written post-course questionnaire on Day One.
- **Training Skills Assessment Checklist**—Participants' training skills are assessed by peers and by trainers during the practicum on Day Three. Participants will also be asked to use this tool for self-assessment.
- **Course Evaluation**—Participants evaluate the course on the final day (Participant's Notebook).

COURSE TRAINER PROFILE

The trainers of the LAM Training Skills Course should be:

- Current in their knowledge of LAM counseling and services, including contraceptive technology (family planning) for postpartum women;
- Competent in the skills they will teach;
- Able to use a variety of interactive training methods;
- Capable of serving as role models for participants and colleagues;
- Capable of providing supportive, on-site follow-up; and
- Enthusiastic about training/teaching.

LAM UPDATE

LAM UPDATE MODEL OUTLINE

LAM TRAINING SKILLS COURSE— LAM UPDATE MODEL OUTLINE (4.5 HOURS)			
ACTIVITY # (TIME ALLOTTED)[4]	BRIEF CONTENT DESCRIPTION	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
1 (10 minutes)	Welcome	**Welcome:** Welcome participants and describe any necessary logistics, such as location of toilets.	
2 (15 minutes)	Introductions, participant expectations, course goals and objectives, course materials	**Opening and Overview:** • Introduce trainers and ask participants to introduce themselves and summarize their experience with LAM. As part of individual introductions (to help participants relax and feel comfortable with the group), participants should also tell one fact about themselves that they would like other participants to know. • Ask participants their expectations about the LAM Update and identify which will be addressed during this course. • Review course goals and objectives using graphics; also review course materials and explain each item. • Tell participants that the LAM Update will provide an opportunity to increase technical knowledge of LAM, as well as to practice LAM counseling skills.	• Course materials • Graphics 1–3 • Trainer's and Participant's Notebooks
3 (20 minutes)	Assessment of participants' pre-course knowledge	**Pre-Course Knowledge Assessment:** Distribute knowledge assessment answer sheets. After all tests are completed and collected, review the correct answers with the group. In addition, complete the group learning matrix and review findings with participants. (For additional guidance, see notes/instructions in Trainer's Notebook.)	• Trainer's Notebook • Copies of the answer sheet
4 (10 minutes)	Introduction to LAM within the context of family planning	**Overview of Course:** Ask participants to list the methods of contraception available to their clients locally. Introduce LAM as another modern method of contraception, broadening the method mix.	• Graphics 4–5
5 (10 minutes)	Benefits of healthy timing and spacing of pregnancies	**Presentation/Discussion:** Ask the group to list some benefits of healthy timing and spacing of pregnancies. Summarize using graphic(s).	• Graphics 6–7

[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.

LAM TRAINING SKILLS COURSE— LAM UPDATE MODEL OUTLINE (4.5 HOURS)			
ACTIVITY # (TIME ALLOTTED)[4]	BRIEF CONTENT DESCRIPTION	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
6 (15 minutes)	Basic mechanism of action and effectiveness of LAM	**Presentation/Discussion:** Ask participants to explain how LAM prevents pregnancy. Discuss the effectiveness of LAM. Summarize answers using graphic(s).	• Graphics 8–10
7 (30 minutes)	LAM criteria and their importance	**Presentation/Discussion:** Ask participants to list LAM criteria. Emphasize that breastfeeding is NOT LAM. Explain/review criteria with graphic(s) and with LAM client education card. Discuss why each criterion is important. **EXERCISE/Case Studies for LAM Criteria:** Read each case study aloud. (Instruct participants to write their answers on the answer 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 Trainer's Notebook.)	• Graphics 11–17 • Trainer's and Participant's Notebooks
8 (5 minutes)	"Transition"—an essential component of LAM	**Presentation/Discussion:** Ask group to explain what "transition" means. Summarize using graphics.	• Graphics 18–20
9 (10 minutes)	Benefits and limitations of LAM	**Brainstorm and Presentation/Discussion:** Ask group of participants to quickly list advantages of using LAM. Summarize using graphic(s).	• Graphics 21–26
10 (10 minutes)	Use of LAM by the HIV-positive mother	**Presentation/Discussion:** Discuss the appropriateness of "only/exclusive" breastfeeding for HIV-positive women in the context of national/local guidance on prevention of mother-to-child transmission of HIV (PMTCT). Ask group whether an HIV-positive mother can use LAM and what considerations you should include when counselling an HIV-positive mother. Summarize using graphic(s).	• Graphics 27–32 • National/Local HIV/PMTCT Guidelines
11 (10 minutes)	Opportunities for integration of LAM services, including transition	**Presentation/Discussion:** Ask participants (individuals or group) where/when can LAM services be effectively integrated. Summarize answers graphic(s).	• Graphics 33–34

LAM TRAINING SKILLS COURSE— LAM UPDATE MODEL OUTLINE (4.5 HOURS)			
ACTIVITY # (TIME ALLOTTED)[4]	BRIEF CONTENT DESCRIPTION	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
12 (20 minutes)	Appropriate timing for transition from LAM to other modern methods of contraception	**EXERCISES/Transition to other Modern Methods of Contraception:** Conduct at least **one** of the following exercises—more as needed for reinforcement and as time allows. **Note:** Trainer should be familiar with local family planning guidelines and methods available, and adjust information on methods accordingly. Also, "Family Planning: A Global Handbook for Providers" (available at: http://www.infoforhealth.org/globalhandbook/) can be used as a reference. • **Exercise One: Initiation of Postpartum Contraception (Graph)** (For guidance, see notes/instructions in Trainer's Notebook.) • **Exercise Two: Initiation of Postpartum Contraception (Labeling)** (For additional guidance, see notes/instructions in Trainer's Notebook.) • **Exercise Three: Case Studies for Transition** (For additional guidance, see notes/instructions in Trainer's Notebook.) Following the exercise(s), summarize using graphic(s).	• Graphics 35–37 • Trainer's and Participant's Notebooks
13 (10 minutes)	Optimal breastfeeding	**Presentation/Discussion:** • Using the graphics and a variety of questioning techniques, lead a discussion on optimal breastfeeding behaviors. • Invite a participant to demonstrate effective positions for breastfeeding; have participants refer to the effective positions shown in the **Reference Manual**. • Also, discuss the benefits, for the mother and infant, of continuing breastfeeding after LAM. Show participants the section on management of common breastfeeding problems in the **Reference Manual**. • Summarize using graphic(s).	• Graphics 38–41 • **Reference Manual**: Appendix E • Prop: baby doll
14 (10 minutes)	Principles of effective counseling	**Presentation/Discussion:** Ask group for some general principles (of effective counseling) that should be adhered to in LAM counseling. Summarize answers using graphic(s).	• Graphics 42–43

LAM TRAINING SKILLS COURSE— LAM UPDATE MODEL OUTLINE (4.5 HOURS)			
ACTIVITY # (TIME ALLOTTED)[4]	BRIEF CONTENT DESCRIPTION	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS

15 (60 minutes)	Content of LAM counseling
	
	Use of key learning tools/job aids
	
	Counseling skills development
		Presentation/Discussion:
		Using the graphics and a variety of questioning techniques, review the content of LAM counseling. Introduce participants to the LAM Counseling Guide, LAM Client Education Card and LAM Counseling Checklist (**Reference Manual**). Summarize using graphic(s).
		
		EXERCISE/Counseling Demonstration and Practice: Conduct a brief demonstration of a client counseling session. Ask participants to use the LAM Counseling Guide (Appendix B) to follow along. After the demonstration, have participants practice counseling in groups of three, using the tools/aids. After their practice sessions, discuss their experiences, impressions and concerns. (For additional guidance, see notes/instructions in Trainer's Notebook.)
			• Graphics 44–49
			• **Reference Manual**: Appendices B to D
			• Trainer's and Participant's Notebooks
			• Props for demonstration:
			  • Pillow (for pregnant "belly")
			  • Baby doll
			  • Table and chairs

16 (15 minutes)	Advocacy—common attitudes toward LAM	**Activity/Discussion:** Divide the room into two sections: one designated "Agree," the other designated "Disagree." Instruct participants to stand in the area that corresponds to their colleagues' (e.g., from the clinic at which they work) agreement or disagreement with each of the following statements. • LAM is a very effective method of contraception. • LAM is the same as breastfeeding. • LAM is easy for women to understand. • LAM is an easy for women to use. • LAM counseling requires too much time to be used in busy settings. • Women who use LAM are less likely to be using another modern method at six months than other postpartum women. Discuss each statement after participants have taken their positions. Discuss what their previous attitude was and what the attitude of their colleagues may be. Ask them how they would advocate for LAM with a person with such beliefs. Summarize using graphic(s).	• Graphic 50

LAM TRAINING SKILLS COURSE— LAM UPDATE MODEL OUTLINE (4.5 HOURS)			
ACTIVITY # (TIME ALLOTTED)[4]	BRIEF CONTENT DESCRIPTION	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
17 (20 minutes)	Assessment of participants' post-course knowledge, summary	**Post-Course Knowledge Assessment:** Distribute knowledge assessment answer sheets. After all tests are completed and collected, review the correct answers with the group. (For additional guidance, see notes/instructions in Trainer's Notebook.) Summarize using graphic(s).	• Graphic 81 • Trainer's Notebook • Copies of the answer sheet
18 (10 minutes)	Closing remarks	**Wrap-Up:** Thank participants for attending and participating and challenge them to apply what they have learned. Provide preview of tomorrow's session on training skills, talking about how today's session will relate to it.	
Equipment for course: • 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 • Props: doll, pillow (for pregnant "belly"), breast model, table and chairs			

PRE-LAM UPDATE KNOWLEDGE ASSESSMENT

Using the Assessment

The Pre-Course Knowledge Assessment is not intended to test but rather to assess what the participants already know, individually and as a group, about the course 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 trainer 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 course).
- 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 trainer provides the correct answer to each question. (Explanations are provided on page 14.)
- Participants grade their own assessments and give them to the trainer.
- During the next break, the trainer quickly reviews the completed assessments and uses the Group Learning Matrix (page 15) to find significant gaps in participants' knowledge. This can help in determining which topics should be emphasized or de-emphasized during the course. (If there are two trainers, one can review the assessments while the other continues with the course.)

Pre-LAM Update Knowledge Assessment (Answer Key)

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

Pre-LAM Update 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.

GROUP LEARNING MATRIX FOR PRE-COURSE KNOWLEDGE ASSESSMENT

How the Results Will Be Used

The main objective of the **Pre-Course Knowledge Assessment** is to assist both the **trainer** and the **participant** as they begin their work together by assessing what the participants, individually and as a group, already know about the course topics. This allows the trainer to identify topics that may need to be emphasized or de-emphasized during the course. While the questions alert participants to the content that will be presented in the course, the results provide enable them to focus on their individual learning needs.

The questions are presented in the true-false format. A special form, the **Group Assessment Matrix** (following), is provided to record the scores of all course participants. Using this form, the trainer can quickly chart the number of correct answers for each of the questions. By examining the data in the matrix, the group members can easily determine their collective strengths and weaknesses and jointly plan with the trainer how to best use the course time to achieve the desired learning objectives.

For the trainer, the assessment results will identify particular topics that may need additional emphasis during the learning sessions. Conversely, for those categories where 85% or more of participants answer the questions correctly, the trainer may elect to use some of the allotted time for other purposes.

For the participants, the corresponding topic area in the reference manual are noted beside the answer column. To make the best use of limited course time, participants are encouraged to address their individual learning needs by studying the designated topic area.

Group Assessment Matrix

Course: _____ Dates: _____ Trainer(s): _____

QUESTION NUMBER	CORRECT ANSWERS (Participant Numbers)																							TOPIC AREAS
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
1																									MECHANISM OF ACTION AND EFFECTIVENESS
2																									LAM CRITERIA
3																									
4																									LAM COUNSELING
5																									ATTITUDES ABOUT LAM
6																									HEALTHY TIMING AND SPACING
7																									TRANSITION—INTRODUCING OTHER METHODS
8																									
9																									OPTIMAL BREASTFEEDING
10																									OPPORTUNITIES FOR INTEGRATION

LAM UPDATE 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 (Participant Notebook).

Process:

- 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. 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?

   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, Participant Notebook); 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 10).

Exercise One—Initiation of Postpartum Contraception—Answer Key (completed graph)

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)5; **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 10).
- 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 Progestin-only methods
- Female sterilization (if not done within the first week)

[5] 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 (Participant Notebook)

Process:

- Give each participant a copy of 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[6] 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.

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.

[6] 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 trainer 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 even though the baby should be starting on complementary foods. 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, 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.

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.

LAM Counseling Demonstration and Practice Sessions

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

Time: 60 minutes

Materials: Key learning tools/job aids: the LAM Counseling Guide (job aid), LAM Client Education Card and LAM Counseling Checklist (**Reference Manual**, Appendices B–D); and LAM counseling practice session scenarios (Participant Notebook)

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.
- According to the guidance provided below, conduct the **counseling demonstration (1)**, facilitate the participants' **counseling practice sessions (2)** and follow with a **discussion (3)**.

1. **Counseling Demonstration:**
   - Advise participants to follow along, throughout the demonstration, with the LAM Counseling Guide (job aid).
   - If there is one trainer, 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 trainers, 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 any 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.

2. Post-Demonstration Practice Sessions:

- After the demonstration is completed, divide participants into groups of three and have them practice counseling using the scenarios provided (following and in Participant Notebook).
- Assign a scenario to each participant group and explain that:
  - One person should play the role of client (using the client education card, as demonstrated); one should play the role of the provider (using the job aid, as demonstrated); and one should be the observer (using the LAM Counseling Checklist).
  - They should rotate roles twice so that each person has a chance to play all three roles.
  - For each practice session, they have only five minutes.

3. Post-Demonstration/Practice Session Discussion:

- After the counseling demonstration and practice sessions, reconvene the group to discuss the experience.
  - Ask them for their overall impressions of the demonstration, learning tools/job aids and practice sessions.
  - Ask them how feasible this type of counseling would be for their work setting.
  - Ask them about their specific roles during the practice sessions. Discussion may be guided by the following questions:
    - As a client, what did the counselor do to make you feel less anxious?
    - As a client, what did the counselor do to help you understand LAM and what you need to do to use the method correctly?
    - As a provider, what parts of the counseling experience did you feel most comfortable with?
    - As a provider, what aspects of the counseling experience were most difficult and why?
    - As an observer, and without giving any names, describe one behavior of a counselor that seemed most effective, and explain why.
    - As an observer, and without giving any names, describe one behavior of a counselor that may need to be strengthened, and explain why.
- 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-LAM UPDATE KNOWLEDGE ASSESSMENT

Using the Assessment

This knowledge assessment is designed to: (1) help the participants determine whether they have achieved the objectives of the course; and (2) summarize and/or review the key content of the course. 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 trainer.)
- 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 trainer to review/discuss the correct answers with the group.)

- The trainer makes copies of the answer sheet (pages 32–34) and distributes them to participants.
- Participants place their names at the top of the sheet and complete the assessment. The trainer remains in the room during this time.
- After all participants have completed the assessment (or after an allotted time), the trainer reviews/discusses the correct answers with the group.
- Participants grade their own assessments and give them to the trainer.

Post-LAM Update 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 <u>not</u> 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. Optimal breastfeeding behaviors include all of the following **except**:
   a. Breastfeed as often as the infant wants, for as long as s/he wants, day and night
   b. Offer the second breast after the infant releases the first
   c. Continue breastfeeding even if the mother or infant becomes ill
   d. Use a pacifier or other artificial nipple if the baby is hungry in between feeds

10. 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 foods or fluids
   d. Use condoms consistently

11. The HIV-positive mother should discontinue breastfeeding:
   a. If she must begin antiretroviral (ARV) therapy
   b. If the infant becomes ill
   c. As soon as replacement feeding becomes acceptable, feasible, affordable, sustainable and safe (i.e., meets AFASS criteria)
   d. All of the above

12. 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

13. 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

14. 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-LAM Update Knowledge Assessment (Answer Sheet)

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   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
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LAM UPDATE GRAPHICS PRESENTATION THUMBNAILS

Lactational Amenorrhea Method (LAM)
Update for Training Skills Course

Objectives

- Define LAM
- Discuss benefits of health 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

2

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)
- Discuss optimal breastfeeding practices
- Demonstrate effective LAM counseling
- Explore attitudes toward LAM

3

What methods of contraception are available locally?

4

Expand the method mix with…. LAM

5

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

(*Source*: WHO. 2006. Report of a Technical Consultation on Birth Spacing: 13-15 June 2005. WHO: Geneva.)

6

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

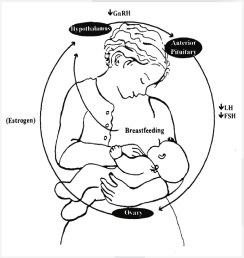
7

How does LAM work to prevent pregnancy?

8

LAM Mechanism of Action

1. Baby's suckling stimulates the nipple
2. Nipple stimulation triggers signals to mother's brain
3. Signals disrupt hormone production
4. Disruption of hormones suppresses ovulation



9

LAM Effectiveness

- Effectiveness LAM is more than 99.5% effective with consistent and correct use; more than 98% with typical use
- Rates of LAM are comparable to those of other modern methods

10

What are the three criteria for LAM?

11

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.

12

Be sure that your clients understand:

BREASTFEEDING IS NOT THE SAME AS LAM!

13

Why are each of the criteria so important?

14

Importance of LAM Criteria

1. **Menstrual bleeding signals return of fertility—the woman can become pregnant again**

   Remember: Any bleeding after two months postpartum is considered menses

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Importance of LAM Criteria (*cont.*)

2. **If baby receives any other food or liquids other than breast milk:**
   - The baby becomes full and will not want the breast as often.
   - Infrequent suckling will cause mother to produce less milk and her fertility to return.
   - She can become pregnant again.
3. **At six months, the baby should start supplemental foods (and longer only/exclusively breastfeed)**

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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

17

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?

18

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 <u>one</u>** of three LAM criteria is not met
  - Transition method should be selected <u>before</u> this occurs

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Importance of Timely Transition

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

20

What are the advantages of LAM as a contraceptive?

21

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

22

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

23

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**

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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**

25

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**

26

Can an HIV-positive woman use LAM?

27

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.

(*Source*: WHO. 2006. *HIV and Infant Feeding: Report of a Technical Consultation. 25-27 October 2006*. WHO: Geneva.)

28

A mother with HIV can use LAM…

- **Every woman should be supported in her infant-feeding decision and in her contraceptive choice.**
- **The choice is hers.**

29

What are some special considerations for an HIV-positive woman who wants to use LAM?

30

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

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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

32

Where/when can LAM services be provided?

33

Opportunities to Provide LAM Counseling

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

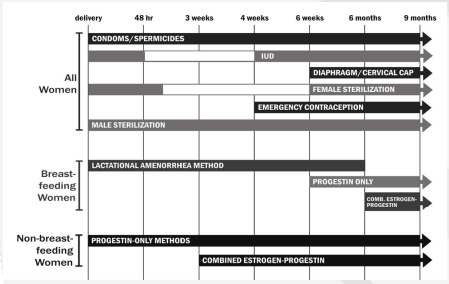
34

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

Time for another EXERCISE…

35

Postpartum Contraceptive Options



Adapted from: The MAQ Exchange: Contraceptive Technology Update

36

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)

37

What are some optimal breastfeeding practices?

38

Optimal Breastfeeding Behaviors

- Allow newborn to breastfeed as soon as possible after birth, and to remain with the mother after birth (for birth attendant)
- Breastfeed as often as your baby wants, for as long as s/he wants, day and night
- Continue breastfeeding even if you or you infant becomes ill
- Do not give your baby any foods or other liquids for the first six months
- Do not use bottles, pacifiers or other artificial nipples

39

Optimal Breastfeeding Behaviors (*cont.*)

- Offer the second breast after the infant releases the first
- Eat and drink more than usual
- Continue to breastfeed for the first two years, providing complementary foods beginning at six months of age

<u>Remember:</u> Breastfeeding mothers often need family or social support

40

Benefits of Continuing Breastfeeding after LAM

- Provides mother some **reduction in fertility**
- Continues to provide the baby with essential **nutrition** and some **immunity** from infection

41

What are some principles of effective counseling?

42

Principles of Effective Counseling

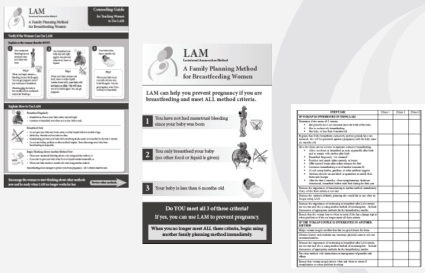
- Show every client respect and help client to feel at ease – respect client's decisions
- Encourage client to express concerns and ask questions
- Listen carefully
- Give only key information, and use words the client understands
- Confirm the client's understanding

43

After a woman decides she wants to use LAM, what should be included in counseling?

44

Helpful Job Aids/Learning Tools



45

Elements of LAM Counseling

- 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

46

EXERCISE: LAM Counseling Demonstration and Practice

Follow along with your LAM Counseling Guide (Job Aid) and LAM Client Education Card as your trainer demonstrates a LAM counseling session with a "client"…

47

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?

48

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

49

What are some common attitudes or beliefs about LAM among health workers?

50

Summary

Let's assess what we have learned today…

51

LAM UPDATE GRAPHICS PRESENTATION NARRATION NOTES[7]

Slide 1

Welcome to the LAM Update portion of the LAM Training Skills Course

Let's look at the materials you have been given. [Briefly have participants look at each of the materials and explain its use.]

[**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 to bullets in slides.]**

Slide 2

So what are we going to do together today?

- Define LAM (We just did that…)
- 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
- Discuss optimal breastfeeding practices
- Demonstrate effective LAM counseling/services
- Explore attitudes toward LAM

Slide 4

What are the methods of contraception that are available in your practice? [Allow participants to answer.]

Slide 5

LAM is one more method that is available to expand the local method mix and meet more contraceptive needs.

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.

[7] In this document, all of the notes from the graphics presentation are compiled for ease of use in the classroom setting.

Slide 6

Why should she wait two years after the birth of one baby before attempting to get pregnant again?

Why should women use contraception during the postpartum?

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

(*Source*: WHO. 2006c. Report of a Technical Consultation on Birth Spacing: 13–15 June 2005. WHO: Geneva.)

Slide 7

[**Note**: For countries where "3 to 5 saves lives" has been promoted, trainer may need to explain that waiting 2 years to become pregnant again results in births no closer than 57 months apart (2 years plus 9 months.)]

[To answer: Why should she wait two years after the birth of one baby before attempting to get pregnant again?]

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).**

[To answer: So why should women use contraception during the postpartum?]

- **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

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

Slide 9

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 10

[Read slide, adding:]

[First bullet] 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.]

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.

[Criterion 1]

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.

[Criterion 2]

- "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.

[Criterion 3]

- Six months is a biologically appropriate cut-off point.

- WHO recommends supplementing after six months.
- Supplemental food decreases suckling
- 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.

Slide 13 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.

Slide 14 [Ask participants the question. Recognize any correct answers. Then summarize with the following slides.]

Slide 15 [Read slide.]

Slide 16 [Read slide, adding:]

[First bullet] It is important that the woman continues to only/exclusively breastfeed so that she doesn't ovulate and her menses don't return.

[Second bullet] When supplemental feeding starts, all of these same points apply—decreased suckling causes return of fertility.

Slide 17 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 discuss 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 Trainer's Notebook.]

Slide 18 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.]

Slide 19 **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 not only family planning personnel in LAM and postpartum contraception, but also MCH and MNH personnel
- 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.

Slide 20 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

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Slide 21 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.]

Slide 22 [Read slide.]

Slide 23 [**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.

Slide 24 [**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.

Slide 25 [**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]

Slide 26 There are some characteristics of LAM that are less desirable.

- 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.

Slide 27 [Ask participants whether HIV-positive women can use LAM.]

Slide 28 Yes, HIV-positive women may use LAM.

- In fact, all women (regardless of HIV status) for whom replacement feeding is not acceptable, feasible, affordable, sustainable and safe (you may have heard this as "AFASS" in PMTCT programs) should be encouraged to only/exclusively breastfeed their infant for six months.
- 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.

Slide 29 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

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Slide 30 [Read participants the question. Recognize any correct answer. Then summarize with the following slide.]

Slide 31 [Read slide, adding:]

[first bullet] 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.

[second bullet] 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.

[ASK QUESTION] What about the HIV-positive mother who has a breast problem?

[Allow participants to provide answers. Recognize any correct answer. Then summarize with the following slide.]

Slide 32 [Read slide, adding:]

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

[second bullet] 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.

Slide 33 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.]

Slide 34 [Read slide. Ask participants to list community sites that may be appropriate for LAM counseling in the local setting.]

Slide 35

[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 Trainer's Notebook.]

Slide 36

We have just discussed the appropriate time for introducing various methods of contraception. This chart provides a graphic summary. [Review each row of the graph.]

Slide 37

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

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Slide 38

Our client may come to us after the birth of her first baby. She may not have breastfed previously. What are the important breastfeeding points that she might need to know?

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

Slide 39

- The baby does need to breastfeed as soon as possible. As a family planning provider, you may not be with the mother when she delivers, but this is an important point.
- The baby should breastfeed "on demand" as often as a frequently and for as long as it wants.
- Even if the mother or the baby becomes ill, the mother should continue breastfeeding
- And the baby should not be given ANYTHING but breast milk for the first six months—whether or not the woman is using LAM. Breast milk is the perfect and complete food for the baby.
- The family should not use any bottles or pacifiers [use local term]. **Why not?** These discourage the baby from breastfeeding as frequently.

Slide 40

- When the baby finishes sucking on one breast, offer the other breast.
- Breastfeeding uses fluid and calories, so the mother should eat and drink more than usual.
- And even though the baby will begin to get other food after six months, the mother should continue to breastfeed (as complementary to the other food) for two years. This supplemental breast milk provides special nutrients and antibodies that the baby continues to need.

Note: Breastfeeding consumes a lot time and energy, so you may need to talk with other family members to remind them to provide help to the mother during this time.

Slide 41 [Read slide.]

Slide 42

- What are some basic principles or guidelines for effective counseling . . . any counseling, not only LAM counseling?

[Recognize any correct answers. Summarize with following slide.]

Slide 43

- The counselor or provider needs always to show respect for the client and help the client to feel comfortable and at ease. We need to respect the client's decision. We need to ensure that the client is fully informed and knowledgeable, but then we need to respect the client's informed decision. If the client decides not to breastfeed or use any contraceptive, we need to treat that decision with respect.
- We need to encourage the client to express any concerns and ask questions. And we need to answer those questions as honestly as possible.
- Whenever the client is speaking, we should listen carefully. We don't want to miss something that the client is asking or saying. And we want the client to recognize that we are listening carefully.
- We don't need to tell the client everything we know about LAM. We should only give the "key information" that the client needs to know. The client will only retain a limited amount of information, so we want them to retain the most important information. We also need to use language/vocabulary that the client understands.
- And we need to confirm that the client understood what we were saying—through asking them questions or to repeat key information. For example, you might ask, "So what are the three criteria/conditions for LAM?" or "When do you need to return for care?" etc.

Slide 44 [ASK QUESTION. Recognize any correct answers.] Let's look at some materials that can provide some answers…

Slide 45

- 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 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 family planning visit, before the woman has chosen a method of contraception. Let's look at the steps. [Review steps 1 to 15.]
- 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 16 to 25.]

Slide 46

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 a 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

Slide 47

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 trainer 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 Trainer's Notebook.)]

Slide 48

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.]

Slide 49

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.

Slide 50

[ACTIVITY: Divide the room into two sections: one designated "Agree"; the other designated "Disagree." Instruct participants to stand in the area that corresponds to their colleagues' agreement or disagreement with each of the following statements.]

- LAM is a very effective method of contraception.
- LAM is the same as breastfeeding.
- LAM is easy for women to understand.
- LAM is an easy method for women to use.
- LAM counseling requires too much time to be used in busy settings.
- Women who use LAM are less likely to be using another modern method at six months than other postpartum women. (Several recent studies and program experiences indicate that women who use LAM are more likely to use another modern method by six months than women who do not use LAM.)

[Discuss each statement after participants have taken their positions. Discuss what their previous attitude was and what the attitude of their colleagues may be. Discuss how you might advocate for LAM with a person with such beliefs.]

Slide 51

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

[Ask questions from the Post-LAM Update 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 Trainer'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.

See you tomorrow when will learn about teaching others to do so as well.

Thank you…

TRAINING SKILLS UPDATE

TRAINING SKILLS UPDATE MODEL OUTLINE

LAM TRAINING SKILLS COURSE– TRAINING SKILLS UPDATE MODEL OUTLINE			
ACTIVITY # (TIME ALLOTTED)[8]	**BRIEF CONTENT DESCRIPTION**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
1 (10 minutes)	Welcome, course goals and objectives	**Welcome and Overview:** Welcome participants to this portion of the course. Review course goals and objectives using graphics; also review course materials and explain each item.	• Course materials (including those the 2½-hour LAM Workshop for Family Planning Service Providers) • Graphics 1–2
2 (20 minutes)	Key features of effective training in the context of adult learning	**Activity:** • Have participants turn to the person beside them • Instruct the participant pairs to identify three to four features/characteristics of effective teaching/learning. For example: Teaching/learning is more effective **when the participants want to learn**. • Advise them to consider characteristics of learners/participants, features of an effective teacher, styles and methods of teaching, as well as the learning environment. **Presentation/Discussion:** Have each pair present their list to the group. Summarize using graphic(s), giving illustrative examples of each element.	• Graphics 3–9 • Participant's Notebook/Training Skills Reference
3 (15 minutes)	Use of effective presentation skills	**Brainstorm:** Ask participants to quickly list some presentation skills that make learning more effective. Encourage them to think of their own experiences. **Presentation/Discussion:** Summarize using graphic(s), illustrating or explaining each skill provided in the training skills reference and/or asking participants for illustrations.	• Graphics 10–16 • Participant's Notebook/Training Skills Reference
4 (15 minutes)	Use of a variety of training methods	**Presentation/Discussion:** • Ask participants to describe training methods that they have used or seen used. • Summarize using graphic(s), illustrating or explaining each method provided in the training skills reference and/or asking participants for illustrations.	• Graphics 17–28 • Participant's Notebook/Training Skills Reference

[8] 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.

LAM TRAINING SKILLS COURSE– TRAINING SKILLS UPDATE MODEL OUTLINE			
ACTIVITY # (TIME ALLOTTED)[8]	BRIEF CONTENT DESCRIPTION	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
5 (15 minutes)	Effective use of audio-visual aids	**Presentation/discussion:** Using graphics and a variety of questioning techniques, discuss audio-visual aids that are available to these trainers/facilitators—such as writing boards, flipcharts, transparencies, and PowerPoint presentations. Discuss the example of a "bad" slide included in the graphics presentation.	• Graphics 27–32 • Participant's Notebook/Training Skills Reference
6 (120 minutes)	Practical skills development	**EXERCISE/Training Skills Practice Presentations and Assessment:** Participants review the LAM Workshop Model Outline, and then work in groups of five to prepare and present a 15-minute session based on a topic/activity from the outline. After each presentation, participants identify strengths and areas needing improvement, using the training skills checklist. (For additional guidance, see notes/instructions in Trainer's Notebook.)	• Graphic 33 • Trainer's and Participant's Notebooks • LAM Workshop for Family Planning Service Providers: Facilitator's Notebook
7 (15 minutes)	Supportive on-site supervision	**Discussion/Presentation and Brainstorm:** • Ask the group whether training/learning is all that is needed to improve performance at the work site. Ask what else might help improve performance. Summarize using graphic(s). • Ask them to brainstorm a list of attributes of a supportive supervisor. Summarize using graphic(s).	• Graphics 34–41 • Participant's Notebook/Training Skills Reference
8 (10 minutes)	Closing remarks	**Wrap-Up:** Thank participants for attending and participating and challenge them to apply what they have learned. Talk about how today's morning session will relate to the afternoon's activities.	• Graphic 42
Equipment for course: • Flipchart and markers/pens (or blackboard and chalk, whiteboard and markers) • Projection unit and laptop or overhead projector • Props: doll, pillow (for pregnant "belly"), breast model, table and chairs			

EXERCISE: TRAINING SKILLS PRACTICE PRESENTATIONS AND ASSESSMENT

Objective: To help participant strengthen/develop training skills in the context of facilitating the LAM Workshop

Time: 120 minutes

Materials: Training Skills Assessment Checklist (**Participant's Notebook**), LAM Workshop Model Outline (from the LAM Workshop for Family Planning Service Providers: Facilitator's Notebook)

Process:

- Divided participants into groups of five.
- Distribute/refer to the 2.5 hour LAM Workshop Model Outline. Lead participants in reviewing and discussing the usefulness of each column.
- Instruct each group to prepare and present a 15-minute session from the model outline. Trainer(s) should assist them in selecting a topic from the outline, as needed.
- **Preparation (30 minutes):** Advise groups that they may use training/learning methods different from those presented in the outline. However, they should demonstrate approaches and skills that they have learned in this portion of the course, including interactive presentation skills, case studies and role plays, and audio-visual aids. Participants spend approximately 30 minutes. Trainer(s) should assist them in preparing, as needed.
- **Presentation and Assessment:**
  - Before the groups give their presentations, review the Training Skills Assessment Checklist with the participants; explain that those who are not presenting will observe their colleagues using this checklist.
  - Have the groups give their presentations. Trainers will assist minimally, only as necessary. Trainers will follow with the checklist to assess participants'' skills.
  - Following each, have the presenting group identify **one** strength of their presentation, as well as **one** area needing improvement. Then have the observing participants identify **two** strengths of the presentation, as well as **two** areas needing improvement. Trainer(s) should conclude by commenting on/adding to the critique.

TRAINING SKILLS GRAPHICS PRESENTATION THUMBNAILS

Lactational Amenorrhea Method (LAM)

Training Skills Update

Objectives

- Discuss principles of effective teaching and learning
- Describe the use of effective facilitation skills
- Describe a variety of teaching and assessment methods
- Discuss effective use of audio-visual aids
- Demonstrate effective LAM teaching skills
- Discuss behavior change and effective on-site supportive supervision

2

Teaching and learning are most effective when . . .?

3

ACTIVITY: Working with the person sitting next to you…

- Identify three or more things that make teaching/learning most effective.

  For example: Teaching/learning is more effective when the participants want to learn.
- Consider characteristics of the learners and of a good teacher, the style and methods used in teaching, the learning environment, etc.

4

Teaching and learning are most effective when . . . (1)

- Participants are aware of what they need to learn (i.e., clear learning objectives).
- New learning builds on what participants already know or have experienced.
- Participants are active and participate in their learning.

5

Teaching and learning are most effective when . . . (2)

- New learning is supported by sound reasons/evidence.
- New learning is realistic and can be put to immediate use.
- Teaching methods used are interesting and exciting.
- Trainers check frequently for participants' understanding.

6

Teaching and learning are most effective when . . . (3)

- A variety of teaching methods and audiovisuals are used.
- Teaching moves step-by-step, from simple to complex—and is organized, logical and practical.

7

Teaching and learning are most effective when . . . (4)

- Opportunities are given for participants to practice and to receive feedback on their performance.
- Feedback to participants on their performance is immediate, constructive and nonjudgmental.

8

Teaching and learning are most effective when . . . (5)

- The learning environment is one of trust, mutual respect, freedom of expression and acceptance of different opinions and approaches.
- Appropriate participants are selected.
- The classroom is conducive to interaction.

9

What are some skills of a trainer/teacher that make learning more effective?

Now **BRAINSTORM**…

10

Effective Training/Facilitation Skills

- **Follow a lesson plan**
- **Use words and expressions that will be understood by participants**
- **Maintain eye contact with participants**
- **Project your voice so all can hear you**
- **Display enthusiasm about the topic and its importance**

11

Effective Training/Facilitation Skills (*cont.*)

- Move around the room
- Use appropriate audiovisual aids
- Ask both simple and more challenging questions
- Provide positive and constructive feedback

12

What are some effective ways to introduce a presentation?

13

Effective Ways to Introduce a Presentation

Use a variety of introductory techniques:

- Review the objectives
- Ask a question about the topic
- Relate the topic to previously covered topic
- Share a personal experience
- Relate the topic to a real-life experience
- Use an imaginative slide or transparency

14

Effective Use of Questioning Techniques

Use a variety of questioning techniques:

- Ask a question of the entire group
- Target a question to a specific participant
- Repeat a participant's correct response
- Provide positive reinforcement for responses
- Reward the correct portion of any response
- For incorrect response, restate question to lead to a correct response

15

Effective Ways to Summarize a Presentation

Use a variety of summarizing techniques:

- Ask participants for questions that focus on major points of presentation
- Use a game to review main points
- Draw together the main points

Whichever techniques is used, be brief and involve participants…

16

What are some of the teaching/ learning methods have you used or experienced?

17

Training Methods

Use a variety of training methods (decide which method will work best for meeting the particular learning objective)—

- **Illustrated/Interactive Presentation**
- **Small Group Work**
- **Case Studies**
- **Role Plays**
- **Brainstorming**
- **Discussion**

Remember: HOW the content is presented is as important as WHAT is being presented.

18

Illustrated/Interactive Presentation

- **Begins with strong introduction, followed by smooth transition into body of lecture**
- **Adheres to a planned outline**
- **Uses a variety of audiovisuals**
- **Includes activities that involve the participants**
- **Concludes with an effective summary**

SHOULD NOT BE A "LECTURE"!

19

Small Group Activities

- Introduce activity with **clear objectives/ outputs.**
- Clearly describe the **steps** in the activity.
- Use an easy-to-understand method of **dividing participants** into groups.
- **Involve** all participants.
- Clearly define **time** parameters.
- **Ask** if everyone understands what is expected of them.

20

Case Studies

Should include:

- Simple description of a realistic situation
- Problem or issue to be addressed/ resolved
- Focused questions—to help determine problem solution (or problem source)
- Open-ended questions—to develop decision-making skills

21

Role Plays

- Present a realistic situation with clearly defined roles for each participant
- Include roles for client and provider, and perhaps others
- Have clear learning objective(s)
- May be ad lib to practice a skill or scripted to demonstrate a skill or behavior
- Should be concluded with a summary of lessons learned

22

Brainstorming Sessions

- Establish **ground rules** – all ideas are accepted, none are criticized, etc.
- Announce **topic or problem**
- Maintain **written record** – flipchart or board
- **Provide positive feedback to keep participants engaged**
- **Review** ideas/suggestions periodically
- **Conclude** by reviewing list, deciding which items are appropriate (or correct, best, etc.)

23

Group Discussions

- Use to wrap-up demonstration, case study or role play; at conclusion of a session; when participants have prior knowledge/ experience with topic
- Propose questions or situations that stimulate thinking
- Encourage active participation
- Be careful to maintain focus

24

Assessing Knowledge and Skills

- Knowledge assessed through questionnaires, case studies, question-and-answer
- Skills and attitudes assessed by observation of service provision
  - Use objective tool, such as checklist
  - If client/health facility not available, use simulated situation
  - Provide feedback as soon as possible after observation
  - Discuss (two-way) performance with provider

25

Objective Assessment Tools

- Checklists provide standardized instrument
- Can be used for:
  - Self-assessment
  - Peer assessment
  - External assessment (trainer or supervisor assessment)

26

Use of Audiovisual Aids

27

Effective Use of Writing Board

- Keep board **clean**
- Use chalk or pens that **contrast** with background
- Make text or drawings **large** enough to be seen at back of room
- Prepare complex drawings **in advance**
- Do not talk while facing board
- Do not block participants' view of board
- Allow **sufficient time** for participants to copy information from board

28

Effective Use of Flipchart

- Use **wide-tipped** pens or markers
- Print in **block letters** that are **large** enough to see at back of room
- Use **headings, boxes** and **borders**
- Use **bullets** to delineate items
- Avoid putting **too much** on one page
- When pages are prepared in advance, use every other page

29

Preparing Transparencies

- Limit information on each to **one main** idea and **five to six lines**
- **Print** text and use **large** lettering (at least 5 mm tall)
- **Number** them to keep them in order
- Store in a box with a lid or pocket to **protect from** dust and scratches

30

What is wrong with this slide?

this presentation is for your audience to SEE, not for you to read from. This is
gs:
Keep your words large enough---at least size 24.
Limit the number of words you put on a page
Avoid paragraphs and use bullet points
Use succinct phrases instead of sentences that contain too much information
Limit each slide to 6 bullet points even if you have more information than you can include on one slide or even on two or three slides. Keep it very short and simle if you can.
Fancy is not always better! Stick with simple fonts!
Choose color combinations that make your text easy to read.
Limit your graphics to 1-3 per page. Too many graphics can be distracting.
Slides are designed to supplement your presentation---not to BE your presentation. Keep it simple, and don't read your presentation word for word from your slides.
Fill out a storyboard before you begin to put your presentation together. It will help you stay organized, and things will get done faster.
Basic rule of presentations---Bells and whistles are fun to put in, but they tend to be distracting for the viewer. Make sure that special effects have a purpose.
Proofreed and spill chick! Proofread and spall check! Proofread and spell check!

31

Guidelines for PowerPoint Presentations

- Keep your words large enough—at least 24 points
- Avoid paragraphs
- Use bullet points
- Try to limit each slide to six bullet points
- Choose color combinations that are easy to read
- **As with all audiovisual aids, PowerPoints should supplement your presentation, not be your presentation**

32

ACTIVITY: Now It's Your Turn

Here's an opportunity to prepare and facilitate your own LAM training session…

Let's start by taking a look at the LAM Workshop Model Outline, and the Trainings Skills Assessment Checklist.

33

Is training enough to ensure behavior change?

34

What is needed to change/improve behavior?

- **Knowledge**
- **Skills**
  - Practice essential to competency
  - More practice essential to proficiency
- **Attitudes**
  - Motivation
  - Understanding/appreciation of client centered care

35

What is needed to maintain changes and continue improving?

- **Supportive environment**
  - Supplies, equipment, time, space
  - Appropriate policies
  - Clear performance standards and guidelines
  - On-site supportive supervision

36

Is learning completed in the classroom?

37

Translating New Learning into Performance Improvement

- Need practice to develop competency
- Need more practice to develop proficiency
- Need a supportive environment to maintain/improve performance

38

Methods for On-Site Support

- Discuss performance
  - With provider
  - With supervisor
- Observe performance
  - Use standardized observation tool (checklist)
  - Provide coaching, mentoring and positive feedback

39

Methods for On-Site Support (*cont.*)

- In partnership with provider, identify gaps between current practice and quality service
- Identify strategies to close the gaps
  - Participatory problem-solving
  - Developing plan of action

40

On-Site Supportive Supervision—Basic Guidelines

- **Each visit should follow-up on previous action plan**
- **All feedback should be supportive/ constructive**
- **Accomplishments should be acknowledged**
- **Clinical observations should not interfere with client-provider interaction—Never correct or criticize a provider in front of others!**

41

Summary

Interactive training methods used with respect for participants and content can make YOU a more effective trainer/facilitator…

42

TRAINING SKILLS GRAPHICS PRESENTATION NARRATION NOTES[9]

Slide 1	Welcome to the Training Skills portion of the LAM Training Skills Course You are already experts in LAM [or: You have already gained much knowledge about LAM]. Now you are going to learn some methods and techniques for teaching that same content to other people. Let's look at the materials you have been given. [Briefly have participants look at each of the materials and explain its use.] [**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 to bullets in slides.**]
Slide 2	[Review objectives.]
Slide 3	[Ask the general question on the slide of the group. Gather responses, giving brief positive/constructive feedback.] Let's do an activity now to further explore these ideas…
Slide 4	[Read slide, adding.] [Second bullet] … as well as **any other characteristics, factors or conditions** that may enhance learning.
Slide 5	[For each bullet, ask for an example from the group. If they are unable to provide an example promptly, furnish an example from your own experience (due to time constraints).]
Slide 6	[For each, elicit an example from the group or provide an example.]
Slide 7	[For each, elicit an example from the group or provide an example.]
Slide 8	[Read slide and mention that time constraints may dictate that the opportunity for practice occurs on-the-job, following the training. However, practice is essential to become competent newly acquired skills.]
Slide 9	[For each, elicit an example from the group or provide an example.]
Slide 10	[Read slide. Ask participants to quickly list some more thoughts and ideas. (**For example:** The trainer uses words that participants already know and will understand.)]
Slide 11	[**Provide examples** as you discuss each bullet. **Demonstrate skills** by using appropriate and then inappropriate examples for contrast.]

[9] In this document, all of the notes from the graphics presentation are compiled for ease of use in the classroom setting.

Slide 12	[**Provide examples** as you discuss each bullet. **Demonstrate skills** by using appropriate and then inappropriate examples for contrast.]
Slide 13	[Ask question. Give students some time to respond, and recognize any correct answers. Summarize with following graphic(s).]
Slide 14	The **introduction** should: ■ Capture the interest of the entire group and prepare participants for the information that follows ■ Make participants aware of the trainer's expectations ■ Help foster a positive learning climate
Slide 15	Throughout the presentation, **questioning** techniques can be used to encourage interaction and maintain participant interest.
Slide 16	Finally, the trainer should conclude the presentation with a **summary** of the key points. There are many different techniques that can be used.
Slide 17	[Ask question. Give students some time to respond, and recognize any correct answers. Summarize with following graphic(s).]
Slide 18	[Read slide.] [**Note:** More detailed guidance on all of these methods can be found in the Training Skills Reference in the Participant's Notebook.]
Slide 19	[Read slide.]
Slide 20	[Read slide.]
Slide 21	[Read slide.]
Slide 22	[Read slide.]
Slide 23	[Read slide.]
Slide 24	[Read slide.]
Slide 25	[Read slide.] [Again, detailed guidance can be found in the Participant's Notebook.]
Slide 26	[Read slide.] [**Note**: This learning resource package contains two checklists—one for LAM counseling skills, which participants have already used; another for training skills.]

Slide 27	[**Note**: More detailed guidance on audiovisual aids can be found in the Training Skills Reference in the Participant's Notebook.]
Slide 28	[Read slide.]
Slide 29	[Read slide.]
Slide 30	[Read slide.]
Slide 31	[Ask participants:] What is wrong with this slide?
Slide 32	[Read slide.]
Slide 33	[**Note**: Detailed instructions for this activity are provided in the Trainer's Notebook.]
Slide 34	[Ask question, and why or why not? Give students some time to respond, and recognize any correct answers. Summarize with following graphic(s).]
Slide 35	[Read slide.]
Slide 36	[Read slide.]
Slide 37	[Ask question, and why or why not? Give students some time to respond, and recognize any correct answers. Summarize with following graphic(s).]
Slide 38	To **ensure that new learning is translated into performance improvement** in the work place, there must be both opportunities for practice and a supportive environment.
Slide 39	[Read slide.]
Slide 40	[Read slide.]
Slide 41	[Read slide.]
Slide 42	You know how to provide LAM counseling to postpartum women, and you are learning how to teach others to do so as well. Now you are ready to prepare and conduct your own LAM training session for actual participants…

PART TWO:
PARTICIPANT MATERIALS

INTRODUCTION

COURSE 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. To help address this need, the LAM Training Skills Course will prepare participants to facilitate a LAM Workshop for Family Planning Service Providers.

COURSE GOAL AND OVERVIEW

The goal of this three-day course is to provide the **LAM knowledge/skills** and **training skills** necessary for participants to effectively facilitate a LAM Workshop for Family Planning Service Providers.[10] As summarized below, the first half of the course focuses on knowledge and skills updates; the second half focuses on preparing for and undertaking a practicum, in which participants will have the opportunity to apply the knowledge and practice the skills that they have learned.

Day One:
LAM Technical Update (full day)—Participants gain the knowledge and skills needed to provide LAM counseling—as part of preparing to become facilitators of a LAM Workshop. Topic areas include LAM mechanism of action, LAM criteria, advantages and limitations of LAM, opportunities for integration of LAM with other health care services, appropriate timing for transition from LAM to other modern methods, optimal breastfeeding practices, and LAM counseling. This highly interactive, participatory update allows time for practice of LAM counseling skills in a simulated setting

[10] Because LAM services do not usually "stand alone," but are rather incorporated into other services, this course/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.

Day Two:
Training Skills Update (morning/half day): Participants focus on the skills needed to effectively lead a LAM Workshop. Topic areas include features of adult learning, effective presentation skills and a variety of training methods. This update allows practice of selected teaching skills.

Preparation for Practicum (afternoon/half day): Participants have the opportunity to prepare for a LAM Workshop, which they will conduct on Day Three. Trainers will assist, mentor and guide participants in their preparation.

Day Three:
Practicum (full day): Participants conduct a LAM Workshop for Family Planning Service Providers. They have the opportunity to discuss their experience and observations at the end of the practicum.

COURSE SYLLABUS

Participant Learning Objectives

LAM Technical Update—By the end of Day One of the course, participants will be able to:
1. Discuss the benefits of healthy timing and spacing of pregnancies (HTSP)
2. Explain the basic mechanism of action and effectiveness of LAM
3. Describe LAM criteria and the importance of each
4. List advantages and limitations of LAM, including counseling for the HIV-positive woman
5. Discuss opportunities for integrating LAM counseling with other services
6. Identify appropriate timing of introduction of key methods of contraception to the breastfeeding mother
7. Discuss optimal breastfeeding practices
8. Identify basic LAM counseling content and approach, including use of key learning tools/job aids
9. Provide LAM counseling
10. Discuss attitudes toward LAM

Training Skills Update—By the end of Day Two of the course, participants will be able to:
1. Discuss the principles of effective teaching and learning
2. Describe the use of effective facilitation skills
3. Describe a variety of teaching methods
4. Discuss the effective use of relevant audio-visual aids
5. Demonstrate LAM training skills
6. Discuss effective on-site supportive supervision
7. Effectively prepare for conducting a LAM Workshop
8. Conduct a LAM Workshop for Family Planning Service Providers

Practicum—By the end of Day Three of the course, participants will be able to:

- Demonstrate effective LAM training skills

TRAINING/LEARNING METHODS

- Illustrated lectures and group discussions
- Case studies and other exercises
- Demonstration of LAM counseling skills through role plays
- Mentoring and coaching participants in conducting a LAM Workshop for Family Planning Service Providers

Participant Selection Criteria

Participants for this course should be family planning service providers and trainers. Ideally, they should be currently active in family planning service provision and in training.

Methods of Evaluation

Participant:

- Participant self-assessment and peer assessment of LAM counseling skills using the LAM Counseling Checklist
- Training skills assessment by peers and trainer using the Training Skills Assessment Checklist

Course:

- Course evaluation (to be completed by the participant)

Course Duration

- Three days

Suggested Course Composition

- Up to 24 participants
- One or two trainers

MODEL LAM UPDATE AGENDA

MODEL LAM UPDATE AGENDA (4.5 HOURS)			
	Activity	Brief Content Description	Time Allotted
1	Welcome	Welcome	10 minutes
2	Opening and Overview	Introductions, participant expectations, course goals and objectives, course materials	15 minutes
3	Pre-Course Knowledge Assessment	Assessment of participants' pre-course knowledge	20 minutes
4	Overview of Course	Introduction to LAM within the context of family planning	5 minutes
5	Presentation/Discussion	Benefits of healthy timing and spacing of pregnancies	10 minutes
6	Presentation/Discussion	Basic mechanism of action and effectiveness of LAM	15 minutes
7	Presentation/Discussion EXERCISE/Case Studies for LAM Criteria	LAM criteria and their importance	30 minutes
8	Presentation/Discussion	"Transition"—an essential component of LAM	5 minutes
9	Brainstorm and Presentation/Discussion	Benefits and limitations of LAM	10 minutes
10	Presentation/Discussion	Use of LAM by the HIV-positive mother	10 minutes
11	Presentation/Discussion	Opportunities for integration of LAM services, including transition	10 minutes
12	EXERCISES/Transition to other Modern Methods of Contraception	Appropriate timing for transition from LAM to other modern methods of contraception	20 minutes
13	Presentation/Discussion	Optimal breastfeeding	10 minutes
14	Presentation/Discussion	Principles of effective counseling	10 minutes
15	Presentation/Discussion EXERCISE/Counseling Demonstration and Practice	Content of LAM counseling Use of key learning tools/job aids Counseling skills development	60 minutes
16	Activity/Discussion	Advocacy—common attitudes toward LAM	15 minutes
17	Post-Course Knowledge Assessment	Assessment of participants' post-course knowledge, summary	20 minutes
18	Wrap-Up	Closing remarks	10 minutes

PRE-COURSE 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 UPDATE 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.

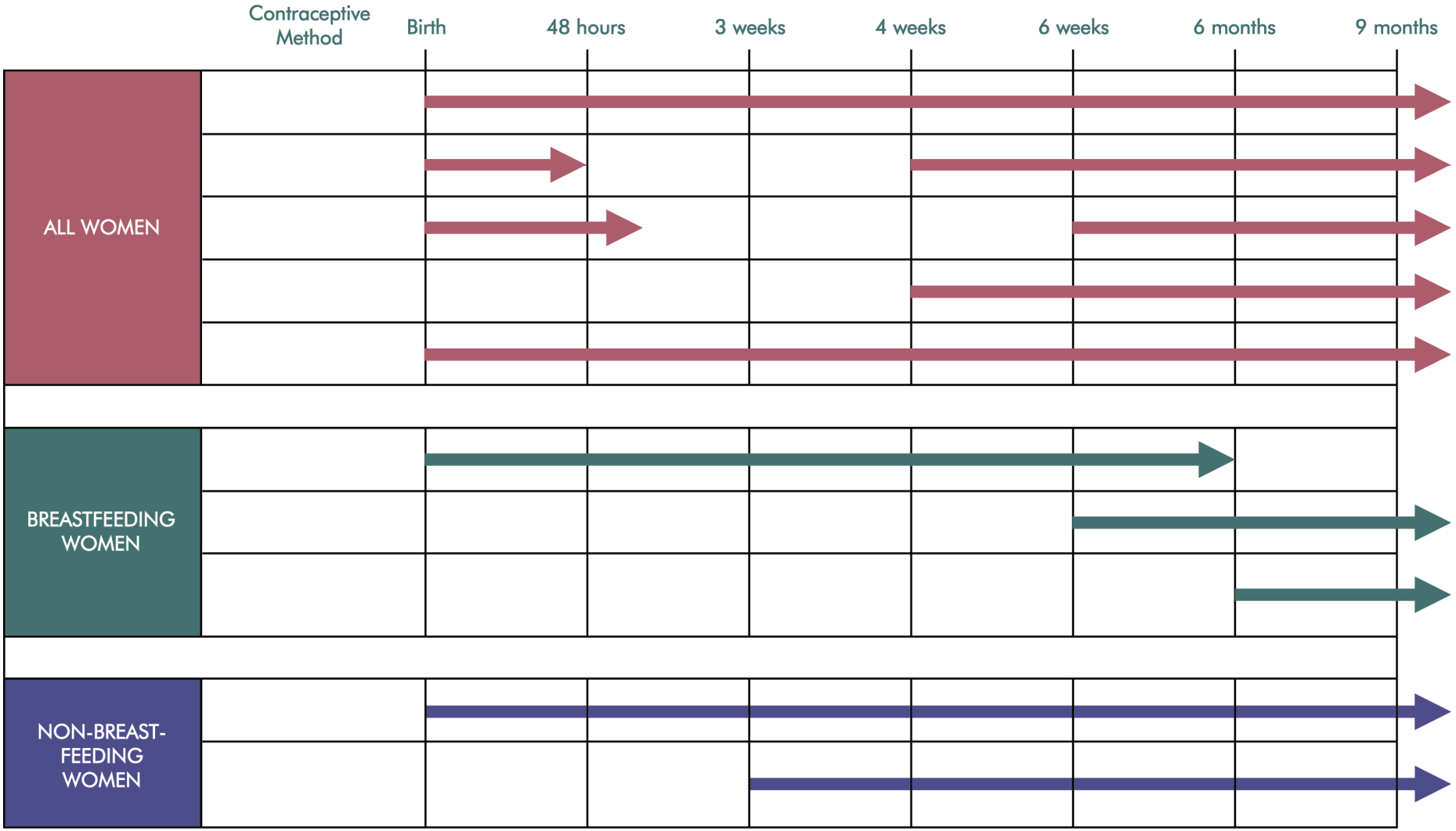
   Q. Can this woman rely on LAM? Why or why not?

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 (Answer Sheet)

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.

Observer Considerations:

While following along with the LAM Counseling Checklist, note whether the provider:

- Follows the interaction outlined in the LAM Counseling Guide; covers all points in the guide (important because the client is a candidate for LAM)
- Has the client refer to the LAM Client Education Card
- Emphasizes the concept of transition and reviews locally available methods that she might use following LAM (important this client has never before used contraception)
- Uses any (additional) client education material available
- Invites the woman to take the card home with her

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.

Observer Considerations:

While following along with the LAM Counseling Checklist, note whether the provider:

- Follows the interaction outlined in the LAM Counseling Guide, including the husband in the counseling; covers all points in the guide (important because the client is a candidate for LAM)
- Has client(s) refer to the LAM Client Education Card
- Confirms that the woman meets LAM criteria: the baby gets nothing by mouth except for breast milk and medicine; the woman has not had any vaginal bleeding during the past month.
- Explains that the woman should only/exclusively breastfeed until the baby is six months of age, emphasizing that liquid medicine will not exclude her from using LAM
- Introduces the concept of transition and reviews locally available methods that she might use following LAM
- Uses any (additional) client education material available
- Invites the couple to take the card home with them

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.

Observer Considerations:

While following along with the LAM Counseling Checklist, note whether the provider:

- Clearly recognizes that the client is not a candidate for LAM because she is not only/exclusively breastfeeding her baby (is separated from her baby during the day, gives one full feeding other than breast milk every day)
- If the client permits, invites the husband to join the counseling session
- Talks to the client/couple about return to fertility and the benefits of healthy timing and spacing of pregnancies

- Reviews locally available methods of contraception that are compatible with breastfeeding, and provides the chosen method
- Encourages the woman to continue breastfeeding as much as possible
- Uses any client education material available

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.

Observer Considerations:

While following along with the LAM Counseling Checklist, note whether the provider:

- If the client permits, invites the husband and mother-in-law to join the counseling session
- Follows the interaction outlined in the LAM Counseling Guide; covers all points in the guide (important because the client is a candidate for LAM)
- Has the client(s) refer to the LAM Client Education Card
- Talks to them about return to fertility and the benefits of healthy timing and spacing of pregnancies, as well as the benefits of using LAM
- Ensures that the husband and mother-in-law understand that they have an important role in supporting the mother (e.g., giving her help at home) so that she can breastfeed successfully
- Uses any (additional) client education material available
- Invites them to take the card home with them

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 because she believes he 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.

Observer Considerations:

While following along with the LAM Counseling Checklist, note whether the provider:

- Ensures that the client and her mother-in-law feel welcome; asks the mother-in-law why she thinks the baby is not getting enough milk
- Reassures the client and mother-in-law that unless the baby is losing weight or not urinating, he is getting enough milk
- Explains the benefits of only/exclusive breastfeeding for the health of the baby
- Talks to them about return to fertility and the benefits of healthy timing and spacing of pregnancies, as well as the benefits of using LAM
- Follows the interaction outlined in the LAM Counseling Guide, covering all points
- Has the client(s) refer to the LAM Client Education Card
- Reinforces the three LAM criteria, emphasizing and fully explaining the criterion of only/exclusively breastfeeding
- Continues addressing any concerns of the client or the mother-in-law
- Uses any (additional) client education material available
- Invites them to take the card home with them

TRAINING SKILLS UPDATE AGENDA

MODEL TRAINING SKILLS UPDATE AGENDA			
	BRIEF CONTENT DESCRIPTION	TRAINING/LEARNING METHODS	TIME ALLOTTED
1	Welcome, course goals and objectives	Welcome and Overview	10 minutes
2	Key features of effective training in the context of adult learning	Activity Presentation/Discussion	20 minutes
3	Use of effective presentation skills	Brainstorm Presentation/Discussion	15 minutes
4	Use of a variety of training methods	Presentation/Discussion	15 minutes
5	Effective use of audio-visual aids	Presentation/discussion	15 minutes
6	Practical skills development	EXERCISE/Training Skills Practice Presentations and Assessment	120 minutes
7	Supportive on-site supervision	Discussion/Presentation and Brainstorm	15 minutes
8	Closing remarks	Wrap-Up	10 minutes

TRAINING SKILLS ASSESSMENT CHECKLIST

(To be used for self-assessment, peer assessment, and supervisor's assessment)

Name of person being assessed: _____

Instructions: Please rate the performance of the participant–facilitator on a 1 to 5 scale:

4—Strongly agree **3—Agree** **2—Disagree** **1—Strongly disagree**

THE TRAINER	RATING	COMMENTS/SUGGESTIONS
1. Treats participants with respect		
2. Makes participants feel welcome		
3. Is organized with necessary materials		
4. Encourages interaction with all participants		
5. Clearly states objective of training session		
6. Uses a variety of teaching techniques		
7. Moves around room		
8. Maintains eye contact with participants		
9. Uses words/expressions that are easy to understand		
10. Displays enthusiasm about the topic		
11. Asks both simple and challenging questions		

THE TRAINER	RATING	COMMENTS/SUGGESTIONS
12. Effectively leads discussion		
13. Effectively leads small group work, if applicable		
14. Effectively leads brainstorming, if applicable		
15. Effectively uses audio-visual aids		
16. Provides feedback to participants on their performance		
17. Arranges appropriate space for any role plays or simulations		
18. Arranges for, or conducts, skills assessment		

TRAINING SKILLS REFERENCE

A positive learning environment maximizes the effectiveness of various learning activities, helping participants achieve the course/workshop goals and objectives more effectively and efficiently. To create such an environment, trainers should understand the learning process and be skilled in using a variety of appropriate teaching and assessment methods. Careful consideration should also be given to the availability of various resources, scheduling and other logistics. This section of the Participant's Notebook provides information and practical tips for conducting an effective clinical skills course/workshop.

KEY FEATURES OF ADULT LEARNING

Effective training builds on adult learning principles. Health care workers who attend training courses or workshops to acquire new knowledge, skills and attitudes share the characteristics described below:

- Require learning to be **relevant**. The trainer should offer participants learning experiences that relate directly to their job responsibilities. At the beginning of the course/workshop, the learning goals and objectives should be stated clearly and linked clearly to their current or future job performance.
- Are **highly motivated**. If they believe learning is relevant and will enable them to become effective health care providers, they will bring high levels of motivation and interest to learning. Motivation can be increased and channeled by the trainer who adheres to the learning goals and objectives provided.
- Prefer that **new learning build on what they already know** or have experienced.
- Need **participation and active involvement** in the learning process. Few individuals prefer just to sit back and listen. The effective trainer will design learning experiences that actively engage participants in the training process. Examples of how the trainer may involve participants include:
  - Questioning participants and providing feedback
  - Encouraging participants to draw from their own knowledge and experiences
  - Enabling participants to practice applying new knowledge and skills in a simulated environment
- Desire a **variety** of learning experiences. To keep the participants' interest, the trainer should use a variety of learning methods, including:
  - Audiovisual aids
  - Illustrated lectures/presentations

  - Demonstrations
  - Brainstorming
  - Small group activities
  - Group discussions
  - Role plays and case studies
  - Practice in simulated situations
- Desire **positive feedback**. Participants need to know how they are doing, particularly in light of the objectives and expectations of the workshop. Learning experiences should be designed to progress from the known to the unknown, as well as from simple to more complex activities. This progression yields positive learning experiences and ample opportunity for the trainer to provide positive feedback to participants. To develop/maintain a strong pattern of positive feedback, the trainer should:
  - Give verbal praise to a participant who is doing well, either in front of others or in private
  - Provide positive/constructive responses to participants' answers during questioning
  - Note any evidence of progress—let the participants know that they are moving toward achieving the learning objectives
- Have **personal concerns**. The trainer must recognize that many participants fear failure and embarrassment in front of their colleagues. Participants often have concerns about their ability to:
  - Fit in with the other participants
  - Get along with the trainer
  - Understand the content of the training
  - Perform the skills being taught
  - Need an **atmosphere of safety**. The trainer should open the workshop with an introductory activity that will help participants feel at ease. By communicating an atmosphere acceptance, participants will be less likely to judge one another or themselves.
- Need to be **treated as individuals**, each of whom has a unique background, experience and learning needs. To help demonstrate recognition of participants' individuality, the trainer should:
  - Use participants' names as often as possible
  - Engage all participants, collectively and individually, as often as possible
  - Treat participants with respect
  - Allow participants to share information with others during classroom and clinical instruction

- Must **maintain their self-esteem**. Participants need to maintain high self-esteem to deal with the demands of the workshop. It is essential that the trainer show respect for the participants, no matter what practices and beliefs they hold to be correct, and continually support and challenge them. This requires that the trainer:
  - Reinforce those practices and beliefs embodied in the workshop content
  - Provide corrective feedback when needed, in a way that the participants can accept and use it with confidence and satisfaction
  - Provide teaching/training that adds to, rather than subtracts from, their sense of competence and self-esteem
- Have **high expectations** for themselves and the participants. People tend to set high expectations both for the trainers/trainers and for themselves. Always strive for excellence.
- Have **personal needs** that must be taken into consideration. All participants have personal needs. Taking timely breaks and providing the best possible ventilation, proper lighting, and an environment as free from distraction as possible can help to reduce tension and contribute to a positive learning atmosphere.

CREATING A POSITIVE LEARNING ENVIRONMENT

Adopting an Effective Learning Approach

To help ensure that clinical skills training is effective, the learning environment should:

- Incorporate an educational philosophy that:
  - Encourages the development of **problem-solving and critical thinking** and
  - Emphasizes behaviors that **respect and respond to a patient's/client's rights and perceived needs;**
  - Include **relevant educational materials** that reflect an adult learning approach;
  - Involve trainers who are adequately prepared to use **competency-based learning methods** and clinically competent to teach and serve as role models for participants;
  - Involve competent clinical preceptors and supervisors who are able to use **competency-based assessment tools**;
- Arrange for practical learning experiences to develop the **essential skills** needed for clinical/counseling situations; and
- Include evaluation methods that assess knowledge, skills and attitudes.

> Note: The main principles of the **learning approach** used in this course are discussed in greater detail in **Appendix One**.

Preparation of Classroom Facilities

Classrooms should be available for interactive presentations (e.g., illustrated lectures) and group activities. Seating in classrooms should be comfortable, with adequate lighting and ventilation. At a minimum, a writing surface should be provided for each participant; a chalkboard and/or flipchart chalk and/or felt pens, and an overhead projector should be available in each classroom. If possible and applicable, classrooms should be within easy access of the clinical sites used for the program.

Preparation of a Simulated Practice Environment

A simulated practice environment provides participants with a safe environment where they can work together in small groups to practice skills—with other participants playing the role of clients. If a room dedicated to simulated practice is not available, a classroom or room at a clinical practice site should be set up for this purpose. The simulated practice environment must have the necessary supplies and equipment for the desired practice sessions.

> **A Note about Clinical Skills Practice and Assessment in the LAM Workshop**
>
> Because the LAM Workshop is only 2½ hours in length, there will not be sufficient time for participants to acquire competency in a clinical setting. Some practical skills may be acquired through observation of the counseling demonstration and practice in the classroom. However, the majority of skills development, and all of skills assessment, will occur in the participants' own clinical sites following completion of the workshop. Trainers and supervisors will visit participants in their clinical sites and, using the same checklist used in the workshop, observe clinical service provision. Prior to this visit, the participant will prepare by using the checklist for self-assessment and peer assessment.

Successful Participant–Trainer Ratio

The ratio of participants to trainers has a direct impact on the quality of learning and the ability of participants to gain the knowledge and skills required. Ratios that have lead to success in other programs are:

- **Classroom:** One trainer for a maximum of 30 students
- **Small group learning or discussion:** One trainer for 15–18 students (a single trainer may oversee the work of two to three small groups, which together have a maximum of 15–18 students)
- **Simulated practice:** One trainer to 8–12 students who are working on models or in a simulated setting

ESSENTIAL TRAINING SKILLS

Using Effective Presentation Skills

To ensure a successful learning experience, it is also important to use effective presentation skills. Establishing and maintaining a positive learning climate during training depend on how the clinical trainer delivers information because s/he sets the tone for the workshop. In any learning activity, **how** something is said may be just as important as **what** is said. Some common techniques for effective presentations are listed below:

- **Follow a plan**, which should include the session objectives, introduction, body, activity, audiovisual reminders and summary.
- **Communicate in a way that is easy to understand.** Many participants will be unfamiliar with the terms, jargon and acronyms of a new subject. The trainer should use familiar words and expressions, explain new language and attempt to relate to the participants during the presentation.
- **Maintain eye contact with participants.** Use eye contact to "read" faces. This is an excellent technique for establishing rapport and getting feedback on how well participants understand the content.
- **Project your voice** so that those in the back of the room can hear clearly. Vary volume, voice pitch, tone and inflection to maintain participants' attention. Avoid using a monotone voice, which is guaranteed to put participants to sleep!
- **Avoid the use of slang or repetitive words, phrases or gestures** that may become distracting with extended or repeated use.
- **Display enthusiasm about the topic and its importance.** Smile, move with energy and interact with participants. The trainer's enthusiasm and excitement are contagious and directly affect the morale of the participants.
- **Move around the room.** Moving around the room helps to ensure that the trainer is close to each participant at some time during the session. Participants are encouraged to interact when the clinical trainer moves toward them and maintains eye contact.
- **Use appropriate audiovisual aids** during the presentation to reinforce key content or help simplify complex concepts.

> Note: Tips for using audiovisual aids are presented in greater detail in Appendix Two.

- Be sure to ask both **simple and more challenging questions**.
- **Provide positive feedback** to participants during the presentation.
- **Use participants' names as often as possible.** This will foster a positive learning climate and help keep participants focused on the presenter.

- Display a **positive use of humor** related to the topic (e.g., humorous stories, cartoons on transparency or flipchart, cartoons for which participants are asked to create captions).
- **Provide smooth transitions between topics.** Within a given presentation, a number of separate, yet related topics may be discussed. When shifts between topics are abrupt, participants may become confused and lose sight of how the different topics fit together in the bigger picture. Before moving on to the next topic, therefore, the trainer can ensure that the transition from one topic to the next is smooth by:
  - Providing a brief summary
  - Asking a series of questions
  - Relating content to practice
  - Using an application exercise (case study, role play, etc.)
- **Be an effective role model.** The trainer should be a positive role model in appearance (appropriate dress) and attitude (enthusiasm for the workshop), and by beginning and ending the session at the scheduled times.

Conducting Learning Activities (Effective Learning Methods)

Every presentation (teaching session) should begin with an **introduction** to capture participant interest and prepare the participant for learning. After the introduction, the trainer may deliver content using an **illustrated lecture, demonstration**, **small group activity** or **other learning activity**. Throughout the presentation, **questioning** techniques can be used to encourage interaction and maintain participant interest. Finally, the trainer should conclude the presentation with a **summary** of the key points or steps.

Delivering Interactive Presentations

Introducing Presentations
The first few minutes of any presentation are critical. Participants may be thinking about other matters, wonder what the session will be like or have little interest in the topic. The **introduction** should:

- Capture the interest of the entire group and prepare participants for the information that follows
- Make participants aware of the trainer's expectations
- Help foster a positive learning climate

The trainer can select from a number of techniques to provide variety and ensure that participants are not bored. Many introductory techniques are available, including:

- **Reviewing the session objectives.** Introducing the topic with a simple restatement of the objectives reinforces the participants' awareness of what is expected of them.

- **Asking a series of questions about the topic.** The effective trainer will recognize when participants have prior knowledge concerning the workshop content and encourage their contributions. The trainer can: ask a few key questions; allow participants to respond and discuss answers/comments; and then move into the body of the presentation.
- **Relating the topic to previously covered content.** When a number of sessions are required to cover a subject, relate each session to previously covered content. This ensures that participants understand the continuity of the sessions and how each relates to the overall topic. When possible, link topics so that the concluding review or summary of one presentation can introduce the next topic.
- **Sharing a personal experience.** There are times when the clinical trainer can share a personal experience to create interest, emphasize a point or make a topic more job-related. Participants enjoy hearing these stories as long as they relate to the topic and are used only when appropriate.
- **Relating the topic to real-life experiences.** This technique not only captures the participants' attention, but also facilitates learning because people learn best by "anchoring" new information to known material. The experience may be from the everyday world or relate to a specific process or piece of equipment.
- **Using a case study, clinical simulation or other problem-solving activity.** Problem-solving activities focus participants' attention on a specific situation related to the training topic. Also, working in small groups generally increases interest in the topic.
- **Using a videotape or other audiovisual aid.** Use of appropriate audiovisuals can be stimulating as well as generate interest in a topic.
- **Giving a classroom demonstration.** Most clinical training courses/workshops involve equipment, instruments and techniques that lend themselves to demonstrations, which generally increase participant interest.
- **Using a game, role play or simulation.** Such activities generate tremendous interest through direct participant involvement and are therefore particularly useful for introducing topics.
- **Relating the topic to future work experiences.** Participants' interest in a topic will increase when they see a relationship between the learning experience and their work. The clinical trainer can capitalize on this by relating objectives, content and activities of the workshop to real-life work situations.

Using Questioning Techniques

Questions can be used at anytime to:

- Introduce a topic
- Increase the effectiveness of the illustrated lecture/presentation
- Stimulate discussion
- Encourage brainstorming

- **It is important to use a** variety of questioning techniques **to maintain interest and avoid a repetitive style. Three key techniques are described below:**
  - **Ask a question of the entire group.** The advantage of this technique is that those who wish to volunteer may do so; however, some participants may dominate while others may not participate.
  - **Target the question to a specific participant by using her/his name prior to asking the question.** The participant is aware that a question is coming, can concentrate on the question and respond accordingly. The disadvantage is that once a specific participant is targeted, other participants may stop paying close attention.
  - **State the question, pause and then direct the question to a specific participant.** All participants must listen to the question in the event that they are asked to respond. The primary disadvantage is that the participant receiving the question may be caught off guard and have to ask the trainer to repeat the question.

The key in asking questions is to avoid a pattern. The skilled trainer uses all three of the above techniques to provide variety and maintain the participants' attention. Other techniques follow:

- **Use participants' names** during questioning. This is a powerful motivator and also helps ensure that all participants are involved.
- **When a participant's response is correct**, repeat the response. This provides positive reinforcement to the participant, ensures that the rest of the group heard the response and keeps participants engaged in the topic. Positive reinforcement may also take the form of praising, displaying a participant's work, having a participant act as an assistant or using positive facial expressions, nods and other nonverbal actions.
- **When a participant's response is partially correct**, acknowledge and reward the correct portion and then address the incorrect portion—or redirect a related question to that participant or the other participants to give them a chance to correct it.
- **When a participant's response is incorrect**, respond in a noncritical and constructive manner and restate the question to help lead the participant(s) to the correct response.
- **When a participant makes no attempt to respond**, follow the above-described procedure or redirect the question to another participant. Come back to the first participant after receiving the desired response and involve her/him in the discussion.
- **When participants ask questions**, determine an appropriate response by drawing upon knowledge and personal experience and weighing the individual's needs against those of the group. If the question addresses a topic that is relevant but has not been previously discussed, the trainer can either:
  - Answer the question and move on; or
  - Respond with another question, thereby beginning a discussion about the topic.

Summarizing Presentations
A **summary** is used to reinforce the content of a presentation and provide a review of its main points. The summary should:

- Be brief
- Draw together the main points
- Involve the participants

Many summary techniques are available to the trainer:

- **Asking the participants for questions** gives them an opportunity to clarify their understanding of the instructional content. This may result in a lively discussion focusing on content areas that seem to be the most troublesome.
- **Asking the participants questions** that focus on major points of the presentation helps them summarize what they have learned.
- **Administering a practice exercise or test** gives participants an opportunity to demonstrate their understanding of the material. After the exercise or test, use the questions as the basis for a discussion by asking for correct answers and explaining why each answer is correct.
- **Using a game to review main points** provides some variety, when time permits. One popular game is to divide participants into two teams, give each team time to develop review questions and then allow each team to ask questions of the other team. The clinical trainer serves as moderator by judging the acceptability of questions, clarifying answers and keeping a record of team scores. This game can be highly motivational and serve as an excellent summary at the same time.

Facilitating Group Discussions

The **group discussion** is a learning method in which most of the ideas, thoughts, questions and answers are developed by the participants. Typically, the trainer guides the participants as the discussion develops, facilitating rather than leading it.

Group discussion is useful:

- At the conclusion of a presentation
- After viewing a videotape
- Following a clinical demonstration or skills practice session
- After reviewing a case study or clinical simulation
- After a role play
- Any other time when participants have prior knowledge or experience related to the topic

Attempting to conduct a group discussion when participants have limited knowledge or experience with the topic often will result in little or no interaction and thus an ineffective discussion. When participants are familiar with the topic, the ensuing discussion is likely to **arouse participant interest, stimulate thinking and encourage active participation**. This interaction affords the trainer an opportunity to:

- Provide positive feedback
- Stress key points
- Develop critical thinking skills
- Create/maintain a positive learning climate

The trainer must consider a number of factors, as summarized below, when choosing to use a group discussion as a learning strategy:

- Discussions involving **more than 15 to 20 participants may be difficult to facilitate** and may not give each participant an opportunity to participate.
- Discussion requires **more time than an illustrated lecture** because of extensive interaction among the participants.
- **A poorly directed discussion may move off target** and never reach the objectives established by the facilitator.
- **If control is not maintained, a few participants may dominate** the discussion while others lose interest.

In addition to a group discussion that focuses on the session objectives, there are two other types of discussions that may be used in a training situation:

- General discussion that addresses participants' questions about a learning event (e.g., benefits of LAM)
- Panel discussion in which a moderator conducts a question-and-answer session between panel members and participants

Follow these key points to ensure successful group discussion:

- **Arrange seating to encourage interaction** (e.g., tables and chairs set up in a U-shape or a square or circle so that participants face one another).
- **State the topic** as part of the introduction.
- **Shift the conversation** from the trainer to the participants.
- **Act as a referee** and intercede only when necessary.

  Example: "It is obvious that Alain and Ilka are taking two sides in this discussion. Alain, let me see if I can clarify your position. You seem to feel that...."

- **Summarize the key points** of the discussion periodically.
  Example: "Let's stop here for a minute and summarize the main points of our discussion."
- **Ensure that the discussion stays on the topic.**
- Use the contributions of each participant and provide positive reinforcement.
  Example: "That is an excellent point, Rosminah. Thank you for sharing that with the group."
- **Minimize arguments** among participants.
- **Encourage all participants to get involved.**
- **Ensure that no single participant dominates** the discussion.
- **Conclude the discussion with a summary** of the main ideas. The trainer must relate the summary to the objective(s) presented during the introduction.

Facilitating a Brainstorming Session

Brainstorming is a learning strategy that **stimulates thought and creativity** and is often used in conjunction with group discussions. The primary purpose of brainstorming is to generate a list of ideas, thoughts or alternative solutions that focus on a specific topic or problem. This list may be used as the introduction to a topic or form the basis of a group discussion. Brainstorming requires that participants have some background knowledge or experience related to the topic.

The following guidelines will facilitate the use of brainstorming:

- **Establish ground rules.**
  Example: "During this brainstorming session, we will be following two basic rules: (1) all ideas will be accepted and Aisha will write them on the flipchart; and (2) at no time—during brainstorming—will we discuss or criticize any idea. Later, after we have our list of suggestions, we will go back and discuss each one. Are there any questions? If not."
- **Announce the topic or problem.**
  Example: "During the next few minutes, we will be brainstorming and will follow our usual rules. Our topic today is 'How to help women transition from LAM to another modern method of contraception.' I would like each of you to think of at least one way to help a woman transition to another method. Maria will write your suggestions on the board so that we can discuss them later. Who would like to be first? Yes, Ilka."
- **Maintain a written record** of the ideas and suggestions by listing them in clear view of all participants, such as on a flipchart. This will prevent repetition and keep participants focused on the topic. In addition, this written record is useful when it is time to discuss each item.
- **Involve the participants and provide positive feedback** in order to encourage more input.
- **Review written ideas and suggestions periodically** to stimulate additional ideas.

- Conclude brainstorming by reviewing all of the suggestions and **identifying/clarifying those that are acceptable.**

Facilitating Small Group Activities

There are many times during a workshop when the participants will be divided into several **small groups**, which usually consist of four to six participants. Examples of small group activities include:

- **Reacting to a case study**, which may be presented in writing or orally by the trainer , or introduced through a videotape or slides
- **Preparing a role play** within the small group and presenting it to the entire group as a whole
- **Responding to a clinical situation/scenario**, such as in a **clinical simulation**, which has been presented by the clinical trainer or another participant
- **Practicing a skill** that has been demonstrated by the trainer

Small group activities offer many **advantages** including:

- Providing participants an opportunity to **learn from each other**
- **Involving** all participants
- Creating a sense of **teamwork** among members as they get to know each other
- Providing for a **variety of viewpoints**

Appropriate activities for small groups include problem-solving activities, case studies, clinical simulations and role plays, and should:

- Be **challenging, interesting and relevant**;
- Require only a **short time to complete**; and
- Be **appropriate for the background** of the participants.

Logistics of Small Group Activities

The **room(s) used for small group activities** should be large enough to allow different arrangements of tables, chairs and teaching aids (models, equipment) so that individual groups can work without disturbing one another. The clinical trainer should be able to move easily about the room to visit each group. If available, consider using smaller rooms near the primary workshop room where small groups can go to work on their problem-solving activity, case studies, clinical simulations or role plays, without disturbing the other groups. Note that it is difficult to conduct more than one clinical simulation/practice session at the same time in the same room/area.

If the workshop includes several small group activities, it is important that participants are not in the same group every time. Different ways the trainer can **create small groups** include:

- Assigning participants to groups
- Asking participants to count off "1, 2, 3, etc." and having all the "1s" meet together, all the "2s" meet together and so on.
- Allowing participants to form their own groups
- Having participants to draw slips of paper (on which are written group names or numbers)

Each small group may be working on the same activity or each group may be taking on a different problem, case study, clinical simulation or role play. Either way, the success of a small group sessions depends on **a clear process**, as described below.

Instructions to the groups may be presented visually—on a handout, flipchart or transparency—or verbally by the trainer. Instructions for small group activities typically include:

- A clear process description, outlining exactly what the participants should do
- Time limit[11]
- A situation or problem to discuss, resolve or role play
- Participant roles (if a role play)
- Questions for a group discussion (afterward)

Once the groups have completed their activity, the trainer will bring them together as a large group again for a **group discussion** about the activity. This discussion might involve:

- Reports from each group
- Responses to questions
- Role plays developed in each group and presented by participants in the small groups
- Recommendations from each group
- Impressions of the experience (if a clinical simulation)

It is important that the clinical trainer provide an effective **summary** discussion following small group activities. This provides closure and ensures that participants understand the point of the activity.

Conducting an Effective Clinical Demonstration

When new skills are introduced—such as those involved in LAM/postpartum family planning (PPFP) counseling—a variety of methods can be used to demonstrate the skills:

[11] Regardless of the type of activity, there is usually a time limit. When this is the case, inform groups when there are 5 minutes left and when their time is up.

- Show **slides** or a **videotape** in which the steps and their sequence are demonstrated in accordance with the accepted performance standards.
- Perform **role plays** in which a participant or surrogate client simulates a client and responds/reacts much as a real client would.
- Demonstrate the procedure with **clients** in the clinical setting (clinic or hospital).

Whatever methods are used to demonstrate the procedure, the clinical trainer should set up the activities using the "**whole-part-whole**" approach. For LAM/PPFP counseling:

- Demonstrate the **whole counseling session** from beginning to end to give the participant a visual image of the entire procedure or activity.
- **Isolate or break down the session** into parts (FP history and choice, screening for LAM criteria, counseling on transition methods, counseling on optimal breastfeeding behaviors, etc.) and allow practice and discussion of the individual parts of the session.
- Demonstrate the **whole session** again and then allow participants to practice counseling from beginning to end.

When planning and giving a demonstration, the clinical trainer should use the following guidelines:

- Before beginning, **state the objectives** of the demonstration and point out what the participants should do (interrupt with questions, observe carefully, etc.).
- Make sure that **everyone can see** the client and service provider involved in the demonstration.
- **Never** demonstrate the skill or activity incorrectly.
- Demonstrate the session in as **realistic** a manner as possible.
- Include **all steps** of the procedure in the **proper sequence** according to the approved checklist
- During the demonstration, **explain to participants what is being done**, if necessary.
- **Ask questions** of participants to keep them involved.
  Example: "What should I do next?" "What would happen if...?"
- **Encourage** questions and suggestions.
- **Use client education materials properly** and make sure participants clearly see how they are used.

ASSESSING COMPETENCIES

A variety of assessment methods, which complement both the learning approach and the learning methods described in the previous sections, are included in the learning resource package. Each assessment method is described below.

Case Studies

Case studies serve as an important learning method, as described previously. In addition, they provide an opportunity for the trainer to assess the development of clinical decision-making skills, using the case study answer keys as a guide. Assessment can be conducted on an individual basis or in small groups.

Role Plays

Role plays also serve as both a learning method and a method of assessment. Using the role play answer keys as a guide, the trainer can assess participants' understanding and development of appropriate interpersonal communication skills. Opportunities will arise during role plays for the trainer to assess the skills of the participants involved, whereas the discussions following role plays will enable the trainer to assess the attitudes and values of participants in the context of their role as health care providers.

Clinical Simulations

As with case studies and role plays, clinical simulations serve both as a learning method and a method of assessment. Throughout the simulations, the trainer has the opportunity to assess clinical decision-making and counseling skills, as well as knowledge, relevant to a specific topic.

Written Knowledge Assessments

The learning resource package includes a multiple-choice test, or knowledge assessment, intended to assess factual recall at the end of the workshop. The items on the questionnaire relate to the learning objectives for the module/topic area; each questionnaire has an answer sheet for participants and an answer key for trainers. A score of 85% or more correct answers indicates knowledge-based mastery of the content presented. Participants who score less than 85% on their first attempt should be given individual guidance to help them learn the required information before completing the test again. Time constraints may dictate that re-testing occur during the follow-up visit of the trainer or supervisor to the participant's clinical practice site.

> **Note:** More information about **supportive on-site supervision** is presented in **Appendix Three**.

Skill Assessments with Simulated or Real Patients/Clients

Skill assessments with models and patients/clients are conducted using skills **checklists**. Using checklists in competency-based training:

- Ensures that participants have mastered the skills required,
- Ensures that all participants' skills are measured according to the same standard, and
- Forms the basis for follow-up observations and evaluations.

When using checklists, it is important that the scoring is completed correctly, as follows:

✓: Performs the step or task according to the standard procedure or guidelines

Blank: Unable to perform the step or task according to the standard procedure or guidelines

Not relevant: Step, task or skill that not relevant to this particular client or situation

Participants should be able to perform all of the steps/tasks for a particular skill, before the trainer assesses skill competency, in a simulated setting, using the relevant checklist. Supervised practice should then be undertaken at a clinical site before the trainer assesses skill competency with patients/clients, using the same checklist.

Participants' progression in the development of new skills occurs in three observable phases:

Skill Acquisition: Knows the steps and their sequence (if necessary) to perform the required skill or activity but needs assistance

Skill Competency: Knows the steps and their sequence (if necessary) and can perform the required skill or activity

Skill Proficiency: Knows the steps and their sequence (if necessary) and effectively performs the required skill or activity

APPENDIX 1: THE LEARNING APPROACH

Mastery Learning

The mastery learning approach assumes that all participants can master (learn) the required knowledge, attitudes or skills, provided there is sufficient time and appropriate learning methods are used. The goal of mastery learning is that 100 percent of the participants "master" the knowledge and skills on which the training is based. Mastery learning is used extensively in inservice training where the number of participants, who may be practicing clinicians, is often low. While the principles of mastery learning can be applied in preservice education, the larger number of students/participants presents some challenges.

Although some participants are able to acquire new knowledge or new skills immediately, others may require additional time or alternative learning methods before they are able to demonstrate mastery. Not only do people vary in their abilities to absorb new material, but individuals learn best in different ways—through written, spoken or visual means. Effective learning strategies, such as mastery learning, take these differences into account and use a variety of teaching methods.

The mastery learning approach also enables the participant to have a self-directed learning experience. This is achieved by having the trainer serve as facilitator and by changing the concept of testing and how test results are used. Moreover, the philosophy underlying the mastery learning approach is one of continual assessment of learning where the trainer regularly informs participants of their progress in learning new information and skills.

With the mastery learning approach, assessment of learning is:

- **Competency-based**, which means assessment is keyed to the learning objectives and emphasizes acquiring the essential skills and attitudinal concepts needed to perform a job, not just to acquiring new knowledge.
- **Dynamic**, because it enables participants to review continual feedback on how successful they are in meeting the workshop objectives.
- **Less stressful**, because from the outset participants, both individually and as a group, know what they are expected to learn, know where to find the information and have ample opportunity for discussion with the trainer.

Mastery learning is based on principles of adult learning. This means that learning is participatory, relevant and practical. It builds on what the participant already knows or has experienced and provides opportunities for practicing skills. Other key features of mastery learning are that it:

- Uses behavior modeling,
- Is competency-based, and
- Incorporates humanistic learning techniques.

Behavior Modeling

Social learning theory states that when conditions are ideal, a person learns most rapidly and effectively from watching someone perform (model) a skill or activity. For modeling to be successful, however, the trainer must clearly demonstrate the skill or activity so that participants have a clear picture of the performance expected of them.

Behavior modeling, or observational learning, takes place in three stages.

- In the first stage, **skill acquisition**, the participant sees others perform the procedure and acquires a mental picture of the required steps. Once the mental image is acquired, the participant attempts to perform the procedure, usually with supervision.
- Next, the participant practices until **skill competency** is achieved and s/he feels confident performing the procedure.
- The final stage, **skill proficiency**, occurs with repeated practice over time. Proficiency is not usually attained, especially on complex skills, during preservice education, as new participants require many repetitions of a skill to gain proficiency.

Competency-Based Training

Competency-based training (CBT) is **learning by doing**. It focuses on the specific knowledge, attitudes and skills needed to carry out the procedure or activity. How the participant performs (i.e., a combination of knowledge, attitudes and, most important, skills) is emphasized rather than just the information learned. Competency in the new skill or activity is assessed objectively by evaluating overall performance.

To accomplish CBT successfully, the clinical skill or activity to be taught must be broken down into its essential steps. Each step is then analyzed to determine the most efficient and safe way to perform and learn it. The process is called **standardization**. A checklist makes learning the necessary steps or tasks easier and evaluating the participant's performance more objective.

An essential component of CBT is coaching, in which the classroom or clinical trainer **first explains a skill or activity and then demonstrates it** using an anatomic model or other training aid, such as videotape. Once the procedure has been demonstrated and discussed, the trainer then observes and interacts with participants to guide them in learning the skill or activity, monitoring their progress and helping them overcome problems.

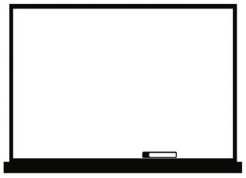
The coaching process ensures that the participant receives feedback regarding performance:

- **Before practice**: The trainer and participants meet briefly before each practice session to review the skill/activity, including the steps/tasks that will be emphasized during the session.
- **During practice**: The trainer observes, coaches and provides feedback to the participant as s/he performs the steps/tasks outlined in the learning guide.

- **After practice**: Immediately after practice, the trainer uses the learning guide to discuss the strengths of the participant's performance and also offer specific suggestions for improvement.

APPENDIX 2: TIPS FOR USING AUDIOVISUAL AIDS

Writing Boards



The writing board is the most commonly used visual aid. It can display information written with chalk (chalkboard or blackboard) or special pens (whiteboard). You can use a writing board for announcements, informal discussions, brainstorming sessions and note taking. A writing board is also an excellent tool for illustrating subjects like anatomy and physiology and for outlining procedures.

Some **possible uses** of a writing board:

- Document ideas during discussions or brainstorming exercises.
- Draw a sketch of anatomy or a physiological response.
- Note points you wish to emphasize.
- Diagram a sequence of activities for working through the process of making a clinical decision.

The **advantages** of using a writing board:

- Writing boards are available in most classrooms and do not require electricity.
- They are inexpensive and easy to use.
- They are excellent for brainstorming, problem-solving, making sketches, diagrams, charts, and lists, and for other participatory activities.

The following are some **disadvantages** of using a writing board:

- The board cannot hold a large amount of material.
- Writing on the board is time-consuming.
- It is difficult to write on the board and talk to participants at the same time.
- In large classrooms, it is difficult to write large enough so that participants in the back of the room can easily read what is written.
- There is no permanent record of the information presented.

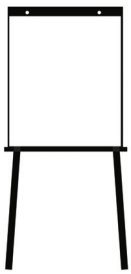
Most trainers use a writing board of some kind. Sometimes the board will look messy at the end of a presentation, with untidy diagrams and no pattern to the words. Before you start, decide

what you will illustrate on the board. During the presentation, write the key words or phrases in order, according to the structure of the presentation. Remember that participants tend to copy the words and the layout as they appear on the board. Make sure that what you write on the board is what you want the participants to write in their notes.

Tips for using a writing board:

- Keep the board clean.
- Use chalk or pens that contrast with the background of the board so that participants can see the information clearly.
- Make text and drawings large enough to be seen in the back of the room.
- Underline headings and important or unfamiliar words for emphasis.
- Do not talk while facing the board.
- Do not block the participants' view of the board; stand aside when you have finished writing or drawing.
- Allow sufficient time for participants to copy the information from the board.
- Summarize the main points at the end of the presentation.

Flipcharts



A flipchart is a large tablet or pad of paper, usually on a tripod or stand. You can use a flipchart for displaying prepared notes or drawings, as well as for brainstorming and recording ideas from discussions. You can also use flipcharts before and after clinical practice visits to introduce objectives and group exercises, or to summarize the experience.

The **possible uses** for a flipchart are the same as those listed for the writing board, but also include the following:

- Note objectives or outcomes before or after clinical practice sessions.
- Create flowcharts to work through clinical decision-making in different situations, such as during a complicated labor and childbirth.
- Record discussions or ideas during small group exercises.

The **advantages** of using a flipchart:

- Flipchart stands and paper are relatively inexpensive, easy to move from room to room, and do not require electricity.
- They are small enough that several may be used simultaneously (e.g., for small group work).
- They are suitable for use by both trainers and participants.

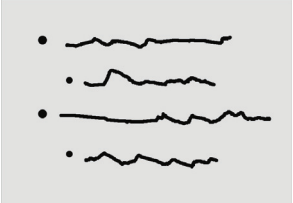
- Pages of information can be prepared in advance and revealed at appropriate points in the presentation.

Disadvantages of the flipchart are essentially the same as those listed for the writing board. Flipcharts, however, provide a permanent record of the information presented.

Tips for using a flipchart:

- Make it easy to read. Use bullets (■) to highlight items on the page, leave plenty of white space and avoid putting too much information on one page. Print in block letters using wide-tipped pens or markers.
- Make the flipchart page attractive. Use different colored pens to provide contrast, and use headings, boxes, cartoons and borders to improve the appearance of the page.
- Have masking tape available to hang flipchart pages on the walls during brainstorming and problem-solving sessions.
- To hide a portion of the page, fold up the lower portion of the page and tape it; when you are ready to reveal the information, remove the tape and let the page drop.
- Face the participants, not the flipchart, while talking.
- When you finish with a flipchart page, tape it to the wall where you and the participants can refer to it.

Transparencies



The overhead projector is one of the most commonly used and most versatile pieces of audiovisual equipment. This visual aid projects images onto a screen using transparency film. Trainers should pay attention to the amount, size and clarity of writing and images they present on an overhead transparency. Writing and images should not be too small, overcrowded or difficult to read.

Transparencies are very useful for presenting a large amount of information efficiently (e.g., during an interactive presentation). You can use transparencies to outline the main topics and highlight important points throughout a presentation.

Following are some **possible uses** for transparencies:

- Provide an outline for the trainer to follow in discussing the main points of a presentation.
- Show images, illustrations, charts, or diagrams to support a topic.
- Provide visual support to participants as they make their own presentations and oral reports.
- Show them to clinical practice sites to describe practices and procedures to tutors or participants.

The **advantages** of using transparencies are:

- When they are handwritten, they can be prepared quickly and easily.
- They can be stored and reused in the future.
- The projector is easy to use, and can be used in almost any room that has electricity.
- When prepared in advance, they save the trainer time (writing on a board or flipchart takes more time than talking) and allow more time for discussion with participants.
- Points gathered from a discussion can be immediately written on a transparency.

The primary **disadvantage** of transparencies is that text and images cannot be projected directly from the printed page, but must be enlarged and copied onto a transparency sheet. Also, you must be careful that you do not stand between the projector and the screen and block the participants' view.

There are three ways to **produce** transparencies:

- Use permanent or non-permanent (water soluble) pens to create text or drawings on plastic or acetate sheets.
- Use a copy machine with transparency film designed for copiers. Any original document that produces a copy of acceptable quality on paper will produce an equivalent copy on transparency film.
- Use a computer and printer. The information to appear on the transparency is produced on the computer using word processing or graphics software. The page is then printed on special transparency film.

When you **prepare** transparencies:

- Create a transparency in landscape (horizontal) rather than portrait (vertical) format (see samples at the end of this module). The information is easier to read when presented in a landscape format.
- Be consistent. Use the same general style and tone throughout.
- Proofread. You are more likely to catch errors if you proofread on paper before creating the transparencies.
- Limit the information on each transparency to one main idea that can be grasped in 5–10 seconds.
- State the main idea in the title. Use about three to five bullets per slide. Limit a bulleted item to six to eight words. Use no more than seven lines of text.
- Whenever possible, use pictures, charts, or graphs to support or replace text. Bar graphs, pie charts, and line graphs are effective tools to show trends and statistics. Photographs and line

drawings are useful for showing clinical signs and symptoms and demonstrating clinical procedures.

- Make graphics and drawings large enough to be seen easily in the back of the room. Use large lettering (at least 5 mm tall, preferably larger if printing, or 18 point or larger if using a computer) as seen in the sample transparency at the end of this module. Do not use ordinary typed materials or a page from a book unless they are enlarged, because the transparency will be difficult to read.
- Print your text. It is easier to read than script handwriting. If you are using a computer to prepare transparencies, use only one typeface (font) per slide. Use italics or bold to emphasize points rather than using another font.
- Use overlays to present complex images or diagrams. An overlay is one transparency placed over another. For example, in a presentation on female anatomy, you may use one transparency to show the uterus and a second transparency, which is laid over the first, to show the surrounding organs.
- Number the transparencies to keep them in the correct order (the number can be written on the transparency itself or on its outside frame).
- Store the transparencies in a box with a lid, an envelope, or a "pocket" made from folders or sheets of clear plastic to protect them from dust and scratches.

Tips for using an overhead projector:

- Before the presentation begins, you should locate and check the operation of the on/off switch and make sure the bulb is working. Ideally, have an extra projector bulb available.
- Before beginning the presentation, focus the projector and use a transparency to check the position of the image on the screen.
- Once the projector is on and the image is on the screen, move away from the projector to avoid blocking the participants' view of the screen.
- Face the participants, not the screen, while talking.
- Use a pointer or pencil to show one point at a time. Control the pace of the discussion by covering selected information with a piece of paper and revealing new information when you are ready.
- Allow plenty of time for the participants to read what is on the screen and take notes, if necessary.

PowerPoint Presentations

PowerPoint presentations are becoming one of the most commonly used audiovisual teaching media in areas where electricity is stable and where computers and projectors are present. This visual aid projects images from a computer onto a screen that can be seen by all participants. As with transparencies, trainers should pay attention to the amount, size and clarity of text and

images present on an individual slide. Text and images should not be too small, overcrowded or difficult to read.

Also, as with transparencies, PowerPoint presentations are very useful for presenting a large amount of information efficiently (e.g., during an interactive presentation).

Following are some **possible uses** for PowerPoint slides:

- Provide an outline for the trainer to follow in discussing the main points of a presentation.
- Show images, illustrations, charts or diagrams to support a topic.
- Provide visual support to participants as they make their own presentations and oral reports.
- Provide a written/visual presentation of the main points of an oral presentation.

The **advantages** of using PowerPoint slides include:

- They can be stored in a computer or on a disc and reused in the future.
- When prepared in advance, they save the trainer time (writing on a board or flipchart takes more time than talking) and allow more time for discussion with participants.
- Points gathered from a discussion can be immediately written into a PowerPoint slide.

The primary **disadvantage** of PowerPoint presentations is that they require a computer, a projector/box light and a stable electricity supply.

When you **prepare** a PowerPoint slide:

- Be consistent. Use the same general style and background throughout.
- Proofread. You are more likely to catch errors if you proofread prior to the presentation.
- Limit the information on each slide to one main idea that can be grasped in 5–10 seconds.
- State the main idea in the title. Use no more than five to six bullets per slide, limiting each to six to eight words. Use no more than eight lines of text.
- Whenever possible, use pictures, charts or graphs to support or replace text. Bar graphs, pie charts and line graphs are effective tools to show trends and statistics. Photographs and line drawings are useful for illustrating key points.
- Make graphics and drawings large enough to be seen easily in the back of the room. Use large lettering (at least 20–24 point) and a font that is clear, simple and easy to read.

APPENDIX 3: PERFORMANCE IMPROVEMENT THROUGH SUPPORTIVE SUPERVISION IN THE WORKPLACE

Training is one component in bringing about behavior change and improved performance in the workplace. In order ensure that positive changes and improvements are maintained and can be built on in the future, several factors must be in place.

To change/improve performance, health care workers need strengthened/updated:

- Knowledge
- Skills
  - Practice essential to competency
  - More practice essential to proficiency
- Attitudes, such as:
  - Motivation
  - Understanding/appreciation of client-centered care

And to maintain positive changes and continue to improve their performance, they also need a supportive environment, including:

- Adequate resources, such as supplies, equipment, time and space;
- Appropriate policies and clear performance standards and guidelines; and
- Supportive on-site supervision.

> **Learning is not complete in the classroom.** Participants need continued practice to develop competency and then proficiency in newly acquired knowledge and skills. On-site supportive supervision helps them maintain positive changes and continue to improve their performance.

Methods for on-site supportive supervision include:

- Discussing performance
  - With the provider
  - With the supervisor
- Observing performance
  - Using a standardized observation tool (checklist)
  - Providing coaching, mentoring and positive/constructive feedback
- In partnership with provider, identifying gaps between current practice and quality service
- Identifying strategies to close gap, through:

- Participatory problem-solving
- Developing plan of action

Basic parameters for of on-site supportive supervision are as follows:

- Each visit should follow-up on previously developed action plan
- All feedback should be supportive
- Accomplishments should be acknowledged
- Clinical observations should not interfere with client–provider interaction—**Never correct or criticize a provider in front of others.**

LAM TRAINING SKILLS COURSE EVALUATION

(To be completed by the participant)

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

	COURSE COMPONENT	RATING
1	The training methods were effective in helping me to learn about LAM.	
2	The training methods were effective in helping me to learn about **training others** about LAM.	
3	The course materials were effective in helping me to learn about LAM.	
4	The course materials were effective in helping me to learn about **training others** about LAM.	
5	I feel confident in providing LAM counseling, including for HIV-positive women.	
6	I feel confident in **training others** to provide LAM counseling, including for HIV-positive women.	
7	I am able to explain the three LAM criteria, including transition; the basic mechanism of action and effectiveness of LAM; optimal breastfeeding; and appropriate contraceptives for breastfeeding mothers (or to which LAM users can transition) at various times during the postpartum period.	
8	I feel confident in **training others** to do the same (as described above).	
9	I am now able to discuss the benefits of healthy timing and spacing of pregnancies.	
10	I feel confident in **training others** to do the same (as described above).	
11	I am now able to identify opportunities for integrating LAM counseling with other services.	
12	I am now able to address many of the misconceptions health workers have about LAM.	
13	I am confident that the training skills and learning methods I have learned will strengthen my effectiveness as a teacher/trainer/facilitator.	

Circle one: The course 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 course? _____

_____

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

_____

The best aspect of the course was: _____

The least helpful aspect of the course was: _____