Reproductive Health Training

For Primary Providers

A SourceBook

for

Curriculum Development

User's Guide

PRIME

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ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
EC	emergency contraception
FP	family planning
HIV	human immunodeficiency virus
ICPD	International Conference on Population and Development
IEC	information, education and communication
IUD	intrauterine device
LAM	lactational amenorrhea method
MAQ	maximizing access to and quality of care
MCH	maternal and child health
MH	maternal health
MVA	manual vacuum aspiration
RH	reproductive health
RTI	reproductive tract infection
SDP	service delivery point
STI	sexually transmitted infection
UTI	urinary tract infection

Chapter 1
Introduction to the SourceBook and Its Key Concepts

Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development is a modular training resource intended to help trainers integrate aspects of reproductive health (RH) into training curricula. The *SourceBook* is based on the principles of performance-based training—the knowledge, skills, and support a primary provider needs to meet performance standards on the job and improve the quality of care offered to clients. The *SourceBook* focuses on the knowledge and skills needed to do a job well. The authors identified the major jobs of primary providers of RH services and then developed a module for each major job or service component. The *SourceBook* consists of eight modules and this User's Guide.[1]

Modules:

1 Counseling clients for family planning/reproductive health services[2]
2 Educating clients and groups about family planning/reproductive health[2]
3 Providing family planning services
4 Providing basic maternal and newborn care services
5 Providing postabortion care services
6 Providing selected reproductive health services
7 Working in collaboration with other reproductive health and community workers[2]
8 Organizing and managing a family planning/reproductive health clinic for MAQ[2]

The *SourceBook* can be used as a reference by trainers, faculty of professional schools, and curriculum developers to develop or revise a pre-service or in-service training curriculum for primary providers of client-oriented, integrated RH services. Primary providers are the health care workers who provide the most basic contact between members of the community and the health care system. They include nurses, midwives, public health nurses, clinical officers/medical assistants and community-based workers. The *SourceBook* emphasizes the jobs and tasks of *clinic-based* primary providers. However, it can also be adapted or used "as is" to develop curricula for primary providers who serve in *community-based or non-clinical settings*. Other users of the *SourceBook* may include policymakers, program managers and the trainees themselves. Chapter 2.3 in this User's Guide describes the uses and users in greater detail.

[1] Other jobs, or modules, may be identified and developed in the future.
[2] Modules 1 & 2 and modules 7 & 8 are bound together due to their related content and short length.

The *SourceBook* is based on three key concepts that provide the foundation for its content and structure.

These concepts are:

- **use of performance-based training** helps organizations achieve the results they desire in an efficient manner
- **provision of "integrated" reproductive health services** helps individuals and couples achieve their reproductive health goals
- **provision of high quality care**, as measured by technical standards *and* clients' perception, also helps individuals and couples achieve their reproductive health goals.

These concepts are described in more detail in the following sections.

1.1 Performance-based Training

The components of each *SourceBook* module have been developed and the content selected based on principles of performance-based training. This philosophy of training focuses on the jobs, tasks, knowledge, skills and support that a provider needs to meet job performance standards. These standards are established by determining what is necessary for individuals to accomplish so that the organization as a whole can achieve the results it desires (i.e., providing quality reproductive health (RH) services).[3]

In performance-based training, curriculum developers and trainers determine training needs by carefully evaluating the service delivery site to determine the cause(s) of the performance problem(s) or anticipated problems or circumstances created by changing service demands. Then the causes of identified performance problems are evaluated. If the problem can be resolved by training, the curriculum developers and trainers plan training that is closely linked to the trainees' job responsibilities/requirements.[4] The trainees' job responsibilities/ requirements are based on performance standards described in service guidelines, work plans, and job descriptions. Curricula and training are specifically targeted by selecting *only* those tasks, skills or knowledge areas in which trainees have deficits or where new job responsibilities (for which new skills are needed) are being added to the jobs trainees perform. During training, trainees learn how to apply their new knowledge and skills so that they can improve their job performance and contribute effectively to the organization's desired results.

The learning materials developed and training approaches used will vary depending on:

- trainees' characteristics
- trainees' existing knowledge/skills
- trainees' post-training job responsibilities and related performance standards
- trainees' current or future work site conditions
- organizations' resources available for training.

Selection of effective learning materials and the most appropriate training approach, whether a group training, a clinical practicum, a self-directed learning activity, a structured on-the-job training, a job aid, or any combination of approaches and related materials is determined by what will best prepare the trainee to perform well on the job. Objectives should be clearly stated at the outset and appropriate

[3] Gilbert T: *Human Competence: Engineering Worthy Performance.* Amherst, MA, HRD Press, Inc., 1996.

[4] Using the 7 Planning Questions, Chapter 3.1 in this User's Guide, provides a structured means for examining the parameters discussed in this section.

hands-on experiences should be arranged for trainees to learn by doing. Trainees should receive immediate and constructive feedback. They should also have opportunities to reflect on their new knowledge and skills, as well as on how these can be incorporated with their existing skills and then applied at their service delivery site.[5] The *SourceBook* does not make specific suggestions about training approaches, methods or materials, but it does include numerous references to key resources. Trainers can use these resources to locate more detailed content, guidance on appropriate activities and methods, and appropriate learning materials.

Performance-based training does not end when the training activity ends. Training that is well planned and executed includes follow-up and support for a trainee back at the work site and provides continuing opportunities for evaluation and increased proficiency. Following up with a written plan for applying new knowledge and skills at the service delivery site helps to ensure that performance problems identified in the needs analysis are successfully addressed.[6] On-going evaluation continues to identify problems and new opportunities and if necessary, trainees can receive refresher training so their performance and accomplishments continue to contribute positively to the organization's desired results.

In summary, the following are characteristics of performance-based training:

- Front-end needs analysis is conducted at the trainees' service delivery site to ensure that the performance problem is one that can be remedied by a training intervention.
- Training objectives are linked to actual trainee job responsibilities (what the individual must accomplish to contribute to the organization's desired results) and conditions at the service delivery site; objectives address gaps between the trainees' current knowledge and skill levels and the requirements of the job.
- New knowledge and skills build incrementally on what the trainee already knows or can do.
- Approaches, methods and materials are targeted to trainees' characteristics, their existing knowledge and skills, their job responsibilities, performance standards, and conditions at the service delivery site as well as the organization's resources for training.
- Training activities require active participation by trainees and provide practice, timely feedback, and opportunities to reflect on learning.
- Evaluation and follow-up are built into the training design to ensure that new knowledge and skills are integrated and sustained at the work site and permit program management to monitor the trainee's accomplishments (contributions to the organization's desired results).

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[5] The Experiential Learning Cycle, Chapter 3.2 in this User's Guide, provides guidance on designing appropriate learning activities.

[6] Developing Plans for Applying Skills On-the-Job, Chapter 3.3 in this User's Guide, provides a model plan.

How the SourceBook Integrates Performance-based Training

For training to be performance-based, the curriculum must be specifically targeted to those tasks, skills or knowledge areas where the trainees have deficits or where new job responsibilities (for which new skills are needed) are being added to the trainee's job. The components[7] of the *SourceBook* modules are designed to facilitate the work of curriculum designers and trainers who must first examine the job(s) to be done and determine the tasks, skills and knowledge required of individuals at the service delivery site. Next, they determine which knowledge and skills individuals lack that may prevent them from accomplishing the job(s). Finally, they develop an appropriate curriculum that fills gaps in knowledge and skills. Of course the ultimate measure of success is whether the performance and accomplishments of the trainees contribute to the organization's desired results and improve the RH care offered to clients.

The components of the *SourceBook* modules can and should be modified to reflect the specific jobs and tasks at a service delivery site. Although the design of the *SourceBook* supports the production of training that is performance-based, it is only through appropriate use and adaptation of the *SourceBook* that a curriculum and the related training experiences can be truly performance-based and result in improved RH care for clients. Additional information about the content and structure of the *SourceBook* modules and how the module components can be turned into effective training plans appears in Chapters 2.2, 3.1, 3.2 and 3.3.

1.2 "Integrated" Reproductive Health Services to Meet Clients' Needs

The *SourceBook* content has been carefully selected to help trainers and educators prepare primary providers to appropriately address the reproductive health needs of each client. In the Programme of Action developed at the 1994 International Conference on Population and Development (ICPD) in Cairo, emphasis is placed on achieving reproductive health at the level of individual women and men. This focus on the individual is a dramatic shift from the earlier view of achieving demographic goals at the national and global level. Over the past several years, many countries have moved toward this focus on the individual's reproductive health. The ICPD was the first time that the complexity of individual women's lives and the consequent variety of their reproductive health needs were formally addressed on an international level. This section of the User's Guide defines reproductive health and what is meant by "integrated" reproductive health services. It also examines how the *SourceBook* reflects the important shift in focus to the individual and the importance of meeting the reproductive health needs of clients.

[7] See Chapter 2.2 in this User's Guide, for a description of the *SourceBook* module components (jobs, major tasks, knowledge outline, skills lists, knowledge assessment questions and skills assessment tools).

What is reproductive health?

The ICPD defined reproductive health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes."[8] The ICPD recognized that women's reproductive health needs vary significantly depending on both their life stage (e.g., adolescence, preconceptional, antepartum, postpartum, perimenopausal, postmenopausal) and their life circumstances (e.g., single or married, with children or without, postabortion, circumcised, infertile, or in a non-monogamous or abusive relationship). Also, because a woman's male partner is often involved in her decision-making about matters affecting her reproductive health, his role and responsibility in sexual relations, contraceptive decision-making, childbearing and rearing, and prevention of sexually transmitted infections (STIs) is extremely important. Moreover, reproductive health of men is a concern in its own right.

What are "integrated" reproductive health services?

In response to a variety of needs, vertical programs such as those that deal only with family planning (FP), STIs and HIV/AIDS, or maternity care are expanding their services to offer a range of "integrated" reproductive health services. Integration can be achieved in a variety of ways. For example, individual providers or teams of providers at a single service site can gradually add services that address the holistic reproductive health needs of their clients. When it is not feasible for services to be offered at a single site, a network of sites and providers can be developed with a referral and follow-up system to link them. The goal of integration, however it is achieved, is to improve the quality, efficiency and accessibility of services to better assist individual clients and couples to meet their reproductive health goals.

Ideally, "integrated" reproductive health care services provided by primary providers address the various life circumstances and life stages of individual clients and might include:

- family planning education (including fertility awareness), counseling and services or referral
- preconceptional counseling; pregnancy, safe delivery and postpartum care, including breastfeeding education and counseling about appropriate FP methods
- newborn and child health services
- prevention and treatment of STIs, reproductive tract infections (RTIs) and HIV/AIDS
- expanded counseling and education on a variety of reproductive health issues
- services which reduce or treat gender-related abuses (e.g., female circumcision, domestic violence)

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[8] Germain A, Kyte R: *The Cairo Consensus: The Right Agenda for the Right Time.* New York, NY, International Women's Health Coalition, 1995.

- infertility management, counseling and services
- sexuality education and health services for adolescents
- nutrition services
- postabortion care, including counseling and education to reduce unsafe abortion
- reproductive cancers detection and education
- perimenopause and menopause management

In order to move toward "integrated" reproductive health services, consideration must be given to:[9]

- drafting and operating from policies that promote a client-oriented approach to primary health care
- observance of standards and procedures for practice so that reproductive choice and health are promoted
- advocacy that ensures client choice, respect and safety
- community involvement in planning and evaluation of services
- delivering services that match client needs
- developing information, education and communication (IEC) programs that provide appropriate client-oriented messages
- managing programs and services to improve access, safety and overall quality of care
- establishing client outreach, follow-up and referral systems
- ensuring availability of necessary supplies and equipment for services offered
- creating management information systems that allow programs to collect and utilize/analyze patient and service data
- monitoring of program objectives and quality of services through observation, feedback and appropriate modifications
- designing evaluation and research to measure the success of various types of interventions
- managing finances to get the greatest return from the resources spent
- coordinating and linking programs and sectors
- utilizing supervisory systems that facilitate supportive evaluations and provide immediate feedback regarding progress toward reaching individual and organizational goals/objectives
- training and performance evaluation systems that identify problems or opportunities and prepare providers to meet the challenges at their work site.

[9] The *SourceBook* may be a resource for many of these program functions, particularly service delivery, monitoring the quality of services, client follow-up and referral systems, supervision, training and performance evaluation systems (see Examples of *SourceBook* Users and Uses, Chapter 2.3 in this User's Guide).

How the SourceBook "Integrates" Reproductive Health Care

The *SourceBook* "integrates" the various aspects of reproductive health care in two ways. First, its modular organization focuses on the many potential jobs which may be done by providers of integrated reproductive health services. Second, it incorporates, or "infuses", a variety of reproductive health information in each module. This dual approach ensures that all providers, regardless of the "job" they perform, are prepared by their training to promote "integrated" reproductive health care services at their practice site. These integrated reproductive health services may be delivered by a single provider or a team at a single site. The reproductive health care also may be delivered through a network of sites and providers with a referral and follow-up system to link them.

Modular organization: The *SourceBook* contains complete modules on particular reproductive health topics or jobs, including: *Providing family planning services, Providing basic maternal and newborn care services* and *Providing postabortion care services*. Another module, *Providing selected reproductive health services*, contains sections on providing services for adolescents, preconceptional clients and perimenopausal clients. It also covers services for RTI/STI and HIV/AIDS, selected gynecological problems, breast and cervical cancer, infertility, female circumcision and domestic violence. Each of these modules or sections of modules demonstrates the range of services (and the requisite knowledge and skills training) that could be provided by a single provider or by a team of providers as part of their "job".

Infusion of related reproductive health information: Regardless of the job focus, each module is "infused" with related reproductive health information. For example, the module on *Providing FP services* contains tools for conducting a reproductive health history and performing a pelvic examination. These tools prompt providers to consider the holistic reproductive health needs of their clients by suggesting, for example, that they inquire about the context of the client's life and the nature of their sexual partnership, look for signs of circumcision, abuse or STIs, discuss STI risk behaviors, take an appropriate history (which may include not only obstetrical information but also general health information and nutritional status), and discuss potentially harmful behaviors and cultural practices. Infection prevention information is included to ensure procedures are carried out safely to promote and protect the health of clients and providers. The infusion of other reproductive health-related topics is designed to prepare providers to deal with reproductive health issues that emerge during history-taking, physical examinations, counseling and referral. Related reproductive health information is woven throughout all the components of the modules and is also provided in the key resources cited in the modules.

Using this unique "modular/infusion" approach, the *SourceBook* demonstrates how "integrated" reproductive health care services can be offered in response to clients' needs. Identifying the major jobs and tasks related to the services to be provided, and then identifying the supporting knowledge and skills required, allows appropriate training to be developed. Appropriate, effective training can contribute to successful on-the-job performance by primary providers and result in helping clients meet their reproductive health goals.

1.3 Quality Care in Reproductive Health Services

As services are expanded, program developers must carefully consider the needs of their clients and make efforts to continually enhance the quality of care offered. Judith Bruce described a simple framework for quality of care in family planning (FP) services.[10] The framework examines quality of care from the client's perspective, e.g., the client's experience with FP services. The framework considers six elements of FP services:

1) choice of methods
2) information given to clients
3) technical competence
4) interpersonal relations
5) follow-up/continuity mechanisms
6) provision of services that are convenient and acceptable.

Bruce advocates that programs consider the needs of their client population (clients' social context and health concepts) when determining an appropriate constellation of services. She also advocates expanding conventional FP services if new services can be delivered in a competent manner. However, before any expansion of service is considered, she recommends a careful analysis of the existing quality of care and the availability of resources to address the current scope of work. If the existing services are of an appropriate high quality and the necessary resources are available, then programs may consider expanding services.

[10] Bruce J: Fundamental Elements of the Quality of Care: A Simple Framework. *Studies in Family Planning* 1990;21(2):61-91.

When programs integrate other reproductive health services along with family planning services, it becomes necessary to broaden the scope of the other five elements addressed in the original framework. Suggested on the next several pages are some examples of how Bruce's framework can be applied when other reproductive health care services are offered along with conventional FP, STI, or maternal and child health (MCH) services. By taking an appropriate, comprehensive, client-oriented approach to providing high quality care, programs that once provided only FP, STI, or MCH services can begin to offer (or refer for) services that match the life circumstances and reproductive health needs of their clients at various life stages.

Elements of Quality of Care for "Integrated" Reproductive Health Services

1. Choice of Methods and Services

For example, programs may want to consider:

- Which methods and services are available at the service delivery point (SDP).
- If the services offered reflect the local guidelines and standards.
- How clients are informed of the existence of the methods/services. Are clients aware of the methods/services available at the SDP and at other sites (via referral)?

2. Information Given to Clients

For example, programs may want to consider:

- If the information given matches the clients' reproductive goals/intentions or reasons for their visits. Is counseling done on the methods that match clients' wishes or does it address the clients' specific RH concerns or stated reason(s) for their visit?
- What information is provided for clients. Is it complete and accurate permitting them to make informed choices? Are clients provided with information about the safety and side effects of methods and procedures?
- Whether providers discuss partnership relationship(s) with clients to draw out the implications of various aspects of those relationships so that clients can make method/procedure decisions accordingly.
- If the information is up-to-date, supported by scientific findings, and if it reflects service standards.
- How clients are informed of what will be done at the SDP. Do providers clearly explain what types of procedures or examinations are required for the method or RH service they desire?
- If visual materials can be used to help explain the methods, procedures, or services. If materials are used, are they clear and easily understood by the clients?

3. Technical Competence and Performance of the Service Provider

For example, programs may want to consider:

- If medical procedures are performed correctly and consistently (e.g., intrauterine device (IUD) insertions; pelvic examinations; counseling; management of STIs; prenatal care, postabortion care, neonatal assessment; aseptic procedures).
- If the providers assigned to services have the necessary training and competence to provide those services. Are providers observed periodically to ensure they perform procedures in a technically competent manner following the service delivery standards?
- If the appropriate instruments and commodities are available to provide the services offered.
- If screening of clients rules out FP methods and procedures that would be unsafe or inappropriate for a client given their history and partner relationship. Are contraindications scientifically-based and consistent with current eligibility criteria (e.g., *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Initiating and Continuing Use of Contraceptive Methods,* WHO, 1996)?
- If the referrals suggested by providers match both client needs/concerns and current RH service policies, guidelines and standards.

4. Client/Provider Interactions

For example, programs may want to consider:

- If service providers are demonstrating appropriate interpersonal relations skills (e.g., welcoming clients; providing privacy; spending adequate time with clients to prepare clients for their exam or procedure; encouraging clients to ask questions, both during the initial exam and on return visits should other questions or concerns arise; using other facilitation/counseling skills consistently).
- If service providers, with supervisors' help, are making reasonable efforts to provide services that match the variety of clients' needs—including FP, maternal health care, postabortion care, care for STIs or HIV/AIDS, child health care—both at the SDP and/or by providing appropriate referrals for services not available at the SDP.

5. Mechanisms for Follow-up/Referral and Continuity to Meet Client Needs and Goals

For example, programs may want to consider:

- What providers tell clients about follow-up and re-supply for their needs (e.g., contraceptives, other RH services).
- What clients are advised to do if they experience side effects or symptoms related to RH services (e.g., contraception, postpartum, postabortion, STIs and HIV, etc.).
- How clients are helped to remember when to return to the SDP. Are there mechanisms in place to facilitate follow-up?
- If within programmatic constraints, clients are issued enough supplies (e.g., cycles of oral contraceptives; or, for pregnant women, iron, folic acid, or antimalarial tablets) to avoid unnecessary return visits.
- If returning clients are served in a way that keeps unnecessary waiting or physical assessments to a minimum.
- If referrals are made appropriately when services are not available at the SDP.

6. Appropriateness and Acceptability of Services

For example, programs may want to consider:

- If vital health/medical needs of the population are being met by the services available in the community (e.g., child welfare services, nutrition, treatment of ailments, etc.).
- If the services at the SDP are integrated to the extent feasible so that clients do not have to visit the SDP on different days for different services.
- If the service facility is open at hours that are convenient for clients. Is the waiting time for services considered acceptable?
- If the services are conveniently located to clients.
- If the services for adolescents or men are welcoming and appropriate. If the services match the special needs of these groups.
- If it is possible to accommodate special/priority clients' needs (e.g., outside the usual hours of service, if necessary; for adolescents or other special groups).
- Developing methods for seeking feedback from clients and community members on the perceived appropriateness, quality and acceptability of services.

How the SourceBook Integrates High Quality Care

The *SourceBook* reinforces provision of high quality care by:

- building it into the content of each module
- encouraging trainers to use high quality performance standards to measure performance
- prompting trainers and trainees to plan for the application of new knowledge and skills at the work site
- promoting the assessment of trainees' performance by observing and evaluating (using the skills assessment tools) client-provider interactions after trainees return to their work sites.

Following the practices suggested above along with the other concepts described in the *SourceBook* improves the prospects that both the technical and interpersonal aspects of care offered to clients are of high quality and are appropriate to the clients' needs.[11] Programs and organizations must set as a goal the provision of high quality care and actively involve providers in the effort to meet that goal. Programs and organizations can offer services that meet high performance standards and then measure the success of their efforts by observing and evaluating client-provider interactions, getting feedback from client advocates and clients themselves to determine whether the quality of services being offered meets the needs of clients.

[11] Bruce J: *Defining the Moment of Quality of Reproductive Health Care: Some General Thoughts.* African Journal of Fertility, Sexuality and Reproductive Health 1996:1(2):82-84.

Chapter 2
Introduction to the Modules

This User's Guide is designed to complement the eight topical modules of the *SourceBook* by providing concise information about how to use the modules. The User's Guide also provides tools and other useful information which are not repeated in each module.

This chapter of the User's Guide includes:

- brief summaries of the content of each module
- a specially designed "map" that illustrates how the components in each module fit together and a discussion of how this "map" facilitated the work of the trainer described in the example
- a series of short scenarios that demonstrate the uses of the *SourceBook* with a variety of potential users.

2.1 Module Summaries

Each module contains components for developing a curriculum or a curriculum unit. The following is a brief description of the contents of each module.

Module 1 Counseling clients for family planning/reproductive health services

This module covers basic knowledge, guidelines, skills and processes for interpersonal communication and counseling. The module also introduces situations in which trainees deal with sexuality issues that are often encountered in family planning/reproductive health (FP/RH) service delivery. Because this module is intended to be used in conjunction with the clinical skills modules (Modules 3 to 6), content and tools on the skills and processes of counseling are not repeated in those modules.

Module 2 Educating clients and groups about family planning/reproductive health

This module covers basic considerations, techniques, skills and processes for planning, conducting and evaluating FP/RH education sessions for clients or groups who would benefit from these services. The principles of interpersonal communication, counseling and information- providing skills covered in Module 1 are applied in this module. Because this module is intended to be used in conjunction with the clinical skills modules (Modules 3 to 6), content and tools on the skills and processes of providing education are not repeated in those modules.

Module 3 Providing family planning services

This module covers providing FP services, including:

- providing family planning for women at different life stages (e.g., adolescence, preconception, postpartum, perimenopause), as well as in various life situations (e.g., postabortion, with or without children, after use of emergency contraception, circumcised, or in a relationship with an uncooperative partner)
- managing side effects and other problems possibly related to contraceptive method use
- partially managing and/or referring when complications arise that cannot be treated at the service site
- referral to other health care or social services, as needed.

Module 4 Providing basic maternal and newborn care services

This module covers providing basic maternal and newborn care services, including:

- counseling, education and care for pregnant women
- care during labor and delivery
- counseling, education and care provided to women during the postpartum period
- postpartum FP counseling and service provision
- newborn care
- counseling and education of the mother on newborn and infant care
- educating women, their families and the community on larger issues in maternal and newborn health, safe motherhood and child survival.

Module 5 Providing postabortion care services

This module covers providing postabortion care services, including:

- assessment of the need for postabortion care services
- treatment of incomplete abortion and its immediate life-threatening complications
- referral and transport for complications needing treatment not available at the service site
- postabortion FP (counseling and method issues)
- referral to other needed health care or social services, as needed.

Module 6 Providing selected reproductive health services

This module covers providing selected RH services for common RH problems (e.g., STI/RTI and HIV/AIDS, specific gynecological problems, breast and cervical cancer) which may be encountered during the provision of FP or maternal health care services. It also includes RH care relevant to different life stages (e.g., adolescence, preconception, and perimenopause) and special life circumstances (e.g., infertility, female circumcision and domestic violence).

Module 7 Working in collaboration with other RH and community-based workers

This module covers the collaborative and consultative functions of service providers working in conjunction with other primary health care providers and community development colleagues. This module emphasizes a team approach to promoting primary and RH activities in the community. Special attention is given to clinic-based providers who furnish back-up and technical support to community-based health care workers (e.g., community-based distributors, traditional birth attendants, traditional healers, health post aides, extension workers).

Module 8 Organizing and managing a family planning/reproductive health clinic for maximizing access to and quality of care (MAQ)

This module covers assessing, organizing and managing a service delivery site that offers integrated reproductive health services. Key aspects of these activities include:

- using a problem-solving process to determine needs
- establishing integrated services
- applying policies and service delivery guidelines that ensure access to high quality care
- providing guidance to staff
- collecting and using data to improve service provision.

For more detailed information on the contents of the modules, see Appendix B in this User's Guide for a listing of each module's job and major tasks.

2.2 The Module Map: How the Module Design Facilitates Use

Because curriculum designers and trainers are the most likely users of the *SourceBook*, the module components are designed to facilitate their work. Module components include:

- the trainee's JOB
- the MAJOR TASKS of the job
- the KNOWLEDGE required to perform the job
- the SKILLS required to perform the job
- KNOWLEDGE ASSESSMENT QUESTIONS
- SKILLS ASSESSMENT TOOLS.

Each module in the *SourceBook* is based on one "job" that RH providers may be required to do in the course of their work. Although the "job" covered in each module is different, each module follows the same "map" of the major module components. "Map" has a unique meaning in the *SourceBook.* Like a map that shows relationships between cities, rivers and countries, the module map shows how the six components of the *SourceBook* modules relate to one another. The following pages contain a series of figures (Figures 1 through 4) that progressively build a "map" of a module (Module 3 is used as the example).

To illustrate the relationships among the module components and how they can be used by curriculum designers and trainers, an example has been created that follows a trainer through her work. The trainer will examine:

1) the job to be performed by potential trainees
2) the major tasks which constitute that job
3) the knowledge and skills needed to complete the tasks
4) a means to measure performance (or evaluate need) through knowledge and skills assessments.

Both the structure and the content of the modules complement a performance-based training approach.[12]

[12] See Chapter 1.1 in this User's Guide for a summary of the characteristics of performance-based training.

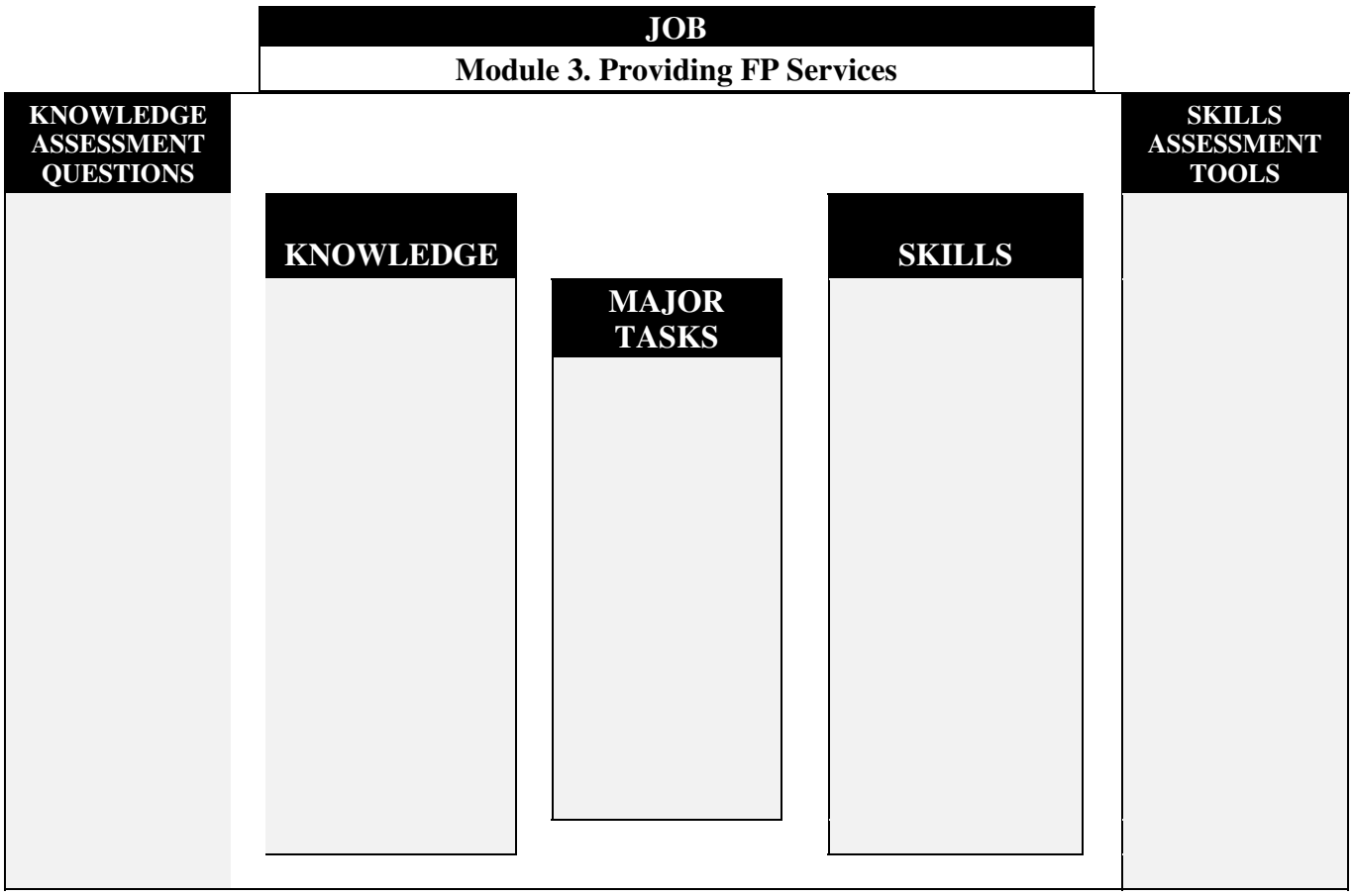


Figure 1
The Module "Map"

Note that Figure 1 contains six boxes–five vertical boxes and one horizontal box – each representing one of the six main components of a *SourceBook* module. Because the JOB is the primary component of each module, the JOB appears in the horizontal box at the top of the map. The JOB for Module 3 is "Providing FP Services."

The trainer in this example has selected Module 3 to develop a curriculum for a series of in-service workshops for nurses. Through interviews with the program manager and the nurses' supervisor, the trainer learned that the nurses have been providing some FP services. However, the clinic is planning to expand the range of methods and services offered, which will require the nurses to be able to counsel clients about new method options. The trainer used skills checklists adapted from Module 1, Tools 1-a, "Using Interpersonal Communication Skills" and 1-b, "Counseling the Client to Make an FP/RH Decision," to observe nurses providing services at the clinic. The trainer determined that the nurses' interpersonal skills and counseling abilities were adequate but they could benefit from the information covered in Module 3 (the counseling knowledge, skills, and tools specific to the new contraceptive methods the nurses will soon offer at the clinic).

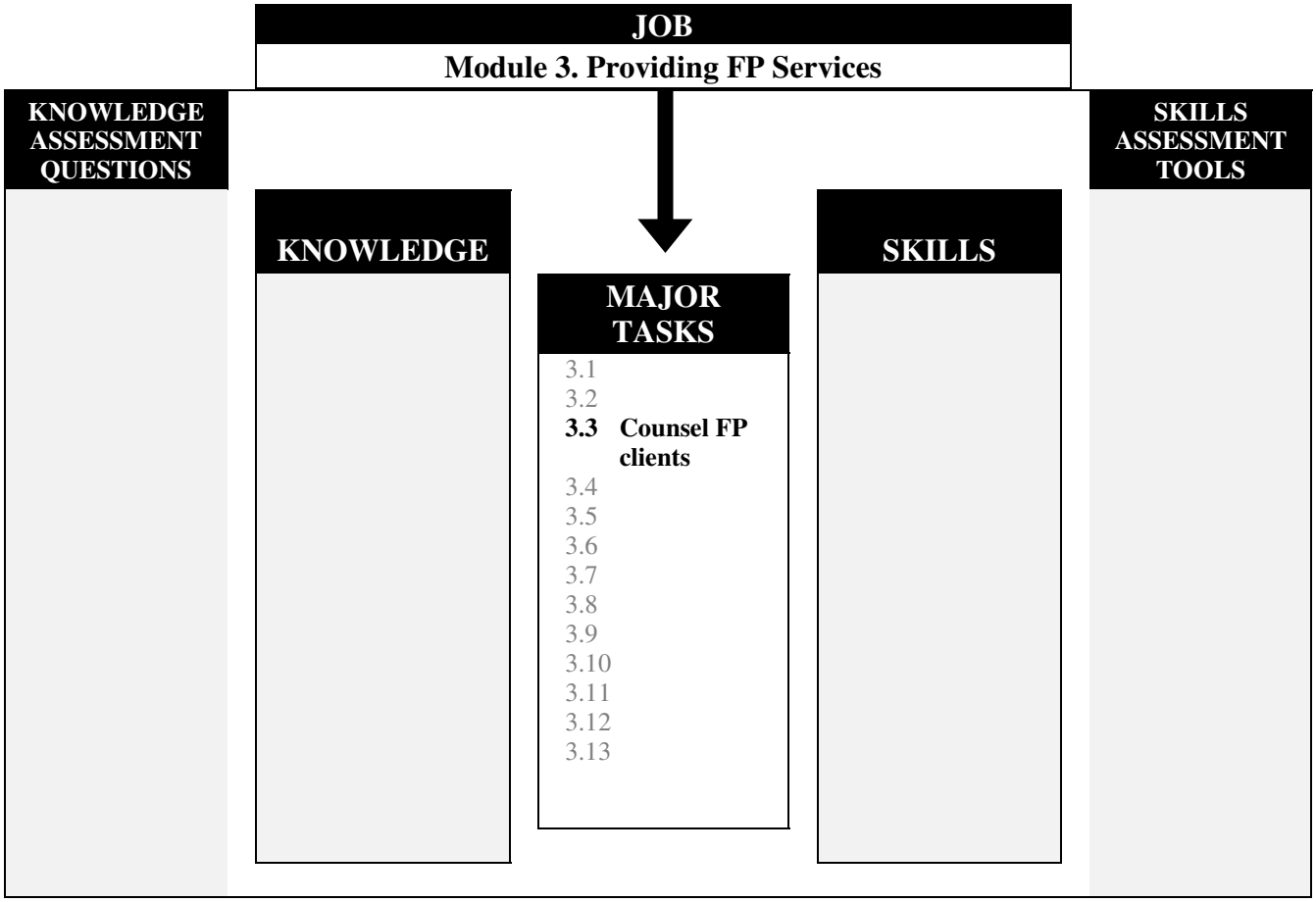


Figure 2
JOB and MAJOR TASKS

Each module in the *SourceBook* is based on one JOB and the MAJOR TASKS which comprise that job. In Module 3, the JOB, "Providing FP Services," consists of 13 MAJOR TASKS. The JOB and its MAJOR TASKS are the central parts of the map. The arrow shows that the MAJOR TASKS flow out of the JOB.

The trainer in the example has selected Task 3.3, "Counsel FP Clients," because her initial interviews with the program manager and the nurses' supervisor, together with her observations of the nurses, indicated that there is a deficit in the nurses' ability to perform this task (See Figure 2). The nurses require additional knowledge and skills in order to provide an expanded range of FP methods for their clients. The trainer also noted other MAJOR TASKS in Module 3 that she will review as she plans a curriculum that will enhance the ability of the nurses to successfully perform their new duties.

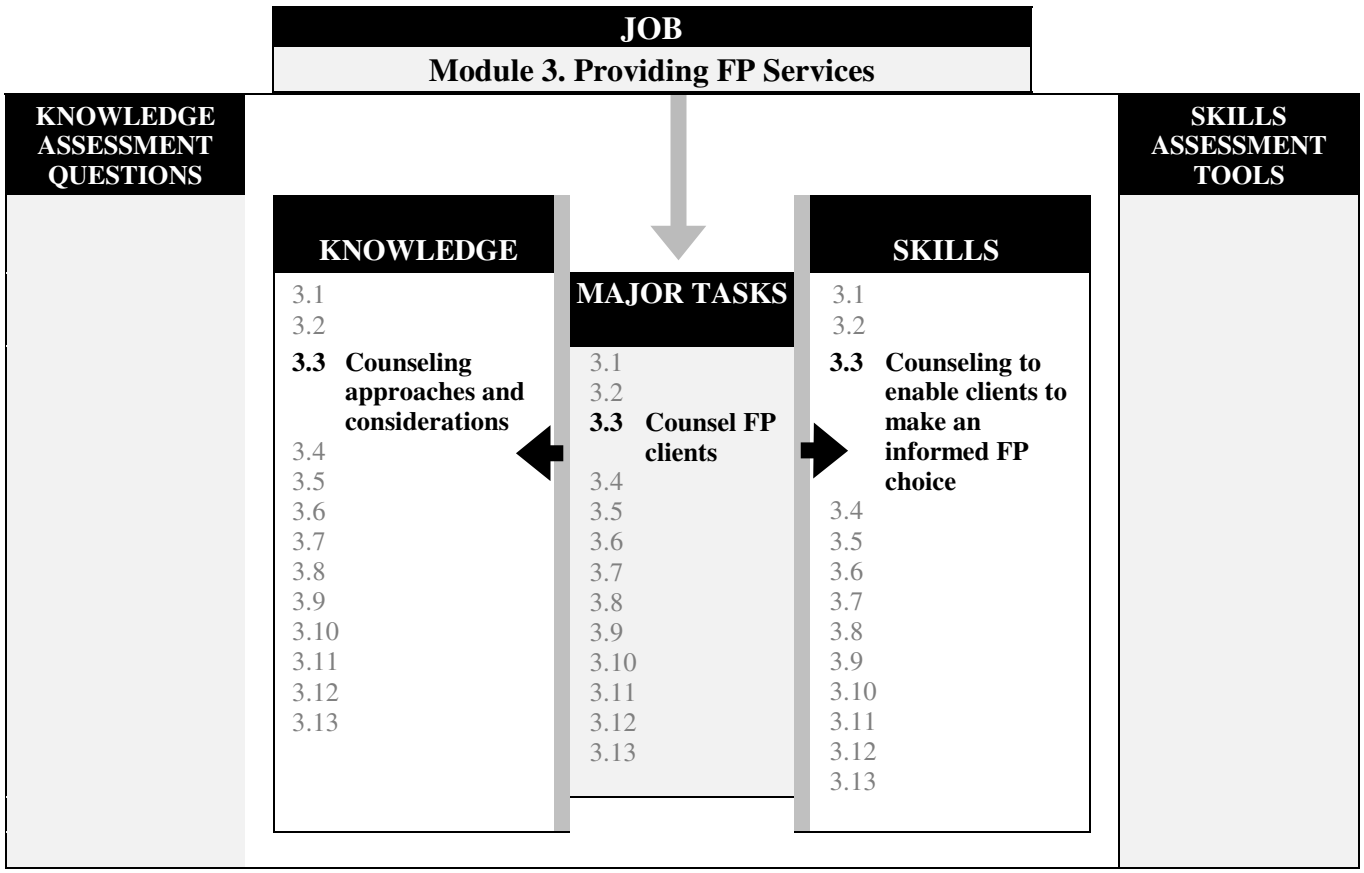


Figure 3
KNOWLEDGE and SKILLS are both required to accomplish the TASKS

The MAJOR TASK in the example shown in Figure 3, "3.3 Counsel FP Clients", includes the KNOWLEDGE component and SKILLS component related to that task. Figure 3 illustrates that the SKILLS component is as important as the KNOWLEDGE component when mastering the MAJOR TASKS. Each module contains a KNOWLEDGE outline that includes only the knowledge required to perform the corresponding MAJOR TASK. In the example, the KNOWLEDGE required to perform the MAJOR TASK of counseling clients consists of "counseling approaches and considerations."

The skills which make up the MAJOR TASK are listed in the SKILLS component of the module. In this example, the SKILL that must be practiced is "counseling to enable new clients to make an informed choice." The trainer discovered that throughout the module the KNOWLEDGE component of each task is outlined first, followed by a SKILLS section in which the knowledge is applied. The KNOWLEDGE sections include references to additional sources of information on the subject while the SKILLS sections include references to skills assessment tools, when applicable. For this MAJOR TASK, the trainer found references to Module 1: Counseling Clients for FP/RH Services, an appendix in Module 3 on Informed Choice, references to several tools that contain various aspects of counseling skills, and the User's Guide.

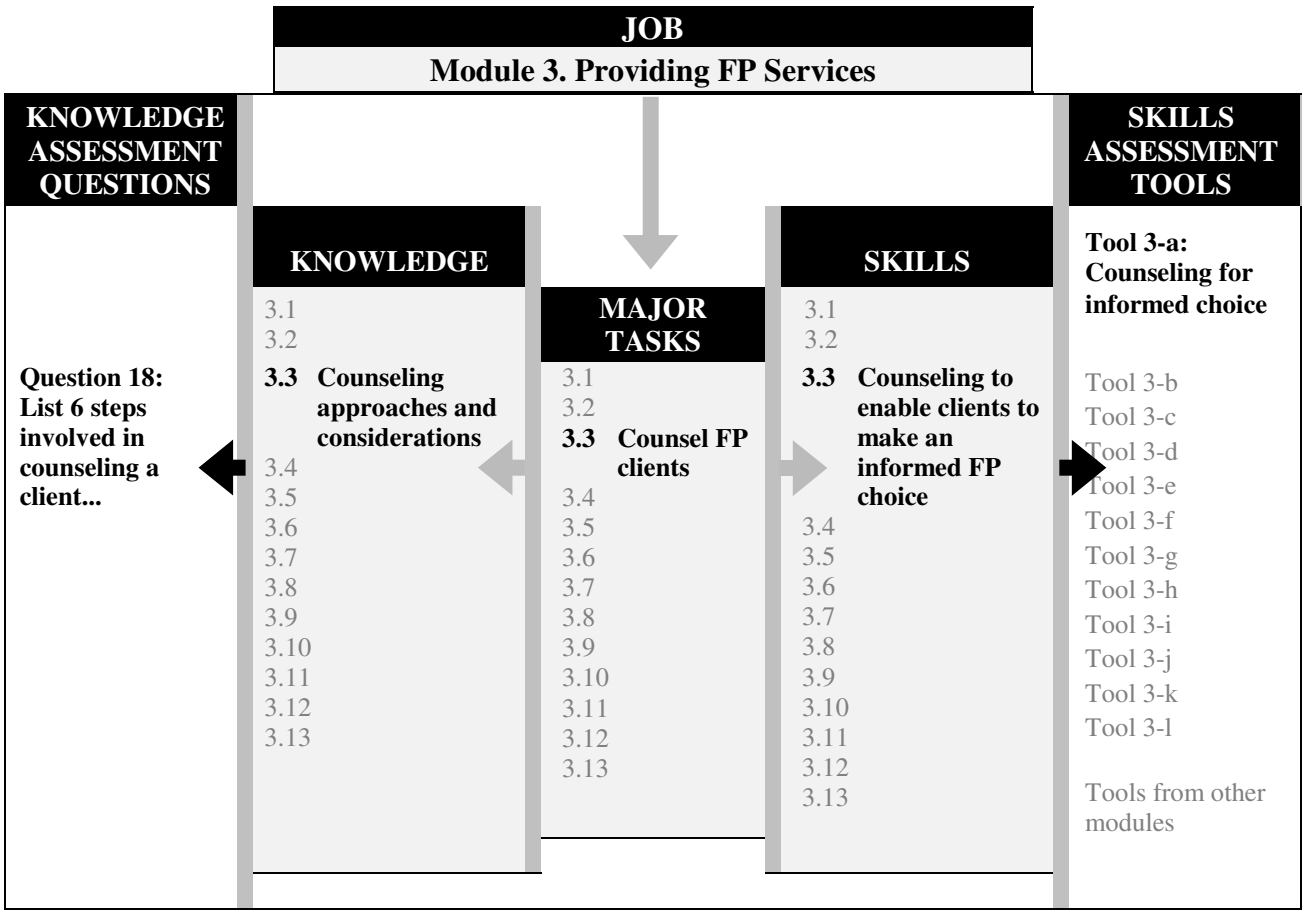


Figure 4
KNOWLEDGE ASSESSMENT QUESTIONS and SKILLS ASSESSMENT TOOLS

As the trainer explored the module further, she found two additional components designed to assist her with assessment. To ensure that trainees can adequately perform each major TASK, two types of assessment instruments are included in the modules. There are KNOWLEDGE ASSESSMENT QUESTIONS to evaluate the knowledge level of trainees and SKILLS ASSESSMENT TOOLS to evaluate the skills level of trainees (See Figure 4).

There are two types of KNOWLEDGE ASSESSMENT QUESTIONS:

- those which ask the trainee to recall information
- those that require the trainee to solve a problem which s/he will likely encounter on the job.

The SKILLS ASSESSMENT TOOLS provide:

- a list of the detailed tasks/behaviors that comprise a specific skill
- a rating scale to offer guidance about whether a trainee has mastered the skill

Each tool is labeled with the module number and a letter so they can be easily identified. More than one tool may be listed for a given task because tools can be combined. Or, parts of a tool may be selected to assess given skills.

Both the KNOWLEDGE ASSESSMENT and the SKILLS ASSESSMENT TOOLS cover many, but not all, of the knowledge areas and skills. In the example, the trainer identified KNOWLEDGE ASSESSMENT question 18: "List 6 steps involved in counseling a client," and one tool: "Tool 3-a: Counseling for Informed Choice of FP Methods." In this example, the trainer decided that the skills assessment tool would be useful with some minor modifications and the knowledge question provided was sufficient for her purposes. The *SourceBook* also encourages trainers to develop additional knowledge questions and tools for skill areas using the suggested references as resources.

The ASSESSMENTS can be used by trainers before, during and at the end of training and by supervisors and training program evaluators. After the trainee has returned to his/her job site, the ASSESSMENTS can be used to monitor the application of new skills and knowledge on the job. Additionally, they can be used by the trainees to guide skills acquisition during training, as a job aid after training, and as self-assessment tools while on the job. The chart below summarizes some of the many uses of the assessment tools.

Who can use	**For what purposes**	**When to use**
trainer, faculty, curriculum developer, training program evaluator	• assess level of trainee skills and knowledge throughout the training process • assess trainee job performance • identify needs for refresher training and curriculum revision	• before training to assess entry level competence • during training to monitor progress • at the end of training to assess exit competence • on-the-job to assess/ monitor trainee job performance
trainee's supervisor	• assess trainee job performance • identify needs for on-the-job training, support, or other interventions	• on-the-job before or after training
trainee	• guide own acquisition and practice of knowledge and skills • job aid • self-assessment	• during training • on-the-job

While reviewing the other MAJOR TASKS and related KNOWLEDGE and SKILLS components in the module to complete her curriculum, the trainer found some additional resources that are not shown on the module map but which are helpful in her work. In the appendices she found several documents that contain information fundamental to providing FP services. She also found pages of references which included full citations for the key resources that were mentioned in the KNOWLEDGE component, as well as several new resources that are noted as being particularly useful for trainers.

In the KNOWLEDGE component, the trainer also found references to other parts of the User's Guide. There she found valuable resources for planning a curriculum, developing participatory learning activities, planning for incorporating new knowledge and skills back on the job, and other information on RH and performance-based training. The table below summarizes some of the other resources available in the modules and User's Guide.

Other *SourceBook* Resources	**Uses**	**Where to locate in the *SourceBook***
Listing of references and key content resources	develop content in more detail; provide refresher for trainers	each module
Specialized appendices	develop additional content; provide refresher for trainers	selected modules
7 Planning Questions	plan curriculum and training sessions	User's Guide
The Experiential Learning Cycle	develop active, participatory learning activities	User's Guide
Developing Plans for Applying Skills On-the-Job	integrate into the curriculum trainee planning for application of training at their work site	User's Guide
Integrated RH Services and Quality of Care	overview and explanation of integrated RH services and how to ensure high-quality care	User's Guide
Performance-based Training	overview describing the development of training that leads to high quality job performance	User's Guide
List of Abbreviations	identifies terms used throughout the *SourceBook*	each module
Glossary	defines terms used throughout the *SourceBook*	User's Guide

This concludes the example using the example trainer and the module map as a guide. The next section provides brief scenarios of how other types of users may use the *SourceBook*.

2.3 Examples of *SourceBook* Users and Uses

There are many potential users and uses of the *SourceBook*. This section provides a sampling of several potential user groups, including curriculum developers, trainers and faculty, supervisors, trainees, policymakers and program managers, and suggests some ways these groups might use the *SourceBook*.

Curriculum developers

- An experienced curriculum developer wants to revise her existing curriculum so that it relates more closely to her trainees' jobs. How can she use the *SourceBook*?

  She may use the modules of the *SourceBook* to identify the jobs and major tasks that correspond to the jobs of her trainees and modify her curriculum accordingly.

- In response to a mandate from the Ministry of Health, a special committee is expanding the existing curriculum to include postabortion care. How can they use the *SourceBook*?

  They may want to review Module 5, Providing Postabortion Care Services, to identify the jobs, major tasks, knowledge and skills required of providers offering these services.

- Curriculum developers from various professional associations of RH service providers are meeting to revise their respective curricula to ensure that RH care skills receive appropriate emphasis in each of their specialty curricula. How can they use the *SourceBook*?

  They can refer to the sections in the *SourceBook* that match their particular specialty area and examine how the various RH services are interwoven. Suggestions for directly providing services and/or referral are included in the modules, where applicable.

Trainers and faculty

- After an initial needs analysis, a clinical trainer has determined that a training session on counseling is required. Before designing the training session, she wants to perform a detailed analysis of existing skill levels among the intended trainees to determine the specific knowledge and skills they are lacking. How can she use the *SourceBook*?

  She may observe the trainees interacting with clients at their job sites and document their existing skill level using the Skills Assessment Tools in Module 1, Counseling Clients for FP/RH Services.

- A trainer needs to provide training on a clinical procedure/skill for which there is no tool included in the *SourceBook*. How can he use the *SourceBook*?

  He may use the tools included in the *SourceBook* as a model and, depending on the content area, he may find other references in the *SourceBook* that can help him develop his own tool.

- A trainer wants her trainees to develop a post-training plan to reinforce and apply knowledge and skills learned to their jobs. How can she use the *SourceBook*?

  She may use the section from Chapter 3 in the *SourceBook's* User's Guide "Developing Plans for Applying Skills On-the-Job."

- A trainer is developing simulation activities for an upcoming training session. How can she use the *SourceBook*?

  She may use the section from Chapter 3 in the *SourceBook's* User's Guide, "The Experiential Learning Cycle", for guidance in designing appropriate activities.

Supervisors

- A supervisor periodically evaluates the skills of her nursing staff by observing their performance of routine tasks. How can she use the *SourceBook*?

  She may adapt the skills assessment tool(s) to her setting, to assess employees' progress/effectiveness over time and to help plan remedial on-the-job training activities, when necessary.

Trainees

- After a training session, a trainee wants to review information given during the workshop. How can she use the *SourceBook*?

  She may use the appropriate knowledge outline as a study guide.

- Several months after completing a training activity, a trainee wishes to review the skills he learned. How can he use the *SourceBook*?

  He may use the appropriate tools for self-assessment of his skills.

- A group of trainees want to make a job aid regarding proper aseptic procedures. How can they use the *SourceBook*?

  They may use Skills Assessment Tool 3-c to acquire information regarding proper aseptic procedures.

Policymakers and program managers

- An accreditation board is reviewing current nursing curricula and planning to update the requirements for certification to ensure that nurses are prepared to respond to the full range of RH care needs. How can they use the *SourceBook*?

  They may want to use the *SourceBook* to develop policies that specify the range of RH services nurses must provide in order to be certified.

- A committee is reviewing the national FP service delivery guidelines for the purpose of updating/expanding them to include all aspects of RH. How can they use the *SourceBook*?

  They may want to review the jobs and major tasks described in the *SourceBook* to help them consider the types of RH services to provide. This information may be useful as they discuss what level(s) of provider(s) will deliver a specific service and what types of service delivery point(s) will offer a given service.

Chapter 3
Tips and Techniques for Turning Curriculum Components into Training Plans

The *SourceBook* modules focus attention on the jobs and tasks that trainees will perform on-the-job. The curriculum components included in the modules — the knowledge outline, the list of skills, the assessment questions and tools — describe the jobs to be done in detail. Effective curriculum plans for performance-based RH training can be developed by using and/or adapting ideas in the modules. Training session plans must then be developed, based on the curriculum plans. To aid curriculum planners and trainers as they make training session plans, the User's Guide includes these tips and techniques:

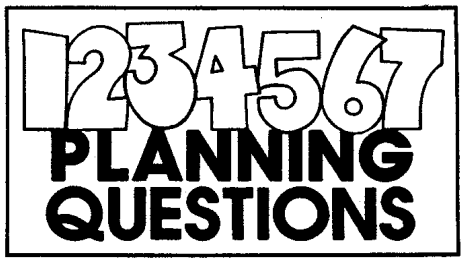
- 7 Planning Questions — helps trainers focus their training session plans
- Experiential Learning Cycle — helps trainers develop interactive, participatory, performance-oriented training activities
- Developing Plans for Applying Skills On-the-Job — shows how to ensure continued progress by creating links between training and trainees' jobs.

These tips and techniques will help trainers develop performance-based training sessions to prepare RH workers to meet the needs of their clients.

3.1 Using the 7 Planning Questions

The 7 planning questions are a planning aid. The questions are **sequential**, and the answers furnish **essential** planning information and yield **consequential** training products and results.

The 7 Planning Questions:



1. **What is the problem or opportunity?**
2. **Who are the trainees?**
3. **What do I want the trainees to be able to do?**
4. **Where and for how long will training take place?**
5. **What training methods will I use?**
6. **What training materials do I need?**
7. **How will I know how effective training was?**

Sequential

The 7 Planning Questions provide answers in logical order:

- each question builds on the answers to the previous question

Essential

The 7 Planning Questions produce essential planning information:

- specific job performance problems or opportunities
- specific characteristics of the trainees
- observable, measurable learning objectives
- existing and required training resources
- selection of appropriate training methods and materials
- selection of appropriate evaluation methods

Consequential

Ask the 7 Planning Questions (or variations of the questions) when you want to develop:

- needs assessment plans
- training curricula and session plans
- training and educational materials plans
- evaluation plans
- educational campaign plans

The 7 planning questions can be used as written above or adapted to develop a variety of plans. The following pages explore how to use the 7 planning questions when developing a training session plan.

1 What is the problem or opportunity?

The first step is to identify the problem or opportunity and determine whether training can assist in resolving the problem or fulfilling the opportunity. Answering the first Planning Question, ***What is the problem or opportunity?***, will enable the trainer to:

- clearly define the program problem or opportunity
- identify and verify that the problem or opportunity is related to job performance and can at least partially be addressed through training
- if training is a viable solution, accurately target the most appropriate group(s) of trainees and formulate learning objectives.

2 Who are the trainees?

The next step is to gather information about who is contributing to the job performance problem or who could contribute to fulfilling the opportunity and, therefore, who the trainee group will be. This information includes the number of trainees, their current levels of skills and knowledge related to the job performance problem/opportunity, the gap between expected and actual job performance levels, and the trainees' professional experience and background.

The answer to Planning Question 2, ***Who are the trainees?***, will enable the trainer to:

- focus on the persons whose job performance contributes to the problem or could contribute to fulfilling the opportunity identified in Planning Question 1
- accurately target learning objectives to the trainees' current levels of knowledge and skill so the gap between what is expected and what was observed can be closed
- develop a training session with training methods and materials that are appropriate to the trainees' professional backgrounds and their familiarity with participatory training methods.

3 What do I want the trainees to be able to do?

Planning Question 3, ***What do I want the trainees to be able to do?***, builds on the answers to Planning Questions 1 and 2, which identified the job performance problem/opportunity and the trainee group. Specifying what the trainees will be able to do at the end of training focuses on the job performance problem/opportunity and the gap between what is expected and what was observed.

By determining exactly what the trainees will be able to do at the end of training, the trainer will be able to:

- write clear goals and learning objectives
- determine the content to be presented in the session
- select training methods and materials that are appropriate to the learning objectives
- establish criteria and methods for evaluating the trainees' learning.

4 Where and for how long will training take place?

Planning Question 4, ***Where and for how long will training take place?***, furnishes answers to the logistical aspects of the training session. Answering Question 4 also draws on information gathered during Question 1 (the job performance problem/opportunity), Question 2 (the trainees) and Question 3 (the learning objectives).

In identifying the most appropriate location and duration of training, the trainer is able to:

- select a training site or sites (e.g., for group training, clinical practicum, structured on-the-job training, self-directed learning at a distance) that are convenient to trainers and trainees and appropriate to the learning objectives and the training budget
- identify training resources that will be required
- identify any constraints in time or location and plan for how to minimize them.

5 What training method(s) will I use?

Identifying the most appropriate training methods will enable the trainer to:

- use training methods that directly relate to the job performance problem/opportunity (Question 1)
- use and build on the trainees' previous experience with training methods (Question 2)
- provide practice in the actions specified in the learning objectives (Question 3)
- use training methods that are consistent with the available time, facilities, and other resources (Question 4).

6 What training materials do I need?

Identifying the most appropriate training materials will enable the trainer to:

- use training materials that directly relate to the job performance problem/opportunity (Question 1)
- use the learning experiences of the trainees (Question 2)
- transfer or reinforce knowledge and skills to be mastered (Question 3)
- select suitable training materials within the resources and constraints (Question 4)
- support the use of the selected training methods (Question 5).

7 How will I know if training was effective?

Identifying the most appropriate evaluation methods and measures will enable the trainer to:

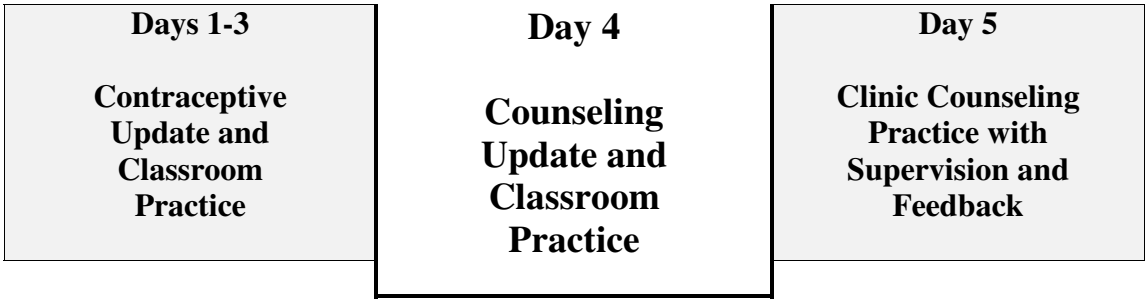
- focus on addressing the specific job performance problem or opportunity by isolating and measuring the impact of the training intervention–versus other interventions that may also have been applied to address the overall program problem or opportunity (Question 1)
- measure the trainees' mastery of the objectives (Question 3)
- use the *training* methods and materials as *evaluation* methods and materials, whenever possible (Questions 5 and 6).

Applying the 7 Planning Questions in Designing a One-Day Training Session on FP Counseling

The 7 Planning Questions make planning easier, make more efficient use of planning time and produce essential planning information. The following pages show how the 7 Planning Questions are applied to the design of a one-day training session on FP Counseling. The design starts with identification of a performance problem that training is expected to correct and concludes with the session evaluation and a plan to measure training impact.

The one-day training session on FP Counseling is the fourth day of a five-day Contraceptive Technology and Counseling Update workshop. Session design plans for the other four days are not shown in this section, but they could be developed in the same way, using the 7 Planning Questions.

Contraceptive Technology and Counseling Update: Five-Day Workshop



Planning Question 1: What is the problem or opportunity?

Program Problem: Low FP Continuation Rates
During field follow-up visits to 20 clinics, the training team learned from clinic records that FP method continuation rates were low. Clients known to have discontinued a method cited side effects, as well as difficulties in following method instructions, as reasons for discontinuation. Supervisors told the training team that they attributed low continuation rates to a combination of rumors and the lack of information being given to clients about predictable side effects.

Job Performance Problem to be Addressed by Training Intervention: FP Counseling
The training team observed that FP counseling sessions:
- did not include information about possible method side effects
- were lectures and not a dynamic and interactive counseling approach[13]
- were hurried, so clients did not get an opportunity to express concerns or ask questions.

Recommendation: The training team recommended that a five-day training update on contraceptive technology and counseling skills be planned and conducted along with a follow-up evaluation to measure the effectiveness of the training intervention.

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[13] See Mtawali G: Counseling Clients for Family Planning/Reproductive Health Services, Module 1, in PRIME: *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development.* Chapel Hill, NC, INTRAH, 1997.

Planning Question 2: Who are the trainees?

Trainees: 15 Clinic-based Nurses and Nurse-Midwives
In the clinics observed by the training team, FP counseling is primarily the job responsibility of nurses and nurse-midwives. Therefore, they were chosen as the trainee group.

Characteristics of the Trainees

Current Knowledge:	• pre-service education included FP methods • pre-service education included counseling, but did not use a dynamic, interactive counseling approach[14] • no recent training in clinical FP
Current Skills:	• history-taking skills • physical assessment skills • client education sessions conducted by trainees include informing the client of the health benefits of FP and listing the available methods
Experience with Educational/Training Methods:	• pre-service education primarily used lecture and demonstration as teaching methods • few trainees have participated in in-service workshops which use participatory methods

Planning Question 3: What do I want the trainees to be able to do?

Based on the job performance problem and characteristics of the trainee group, identified in Planning Questions 1 and 2, the following goal and learning objectives for the session were developed:

Counseling Session Goal

By the end of training, the nurses and nurse-midwives will be able to use a dynamic, interactive counseling approach[15] to explain all of the benefits and side effects of each of the available contraceptive methods in language appropriate to potential acceptors.

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[14] See Mtawali G: Counseling Clients for Family Planning/Reproductive Health Services, Module 1, in PRIME: *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development.* Chapel Hill, NC, INTRAH, 1997.

[15] Ibid.

Counseling Session Learning Objectives	Content Topics
By the end of training, the trainees will be able to:	
l. explain the benefits and side effects of available methods in non-technical terms that are culturally-appropriate for their clients.	Review of benefits and side effects of available methods
2. demonstrate a dynamic, interactive counseling approach.	Using appropriate language with clients
2a. list the skills and elements of a dynamic, interactive counseling approach.	Skills and elements of a dynamic, interactive counseling approach[16]
2b. apply the skills and elements in counseling potential new FP acceptors during a role play.	How to do a role play and give feedback

Planning Question 4: Where and for how long will training take place?

Logistical Considerations

Where?	A classroom in the training center where the 5-day update will take place, equipped with tables, chairs and chalkboard (near the clinic that will be used for the practicum on Day 5).
For how long?	One day (8 hours) of a five-day workshop (followed by clinic-based practice in the morning of Day 5).

Time Estimates for the Classroom Counseling Session (Day 4)

Review day's objectives	10 minutes
Review benefits and side effects of available methods	1 hour
Counseling:	
• Skills and elements of effective counseling	1 1/2 hours
• Using appropriate language with clients	1 hour
• Trainee counseling practice and feedback	4 hours
Daily review/trainees' feedback	20 minutes

[16] See Mtawali G: Counseling Clients for Family Planning/Reproductive Health Services, Module 1, in PRIME: *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development.* Chapel Hill, NC, INTRAH, 1997.

Planning Question 5: What training method(s) will I use?

Counseling Session Learning Objectives	**Training Methods**
By the end of training, the trainees will be able to:	Trainers briefly **present** the day's objectives.
l. explain the benefits and side effects of available methods in non-technical terms that are culturally-appropriate for their clients.	**"grab bag"**[18] for review of method benefits and side effects covered on Days 1 to 3 of the update **brainstorming** and **discussion** of non-technical and culturally-appropriate terms used in FP
2. demonstrate a dynamic, interactive counseling approach.[17] 2a. list the skills and elements of a dynamic, interactive counseling approach. 2b. apply the skills and elements in counseling potential new FP acceptors during a role play.	trainers **role play** a counseling session and obtain feedback from trainees **discussion** of skills and elements of dynamic counseling, using the trainers' role play as a concrete example **presentation** on role play process and giving feedback trainee **role plays** practicing the use of the dynamic, interactive counseling approach in explaining method benefits and side effects and obtaining feedback on their performance

[17] See Mtawali G: Counseling Clients for Family Planning/Reproductive Health Services, Module 1, and Mtawali G: Providing Family Planning Services, Module 3, in PRIME: *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development.* Chapel Hill, NC, INTRAH, 1997.

[18] For a description of the "grab bag" technique, see the l987 INTRAH Calendar for Trainers: A Collection of Training Tools, in *Tools from the INTRAH Calendars for Family Planning Trainers.* Chapel Hill, NC, INTRAH, 1987-1994.

Planning Question 6: What training materials do I need?

Learning Objectives	Training Methods	Training Materials
By the end of training, the trainees will be able to:	brief presentation the day's objectives	chalkboard & chalk
l. explain the benefits and side effects of available methods in non-technical terms that are culturally appropriate for their clients.	"grab bag" review brainstorming and discussion	basket or bag & questions written on slips of paper; chalkboard & chalk
2. demonstrate a dynamic, interactive counseling approach.[19]	trainers' role play	trainers' role play descriptions; sample contraceptives; anatomical drawings or models
2a. list the skills and elements of a dynamic, interactive counseling approach.	discussion of skills and elements, using the trainers' role play as a concrete example	participant hand-outs about the skills and elements of a dynamic counseling approach; chalkboard and chalk
2b. apply the skills and elements in counseling potential new FP acceptors during a role play.	presentation on role play; trainee role plays practicing the use of the dynamic, interactive counseling approach[20] and obtaining feedback	written trainee role play descriptions; observation checklists; sample contra-ceptives; anatomical drawings or models

[19] See Mtawali G: Counseling Clients for Family Planning/Reproductive Health Services, Module 1, and Mtawali G: Providing Family Planning Services, Module 3, in PRIME: *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development.* Chapel Hill, NC, INTRAH, 1997.

[20] Ibid.

Planning Question 7: How will I know if training was effective?

Goal and Learning Objectives	Evaluation Methods and Measures
Goal: By the end of training, the nurses and nurse-midwives will be able to use a dynamic, interactive counseling approach[21] to explain all of the benefits and side effects of each of the available contraceptive methods, in language appropriate to potential acceptors.	***Method:*** Trainer uses a skills assessment checklist to assess trainee performance during role plays.
Learning Objectives: By the end of training, the trainees will be able to: 1. explain the benefits and side effects of available methods in non-technical terms that are culturally-appropriate for their clients. 2. demonstrate the use of a dynamic, interactive counseling approach.[22]	***Measures:*** • trainee uses the dynamic, interactive counseling approach[23] • trainee provides correct and complete information about the benefits and side effects of a particular contraceptive method • trainee uses language appropriate for clients

The measures described above provide an example of how to measure the success of the training session that took place on Day 4. The Day 4 session plan follows on pages 44 and 45. The plan shows how to record the answers to the 7 Planning Questions so that the trainers can easily use them to conduct the FP counseling training session. Under the "Methods" column of the session plan, you may want to record more detail than this example shows on the training process to be used (e.g., see sample detailed session plan in the Experiential Learning Cycle, Chapter 3.2, pages 48 to 52).

Although not described in a detailed plan, Day 5 is a clinical practicum*, Clinic Counseling Practice with Supervision and Feedback*. As the name of the session implies, trainees will be given the opportunity to practice what they have learned in a supervised situation that is very similar to their work environment.

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[21] See Mtawali G: Counseling Clients for Family Planning/Reproductive Health Services, Module 1, and Mtawali G: Providing Family Planning Services, Module 3, in PRIME: *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development.* Chapel Hill, NC, INTRAH, 1997.

[22] Ibid.

[23] Ibid.

Because an important part of skills acquisition is actual practice with clients, the importance of including this type of activity should not be overlooked. In performance-based training, supervised practicum experience usually follows knowledge acquisition and competent performance of skills during simulated skills practice. (Simulated skills practice was accomplished in this session using role plays, but may also involve the use of case studies and/or practice on anatomical models depending on the clinical skills being taught.) During the practicum, trainees will receive guidance from skilled clinicians who observe their interactions with clients. In this case, the practicum directly reinforces the learning on Day 4.

Another important part of performance-based training is planning for the transfer of new knowledge and skills to performance on the job. Techniques or strategies can be used to help ensure that new skills are applied at the work site (see Chapter 3.3). After the practicum experience on Day 5 and as part of the wrap-up activities for the workshop, the trainees will work with the trainers to develop an individual plan for applying their new skills at their work sites. The plans may incorporate the use of skills assessment tools to help trainees and their supervisors determine if the new skills are being performed adequately, whether they are maintained over time, and whether additional training, on-the-job technical assistance or changes in the work site are needed.

The true measure of success, in this example and in real life situations, is what occurs as a result of the training. The ultimate goal of training in this example (recall Question 1), is to increase continuation rates by ensuring that providers adequately counsel clients. This enables clients to make fully-informed choices of methods based on complete information about side effects and instructions for correct use. Research has demonstrated that better-informed clients are more likely to continue to use their chosen method.[24] Therefore, the training premise is that if providers are more skilled in FP counseling, they can make efforts to ensure that clients are better informed of method options, side effects and instructions for correct use. With proper evaluation planning and data collection, the results of training should be observable in increased rates of contraceptive continuation rates among clients.

[24] Family Health International (FHI), *Network*. Research Triangle Park, NC, FHI, September 1991.

Because performance-based training is implemented to address a job performance problem or opportunity, trainers will want to examine the *impact* of training on the problem or opportunity it was designed to correct or fulfill. The table below includes some of the questions training evaluators might want to ask when evaluating the impact of the training intervention described in the example.

Sample questions to evaluate training impact	Sample ways to answer training impact questions
• Has the identified job performance problem/opportunity (i.e., a deficit in providers' counseling skills) been solved/fulfilled? • Has the identified program problem/opportunity (i.e., low contraceptive continuation rates) been solved/fulfilled? • Was training responsible for the change(s)? • Are there other changes which might account for improved performance?	• Observe trainees (e.g., interacting with clients, performing technical procedures). • Discuss trainees' performance and accomplishments with supervisors. • Compare the quality and range of services before and after training by reviewing client records, logbooks, and service statistics (e.g., continuation rates measured at specified intervals, number of clients served, types and number of procedures completed on site, types and number of referrals for services, number of complications). • Compare quality of care from the clients' perspective (e.g., clients' reported satisfaction with services, independent observations solicited from client advocates). • Discuss other interventions which may account for improvement or expansion with supervisors, clinic managers, and service coordinators.
• Have positive changes other than those intended been produced by training? • Have negative changes been produced by training?	• Ask trainees, supervisors, and clinic managers if they have observed or experienced any other changes and what difference the changes have made. • Ask clients if they have observed or experienced any changes and what difference, if any, the changes have made.

Section 3.1 adapted from: *7 Planning Questions for Family Planning Training: An INTRAH Appointment Calendar for Trainers.* Chapel Hill, NC, INTRAH, 1992.

Sample Session Plan

Training: 5-Day Contraceptive Technology and Counseling Update

Problem or Opportunity 1

Program problem(s)	Job performance problem(s)	Recommendation
Low method continuation rates	FP counseling sessions: • did not include method side effects • were lectures and not a dynamic, interactive counseling approach • were hurried.	Five-day training update on contraceptive technology and counseling skills

Trainees and Their Characteristics 2

Trainee group(s)	Current Knowledge	Current Skills	Experience with Educational/ Training Methods
15 Nurses and Nurse-Midwives	Pre-service training included: • FP methods; • counseling, but not a dynamic, interactive counseling approach Training in clinical FP: • none recently	• history-taking skills • physical assessment skills • client education sessions conducted by trainees include informing the client of the health benefits of FP and listing the available methods	• pre-service primarily used lecture and demonstration • few have been exposed to participatory training methods

Session Plan: FP Counseling Skills Practice in the Classroom Day 4

Time 4	Goal and Objectives 3	Content 3	Methods 5	Materials 6	Evaluation 7
8:00 - 8:10	To review the goal and objectives for the day.	Day 4 objectives	Brief presentation of Day 4 objectives	Chalkboard and chalk	
8:10 - 9:10	Learning objective 1. Explain the benefits and side effects of available contraceptive methods in non-technical and culturally-appropriate terms to the trainees' clients.	Review of method benefits and side effects.	"Grab bag"	Basket or bag & questions written on slips of paper	
9:10 - 10:15	Learning objective 1, continued.	Terms appropriate to clients.	Brainstorming; Discussion	Chalkboard and chalk	
10:15-10:30	**BREAK**				
10:30-11:00	Learning objective 2. Demonstrate the use of a dynamic, interactive counseling approach.	Demonstration of a dynamic, interactive counseling approach.	Trainers' role play with trainee feedback	Trainers' role play descriptions; sample contraceptives; anatomical drawings or models	
11:00-12:00	2a. List the skills and elements of a dynamic, interactive counseling approach.	Skills and elements of a dynamic, interactive counseling approach.	Discussion of skills and elements and the role play	Handouts on dynamic interactive counseling approach; chalkboard/chalk	
12:00-1:00	**LUNCH**				
1:00-1:20	Learning objective 2, continued. 2b. Apply the steps in counseling potential new acceptors in a role play.	How to do a role play and give feedback.	Presentation on role play and giving feedback	Observation checklists	
1:20-4:40 *(with a break at a convenient time)*	Goal: By the end of training, the nurses and nurse-midwives will be able to use a dynamic, interactive counseling approach to explain all of the benefits and side effects of each of the available contraceptive methods in language appropriate to potential acceptors.	Integration of all content: • method benefits and side effects • terms appropriate to clients • dynamic, interactive counseling approach.	Trainee role plays, in small groups, with feedback	Written trainee role play descriptions; observation checklists; sample contraceptives; anatomical drawings or models	Trainers use observation checklists to assess trainee performance during role plays for: • use of skills and elements in dynamic, interactive counseling approach • correct & complete benefits & side effects of a particular contraceptive method • use of language appropriate to clients.
4:40 -5:00	To assess trainee reactions to the day's activities.	Trainee feedback.	Discussion	Chalkboard and chalk	Pros and cons of the day

3.2 The Experiential Learning Cycle

Once a session plan is outlined using the 7 Planning Questions (see previous section), each session can be detailed following the Experiential Learning Cycle. The Experiential Learning Cycle supports the principles of performance-based training and adult learning by providing training opportunities that are closely related to performance on-the-job and by allowing the adult learner to draw on prior experiences. Training sessions that are designed following the guidance of the Experiential Learning Cycle: 1) are linked to real-life, 2) encourage the trainees to express their feelings and opinions and draw on their own prior knowledge and experience, and 3) integrate evaluation methods that provide immediate feedback to trainees regarding their learning progress. The Experiential Learning Cycle,[25] developed by the Training Resources Group, Inc. evolved from earlier work by University Associates, Inc.[26]

The information in this section is presented in two parts. The first part is a review of the steps in the Experiential Learning Cycle, including what each step entails and what the step is expected to do for trainees during a learning activity. The second part is a sample session plan, based on a curriculum item from one of the *SourceBook* modules, that was designed using the Experiential Learning Cycle.[27] Both the description of the steps and the example are oriented toward trainer-led group activities. However, the Experiential Learning Cycle can be effectively adapted to self-study, on-the-job training, computer-based training, or other types of learning activities.

The Eight Steps of the Experiential Learning Cycle

Step 1. Climate Setting/Introduction

- Stimulates interest and curiosity. Prompts trainees to begin thinking about the subject that is being introduced.
- Helps trainees understand why the subject is important to them, how it will be useful, and what relevant experience and skills they bring to the course.

Step 2. Session Objectives

- Presents to the trainees statements describing what they will be able to do as a result of participating in the training session.
- Gives trainees an opportunity to relate the goals and objectives of the training activity to their individual job requirements and work site conditions.

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[25] Training Resources Group, Inc. (TRG): *Design Components of an Experiential Session.* Alexandria, VA, TRG, 1997.
[26] University Associates, Inc.: *The Experiential Learning Cycle.* San Diego, CA, University Associates, Inc., 1990.
[27] INTRAH/Training Resources Group: Regional Training Methodologies Workshop. Nairobi, Kenya, 1990.

Step 3. Interactive Presentation

- A short presentation using relevant examples, posing questions to trainees, and supplementing the presentation with visual aids and handouts to highlight key points.
- Provides a framework for trainees, either a theory or a model, that becomes the basis for the experience that follows.

Step 4. Experience

- Provides an opportunity to "experience" a situation relevant to the objective of the training session (e.g., skit/drama, role plays, case studies, critical incident, video, small group task/exercise, site/field visit using a checklist to observe a demonstration of procedures). Becomes the common source of learning that trainees will share. It is the event that will be analyzed during the rest of the training.
- Provides trainees an opportunity to practice what they have learned in an actual or simulated work setting.

Step 5. Processing/Getting Immediate Reactions

- Solicits:
  - individual experiences and reactions from the trainees.
  - the principal learning of the trainees (in summary form).
- Trainees have an opportunity to reflect on their accomplishment and get feedback on their progress.

Step 6. Generalizing

- Trainees link what they have learned to the session objectives.
- Trainees identify key learning.

Step 7. Applying

- Using the insights and conclusions gained from the previous steps, the trainees identify and share how:
  - the learning applies to actual work situations
  - they will use the learning in their work situations.
- Answers the trainee's questions: "Now what?" and "How can I use what I learned?"

Step 8. Closure

- Briefly summarizes the events of the training session.
- Links training events to job-related objectives. Determines if objectives have been met.
- Leaves trainees with a sense of completion.
- Links session to the rest of training, especially upcoming sessions.

Example Session Plan Using The Experiential Learning Cycle

Note: This session plan is a small segment of a comprehensive training plan and is included to demonstrate how to use the Experiential Learning Cycle when developing a training activity. Only minimal background information is included regarding the problem/opportunity, goals/learning objectives, trainee characteristics, and evaluation plan. Refer to the 7 Planning Questions for assistance in developing a comprehensive plan.

Workshop Title: FP/RH Clinical Skills Workshop for Nurses and Midwives

Module Title: Providing Family Planning Services

***SourceBook* Module:** 3.4.2

Session Title: The Lactational Amenorrhea Method (LAM)

Session Number: 10

Duration of Session: about 3 hours

Participants' Profile: 15 nurses and midwives with an average of two years experience in FP/MH service delivery and some FP theory (learned during pre-service training). They have learned how breastfeeding affects the menstrual cycle and understand the benefits of FP for maternal and child health. They are skilled breastfeeding coaches but have not promoted breastfeeding as a "recognized/sanctioned" method of FP. Recent revisions to the service delivery guidelines elevate LAM to a recognized method of FP that should be promoted by providers during education and counseling sessions.

Materials/Resources Needed:

- Prepared session plan
- Co-trainer prepared to assist with activities
- Notepads and pens for trainees
- Flipchart Sheet Number 1, showing the title of the session and the session objectives
- Flipchart Sheet Number 2 with instructions for small group tasks
- Handout Number 1 (15 copies)
- Flipchart with blank sheets, markers, masking tape
- Flipchart stand or wall space for posting flipchart sheets
- Handout or procedural guidelines explaining LAM benefits and how to promote breastfeeding. [Potential sources: 1. Farrell BL: *Lactational Amenorrhea Method (LAM) Trainer's Module*. Washington DC, American College of Nurse-Midwives, 1995.
  2. Family Health International (FHI): *Lactational Amenorrhea Method (LAM),* Contraceptive Technology Update Series. Research Triangle Park, NC, FHI, 1994.
  3. National service delivery guidelines.]
- Illustration which shows relation of frequent suckling of breast with hormones of hypothalamus, pituitary gland, and ovary. [Potential source: *Guidelines: Breastfeeding, Family Planning, and the Lactational Amenorrhea Method (LAM).* Washington, DC, Institute for Reproductive Health/Georgetown University, 1994.]

1. Climate Setting: 10 minutes

- Read the title of the session from the posted flipchart sheet.
- Ask those trainees who have had babies, and breastfed them, to raise their hands.
- Ask those who raised their hands (at least 5) to share one experience about the time after delivery when they resumed their menses during breastfeeding.
- Co-trainer records the responses on a flipchart sheet and posts on the wall for reference during the session.
- Allow trainees to respond. Select relevant responses. Explain that there is a relationship between breastfeeding, amenorrhea and family planning. Explain that this session will address these relationships and other learning objectives.

2. Objectives: 5 minutes

- Post Flipchart Sheet Number 1 with objectives (see page 53).
- Read them.
- Allow the trainees to ask questions about them. Clarify, if necessary.

3/4. Interactive Presentation and Experience:

Brainstorming/Identification of Key Points*:* 10 minutes

- Briefly explain the rules of brainstorming.
- Ask trainees to offer a description of what they know or have heard about LAM.
- Allow trainees to respond (trainer writes responses on posted flipchart sheet).
- With the trainees, select the relevant responses and mark them.
- Post the flipchart sheet with the relevant responses that accurately describe LAM marked. Read it aloud. Summary should highlight the three criteria of LAM: LAM is most reliable during the first 6 months postpartum, as long as the menses have not resumed and the baby is fully breastfeeding.
- Commend the trainees who have provided relevant responses.

Small Group Work: 20 minutes

- Divide the trainees into three groups.
- Post the instructions (Flipchart Sheet Number 2, see page 53) for the group work and assign topics to each group:

  Group 1
  a. How LAM prevents pregnancy
  b. Benefits of LAM and of breastfeeding
  c. Three practices that mothers working outside the home or those mostly performing home duties can follow to make breastfeeding successful

  Group 2
  d. Disadvantages of LAM
  e. Differences and similarities of breastfeeding and LAM

  Group 3
  f. Who can use LAM
  g. Who should not use LAM
  h. At least three practices that a health provider can use to promote effective breastfeeding from the birth of the baby onwards.
- Have the small groups outline their ideas. Recorder writes on her/his note paper.

Presentation: 30 minutes

- Lead trainer asks small groups to present the results of their work.
- Recorders for small groups present each group's results.
- Co-trainer records the results of all groups on flipchart sheets.
- Lead trainer invites trainees to add ideas to each other's small group work.
- Lead trainer adds any key ideas not already listed and commends trainees for the ideas generated.
- Lead trainer refers trainees to the procedural guidelines or handouts on the areas discussed about LAM. Link some of the responses generated in the brainstorming exercise to the ideas presented by the small groups.

Lecturette: 20 minutes

- Explain the importance of:
  - each provider promoting exclusive breastfeeding for 4 to 6 months as a child survival practice.
  - any provider who is currently breastfeeding her own baby to model the use of LAM for clients where appropriate and feasible.
  - providers taking time to counsel mothers who are breasfeeding and within 4 to 8 weeks postpartum about using LAM; for women who decide to use LAM, make sure they understand when to begin using another method and which methods are appropriate for breastfeeding women.
- Refer trainees to the flipchart sheet which had some of the trainees' breastfeeding experiences (from the Climate Setting Activity). Ask how any of the experiences may be relevant in applying the learnings on LAM.
- Allow trainees to ask questions. Clarify, as necessary.

Simulations on Client Education: 40 minutes

- Ask participants to divide into five groups of three trainees each to prepare the client education sessions. The lead trainer will observe and facilitate as needed the activities of groups 1, 2, and 3. The co-trainer will observe and facilitate groups 4 and 5.
- Assign each group one of the topics from Session Objective 4:
  1. Who can use LAM?
  2. Who should *not* use LAM?
  3. What are the differences and similarities between breastfeeding and LAM?
  4. What is meant by "fully breastfeeding"? What is meant by "nearly fully breastfeeding"? How are these breastfeeding styles different?
  5. What practices of health providers and mothers promote breastfeeding?
- Trainers guide participants to prepare written client education sessions that will last 5 minutes. Allow about 20 minutes to prepare presentations. Use the format on client education (Handout Number 1) to guide preparation activity.
- Simulate client education. Combine groups 1, 2, and 3 into one group, and combine groups 4 and 5 into another group. Each sub-group within a combined group presents to other members of the combined group and trainer or co-trainer.
- Trainers identify skills needing strengthening based on the simulations.
- Trainers share observations (from learning and simulation sessions) about skills that need strengthening and state where the information will be found by trainees.
- Trainer summarizes the responses and links them with some of the reactions shared by trainees during processing activity, where necessary.

5. **Processing**: 5 minutes

   - Trainees re-assemble into large group.
   - Ask individual trainees what they thought about the session as a whole or portions of the sessions.
   - Allow trainees to respond. Trainer notes strengths or limitations of the session.

6. **Generalizing**: 10 minutes.

   - Allow trainees to review the session objectives and reflect on the small group outputs.
   - Ask what they have learned.
   - Ask trainees which areas they would like to read more about or practice more.

7. **Applying:** 15 minutes

   - Ask the trainees: "In what situation will you use these learnings about LAM? What are some factors in your work site that will promote acceptance of LAM? What are some of the problems you anticipate in promoting LAM among colleagues, clients and/or in your community?"

8. **Closure**:

   ***Lecturette/Discussion**:* 15 minutes

   - With input solicited from the trainees, summarize the learning. Emphasize applying the learning on the job. Relate the learning to each session objective, as appropriate.
   - Explain what will be done by you, the trainer, to rectify any problems stated by trainees.
   - Link the session on LAM to subsequent sessions on FP or RH or child survival.

Sample Flipchart Sheet Number 1

Session Objectives:

By the end of the session the participant will be able to:

1. Explain the physiological basis of LAM.
2. State at least four benefits of LAM, including the benefits of exclusive breastfeeding for 4 to 6 months after delivery.
3. Cite at least three disadvantages/limitations of using LAM for childspacing.
4. Demonstrate the ability to educate clients on the following LAM topics:
    a. Who can use LAM?
    b. Who should not use LAM?
    c. What are the differences and similarities between breastfeeding and LAM?
    d. What is meant by fully breastfeeding? What is meant by nearly fully breastfeeding? How are these breastfeeding styles different?
    e. What practices of health providers and mothers promote breastfeeding?

Sample Flipchart Sheet Number 2

Session Objectives:

Instructions for small group work:

1. Choose a recorder, a facilitator and a timekeeper of the small group.
2. Follow the rules of giving and receiving feedback during discussion.
3. Refer to the procedure manual or handout, if necessary.
4. Write the group product on a flipchart sheet.
5. Recorder will make the presentation but all group members will provide inputs to the presentation if necessary.

Sample Handout Number 1

Client Education on Aspects of LAM
Simulation Exercise

Description of Activity: Trainees will "role play" the part of clients during the simulation.
Profile of intended clients: Postpartum mothers who have not attended similar group education sessions offered at your clinic. However, they already know you by name. One or two mothers in the group have had personal experience of no menses while breastfeeding but they have not had an opportunity for clarifying why that happened and all are curious about using LAM.

Prepare notes for your education session as follows:

1. Subject of simulated client education (indicate the subject assigned to your small group):
    1. Who can use LAM?
    2. Who should not use LAM?
    3. What are the differences and similarities between breastfeeding and LAM?
    4. What is meant by fully breastfeeding? What is meant by nearly fully breastfeeding? How are these breastfeeding styles different?
    5. What practices of health providers and mothers promote breastfeeding?

2. Two things my client will do after the client education session:
    _____
    _____
    _____

3. Instructional methods I'll use are: lecture/discussion; questions and answers; visual presented along with discussion; etc. Describe at least 2.
    _____
    _____
    _____

4. Main points (list 2 to 3) about the subject/topic are:
    _____
    _____
    _____

5. Time allotted for session--keep it brief, not more than 5 to 10 minutes:

   _____

   _____

   _____

6. Visual aids I'll use to help my clients understand:

   _____

   _____

   _____

7. Methods I'll use to check the clients' understanding:

   _____

   _____

   _____

8. How I will close the session:

   _____

   _____

   _____

3.3 Developing Plans for Applying Skills On-the-Job

Helping trainees put training to use at their work sites

Most people would agree that training is only valuable if put to use. Health workers may attend "good" training sessions, but when they return to the work site, they may be unable to apply what they have learned. There may be several reasons for this dilemma, but the most common is simply that the trainee may not know how to go about applying new skills at their work site. During the training, guidance may not have been given for how to apply and further develop their new skills on the job. Other possible reasons for non-application of new skills are:

- lack of support from a supervisor, colleagues or the community
- lack of supplies and equipment
- lack of flexibility in work site set-up
- lack of compatibility with job responsibilities.

Performance-based training addresses this problem by closely linking training activities to the trainees' work and work site, thereby helping to close the gap between training and the on-the-job use of new skills. By starting at the work site to discover and determine the cause(s) of the performance problem (or anticipate problems that may arise as new services or procedures are added), program managers, supervisors and the trainees themselves, can gain insight into the problem. They can then conduct an intervention that specifically addresses the problem. Before training is initiated, with guidance from supervisors and managers, trainees will develop a clear understanding of:

- the purpose of the training intervention
- what they must achieve as a result of training
- how their individual accomplishments can contribute to the organization's desired results.

Throughout the training process, trainees should be encouraged to reflect on the knowledge and skills they are learning and make concrete plans for applying these skills at their work site. One means of planning for on-the-job application of new skills is to have trainees keep a learning journal during training. Then, near the end of training, they can create their own written activity plan for applying their new learnings at their work site. This plan describes the specific skills and knowledge that an individual has acquired during training and wishes to incorporate at her/his workplace.

The purpose of this type of activity plan is to:

- help the trainee to retain knowledge and skills learned
- share learnings with others (co-workers and supervisors)
- improve the quality of FP/RH services in her/his work site
- ensure impact of training on the FP/RH service.

A suggested format for an activity plan is included on page 59. During the training, the trainee is asked to review the five sections of the plan and consider how s/he would like to respond to each.

1. Identify specific changes that you would like to introduce/recommend at your work site.
2. Identify the activities that must take place to make these changes happen.
3. Identify specific outcomes that you expect at the work site and/or among the clients as a result of the changes you are proposing.
4. Identify the time period for implementing the changes.
5. Use the comments column to record other observations including:
   - specific events, outcomes or remarks from colleagues and clients about the new practice(s) that you are introducing
   - reasons for any delay in accomplishing a particular activity
   - other important information related to implementing the activity plan for applying skills on-the-job.

Additional trainee guidelines for completing a plan include the following:

- Select new skills that you will be able to put into practice as you provide FP/RH services at your work site.
- When selecting the skills you want to put into practice, identify work site needs and resources and consider:
  - the needs of clients and the results your organization desires to achieve in terms of providing high quality client-oriented services
  - the learning needs of colleagues/staff (However, in most cases, your plan should not require the mandatory participation of your colleagues.)
  - the resources available for FP/RH services, including FP/RH equipment, supplies, providers and supervisors (Ideally, your individual plan should require little or no money to implement, although it may be part of a larger organization-wide implementation that requires the purchase of new supplies and equipment.)
- Refer to your learning journal, national FP/RH service policy guidelines and standards and national FP/RH procedure manual to help you identify new/updated practices. These new or updated practices may have resulted from advances in contraceptive technology or revised national/local agency service policy guidelines and/or procedure guidelines.

- Because there may be factors at the work site that either facilitate achieving your goals or present obstacles, it is important to identify work site-related factors that may influence your activity plan, such as:
  - the level of support provided by your supervisor as change is introduced
  - the scope of your job responsibilities. Your plan should fit into other activities on your regularly-scheduled work plan and correspond to responsibilities in your official job description and the service goals of your organization
  - religious/cultural factors in your community
  - potential community support for introduced change
  - regularity of FP/RH supply acquisition, especially consumable supplies.
- Prepare your plan with maximum flexibility so that revisions are easy to incorporate. This will enable you to:
  - incorporate your individual plan into other work site work plans
  - add new objectives to your activity plan as necessary.

  (If you attended the training with other colleagues from your work site, consider developing your activity plans as a group so you can support each other.)
- Upon return to work, modify the plan in consultation with your supervisor. Periodically meet with your supervisor to review your plan, check progress and make whatever adjustments are necessary to ensure that your individual accomplishments contribute to the organization's desired results.

ACTIVITY PLAN FOR APPLYING SKILLS ON-THE-JOB

1. Name of Provider: _____ 2. Name of Clinic/Work Site: _____

3. District and Region: _____ 4. Country: _____

5. Date of Training: _____ 6. Place of Training: _____

Specific Changes I Wish to Introduce at My Work Site	**What Activities Will be Done to Effect the Change at My Work Site**	**Outcomes at the Work Site and/or Among the Clients as a Result of the Changes**	**Time Period for the Changes to Occur (from _____ to _____)**	**Comments**

Appendices*

Appendix A: Annotated List of Key Resources and Acquisition Information

Appendix B: List of Jobs and Major Tasks from the *SourceBook*

* Appendices A and B pertain to Modules 1 through 6.

Appendix A:
Annotated List of Key Resources and Acquisition Information

Beck D, Buffington S, McDermott J: *Healthy Mother and Healthy Baby Care: A Reference for Care Givers.* Washington, DC, MotherCare/John Snow Inc./American College of Nurse-Midwives (ACNM), 1996.

Basic midwifery care during pregnancy, labor and delivery and after delivery, presented in four step problem solving approach. Infection prevention and family planning integrated with content. Pre- and post-tests included in each section. Many clear illustrations accompany and amplify text. Excellent manual for training of midwives. Available in ***English*** from:

John Snow, Inc. (JSI)
MotherCare
1616 North Fort Myer Drive, 11th Floor
Arlington, Virginia 22209, USA.
Tel: 1-703-528-7474
Fax: 1-703-528-7480
E-mail: susan_shulman@jsi.com

Bennett VR, Brown LK (eds): *Myles Textbook for Midwives,* 12th ed. London, Churchill Livingstone, Inc., 1993.

Basic textbook encompassing obstetrics and neonatal care from midwife's perspective. Includes relevant anatomy and physiology, and questions for self-assessment of knowledge. Generously illustrated with photos, drawings and tables. Social and legal aspects of midwifery care presented from perspective of U.K. Available in ***English*** from:

Churchill Livingstone, Inc.
650 Avenue of the Americas
New York, New York 10011, USA.
Tel: 1-212-206-5000; (toll free in North America) 1-800-553-5426
Fax: 1-212-727-7808

Bright P, Ogburn L, Angle M: Cervical Cancer Prevention. *INTRAH Technical Information Memo Series (TIMS)* July 1996;3(C1e):1-6.

Provides information and guidance on field-relevant questions about cervical cancer. Briefly discusses causes of cervical cancer, primary and secondary prevention strategies. Answers questions about cervical cancer and family planning method choice. Also included as appendix to *Recommendations for Updating Selected Practices in Contraceptive Use*, *Volume II* (see Technical Guidance/Competence Working Group, Gaines M (ed.) below). Available in ***English***, ***French, Portuguese*** and ***Spanish*** from:

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Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

Buffington S, Marshall M: *Life-Saving Skills Manual for Midwives*, 3rd ed. Washington, DC, American College of Nurse-Midwives, 1997.

Continuing or advanced education intended for midwives in rural or isolated practice settings. Discusses necessary skills for reducing maternal and infant morbidity and mortality, such as: neonatal resuscitation, postpartum hemorrhage, and prevention of sepsis. Four step problem-solving approach is used and incorporated in self assessment exercises. First module offers practical guidelines for using the manual in training midwives. Available in ***English*** from:

American College of Nurse-Midwives (ACNM)
818 Connecticut Avenue NW, Suite 900
Washington, DC 20006, USA.
Tel: 1-202-728-9860
Fax: 1-202-728-9897
E-mail: info@acnm.org

Dixon-Mueller R: The Sexuality Connection in Reproductive Health. *Studies in Family Planning* 1993;24(5):269-282.

Relates sexuality to reproductive health outcomes and suggests that family planning policies and programs address broader spectrum of sexual behaviors and meanings. Notes need to confront male entitlements threatening women's sexual and reproductive health. Also reprinted in Zeidenstein S and Moore K (eds): *Learning About Sexuality: A Practical Beginning*. New York, The Population Council, 1996. Both available in ***English*** from:

The Population Council
Office of Communications
One Dag Hammarskjold Plaza
New York, New York 10017, USA.
Tel: 1-212-339-0514
Fax: 1-212-755-6052
E-mail: pubinfo@popcouncil.org

Family Planning Association of Kenya (FPAK): *Reproductive Health Client Management Guidelines*. Nairobi, FPAK, forthcoming.

Practical clinical guidelines for use by multidisciplinary health care providers in family planning and reproductive health services. Step-by-step directions given for safe management of clients. Procedures well illustrated with simple and clear drawings. Includes sections on unwanted pregnancy, infertility, gender issues, female circumcision and wife inheritance. Excellent example of current reproductive health management with a focus on efficient, sensitive, client-focused services. Adaptable for use in other countries. Publication forthcoming. Please contact:

Godwin Z. Mzenge
Executive Director
Family Planning Association of Kenya (FPAK)
Harambee Plaza
Nairobi, Kenya.

Guillebaud J: *Contraception: Your Questions Answered,* 2nd ed. New York, Churchill Livingstone, Inc., 1993.

Addresses combined pill, with particular attention to cancer risks and protection, new formulations and pill-free interval. Covers material on female condom (Femidom), IUDs, uterine ablation, patient compliance, service provision and contraception after recent pregnancy. Contains full coverage of contraceptive implant, NORPLANT®. Contains glossary as well as numerous figures and tables. Available in ***English*** from:

Churchill Livingstone, Inc.
650 Avenue of the Americas
New York, New York 10011, USA.
Tel: 1-212-206-5000; toll free (North America): 1-800-553-5426
Fax: 1-212-727-7808

Hatcher RA, et al: *Contraceptive Technology*, 16th rev. ed. New York, Irvington Publishers, Inc., 1994.

Comprehensive manual for reproductive health care providers that is updated frequently. Provides practical clinical guidelines for reproductive health counseling, contraceptive methods and treatment for reproductive tract infections. Includes guidelines for client education and lists of frequently asked questions. Seventeenth edition available December 1997 in ***English*** from:

Irvington Publishers, Inc.
Lower Mill Road
North Stratford, New Hampshire 03590, USA.
Tel: 1-603-922-5105
Fax: 1-603-922-3348
E-mail: suzy-g@moose.ncia.net

Hatcher RA, et al: *Emergency Contraception: The Nation's Best-Kept Secret.* Decatur, GA, Bridging the Gap Communications, Inc., 1995.

Covers currently available birth control pills containing both estrogen and progestin as emergency contraception. Includes discussions of Copper T 380A IUD, minipills, danazol and mifepristone (RU 486). Available in ***English*** from:

Bridging the Gap Communications
P.O. Box 33218
Decatur, Georgia 30033, USA.
Tel: 1-404-373-0530
Fax: 1-404-373-0408

Hatcher RA, et al: *The Essentials of Contraceptive Technology*. Baltimore, Johns Hopkins School of Public Health, Population Information Program, 1997.

Handbook for family planning and reproductive health care providers working in clinics and other health care facilities. Content based on scientific consensus recently developed under auspices of WHO and of USAID collaborating agencies. Chapters cover family planning counseling and methods in addition to sexually transmitted infections (STIs) including HIV/AIDS. Chapters describe effectiveness of family planning methods in terms of likelihood of pregnancy in first year of using method. Includes wall chart. Available in ***English*** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202-4012, USA.
Tel: 1-410-659-6300
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

INTRAH: *Guidelines for Clinical Procedures in Family Planning: A Reference for Trainers*, 2nd ed. revised. Chapel Hill, NC, INTRAH, 1993.

Provides guidelines summarizing basic step-by-step clinical procedures for providing family planning services, including all modern childspacing methods, voluntary surgical contraception (counseling only), subfertility/infertility services, and infection prevention guidelines. Selected chapters and appendices are being updated to reflect latest WHO and other international guidelines. Chapter on progestin-only injectables and appendix on infection prevention were updated in ***English*** in 1996; ***French*** and ***Spanish*** versions will be completed in 1997. Chapters on IUDs, combined oral contraceptives and progestin-only pills are being updated. Available from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

INTRAH: 7 Planning Questions for Family Planning Training: An INTRAH Appointment Calendar for Trainers, 1992, in INTRAH: *Tools from INTRAH Calendars for Family Planning Trainers, 1987-1994*. Chapel Hill NC, INTRAH, 1995.

Reprint includes seven planning questions with examples of how they can be applied in development of training sessions. Also includes training session plan format and completed lesson plan. Available in ***English*** and ***French*** from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

INTRAH: *Teaching and Learning with Visual Aids.* London, Macmillan Publishers Ltd., 1987.

Introduces trainers to use of visual aids for effective teaching and learning of family health and family planning. No previous knowledge or skills in art or visual aids are required. Emphasizes active involvement of learner and learning by doing. Extensively field-tested, in Africa and the Middle East, and revised in light of experience. Available in **English** from:

TALC (Teaching-aids At Low Cost)
P.O. Box 49
St. Albans
Herts, AL1 4AX, United Kingdom.
Tel: 0-727 853869
Fax: 0-727 846852

Klein S: *A Book for Midwives: A Manual for Traditional Birth Attendants and Community Midwives*. Palo Alto, CA, The Hesperian Foundation, 1995.

Covers community-based care related to reproductive health and complications of childbirth. Written in simple, clear language, without medical terminology. Amply illustrated with simple drawings clarifying the text. Emphasis on community and family teaching. Valuable appendices include instructions for making simple midwifery equipment and training materials. A color-coded section explains drugs used in midwifery care. Available in ***English*** from:

The Hesperian Foundation Publications
2796 Middlefield Road
Palo Alto, California 94306, USA.
Tel: 1-415-325-9017
Fax: 1-415-325-9044
E mail: hesperianfdn@ipc.apc.org

Lichtman R, Papera S: *Gynecology: Well Woman Care*. East Norwalk, CT, Appleton and Lange, 1990.

Textbook written for non-physician providers of women's reproductive health care. Woman-centered presentation with emphasis on health maintenance. Discusses all components of patient care from teaching and counseling to self-help measures, from prescribing medication to referral for surgical intervention. Reviews current research findings on topics, e.g., experimental methods of birth control and menopausal hormonal replacement. Illustrated with clear diagrams and photographs. Available in ***English*** from:

Appleton and Lange Publishers
Order Processing Center
P. O. Box 11071
Des Moines, Iowa 50336-1071, USA.
Tel: 1-515-284-6761; toll free (North America): 1-800-947-7700
Fax: 515-284-6719

Love S, Lindsay K: *Dr. Susan Love's Breast Book*, 2nd ed. New York, Addison-Wesley, 1994.

Valuable reference for both general reader and anyone providing health care for women. Breast development, appearance, changes during the life cycle as well as diseases of the breast are clearly explained. Information about diagnosis and treatment of breast disease presented in adequate depth for women to make informed choices about their own health care. Drawings supplement text and are used to illustrate treatment options including surgical procedures. Available in ***English*** from:

Addison-Wesley Longman
One Jacob Way
Reading, Massachusetts 01867, USA.
Tel: 1-617-944-3700; toll free (North America): 1-800-387-8028
Fax: 1-416-944-9338

Mtawali G, et al: *The Menstrual Cycle and Its Relation to Contraceptive Methods: A Reference for Reproductive Health Trainers*. Chapel Hill, NC, INTRAH, 1997.

Covers changes that take place during the menstrual cycle and ways that contraceptive methods interrelate with cyclic changes. Contains 21 sample client cases demonstrating how knowledge about changes in the menstrual cycle can be applied to management of FP clients' concerns, including postpartum FP. Includes wall chart. ***French*** and ***Spanish*** editions are forthcoming. Available in ***English*** from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

Notelovitch M, Tonnensen D: *Menopause and Mid-life Health*. New York, St. Martin's Press, 1993.

Intended for general reader without medical knowledge. Contains information on all aspects of mid-life health promotion. Includes alternatives to hormone therapy for management of menopause symptoms. Many charts and diagrams useful for guiding one's personal dietary intake and exercise program. Available in ***English*** from:

St. Martin's Press, Inc.
175 5th Avenue
New York, New York 10010, USA.
Tel: 1-212-674-5151
Fax: 1-212-529-0594

Paluzzi P, Quimby C: *Domestic Violence Education Module*. Washington, DC, American College of Nurse-Midwives, 1995.

Intended to assist faculty of nurse-midwifery programs in educating students about issues of domestic violence and providing care to victims of domestic or family abuse. Discusses screening for abuse, making safety assessments and documenting findings for both medical and legal systems. Divided into three components: 1) basic history and physical assessment information; 2) defining clinical issues and refining students ability to respond and interact appropriately; and 3) expanding student's knowledge and resources of community, and promoting activist role. Appendices include a compilation of teaching resource tools and articles relevant to topic. Available in ***English*** and ***Spanish*** from:

American College of Nurse-Midwives (ACNM)
818 Connecticut Avenue NW, Suite 900
Washington, DC 20006, USA.
Tel: 1-202-728-9860
Fax: 1-202-728-9897
E-mail: info@acnm.org

Postabortion Care Consortium, Winkler J, Oliveras E, McIntosh N (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care.* Baltimore, JHPIEGO, 1995.

Provides clinicians with step-by-step instructions for provision of comprehensive postabortion care services. Provides in-depth discussion of treatment of incomplete abortion and its life-threatening complications. Particular attention given to manual vacuum aspiration (MVA). Additional features of postabortion care are covered such as family planning and referral to health care services needed after emergency treatment. Detailed appendices feature step-by-step directives for: infection and pain management, severe vaginal bleeding, intra-abdominal injury, blood transfusion, administration of medicines, and processing of surgical gloves, among many other. Numerous easy-to-read tables and well-illustrated figures complement the text. Available in ***English*** and ***French*** from:

JHPIEGO Corporation
Brown's Wharf
1615 Thames Street
Baltimore, Maryland 21231, USA.
Tel: 1-410-955-8558
Fax: 1-410-955-6199
E-mail: info@jhpiego.org

Program for Appropriate Technology in Health: *Interpersonal Communication/Counseling (IP/C) Workshop Curriculum for Family Planning, STDs, and HIV/AIDS*. Washington, DC, PATH, forthcoming.

Includes current best practices in interpersonal communication and counseling, such as verbal and non-verbal behavior, perceptions and values clarification, effective use of audio-visual aids and addressing rumors and mis-information. Also included is the latest guidance on client-provider interaction (CPI), stressing dynamic interaction with individual clients and exploration of relevant issues such as sexuality, vulnerability to STDs, HIV/AIDS, and domestic violence. Basic theories of communication are integrated with practical applications and exercises. Available in ***English*** in early 1998 (and later in ***Spanish*** and ***French***) from:

Program for Appropriate Technology in Health (PATH)
1990 M Street, NW, Suite 700
Washington, DC 20036, USA.
Tel: 1-202-822-0033
Fax: 1-202-457-1466
E-mail: info@path-dc.org

Salter C, et al: Care for Postabortion Complications: Saving Women's Lives. *Population Reports* Series L, 1997;(10):1-31.

Discusses the severity of the problem of unsafe abortions and ways it can be addressed. Outlines the "CAP" postabortion strategy which insures that women receive complete, appropriate, and prompt care. Stresses the need to plan for postabortion care and avoid the crisis atmosphere that currently characterizes most postabortion treatment. The use of local anesthesia with manual vacuum aspiration (MVA) is shown to be a safe, and cost effective method of treatment for incomplete abortion, reducing maternal deaths from hemorrhage and infection. The need to offer some degree of postabortion care at every level of health system is discussed. Provision of sensitive family planning counseling at the time of postabortion care is stressed. Available in ***English*** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202, USA.
Tel: 1-410-659-6389
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

Technical Guidance/Competence Working Group and World Health Organization/Family Planning and Population Unit: Family Planning Methods: New Guidance. *Population Reports* Series J 1997;(44):1-48.

Presents condensation of: Technical Guidance/Competence Working Group. *Recommendations for Updating Selected Practices in Contraceptive Use, Volume I,* 1994 and *Volume II,* 1997; and a table summarizing: World Health Organization: *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use*, 1996. ***French*** and ***Spanish*** issues forthcoming. Available in ***English*** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
School of Hygiene and Public Health
111 Market Place, Suite 310
Baltimore, Maryland 21202-4012, USA.
Tel: 1-410-659-6300
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

Technical Guidance Working Group (formerly the Interagency Guidelines Working Group), Curtis KM, Bright PL (eds): *Recommendations for Updating Selected Practices in Contraceptive Use, Volume I: Combined Oral Contraceptives, Progestin-Only Injectables, NORPLANT® Implants, and Copper-Bearing IUDs: Results of a Technical Meeting*. Chapel Hill, NC, INTRAH, 1994.

Contains procedural steps for administration of selected hormonal methods and copper-bearing intrauterine devices (IUDs) intended to provide guidance for persons and organizations who are developing, updating or revising family planning procedural and service guidelines. Includes general recommendation concerning importance of addressing STDs within family planning care. Summarizes expert opinion on selected procedural questions in provision of each contraceptive. For each recommendation, scientific rationale is given and supporting research is cited. All data presented in easy-to-read tables.

Available in ***English*** and ***French*** from:
INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB #8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

Available in ***Portuguese*** and ***Spanish*** from:
JHPIEGO Corporation
Brown's Wharf
1615 Thames Street
Baltimore, Maryland 21231, USA.
Tel: 1-410-955-8558
Fax: 1-410-955-6199
E-mail: info@jhpiego.org

Technical Guidance/Competence Working Group, Gaines M (ed): *Recommendations for Updating Selected Practices in Contraceptive Use, Volume II: Results of a Technical Meeting*. Chapel Hill, NC, INTRAH, 1997.

Volume II supplements *Volume I*. Intended audience is persons and organizations developing or updating family planning/reproductive health procedural and service guidelines. Addresses Lactational Amenorrhea Method (LAM), natural family planning, barrier methods, voluntary sterilization, combined (monthly) injectable contraceptives, progestin-only pills, levonorgestrel-containing intrauterine devices (IUDs), emergency contraceptive pills and questions on *Volume I* methods not addressed in the first edition. Includes community-based services checklists for initiating combined oral contraceptives and Depo Provera®, guidance on client-provider interaction in family planning services, and information on contraceptive effectiveness (typical and perfect pregnancy rates) and STD risk assessment. ***French, Portuguese*** and ***Spanish*** editions forthcoming. Available in ***English.***

English and ***French*** from:
INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB #8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

Portuguese and ***Spanish*** from:
JHPIEGO Corporation
Brown's Wharf
1615 Thames Street
Baltimore, Maryland 21231, USA.
Tel: 1-410-955-8558
Fax: 1-410-955-6199
E-mail: info@jhpiego.org

Tietjen L, Cronin W, McIntosh N: *Infection Prevention for Family Planning Service Programs: A Problem-Solving Reference Manual.* Durant, OK, Essential Medical Information Systems, Inc., 1992.

Manual of procedures for infection prevention from handwashing to autoclaving presented in clear, step-by-step directions. General principles of infection prevention are followed by chapters focused on infection prevention in provision of specific family planning procedures such as sterilization, IUD, and NORPLANT® management. Includes many helpful tables of summarized information as well as simple drawings, diagrams and decision trees. Available in ***English*** from:

Essential Medical Information, Inc.
P.O. Box 1607
Durant, Oklahoma 74702-1607, USA.
Tel: 1-405-424-0643
Fax: 1-405-924-0643
E-mail: saleemis@emispub.co

Varney H: *Varney's Midwifery*, 3rd ed. London, Jones and Bartlett, Publishers International, 1997.

Basic textbook for midwives presented within context of midwifery in the USA. Includes primary care of women and midwife's role in collaborative management of complications. Excellent skills section containing step-by-step instructions with rationale for performing midwifery skills such as; pelvic assessment, delivery, IUD insertion, suturing, Pap smear, infant circumcision. Available in ***English*** from:

Jones and Bartlett Publishers, Inc.
40 Tall Pine Drive
Sudbury, Massachusetts 01776, USA.

Tel: 1-508-443-5000; toll free (North America): 1-800-832-0034
Fax: 1-508-443-8000
E-mail: info@jbpub.com

World Health Organization, Division of Family and Reproductive Health: *Counseling Skills Training in Adolescent Sexuality and Reproductive Health: A Facilitator's Guide*. Geneva, WHO, 1993.

Designed for use in five-day workshop training counselors in adolescent sexuality and reproductive health. Addresses sexual behavior, sexual difficulties, STDs, pregnancy prevention, difficult moments in counseling and integration of skills. Includes appendix of transparencies for use in training. Available in ***English***, ***French*** and ***Spanish*** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

World Health Organization, Division of Family and Reproductive Health: *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Initiating Use of Contraceptive Methods.* Geneva, WHO, 1996.

Intended for policymakers, family planning program managers and scientific community. Contains recommendations for revising family planning policies and prescribing practices in line with updated medical eligibility criteria supported by latest scientific evidence. Guidelines presented in an easy-to-read table format. Available in ***English*** and ***French.*** Forthcoming in ***Spanish*** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

World Health Organization, Division of Family and Reproductive Health: *Mother-Baby Package: Implementing Safe Motherhood in Countries*. Geneva, WHO, 1994.

Presents the elements of safe maternity care, breastfeeding, detection and management of complications. Describes, in table format, activities appropriate for different levels of health care facilities. Includes lists of monitoring indicators as well as drug and equipment lists. Available in ***English*** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

World Health Organization, Global Program on AIDS: *Management of Sexually Transmitted Diseases*. WHO/GPA/TEM/94.1 Rev.1, Geneva, WHO, 1997.

Standardized protocols for management of specific STDs and related syndromes including recommended and alternate drug treatment. Particularly helpful section comments on the individual drugs, noting interactions and possible substitutions. Available in ***English*** from:

World Health Organization (WHO)
Distribution and Sales
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: publications@who.ch

World Health Organization, Maternal Health and Safe Motherhood Programme, Division of Family Health: *Care of Mother and Baby at the Health Center: A Practical Guide.* Geneva, WHO, 1994.

Recommends lines of action for improving access to services and decentralizing maternal and newborn care. Defines essential functions, tasks and skills needed for comprehensive care of mothers and babies at first referral level. Covers normal care and life-saving emergency procedures. Describes integration of midwifery services through referral and support systems. Contains 23-page table defining exact procedures, skills, facilities, equipment and supplies needed for family planning, prenatal care, delivery care, postnatal care, abortion care, care of the healthy newborn, care of the sick newborn and management of sexually transmitted diseases, including HIV and AIDS. Provides advice on developing and maintaining a functioning referral system and discusses the necessary institutional support mechanisms for training, supervision and the provision of essential drugs and supplies. Addresses community support systems, with emphasis on training and retraining of traditional birth attendants, and defines 22 indicators for evaluating and monitoring the effectiveness of maternal care. Available in ***English*** and ***French*** from:

World Health Organization, (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

Yordy L, Johnson S, Winkler J: *MVA Trainer's Handbook*. (With an updated module on postabortion family planning compiled by Winkler J and Feldman K). Carrboro, NC, Ipas, updated February 1996.

This handbook is a guide for conducting a postabortion care training course based on manual vacuum aspiration (MVA) and contains all the necessary information for administering the course. It includes notes to the trainer about methods and how to conduct the session, objectives, content of the course, prerequisite skills, sample schedules, strategies for evaluation of the trainees and the course, a checklist of materials and equipment needed, lesson plans for each module including slides and masters for handouts, and a bibliography of related materials. Revised edition forthcoming in 1998. Current edition available in ***English, Portuguese*** and ***Spanish*** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

Youngkin EQ, Davis MS: *Women's Health. A Primary Care Clinical Guide*. Norwalk, CT, Appleton & Lange, 1994.

Presents a holistic approach to women's health care intended for non-physician providers. Contains selected common medical and psychosocial problems as well as reproductive health concerns. Written in a concise, outline format and provides for each problem the epidemiology, subjective data, objective data, diagnostic methods and a plan. Counseling and follow-up care guidelines are included. Second edition available January 1998 in ***English*** from:

Appleton and Lange Publishers
Order Processing Center
P. O. Box 11071
Des Moines, Iowa 50336-1071, USA.
Tel: 1-515-284-6761; toll free (North America): 1-800-947-7700
Fax: 1-515-284-6719

Zimmerman M, et al: *Developing Health and Family Planning Materials for Low-Literate Audiences: A Guide*, rev. ed. Washington, DC, PATH, 1996.

Presents guidelines for developing health and family planning print materials for illiterate or low-literate groups worldwide. Explains that print materials which are easy to understand and culturally appropriate can be used to support the interaction between health workers and clients. Includes examples of materials from various countries. Available in ***English*** from:

Program for Appropriate Technology in Health (PATH)
1990 M Street, NW
Washington, DC 20036, USA.
Tel: 1-202-822-0033
Fax: 1-202-457-1466
E-mail: info@path-dc.org

Appendix B:
List of Jobs and Major Tasks from the *SourceBook* Modules

The JOB covered in **Module 1** is to **counsel individual clients and couples to help them achieve their reproductive health goals**.

Major Tasks:

1.1 Apply effective communication and feedback skills to establish and maintain positive interpersonal relationships during FP/RH counseling and service delivery.

1.2 Apply basic guidelines, skills and process for counseling to assist individual clients and couples in making reproductive health decisions according to their age or life-stage needs, their health risk factors, their special life-circumstances and their preferences.

1.3 Use counseling skills to assist individual clients and their partners to identify and discuss sexuality issues and how they relate to FP, STI and HIV/AIDS prevention and other RH behaviors and decisionmaking.

The JOB covered in **Module 2** is to **provide family planning/reproductive health (FP/RH) education sessions for clients and groups**.

Major Tasks:

2.1 Identify appropriate clients/groups, locations to reach those clients/groups, relevant subject areas and appropriate messages for FP/RH education.

2.2 Identify informational needs of clients/groups and potential barriers to effective communication about FP/RH/sexuality issues.

2.3 Plan FP/RH education sessions for clients/groups.

2.4 Conduct FP/RH education sessions for clients/groups.

2.5 Evaluate FP/RH sessions for clients/groups.

The JOB covered in **Module 3** is to **provide the FP services that are appropriate for the provider's level of training, experience and the setting in which s/he works**.

Major Tasks:

3.1 Apply knowledge of reproductive anatomy and physiology to client counseling for choosing a contraceptive method; for the management of contraceptive side effects; and to other related RH care (e.g., postpartum, postabortion).

3.2 Explain the health and other benefits of FP for mothers, children and families.

3.3 Counsel clients to enable them to make informed choices of FP methods.

3.4 Describe for clients at various stages of their life cycle and in varying circumstances (e.g., postpartum, postabortion, after use of emergency contraception [EC]) the natural, hormonal, barrier, surgical and traditional FP methods and intrauterine contraceptive devices (IUDs), using the 13 point trainer's guide.

3.5 Refer clients for FP methods and FP/RH services not provided by the service site, according to the clients' preferences.

3.6 Take and record relevant aspects of the clients' socio-medical histories using the local agency FP/RH card. Supplement the card, as appropriate.

3.7 Perform relevant components of physical assessments for FP/RH clients, depending on the selected FP method or health problem.

3.8 Determine, with individual clients, the most appropriate FP method based on clients' informed choice, findings from history-taking and physical assessments, and consideration of the risks and benefits of the method and the clients' situation.

3.9 Correctly prescribe, dispense, administer or insert the method selected, following appropriate infection prevention procedures.

3.10 Instruct clients on the use of the selected FP method and further discuss the method's most common side effects.

3.11 Conduct routine follow-up for FP clients in a way that enhances continuing satisfaction and acceptance.

3.12 Help clients manage common side effects of contraceptive methods.

3.13 Manage contraceptive-related complications, and refer clients as necessary.

The JOB covered in **Module 4** is to **provide the basic maternal and newborn care services that are appropriate for the provider's level of training, experience and the setting in which s/he works**.

Major Tasks:

Maternal Health

4.1 Apply knowledge of the anatomy, physiology and psychology of normal pregnancy, labor and birth, and the postpartum to the education, counseling and care of the woman.

4.2 Take a health history and perform a physical examination of the woman during the antepartum, intrapartum and postpartum periods according to accepted standards.

4.3 Identify, with the woman, what maternal health (MH)/RH counseling, education and care is needed, based on the findings of health history, physical examination and other relevant considerations.

4.4 Provide MH/RH counseling, education and care related to any issues or problems identified with the mother in major task 4.3.

4.5 Refer the woman for additional MH education, counseling and/or care that the service site cannot provide, including care for the woman who is at risk for and/or having complications.

4.6 Record accurately and concisely findings from the health history and physical examination, including assessment and diagnosis; and all MH education provided.

Newborn Health

4.7 Apply knowledge of the anatomy and physiology of the normal newborn to education and counseling of the newborn's mother (or caretaker) and care of the newborn.

4.8 Take a newborn health history from the newborn's mother (or caretaker) and perform a newborn physical examination according to accepted standards.

4.9 Identify, with the newborn's mother (or caretaker), what newborn health education, counseling and care is needed, based on the findings of the newborn health history and physical examination and other relevant considerations.

4.10 Provide, in collaboration with the newborn's mother (or caretaker), appropriate newborn health education and counseling, and safe newborn care.

4.11 Refer the newborn's mother (or caretaker) and her newborn for additional care that the service site cannot provide, including care for the newborn who is at risk for and/or having complications.

4.12 Record accurately and concisely findings from the newborn health history and physical examination, including assessment and diagnosis; and all newborn health education, counseling and care provided.

Safe Motherhood and Child Survival

4.13 Provide education and counseling to women, their families and the community about how to promote safe motherhood and child survival.

The JOB covered in **Module 5** is to **provide the postabortion care services that are appropriate for the provider's level of training, experience and the setting in which s/he works**.

Major Tasks:

5.1 Apply knowledge of postabortion care and essential obstetric care for spontaneous or complicated induced abortion to offer appropriate client counseling, assessment, and treatment.

5.2 Apply knowledge of the physiology of abortion during the management of incomplete abortion.

5.3 Apply knowledge of the causes of abortion during postabortion counseling and treatment, including referral.

5.4 Use effective, interpersonal communication skills during all phases of postabortion care.

5.5 Assess the client's medical needs, including initial assessment and complete clinical assessment (medical history and examinations).

5.6 Determine the stage of abortion and appropriate treatment based on history, signs, symptoms and examinations.

5.7 Appropriately refer and transport a client needing treatment not available in the clinic.

5.8 Provide pain management, as appropriate.

5.9 Treat incomplete abortion, using manual vacuum aspiration (MVA) and post-procedural care.

5.10 Use infection prevention measures to maintain MVA instruments and other items.

5.11 Provide postabortion FP counseling and services.

5.12 Identify women who need postabortion care when they are seen for other RH services, and provide appropriate care.

The JOB covered in **Module 6** is to **provide and/or refer clients for selected reproductive health services.**

Major Tasks:

6.1 Provide RH education, counseling and care that are appropriate for **adolescents** and that relate to normal adolescent development, sexuality and psycho-social issues; responsible decisionmaking; and health care needs of adolescents.

6.2 Provide RH education, counseling and care for **women during the perimenopausal years** related to normal menopausal changes; mid-late life sexuality and fertility; health promotion/disease prevention; and health care needs of perimenopausal women.

6.3 Detect **selected gynecological problems** (such as amenorrhea, abnormal uterine bleeding, stress incontinence, urinary tract infection (UTI), vesicovaginal fistula, ectopic pregnancy), counsel and refer women for care, as necessary.

6.4 Provide education and counseling to individuals and groups about the consequences and prevention of **RTIs/STIs and HIV/AIDS**; and (according to local protocol) manage RTIs/STIs and HIV/AIDS, including recognition of RTIs/STIs and HIV/AIDS, counseling and treatment/referral of individuals and couples.

6.5 Provide care related to **breast cancer**, including screening, education, counseling and referral for further assessment and/or care.

6.6 Provide care related to **cervical cancer**, including screening, education, counseling and referral for further assessment and/or care.

6.7 Provide care related to **infertility**, including screening, education, counseling and referral for further assessment and/or care.

6.8 Provide RH education, counseling and care, including referral, to **preconceptional clients** in order to enhance their ability to have a healthy pregnancy in the future.

6.9 Detect, support, treat and/or refer young girls and women for complications of **female circumcision**, as appropriate to the situation, and sensitively provide education and/or counseling to young girls and their parents about the potential health consequences of female circumcision.

6.10 Detect, support, treat and/or refer women who are victims of **domestic violence**, as appropriate to the situation, and provide education and counseling to young girls, women and others about domestic violence.

Glossary*

* The glossary includes terms from Modules 1 through 6.

GLOSSARY

abnormal uterine bleeding — Any variation from the normal menstrual cycle pattern, including bleeding between menses, prolonged duration of menses, excessive or scant amount of bleeding, change in number of days between menses, or bleeding after menopause. Unexplained variations in a woman's bleeding pattern may be suspicious for disease.

abortion — Spontaneous or induced termination of a pregnancy before the fetus is viable (the definition of viability varies depending on a number of circumstances and is often described in terms of number of weeks gestation, weight and/or height below a certain cutoff).

abscess — A localized pocket of pus consisting of a collection of inflammatory cells, often containing bacteria.

acronym — A word formed from the first letter (or letters) of a name or phrase. Often written in capital letters (e.g., WHO, STI, MCH).

active management of third stage — A treatment routine which attempts to reduce postpartum blood loss by giving oxytocics with delivery of the anterior shoulder or whole body.

active phase of labor — The later part of the first stage of labor, when the cervix dilates from 3 to 10 cm. In this phase, the cervix is very thin and dilates faster than in the latent phase. (See also **latent phase of labor**.)

adolescence — Phase from late childhood to early adulthood characterized by development of secondary sex characteristics (breasts and body contours in girls; facial hair and voice changes in boys; pubic hair and rapid growth in both sexes); and by maturation of the sex organs (menarche in females, ejaculation in males). Sociocultural factors determine the ages of adolescence in a given society. In general, "adolescent" has been defined as including those aged between 10 and 19, and "youth" as those between 15 and 24; the term "young people" has been used to cover those between the ages of 10 and 24.

AIDS — Acquired Immunodeficiency Syndrome – a progressive, disease defined by a set of signs and symptoms (characterized by compromised immune response), caused by infection with HIV.
Fatal if untreated. (See also **HIV**.)

amenorrhea Absence of menstrual periods. Amenorrhea normally occurs during pregnancy and intensive lactation as well as after menopause. Amenorrhea may also occur as a result of stress, weight loss/ malnutrition, obesity, diseases, treatment with certain drugs, as a side effect of hormonal contraceptives or due to a uterine or vaginal outlet obstruction (genetic or due to trauma). **Primary amenorrhea** describes a condition in a woman whose menstrual periods have never begun; **secondary amenorrhea** is any amenorrhea in which menses appeared at puberty but later stopped appearing.

anaphylactic shock An extreme form of allergic reaction which causes swelling of the larynx (voice box, upper windpipe) and other tissues, accompanied by difficult breathing. A rapid heartbeat and faintness follow as blood vessels in the body's extremities open wide (stimulated by histamines). Death may occur if treatment (including adrenaline/ epinephrine) is not available.

anemia Lower than normal number of red blood cells. Red blood cells carry oxygen throughout the body using a molecule called hemoglobin (Hb). The amount of hemoglobin in the blood stream (Hg), the percent of blood which is red blood cells (hematocrit, Hct), or the number of red blood cells (RBCs) can all be used to test for anemia. Anemia can occur in women having excessive blood loss during menses and childbirth, and a diet low in iron. Many parasitic infections (e.g., malaria) also cause anemia. Protein, iron, vitamin B_{12} and folate (folic acid) are important in building red blood cells.

anovulation The absence of ovulation (release of the ovum), usually resulting in irregular or absent menses. It normally occurs during pregnancy, during intensive lactation, during use of most hormonal contraceptives and after menopause.

antenatal Before birth. (See also **prenatal**.)

antepartum Before delivery. The antepartum period is divided into three trimesters of approximately 13 weeks each.

antepartum hemorrhage Vaginal bleeding in late pregnancy, occurring after the 28th week of gestation and before the onset of labor. Usually caused by placental separation due to placenta previa or placental abruption.

antibiotic A medication that helps fight infection (usually antibacterial, to fight bacteria). May be taken by mouth or injection for systemic infections or used topically for infections of the skin.

assessment In general discussions, assessment is often used interchangeably with evaluation. However, in the field of educational testing, assessment refers only to the process of making observations and measurements and excludes making judgments based on the results of these measures. (See also **evaluation**.)

bacterial vaginosis A syndrome in which several species of vaginal bacteria overgrow and replace the normal lactobacilli, producing vulvovaginitis symptoms with a fishy smelling discharge and an elevated vaginal pH. It is a sexually associated condition, but is not usually considered a sexually transmitted infection.

bargaining power The ability to control or influence others while negotiating the terms of an agreement. Requires the ability to present facts openly and confidently with the intention of persuading/convincing the listener to believe and agree with the speaker.

barrier method Any contraceptive method that works by blocking the sperm from reaching the egg. Male and female condoms, diaphragms and cervical caps create a physical barrier. Spermicides, dispensed in cream, gel, foam, suppositories, foaming tablets, and film, rely primarily on a chemical barrier. Barrier methods are often used in combination (e.g., diaphragms and spermicides).

Bartholin's glands Two small mucus-producing glands on either side of the lower part of the vagina, similar to Cowper's glands in the male. They are generally thought to contribute to vaginal secretions. They provide sites or reservoirs of infection in sexually transmitted infections.

basal body temperature method A method of natural family planning (NFP) that uses the woman's basal body temperature (the temperature of the body at rest) to identify the infertile phase of the menstrual cycle after ovulation has occurred. This information is used to plan intercourse and abstinence so as to achieve or to avoid pregnancy. (See also **fertility awareness**, **natural family planning**.)

Billings method See **mucus method**.

brainstorming A group problem-solving or training technique that involves the spontaneous contribution of ideas, questions and proposed solutions from all members of the group.

breaking the silence Speaking out when silence, secrecy or denial is socially acceptable.

breast cancer A life-threatening, progressive disease in which normal cells in the breast are transformed into abnormal (malignant) cells. For most women, breast cancer is first noticed as a lump in the breast (most breast lumps are benign). Other signs include a change of size/shape or thickening of the breast; dimpling of the skin; nipple inversion (becomes turned in); clear, yellow or blood-stained discharge from nipple; persistent irritation of or rash on nipple or surrounding area; swelling in armpit. Self-breast exams and mammography improve the chances of early detection. The earlier breast cancer is diagnosed and treated, the better the long-term prospects. Treatment used depends on a number of factors including the type of cancer, stage of the disease and general health of the patient. Treatments include surgery, radiotherapy, hormone therapy and chemotherapy (used alone, or in combination). (See also **cancer**.)

breastfeeding Nursing a child from the breast. Breastfeeding is generally beneficial for all mothers and babies. Infants breastfed through the first year of life (with supplemental foods after six months) have fewer episodes of diarrhea and lower mortality. Fully or nearly fully breastfeeding suppresses ovulation and, in amenorrheic women, produces reliable temporary infertility. (See also **Lactational Amenorrhea Method**.)

calendar method/ rhythm method A family planning method in which the fertile phase of the menstrual cycle is determined by calculating the length of at least six previous menstrual cycles and estimating the fertile days, by balancing the shortest and longest cycles. When used alone, the calendar method may be unreliable, especially for women with irregular menstrual cycles, and may be overly restrictive for some couples. (See also **fertility awareness**, **natural family planning**.)

cancer A group of diseases in which there is a transformation of normal cells into abnormal cells which are malignant. The malignant (cancerous) cells reproduce more rapidly than normal cells, invade and destroy normal tissue and sometimes spread to other parts of the body. Most cancers are due to a combination of environmental factors (e.g., viruses, chemical exposures) and the individual's genetic (family) background. (See also **breast**, **cervical** and **endometrial cancer**.)

cannula A flexible tube inserted into a body opening or passage during medical procedures, such as manual vacuum aspiration or intravenous infusion.

cephalopelvic disproportion Describes the relationship between the fetal head and the mother's pelvis when the head of the fetus cannot pass through the birth canal (pelvic opening) either because the head is too large or is not in the correct position.

cervical cancer A progressive disease in which normal cells in the cervix are transformed into abnormal (malignant) cells. In the early stages, cervical cancer usually has no symptoms, however, visual inspection of the cervix and screening using the Pap smear test can be used to detect changes in the cells (CIN– cervical intra-epithelial neoplasia) which may progress to cancer. Later symptoms may include abnormal bleeding (between periods and after intercourse). The human papilloma virus (HPV*)* is associated with 90% of cervical cancer cases. Risk factors include multiple sexual partners, or partners with multiple partners, first intercourse at an early age, non-use of barrier methods and smoking. Treatment used depends on a number of factors and may include surgery, radiotherapy and chemotherapy (used alone, or in combination). (See also **cancer**.)

cervical cap A small, cup-shaped, latex cap which fits over the cervix and is held in place by suction. It is used as a barrier contraceptive during intercourse to prevent sperm from entering the uterus. It is usually recommended that caps be used with a spermicide.

cervical mucus method See **mucus method**.

Cesarean section (Caesarean) An operation to remove the fetus through an incision in the abdominal wall and uterus.

chancre The primary lesion of syphilis which develops at the site of the entrance of the organism into the body. It appears as a small, solid, raised lesion of the skin which gradually becomes a reddish ulcer with a yellow-like discharge. It is usually painless and disappears spontaneously. However, unless treatment for the disease is begun, the organism progresses through the lymphatic system to affect all parts of the body. (See also **syphilis**.)

chancroid A disease characterized by a small, painful, raised, soft lesions or sores on the genitals which break down rapidly to become shallow ulcers, which are soft with gray-colored discharge. Infection is caused by the bacteria, *Haemophilus ducreyi*, and is primarily sexually transmitted. In addition to the sores and ulcers, the lymph nodes in the groin may become tender and form an abscess. Chancroid and the chancres of syphilis may be difficult to tell apart.

chlamydia An infection caused by the organism, *Chlamydia trachomatis*. In women, causes cervicitis (infection of the birth canal) and salpingitis (infection of the fallopian tubes) and is a major cause of pelvic inflammatory disease and infertility. Women are most often asymptomatic, although some experience vaginal discharge, bleeding between periods, pelvic pain, fever, dysuria (frequency and urgency to urinate), or painful sexual intercourse. In men, chlamydia primarily causes urethritis and can lead to sterility if not treated. Men may also be asymptomatic although some report a discharge from the penis and burning upon urination. Infants born to infected mothers can acquire the infection and develop a serious eye infection and pneumonia.

chorioamnionitis Inflammation (swelling and redness) of the chorion (the fetal membrane that forms the fetal part of the placenta) and amnion (the innermost fetal membrane which forms the fluid filled sac) usually due to infection. It is the inflammation of all the amniotic sac (bag of waters).

circumcision In the male, the removal of all or a part of the prepuce or foreskin of the penis. In the female, there are three types of genital operations that involve the partial or total removal of the clitoris or the labia (lips) of the vagina. (See also **female circumcision**.)

CLEARRS An acronym that refers to the verbal communication skills used during counseling: **C**larification; **L**istening actively/allowing client to finish speaking; **E**ncouragement/praise; **A**ccurate reflection or focusing of the discussion; **R**epetition/using paraphrasing; **R**eacting to non-verbal communication (of the client); **S**ummarizing (and ensuring a common understanding of the discussion).

client education A participatory process used to explain facts to a client that allows the client to make decisions to help her/him change their behavior or take a course of action. Client education may be included as part of a counseling session. It may take place with an individual client or with a group of clients.

climacteric The transition years between reproductive ability and its ending (menopause) during which reproductive hormone levels and ovarian function decrease. Although men experience some of the psycho-social elements of the climacteric, as well as the physiologic consequences of aging, they do not experience a comparable hormonal transformation of body functions and secondary sex characteristics. (See also **perimenopause**.)

clitoridectomy/ clitorectomy The partial or total removal of the clitoris. (See also **female circumcision**.)

closed-ended question — A question for which there is a pre-determined or limited number of responses (e.g., Are you satisfied with the duration of this workshop? yes or no).

collaboration — Working toward a common goal with other persons or groups, especially those from different areas of experience. The purpose of collaboration is to obtain a broad understanding of the problem and incorporate a diversity of views in developing a plan and/or providing a service.

colostrum — A clear thin, yellow, milky fluid secreted by the breasts a few days before or after the birth of a baby before milk comes in. Beginning breastfeeding immediately after birth is extremely beneficial because in the colostrum the infant receives fluid, calories, protein, and substances which protect the infant from many diseases. Early suckling promotes secretion of milk.

combined injectable contraceptives (CICs) — Combined estrogen and progestin hormones that are injected intramuscularly every 30 days to prevent pregnancy (e.g., Cyclofem and Mesigyna).

combined oral contraceptives (COCs) — The most common kind of oral contraceptive; contains both estrogen and progestin. COCs are available in 21 or 28-day pill packs. The 21-day packs contain only active pills (hormone-containing); women are instructed to take a seven day break between packs. The 28-day packs are designed to help make pill taking easier to remember by including 7 placebo or iron pills along with the 21 active pills.

community-based distribution (CBD) — Provision of contraceptive or other services and products in communities and urban areas in order to improve the availability and accessibility of information, services and supplies. CBD is especially appropriate for communities that are geographically isolated and poorly served or covered by fixed site, clinic-based services; where there are cultural barriers to use of services; and where there is a demonstrated demand for services which is not being met.

complete abortion — Expulsion of all of the products of conception from the uterus. (See also **incomplete**, **threatened**, **inevitable** and **missed abortion**.)

complications — A secondary disease, process, event, or condition developing in the course of a primary disease or condition (e.g., an abruption is a complication related to pregnancy and delivery).

conception — A process that begins with the union of sperm with ovum (fertilization) and ends with implantation, usually in the uterus.

condoms Sheaths or coverings, worn on the penis or in the vagina during coitus, to prevent pregnancy or sexually transmitted infections, including AIDS. Condoms for men collect all secretions, including sperm, and prevent their entry into the vagina. They also prevent vaginal secretions from contacting the penis. Less common than condoms for men, condoms for women line the vagina and the labia and serve the same purpose. For added protection, condoms may be used with spermicidal cream or jelly.

condyloma/ condylomata Wart-like skin growth which may appear on the internal and external sex organs or anus. *Condyloma acuminata* is a sexually transmitted condition caused by the human papillomavirus (HPV). HPV infections may lead to cervical, vulvar, and penile cancer. Also called venereal warts, HPV warts and genital warts. *Condyloma acuminata* may be confused visually with *Condyloma lata* (flat condylomata), a moist wart-like growth due to syphilis.

consensus Reaching general agreement (developing a collective opinion) among or by a group of people.

consequences Following, as a result/effect of (e.g., lung disease is a potential consequence of smoking).

consultation Deliberately seeking out a colleague to request/provide advice or an opinion to ensure there is a comprehensive/common understanding of a particular subject (e.g., diagnosis or treatment in a particular case).

counseling A dynamic, interactive process of assisting clients to make voluntary, informed decisions. The process allows clients to explore needs, issues or problems, express their thoughts and feelings, and acquire relevant information so that they can objectively consider options and make a decision that reflects the context of their life situation.

criteria In the context of training and program management/evaluation, characteristics, concepts or properties that are examined when making a judgment about performance, activity, programs or projects. Once criteria are established, a standard defining an acceptable level or range of performance or quality must be set for each criterion.
(See also **eligibility criteria**.)

cross-infection The spread from one host to another of an infective agent. Sources could include contaminated hands and/or clothes, infected skin wounds or inadequately sterilized equipment. Also known as transmission of infection.

crowning Describes the stage of childbirth when the largest diameter of the baby's head is visible at the vaginal opening. Once crowning occurs, delivery is imminent.

cultural norms A set of ideas, values, beliefs and expectations about behavior shared by members of the same society at a particular time (e.g., gender/sex roles and sexuality are influenced by cultural norms).

curriculum An instructional master plan that specifies the scope and standards of practice to be achieved, the competencies to be acquired and the means for evaluating performance during an instructional program.

cystocele A protrusion of the urinary bladder through the vaginal wall. It sometimes occurs after a particularly difficult delivery.

cytology/ cytologic The study of the structure and appearance of cells including the anatomy, physiology and chemistry of cells. A cytologist studies cell structure and evaluates laboratory specimens to look for abnormal cells. (See also **Pap smear**.)

decontamination Process that destroys easily-killed viruses (such as HIV), and other microorganisms. Permits safe contact between instruments/objects and intact (unbroken) skin. (See also **disinfection**, **sterilization**.)

dehydration A condition that results from excessive loss of fluid from the body through severe diarrhea, vomiting, fever or insufficient fluid intake.

Depo Provera® An injectable progestin (synthetic hormone) given to women that prevents pregnancy for three months: an injectable form of medroxyprogesterone acetate (DMPA).

diaphragm A barrier contraceptive device made of soft rubber (or soft plastic) that is fitted into the vagina to block access to the cervix. It is dome-shaped with a flexible rim. It should be used with a spermicidal cream or jelly.

dilation and curettage (D&C) A procedure that involves dilating (enlarging the opening of) the cervix and removing the contents of the uterus by scraping the uterine walls with a metal curette. It is sometimes used in the management of abnormal uterine bleeding or in the treatment of incomplete or spontaneous abortion (although it is not the first choice approach).

dimpling An indentation in the flesh caused by retraction or tightening of the tissues underneath the skin. May be caused by scar tissue, trauma or underlying disease (e.g., breast cancer pulling on the skin of the breast).

disinfection (high-level) Process that destroys all live microorganisms except bacterial endospores. Because normal mucus membranes are resistant to infection by common bacterial endospores, high-level disinfection is sufficient for objects that will touch mucus membranes or broken skin. (See also **decontamination**, **sterilization**.)

domestic violence Physical, sexual and/or emotional abuse by an intimate partner or relative. (See also **physical abuse**, **sexual abuse**, **emotional abuse**.)

dysfunctional Abnormal, inadequate or impaired functioning.

eclampsia A dangerous condition occurring in antepartum, intrapartum or postpartum women characterized by convulsions and coma. Associated with hypertension, edema and proteinuria (the presence of protein in the urine). (See also **pre-eclampsia**, **pregnancy induced hypertension**.)

ectopic pregnancy A pregnancy occurring outside the uterus, most commonly in the fallopian tubes. It is an emergency condition requiring immediate medical investigation and treatment at a facility where surgery can be performed.

effacement The process during which the cervix, which is usually long and thick, becomes shortened and thin. This process begins prior to labor and is completed during labor. Effacement is necessary for the cervix to dilate completely. The process of cervical dilation and effacement usually occur together and are facilitated by contractions. (See also **latent phase of labor**.)

effect(s) In the context of evaluation, the immediate or short-term changes or consequences produced by a program, project or activity (e.g., the expected effects of training 15 nurses in FP counseling is an increase in the nurses' FP knowledge and counseling skills and improved job performance). (See also **impact(s)**.)

eligibility criteria In the context of family planning, refers to conditions (also called absolute or relative contraindications) which may make a person medically ineligible to safely use a given contraceptive method.

emergency contraception Refers to measures taken after unprotected intercourse in an effort to prevent an unintentional pregnancy from occurring. Two contraceptive methods are currently used as emergency contraception: a special dose of some types of contraceptive pills (COCs and POPs) and the IUD.

emotional abuse Mistreatment of another person by actions such as humiliation, insults, threats, isolation and/or limitation of their control of life decisions.

endometrial cancer A progressive disease in which normal cells in the endometrium (the lining of the uterus) are transformed into abnormal (malignant) cells. Early signs and symptoms include irregular vaginal bleeding (i.e., between menstrual periods or after sexual intercourse) or return of vaginal bleeding after menopause. No regular screening technique is used, however, biopsy is indicated if any of these symptoms occur. Risk factors include obesity, nulliparity and menopause over the age of 52 years. COCs can help prevent endometrial cancer. Treatment used depends on a number of factors and may include surgery, radiotherapy, hormone therapy, and chemotherapy (used alone, or in combination). (See also **cancer**.)

episiotomy A cut made in the perineum (the area between the vaginal and rectal openings) when the baby's head is crowning, to facilitate delivery and to avoid tearing of the perineum.

evaluation The process of collecting, analyzing and interpreting data on an activity, program or project for the purpose of decisionmaking. The data are compared to standards or a previous status in order to make judgments about the merit or value of the program, project or activity. (See also **assessment**, **standard**, **training evaluation**.)

excision In the context of female circumcision, describes a procedure where the clitoris is totally removed along with partial or total removal of the labia minora and labia majora, without closing the vulva.
(See also **female circumcision**.)

experiential learning cycle A process used in participatory training sessions for the purpose of linking training to real life. Trainees are encouraged to express their feelings and opinions and draw on previous life experiences. They receive immediate feedback on their progress. The process has eight steps including: climate setting/introduction, session objectives, interactive presentation, experience, processing, generalizing, applying, closure. (See also **Chapter 3.2** in this User's Guide.)

eye ointment A medicated ophthalmic cream typically containing antibiotics. For use with newborns to prevent infections that can lead to blindness, 0.5% erythromycin or 1% tetracycline are common (e.g., Ilotycin, Latycin).

facilitator A person who assists, encourages, and supports a group of people in a participative way to learn or work together, make decisions, and/or resolve conflict for the purpose of achieving a common goal.

family planning A philosophy, concept, program, and methods and techniques that enable individuals and couples to plan their pregnancies and childbearing intervals.

feedback Refers to the flow of information that allows individuals involved in two-way communication to confirm that the information shared is understood as intended. Although a basic part of all communication, feedback can be purposely used in training and supervision to modify, correct and strengthen performance and results. When used in counseling, techniques like active listening purposefully use feedback to improve understanding between a provider and a client.

female circumcision The traditional practice, among some cultural groups, of cutting off some parts of a female's external genitalia. There are different types of circumcision, depending on what part of the genitalia is affected. There are also many potential, serious physical and psychological/ emotional complications of this practice. Also known as female genital mutilation (FGM). For more specific information, see **clitoridectomy**, **excision**, and **infibulation**.

fertility awareness An understanding of and ability to accurately identify and interpret the signs, symptoms and patterns of fertility throughout the menstrual cycle and apply this knowledge to oneself. Natural family planning methods depend upon a woman identifying those days during each menstrual cycle when intercourse is most likely to result in a pregnancy. The "awareness of fertility" can be used effectively with three different practices during the fertile time to avoid pregnancy: withdrawal, barrier method use or abstinence. It can also be used to time intercourse to achieve pregnancy. (See also **natural family planning**.)

field-test In the context of materials' development, a means of assessing a material's readability, usability and applicability for a specific audience in the setting where the materials are intended to be used. Results of the field-test are then used to correct or improve any parts of the material that may impede or impair its effective use.
(See also **pre-test**.)

fistula An abnormal duct or passage from an abscess, cavity, or hollow organ leading to the body surface or to another hollow organ (e.g., a vesicovaginal fistula is an abnormal connection from the bladder to the vagina usually due to prolonged labor and delivery). (See also **vesicovaginal** and **rectovaginal fistula**.)

fontanelle The soft spots on the top and at the back of a young baby's head. The **anterior fontanelle** is the diamond-shaped membranous space on the front part of the head at the meeting of four suture lines. The **posterior fontanelle** is the small triangular membranous space on the back part of the head at the meeting of three suture lines.

GATHER An acronym used to describe six elements used while counseling clients for informed choice of family planning methods. The elements include: **G**reeting the clients, **A**sking clients about their family planning needs, **T**elling clients about available methods, **H**elping clients decide which methods they want, **E**xplaining how to use the method chosen and the planning of **R**eturn visits.

gender/sex roles Standards and expectations of behavior (created by society) that are deemed appropriate either for males or females; attitudes and attributes that serve to further differentiate men from women, beyond obvious physical differences.

genital ulcer A loss of continuity of the skin of the genitalia. May be painful or painless and are frequently accompanied by inguinal lymphadenopathy (disease of the lymph nodes in the groin). Usually caused by sexually transmitted infections (i.e., syphilis, herpes, chancroid).

genital warts See **condyloma**.

goal A desired long term, general condition which a program, project or training activity can help attain. Reaching a goal is facilitated by achieving program, project or training/instructional objectives.
(See also **objective**.)

gonorrhea A contagious disease caused by the bacterium *Neisseria gonorrhoeae.* It is transmitted chiefly by sexual intercourse with an infected person or from mother to infant by passage through an infected birth canal. Women may be asymptomatic although some experience an abnormal vaginal discharge, menstrual irregularities, pelvic pain, fever, dysuria (frequency and urgency to urinate). A heavy yellow-green purulent discharge at the cervical os may be observed. Can cause pelvic inflammatory disease. Men may be asymptomatic or may show symptoms including dysuria and purulent urethral discharge. If untreated, it can result in infertility in both sexes, and severe eye infection (ophthalmia) in newborns.

granuloma inguinale/ granuloma venereum/ Donovanosis A disease caused by the bacterium *Calymmatobacterium granulomatis*; transmitted through sexual contact or acquired non-sexually by exposure of broken skin to an infectious lesion. It is characterized by single or multiple subcutaneous nodules (granulomas) that erode to form ulcers. It is formerly called Donovania granulomatis.

hemorrhage Excessive bleeding, from torn/ruptured blood vessels or normal blood vessels with other bleeding problems (e.g., uterine atony, blood clotting abnormality). Can be external, internal or into the skin or other tissues. Blood from arteries is bright red and comes in spurts. Blood from veins is dark red and comes in a steady flow.

hepatitis B virus (HBV) Virus causing inflammation of the liver, liver damage and liver cancer. Transmitted through blood and blood products (e.g., transfusions and contaminated needles); body fluids (e.g., semen during intercourse); and vertical transmission (e.g., from mother to infant at delivery).

herpes Commonly refers to an inflammatory skin disease caused by the herpes simplex virus (HSV) that is characterized by the formation of small blisters in clusters on the skin, typically around the mouth and genitals. The blisters rupture and form shallow ulcers that can be very painful but resolve and leave minimal scarring. It is transmitted by direct contact with an infected person, through kissing or sexual intercourse, and infected women can transmit it to their fetus *in utero* and during vaginal delivery causing a systemic disease (with high mortality) or a local infection. At present, there is no cure but it can be treated and symptoms reduced. It can recur in cycles and is more severe in immunocompromised persons.
Note: Technically, herpes is a large family of viruses.

high-risk conditions/ behaviors Behaviors or conditions which cause a person to be more likely than average to be infected, contract a disease or develop complications due to behavioral or medical conditions.

HIV Human Immunodeficiency Virus – the virus that causes AIDS. It causes a defect in the body's immune system by invading, multiplying in, and then destroying a specific type of white blood cell (CD4). Transmitted through body fluids (semen, vaginal secretions, blood) during sexual contact (oral, anal or vaginal intercourse), through contaminated needles (especially during intravenous drug use*)* and surgical instruments, by contaminated blood products (especially transfusion with infected blood) and from mothers to a fetus *in utero* or during birth and sometimes through breastmilk. (See also **AIDS**.)

hormonal contraceptive Any contraceptive containing an estrogen or a progestin (e.g., pills, some IUDs, injections or implants).

hormone replacement therapy Estrogen and progestin, that may be taken during the perimenopause and after the menopause, to replace the declining ovarian reproductive hormones. The form of estrogen and progestin is different than the hormones used for contraception.

human papilloma virus (HPV) A category of viruses which include those causing papillomas (small nipple-like protrusions of the skin or mucous membrane) and warts (condylomata) in humans. (See also **condylomata**.)

impact(s) The long-term, less immediate changes or consequences produced as a result of the effects of a program or project. (See also **effect(s)**.)

incidence The number of new events or cases of a disease or a condition arising in a given population over a period of time. (See also **prevalence**.)

incomplete abortion Bleeding and/or cramping with cervical dilation and expulsion of part, but not all, of the pregnancy tissue (retained products of conception). Incomplete abortion may be diagnosed either as the result of a spontaneous abortion or as the result of attempts to terminate the pregnancy. (See also **complete**, **threatened**, **inevitable** and **missed abortion**.)

incontinence Inability to prevent the discharge of urine or feces, or both.

induced abortion Termination of a pregnancy before the fetus is viable. Occurs as a result of deliberate interference which may be medical, surgical or result from the use of herbal preparations or other traditional practices which cause the uterus to expel or partly expel its contents. (See also **spontaneous abortion**.)

inevitable abortion Bleeding and/or cramping during pregnancy, as in threatened abortion, with the addition of cervical dilation. (See also **threatened**, **incomplete**, **missed** and **complete abortion**.)

infertility The inability to achieve pregnancy after one year of trying to do so when the partners are having frequent sex without contraception. **Primary infertility** is used to indicate a couple who have never achieved pregnancy. **Secondary infertility** is the inability to achieve pregnancy in a couple who have previously achieved pregnancy, even if the pregnancy ended in spontaneous abortion.

infibulation A procedure that involves the removal of the clitoris, the labia minora and most of the labia majora, stitching together the wound edges of the labia majora to create a scarred surface. A small opening is left to allow passage of urine and menses. (See also **female circumcision**.)

informed choice The application of information and experience to decisionmaking about selection of a contraceptive method, participation in a study, use of an experimental drug or other situations where choice is related to degrees of risk. (See also **Module 3**, **Appendix A**.)

injectable contraceptives Hormones that can be injected intramuscularly for contraception. There are two types: progestin-only injectables (e.g., Depo Provera® and Noristerat®) and combined injectables, which include both an estrogen and a progestin (e.g., Cyclofem and Mesigyna). (See also **combined injectable contraceptives (CICs)**, **Depo Provera®**.)

instrument In the context of training and evaluation, a form for collecting and recording data. Instruments used in training evaluations include tests, checklists, questionnaires and interview forms.

interpersonal communication A two-way communication between two or more persons for purposes of information exchange, counseling or education.

interpersonal relationships Interactions, attitudes and feelings existing between or among persons who relate to each other professionally, socially or personally on a long-term or temporary basis. Effective verbal and non-verbal communication skills contribute to positive interpersonal relationships that permit development of mutual respect, cooperation and trust.

interview A method for collecting data in which one person asks questions of another person or of a group. Interviews are often used to collect data when questions are complex or sensitive, when probing questions will be asked or when participants cannot read or write. Interviews require skilled interviewers and take more time than some other data collection methods.

intrapartum During labor and delivery.

IUD Intrauterine Device – A device inserted into the uterus to prevent pregnancy. A variety of IUDs are used; most are made of plastic with an additional active agent, such as copper or a progestin. Sometimes referred to as an IUCD – intrauterine contraceptive device.

intrauterine growth retardation (IUGR) Used to describe a fetus who does not grow normally *in utero* and as a result is small for gestational age. May result from maternal factors as when the mother is malnourished or smokes; fetal factors such as congenital infection or chromosomal abnormalities; or placental factors such as a minor abruption, a poor implantation site or decreased blood flow. Infants born with IUGR may experience a variety of life-threatening conditions resulting in an increase in perinatal mortality.

job description A document that provides a description of the duties, responsibilities, activities and supervisory relationships for a specific job or position.

Kegel exercises An exercise used during pregnancy and after delivery to strengthen relaxed pelvic muscles and strengthen the pelvic floor to prevent or treat urinary stress incontinence. Description of the exercise: slowly tighten the muscles that would prevent defecation or urination, hold while counting to six then slowly release or relax. Repeat this exercise 40 to 100 times each day.

knowledge A framework of interrelated concepts and facts that give meaning to events, support new insights and problem-solving efforts, and guide the application of skills. (See also **skills**.)

laceration A torn or jagged wound.

Lactational Amenorrhea Method (LAM) — A method of family planning that relies on, or uses, the absence of ovulation (anovulation) which results from intensive breastfeeding patterns. Three criteria enable women to determine their risk of pregnancy during this state of infertility. LAM guidelines require that all three of these criteria be met: 1) a breastfeeding woman must be without menses since delivery (amenorrhea), 2) a woman must fully or nearly fully breastfeed, and 3) the infant must be less than six months old.

last menstrual period (LMP) — The first day of the last normal menstrual period. Used as the baseline for determining gestational age and the estimated date of delivery. Also used to estimate the size of the uterus when the uterus is not easily palpable.

latent phase of labor — The early part of the first stage of labor; the cervix dilates 0 to 3 cm and effacement (shortening of the cervix) occurs. (See also **effacement**, **active phase of labor**.)

life situation — In the context of reproductive health, life situation refers to life stage (e.g., pre- or post-menopausal, adolescence), special life circumstances (e.g., subjected to domestic violence, having been circumcised), and other unique situations which affect the FP/RH services and counseling a client will need.

lochia — The discharge from the vagina of blood, mucus and tissue emanating from the uterus following childbirth during uterine involution.

lympho-granuloma venereum (LGV) — A sexually transmitted disease caused by a strain of *Chlamydia trachomatis* which affects the lymph organs in the genital area. The primary lesion is a painless vesicle (sac containing liquid) or ulcer at the site of infection. Enlargement and inflammation of the lymph nodes (bubos), a sensation of stiffness, and aching in the groin are common symptoms although some clients are asymptomatic.

manual vacuum aspiration (MVA) — A procedure to remove the contents from the uterus (e.g., retained products of conception after an abortion or miscarriage, endometrial tissue for biopsy). The uterine contents are removed through a cannula using suction provided by a manually-operated syringe.

marasmus — Wasting away of the body over time, especially in children who are undernourished due to a diet deficient in calories and proteins.

mastitis — Inflammation of the breast. Characterized by swelling, pain and redness. Commonly occurs after childbirth either as an infection through cracks on the nipple or congestion of the glands with milk. May temporarily impair a woman's ability to breastfeed. May also occur at other times in a woman's life due to fibrocystic breast disease or as a secondary effect of other conditions.

maximizing access and quality (MAQ) An initiative of the United States Agency for International Development to improve both the quality of, and client access to, FP/RH services using interventions in a variety of areas including strategy; service policies, standards and procedures guidelines; management and supervision; training; information, education, and communication.

meconium A dark green material present in the intestines of the full term fetus. This is the first stool that is passed by the baby. The passage of meconium during labor can result in respiratory problems in the infant due to meconium aspiration (meconium in the infant's lungs).

menopause The stopping of menstruation; the last episode of menstrual bleeding. A menstrual period is determined to have been the woman's last after she has passed one year without menses.

menses/ menstruation The monthly vaginal discharge of blood and tissues from the endometrium (uterine lining) of the non-pregnant woman.

menstrual cycle The monthly preparation of a woman's body for a possible pregnancy. It consists of three phases: 1) the menstrual (bleeding) phase, 2) the estrogen (proliferative or follicular) phase, and 3) the progesterone (secretory or luteal) phase. The cycle occurs about every 28 days if there is no pregnancy.

midwife A person trained and qualified to provide care for mothers during pregnancy and labor, conduct deliveries, and care for mother and newborn during the postpartum period. The midwife's training and qualification may extend to the provision of other reproductive health services and the care of infants including health promotion, prevention and detection of abnormal conditions, procurement of medical assistance for complications and execution of emergency measures in the absence of medical help.

miscarriage A term meaning spontaneous abortion.
(See also **spontaneous abortion**.)

misconception In the context of communication, incorrect interpretation or misunderstanding of a message.

missed abortion Fetal demise with delayed expulsion of the tissue. With missed abortion, the uterus does not increase in size and may decrease in size because the fetus is not growing. Retention of non-viable tissue may cause coagulation problems. (See also **threatened**, **incomplete**, **inevitable** and **complete abortion**.)

mother-baby package — A WHO-fostered initiative that brings together a cluster of interventions to reduce maternal and neonatal deaths and disabilities including family planning, antenatal care, clean and safe delivery and essential obstetric care.

mucopurulent cervicitis — A condition characterized by a discharge from the cervical canal that contains both mucus and pus, which may not be noticed by the woman or may be perceived as normal vaginal discharge. It is a sexually transmitted infection caused by *Chlamydia trachomatis*, *Neisseria gonorrhoeae* and/or other STIs, which also cause urethritis in men. Potential complications include pelvic inflammatory disease (PID), infertility, pelvic abscesses, spontaneous abortion and transmission of infection to infant during delivery.

mucus method — A method of natural family planning also called the Billings or ovulation method. Changes in the character and appearance of cervical secretions and the cervix occur just before ovulation. By observation of these changes, a woman can determine when she is most likely fertile during her menstrual cycle. (See also **fertility awareness**, **natural family planning**.)

mucus show (show) — A pink or blood tinged mucus which is discharged prior to the beginning of labor and/or just after labor begins.

multipara — A woman who has borne two or more children (includes infants born alive or stillborn, that were more than 20 weeks gestation at delivery).

natural family planning (NFP) — Methods for planning and preventing pregnancies that are based on observing the naturally occurring signs and symptoms of the fertile and infertile phases of the menstrual cycle. To avoid pregnancy, couples using natural family planning methods avoid intercourse during the time in the menstrual cycle when the woman is apt to be fertile. Several methods for determining fertile/non-fertile days have been developed. (See also **basal body temperature method**, **calendar method**, **mucus method**, **sympto-thermal method**, **fertility awareness**.)

needs assessment — A systematic study of individuals, groups or organizations to identify gaps between existing and expected conditions. (See also **training needs assessment**.)

nodularity — The presence of small lumps or knots in a body tissue. May be pathologic (abnormal) or physiologic (normal).

non-contraceptive benefit — Favorable health effects for users of various family planning methods (e.g., protection from STIs offered by condoms, ovarian and endometrial cancer protection offered by combined oral contraceptives).

NORPLANT® Implants — Small tubes containing a synthetic progestin hormone (levonorgestrel) which are inserted into a woman's arm by trained health care provider and prevent pregnancy for five years.

nullipara — A woman who has not carried a pregnancy beyond 20 weeks gestational age.

objective — An expected result or accomplishment which is Specific, Measurable, Attainable, Reasonable and Time-bound (SMART). (See also **goal**.)

ovulation method — See **mucus method**.

oxytocic — Term applied to substances which stimulate contractions of the uterus in order to induce or accelerate labor, or to prevent or treat postpartum hemorrhage. They are naturally secreted by the posterior pituitary (e.g., when the baby nurses) or can be synthetic (man-made).

Pap smear — A screening test where cells of the uterine cervix are examined microscopically for evidence of cancer or pre-cancerous changes. (See also **cytology**.)

paracervical block — Local anesthesia, produced by injecting a local anesthetic (e.g., lidocaine); used to ease cervical pain if cervical dilation is necessary (e.g., for manual vacuum aspiration or other intrauterine procedures).

paraphrase — A restatement of something, giving the meaning in another form (usually more simply).

partograph — A chart or card used to write all findings of a woman in labor. Some of the findings are dilatation of cervix, contractions, blood pressure, pulse, descent of the presenting part and baby's heart beat. These findings are used to assess the progress of the labor and the mother and baby's condition.

pelvic inflammatory disease (PID) — An infection of the reproductive organs (uterus, fallopian tubes, ovaries) which may cause pain in the lower abdomen, pain during menstruation, fever and abnormal vaginal discharge. It can result from untreated postpartum or postabortion infections or sexually transmitted infections (e.g., gonorrhea, chlamydia or both) and may become chronic (long-lasting) causing infertility.

performance The application of knowledge and skills required to execute a task and produce a desired accomplishment (e.g., use of family planning by clients). Performance includes:
behavior-
observable behavior, such as explaining side effects and demonstrating proper use of contraceptive methods during counseling, as well as behavior that is *not directly observable*, such as the decision-making and application of rules regarding which methods may be appropriate for the client based on medical eligibility and client preference, and
accomplishments-
what occurs as a result of what has been learned and applied on the job; may be measured in a number of ways including increased contraceptive method acceptance rates that result from proper client counseling. (See also **knowledge**, **skill**.)

performance-based training A systematic approach to job training in which a worker learns the necessary knowledge and skills to execute a task in order to produce desired accomplishments in his/her particular job setting. Includes:
1) identification of a gap between the desired and actual job performance; 2) analysis of the trainee, his/her job responsibilities and work conditions; 3) experiential training activities targeted to needs identified in analyses; 4) evaluation and follow-up that ensures accomplishments are attained and/or uncovers reasons for non-accomplishment. (See also **performance**, **training** and **Chapter 1.1** in this User's Guide.)

perimenopause The years during a woman's life in which she reports signs of transition from reproductive to non-reproductive physiologic processes. There is a decrease in the production of estrogen and related hormones, due to a decrease in the frequency of ovulatory cycles. Waning estrogen causes thinning vaginal and bladder linings, decreasing breast size, thinning skin, change from female fat pattern (thighs) to male fat pattern (abdomen). (See also **climacteric**, **menopause**.)

perinatal The time period shortly before and after birth. Definitions vary and include: *from* the 20th to the 28th week of pregnancy *through* one to four weeks after birth.

periodic abstinence Intentional avoidance of sexual intercourse on fertile days to prevent pregnancy.

physical abuse Mistreatment of another person by actions such as hitting, kicking, biting, choking, cutting, preventing the seeking of medical care, refusing the person food, refusing the person safety.

placenta previa — A placenta that is abnormally situated in the lower uterine segment that completely or partly covers the os (the opening between the uterus and the cervix), causing painless bleeding during the last trimester of pregnancy. Places the mother and fetus at risk and constitutes an obstetric emergency.

placental abruption (detached placenta) — Premature separation of a normally-situated placenta from the wall of the uterus. Abruption occurs after 28 weeks of pregnancy or during labor or birth. Cause is often unclear. May cause abdominal pain and mild, moderate or severe blood loss depending on degree of separation, and may result in fetal death.

postabortal syndrome — A group of signs and symptoms that may occur when postabortal intrauterine bleeding cannot escape the uterine cavity. With the blood flow out of the uterus blocked, there is uterine distention, severe cramping and fainting, usually within a few hours after completion of a procedure to remove the products of conception. The uterus is usually larger than before the procedure and extremely tender. The condition is usually treated by reevacuating the uterus and either giving oxytocics or massaging the uterus to keep it contracted. Also known as acute hematometra.

postabortion care — The range of services that women who have had an abortion (spontaneous or induced) need. Includes: 1) emergency treatment of incomplete abortion and potentially life-threatening complications,
2) postabortion family planning counseling and services, and
3) assistance gaining access to other reproductive health and social services as necessary.

postmenopause — The life stage that occurs after complete stopping of menstrual cycles.

postnatal — Occurring after birth.

postpartum — Time period after the expulsion of the placenta at delivery until four to eight weeks after birth (42 days is often used). Postpartum contraceptive decisions depend on whether the woman is breastfeeding, particularly during the first six months postpartum. (See also **puerperium**.)

postpartum hemorrhage — The loss of 500 cubic centimeters (cc), or 500 ml (half a liter) or more of blood, from the genital tract/birth canal during the first 24 hours after the delivery of the baby. At a normal delivery about 200 cc. of blood is lost. Up to 500 cc. of blood loss is usually tolerated by healthy women although very small women or women who are anemic may go into shock with less than a 500 cc. blood loss. Postpartum hemorrhage is a major cause of maternal mortality.

postpartum/ postabortion infection An infection of the reproductive tract at any time between the onset of the rupture of membranes (or labor) and the 42nd day following delivery. Also refers to an infection related to or following an abortion. Infection results in fever, swelling, pain, redness, foul smelling discharge from the reproductive tract (uterus, tubes and ovaries). Germs may spread from the infected reproductive tract through the lymph or bloodstream to cause infection of the whole body. The germs (usually bacteria) enter the bloodstream through a tear (wound) or an opening such as the placental site, especially following septic abortion, prolonged rupture of the membranes, obstetric trauma or retained placental tissue. Also known as puerperal sepsis when it occurs postpartum.

post-test An instrument used to determine trainees' level of knowledge or skills after training. A post-test is usually administered immediately after a training activity and should be the same instrument as used for the pre-test. Comparisons between pre-test and post-test results show how much participants have learned. Post-tests may be given in written form or may consist of interviews or observations of trainees' performance. (See also **pre-test**.)

preceptor In the context of FP/RH training, a preceptor is a clinically-competent FP/RH service provider and/or trainer who is currently practicing according to performance standards and protocol. She/he guides trainee(s) to perform tasks at the practicum site during an assigned training period. A preceptor could also be a trainee's supervisor at the trainee's work site. The preceptor supports a trainees' professional growth and development by facilitating acquisition of clinical competencies.

preconceptional Women of childbearing age who are not pregnant but are preparing for their first or for subsequent pregnancies (e.g., a recently married woman or woman whose toddler has been fully weaned).

pre-eclampsia The development of hypertension with proteinuria and edema during pregnancy. More often a disorder of primigravidas (first pregnancies). It occurs after the 20th week of pregnancy but may develop before 20 weeks in trophoblastic disease (hydatidiform mole). Can progress to eclampsia with seizures. Also known as toxemia of pregnancy and pregnancy induced hypertension. (See also **pregnancy induced hypertension**, **eclampsia**.)

pregnancy induced hypertension Refers to all hypertensive disorders of pregnancy including preeclampsia and eclampsia.

prenatal Refers to the time period and/or events occurring, existing or taking place between when a woman gets pregnant and the birth of the infant. (See also **antenatal**.)

pre-test

An instrument used to determine trainees' entry levels of knowledge or skill. A pre-test is administered before a training activity starts. Results may be used to identify training needs of participants and/or to provide a baseline against which post-test results or future learning may be compared. Pre-tests may be given in written form or may consist of interviews or observations of trainees' performance. Pre-tests are not examinations on which to grade trainees.
(See also **post-test**.)

In the context of materials development, a pre-test is a means of assessing the reaction of a small sample of the intended users to the materials, or portions of the materials, usually in the early stages of development. Materials may need to be pre-tested several times to ensure their usability, readability and applicability prior to further development. (See also **field-test**.)

prevalence

The number of existing events or cases of a disease or a condition in a given population at a specific time. (See also **incidence**.)

primary health care (PHC)

A strategy, framework or approach, endorsed in 1978 in Alma Ata, which advocates decentralization, localization, intersectoral collaboration and community decisionmaking for implementing acceptable and affordable basic health services including safe water and sanitation; curative and preventive care; proper nutrition and food supply; immunization against communicable disease; care for pregnant women, mothers and children; treatment of emergency situations; and provision of essential medication.

probe (question)

Verbal or non-verbal prompting used in counseling and interviews to encourage a respondent to give a more complete answer to a question or to clarify or elaborate upon a response (e.g., "Anything else?" "Tell me more.").

products of conception (POC)

Tissues removed/expelled from the uterus after induced/spontaneous abortion including: chorionic villi (threadlike projections on the external surface of the chorion, one of the fetal membranes), fetal and maternal membranes, and – after nine weeks LMP (last menstrual period) – fetal parts.

progestin-only contraceptives (POC)

Contraceptive methods that contain one of the synthetic progestin hormones (e.g., DMPA, NET-EN, NORPLANT® Implants, mini-pills).

progestin-only pills (POPs)

A form of oral contraceptive that does not contain estrogen. Also known as mini-pills.

puerperal sepsis

See **postpartum infection**.

puerperium The period from the end of the third stage of labor until involution of the uterus is complete, usually lasting four to eight weeks. (See also **postpartum**.)

quality of care (QOC) A framework that displays and describes six elements comprising quality of care from a client perspective, as presented by Judith Bruce and Anrudh Jain of the Population Council. Presented in *Fundamental Elements of the Quality of Care: A Simple Framework* by Judith Bruce, *Studies in Family Planning* 1990;21(2):61-91. (See also **quality of service** and **Chapter 1.3** in this User's Guide.)

quality of service Refers to technical and process elements of care delivered and provided at a service delivery point. The degree of quality is objectively measured through comparison with established standards, service delivery guidelines, job descriptions and other documentation about expectations. (See also **quality of care**.)

rectocele A protrusion of part of the bowel through the vaginal wall. It sometimes occurs after a particularly difficult delivery.

rectovaginal fistula An opening between the rectum and vagina, permitting leakage of feces into the vagina. May occur as a result of trauma sustained during obstructed delivery. (See also **fistula**.)

reproductive health The International Conference on Population and Development (ICPD) in Cairo defined reproductive health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes." The ICPD recognized that women's reproductive health needs vary significantly depending on both their life stage (e.g., adolescence, preconceptional, antepartum, postpartum, perimenopausal, postmenopausal) and their life circumstances/context (e.g., single or married, with children or without, postabortion, circumcised, infertile, or in a non-monogamous or abusive relationship).

reproductive health care Includes counseling, information, education, communication, and services for family planning; all stages of pregnancy and delivery, prevention and treatment of infertility, abortion (as specified by local/national laws) and management of the consequences of unsafe abortion, prevention and treatment of reproductive tract infections (RTIs) and sexually transmitted diseases (STDs), human sexuality and parenting. (See also **reproductive health** and **Chapter 1.2** in this User's Guide.)

reproductive tract infections (RTIs) Infections of the male or female genital tract. RTIs include iatrogenic infections (those that result from inadequate medical procedures), endogenous infections (those caused by overgrowth of organisms normally present in the reproductive tract), and sexually transmitted diseases (STDs).

retained placenta Describes a situation in which the placenta has not been delivered within one hour after the birth of the baby. If not manually removed, a retained placenta may cause postpartum hemorrhage, shock and death.

ruptured uterus Tearing or bursting of the uterus. May be due to obstructed labor, a weak uterine scar from prior cesarean section, incorrect use of oxytocic drugs, manipulation, or extension of a severe cervical laceration. May occur during pregnancy (usually at or near term), during normal or difficult labor or birth.

safe house A place of refuge, for individuals (e.g., runaway teens, women and their children who are victims of domestic violence) who may be hunted by someone who intends them harm. The refuge is usually an unmarked house or a shelter, common in appearance, that would not be known to the abusive person.

Safe Motherhood Initiative Launched in 1987 in Nairobi, Kenya, the goal of the initiative is to reduce the number of maternal deaths occurring globally by half by the year 2000. Countries are encouraged to develop, implement and evaluate intersectoral and comprehensive programs.

sepsis (infection) The presence of various pus-forming and other pathogenic (disease-causing) organisms, or their toxins, in the blood or tissues. Symptoms include high fever, chills, swelling and other symptoms at the point of entry/site of infection.

service guidelines or procedure guidelines The purpose of these is to specify expectations for how services should be delivered. Step-by-step instructions are provided, together with identification of the equipment, supplies, and other working conditions that are required to deliver a service that complies with expectations and reflects the service policies and standards.

7 planning questions A planning aid developed by INTRAH, used to help focus a task such as designing a training session. (See also **Chapter 3.1** in this User's Guide.)

sexual abuse Mistreatment of another person by forcing, pressuring or coercing the person to engage in any type of sexual activity.

sexual health A concept that includes biological, psychological, sociocultural and ethical aspects affecting sexual expression and sexual behavior.
(See also **sexuality**.)

sexuality — A mode of self-expression involving a complex of roles, relationships, self-image, perceptions, feelings, cultural expectations and biological functions. (See also **sexual health**.)

sexually transmitted disease/infection (STD/STI) — An infectious disease or germ that is communicated primarily or exclusively through intimate sexual contact.

shock — A life-threatening condition characterized by a lack of oxygen to maintain proper functioning of vital organs (e.g., kidneys, heart, brain) due to failure of the circulatory system to maintain normal blood flow; caused by hemorrhage, sepsis, injury or dehydration
(e.g., hemorrhagic shock is shock due to low blood volume resulting from excessive blood loss; septic shock is shock due to overwhelming infection and results from the action of the bacteria on the vascular system).

side effect — A result of a drug or other therapy in addition to or in extension of the desired therapeutic effect; usually but not necessarily connotes an undesirable effect.

simulation — In the context of training, the reproduction or imitation of the conditions of a work environment that permit trainees to practice the knowledge and skills required in that environment (e.g., practice IUD insertion or manual vacuum evacuation using pelvic models).

skills — As used in the *SourceBook*, skills refers to the combination of manual, mental and interpersonal capabilities to carry out procedures, operations, methods and techniques as specified in job descriptions, service policies or guidelines and other documents about performance expectations. Skills, knowledge and working conditions constitute fundamental inputs for job performance. (See also **knowledge**.)

SOAP concept — An acronym that refers to the way progress notes are organized in problem-oriented patient record keeping; helps health providers offer care or treatment based on a systematic analysis of a client's needs and problems. SOAP involves: **S**ubjective information (client's history); **O**bjective information (provider's observations/findings from lab investigations and physical examinations); **A**ssessment (after reviewing subjective and objective findings, interpreting the data to determine what the needs/problems are); **P**lanning (determining appropriate action).

social stigma — Something that detracts from the character or reputation of a person, or a group (e.g., some diseases and conditions are regarded as shameful by society).

SOLER An acronym that refers to the non-verbal communication skills used during counseling: **S**mile/nod at client; **O**penness to client/non-judgmental; **L**ean towards client; **E**ye contact in a culturally-acceptable manner; **R**elaxed manner.

speculum An instrument used to open or distend a body opening to permit visual inspection. Different types of these devices are used in the examination of the vagina/cervix, nasal passages, rectum and ear.

spermicide Chemical contained in creams, suppositories, foam or jellies to kill sperm; used during intercourse, alone or with condoms, diaphragms and cervical caps to prevent pregnancy.

spontaneous abortion Unprovoked termination of a pregnancy before the fetus is viable. Cause is usually uncertain, but is sometimes linked to chromosomal abnormalities of the fetus, and maternal conditions such as genital and systemic infections (e.g., malaria) and malnutrition. Also called miscarriage. (See also **induced abortion**.)

standard A minimum level or range of performance or quality considered acceptable by an organization or profession. Standards are used in evaluation to make judgments about the acceptability of performance. Standards may be set on the basis of: 1) expert opinion; 2) past performance; 3) established practices (norms); or 4) some combination of 1, 2 and 3 (e.g., the cut-off score on a test represents the standard, or acceptable level of performance, on that test). (See also **evaluation**.)

sterilization In the context of **infection prevention procedures**, the complete elimination of all live microorganisms (viruses, fungi, parasites and bacteria) including bacterial endospores. All objects that will enter a patient's bloodstream or penetrate a patient's tissues, such as needles, syringes and scalpels, must be sterile. (See also **decontamination**, **disinfection**.)

In the context of **contraceptive methods**, a procedure (which must be considered permanent) that renders an individual incapable of reproduction. (See also **tubal ligation**, **vasectomy**, **voluntary surgical contraception**.)

stillbirth The delivery of a dead baby; no signs of life at birth. Definitions vary depending on a number of circumstances; often described in terms of number of weeks gestation, weight and/or height above a certain cutoff).

sympto-thermal method — A method of natural family planning (NFP) in which the fertile and infertile days are identified by observing and interpreting cervical mucus, basal body temperature, and other signs and symptoms of ovulation. The other signs and symptoms include intermenstrual bleeding, breast tenderness, abdominal pain and cervical changes. Calendar calculations may be used to identify the onset and end of the fertile phase. (See also **fertility awareness**, **natural family planning**.)

syndromic approach — In the context of STIs and RTIs, this refers to treatment (piloted by WHO) that is contingent upon the patient's presenting signs and symptoms and the local pattern of disease prevalence. The diagnosis is based on groups of symptoms and treatment is provided for all diseases that are likely to cause that syndrome given the patient's locale and risk factors. Allows health workers to treat STIs and RTIs by following decision trees, often without laboratory testing thus permitting diagnosis and treatment in one visit. The recommended treatments for each syndrome vary by locale, because recommendations are based on local/regional disease prevalence and antibiotic sensitivities.

syphilis — A highly contagious disease caused by the bacteria, *Treponema pallidum*, primarily transmitted through direct sexual contact with an infected person. Often the infected person has no obvious signs or symptoms and is unaware they are infected and infectious. Occurs in distinct stages, beginning with primary syphilis which is characterized by a chancre at the site of infection (although many clients are asymptomatic at this stage). If untreated, it may lead to various rashes and serious problems including damage to the spinal cord, heart and brain. In an affected woman it can cause spontaneous abortion or stillbirth or be transmitted to her unborn child, who may have various illnesses or deformities, such as blindness, deafness or paralysis. (See also **chancre**.)

task analysis — The process of identifying the activities involved in a job, breaking these down into specific tasks and determining the skills and knowledge necessary to accomplish each task. This information is often used in preparing training needs assessment or performance evaluation instruments or in the development of a training curriculum. (See also **knowledge**, **skills**.)

tenaculum — In reproductive health, an instrument used to hold the cervix when an IUD is inserted or when MVA is performed. Sometimes called a vulsellum forceps (special kind of single- or double-toothed forceps). Some providers may have access to a blunt-ended atraumatic tenaculum.

tetanus (lockjaw) A disease caused by a very common germ, *Clostridium tetani*, that also lives in the intestines/stools of animals or people; it enters the sterile tissues of the body through wounds. Tetanus may occur in newborns if the instrument used to cut the cord is not sterile, if the cord is left too long, or if dirt or dung are put on the cord; may also occur as a result of an unsafe abortion. Because *Clostridium tetani* can form endospores, to prevent tetanus, any instrument (e.g., needles, scalpels) entering a sterile body space must be sterile. (See also **sterilization**.)

threatened abortion Bleeding and/or cramping during pregnancy without dilation of the cervix. Threatened abortion may resolve or may progress to loss of the pregnancy. (See also **inevitable**, **incomplete**, **complete** and **missed abortion**.)

traditional birth attendant (TBA) A community-based midwife without formal training. Called by various other names in specific cultures and countries. Currently TBAs are being trained to perform clean deliveries, to refer high-risk pregnancies, to provide some family planning methods and give other advice.

trainee follow-up An activity conducted to formally assess the effects and impact of training on job performance, optimally through visits to trainees at their work sites. Follow-up is conducted to determine the extent to which the trainee has applied skills and knowledge acquired during training at his or her work site, to identify the conditions that promote or impede the application of learning, and to determine whether the applications improved the quality and quantity of services as described in the organization's goals. The findings may be used to assess needs for future training, to make recommendations for improvements in existing training activities or workplace conditions, or to describe the impact of a particular training activity on services.

training A planned, instructional intervention for providing the knowledge and skills that enables the trainee to do something which he/she did not know how to do before. (See also **performance-based training**.)

training activity needs assessment A type of needs assessment conducted by trainers before a training activity to assess the existing skills and knowledge of trainees and compare it with the expected level. It is conducted in order to set specific learning objectives and to develop a curriculum and training/learning session(s) that will effectively address the identified knowledge/skills gaps. A variety of assessment instruments are used to identify training needs.

training evaluation An appraisal made of the value (relevance, effectiveness, adequacy) of a training activity or program, a curriculum, a particular instructional procedure, or other aspects of training. The evaluation results are used to make decisions about improvement, continuation, expansion, replication or termination of training.

trichomonas vaginalis A parasite (microscopic protozoan organism), *Trichomonas vaginalis,* that causes a vaginal infection which generally produces an excessive amount of foul-smelling, frothy discharge; itching; redness; pain; and an increased frequency of urination in females (although some women experience no symptoms). Although males rarely display symptoms, it is an STI and all sexual partners should be treated.

tubal ligation A method of female sterilization. It involves the blocking of the fallopian tubes, by tying, cutting, separating the ends of the tubes and then securing these ends so that ova cannot be reached by the sperm and fertilization cannot occur. (See also **sterilization**, **voluntary surgical contraception**.)

unsafe abortion A procedure for terminating unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both (WHO definition).

urethritis Inflammation of the urethra. Among sexually-active persons, urethritis is frequently a symptom of gonorrhea or chlamydia but may be caused by other infections or organisms. The urethra swells and narrows, and the flow of urine is impeded making urination painful and causing increased frequency and urgency to urinate. There may also be a purulent discharge.

urinary stress incontinence Inability to retain urine under the stress of coughing, laughing, sneezing, and other factors which raise the intra-abdominal pressure. Regular exercise and pelvic floor (Kegel) exercises can help to improve the condition by raising the tone of the voluntary muscles.
(See also **Kegel exercises**.)

urinary tract infection (UTI) Infections of the urethra, bladder, ureters or kidneys; often associated with trauma from diaphragm use, other barrier methods and frequent intercourse. May also be due to structural defects and systemic disorders. Symptoms include low back pain and painful urination with increased frequency and urgency.

vacuum extraction A procedure in which a metal or plastic cup is applied to the baby's head and attached to a vacuum source to facilitate delivery. By pulling on the cup, the baby's head and body are gradually delivered from the birth canal.

vaginitis Inflammation of the vagina. Symptoms include vaginal itching and discharge and often pain at intercourse or on urination. Infectious agents, including trichomonas, candida, and other pathogens are frequent causes.

vasectomy A surgical procedure in which segments of the vas deferens are removed and the ends tied to prevent passage of sperm. (See also **sterilization**, **voluntary surgical contraception**.)

vertex The top or crown of the head; the area of the skull between the two fontanelles. Of infants born head first, 95% present by the vertex.

vesicovaginal fistula An opening between the bladder and the vagina, permitting the leakage of urine into the vagina. Usually occurs as a result of trauma, particularly during delivery or obstructed labor. (See also **fistula**.)

voluntary surgical contraception (VSC) Contraception provided through medically accepted surgical means, by occlusion of the reproductive tract (e.g., tubal occlusion, vasectomy), which should be considered permanent. Because these methods involve a surgical procedure and are considered permanent, the necessity of safeguarding the client's right to make a non-coerced, fully informed choice is paramount, thus the name *voluntary* surgical contraception. (See also **tubal ligation**, **vasectomy**, **sterilization**.)
Note: Sometimes the definition is broadened to include use of other long acting methods such as implants that are inserted using surgical procedures.

whiff test Sniffing or smelling of a sample of vaginal discharge to detect possible infection. The discharge caused by bacterial vaginitis contains chemicals that release an odor like fish when in an alkaline environment. The discharge may be alkaline and smell fishy, or by mixing 1 drop of potassium hydroxide (KOH) with the discharge the fishy odor may be enhanced. A positive whiff test suggests infection.

withdrawal method A "traditional" method of contraception. The penis is withdrawn/removed from the vagina prior to ejaculation and the semen is spilled away from the vagina. Also called *coitus interruptus*.

withdrawal technique of IUD insertion A technique for inserting IUDs (copper Ts, multiloads, and the progestin-releasing IUDs). After carefully sounding the uterus to determine its depth (the distance to the uterine fundus), a tube, containing the IUD and a rod, is inserted to the depth determined during the sounding process. The tube is then withdrawn while the rod (which holds the IUD in place against the fundus) is held steady. The rod is then withdrawn. This method of IUD insertion reduces the risk of uterine perforation.

yeast/candida A type of yeast-like fungi. Candida is part of the normal bacteria of the skin, mouth, intestinal tract and vagina but may cause disease when it grows to very large amounts.

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Reproductive Health Training

For Primary Providers

A SourceBook

for

Curriculum Development

Module 1
Counseling Clients

PRIME

Table of Contents

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Modules 1, 2 and 3 of the *SourceBook* were written by Grace Mtawali, RN, SCM, NA(H) Diploma, PHN. Mrs. Mtawali is the Regional Clinical Officer of the INTRAH Regional Office for East and Southern Africa in Nairobi, Kenya. Ms. Mtawali has more than 37 years clinical and training experience, including over 25 years experience in designing, conducting and managing clinical family planning and maternal health training.

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ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
COC	combined oral contraceptive
EC	emergency contraception
FP	family planning
HIV	human immunodeficiency virus
IUD	intrauterine contraceptive device
MAQ	maximizing access to and quality of care
MCH	maternal and child health
MH	maternal health
POP	progestin-only pill
RH	reproductive health
SDP	service delivery point
STI	sexually transmitted infection

INTRODUCTION

This module is part of a set entitled *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development*. The *SourceBook* contains a User's Guide and eight modules that trainers, faculty of professional schools and curriculum developers can use as references to develop or revise curricula for training primary providers of client-oriented integrated reproductive health (RH) services. Primary providers are the health care workers who provide the most basic contact between members of the community and the health care system. They include nurses, nurse-midwives, public health nurses, clinical officers/medical assistants and community-based workers. The *SourceBook* emphasizes the jobs of *clinic-based* primary providers, but it can also be used, as is or adapted, to develop curricula for primary providers who offer RH services in *community-based or non-clinical settings*.

The *SourceBook* components have been developed and the content selected based on principles of performance-based training: the knowledge, skills and support the trainee needs to meet performance standards on the job. The training may be for pre-service education or in-service training. The training approach may also vary: structured on-the-job training, group training, self-directed learning activities, or any combination that will best prepare the trainee to perform well on the job. Information on how to use the *SourceBook* to develop a performance-based RH curriculum can be found in the first volume of the *SourceBook*, the User's Guide.

To keep the focus on job performance, specifically, the knowledge and skills required to do a job well, the authors identified the major jobs of primary providers of RH services and then developed a module for each major service component. A list of the eight *SourceBook* modules appears below.[1] This module is highlighted.

Module 1	Counseling clients for family planning/reproductive health services
Module 2	Educating clients and groups about family planning/reproductive health
Module 3	Providing family planning services
Module 4	Providing basic maternal/newborn care services
Module 5	Providing postabortion care services
Module 6	Providing selected[2] reproductive health services
Module 7	Working in collaboration with other reproductive health and community workers
Module 8	Organizing and managing a family planning/reproductive health clinic for maximizing access to and quality of care (MAQ)

[1] Other jobs, or modules, may be identified and developed.

[2] This module features RH topics not covered in the other *SourceBook* modules.

OVERVIEW OF MODULE 1

Module 1 contains the components for developing a curriculum or a curriculum unit on effective interpersonal communication and counseling skills. The module covers basic knowledge, guidelines, skills and process for interpersonal communication and counseling. In addition, the module introduces situations in which trainees must deal with sexuality issues that are often encountered in family planning/reproductive health (FP/RH) service delivery.

This module is intended to be used in conjunction with the clinical skills modules (Modules 3 through 6); therefore content and tools on the skills and processes of counseling are not repeated in **those** modules. During training for **this** module, it is recommended that the trainees practice counseling for FP/RH services that they are already providing so that the emphasis is on improved performance of interpersonal communication and counseling skills rather than on learning new RH content. The trainer can then ensure that trainees continue to apply their improved knowledge and skills as they practice new RH clinical skills that are covered in the other modules.

When developing a performance-based curriculum on counseling clients for FP/RH services, the following resources are essential to use in conjunction with Module 1:

Key Resources (full citations are in the User's Guide and the **References** list at the end of this module):

- *The Implications of Research and Program Experience for Client-Provider Interactions in Family Planning/Reproductive Health Programs* (Murphy EM, Client-Provider Interaction Working Group)
- *Interpersonal Communication/Counseling Workshop Curriculum for Family Planning* (PATH)
- national or local service guidelines

In addition to the Key Resources, the other modules of the *SourceBook* will be useful references when developing a curriculum on counseling clients for FP/RH services.

Mapping Module 1

On the following pages are a series of figures that progressively build the "map" of Module 1 (Figures 1 through 5). The term "map" has a unique meaning in the *SourceBook.* Like a map that shows relationships among cities, rivers and countries, the module map shows how the six components of the *SourceBook* modules relate to one another. The components are:

- the trainee's JOB (the JOB for Module 1 is "counseling clients");
  - the MAJOR TASKS of the job;
    - the KNOWLEDGE required to perform the job;
      - the SKILLS required to perform the job;
        - KNOWLEDGE ASSESSMENT QUESTIONS; and
          - SKILLS ASSESSMENT TOOLS.

Note that in Figure 1, there are six boxes – five vertical boxes and one horizontal box – each box representing one of the six main components of the module. Since the JOB is the primary component of each module, it appears at the top of the map.

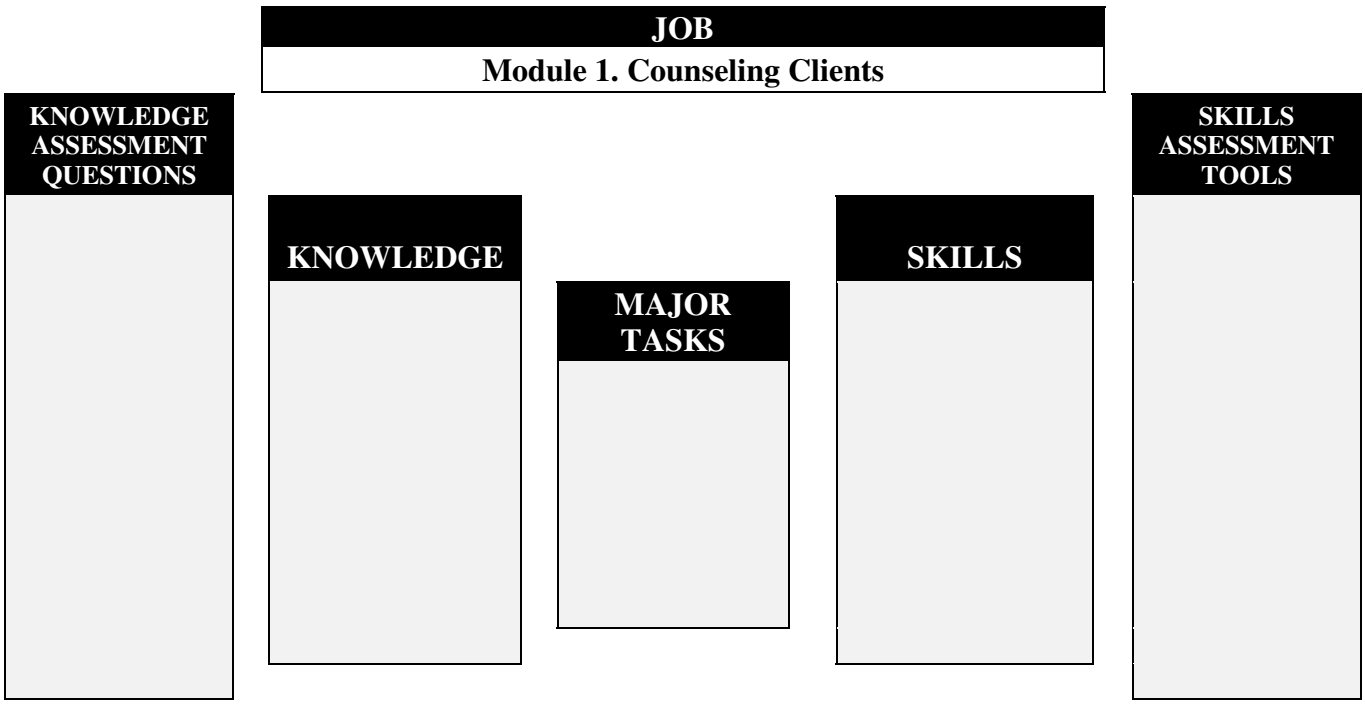

Figure 1
The Module "Map"

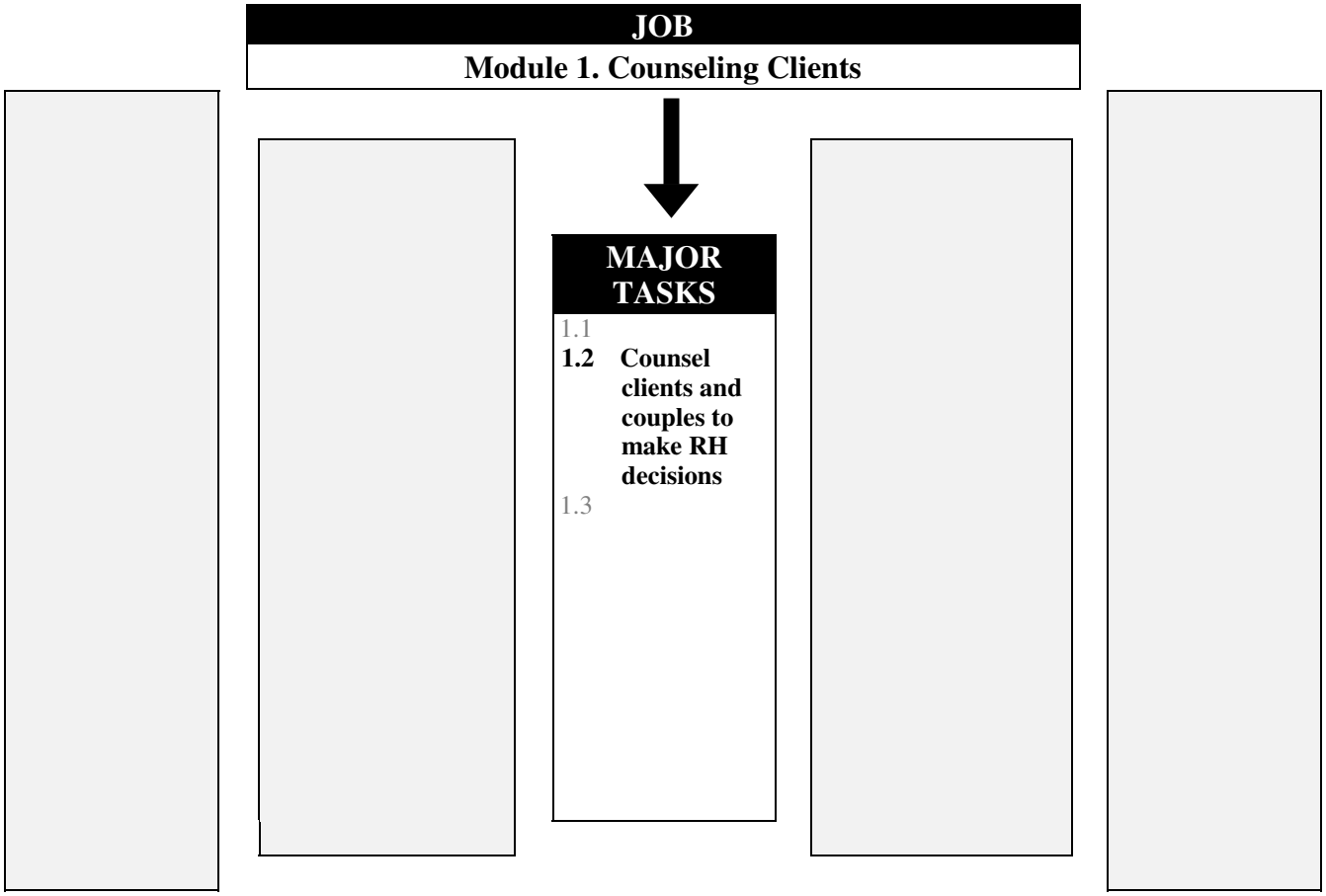

Figure 2
JOB and MAJOR TASKS

Each module in the *SourceBook* is based on one JOB and the MAJOR TASKS which comprise that job. In this module, the JOB, "Counseling Clients," consists of three MAJOR TASKS. The JOB and the MAJOR TASKS are the central parts of the map. The arrow helps to reinforce the idea that the TASKS flow out of the JOB. One of the three MAJOR TASKS in Module 2, "Counsel clients and couples to make RH decisions," is featured in Figure 2.

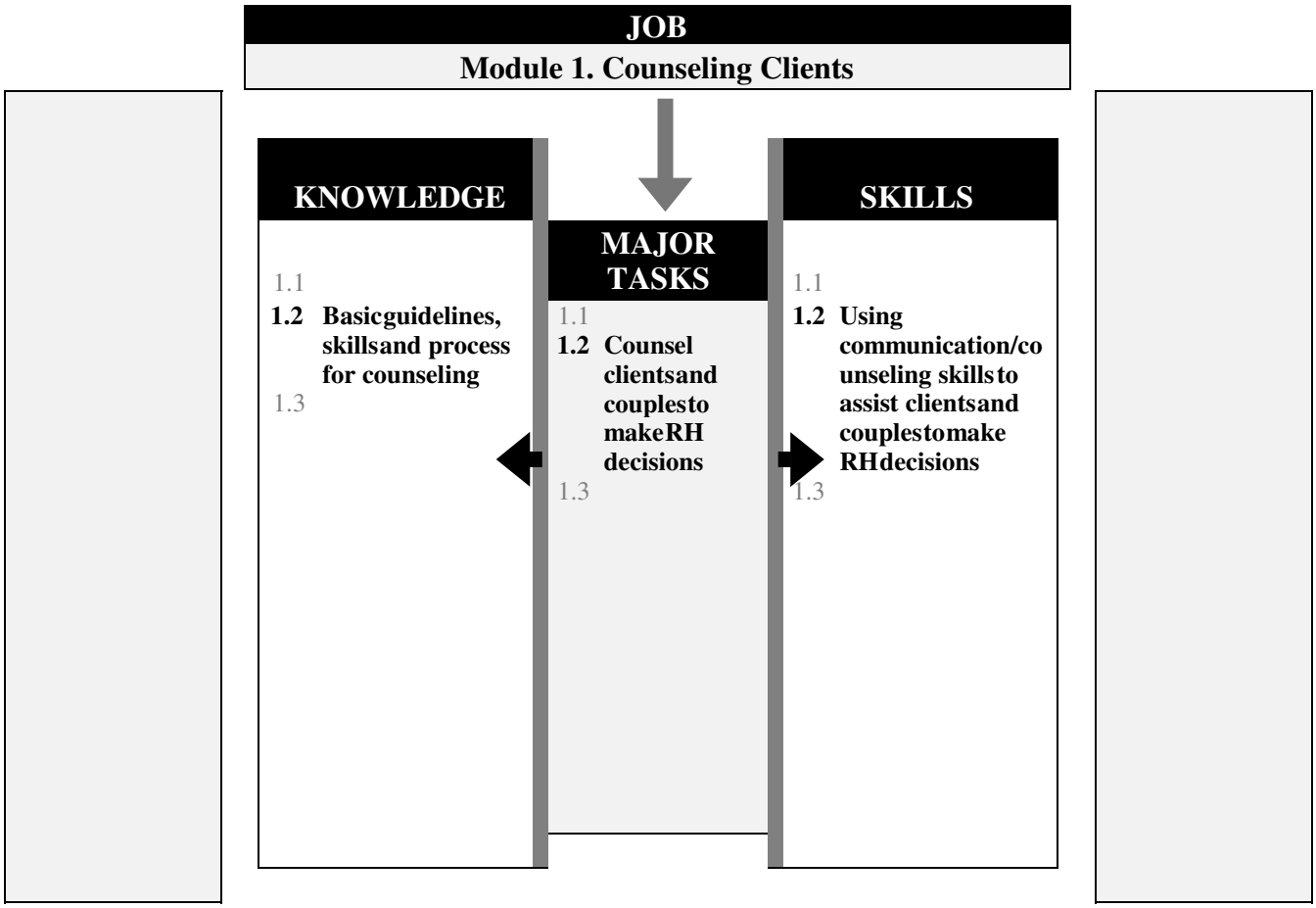

Figure 3
KNOWLEDGE and SKILLS are both required to accomplish the TASKS

Each MAJOR TASK has corresponding KNOWLEDGE and SKILLS components. Figure 3 illustrates that the KNOWLEDGE and the SKILLS components are equally important when mastering the MAJOR TASKS. The module contains a KNOWLEDGE outline that includes only the knowledge required to perform the corresponding MAJOR TASK. In this example, the KNOWLEDGE required to perform the MAJOR TASK of counseling clients and couples to make an RH decision consists of basic guidelines, skills and process for counseling. Likewise, only the skills which make up the MAJOR TASK are detailed in the SKILLS component of the module. In this example, the SKILL that must be practiced is using communication and counseling skills to assist clients and couples to make RH decisions.

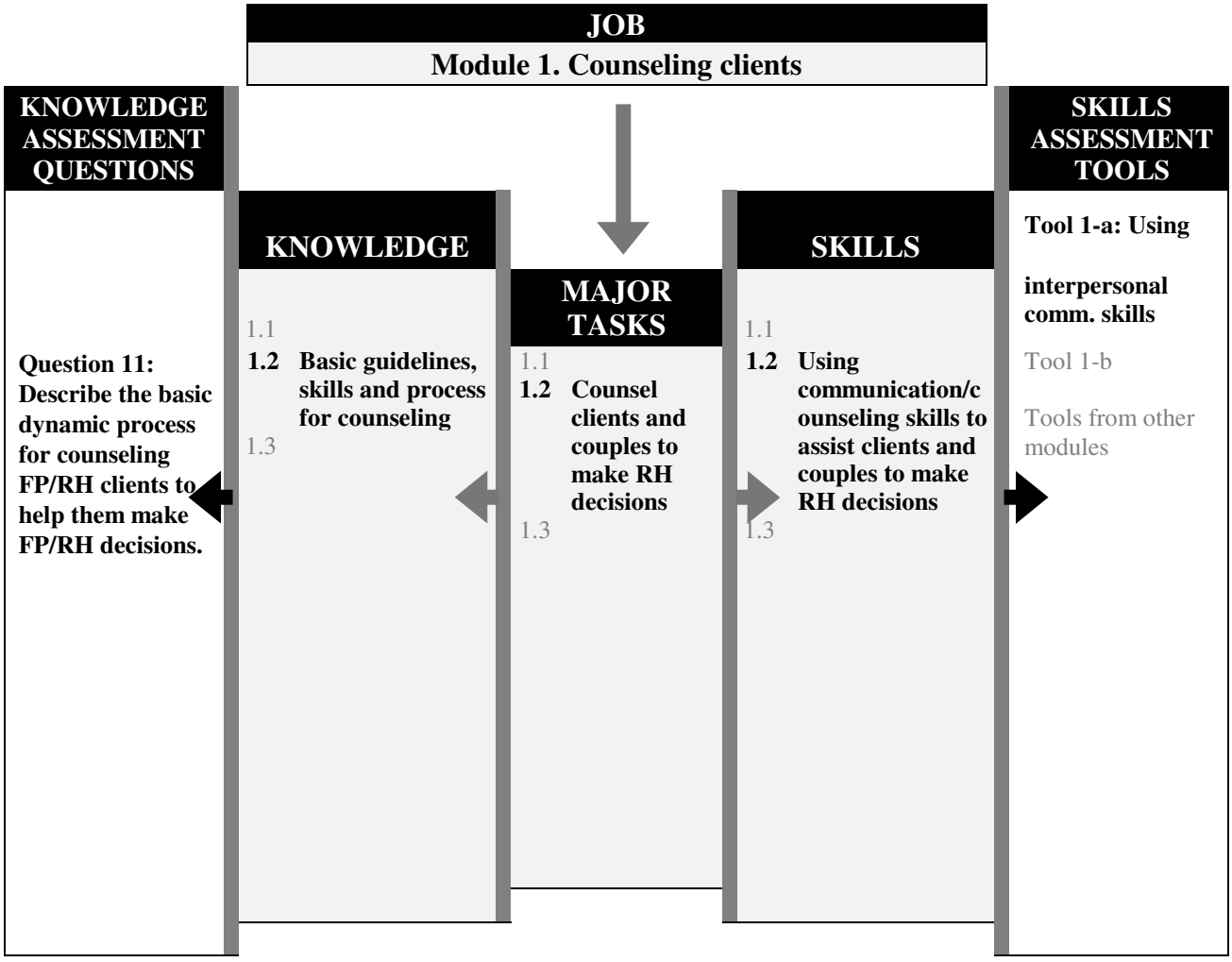

Figure 4
KNOWLEDGE ASSESSMENT QUESTIONS and SKILLS ASSESSMENT TOOLS

To ensure that trainees can adequately perform each MAJOR TASK, the module includes two types of assessment instruments. There are KNOWLEDGE ASSESSMENT QUESTIONS to evaluate the knowledge level of trainees and SKILLS ASSESSMENT TOOLS to evaluate the skills level of trainees (Figure 4). The assessments can be used before, during and at the end of training. They also can be used when the trainee is in her/his job site to assess the trainee's knowledge and performance of new skills on the job.

For a complete map of this module, see Figure 5 on the next page.

JOB

1. Counseling Clients

KNOWLEDGE ASSESSMENT QUESTIONS

Module 1 Questions

11 sample questions which test knowledge recall and the application of knowledge through problem-solving are included in this module.

Two examples are:

4. List any three verbal communication skills useful to encourage a client to speak freely with the FP/RH provider.

3. Check the correct answer:
   a. Mrs. D., who has just completed formal training in FP is . . .
   b. Mrs. N. uses medical terms and explanations. .
   c. Mrs. L., a newly qualified FP provider, seeks . . .

KNOWLEDGE

1.1 Interpersonal relationships, interpersonal communication and feedback skills

1.2 Basic guidelines, skills and process for counseling

1.3 Human sexuality issues

MAJOR TASKS

1.1 Establish and maintain interpersonal relationships

1.2 Counsel clients and couples to make RH decisions

1.3 Assist clients and partners to identify and discuss sexuality issues

SKILLS

1.1 Using interpersonal communication and feedback skills

1.2 Using communication/ counseling skills to assist clients and couples to make RH decisions

1.3 Using communication/ counseling skills to identify and discuss sexuality issues

SKILLS ASSESSMENT TOOLS

Module 1 Tools:

Tool 1-a: Using interpersonal communication skills

Tool 1-b: Counseling the client to make a FP/RH decision

Other Tools:

Tool 3-a: Counseling new clients for informed choice of FP methods

Tool 5-e: Providing postabortion FP counseling

Figure 5: Detailed map of Module 1

COMPONENTS OF THE MODULE

JOB

The overall job covered by this module is to counsel individual clients and couples to help them achieve their reproductive health goals.

MAJOR TASKS

The major tasks which comprise the overall job for this module are to:

1.1 Apply effective communication and feedback skills to establish and maintain positive interpersonal relationships during FP/RH counseling and service delivery.

1.2 Apply basic guidelines, skills and process for counseling to assist individual clients and couples in making reproductive health decisions according to their age or life-stage needs, their health risk factors, their special life-circumstances and their preferences.

1.3 Use counseling skills to assist individual clients and their partners to identify and discuss sexuality issues and how they relate to FP, STI and HIV/AIDS prevention and other RH behaviors and decision-making.

KNOWLEDGE & SKILLS

Each major task consists of a knowledge and a skills component. Below is an outline of the knowledge and a list of the skills necessary to perform the three major tasks which comprise the job of counseling clients for FP/RH services. The knowledge component of each major task is outlined first. Throughout the knowledge section, there are references (in parentheses) to additional sources of information on the subject. These sources may be found in other *SourceBook* modules, as an appendix to this module, or in other references (see **References** at the back of the module for the full citations).

The gray box at the end of each knowledge section contains the list of skill(s) in which the knowledge just outlined is applied. Following each skill, there may be a reference to a skills assessment tool (in parentheses). These tools can be used to guide practice during simulation or practicum and/or assess performance of the skills. Some of the skills assessment tools cited are included in this module; others can be found in other *SourceBook* modules. (Note that each skills assessment tool is identified by a number and a letter. The number indicates the *SourceBook* module where the tool is located.) For skills that do not refer to an assessment tool, there may be a reference to another source of information to assist in the development of a skills assessment tool. (See **References** for the full citation of the sources listed.)

MAJOR TASK 1.1

Apply effective communication and feedback skills to establish and maintain positive interpersonal relationships during FP/RH counseling and service delivery.

KNOWLEDGE

1.1 Interpersonal relationships, communication and feedback skills

1.1.1 Definitions and use during FP/RH service delivery

- interpersonal relationships, interpersonal communication and feedback skills (see Glossary in User's Guide)
- examples of situations when these skills are useful: interacting with clients, interacting with co-workers while managing the clinic, conducting on-the-job training, interacting with other community health workers and leaders

1.1.2 *Purposes of positive interpersonal relationships in FP/RH services*

- to contribute to client satisfaction, use-effectiveness and continuation with FP methods, other RH regimens/behaviors (e.g., taking a complete course of medication for an STI, partner referral, etc.) and the FP/RH service
- to help clients and FP/RH providers develop mutual respect, cooperation and trust

- to help facilitate appropriate free flow of information between and among FP/RH providers and clients
- to implement high standards regarding one of the six quality-of-care elements: "interpersonal relations" (see User's Guide)
- to contribute to the implementation of providers' needs (see Appendix A: Rights of the client and Appendix B: Needs of the provider)

1.1.3 *Effects of positive and negative interpersonal relationships on client care, FP/RH service or during training*

- ideas generated by trainer and trainees

1.1.4 *Interpersonal communication skills*

- verbal communication skills (using the acronym CLEARRS)
  - **C**larification using open-ended or probing questions
  - **L**istening actively/allowing client to finish speaking
  - **E**ncouragement/praise
  - **A**ccurate reflection and focusing of the discussion according to the client's concerns
  - **R**epetition/using paraphrasing
  - **R**esponding to client's non-verbal communication
  - **S**ummarizing and ensuring a common understanding of discussion
- non-verbal communication skills (using the acronym SOLER)
  - **S**mile/nod at client
  - **O**pen and non-judgmental facial expression
  - **L**ean towards client
  - **E**ye contact in a culturally-acceptable manner
  - **R**elaxed and friendly manner

1.1.5 *Factors/actions that enhance positive provider/client relationships in FP/RH services*

- establishing and maintaining privacy and confidentiality of client's personal and medical history
- helping client feel at ease and respected
- using effective interpersonal communication skills that will allow free flow of information
- respecting cultural, religious and other personal beliefs/practices and socio-economic status
- respecting clients' rights (see Appendix A: Rights of the client and Appendix B: Needs of the provider)
- assuring that clients receive the services and supplies they need at each visit
- giving clients or the community an opportunity to share their opinions about the FP/RH service and acting on the feedback

1.1.6 *Factors/actions that enhance positive provider/provider relationships in FP/RH services*

- sharing experiences, knowledge and skills
- updating each other on the expanded RH services being offered
- complimenting each other regarding expertise or assistance given to each other
- functioning effectively regardless of team completeness or incompleteness (playing each other's role)
- respecting each other as individuals
- providing and accepting constructive criticism

1.1.7 *Feedback*
(adapted from Bushardt, Fowler: The Art of Feedback, in Pfeiffer JW (ed): *The 1989 Annual: Developing Human Resources*)

- rules for giving and receiving feedback
  - be sure that your intention is to be helpful
  - check to see if the intended receiver of the feedback is open to it
  - use what, how, where and "I" statements; not why, "you" or other judgmental statements
  - focus only on behavior that can be changed
  - describe a specific behavior instead of generalities
  - ensure that the receiver of the feedback understands the feedback as it was intended
- rules for receiving feedback
  - invite and encourage feedback and questions from clients from the beginning of the session
  - try not to act defensive when receiving feedback
  - summarize your understanding of the feedback that you receive and ask if it is correct
  - seek clarification if you do not understand the feedback that is given
  - listen actively (make eye contact, be attentive, nod, smile as appropriate)
- skills for giving and receiving feedback
  - verbal and non-verbal interpersonal communication skills (see section 1.1.4 above)

SKILLS

1.1 Using effective communication and feedback skills to establish and maintain positive interpersonal relationships
(see Tool 1-a: Using interpersonal communication skills)

MAJOR TASK 1.2

Apply basic guidelines, skills and process for counseling to assist individual clients and couples in making reproductive health decisions according to their age or life-stage needs, their health risk factors, their special life-circumstances and their preferences.

KNOWLEDGE

1.2 Review of basic guidelines, skills and process for counseling FP/RH clients

1.2.1 *Definition of terms* (see Glossary in User's Guide)

- meaning of counseling in FP/RH
- differences between client counseling and client education
- six elements of quality of care (see User's Guide)
- clients' rights in family planning services (see Appendix A: Rights of the client and Appendix B: Needs of the provider)

1.2.2 *Purposes of counseling in FP/RH services*

- to help clients make decisions related to identified RH issues, risks, problems, services and behaviors (e.g., STIs and HIV/AIDS)
- to help clients make voluntary informed choices regarding FP methods in the contexts of their own lives and preferences
- to create positive client/provider interpersonal relationships that build cooperation and trust and facilitate free flow of information
- to identify priority clients for FP/RH services (refer to national FP/RH service policy guidelines and standards for guidance on identifying priority groups in the FP/RH setting)
- to implement high standards regarding one of the quality of care elements: "information given to clients" (see Glossary in User's Guide)
- to implement and adhere to the client's rights as outlined by International Planned Parenthood Federation (IPPF) (see Appendix A: Rights of the client and Appendix B: Needs of the provider)
- to help clients feel comfortable discussing sexuality issues

1.2.3 *Stages of behavior change that help a provider achieve successful client/couple counseling* (adapted from Hatcher et al: *Contraceptive Technology*, 16th rev. ed., pp. 562-564)

- pre-contemplative stage – client has no plan to change; client appears indifferent to or unaware of the need to change
- contemplative stage – client is aware of a need to change; client has no specific plans or priorities established
- ready for action stage (also called the "intention stage") – client has consulted with friends/partner and has established personal goals to change behavior, but has not put into action a specific plan to achieve the goals
- action stage – client has begun to change; the change is new; the client/couple is working on ways of reaching the goal; the change may be temporary
- maintenance stage – client consistently demonstrates the changed behavior; the change is sustained (e.g., client has found a way to discuss sensitive sexuality issues with her/his partner whenever necessary; client takes combined oral contraceptives (COCs) correctly every month and gets new supply when needed)

1.2.4 *Examples of FP, maternal health (MH), sexually transmitted infections (STIs), HIV/AIDS and other RH cases that will help demonstrate application of the five stages of behavior change discussed above*

- trainers and trainees identify and discuss cases based on their experiences in FP/RH service provision

1.2.5 *Guidelines for successful communication with a client/couple using the five stages of behavior change discussed above*

- provide the service initially sought by the client, if appropriate
- do not describe all FP methods and their characteristics in detail as a routine approach
- ask if client would like to hear about all or any particular other methods available if client already has a preference or if client has no preferred FP method. Save detail for the one or more method(s) the client might select.
- listen for opportunities to initiate a discussion of related FP/RH issue(s), e.g., ask FP clients about STI symptoms and protection or ask maternal and child health (MCH) and postabortion clients about FP
- use counseling skills to determine whether the issue is related to cultural norms, gender/sex roles or myths/misconceptions; if possible, identify the source of the problem or risk with the client/couple
- use questions to help identify the scope of counseling needed based on the client's stage in the behavior change model (e.g., ready for action: counselor can help client develop a realistic plan to make the behavior change; action stage: counselor can help client to maintain the behavior through praise and discussion of ideas on how to reinforce the behavior)

- be prepared for possible need to hold a series of counseling sessions aiming at providing information that helps client move from current stage of behavioral change to another
- use counseling skills to help the client make a decision (see sections 1.2.6 to 1.2.9 below)

1.2.6 *Factors that influence positive counseling*

- environment in which the counseling is done
  - room/space that ensures visual and auditory privacy, adequate light and ventilation
  - comfortable seating that ensures provider and client are facing each other
  - presence of visual aids/materials, e.g., client records, contraceptives, client education leaflets, local FP service procedure manual, posters, flipchart and/or wall charts
  - time allocation that ensures provider will be free from interruptions from other staff
  - permission from client to include others (e.g., trainees), as necessary
- provider characteristics
  - experience in the effective use of interpersonal communication skills (see section 1.1 above)
  - adherence to policy of client confidentiality
  - demonstration of sensitivity to cultural practices
  - knowledge of FP/RH facts and care
  - age and gender acceptable to client
  - an awareness of own strengths and limitations; willingness to ask for guidance on counseling skills
  - ability to be empathetic and caring
  - honesty and sincerity

1.2.7 *Basic counseling skills include:*

- interpersonal communication skills and feedback skills (see sections 1.1.4 and 1.1.7 above) and
- information-providing skills, such as:
  - providing accurate up-to-date information
  - providing information that is directly related to the identified FP/RH problem, the client's preferred FP method(s) or other services that the client requests
  - providing adequate information so that the client will be able to make and carry out a decision, will be able to follow instructions and then will be prepared for what to expect (e.g., possible side effects) and when to return for follow-up or potential problems
  - using concise, clear, non-technical language

- using visual aids effectively
- asking client to repeat instructions/essential infrormation in her own words to be sure she understands sufficiently to implement the behavior (e.g., how to take COCs, what to do if two or more pills are missed, how to use a condom correctly, how to deal with side effects, how to identify complications)

1.2.8 *Basic dynamic process for counseling FP/RH clients*

- characteristics of the dynamic process:
  - responsive to individual client's life stage and life-situation needs, risks, concerns, preferences and requests
  - a dynamic, flexible interaction with each individual client, rather than a step-by-step formula for all clients
  - initiated when a client comes to the clinic with a request or problem she has identified OR when a problem is discovered during the assessment
  - can be adapted/applied to FP counseling for informed choice (see Tool 3-a: Counseling for informed choice of FP methods), and to other RH needs, problems or requests (see Tool 1-b: Counseling the client to make an FP/RH decision)
- elements of the dynamic process (see Tool 1-b: Counseling the client to make an FP/RH decision) include:
  - establishing and maintaining rapport with the client, using effective interpersonal and counseling skills
  - asking the client about herself to gain an understanding of her life situation and particular FP/RH needs, problems, preferences or requests
    OR
    identifying the client's particular FP/RH needs, problems, preferences or requests through history-taking (and physical examination if needed)
    OR
    telling the client that she has a particular FP/RH problem or risk which the provider has determined on the basis of history or physical examination
  - providing information related to the client's FP/RH needs, problems, risks, preferences or requests and ensuring client's understanding of the information provided
  - helping the client make an appropriate decision to address her needs, problems, risks, preferences or requests
  - providing additional specific information and encouragement necessary for the client to implement her decision
  - referring client or providing the FP/RH service that responds to her needs, problems, risks, preferences or requests, and scheduling a return visit, as appropriate

1.2.9 *Situations when the provider initiates and uses counseling skills*

- when client requests advice
- when client states a concern or non-verbally demonstrates concern (e.g., related to sexuality or confusion concerning provider's advice about a client problem)
- when client is choosing an FP method
  - initial method/new client
  - when client wishes to change method
  - when client needs to weigh risks and benefits of an FP method (i.e., risk of pregnancy versus potential side effects of a contraceptive method)
  - when the advantages of choosing certain contraceptive methods seem unrecognized or unknown by client (e.g., condom use by STI or HIV/AIDS client (or at risk of STI or HIV); grand multipara who is using a temporary method, such as combined oral contraceptive pills (COCs) or progestin-only pills (POPs), but who might find a permanent or long-term method meets her needs better)
- when helping a client to deal with side effects of an FP method or when client needs to select the method that matches her reproductive intentions (e.g., spacing) or life stage or life situation (e.g., adolescence, domestic violence) or health risk factor (e.g., STI risk, being under 18 years of age and pregnant)
- when facilitating discussion about sensitive topics, for example:
  - a woman who is hesitant to talk about a sensitive sexual experience (e.g., coercion, rape, incest, domestic violence)
  - an adolescent who would like information about normal sexuality, FP or STI prevention
  - a client who is hesitant to share information about a recent RH problem (e.g., an unsafe abortion; reproductive tract discharge or pain)
- when assisting the client or couple in solving an FP/RH-related problem or clarifying a misconception about FP/RH, for example:
  - an infertile couple jointly accepting responsibility for their infertility
  - a couple with girls understanding that the male determines sex of offspring (one of the main reasons women are beaten in some societies is women are blamed for producing girl babies)
  - an HIV-or STI-infected client who wants information about preventing its spread to a partner, advice on keeping well or referral for care and social services
- when facilitating effective RH care for a client or couple, for example:
  - educating a client on rationale for decision about treatment or action (e.g., emergency surgical intervention for ectopic pregnancy; blood donation for family member who needs surgery; need for referral)
  - following-up with a client who discontinues a course of care or treatment

  - recommendation and instructions for emergency contraception (EC) if client/couple had unprotected intercourse and wants to avoid pregnancy

1.2.10 *Priority groups/high risk clients needing to be counseled to make FP/RH decisions*

- pregnant women
- newly-delivered mothers
- women who have just had abortions, abortion complications or miscarriages
- mothers who have had four or more pregnancies
- women who are over 35 years of age
- sexually-active adolescents below 18 years of age, whether married or not
- women with health problems, such as diabetes or heart disease
- individual men or women and couples with STIs or HIV/AIDS
- women who have had a difficult pregnancy or delivery, such as:
  - women who had ante- or postpartum hemorrhage
  - women who were admitted during pregnancy with pregnancy-related illness
- breastfeeding mothers during the first 6 months after delivery
- mothers of sick or underweight babies
- women suffering from domestic violence
- clients with daughters where female circumcision is practiced
- partners of the women listed above
- others, as identified in the national or local FP/RH service guidelines

SKILLS

1.2 Using interpersonal communication and counseling skills to assist individual clients or couples to make FP/RH decisions

(see Tool 1-b: Counseling the client to make an FP/RH decision; Tool 3-a: Counseling for informed choice of FP methods; and Tool 5-e: Providing postabortion FP counseling.)

For simulation/role play practice, case situations involving commonly encountered risk factors, issues or problems can be prepared in the areas reflected in the examples below (see possible content in Modules 3 through 6). Case situations involving services that trainees are already providing should be used, so that trainees will be practicing interpersonal communication and counseling skills with clinical content that they already know.

- situations included in section 1.2.9 above
- clients who wish to use FP methods (see Tool 3-a: Counseling for informed choice of FP methods)
- clients who wish to change to another FP method
- pregnant and postpartum women

- women with newborns or young infants
- women who are postabortion (see Tool 5-e: Providing postabortion FP counseling)
- clients at risk or possibly at risk of STIs or HIV/AIDS
- couples with infertility problems
- adolescents or clients who have adolescent children
- preconceptional clients
- victims of domestic violence or sexual coercion
- menopausal women
- clients of other RH services that trainees are already providing

MAJOR TASK 1.3

Use counseling skills to assist individual clients and their partners to identify and discuss sexuality issues and how they relate to FP, STI and HIV/AIDS prevention and other RH behaviors and decision-making.

KNOWLEDGE

1.3 Human sexuality issues often encountered during FP/RH service delivery

1.3.1 *Definition of terms* (see Glossary in User's Guide.)

- sexuality
- gender/sex roles
- cultural norms
- bargaining power

1.3.2 *Interrelated human sexuality issues relevant to good-quality FP/RH service delivery and counseling*

- woman's lack of bargaining power with her partner regarding:
  - when to have sex
  - the number of children to have
  - the decision to initiate and continue FP practice
  - if her husband approves of FP, which method he favors or opposes
  - male use of condom or vasectomy
  - protection from STIs and HIV due to husband's or partner's behavior (i.e., multiple sex partners)
  - treatment for a partner with, or exposed to STIs or HIV/AIDS
  - insisting on sexual monogamy with husband or partner

  - potential for violence if client discusses or insists on the right to protect herself from unwanted pregnancy, STI or HIV
- lack of cultural acceptance of female sexuality, for example:
  - woman's need and desire to initiate and have sexual intercourse
  - woman's interest in a satisfying sexual relationship
  - female-initiated discussions regarding lack of libido or enjoyment of sex
- need for RH education for adolescents and clients' adolescent children
- ignorance or fear of discussion concerning the need for sexually active adolescent children to protect themselves against pregnancy, STI and HIV
- sensitivity about female sexuality in relation to female circumcision
- fear of discussion of sexual coercion, incest or rape
- in general, lack of cultural acceptance of women who initiate discussions pertaining to sexuality and FP issues
- other issues identified by trainers and trainees, using FP/RH experiences
- sexuality issues relevant to choice of FP method (e.g., will heavy bleeding interrupt sexual relations? Do clients prefer a coitus-independent method? Can using a condom become a part of foreplay and thus be more acceptable to male?)

1.3.3 *Providers' values and attitudes regarding human sexuality, for example:*

- comfort or discomfort in speaking actual names of reproductive organs and functions
- asking about and discussing the above human sexuality issues with female and male clients
- comfort-level and skills regarding counseling clients of opposite sex, couples, unmarried clients or adolescents

1.3.4 *Implications of FP/RH provider's knowledge, attitudes and comfort-level concerning human sexuality issues* (see section 1.3.5 below*) as clients' counselor, educator and service provider*

- willingness to ask for more training or to ask someone more appropriate to do such counseling if provider is unwilling or uncomfortable doing so
- other ideas generated and discussed by trainers and trainees

1.3.5 *Hints for discussing sexuality issues with clients*

- learn and use the vocabulary used by a particular age group of client
- be prepared to provide accurate information objectively and comfortably or refer to a more experienced colleague
- observe and respond to questions or concerns the client presents and from non-verbal cues (frowning, looking ashamed or alarmed)

- use counseling skills to help client explore the issue(s) and make a plan to communicate with partner, invite the partner for couple counseling or alternate strategies for self-protection
- be ready to take more time than usual in client/provider sessions, understanding that the time invested may mean greater client satisfaction and continuation of method (FP and protection against STI and HIV)

SKILLS

1.3 Using communication and counseling skills to identify and discuss sexuality issues that are often encountered with clients during FP/RH service delivery (see Tool 1-b: Counseling the client to make an FP/RH decision; and section 1.3 above.)

KNOWLEDGE ASSESSMENT QUESTIONS

This component contains 11 sample questions that can be used before or at the end of training to assess whether the trainee has the knowledge necessary to counsel clients for FP/RH services.

There are two types of questions: those which ask the trainee to recall information (for example, questions 4 through 8) and those that require the trainee to solve a problem which they will likely encounter on the job (for example, question 3). These 11 questions do not cover all of the knowledge in Module 1. The trainer can develop additional recall and problem-solving questions to further assess their trainees.

Note that the question numbers do not correspond to the numbered sections of the knowledge outline.

Answers to the Knowledge Assessment Questions follow the last question.

1. Circle T if the statement is TRUE and F if it is FALSE.

   The following contribute to the promotion of positive client/provider interpersonal relationships:

   a. Explaining all the FP methods in detail to all new FP clients T/F
   b. Closing the door of the counseling session room T/F
   c. Explaining at the beginning the steps that will be followed during client/provider session T/F
   d. Maintaining culturally acceptable eye contact during client/provider session. T/F

2. Check (√) the correct response(s).

   Fostering positive client/provider interpersonal relationships is an important part of:

   a. making FP equipment and supplies available for client care ( )
   b. quality of care ( )
   c. contributing to the client's adoption and continuation of the methods provided, or healthful behaviors. ( )

3. Check (√) the correct answer.

   Which of the following actions contribute to establishing and maintaining good interpersonal relationships in the FP/RH clinic?

   a. Mrs. D., who has just completed formal training in FP, is immediately appointed to replace Mrs. Fupi, an informally trained FP provider. ( )

b. Mrs. N. uses medical FP/RH terms and explanations during counseling of all clients. ( )

c. Mrs. L., a newly qualified FP provider, seeks opportunities to share updated FP knowledge and practices with her colleagues. ( )

4. List any three **verbal communication skills** useful to encourage a client to speak freely with the FP/RH provider:

   a. _____

   b. _____

   c. _____

5. List any three **non-verbal communication skills** useful to encourage a client to speak freely with the FP/RH provider:

   a. _____

   b. _____

   c. _____

6. a. Define the term "feedback."

   _____

   _____

   b. Why is feedback important in maintaining positive interpersonal relationships?

   _____

   _____

7. a. Define the phrase "counseling a client."

   _____

   _____

   b. How does a “client counseling session” differ from “client education session”?

   _____

   _____

8. In addition to feedback and verbal and non-verbal communication skills, list any two **information-providing skills** that facilitate effective counseling.

   a. _____

   b. _____

9. Check (√) the correct response(s). The main purpose(s) of FP/RH counseling are to:

   a. make the clients comfortable and relaxed while waiting for and receiving needed services ( )

   b. help clients make decisions on identified RH issues, risks and problems ( )

   c. help clients to make an informed choice about FP methods, STI and HIV prevention or other RH risk-reduction measures or behaviors ( )

   d. explain FP guidelines to both the providers and the clients in a health center ( )

   e. help identify and refer clients from MCH, abortion and curative services for FP or other appropriate RH services and to refer FP/RH clients to other services, as needed (e.g., STI or HIV diagnosis). ( )

10. Circle T if the statement is TRUE and F if it is FALSE.

    a. Counseling clients is one way of improving the quality of care T/F

    b. Privacy, closeness of client/provider seating and use of visuals during counseling are positive factors for counseling T/F

    c. Professional counselors are needed for counseling to be effective in FP/RH services. T/F

11. Describe the basic dynamic process for counseling FP/RH clients to help them make FP/RH decisions.

_____

_____

_____

_____

_____

_____

Answer Sheet to the KNOWLEDGE ASSESSMENT QUESTIONS

Question No. 1 (4 points)

a. F
b. T
c. T
d. T

Question No. 2 (2 points)

b.
c.

Question No. 3 (1 point)

c.

Question No. 4 (3 points)

Any of the following verbal communication skills are correct, as well as others that the trainer judges correct:

- **C**larification using open-ended and probing questions
- **L**istening actively/allowing client to finish speaking
- **E**ncouragement/praise
- **A**ccurate reflection and focusing of the discussion according to the client's concerns
- **R**epetition/using paraphrasing
- **R**esponding to client's non-verbal communication
- **S**ummarizing and ensuring a common understanding of discussion

Question No. 5 (3 points)

Any of the following non-verbal communication skills are correct, as well as others that the trainer judges correct:

- **S**mile/nod at client
- **O**pen and non-judgmental facial expression
- **L**ean towards client
- **E**ye contact in a culturally-acceptable manner
- **R**elaxed and friendly manner

Question No. 6 (2 points)

a. Any of the following are correct, as well as others that the trainer judges to be correct:
   - Feedback refers to the flow of information from the receiver back to the source (person)/and vice versa on the same topic.
   - Feedback is a way of describing to the other person the specific behavior observed.
   - Feedback is a way of letting the information giver know what the information receiver observed, heard and understood.

b. Any of the following are correct, as well as others that the trainer judges to be correct:
   - Feedback can help a provider learn how her interpersonal behavior is perceived by clients, co-workers or supervisors
   - Feedback can let the provider know if the client understands important information and instructions regarding an FP method, or other RH decision, and relevant behaviors to be followed.
   - Feedback can help build positive interpersonal relationships between provider/client or between trainer/provider or provider/provider.

Question No. 7 (2 points)

a. Any of the following are correct, as well as others that the trainer judges to be correct:
   - Counseling means assisting each client to explore an issue, request (i.e., a specific FP method) or a problem in the context of the individual client's life in order for the client to voluntarily make her/his own decision about the issue, request or problem.
   - Counseling is a way of helping a client reconfirm or reconsider a request, identify important issues or problems, jointly discuss their consequences and select a course of action.

b. Any of the following are correct, as well as others that the trainer judges to be correct:
   - Counseling focuses on helping clients or couples make choices in the context of their individual lives; education focuses on the transfer of information (mostly factual) to individuals, couples or groups independent of their individual needs.
   - Counseling involves two-way communication in helping a client or couple make a decision or a choice; education usually involves one-way communication in giving information to individuals, couples or groups.

Question No. 8 (2 points)

Any of the following information-providing skills are correct, as well as others that the trainer judges to be correct:

- providing accurate, up-to-date information
- providing information that is directly related to the identified FP/RH problem, the client's preferred FP method(s) or other services that the client requests
- providing adequate information so that the client will be able to make and carry out a decision, will be able to follow instructions and then will be prepared for what to expect and when to return for follow-up or potential problems
- using concise, clear, non-technical language
- using visual aids effectively
- asking client to repeat instructions and essential information in her own words to ensure client's comprehension.

Question No. 9 (3 points)

b.
c.
e.

Question No. 10 (3 points)

a. T
b. T
c. F

Question 11

The following points are correct, as well as others that the trainer judges to be correct:

The basic dynamic process for counseling FP/RH clients:

- has the following **characteristics**:
  - is responsive to individual client's life stage and life-situation needs, risks, concerns, preferences and requests
  - is a dynamic, flexible interaction with each individual client, rather than a step-by-step formula for all clients
  - initiated when a client comes to the clinic with a request or problem she has identified OR when a problem is discovered during the assessment
  - can be adapted/applied to FP counseling for informed choice, and to other RH needs, problems or requests
- includes the following **elements**:
  - establishing and maintaining rapport with the client, using effective interpersonal and counseling skills
  - asking the client about herself to gain an understanding of her life situation and particular FP/RH needs, problem or request
    OR
    identifying the client's particular FP/RH needs, problem or request through history-taking (and physical examination if needed)
    OR
    telling the client that she has a particular FP/RH problem or risk which the provider has determined on the basis of history or physical examination
  - providing information related to the client's FP/RH needs, problem, risk, preference or request and ensuring client's understanding of the information provided
  - helping the client make an appropriate decision to address her needs, problem or request
  - providing additional specific information and encouragement necessary for the client to implement her decision
  - referring client or providing the FP/RH service that responds to her needs, problem, risk, preference or request, and scheduling a return visit, as appropriate.

10 points

GRAND TOTAL:	35 points
CUT OFF:	24 points (must include correct answer to questions 2, 6 and 7 and all correct elements of question No. 11)

SKILLS ASSESSMENT TOOLS

The following tools can be used to assess trainees' performance when counseling clients for FP/RH services. The assessment tools can be used for pre- or post-training skills assessment, or for assessment of skills performance on the job after training. They may also be used by trainees to guide skills acquisition during training or as a job aid after training. The tools cover many, but not all, of the skills required to counsel clients for FP/RH services. Trainers can create additional tools for other skill areas using the suggested resources below as references.

Module 1 Tools:

Tool 1-a: Using interpersonal communication skills

Tool 1-b: Counseling the client to make an FP/RH decision according to her particular needs

Useful Tools from other Modules:

Tool 3-a: Counseling for informed choice of FP methods

Tool 5-e: Providing postabortion FP counseling

Skills Assessment Tool 1-a

USING INTERPERSONAL COMMUNICATION SKILLS

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks before the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 1-a (continued)

USING INTERPERSONAL COMMUNICATION SKILLS

SKILL	ALWAYS, AS APPROPRIATE 2	SOMETIMES 1	RARELY 0	COMMENTS
Non-verbal communication skills (SOLER) a. *Smiles/nods at client				
b. *Open and non-judgmental facial expression				
c. Leans toward client				
d. *Eye contact in a culturally appropriate manner				
e. *Relaxed and friendly manner.				
Verbal communication skills (CLEARRS) a. Clarification using open-ended or probing questions				
b. *Listening actively/allowing client to finish speaking				
c. *Encouragement/praise				
d. Accurate reflection and focusing the discussion according to client's concerns				
e. *Repetition/uses paraphrasing				
f. Responding to client's non-verbal communication				
g. *Summarizing and ensuring a common understanding of discussion.				

TOTAL SCORE: 24 points CUT OFF: 16 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 1-b

COUNSELING THE CLIENT TO MAKE AN FP/RH DECISION

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks before the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 1-b (continued)
COUNSELING THE CLIENT TO MAKE AN FP/RH DECISION

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Establishes and maintains rapport with the client, using effective interpersonal and counseling skills.	28		20		
2. Asks the client about herself *OR...* Takes the client's history (and performs a physical examination if needed) *OR ...* Tells the client about her identified FP/RH problem.	6		6		
3. Provides information related to the client's FP/RH needs, problem or request and ensures client's understanding of information provided.	18		10		
4. Helps client make an appropriate decision to address her needs, problem, risk, preference or request.	6		4		
5. Provides additional specific information necessary for the client to implement her decision.	8		6		
6. Refers the client *OR...* provides the needed RH service; and schedules a return visit, as appropriate.	6		4		
TOTAL	72		50		

Skills Assessment Tool 1-b (continued)

COUNSELING THE CLIENT TO MAKE AN FP/RH DECISION

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Establishes and maintains rapport with the client, using effective interpersonal and counseling skills.

	2	1	0	Comments
1.1 *Provides privacy (visual and auditory).				
1.2 *Uses appropriate introductory technique.				
1.3 Uses and maintains the following communication skills to enhance interaction:				
a. clarifies, using open-ended questions				
b. *listens actively				
c. *uses encouragers such as "Aha!", and praises client				
d. focuses the discussion according to the client's concerns				
e. *paraphrases client's statements				
f. responds to client's non-verbal communication				
g. *summarizes				
h. *smiles or nods at client				
i. *maintains open and non-judgmental facial expression				
j. leans toward client				
k. *maintains culturally appropriate eye contact				
l. *maintains relaxed and friendly manner.				
Note: The communication skills for 1.3 should be assessed throughout the entire set of tasks.				

POSSIBLE SCORE: 28 points CUT OFF: 20 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 1-b (continued)

COUNSELING THE CLIENT TO MAKE AN FP/RH DECISION

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Asks the client about herself OR takes the client's history (and performs a physical examination if needed) OR tells the client about her identified FP/RH problem.

	2	1	0	Comments
2.1 *Identifies the client's FP/RH needs, problem or request by asking general questions about her life and what provider can do for her *OR...* *Identifies the client's FP/RH needs, problem or request by taking the client's history and performing a physical examination, if necessary (see relevant skills assessment tools in Module 3) *OR...* *Tells the client about her particular FP/RH problem that has been identified through history or physical examination.				
2.2 Explains the need to discuss the problem identified: a. *to help the client understand the effect of the problem on her health and the health of the child, if applicable, and b. *to help the client make FP decisions, including selecting an FP method; choosing a long-term or permanent method; continuing the use of a particular method; changing to a more suitable method for client; protecting self against STIs including HIV infection *OR...* c. *to seek an RH service related to the problem or health risk factor (such as antenatal care, hospital delivery, postpartum assessment and FP/RH counseling, STI or HIV services).				

POSSIBLE SCORE: 6 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 1-b (continued)

COUNSELING THE CLIENT TO MAKE AN FP/RH DECISION

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Provides information related to the client's FP/RH needs, problem or request and ensures client's understanding of the information provided.

	2	1	0	Comments
3.1 Explains the effects of the client's needs, risk, problem or request related to herself and, if applicable, the child, her partner and other family members.				
3.2 *Provides accurate information.				
3.3 *Uses non-technical language throughout the session.				
3.4 Uses visual aids interactively with the client.				
3.5 *Explains possible solutions to address the client's needs, risk, problem or request:				
a. need to adopt FP, to consider a different method (including long-term or permanent method) and/or to use condoms against STI and HIV infection				
OR...				
b. need for other RH services such as STI treatment, antenatal care.				
3.6 Encourage client to ask questions or request repetition.				
3.7 *Respectfully asks client to restate the information provided in her own words.				
3.8 Praises client for information she has remembered.				
3.9 *Restates information that has been omitted or misunderstood.				

POSSIBLE SCORE: 18 points CUT OFF: 10 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 1-b (continued)

COUNSELING THE CLIENT TO MAKE AN FP/RH DECISION

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Helps client make an appropriate decision to address her needs, problem, risk, preference or request.

	2	1	0	Comments
4.1 *Asks the client how she would like to solve the problem or what she has decided.				
4.2 Asks the client why she chose the solution(s) or made the decision.				
4.3 *Helps the client to make an appropriate decision if necessary.				

POSSIBLE SCORE: 6 points CUT OFF: 4 points (must include skills with asterisks (*))
Score Attained: _____

Task 5: Provides specific additional specific information necessary for the client to implement her decision.

	2	1	0	Comments
5.1 *Explains to the client what steps the provider and client can now take in order to implement the client's decision.				
5.2 *Respectfully asks client to restate the information provided in her own words.				
5.3 Praises client for information she has remembered.				
5.4 *Restates information that has been omitted or misunderstood.				

POSSIBLE SCORE: 8 points CUT OFF: 6 points (must include skills with asterisks (*))
Score Attained: _____

Skills Assessment Tool 1-b (continued)

COUNSELING THE CLIENT TO MAKE AN FP/RH DECISION

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6: Refers the client OR provides the needed RH service; and schedules a return visit, as appropriate.

	2	1	0	Comments
6.1 Summarizes the client's decision or solution(s) to the problem and steps to be taken for implementation.				
6.2 *Refers the client, thanks her and bids farewell *OR...* *Continues to the next step for providing the needed FP/RH service for the client.				
6.3 *Schedules a return visit, as appropriate, thanks her and bids farewell.				

POSSIBLE SCORE: 6 points CUT OFF: 4 points (must include skills with asterisks (*))
Score Attained: _____

APPENDICES

The following two documents contain information fundamental to counseling clients for family planning and reproductive health services.

APPENDIX A: Rights of the Client (International Planned Parenthood Federation)

APPENDIX B: Needs of the Provider (Huezo and Diaz)

APPENDIX A

RIGHTS OF THE CLIENT

International Planned Parenthood Federation

1992

Every family planning (FP) client has the right to:

1. INFORMATION

All members of the community have the right to balanced and accurate FP for themselves and their families. They also have the right to know where and how to obtain more information and services for planning their families.

2. ACCESS

All members of the community have the right to receive services from FP programs, regardless of their social status, economical situation, political belief, ethnic origin, marital status or geographical location. Access includes **freedom** from **barriers** such as policies, standards and practices which are not scientifically justifiable or which represent provider biases.

3. CHOICE

Individuals and couples have the right to decide freely whether or not to practice FP. When providing FP services, clients should be given the freedom to choose which method of contraception to use.

4. SAFETY

FP clients have the right to safety in the practice of FP. Clients have the right to know if FP methods protect against STI and HIV, and the right to risk assessment and counseling. Clients have the right to receive or be referred to other RH services as needed.

5. PRIVACY

When discussing his/her needs or concerns the client has the right to do this in an environment in which she/he feels confident that her/his conversation with the counselor or service provider will not be listened to by other people.

When a client is undergoing a physical examination, it should be carried out in an environment in which her/his right to bodily privacy is respected.

6. CONFIDENTIALITY

The client should be assured that any information she/he provides or any details of the service received will not be communicated to third parties without her/his consent.

7. DIGNITY

FP clients have a right to be treated with courtesy, consideration, attentiveness and with full respect of their dignity regardless of their level of education, social status or any other characteristics which would single them out or make them vulnerable to abuse.

8. COMFORT

Clients have the right to feel comfortable when receiving services. This right of the client is intimately related to adequacy of the service delivery facilities and quality of services.

9. CONTINUITY

Clients have the right to receive contraceptive services and supplies for as long as they need them. Clients have the right to receive or be referred to other RH services as needed.

10. OPINION

Clients have the right to express their views on the services they receive.

Adapted from:

International Planned Parenthood Federation (IPPF): *Rights of the Client* (wall chart). London, IPPF, 1992.

Nyong'o D (ed): Quality Services, Client Satisfaction. *Africa Link* 1994(October):1-40.

Huezo C, Diaz S: Quality of Care in Family Planning: Clients' Rights and Providers' Needs. *Advances in Contraception* 1993;9:129-139.

APPENDIX B

NEEDS OF THE PROVIDER

C. Huezo and S. Diaz

1993

Providers have critical needs also. Below are needs or rights of providers which facilitate their ability to provide services that address clients' rights.

1. TRAINING

To have access to the knowledge and skills needed to perform all the tasks required of them.

2. INFORMATION

To be kept informed on issues related to their duties on a regular basis.

3. INFRASTRUCTURE

To have appropriate physical facilities and organization to provide services at an acceptable level of quality.

4. SUPPLIES

To receive continuous and reliable supplies of the array of methods of contraception and materials required for providing FP services at appropriate standards of quality.

5. GUIDANCE

To receive clear, relevant and objective guidance, and support for making needed changes.

6. BACKUP

To be re-assured that whatever the level of care at which they are working, they will receive support from other individuals or units, to be assigned the number of clients no greater than can be assured the minimal quality of care required.

7. RESPECT

To get recognition for their competence and potential, and respect for their human needs.

8. ENCOURAGEMENT

To be given stimulus in the development of their potential and creativity.

9. FEEDBACK

To receive feedback concerning their competence and attitudes as assessed by others.

10. SELF-EXPRESSION

To express their views concerning the quality and efficiency of the FP program.

Adapted from:

Huezo C, Diaz S: Quality of Care in Family Planning: Clients' Rights and Providers' Needs. *Advances in Contraception* 1993;9:129-139.

REFERENCES

The following list includes the Key Resources for this Module (see page 1-9), references used to develop this module, and other resources that are particularly useful for trainers.

AVSC International: *Education and Counseling: Helping People Make Family Planning Choices* (video). New York, AVSC International, 1992.

Designed to be used as part of a counseling training program for health care providers, this video introduces key concepts about family planning counseling. Running time: 23 minutes. Available in ***English*** from:

AVSC International
79 Madison Avenue
New York, New York 10016, USA.
Tel: 1-212-561-8000
Fax: 1-212-779-9439
E-mail: info@avsc.org

* AVSC International: *Family Planning Counseling: A Curriculum Prototype Trainer's Manual*. New York, AVSC International, 1995.

Intended for health and family planning workers who want to develop or improve counseling skills. Includes six modules describing the GATHER technique. Also provides a basic overview of family planning methods, HIV and other STDs, male and female reproductive anatomy and physiology along with two fold-out posters. Includes two manuals for participants: a participant's handbook and *Talking with Clients about Family Planning: A Guide for Health Care Providers.* Available in ***English*** from:

AVSC International
79 Madison Avenue
New York, New York 10016, USA.
Tel: 1-212-561-8000
Fax: 1-212-779-9439
E-mail: info@avsc.org

* These resources are particularly useful for trainers

Bender DE, Bean C: *Counseling Skills in Family Planning Trainer's Handbook*. Chapel Hill, NC, Carolina Population Center, University of North Carolina at Chapel Hill, 1982.

Designed to provide training on basic family planning counseling skills. Explains the "ReUndA" counseling model to improve skills in relationship-building and communication. Stresses verbal and nonverbal skills needed by the counselor. In ***English.*** Currently not in print.

Carolina Population Center
University of North Carolina at Chapel Hill
University Square 300A
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-2157
Fax: 1-919-966-6638

Burton RL: Group Process Demystified, in Pfeiffer JW, Goodstein LD (eds): *The 1982 Annual for Facilitators, Trainers, and Consultants.* San Diego, CA, University Associates, Inc., 1982, pp190-197.

Explains a conceptual model that links four aspects of group process according to existing schools of thought: interpersonal relations, group developmental stages, group dynamics and curative/growth factors. The 1982 edition is no longer in print. Current edition available in ***English*** from:

Jossey-Bass/Pfeiffer
350 Sansome Street, Fifth Floor
San Francisco, California 94104-1342, USA.
Tel: 1- 415-433-1740; toll free (North America): 1-800-274-4434
Fax: 1-415-433-1711
E-mail: lshayer@jbp.com

Bushardt SC, Fowler AR: The Art of Feedback: Providing Constructive Information, in Pfeiffer JW (ed): *The 1989 Annual: Developing Human Resources.* San Diego, CA, University Associates, Inc., 1989, pp 9-16.

Exercise designed to teach the feedback process and its value to members of a generally well-functioning work group by using a handout with the principles of feedback and guidelines for providing feedback. The 1989 edition is no longer in print. Current edition available in ***English*** from:

Jossey-Bass/Pfeiffer
350 Sansome Street, Fifth Floor
San Francisco, California 94104-1342, USA.
Tel: 1- 415-433-1740; toll free (North America): 1-800-274-4434
Fax: 1-415-433-1711
E-mail: lshayer@jbp.com

Checkner V: Counseling Skills in Midwifery Practice, in Bennett VR, Brown LK (eds): *Myles Textbook for Midwives*. Edinburgh, ELBS/Churchill Livingstone, 1989.

Chapter in basic textbook encompassing obstetrics and neonatal care from the midwife's perspective. Discusses helping strategies and counseling skills as they relate to midwifery practice. Includes guidelines for the provision of bereavement counseling. Twelfth edition available in ***English*** from:

Churchill Livingstone, Inc.
650 Avenue of the Americas
New York, New York 10011, USA.
Tel: 1-212-206-5000
Fax: 1-212-727-7808

Dixon-Mueller R: The Sexuality Connection in Reproductive Health. *Studies in Family Planning* 1993;24(5):269-282.

Relates sexuality to reproductive health outcomes and suggests that family planning policies and programs address broader spectrum of sexual behaviors and meanings. Notes need to confront male entitlements threatening women's sexual and reproductive health. Also reprinted in Zeidenstein S and Moore K (eds): *Learning About Sexuality: A Practical Beginning*. New York, The Population Council, 1996. Both available in ***English*** from:

The Population Council
Office of Communications
One Dag Hammarskjold Plaza
New York, New York 10017, USA.
Tel: 1-212-339-0514
Fax: 1-212-755-6052
E-mail: pubinfo@popcouncil.org

Edmands EM, et al: *Dimensions of Counseling in Family Planning.* Chapel Hill, NC, INTRAH, 1988.

Defines counseling, outlines the family planning client's rights and explains the components of counseling. Relates counseling to 14 special issues including breastfeeding, voluntary surgical contraception, infertility and STDs. Available in ***English*** from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

Family Health International: Quality of Care. *Network* 1993;14(August):1-28.

The first section of this issue describes what is meant by quality of care, the improvement of services as a result of the Client-Oriented and Provider-Efficient (COPE) approach, and the steps needed to improve quality. A fourth article explains the need to provide thorough counseling to clients who use Depo Provera®. Available in ***English***, ***French*** and ***Spanish*** from:

Network
Family Health International (FHI)
P.O. Box 13950
Research Triangle Park, North Carolina 27709, USA.
Tel: 1-919-544-7040
Fax: 1-919-544-7261
E-mail: dcrumpler@fhi.org

Handwerker WP: *Births and Power: Social Change and the Politics of Reproduction*. Boulder, CO, Westview Press, 1990.

Cross-cultural approach to politics of reproduction, addressing such issues as implications of choosing to have large or small families, approaches to reducing high birth rates in developing countries, incidence of teenage pregnancy rates in developed countries, failings of family planning programs, debates over abortion, and effects of AIDS on relationships between women and men. In ***English.*** Currently not in print.

Hatcher RA, et al: *Contraceptive Technology*, 16th rev. ed. New York, Irvington Publishers, Inc., 1994.

Comprehensive manual for reproductive health care providers that is updated frequently. Provides practical clinical guidelines for reproductive health counseling, contraceptive methods and treatment for reproductive tract infections. Includes guidelines for client education and lists of frequently asked questions. Seventeenth edition available December 1997 in ***English*** from:

Irvington Publishers, Inc.
Lower Mill Road
North Stratford, New Hampshire 03590, USA.
Tel: 1-603-922-5105
Fax: 1-603-922-3348
E-mail: suzy-g@moose.ncia.net

* Hatcher RA, et al: *The Essentials of Contraceptive Technology*. Baltimore, Johns Hopkins School of Public Health, Population Information Program, 1997.

Handbook for family planning and reproductive health care providers working in clinics and other health care facilities. Content based on scientific consensus recently developed under auspices of WHO and of USAID collaborating agencies. Chapters cover family planning counseling and methods in addition to sexually transmitted infections (STIs) including HIV/AIDS. Chapters describe effectiveness of family planning methods in terms of likelihood of pregnancy in first year of using method. Includes wall chart. Available in ***English*** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202-4012, USA.
Tel: 1-410-659-6300
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

Hatcher RA, et al: *Sexual Etiquette 101*. Atlanta, Emory University, 1992.

Booklet developed to provide college students with clear answers to questions on the rules of sexual etiquette, human sexuality, contraception, HIV/AIDS, and STDs. Content is based on Hatcher's *Contraceptive Technology.* Includes phone numbers of health care services on selected university campuses. Available in ***English*** from:

Bridging the Gap Communications
P.O. Box 33218
Decatur, Georgia 30033, USA.
Tel: 1-404-373-0530
Fax: 1-404-373-0408

* International Planned Parenthood Federation: *Rights of Clients.* Wall chart, adapted from IPPF *Medical and Service Delivery Guidelines.* London, IPPF, 1992.

Adapted from Chapter 1 of the *Medical and Service Delivery Guidelines,* this wall chart summarizes the rights of every family planning client. These include: information, access, choice, safety, privacy, confidentiality, dignity, comfort, continuity and opinion. Available in ***English*** from:

International Planned Parenthood Federation (IPPF)
Regent's College, Inner Circle
Regent's Park, London NW1 4NS
United Kingdom.
Tel: 0-71-486-0741
Fax: 0-71-487-7950

* These resources are particularly useful for trainers.

[*] Johns Hopkins University/Population Communication Services: *Put Yourself in Her Shoes: Postabortion Family Planning Counseling* (video). Baltimore, JHU/PCS, 1997.

Developed in collaboration with PATH and the Postabortion Care Consortium. Presents stories of four African women who have had abortions and explores their interactions with health care providers after treatment for complications. Focuses on one nurse's growing skills in family planning counseling to prevent repeat abortion and her satisfaction in helping her patients avoid future unplanned pregnancies. Highlights important aspects of the counseling process. Part of a training package that includes a video discussion guide for trainers, a counseling review sheet for providers and a prototype leaflet for clients. Running time: 30 minutes. Available in PAL format in ***English*** and ***French*** from:

Media/Materials Clearinghouse
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202, USA.
Tel: 1-410-659-6300
Fax: 1-410-659-6266
E-mail: mmc@jhu.edu

Kinyua M, Nturibi D: *Understanding Family Planning Facts and Misconceptions*. Nairobi, John Snow, Inc., 1992.

Booklet designed as an information tool to help service providers dispel common rumors regarding family planning methods. Provides concise and clear explanations of family planning and family planning counseling as well as descriptions of male and female anatomy and STDs. For further information contact:

Family Planning Private Sector Programme
P.O. Box 46042
Nairobi, Kenya.

Lettenmaier C, Gallen, ME: Why Counseling Counts! *Population Reports* Series J 1987;(36):1-28.

Describes the essentials of counseling including: greeting clients, dealing with clients' feelings, countering false rumors and misinformation, helping clients choose a family planning method and handling problems on the return visit. Also provides AIDS information for family planning clients, family planning for the breastfeeding woman and holding group discussions. Includes charts on the elements of counseling (GATHER method) and family planning methods. Available in ***English*** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore MD 21202, USA.
Tel: 1-410-659-6300
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

[*] These resources are particularly useful for trainers.

Mtawali G, Brady M: *Tools Used for a Study of FP Counseling in Clinics Providing NORPLANT®.* Nairobi, 1992.

Report of study assessing the quality of counseling services in two family planning centers introducing NORPLANT® in Kenya. Study focuses on three general themes: actual information given to clients; nature and quality of client-provider relationship; and staff attitudes towards NORPLANT® and clients. Appendix includes all questionaires given to respondents. Unpublished report.

* Murphy EM, USAID Maximizing Access and Quality (MAQ) Client-Provider Interaction Working Group: Implications of Research and Program Experience for Client-Provider Interactions (CPI) in Family Planning/Reproductive Health Programs, in Technical Guidance Working Group): *Recommendations for Updating Selected Practices in Contraceptive Use, Volume II.* Chapel Hill, INTRAH, 1997.

Emphasizes the importance that both the process of interacting with clients and the information essential for informed choice have on the quality of client-provider interactions (CPI) and on the adoption, effective use, and continuation of modern contraception. Available in ***English*** from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

* Program for Appropriate Technology in Health: *Interpersonal Communication/Counseling (IP/C) Workshop Curriculum for Family Planning, STDs, and HIV/AIDS*. Washington, DC, PATH, forthcoming.

Includes current best practices in interpersonal communication and counseling, such as verbal and non-verbal behavior, perceptions and values clarification, effective use of audio-visual aids and addressing rumors and mis-information. Also included is the latest guidance on client-provider interaction (CPI), stressing dynamic interaction with individual clients and exploration of relevant issues such as sexuality, vulnerability to STDs, HIV/AIDS, and domestic violence. Basic theories of communication are integrated with practical applications and exercises. Available in ***English*** in early 1998 (and later in ***Spanish*** and ***French***) from:

Program for Appropriate Technology in Health (PATH)
1990 M Street, NW, Suite 700
Washington, DC 20036, USA.
Tel: 1-202-822-0033
Fax: 1-202-457-1466
E-mail: info@path-dc.org

* These resources are particularly useful for trainers.

* Wells ES: Family Planning Counseling: Meeting Individual Client Needs. *OUTLOOK* 1995;13(1):1-7.

Explores the role of counseling in meeting client needs and suggests elements of effective counseling and counseling training programs. Also included are common client concerns about contraceptives. Describes the impact counseling has made in China and Bangladesh. Available in ***English*** and ***French*** from:

Program for Appropriate Technology in Health (PATH)
4 Nickerson Street
Seattle, Washington 98109-1699, USA.
Tel: 1-206-285-3500
Fax: 1-206-285-6619
E-mail: info@path.org

World Health Organization: *Providing an Appropriate Contraceptive Method Choice: What Health Care Workers Need to Know*. Geneva, Monograph WHO/MCH/FPP/93.3.

Developed in collaboration with Program for Appropriate Technology in Health (PATH), the purpose of this booklet is to prepare family planning providers to help their clients choose a contraceptive method. Includes essential information about contraceptive methods, factors influencing the choice of method, and counseling techniques. Limited distribution. Available in ***English*** from:

World Health Organization (WHO)
Distribution and Sales
CH-1211 Geneva 27
Switzerland.
Tel: (voice) 41-22-791-2476/2477
Fax: 41-22-791-4857
E-mail: publications@who.ch

* These resources are particularly useful for trainers.

Reproductive Health Training

For Primary Providers

A SourceBook

for

Curriculum Development

Module 2
Educating Clients & Groups

PRIME

Module 2

Table of Contents

ABOUT the AUTHOR

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ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
COC	combined oral contraceptive
FGD	focus group discussion
FP	family planning
HIV	human immunodeficiency virus
IUD	intrauterine contraceptive device
MAQ	maximizing access to and quality of care
MH	maternal health
ORS	oral rehydration solution
POI	progestin-only injectables
POP	progestin-only pill
RH	reproductive health
STI	sexually transmitted infection

INTRODUCTION

This module is part of a set entitled *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development*. The *SourceBook* contains a User's Guide and eight modules that trainers, faculty of professional schools and curriculum developers can use as references to develop or revise curricula for training primary providers of client-oriented integrated reproductive health (RH) services. Primary providers are the health care workers who provide the most basic contact between members of the community and the health care system. They include nurses, nurse-midwives, public health nurses, clinical officers/medical assistants and community-based workers. The *SourceBook* emphasizes the jobs of *clinic-based* primary providers, but it can also be used, as is or adapted, to develop curricula for primary providers who offer RH services in *community-based or non-clinical settings*.

The *SourceBook* components have been developed and the content selected based on principles of performance-based training: the knowledge, skills and support the trainee needs to meet performance standards on the job. The training may be for pre-service education or in-service training. The training approach may also vary: structured on-the-job training, group training, self-directed learning activities, or any combination that will best prepare the trainee to perform well on the job. Information on how to use the *SourceBook* to develop a performance-based RH curriculum can be found in the first volume of the *SourceBook*, the User's Guide.

To keep the focus on job performance, specifically, the knowledge and skills required to do a job well, the authors identified the major jobs of primary providers of RH services and then developed a module for each major job or service component. A list of the eight *SourceBook* modules appears below.[1] This module is highlighted.

Module 1	Counseling clients for family planning/reproductive health services
Module 2	Educating clients and groups about family planning/reproductive health
Module 3	Providing family planning services
Module 4	Providing basic maternal/newborn care services
Module 5	Providing postabortion care services
Module 6	Providing selected[2] reproductive health services
Module 7	Working in collaboration with other reproductive health and community workers
Module 8	Organizing and managing a family planning/reproductive health clinic for maximizing access to and quality of care (MAQ)

[1] Other jobs, or modules, may be identified and developed.

[2] This module features RH topics not covered in the other *SourceBook* modules.

OVERVIEW OF MODULE 2

Module 2 contains the components for developing a curriculum or a curriculum unit on educating clients and groups about family planning and reproductive health (FP/RH). The module covers basic considerations, techniques, skills and processes for planning, conducting and evaluating FP/RH education sessions for clients or groups who would benefit from these services. Principles of interpersonal communication, counseling and information-providing skills covered in Module 1 are applied in this module.

This module is intended to be used in conjunction with the clinical skills modules (Modules 3 through 6); therefore content and tools on the skills and processes of providing education are not repeated in **those** modules. During training for **this** module, it is recommended that the trainees practice educating clients or groups about FP/RH services that they are already providing so that the emphasis is on improved performance in educating clients and groups rather than on learning new RH content. The trainer can then help trainees apply their improved knowledge and skills in educating clients and groups to new RH clinical skills that are covered in the other modules.

When developing a performance-based curriculum on educating clients and groups about FP/RH, the following resources are essential to use in conjunction with Module 2:

Key Resources (full citations are in the User's Guide and the **References** list at the end of this module)

- *Contraceptive Technology*, 16th rev. ed. (Hatcher, et al)
- *Developing Health and Family Planning Materials for Low-Literate Audiences: A Guide*, rev. ed. (PATH)
- *7 Planning Questions for Family Planning Training* (INTRAH)
- *Teaching and Learning with Visual Aids* (INTRAH)
- national or local service guidelines

In addition to the Key Resources, the other modules of the *SourceBook* will be useful references when developing a curriculum for educating clients and groups about FP and RH.

Mapping Module 2

On the following pages are a series of figures that progressively build the "map" of Module 2 (Figures 1 through 5). The term "map" has a unique meaning in the *SourceBook.* Like a map that shows relationships among cities, rivers and countries, the module map shows how the six components of the *SourceBook* modules relate to one another. The components are:

- the trainee's JOB (the JOB for Module 2 is "educating clients and groups about FP/RH");
  - the MAJOR TASKS of the job;
    - the KNOWLEDGE required to perform the job;
      - the SKILLS required to perform the job;
        - KNOWLEDGE ASSESSMENT QUESTIONS; and
          - SKILLS ASSESSMENT TOOLS.

Note that in Figure 1, there are six boxes – five vertical boxes and one horizontal box – each representing one of the six main components of the module. Since the JOB is the primary component of each module, the JOB appears in the horizontal box at the top of the map.

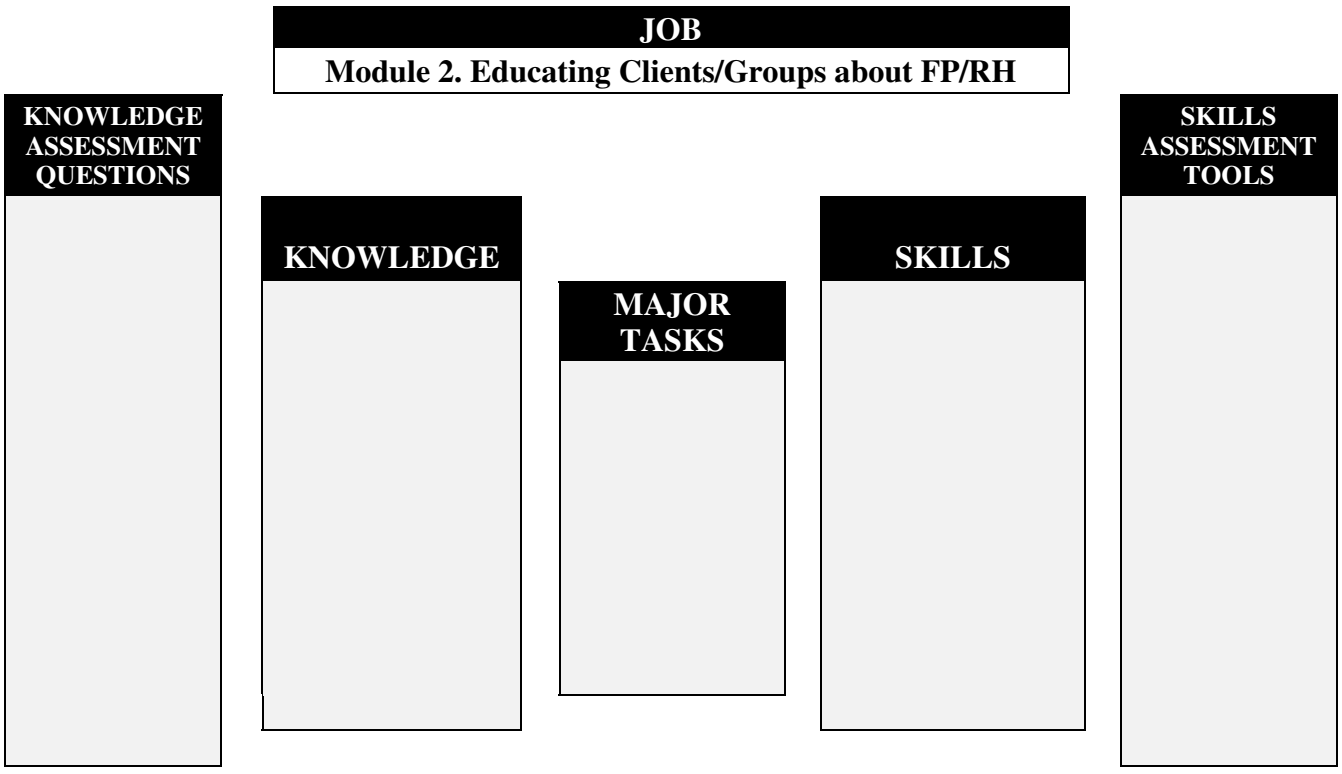

Figure 1
The Module "Map"

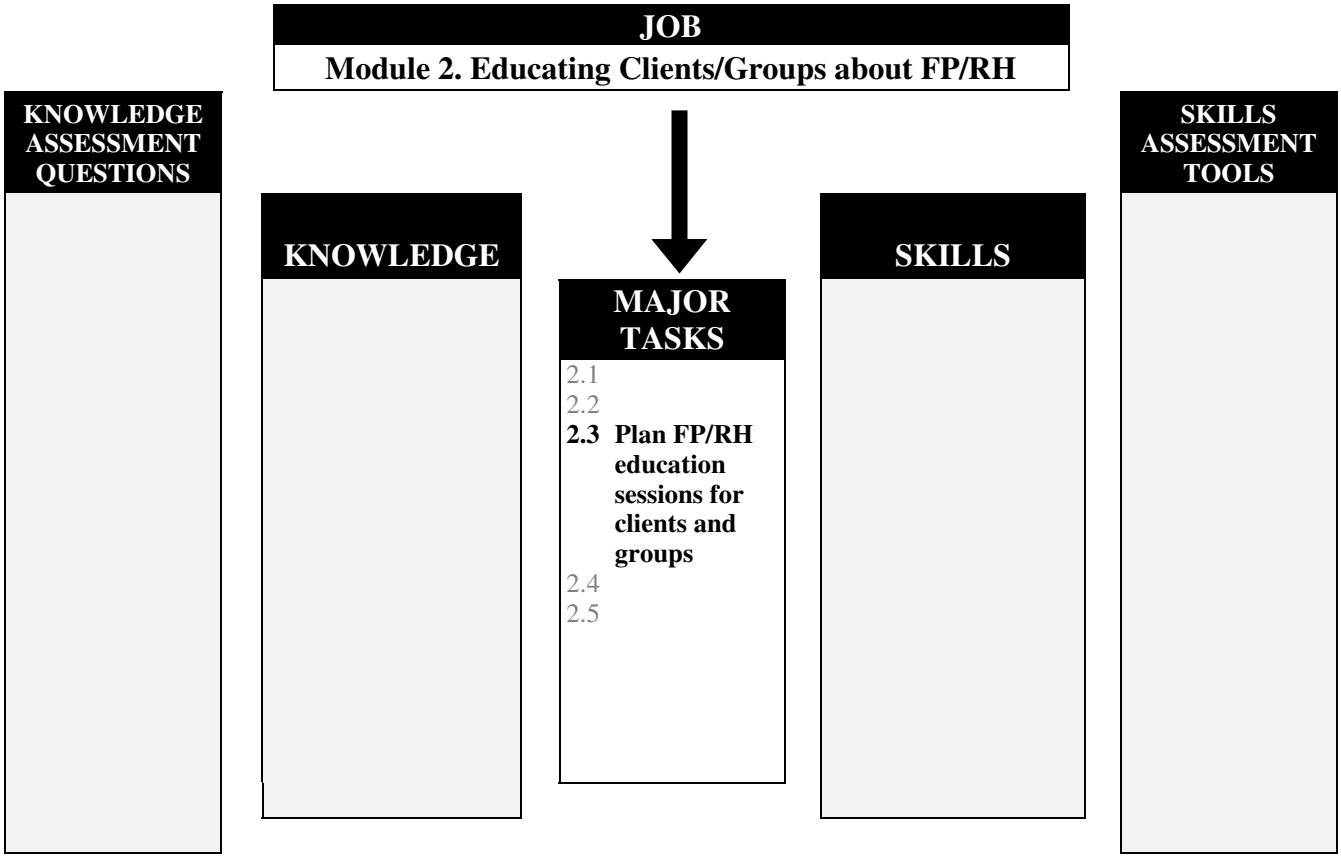

Figure 2
JOB and MAJOR TASKS

Each module in the *SourceBook* is based on one JOB and the MAJOR TASKS which comprise that job. In this module, the JOB, "Educating Clients and Groups about FP/RH," consists of five MAJOR TASKS. The JOB and the MAJOR TASKS are the central parts of the map. The arrow helps to reinforce the idea that the TASKS flow out of the JOB. One of the five MAJOR TASKS in Module 2, "Plan FP/RH education sessions for clients and groups," is featured in Figure 2.

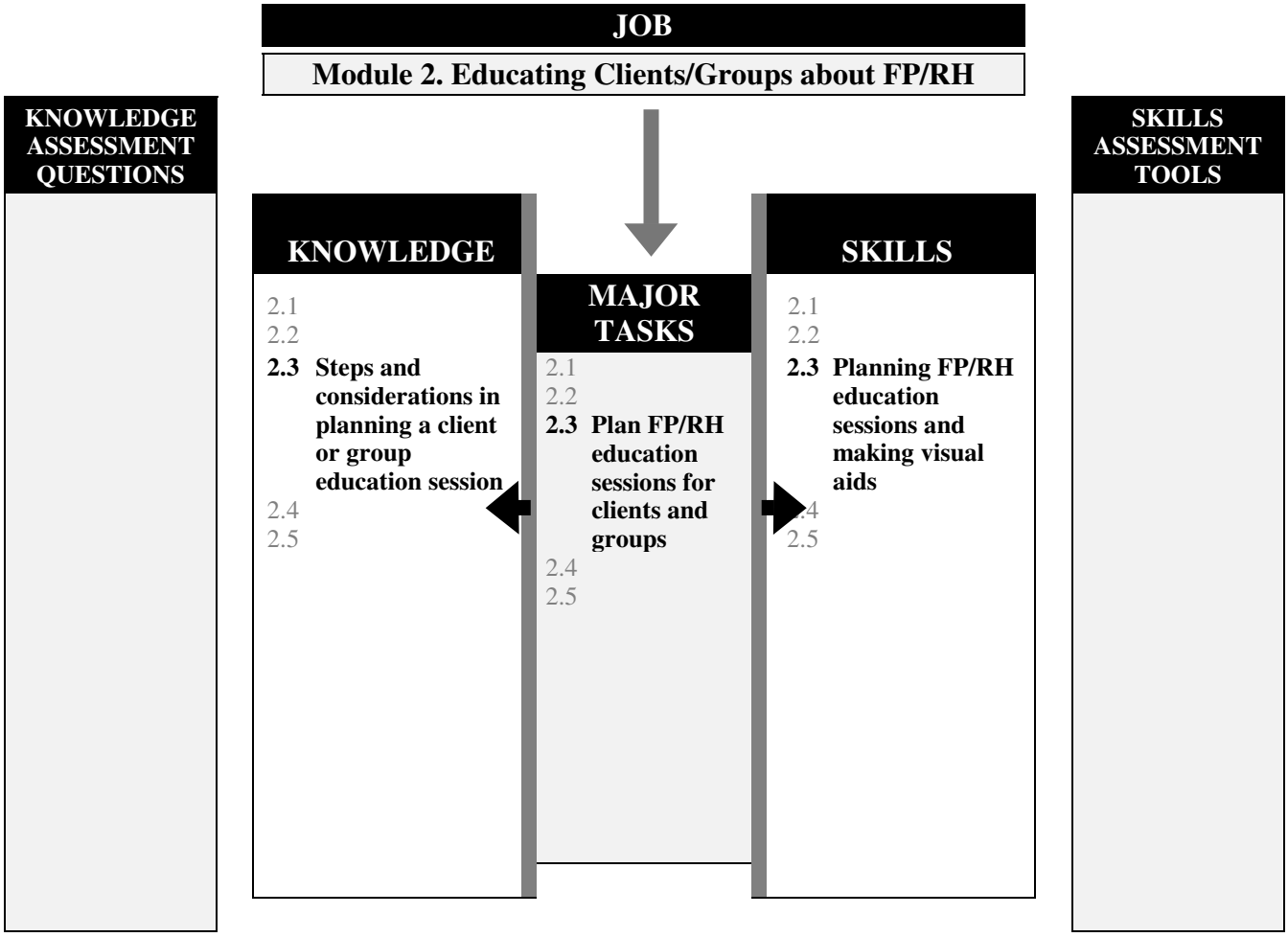

Figure 3
KNOWLEDGE and SKILLS are both required to accomplish the TASKS

Each MAJOR TASK has corresponding KNOWLEDGE and SKILLS components. Figure 3 illustrates that the SKILLS component is as important as the KNOWLEDGE component when mastering the MAJOR TASKS. Only the knowledge required to perform any given MAJOR TASK is in the KNOWLEDGE outline of the module. In this example, the KNOWLEDGE required to perform the MAJOR TASK of planning FP/RH education sessions consists of the steps for planning a group education session and important considerations. Likewise, only the skills which make up the MAJOR TASK are listed in the SKILLS component of the module. In this example, the SKILLS that must be practiced are planning an actual FP/RH education session and making visual aids.

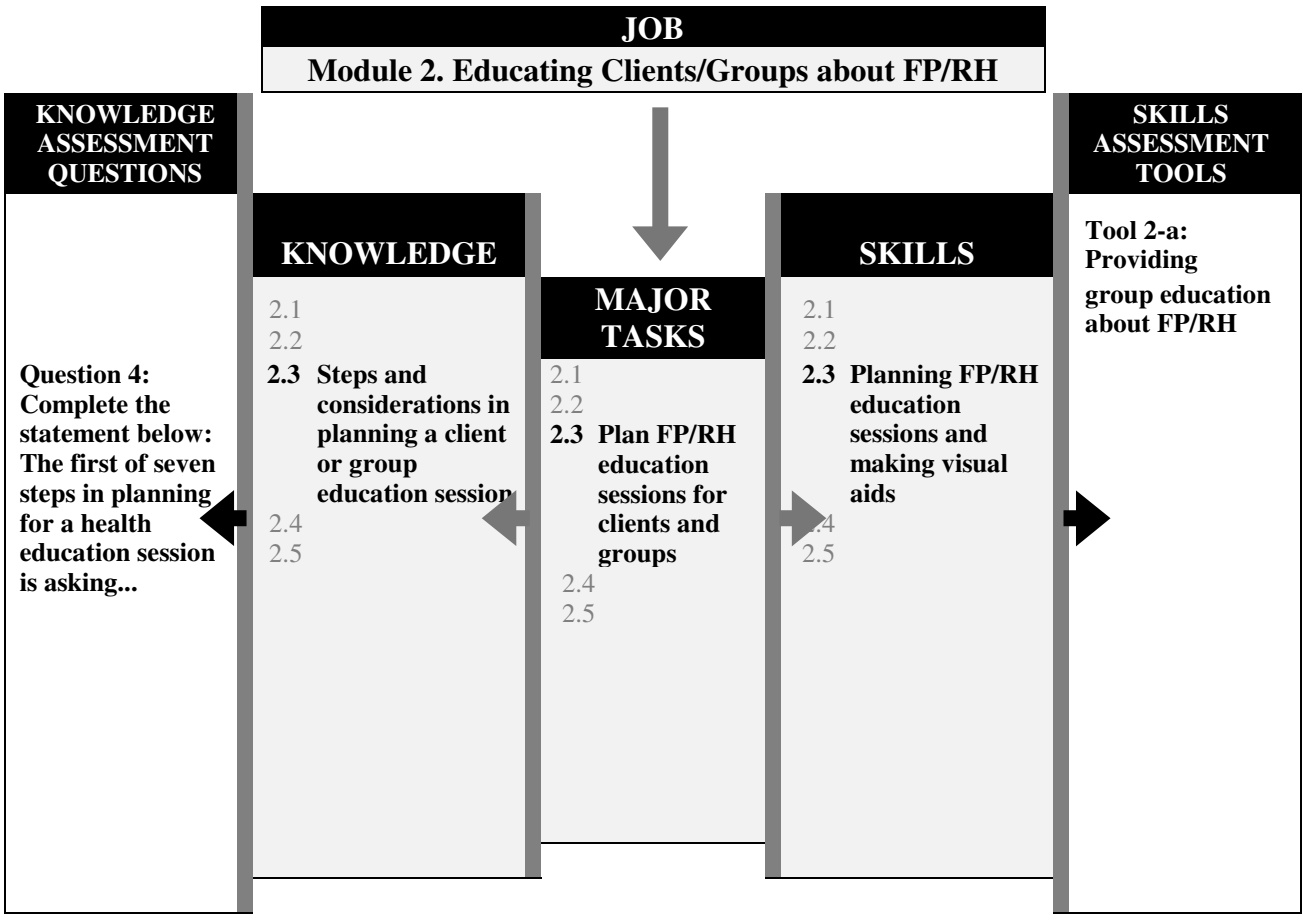

Figure 4
KNOWLEDGE ASSESSMENT QUESTIONS and SKILLS ASSESSMENT TOOLS

To ensure that the trainee can adequately perform each MAJOR TASK, the module includes two types of instruments. There are KNOWLEDGE ASSESSMENT QUESTIONS to evaluate the knowledge level of trainees and SKILLS ASSESSMENT TOOLS to evaluate the skills level of trainees (Figure 4). The assessments can be used before, during and at the end of training. They can also be used when the trainee is in her/his job site to assess the trainee's knowledge and performance of new skills on the job.

For a complete map of this module, see Figure 5 on the next page.

JOB

Module 2. Educating Clients/Groups about FP/RH

KNOWLEDGE ASSESSMENT QUESTIONS

Module 2 Questions

6 sample questions which test knowledge recall and

application of knowledge through problem-solving are included in this module.

Two examples are:

2. List five groups or couples that could benefit from FP/RH education.

6. The health worker in a small rural clinic is concerned because many babies in the area are dying from diseases that could be prevented by immunizations . . .

   Answer the 7 planning questions to plan a group educational session for the women in the village.

KNOWLEDGE

2.1 Introduction to FP/RH group education

2.2 Barriers to communication about FP/RH

2.3 Steps and considerations in planning a group education session

2.4 Steps and techniques for conducting a group education session

2.5 Evaluating a group education session and using information from evaluation

MAJOR TASKS

2.1 Identify appropriate clients/ groups, their locations, relevant subjects and appropriate messages

2.2 Identify potential barriers to effective communication

2.3 Plan FP/RH education sessions

2.4 Conduct FP/RH education sessions

2.5 Evaluate FP/RH education sessions

SKILLS

2.1 Choosing relevant subject/messages for a particular group

2.2 Identifying and counteracting FP/RH rumors or misconceptions

2.3 Planning FP/RH education sessions and making visual aids

2.4 Conducting group and client/couple education sessions

2.5 Evaluating and using information from evaluation of a group and a client/couple education session

SKILLS ASSESSMENT TOOLS

Module 2 Tool:

Tool 2-a: Providing group education about FP/RH

(Tool 2-a can be adapted for client/couple education)

Tools from other Modules:

Tool 1-a: Using interpersonal communication skills

Tool 1-b: Counseling the client to make an FP/RH decision

Figure 5: Detailed map of Module 2

COMPONENTS OF THE MODULE

JOB

The overall job covered by this module is to provide family planning/reproductive health (FP/RH) education sessions for clients and groups.

MAJOR TASKS

The major tasks which comprise the overall job for this module are to:

2.1 Identify appropriate clients/groups, locations to reach those clients/groups, relevant subject areas and appropriate messages for FP/RH education.

2.2 Identify informational needs of clients/groups and potential barriers to effective communication about FP/RH/sexuality issues.

2.3 Plan FP/RH education sessions for clients/groups.

2.4 Conduct FP/RH education sessions for clients/groups.

2.5 Evaluate FP/RH sessions for clients/groups.

KNOWLEDGE & SKILLS

Each major task consists of a knowledge and a skills component. Below is an outline of the knowledge and a list of the skills necessary to perform the five major tasks which comprise the job of educating clients and groups about FP/RH. The knowledge component of each major task is outlined first. Throughout the knowledge section, there are references (in parentheses) to additional sources of information on the subject. These sources may be found in other *SourceBook* modules or in other references (see the **References** list at the back of the module for the full citations).

The gray box at the end of each knowledge section contains the list of skill(s) in which the knowledge just outlined is applied. Following each skill, there may be a reference to a skills assessment tool (in parentheses). These tools can be used to guide practice during simulation or practicum and/or assess performance of the skills. Some of the skills assessment tools cited are included in this module; others can be found in other *SourceBook* modules. (Note that each skills assessment tool is identified by a number and a letter. The number indicates the *SourceBook* module where the tool is located.) For skills that do not refer to an assessment tool, there may be a reference to another source of information to assist in the development of a skills assessment tool. (See the **References** list for the full citation of the sources listed.)

MAJOR TASK 2.1

Identify appropriate clients/groups, locations to reach those clients/groups, relevant subject areas and appropriate messages for FP/RH education.

KNOWLEDGE

2.1 Introduction to FP/RH group education

2.1.1 *Reasons for conducting FP/RH client/group education sessions*

- to create FP/RH awareness, build trust and stimulate interest that will eventually lead to those interested adopting an appropriate FP or RH-related practice
- to give correct and balanced information regarding FP/RH
- to dispel rumors and misconceptions
- to introduce a new service or FP method
- to implement and adhere to one of the quality of care elements: "information given" (see User's Guide.)
- to empower clients to make decisions on health matters that will affect them, their partners and/or their families
- to respond to individual and community needs, interests and concerns about FP/RH and FP/RH services and commodities

2.1.2 *Sources of information about FP/RH problems that could be addressed through FP/RH client/group education*

- clinic statistics regarding FP methods used, methods discontinued by clients or distrusted because of rumors associated with them
- country and/or city statistics, including trends in sexually transmitted infections (STIs) and HIV/AIDS prevalence (e.g., through the National AIDS Control Program)
- clients' comments about the service
- discussions with individual women or men
- focus group discussions (FGDs) with both users and non-users of FP/RH services
- interviews with community representatives (e.g., women's groups)
- FP/RH providers' comments

2.1.3 *Appropriate groups for FP/RH services and education*

If specified in national FP/RH policy guidelines and standards, all males and females of reproductive age (including adolescents), regardless of their marital and health status, will be included. For example:

- newly married women and couples
- pregnant women
- women who have just given birth
- women who have just had abortions, abortion complications or miscarriages
- mothers who have had four or more pregnancies
- women who are over 35 years of age
- sexually-active adolescents below 18 years of age, whether married or not
- other sexually-active women and men, whether married or not
- women with health problems, such as diabetes or heart disease
- individual men or women and couples with STIs or HIV/AIDS
- women who have had a difficult pregnancy or delivery, such as:
  - women who had ante- or postpartum hemorrhage
  - women who experienced pregnancy-related illness or complications during delivery (e.g., obstructed labor or eclampsia)
- breastfeeding mothers during the first 6 months after delivery
- mothers of sick or underweight babies
- women suffering from domestic violence
- clients and others with daughters, where female circumcision is practiced
- men in the community (leaders, partners of the women listed above)
- others generated by trainers and trainees

2.1.4 *Locations for FP/RH education*

As specified in the country's national FP/RH service policy guidelines and standards, locations may include but are not limited to:

- antenatal, postpartum and labor wards
- children's wards where mothers stay with their sick children
- under 5-year-old child health/immunization and antenatal clinics
- nutrition rehabilitation wards for malnourished children and their mothers
- centers providing FP/RH education programs
- gynecological wards (especially postabortion)
- schools, youth training centers or youth-serving organizations
- women's and other community organizations
- markets or village squares
- community radio (using the most dynamic providers/trainees)
- waiting-room video (using the most dynamic providers/trainees)
- others generated by trainers and trainees

2.1.5 *Major subject areas for FP/RH education* (see Modules 3 through 6)

- family planning
  - meaning of FP; continuum from traditional to modern methods
  - health and social benefits of FP and RH
  - components of FP/RH services; where and when to obtain the services
  - FP methods available in the health facility, district, region and country
  - features of FP methods, including advantages, disadvantages, side effects and message that choice of FP method depends on individual needs, preferences and risk factors
  - risk of pregnancy versus potential side effects of modern FP methods
  - services to assist clients who have had unprotected sex within 72 hours and advantages for RH (emergency contraception)
  - dangers of pregnancy for: women below 18 years and over 35 years of age; women who have pregnancies less than 2 years apart; and women who have had more than four pregnancies
  - benefits of FP for women postabortion
  - fertility awareness
- maternal health (MH)
  - status of MH based on local/national vital statistics
  - services available in preconceptional care, safe motherhood and inter-conceptional care
  - rest and nutrition for mother's and baby's health during pregnancy and the postpartum period

  - importance and availability of tetanus toxoid immunization
  - positive breastfeeding advice and dealing with common breastfeeding problems
  - recommendations for returning to everyday life for the postpartum woman
  - importance of men's education about MH
- adolescent health and development
  - status of adolescent health based on local/national vital statistics
  - adolescent issues: nutrition, staying in school, self-esteem, abstinence, sexual coercion and violence, avoiding STIs, HIV and pregnancy
  - immunization benefits for adolescent and adult women; current schedules
  - female circumcision and its health dangers; alternatives for helping girls move from childhood to adulthood
  - importance of men's education about adolescents' health
- STIs/HIV/AIDS
  - preventing, managing and controlling the spread of STIs and HIV/AIDS; relationship between STIs and new HIV infections
  - dealing with non-sexually-transmitted reproductive tract infections
  - issues of conception, pregnancy and breastfeeding in persons with HIV infection and AIDS
- child health
  - benefits of breastfeeding for child and contraceptive benefit of lactational amenorrhea method (LAM) of FP; three conditions for LAM
  - immunization benefits for babies; current schedules
  - managing common infant and child health problems at home (e.g., respiratory infections, diarrhea, eye and skin infections)
  - symptoms of serious infant health problems requiring care by a nurse or other health worker
- others specified in local or national FP/RH service policy guidelines and standards or generated by trainers and participants

  Note: Choose one subject relevant to the group selected. Trainer can add other related topics depending on the service provision situation, e.g., low client load, insufficient time available to provide FP counseling for new clients, clients' informed choice.

2.1.6 *Messages in FP/RH education*

- purpose of messages
  - to provide information that may help one individual modify her/his behavior and that is relevant to her/his needs or problems

  - to provide the information that may help groups or a whole community change its norms on FP/RH behaviors, education and services
- sources of messages
  - identified needs and interests of audience
  - available client education leaflets, posters, calendars or other visuals on FP/RH topics which have been reviewed for accuracy, balance and currency of information
  - local songs or sayings that are related to health or childbearing, e.g., "poorly spaced children are like poorly spaced banana trees — usually both are unhealthy or die"
  - available books reviewed for accuracy, balance and currency of information; local/national FP/RH service policies and standards
- guidelines for developing messages in a subject area
  - learning the priority messages contained in the national FP/RH guidelines, leaflets or books
  - basing the message on identified needs or advances/new services in FP/RH. For example, if clients trust only combined oral contraceptive pills (COCs) and injectable FP methods, the message could emphasize the safety and benefits of intrauterine contraceptive devices (IUDs), progestin-only pills (POPs) and other FP methods relative to their side effects/drawbacks; if the service site is providing new FP/RH services, the message could be what the new services are, the benefits of the services or the support health providers need from the community in order to provide the services.
  - reinforcing those messages other health providers are giving to clients in response to identified needs

SKILLS

2.1 Choosing relevant subject/messages for a particular group
(see local or national FP/RH service guidelines or identify a particular groups' needs, concerns, preferences through survey data and qualitative research.)

MAJOR TASK 2.2

Identify informational needs of clients/groups and potential barriers to effective communication about FP/RH/sexuality issues.

KNOWLEDGE

2.2 Barriers to communication about FP/RH

2.2.1 *Potential barriers to effective communication about FP/RH/sexuality issues*

- family members/couples: discussion about FP, STI or HIV protection or sex may rarely or never occur due to cultural norms or individual shyness; a

woman may be using FP without discussing it with her partner; no one in the family may be willing to initiate discussion concerning sensitive sexual subjects

- community members: existence of cultural or religious practices against FP; cultural reticence to discuss sexual matters
- health providers: inadequate training in counseling and education skills; negative personal values/attitudes towards FP and FP methods; share cultural reticence about discussing sexual matters frankly; not practicing skills acquired from training; repeating same client education topics for all clients regardless of the individual client's needs or knowledge level; not giving or able to give clients factual reasons for the services being offered or provided to them; hierarchical or disrespectful attitudes toward clients and audiences
- health facilities: inadequate space or privacy available or inadequate time allocation for FP and RH education; irregularity of supplies availability so that education could lead to unfulfilled demand for services and FP/RH products
- FP/RH service policy guidelines: eligibility for FP (are men, adolescents and unmarried persons welcome?); physical assessment criteria for initiating an FP method; designated providers or centers for specific FP/RH services; service modality (vertical or integrated); do clients wait in areas that are separated according to problem or service?
- other barriers according to trainers' and trainees' local circumstances

2.2.2 *Approaches to overcome barriers to FP/RH communication in the health sites*

- exploring one's values as a health provider and/or trainer on sensitive sexuality-related subjects and moving to/taking a positive stand, e.g., FP/RH services for adolescents; services for clients suffering from sexual abuse or domestic violence; discussing female circumcision, if provider comes from a community where the practice exists; services for unmarried clients; offering support and compassion to clients who have had an abortion
- training other service providers in sexuality issues, interpersonal communication skills, skills in conducting educational sessions
- making these skills part of provider performance monitoring and evaluation
- using effective client education materials that have been pretested with client groups
- inviting and involving community leaders in gathering and sharing information about the clinic or health service problems, and giving feedback on how to improve services and community outreach
- improving organization of health facilities and services to maximize access to and quality of care (MAQ) (see Module 8: Organizing the Clinic for MAQ); holding meetings to inform community of these improvements (outreach)
- using updated service policy guidelines to improve access to services
- teaching clients to negotiate health services with partners; using counseling skills to help clients "open up"; responding to nonverbal communication of clients as needed (see Module 1: Counseling Clients)

2.2.3 *Rumors and misconceptions about FP methods or FP/RH practice*

- definition of rumor or misconception
  - rumor: general talk not based on definite fact
  - misconception: incorrect interpretation; misunderstanding or mistaken belief that may be shared in the community or culture
- examples of FP rumors (related to FP methods, FP in general) given by trainer/trainees (see Module 3: Providing Family Planning Services)
- examples of other RH rumors (related to STI or HIV transmission, treatment or care; pregnancy or childbearing and newborn care) (see Modules 4 through 6)

2.2.4 *Counteracting rumors, misconceptions and unwarranted concerns*

- suggestions for responses when a rumor is stated:
  - using counseling skills to help person to clarify the statement made and help provider relate the rumor to misconceived FP/RH practice or event, e.g., related to FP method side effect
  - eliciting explanations for concern (e.g., cultural belief that menstruation cleanses the body may represent an obstacle to potential progestin-only injectables (POI) users since menstruation is often disrupted and sometimes stops with POI use)
  - using facts, not opinion
  - showing respect for the individual and culture by not ridiculing/criticizing those who believe the misinformation
  - soliciting assistance of satisfied FP/RH users to help dispel the rumor
  - if possible, educating traditional healers and other cultural leaders and involving them in educating others
- other examples given by trainer and trainees

SKILLS

2.2. Identifying and counteracting FP/RH rumors or misconceptions
(see Tool 1-a: Using interpersonal communication skills; and role playing/practicing suggestions in section 2.2.4 above)

MAJOR TASK 2.3

Plan FP/RH education sessions for clients/groups.

KNOWLEDGE

2.3 Steps and considerations in planning a group education session
(**Note:** Planning for an individual client or couple education session uses some aspects of the following guidelines when there is a scheduled session. However, education for an

individual or couple often occurs on the spot in response to what the client wants/needs to know.)

2.3.1 *Seven planning questions to ask when outlining a group education session* (see User's Guide)

- What is the problem (what is/are the message(s) to be shared)?
- Who are the participants?
  - the number of participants
  - their backgrounds (including their ages, education levels, language(s), literacy, cultures, marital status)
  - their knowledge about the problem or message – both correct, incorrect and in terms of completeness
  - their capacity/ability to take part in the session or what it takes to engage them in the session
  - their reasons for seeking FP/RH services or information
- What do I want the participants to be able to do as a result of participating in the health education session (objectives of the session)?
- Where and for how long should the health education session take place (for it to achieve the objective(s) stated above)? What preparation needs to be made in the venue for effective education? When should the session be repeated? Should the content be broken into several sessions?
- What health education method(s) is/are most appropriate (for it to achieve the objective for the particular participant group)? (see section 2.3.4 below)
- What visual or audiovisual aids are needed?
  - visuals that are related to the session objective(s)
  - visuals that are clear to the client group
  - visuals that can be demonstrated and those that can be distributed to the group
- How will I know how effective the health education session was (assessment/evaluation of the session immediately and later during client care)? What will I ask the audience to do to assess the effectiveness of the education session?

2.3.2 *Relating planning questions above to adult learning and enhancing participants' ability to adopt the messages*

- using the 7 planning questions help enhance adult learning by ensuring that:
  - the session is relevant to participants' needs, time available
  - participants are involved and learn by doing during some part of the session
  - participants' experience and opinions are solicited and included
- answering the 7 planning questions also helps to:

– select the priority messages or problems to address first

– identify persons who may assist the provider to hold a successful session

2.3.3 *Importance of organizing written notes for the health education session*

- to be concise and systematic; to stay on designated subject; to cover all the important points; to use allotted time effectively
- to have reference documents at subsequent health education sessions
- to have evidence of applying the national FP/RH service standards
- to have a reference that can be used by a colleague, if necessary

2.3.4 *Using selected participatory health education methods*

- presentation/discussion
- soliciting audience questions; answers by presenter
- role play followed by discussion
- storytelling, drama, teaching a group song, or audiovisual presentation followed by discussion
- quiz followed by answers and discussion
- small group problem-solving
- panel discussion
- for an individual client or couple: questions and answers using visual aids

2.3.5 *Visual aids*

- visual aids can be used to:
  - make something small look larger
  - compare similarities and differences
  - show steps in doing a task or procedure
  - show how something changes or grows
  - serve as a basis for discussion
  - provide information when a trainer or service provider cannot be present
  - show something people cannot see in real life
  - help learners discover solutions to problems
  - make a difficult idea easier to understand

  (See examples in INTRAH: *Teaching and Learning with Visual Aids*, pp. 18-30)
- deciding what visual aids to use
  - identify visual aids in the clinic or locally available: types, where they are, who has them, past experience with using them and with what audiences
  - choose visual aids that have been pretested with representatives of the intended audience, e.g., with clients who are not accustomed to learning from pictures

  - choose visual aids whose design includes pictures and words that are easy to understand, are clearly and simply presented, have culturally-acceptable pictures and words, direct the eye to important information and hold the audience's attention
- using visual aids during the session
  - number and arrange the visual aids in the sequence of presentation
  - explain important themes of visual aids as you present them
  - make sure that each person in the audience can see the visual aids; do not stand or sit in front of them
  - learn the material well enough to speak to the audience when using visual aids and not look at the visual aids (beyond a glance or when pointing to a particular feature)
- choosing alternatives when there are no visual aids
  - local FP/RH-related idioms, stories or songs
  - health provider-created stories or songs
  - real objects (e.g., contraceptive commodities, foods, oral rehydration solution (ORS) packets) to pass around
  - other ideas generated by trainers/trainees
- posting and using visual aids on walls or bulletin boards
  - avoid overcrowding the visual aids
  - place visual aids in a systematic order
  - use visual aids that have been pretested with the intended audience and that can be easily read and understood
  - change posted visual aids regularly and draw attention to newly posted visual aids

SKILLS

2.3. Planning a FP/RH education session and making visual aids

- planning a FP/RH education session (see Tool 2-a: Providing group education about FP/RH)
- making visual aids for a FP/RH education session (see *Teaching and Learning with Visual Aids* for how to plan, develop and use visual aids)

MAJOR TASK 2.4

Conduct FP/RH education sessions for clients/groups.

KNOWLEDGE

2.4 Steps and techniques in conducting a group education session

2.4.1 *Major components of conducting an FP/RH education session*

- arranging seating and materials to accommodate ease of hearing and seeing
- introducing session, creating rapport with the audience
- presenting main content
  - finding out what participants know about the subject
  - clarifying misconceptions
  - adding to participants' knowledge through presentation and visual aids
  - using paraphrasing and open-ended questions to promote discussion and asking for participants' feedback to ensure participants have understood each point discussed
  - stating how participants can use knowledge learned through specific behaviors
  - distributing relevant supporting educational materials
- evaluate and close session (see section 2.5)

2.4.2 *Process of and techniques for conducting group education*

- beginning the session
  - create rapport with audience: greet, smile, ask how audience members are today
  - begin by using stories, experiences or sayings related to the FP/RH topic
  - state the session objectives
- maintaining attention of participants during a planned group education session
  - keep to session objectives and time allocation
  - shift to another technique if participants appear bored and distracted
  - use participatory education methods, including questions and answers
  - use pretested visuals and audiovisual aids, if available and interesting
  - use other techniques identified by the trainer
- closing the session
  - review one objective at a time and summarize content and what the group has learned
  - ask one or more participants to volunteer to summarize the main ideas discussed

  - ask if there are any further questions
  - use other methods according to the trainer's experience
- evaluating the group education session (see section 2.5 below)

2.4.3 *Techniques for conducting individual client/couple education*

- provide the service sought by the client, if possible
- use counseling skills (see Module 1: Counseling Clients) to alert the client/couple about the health problem observed, if any (i.e., individual or couple could be seeking FP information/advice)
- use information-providing skills (see Module 1: Counseling Clients, knowledge outline 1.2.7)
- encourage client/couple to ask questions and raise concerns
- ensure client has time to ask questions and discuss the subject/problem
- use the same two-way communication process as for counseling a client to make an FP/RH decision (see Module 1: Counseling Clients, knowledge outline 1.2.8 and Tool 1-b: Counseling the client to make an FP/RH decision)

SKILLS

2.4. Conducting group and client/couple education sessions

- conducting group education sessions (see Tool 2-a: Providing group education about FP/RH)
- conducting client/couple education sessions (adaptations of Tool 2-a: Providing group education about FP/RH; and Tool 1-b: Counseling the client to make an FP/RH decision)

MAJOR TASK 2.5

Evaluate FP/RH sessions for clients/groups.

KNOWLEDGE

2.5 Evaluating the group education session and using information from evaluation

2.5.1 *During and immediately after the session*

- ask questions related to the objective of the session
- listen to participants' questions – do they show confusion, interest and/or trust regarding the subject being discussed?
- observe non-verbal communication – do participants demonstrate boredom or confusion? or satisfaction, interest and growing trust?
- invite volunteers to summarize main ideas discussed, e.g., the purpose/objective of the session, major content covered or agreements

Note: Immediately act on the information shared by participants during the session, as discussed above. Clarify any misconceptions voiced.

- if possible to gather baseline data for participants with at least minimal literacy skills, develop and use audience-appropriate pre- and post-tests (pretested with low-literate groups)

2.5.2 *After the session* (at regular time intervals of three or more months)

- review clinic statistics – has the number of FP/RH clients increased? What is the average increase of FP/RH clients pre-and post- FP/RH education? (Compare statistics of previous and current months. If there is an initial increase followed by a plateau or decrease, plan to hold another education session.)
- listen to clients' or colleagues' repoints about the health education sessions – are clients saying they are satisfied?

2.5.3 *After evaluation of health education session*

- use the information to plan subsequent FP/RH education sessions
- relate this process of identifying clients' needs to adult learning principles
- use the information regarding audiences' knowledge, beliefs and attitudes to improve individual and couple counseling by preparing to deal with common misperceptions and concerns

SKILLS

2.5. Evaluating and using information from evaluation of group and client/couple education sessions

- evaluating and using information from evaluation of a group education session (see Tool 2-a: Providing group education about FP/RH)
- evaluating and using information from evaluation of a client/couple education session (adaptation of Tool 2-a: Providing group education about FP/RH)

KNOWLEDGE ASSESSMENT QUESTIONS

This component contains six sample questions that can be used before or at the end of training to assess whether the trainee has the knowledge necessary to educate clients and groups about FP/RH.

There are two types of questions: those which ask the trainee to recall information (for example, questions 1 through 5) and those that require the trainee to apply knowledge or solve a problem which they will likely encounter on the job (for example, see question 6). These six questions do not cover all of the knowledge in Module 2. The trainer can develop additional recall and problem-solving questions to further assess the trainees.

Note that the question numbers do not correspond to the numbered sections of the knowledge outline.

Answers to the Knowledge Assessment Questions follow the last question.

1. Check (√) the purpose(s) of health education below:
   a. To inform and/or update a group about a specific health topic ( )
   b. To dispel rumors and misconceptions about health practices or programs ( )
   c. To find out how much a group understands about certain health practices ( )
   d. To persuade clients or groups not to use traditional health providers ( )
   e. To encourage adoption of relevant health practices ( )
   f. To introduce a component of existing health service ( )
   g. To empower clients/potential clients to make decisions about health matters ( )
   h. To respond to individual and community needs, interests and concerns about FP/RH and FP/RH services and commodities. ( )

2. List five groups or couples that could benefit from FP/RH education.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

3. For each group listed in question 2 above, state briefly why they might benefit from FP/RH education.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

4. Circle T if the statement is TRUE or F if it is FALSE.

   a. FP /RH clinic providers should reach out to clients for FP/RH services in their own and neighboring health service centers. T/F

   b. National FP/RH service policy guidelines and standards provide a list of priority groups and the topics that are appropriate for these groups. T/F

   c. Topics for health education should be limited to those standard topics provided by national headquarters. T/F

   d. Men, women and adolescents of childbearing age should receive FP/RH health education (including STI prevention and FP methods). T/F

   e. It is important to use clinic service records concerning common health problems or concerns as one of several tools to develop appropriate health education sessions. T/F

   f. Well-presented FP/RH education sessions are likely to attract new clients. T/F

5. Complete the statements below regarding FP/RH health education:

   a. FP/RH clients are more likely to want to learn about FP/RH if the topic and message are:

   _____

   _____

   b. The first of seven steps in planning for a health education session is asking:

   _____

   _____

   c. One critical/important step to be followed just before closing a health education session is:

   _____

   _____

d. When there are no printed visual aids available, a health provider can use:

_____

_____

e. Providing accurate health education about FP/RH is part of one element of the:

_____

_____

6. The health worker in a small rural clinic is concerned because many babies in the area are dying from diseases that could be prevented by immunizations. She is concerned because mothers in the area do not bring their babies to the clinic for these immunizations or allow the community-based health worker to immunize the babies during home visits for FP or other health services. Her assistant, who lives in the village, told her that the women fear that the immunizations will poison their babies. They have heard rumors of babies dying after such immunizations, and they prefer to use their own herbal remedies for illnesses. The health worker observes that the women gather every week under a tree in the village to pound their grain, talk, and sing. The women are busy with many tasks and only stay under the tree about one hour or less.

   What can the health worker do to encourage the women to ask for their babies to be immunized through either the clinic-based or the community-based services? She has some paper and paint that she brought from the regional capital. The village has no electricity.

   Answer the seven planning questions to plan a group educational session for these women.

Answer Sheet to the KNOWLEDGE ASSESSMENT QUESTIONS

Question No. 1 (7 points)

a.
b.
c.
e.
f.
g.
h.

Question No. 2 (5 points)

Any of the following are correct, as well as others that the trainer judges to be correct:

- newly married women and couples
- pregnant women
- women who have just given birth
- women who have just had abortions, abortion complications or miscarriages
- mothers who have had four or more pregnancies
- women who are over 35 years of age
- sexually-active adolescents below 18 years of age, whether married or not
- other sexually-active women and men whether married or not
- women with health problems such as diabetes or heart disease
- individual men or women and couples with STIs or HIV/AIDS
- women who have had a difficult pregnancy or delivery, such as:
  - women who had ante- or postpartum hemorrhage
  - women who experienced pregnancy-related illness or complications during delivery (e.g., obstructed labor, eclampsia)
- breastfeeding mothers during the first 6 months after delivery
- mothers of sick or underweight babies
- women suffering from domestic violence
- clients and others with daughters, where female circumcision is practiced
- men in the community (leaders, partners of the women listed above).

Question No. 3 (5 points)

For whichever five responses (of the 17 options) were selected as answers in Question No. 2, the answers for Question No. 3 should include something about:

- improved maternal well-being (psychological, physical, and/or socio-economic) and/or
- improved infant or child survival or health and/or
- improved public health, e.g., decreased STI/HIV transmission.

Question No. 4 (6 points)

a.	T	d.	T
b.	T	e.	T
c.	F	f.	T

Question No. 5 (5 points)

Any of the following are correct, as well as others that the trainer judges to be correct:

a.
- based on their needs and concerns OR
- immediately applicable OR
- clear and non-technical OR
- brief and lively

b. what problems need to be solved (among the client group)?

c. evaluating the health education provided

d. any of the following:
- local FP-related sayings or "maxims";
- local FP-related stories;
- stories and songs created/developed by the FP/RH provider/educator;
- real objects, such as contraceptive method commodities; and/or
- other correct responses, as determined by the trainer

e. quality of care.

Question No. 6 (7 points)

The following are *possible* answers to the seven planning questions for this case example.

1. **What problem:** many babies in the area are dying from diseases that could be prevented by immunizations
2. **Who:** women with babies
3. **What:** ask for their babies to be immunized
4. **Where and how long:** under the village tree where women gather to pound their grain; 15 to 30 minutes
5. **Teaching methods:** songs, stories, or a talk about immunizations for babies
6. **Visual aids:**
   (a) existing materials: paper and paint
   (b) materials she can make:
      (1) pictures to illustrate her songs or stories about immunizations
      (2) drawing of children showing symptoms of each of the diseases that could be prevented by immunizations
7. **Effectiveness:**
   (a) Observe whether the women pay attention to her presentation and ask questions or offer their own stories about diseases and immunizations.
   (b) Count the number of women who ask for their babies to be immunized (at clinic-based or community-based service) *before* and *after* the session.
   (c) before and after education session written knowledge assessment (if possible, a literacy-appropriate and pretested instrument).

GRAND TOTAL: 35 points
CUT OFF: 24 points (must include correct answers to questions 4a, 4b, 4e and 5)

SKILLS ASSESSMENT TOOLS

The following tools can be used to assess trainees' performance when educating clients and groups about FP and RH. The assessment tools can be used for pre- or post-training skills assessment, or for assessment of skills performance on the job after training. They may also be used by trainees to guide skills acquisition during training or as a job aid after training. The tools cover many, but not all, of the skills required to educate clients and groups. Trainers can create additional tools for other skill areas using the suggested resources below as references.

Module 2 Tools:

Tool 2-a: Providing group education about FP/RH

Useful Tools from other Modules:

Tool 1-a: Using interpersonal communication skills

Tool 1-b: Counseling the client to make an FP/RH decision according to her particular needs

Useful resources for developing other tools:
(see **References** at the end of this module for full citations)

For more on planning, developing and using visual aids, see INTRAH: *Teaching and Learning with Visual Aids*

Skills Assessment Tool 2-a

PROVIDING GROUP EDUCATION ABOUT FP/RH
(can be adapted for individual client/couple education)

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor:_____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks before the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 2-a (continued)

PROVIDING GROUP EDUCATION ABOUT FP/RH

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares for the group education session.	12		10		
2. Establishes rapport with the group.	6		4		
3. Conducts the session.	18		14		
4. Evaluates the session.	8		6		
5. Closes the session.	8		6		
TOTAL	52		40		

Skills Assessment Tool 2-a (continued)

PROVIDING GROUP EDUCATION ABOUT FP/RH

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares for the group education session.

	2	1	0	Comments
1.1 Has prepared a written plan indicating the following: a. *session topic, b. *objectives of the session and c. *at least one participatory method for delivering talk.				
1.2 *Topic selected is appropriate for the target group.				
1.3 Has visual aids that are relevant to the topic.				
1.4 *Has arranged seating in such a way that the audience is able to see and hear clearly.				

POSSIBLE SCORE: 12 points CUT OFF: 10 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 2: Establishes rapport with the group.

	2	1	0	Comments
2.1 *Greets the group in a respectful, friendly way.				
2.2 *Introduces herself and others with her.				
2.3 Asks the group whether they are seated comfortably and whether they can all hear and see the presenter.				

POSSIBLE SCORE: 6 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 2-a (continued)

PROVIDING GROUP EDUCATION ABOUT FP/RH

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Conducts the session.

	2	1	0	Comments
3.1 *Introduces the FP/RH topic and objectives of the session.				
3.2 *Asks the group what they know about the topic.				
3.3 Commends the group for the positive information they know about the topic.				
3.4 *Respectfully deals with rumors and misinformation.				
3.5 *Presents the content factually, clearly and logically.				
3.6 *Uses non-technical language.				
3.7 Uses visual aids appropriately.				
3.8 *Invites the group to ask questions and answers them factually.				
3.9 *Acknowledges questions she cannot answer and informs the group she will find the answer and let them know later.				

POSSIBLE SCORE: 18 points CUT OFF: 14 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 4: Evaluates the session.

	2	1	0	Comments
4.1 *Asks the group to state what they have learned from the session.				
4.2 Asks the group how they will use the information they have learned.				

(continued on the next page)

Skills Assessment Tool 2-a (continued)

PROVIDING GROUP EDUCATION ABOUT FP/RH

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4 *(continued)*: Evaluates the session.

	2	1	0	Comments
4.3 *Paraphrases the group's learnings and applications.				
4.4 *Restates the objectives of the session, checking to what extent each has been met (ask the group what was said about the objectives).				

POSSIBLE SCORE: 8 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 5: Closes the session.

	2	1	0	Comments
5.1 *Summarizes the major points of the session.				
5.2 *Thanks the group for their participation.				
5.3 Informs the group of any future session(s).				
5.4 *Informs the group where more information or individual help can be obtained.				

POSSIBLE SCORE: 8 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

REFERENCES

The following list includes the Key Resources for this Module (see page 2-9), references used to develop this module, and other resources that are particularly useful for trainers.

Doak CC, Doak LG, Root JH: *Teaching Patients with Low Literacy Skills*, 2nd ed. Philadelphia, JB Lippincott Co., 1996.

Helpful resource for teaching patients using written materials, audiocassettes, visuals and computers. Provides tools to test literacy skills and assess the suitability of materials and the comprehension process. This edition includes a chapter describing the most relevant health education theories that providers can apply to teach their patients or develop materials, as well as a chapter on how to teach using new technologies. Available in ***English*** from:

Lipincott-Raven Publishers
P.O. Box 1600
Hagerstown, Maryland 21741, USA.
Tel: 1-301-714-2300
Fax: 1-301-824-7390
E-mail: LROrders@phl.lrpub.com

* Hatcher RA, et al: *Contraceptive Technology*, 16th rev. ed. New York, Irvington Publishers, Inc., 1994.

Comprehensive manual for reproductive health care providers that is updated frequently. Provides practical clinical guidelines for reproductive health counseling, contraceptive methods and treatment for reproductive tract infections. Includes guidelines for client education and lists of frequently asked questions. Seventeenth edition available December 1997 in ***English*** from:

Irvington Publishers, Inc.
Lower Mill Road
North Stratford, New Hampshire 03590, USA.
Tel: 1-603-922-5105
Fax: 1-603-922-3348
E-mail: suzy-g@moose.ncia.net

Hatcher RA, et al: *Contraceptive Technology: International Edition*. Atlanta, Printed Matter, 1989.

Intended for family planning providers, this edition describes family planning benefits and practices around the world and provides guidelines for managing family planning services. Contains updated STD management guidelines and a special section on AIDS as well as available contraceptive methods. Tables detailing family planning practices in 14 countries are also included. No longer in print.

* These resources are particularly useful for trainers.

* Hatcher RA, et al: *The Essentials of Contraceptive Technology*. Baltimore, Johns Hopkins School of Public Health, Population Information Program, 1997.

Handbook for family planning and reproductive health care providers working in clinics and other health care facilities. Content based on scientific consensus recently developed under auspices of WHO and of USAID collaborating agencies. Chapters cover family planning counseling and methods in addition to sexually transmitted infections (STIs) including HIV/AIDS. Chapters describe effectiveness of family planning methods in terms of likelihood of pregnancy in first year of using method. Includes wall chart. Available in ***English*** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202-4012, USA.
Tel: 1-410-659-6300
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

INTRAH: *Guidelines for Clinical Procedures in Family Planning: A Reference for Trainers*, 2nd ed. revised. Chapel Hill, NC, INTRAH, 1993.

Provides guidelines summarizing basic step-by-step clinical procedures for providing family planning services, including all modern childspacing methods, voluntary surgical contraception (counseling only), subfertility/infertility services, and infection prevention guidelines. Selected chapters and appendices are being updated to reflect the latest World Health Organization (WHO) and other international guidelines. Chapter on progestin-only injectables and appendix on infection prevention were updated in ***English*** in 1996; ***French*** and ***Spanish*** versions will be completed in 1997. Chapters on IUDs, combined oral contraceptives and progestin-only pills are being updated. Available from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

* These resources are particularly useful for trainers.

* INTRAH: 7 Planning Questions for Family Planning Training: An INTRAH Appointment Calendar for Trainers, 1992, in INTRAH: *Tools from INTRAH Calendars for Family Planning Trainers, 1987-1994*. Chapel Hill NC, INTRAH, 1995.

Reprint includes seven planning questions with examples of how they can be applied in development of training sessions. Also includes training session plan format and completed lesson plan. Available in ***English*** and ***French*** from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

* INTRAH: *Teaching and Learning with Visual Aids.* London, Macmillan Publishers Ltd., 1987.

Introduces trainers to use of visual aids for effective teaching and learning of family health and family planning. No previous knowledge or skills in art or visual aids are required. Emphasizes active involvement of learner and learning by doing. Extensively field-tested, in Africa and the Middle East, and revised in light of experience. Available in **English** from:

TALC (Teaching-aids At Low Cost)
P.O. Box 49
St. Albans
Herts, AL1 4AX, United Kingdom
Tel: 0-727 853869
Fax: 0-727 846852

Population Reference Bureau, Inc.: *Family Planning Saves Lives,* 3rd ed. Washington, DC, Population Reference Bureau, 1997.

In addition to a special focus on adolescents and reproductive health, this edition describes new research data on maternal and child survival and health in developing countries and the role of family planning. Uses demographics and excellent charts and graphs. Available in ***English***, ***French*** and ***Spanish*** from:

Population Reference Bureau, Inc. (PRB)
International Programs
1875 Connecticut Avenue, N.W., Suite 520
Washington, DC 20009-5728, USA.
Tel: 1-202-483-1100
Fax: 1-202-328-3937
E-mail: lashford@prb.org

* These resources are particularly useful for trainers.

* Werner D, Bower B: *Helping Health Workers Learn*. Palo Alto, CA, Hesperian Foundation, 1983.

Intended for instructors of village health workers who may have limited formal education. Divided into five major parts, each of which provide clear explanations on how to plan and carry out training programs to: improve learning, use *Where There Is No Doctor* (also available from Hesperian Foundation) to provide basic medical care, provide prenatal and child care and family planning, teach children and improve food-related problems. Illustrations and photos are included throughout the book. Available in ***English*** and ***Spanish*** from:

The Hesperian Foundation Publications
2796 Middlefield Road
Palo Alto, California 94306, USA.
Tel: 1-415-325-9017
Fax: 1-415-325-9044
E-mail: hesperianfdn@ipc.apc.org

World Health Organization*: Education for Health: A Manual on Health Education in Primary Health Care*. Geneva, WHO, 1988.

Provides guidelines that primary health care workers can adapt and use to develop, conduct, and evaluate effective health activities in their communities. Also intended as a tool to train community health workers and improve interpersonal communication and communication at the local, regional, or national level. Available in ***English***, ***French*** and ***Spanish*** from:

World Health Organization (WHO)
Distribution and Sales
CH-1211 Geneva 27
Switzerland.
Tel: 41-22-791-2476/2477
Fax: 41-22-791-4857
E-mail: publications@who.ch

* Zimmerman M, et al: *Developing Health and Family Planning Materials for Low-Literate Audiences: A Guide*, rev. ed. Washington, DC, PATH, 1996.

Presents guidelines for developing health and family planning print materials for illiterate or low-literate groups worldwide. Explains that print materials which are easy to understand and culturally appropriate can be used to support the interaction between health workers and clients. Includes examples of materials from various countries. Available in ***English*** from:

Program for Appropriate Technology in Health (PATH)
1990 M Street, NW
Washington, DC 20036, USA.
Tel: 1-202-822-0033
Fax: 1-202-457-1466
E-mail: info@path-dc.org

* These resources are particularly useful for trainers.

Reproductive Health Training

For Primary Providers

A SourceBook

for

Curriculum Development

Module 3
Family Planning

PRIME

Table of Contents

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ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
BBT	basal body temperature
BP	blood pressure
CIC	combined injectable contraceptive
CMM	cervical mucus method
COC	combined oral contraceptive
DMPA	depo medroxyprogesterone acetate (Depo Provera®)
EC	emergency contraception
ECP	emergency contraceptive pill
FP	family planning
HIV	human immunodeficiency virus
HLD	high-level disinfection
IUD	intrauterine contraceptive device
LAM	lactational amenorrhea method
MAQ	maximizing access to and quality of care
MH	maternal health
NET-EN	norethindrone enanthate (Noristerat®)
NFP	natural family planning
OC	oral contraceptive
PHC	primary health care
PID	pelvic inflammatory disease
POP	progestin-only pill
RH	reproductive health
RTI	reproductive tract infection
SBE	self-breast examination
SDP	service delivery point
STI	sexually transmitted infection
UPI	unprotected intercourse
VSC	voluntary surgical contraception

INTRODUCTION

This module is part of a set entitled *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development*. The *SourceBook* contains a User's Guide and eight modules that trainers, faculty of professional schools and curriculum developers can use as a reference to develop or revise curricula for training primary providers of client-oriented integrated reproductive health (RH) services. Primary providers are the health care workers who provide the most basic contact between members of the community and the health care system. They include nurses, nurse-midwives, public health nurses, clinical officers/medical assistants and reproductive health workers. The *SourceBook* emphasizes the jobs of *clinic-based* primary providers. It can also be used, as is or adapted, to develop curricula for primary providers who offer RH services in *community-based or non-clinical settings*.

The *SourceBook* components have been developed and the content selected based on principles of performance-based training: the knowledge, skills and support the trainee needs to meet performance standards on the job. The training may be for pre-service education or in-service training. The training approach may also vary: structured on-the-job training, group training, self-directed learning activities, or any combination that will best prepare the trainee to perform well on the job. Information on how to use the *SourceBook* to develop a performance-based RH curriculum can be found in the first volume of the *SourceBook*, the User's Guide.

To keep the focus on job performance, specifically, the knowledge and skills required to do a job well, the authors identified the major jobs of primary providers of RH services and then developed a module for each major job or service component. A list of the eight *SourceBook* modules appears below.[1] This module is highlighted.

Module 1	Counseling clients for family planning/reproductive health services
Module 2	Educating clients and groups about family planning/reproductive health
Module 3	Providing family planning services
Module 4	Providing basic maternal and newborn care services
Module 5	Providing postabortion care services
Module 6	Providing selected[2] reproductive health services
Module 7	Working in collaboration with other reproductive health and community workers
Module 8	Organizing and managing a family planning/reproductive health clinic for maximizing access to and quality of care (MAQ)

[1] Other jobs, or modules, may be identified and developed.

[2] This module features RH topics not covered in the other *SourceBook* modules.

OVERVIEW OF MODULE 3

Module 3 contains the components for developing a curriculum or a curriculum unit on providing family planning (FP) services. Such services include:

- providing family planning for women at different life stages (e.g., adolescence, preconceptional, postpartum, perimenopausal), as well as in various life situations (e.g., postabortion, with or without children, after the use of emergency contraception (EC), circumcised, or in a relationship with an uncooperative partner),
- managing side effects and other problems possibly related to contraceptive method use,
- partially managing and/or referring for complications that cannot be treated at the service site, and
- referral to other needed health care or social services.

This module refers to and/or incorporates the knowledge and skills covered in other *SourceBook* modules (i.e., counseling clients; educating clients and groups; providing maternal and newborn care services; providing postabortion care services; providing selected RH services; working in collaboration with other RH and community workers; organizing the FP/RH clinic for MAQ).

When developing a performance-based curriculum for providing FP services, the following key resources are essential to use in conjunction with Module 3:

Key Resources (full citations are contained in the User's Guide and the **References** list at the end of this module):

- *Guidelines for Clinical Procedures in Family Planning: A Reference for Trainers* (INTRAH)
- *The Menstrual Cycle and Its Relation to Contraceptive Methods: A Reference for Reproductive Health Trainers* (Mtawali et al)
- *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Initiating and Continuing Use of Contraceptive Methods (*WHO)
- *Recommendations for Updating Selected Practices in Contraceptive Use: Results of a Technical Meeting, Volumes I & II* (Technical Guidance/Competence Working Group)
- Family Planning Methods: New Guidance (*Population Reports*)
- *Essentials of Contraceptive Technology* (Hatcher et al)
- *Emergency Contraception* (Hatcher et al)
- *Contraception: Your Questions Answered* (Guillebaud)
- national or local service guidelines

In addition to the Key Resources, the other modules of the *SourceBook* will be useful references when developing a curriculum for providing family planning services.

Mapping Module 3

On the following pages are a series of figures that progressively build the "map" of Module 3 (Figures 1 through 5). The term "map" has a unique meaning in the *SourceBook.* Like a map that shows relationships among cities, rivers and countries, the module map shows how the six components of the *SourceBook* modules relate to one another. The components are:

- the trainee's JOB (the JOB for Module 3 is "providing FP services");
  - the MAJOR TASKS of the job;
    - the KNOWLEDGE required to perform the job;
      - the SKILLS required to perform the job;
        - KNOWLEDGE ASSESSMENT QUESTIONS; and
          - SKILLS ASSESSMENT TOOLS.

Note that in Figure 1, there are six boxes – five vertical boxes and one horizontal box – each representing one of the six main components of the module. Since the JOB is the primary component of each module, it appears at the top of the map.

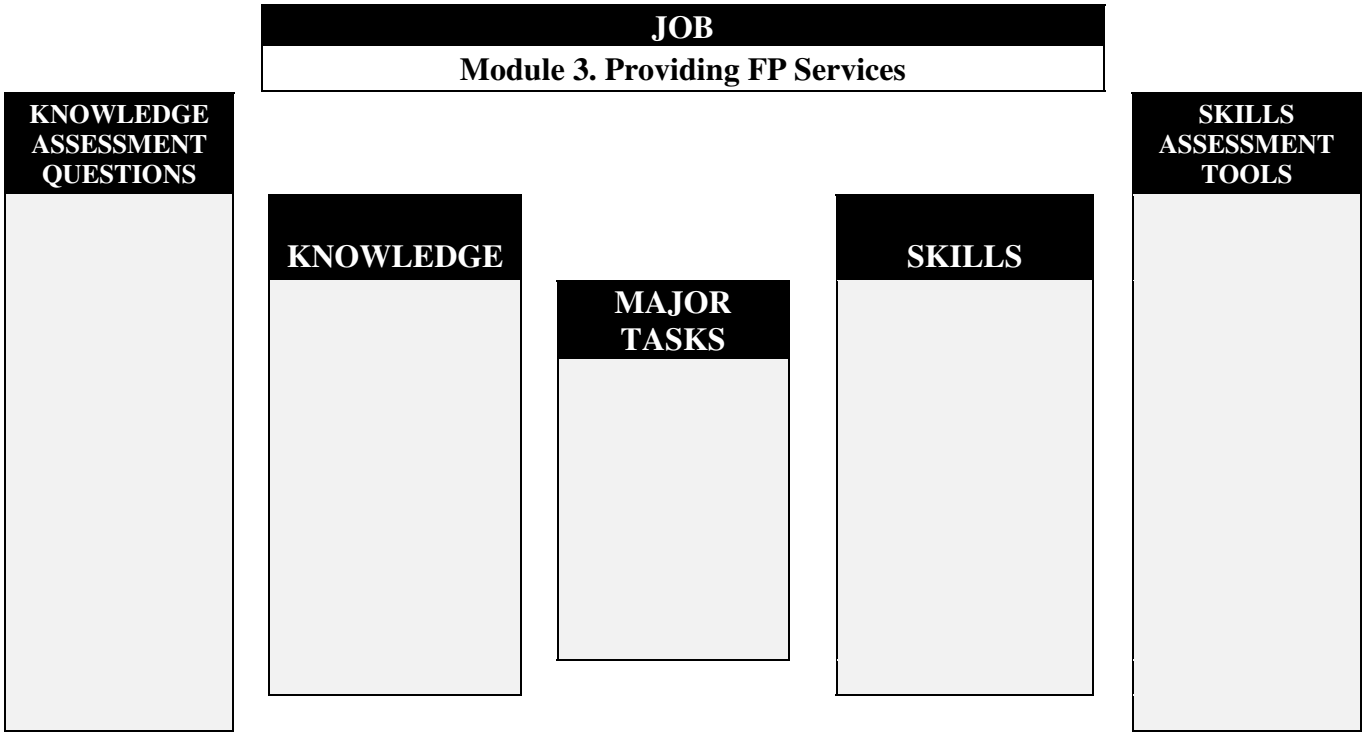

Figure 1
The Module "Map"

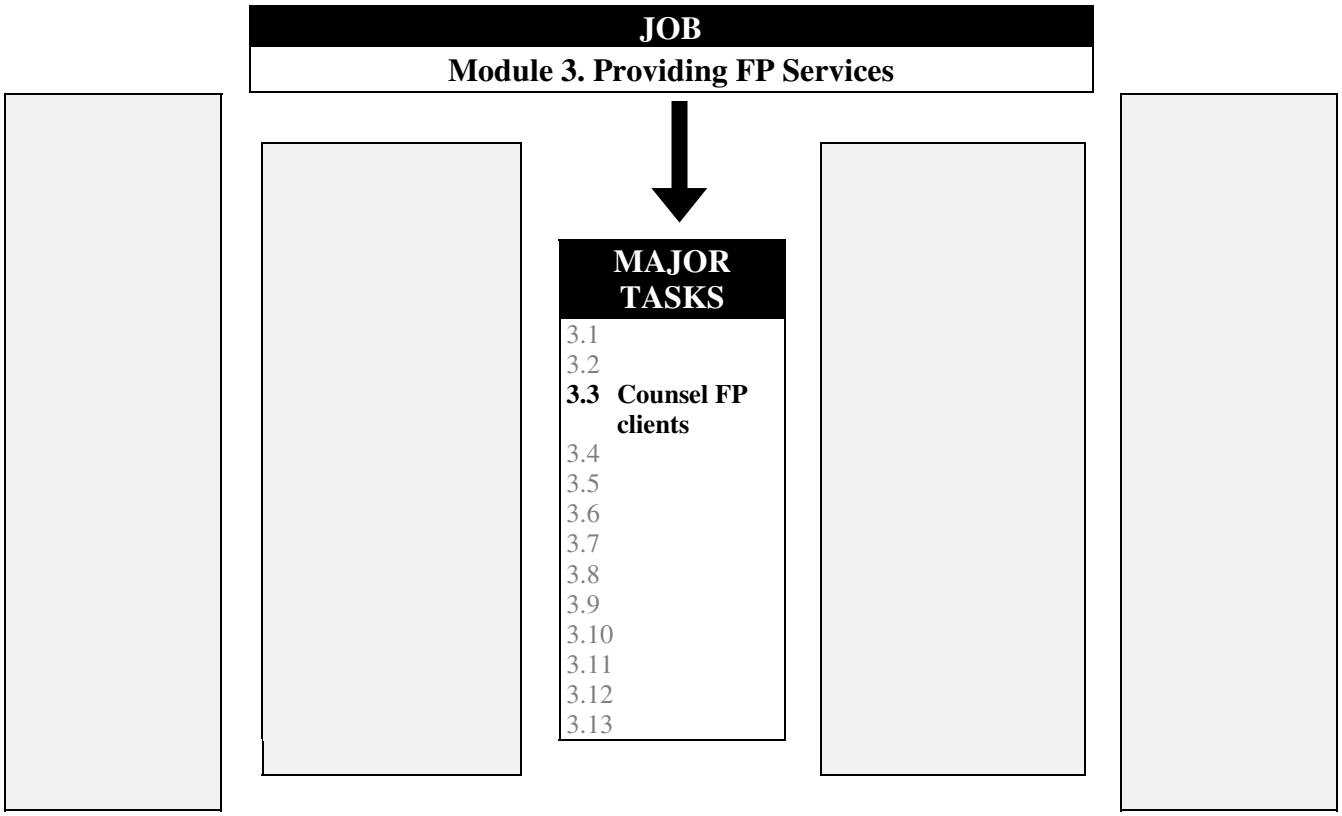

Figure 2
JOB and MAJOR TASKS

Each module in the *SourceBook* is based on one JOB and the MAJOR TASKS which comprise that job. In this module the JOB, "Providing FP Services," consists of 13 MAJOR TASKS. The JOB and the MAJOR TASKS are the central parts of the map. The arrow helps to reinforce the idea that the TASKS flow out of the JOB. One of the 13 MAJOR TASKS in Module 3, "counsel FP clients," is featured in Figure 2.

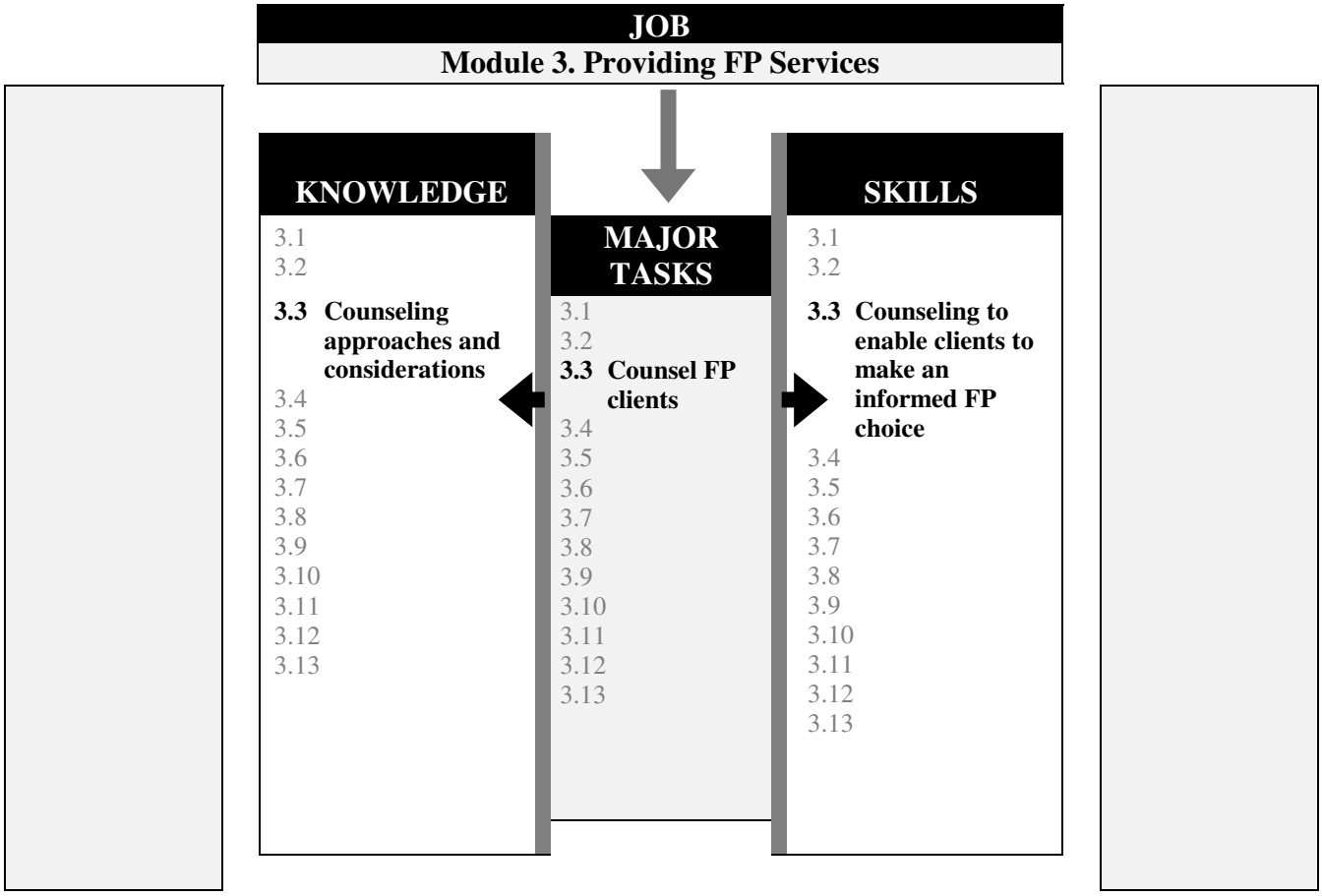

Figure 3
KNOWLEDGE and SKILLS are both required to accomplish the TASKS

Each MAJOR TASK has corresponding KNOWLEDGE and SKILLS components. Figure 3 illustrates that the SKILLS component is as important as the KNOWLEDGE component when mastering the MAJOR TASKS. The module contains a KNOWLEDGE outline that includes only the knowledge required to perform the corresponding MAJOR TASK. In this example, the KNOWLEDGE required to perform the MAJOR TASK of counseling clients consists of counseling approaches and considerations. Likewise, only the skills which make up the MAJOR TASK are detailed in the SKILLS component of the module. In this example, the SKILL that must be practiced is using the counseling approaches in order to help clients make an informed choice.

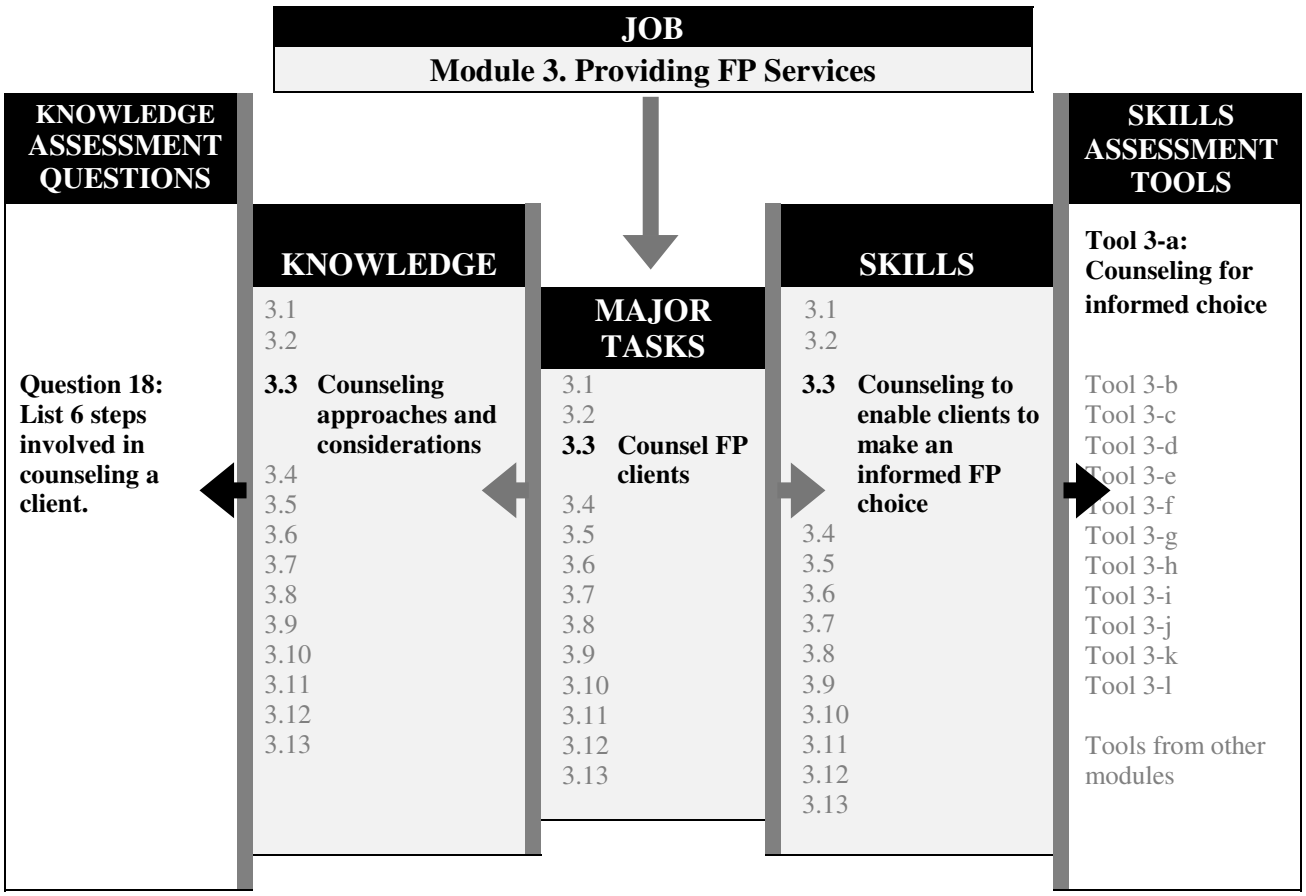

Figure 4
KNOWLEDGE ASSESSMENT QUESTIONS and SKILLS ASSESSMENT TOOLS

To ensure that trainees can adequately perform each MAJOR TASK, the module includes two types of assessment instruments. There are KNOWLEDGE ASSESSMENT QUESTIONS to evaluate the knowledge level of trainees and SKILLS ASSESSMENT TOOLS to evaluate the skills level of trainees (Figure 4). The assessments can be used before, during and at the end of training. They can also be used when the trainee is in her/his job site to assess the trainee's knowledge and performance of new skills on the job.

For a complete map of this module, see Figure 5 on the next page.

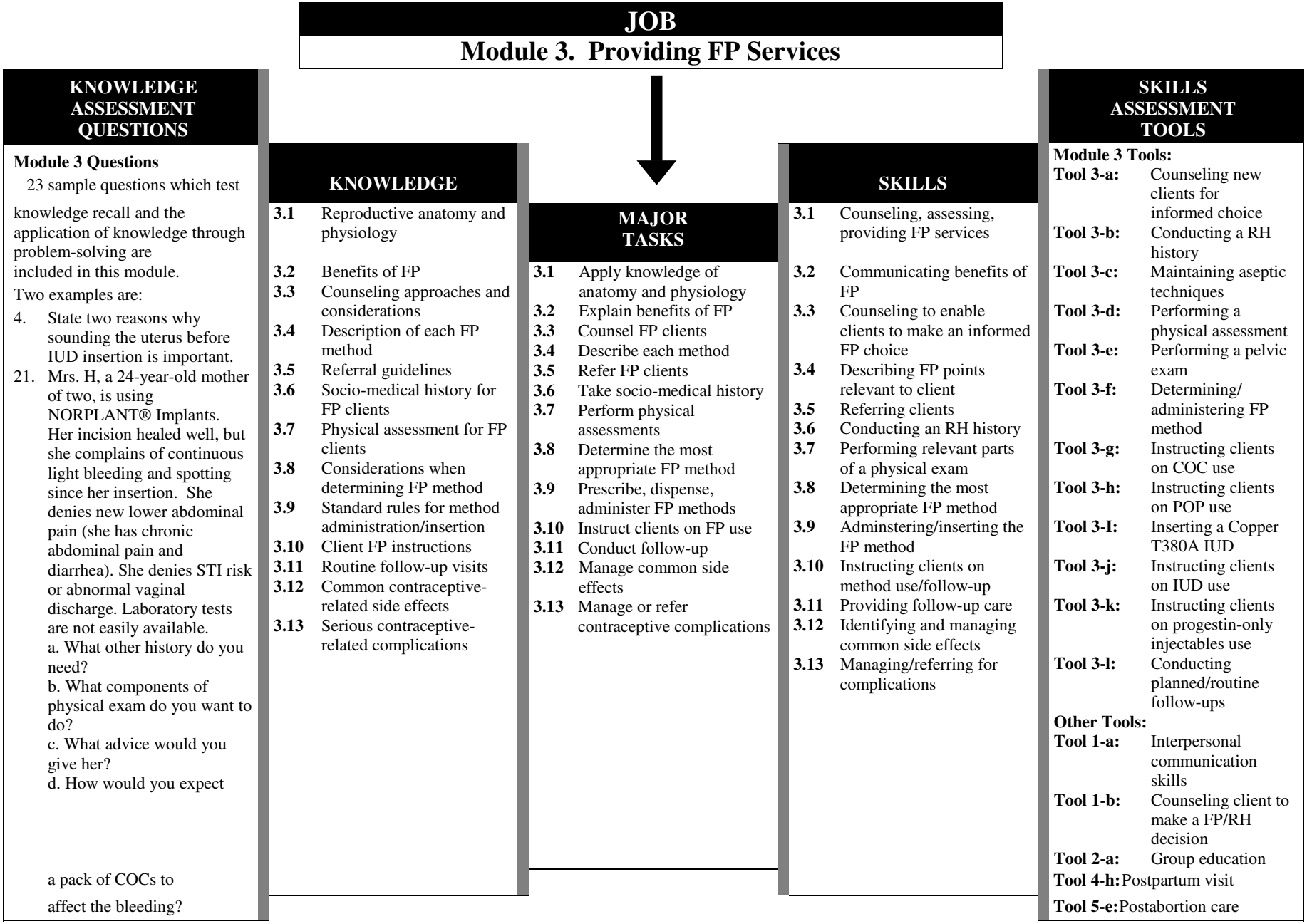

Figure 5: Detailed map of Module 3

COMPONENTS OF THE MODULE

JOB

The overall job covered by this module is to provide the FP services that are appropriate for the provider's level of training, experience and the setting in which s/he works.

MAJOR TASKS

The major tasks which comprise the overall job for this module are to:

3.1 Apply knowledge of reproductive anatomy and physiology to client counseling for choosing a contraceptive method; for the management of contraceptive side effects; and to other related RH care (e.g., postpartum, postabortion).

3.2 Explain the health and other benefits of FP for mothers, children and families.

3.3 Counsel clients to enable them to make informed choices of FP methods.

3.4 Describe for clients at various stages of their life cycle and in varying circumstances (e.g., postpartum, postabortion, after use of emergency contraception [EC]) the natural, hormonal, barrier, surgical and traditional FP methods and intrauterine contraceptive devices (IUDs), using the 13 point trainer's guide.

3.5 Refer clients for FP methods and FP/RH services not provided by the service site, according to the clients' preferences.

3.6 Take and record relevant aspects of the clients' socio-medical histories using the local agency FP/RH card. Supplement the card, as appropriate.

3.7 Perform relevant components of physical assessments for FP/RH clients, depending on the selected FP method or health problem.

3.8 Determine, with individual clients, the most appropriate FP method based on clients' informed choice, findings from history-taking and physical assessments, and consideration of the risks and benefits of the method and the clients' situation.

3.9 Correctly prescribe, dispense, administer or insert the method selected, following appropriate infection prevention procedures.

3.10 Instruct clients on the use of the selected FP method and further discuss the method's most common side effects.

3.11 Conduct routine follow-up for FP clients in a way that enhances continuing satisfaction and acceptance.

3.12 Help clients manage common side effects of contraceptive methods.

3.13 Manage contraceptive-related complications, and refer clients as necessary.

KNOWLEDGE & SKILLS

Each major task consists of a knowledge and a skills component. Below is an outline of the knowledge and a list of the skills necessary to perform the 13 major tasks which comprise the job of providing women with FP services. The knowledge component of each major task is outlined first. Throughout the knowledge section, there are references (in parentheses) to additional sources of information on the subject. These sources may be found in other SourceBook modules, as an appendix to this module, or in other references (see References at the back of the module for the full citations).

The gray box at the end of each knowledge section contains the list of skill(s) in which the knowledge just outlined is applied. Following each skill, there may be a reference to a skills assessment tool (in parentheses). These tools can be used to guide practice during simulation or practicum and/or assess performance of the skills. Some of the skills assessment tools cited are included in this module; others can be found in other *SourceBook* modules. (Note that each skills assessment tool is identified by a number and a letter. The number indicates the *SourceBook* module where the tool is located.) For skills that do not refer to an assessment tool, there may be a reference to another source of information to assist in the development of a skills assessment tool. (See **References** for the full citation of the sources listed.)

MAJOR TASK 3.1

Apply knowledge of reproductive anatomy and physiology to client counseling for choosing a contraceptive method; for the management of contraceptive side effects; and to other related RH care (e.g., postpartum, postabortion).

KNOWLEDGE

3.1 Reproductive anatomy and physiology

(see Scanlon and Sanders: *Essentials of Anatomy and Physiology*)

3.1.1 *Male human reproductive system: anatomy and physiology*

- review of function of the following (including range of normal):
  - external organs: scrotum, penis (including foreskin and glans)
  - internal organs: testicles, epididymis, vas deferens, seminal vesicles, Cowper's gland, urethra

3.1.2 *Female human reproductive system: anatomy and physiology*

- review of function of the following (including range of normal):
  - external genitalia: mons pubis, labia majora and minora, clitoris and clitoral prepuce (hood), fourchette, vestibule, vaginal orifice (introitus), hymen

  - variations due to childbirth trauma, illness or female circumcision (vesico-vaginal fistulas, excision of clitoral prepuce or hood, clitorectomy and infibulation)
  - internal organs: vaginal canal, cervix (ectocervix), cervical canal (endocervix), uterus (isthmus, corpus), fallopian tubes (oviducts or uterine tubes), ovaries
- menstrual cycle (see Mtawali et al: *The Menstrual Cycle and Its Relation to Contraceptive Methods: A Reference for Reproductive Health Trainers*)
  - definition of menstrual cycle
  - phases: menstrual bleeding, estrogen and progesterone phases
  - hormonal effects on the menstrual cycle: hormones of the hypothalamus, anterior pituitary gland, ovaries
  - feedback in the menstrual cycle
- accessory organs
  - breasts: anatomy; process of suckling by the baby and consequent lactational amenorrhea (anovulatory state); changes in breasts during pregnancy, postpartum and during lactation; changes with benign and malignant growths (see Module 4: Maternal and Newborn Care Services)

SKILLS

3.1 Applying knowledge of reproductive anatomy and physiology when:

- providing male FP methods:
  - modern: condoms, vasectomy
  - traditional: withdrawal
- providing female FP methods:
  - barrier methods: fitting of diaphragm, cervical cap, spermicide use, female condom
  - hormonal methods: mechanism of action, side effects (see Tool 3-g: Instructing clients on the use of COCs; Tool 3-h: Instructing clients on the use of POPs; 3-k: Instructing clients on the use of progestin-only injectables; and 3-l: Planned/routine follow-up FP visits for users of COCs, POPs, injectable methods, the diaphragm and the IUD)
  - IUDs: advantages, disadvantages, mechanism of action, insertion, removal (see Tool 3-i: Inserting the Copper T 380A IUD)
  - fertility awareness methods (natural FP): changes in cervical mucus, ovarian midcycle pain, Billings method for FP and for conception
  - breastfeeding and contraception: lactational amenorrhea method (LAM) and guidance for primiparous client on effective positioning of baby for breastfeeding

−surgical contraception: client education on what happens during surgical sterilization; dispelling misconceptions or concerns

- − emergency contraception

- conducting a breast examination (see Tool 3-d: Performing a physical assessment)
  - − teaching self-breast examination (SBE)
  - − teaching characteristics of abnormalities
  - − teaching postpartum women what to expect, how to detect abnormalities, and how to solve breastfeeding problems
- conducting a pelvic examination (see Tool 3-e: Performing a pelvic exam)
  - − teaching characteristics of abnormalities
- counseling/educating on physiological changes over the life cycle (e.g., changes during adolescence, during and after pregnancy, during menopause)
  - – providing selected aspects of antenatal and postpartum care, e.g., presumptive and positive signs of pregnancy; recognition of danger signals during pregnancy; postpartum changes of reproductive organs; prevention of puerperal infection
  - – providing selected aspects of postabortion care, e.g., recognition of complications; appropriate FP methods and when to start in relation to return of ovulation postabortion
  - – providing care for selected aspects of female infertility: causal factors, investigations, preventive measures by provider and client
  - – providing care for other reproductive health problems, including recognition of sexually transmitted infections (STIs) and reproductive tract infections (RTIs) (see Tools in Module 4: Maternal and Newborn Care and Tools in Module 5: Postabortion Care)

MAJOR TASK 3.2

Explain the health and other benefits of FP for mothers, children and families.

KNOWLEDGE

3.2 Benefits of FP for maternal, child, family and community welfare

3.2.1 *Definition of FP (*see Glossary in User's Guide)

- according to WHO: emphasizing the voluntary decision of the individual/couple and the health and socio-economic outcomes
- according to national or institutional guidelines, if available
- according to the concept of birth spacing: waiting at least 2 years after giving birth to one child before having another one (waiting at least 15 months before becoming pregnant again)

3.2.2 *Health benefits of FP* (**Note:** Support information below with local or regional statistics.)

- benefits to the mother of birth intervals of two or more years
  - reduced incidence of poor health related to pregnancy, delivery and postpartum
  - reduced incidence of spontaneous abortion
  - adequate time for providing individual child care and guidance
  - adequate time for breastfeeding and subsequent possibility of gradual weaning of each child
- benefits to the unborn baby or other babies under 5 years old of birth intervals of two or more years
  - reduced incidence of low birth weight
  - reduced incidence of stillborn babies
  - increased time for mother-child interaction resulting in greater likelihood of well-adjusted child
  - reduced incidence of protein calorie malnutrition or marasmus
  - improved survival rate of children aged 0 to 5 years
- relationship among birth order, child survival and mother's health
  - birth order influences the nutrient (and other) resources of the mother (and the household) and ultimately the survival rate of unborn and 0 to 5 year old children
- relationship between mother's age and mother's or child's health
  - health of the mother and child are adversely affected if the woman becomes pregnant while under 18 or over 40 years of age
  - children born to mothers under 18 years of age are the least likely to survive or enjoy good health
  - mothers under 18 years old are often not prepared emotionally, economically or socially to provide the required child care
- non-contraceptive benefits of FP methods, e.g., condoms, oral contraceptives (OCs), injectables, etc. (see Mtawali et al: *The Menstrual Cycle and Its Relation to Contraceptive Methods* and Module 3, knowledge assessment questions, answers to questions 10, 14 and 16)

3.2.3 *Socio-economic and other benefits of FP, including:*

- meeting basic needs: food, shelter, clothing, feeling of being loved and belonging to the family, family relationships, cultural practices of helping each other in times of stress or celebration
- providing a safe environment: adequacy of room for everyone in a home, conservation of forests and firewood, sanitary surroundings
- advancing individual, couple or community development: promoting adequate education and provision of schools; health facilities and medicines; water availability/supply; income generation or employment opportunities

3.2.4 *Some factors that influence acceptance and continuation of FP*

- educational status
- knowledge of methods
- spouse's knowledge of methods
- age at birth of first child
- accessibility of temporary methods
- knowledge of side effects and how to cope with them

SKILLS

3.2 Communicating the benefits of family planning for women and families while**:**

- counseling clients to make an informed decision (see Tool 3-a: Counseling for informed choice of FP methods; Tool 1-b: Counseling the client to make an FP/RH decision)
- educating individuals and groups (see Tool 2-a: Providing group education about FP/RH)
- providing postabortion counseling (see Tool 5-e: Providing postabortion FP counseling)
- conducting a 4 to 6 weeks postpartum visit (see Tool 4-h: Conducting a 4-6 weeks postpartum visit – mother)

MAJOR TASK 3.3

Counsel clients to enable them to make informed choices of FP methods.

KNOWLEDGE

3.3 Counseling approaches and considerations (see Appendix B: Rights of the client)

3.3.1 *Respecting client's choice of method*

- honor client's first choice, when possible
- offer detailed information to all clients, particularly to clients who do not have a preference, or who are not eligible for their first choice

3.3.2 *Client-centered counseling*

- use a dynamic style of counseling which responds to the individual client's needs (not just a standard recitation of information) and provides opportunities for counseling throughout the interaction
- avoid overloading a client with more information than she needs to successfully and safely use the method of her choice

- be sensitive when counseling adolescents (e.g., offer extra privacy, confidentiality, allow them to express their feelings, avoid mothering, provide accurate information, show acceptance, assist to be confident and responsible in their actions)

3.3.3 *Definition of informed choice* (see Glossary in the User's Guide; Appendix A: Informed Choice)

3.3.4 *Purpose and process steps for counseling,* using the national or local FP procedure manual OR, in the absence of a procedure manual, using one of two approaches commonly used in FP clinics

- first approach
  - prepare counseling setting and materials
  - establish and maintain rapport throughout the session
  - determine client's FP needs and understanding of FP methods
    - » ask client information that will help determine possible suitability of a method (e.g., age, number/age/spacing of children, birth date of last child, reproductive goals, past use of FP methods)
    - » clarify whether the client already has a preferred method and what she knows about the method
    - » list possibly suitable methods for the client and ask what she knows about them
  - building on what client already knows and according to client's interest, explain the FP method(s) possibly suitable for the client according to the guide below:
    - » what the method is
    - » how it works to prevent pregnancy
    - » effectiveness (generally or compared to other FP methods)
    - » benefits/advantages, non-contraceptive benefits and protection from STIs and HIV/AIDS
    - » disadvantages, side effects and lack of protection from STIs and HIV/AIDS
    - » who can use the method
    - » who should not use the method
  - confirm the method initially selected by the client or suggest alternatives, taking into consideration the client's reason for FP and honoring the client's first choice (for some methods, the history and physical exam conducted later may prove the initial choice inappropriate; in such cases, the client will then be helped to make a more appropriate choice)
  - close counseling session and explain the next steps according to method selected (e.g., take history, physical exam, etc.)

- second approach
  - use the acronym "GATHER" as a reminder of some basic components of the FP counseling process, to promote informed choice:
    - » **G**reet clients in a friendly and helpful way
    - » **A**sk clients about their FP needs
    - » **T**ell clients about available FP methods
    - » **H**elp clients decide which method(s) they want to use
    - » **E**xplain how to use the method chosen
    - » **R**eturn visits should be planned and client informed about them

SKILLS

3.3 Counseling women:

- using appropriate communication skills (see Tool 1-a: Using interpersonal communication skills)
- for informed choice about FP methods (see Tool 3-a: Counseling for informed choice of FP methods)
- to make an FP decision (see Tool 1-b: Counseling for an FP/RH decision)
- in various life stages and situations (see Tool 4-h: Conducting a 4 to 6 weeks postpartum visit – mother; Tool 5-e: Providing postabortion FP counseling)

MAJOR TASK 3.4

Describe for clients at various stages of their life cycle and in varying circumstances (e.g., postpartum, postabortion, after use of emergency contraception (EC)) the natural, hormonal, barrier, surgical and traditional FP methods and intrauterine contraceptive devices (IUDs), using the 13 point trainer's guide.

KNOWLEDGE

3.4 Description of each FP method

Trainer's Guide: Trainers must be prepared to explain the following 13 points for each contraceptive method (**Note:** use local or national FP procedure guidelines; INTRAH: *Guidelines for Clinical Procedures in Family Planning: A Reference for Trainers;* Hatcher et al: *Essentials of Contraceptive Technology* and/or other current texts, for more detailed content of each method).

Providers will explain some of the points during counseling for informed choice of FP methods (see Tool 3-a: Counseling for informed choice of FP methods), and they will explain other points when providing and explaining how to use a selected method (e.g., see Tool 3-g: Instructing clients on the use of COCs, Tool 3-h: Instructing clients on the use of POPs, Tool 3-j: Instructing clients on the use of a Copper T 380A IUD, and Tool 3-k: Instructing clients on the use of progestin-only injectables).

1. classification/type of method
2. mechanism of action (anatomic and physiologic basis)
3. onset of action
4. situations in which the method may be suitable (see WHO: *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Initiating and Continuing Use of Contraceptive Methods*)
5. conditions for restricting the use of the method
6. advantages, including non-contraceptive benefits and protection from STIs and HIV/AIDS
7. disadvantages
8. side effects and possible complications, the anatomic and physiologic basis for these, and guidelines for managing them
9. drug interactions, where applicable
10. reasons to return to the health site/seek health care provider's urgent assistance
11. guidelines for initiating the method (see Technical Guidance/Competence Working Group: *Recommendations for Updating Selected Practices in Contraceptive Use, Volumes I and II*)
12. user instructions
13. guidelines for conducting routine follow-up visits (first follow-up visit, annual visit)

3.4.1 *Fertility awareness* (natural FP methods)

- meaning of and a description of natural family planning methods (NFP) (trainee should be able to describe all 13 points)
- usefulness in managing infertility and for contraception
- NFP method commonly used (where there are no literate clients or thermometers):
  - Cervical Mucus/ovulation/Billings method
- counseling on Cervical Mucus Method (CMM) in a facility with or without the service
- referral to fertility awareness centers, if necessary
- special considerations
  - difficult to use effectively during adolescence, peri-menopausal, postpartum (if not breastfeeding), postabortion or other times when menstrual cycle may not be regular
  - does not offer protection against STIs and HIV/AIDS
  - requires partner cooperation

3.4.2 *Lactational amenorrhea method (LAM)*

- description (trainee should be able to describe all 13 points)
- effectiveness: 98 percent effective when:

  - a woman is fully breastfeeding (no supplements) with no more than 4 to 6 hours between feeds **AND**
  - menses have not yet returned **AND**
  - baby is less than 6 months old
- special considerations
  - LAM does not offer protection against STIs and HIV/AIDS
  - human immunodeficiency virus (HIV) may be transmitted through breastmilk (**Note:** Breastfeeding, however, may still be preferable where safe alternatives to breastfeeding are not affordable.)

3.4.3 *Progestin-only methods*

- description (trainee should be able to describe all 13 points)
- progestin-only injectables (NET-EN, DMPA)
  - frequency of injection and time window for late re-injections
  - when to give first injection
  - differences and similarities between DMPA and NET-EN
  - drug interactions: those listed below for POPs and NORPLANT® Implants do **not** apply to DMPA but may apply to NET-EN
- progestin-only oral contraceptives, progestin-only pills (POPs/mini-pills)
  - the progestin dose is about one-third of the progestin dose in combined oral contraceptives (COCs), absence of estrogen
  - important drug interactions that render POPs much less effective: rifampin, griseofulvin and most anticonvulsants (including phenobarbital, primidone, phenytoin, carbamazepine, but not valproic acid)
  - importance of taking POPs at the same time everyday
- NORPLANT® Implants
  - duration of effectiveness; when to remove
  - important drug interactions which render NORPLANT® Implants much less effective: rifampin, griseofulvin and most anticonvulsants (same as for POPs)
  - where NORPLANT® Implant services are provided
  - other important information based on local and national service guidelines and standards
- special considerations
  - these methods do not offer protection against STIs and HIV/AIDS
  - POPs are under study as a method of EC (if taken within 48 hours after unprotected sex), but the required dose is .75 mg levonorgestrol (about 20 mini-pills per dose)

3.4.4 *Combined estrogen-progestin methods*

- description (trainee should be able to describe all 13 points)
- COC pills
  - current role of non-physician provider (update on local situation)
  - differences and similarities among available COCs
  - prescription guidelines according to institutional or national protocol: number of packets at first visit (typically 3) and follow-up visits (may be 12)
  - important drug interactions which render COCs much less effective: rifampin, griseofulvin and anticonvulsants (except valproic acid)
- combined injectable contraceptives (CICs)
  - frequency of injection and time window for late re-injections
  - when to give first injection
  - differences and similarities between Cyclofem and Mesigyna
  - drug interactions, same as those listed above for COCs
- special considerations
  - these methods do not offer protection against STIs and HIV/AIDS
  - COCs may be used as a method of EC if 4 low-dose (30-35 mcg) pills taken within 72 hours after unprotected sex and a second dose of 4 pills taken after 12 hours

3.4.5 *Barrier methods*

- description (trainee should be able to describe all 13 points)
- barrier method for males
  - condoms
    - » how to teach correct use (models)
    - » number of condoms at each visit (guidelines)
    - » how to help women negotiate male condom use when necessary (role play)
- barrier methods for females
  - diaphragm or cervical cap and spermicide
    - » timing of fitting
    - » client teaching on fitting
    - » care of the diaphragm or cap
    - » what to do after delivery, abortion or weight change
  - female condom
- spermicidal contraceptives
  - spermicides: Nonoxynol-9, others

  - forms: jellies, creams, foams, foaming tablets, contraceptive-film
  - reason for using spermicide with other barrier methods
- special considerations
  - these methods offer protection against STIs and HIV/AIDS
  - convenient for individuals who have infrequent or unplanned sex (e.g., couples who are separated by employment or educational pursuits, adolescents, etc.)

3.4.6 *Voluntary surgical contraception (VSC)*

- description (trainee should be able to describe all 13 points)
- vasectomy (including no-scalpel technique)
- tubal ligation (mini-lap, laparoscopy)
- comparison of the two methods (surgical risk, efficacy, reversibility)
- selection of clients
- counseling in a center with or without VSC
- consent forms
- referral
- special considerations
  - these methods do not offer protection against STIs and HIV/AIDS
  - life stage, life situation and risk of regret

3.4.7 *Traditional methods* (content dependent on locale)

- types being used locally
- reasons for use
- influences of traditional methods on FP practice
- identification of harmful practices
- whether to encourage or discourage use of traditional FP methods: an issue depending on FP/RH service policy guidelines or general/primary health care (PHC) service policy guidelines

3.4.8 *Intrauterine contraceptive device (IUD)*

- description (trainee should be able to describe all 13 points)
- types commonly available:
  - Copper T 380A (distributed by USAID and other donors)
  - Multiload 375 and Nova T200 (manufactured by Leiras, Finland, and Schering, Germany)
- progestin-releasing IUDs
  - not yet widely-available

  - 20 mcg/d levonorgestrel IUD (LNg-IUD) is therapeutic for dysmenorrhea and anemia from heavy menses, and may provide some protection against pelvic infection
- client screening by history to include assessment of STI risk; counseling dependent on STI risk, client preference and desire for future fertility
- screening by history and physical exam for reproductive tract infection (RTI)
- equipment and training required for IUD insertion/removal; maintenance of asepsis and prevention of infection spread
- timing of insertion during client's menstrual cycle
- procedure for insertion of each type of IUD, including maintenance of asepsis, "no-touch technique" and cardinal rule for IUD insertion (see Hatcher et al: *Contraceptive Technology*, *16th ed.*)
- client care immediately following insertion
- postpartum insertion within 48 hours or between 4 and 8 weeks after delivery
- postabortion insertion immediately or within the first 7 days postabortion if no signs of infection
- duration of effectiveness of IUD method: Copper T 380A (10 years, as of 1996; likely to be declared longer after further research)
- shelf life for Copper T 380A: 7 years (**Note:** This refers only to sterility of packaging; tarnished copper is not a problem)
- indications for removal
- procedure for removal
- special considerations
  - do not offer protection against STIs and HIV/AIDS
  - not first choice for young or nulliparous women (requires thorough counseling)
  - potential difficulty with insertion in women who have been circumcised, depending on severity of circumcision
  - use as a method of EC (if inserted 5 to 7 days after unprotected sex)

3.4.9 *Emergency Contraceptive Pills (ECPs)*

- description (trainee should be able to describe all 13 points)
- efficacy: approximately 75 percent; efficacy only proven if treatment starts within 72 hours of unprotected sex
- can be used at any time during the menstrual cycle when provider can be reasonably sure client does not already have an established pregnancy (implantation occurs 5 to 7 days after fertilization; ECPs will not cause abortion; i.e., cannot dislodge implanted pregnancy)
- mechanism of action: prevents fertilization

- instructions: 4 low dose (30 to 35 mcg ethinyl estradiol) COCs within 72 hours and 4 more COCs after 12 hours
- side effects: nausea and vomiting
- warning signs/complications: if no menses within one month, suspect pregnancy
- counseling: STI protection, use of long term FP method after ECP (can begin COCs or other reversible method immediately)
- particularly helpful for:
  - unplanned and/or untimely intercourse
  - failure of method (e.g., condom breaking)
  - rape, incest
- IUDs can also be used for EC, but require careful screening for STI risk; may be inserted within 5 days of unprotected intercourse

3.4.10 *Method selection for postpartum and postabortion women*

- FP methods for breastfeeding mothers
  - preferred methods include non-hormonal methods: LAM, condoms, IUDs, male and female sterilization (**Note:** If IUD insertion does not take place within the first 48 hours after delivery, it is better to wait until 4 to 8 weeks postpartum.)
  - second choice methods: POPs, Depo Provera® (DMPA)/ Noristerat® (NET-EN), NORPLANT® Implants, diaphragms (**Note:** Progestin-only methods may be started **after** 6 weeks postpartum if the woman does not choose to rely on LAM.)
  - the diaphragm may be fitted **after** 6 weeks postpartum when the uterus has involuted (returned to its normal size)
  - COCs and CICs are last choice for the fully breastfeeding mother, as a WHO study showed that estrogen slightly decreases and alters breastmilk production
  - new mothers can become pregnant before menses returns (**Note:** Do not make lactating women wait for menses to initiate their method of first choice.)
- FP methods for postpartum women, whether breastfeeding or not
  - NFP is not recommended until the menstrual cycle has become regular again
  - condoms and spermicides are recommended because of their protective effect against infection
  - postpartum women who are **not** breastfeeding can use:
    - » any of the methods recommended for breastfeeding mothers
    - » estrogen containing methods (e.g., COCs and CICs) starting at 4 to 6 weeks postpartum
- FP methods for women postabortion

- if abortion takes place in first trimester, women can get pregnant again right away (within 11 days)
- if there is any sign of infection, IUDs should **not** be inserted
- because postabortion women often have irregular bleeding for several months, NFP is not recommended
- any of the methods recommended for postpartum women are also recommended for postabortion women
- postabortion women can use estrogen-containing methods (COCs and CICs)

SKILLS

3.4 Describing the relevant points for clients of the FP method they have selected (fertility awareness, LAM, progestin-only injectables, POPs, NORPLANT® Implants, COCs, CICs, barrier methods, VSC, traditional methods, IUD, EC) when:

- counseling for informed choice (see Tool 3-a: Counseling for informed choice)
- counseling to make a decision (see Tool 1-b: Counseling the client to make an FP/RH decision)
- instructing clients on method use (see Tool 3-g: Instructing clients on use of COCs; Tool 3-h: Instructing clients on use of POPs; Tool 3-j: Instructing clients on the use of a Copper T 380A IUD; Tool 3-k: Instructing clients on the use of progestin-only injectables)
- counseling women postpartum (see Tool 4-h: Conducting a 4 to 6 weeks postpartum visit – mother)
- counseling women postabortion (see Tool 5-e: Providing postabortion FP counseling)

MAJOR TASK 3.5

Refer clients for FP methods and FP/RH services not provided by the service site, according to the clients' preferences.

KNOWLEDGE

3.5 Referral guidelines

3.5.1 *Referral depends on FP/RH provider skills/training and methods and services provided and not provided at a given site*

3.5.2 *Referral guidelines*

- ensure client understands the reason for referral

- if reason for referral is due to a health problem, clearly describe the referred problem to the client
- if reason for referral is for an FP method not provided by her/his site, describe the method using the relevant 13 points (see Module 3, section 3.4) and ensure client's understanding of the method description
- emphasize the importance of having the problem treated at a referral center
- explain where referral center is and when services are available
- provide a referral note/slip for the referral site
- protect client from pregnancy while waiting for referral, e.g., provide condoms
- educate client on drug interaction (if relevant)

SKILLS

3.5 Referring a client needing a method or services not available in the service site (see guidelines in section 3.5.2 above)

MAJOR TASK 3.6

Take and record relevant aspects of the clients' socio-medical histories using the local agency FP/RH card. Supplement the card, as appropriate.

KNOWLEDGE

3.6 Socio-medical history of the FP client

3.6.1 *Purposes for taking relevant portions of socio-medical history*

- to discover any problems needing treatment or referral
- to record the client's reproductive history (for use by future service providers in advising the client)
- to determine any conditions for restricting the use of certain contraceptive methods
- to discover any side effects or complications from or coincidental to using a contraceptive method
- to determine need for physical assessment (currently not a requirement for initiating hormonal FP methods)
- to provide counseling and education as relevant to life stage, reproductive goal and life circumstances

3.6.2 *Important points for history-taking session*

- establish rapport, privacy
- use counseling skills and feedback rules throughout (see Module 1)

- take thorough history: ask about major symptoms for diseases listed on the client card
- ask culturally-appropriate questions about sexual history to determine client's level of knowledge, sexual satisfaction, and/or STI/RTI risk or current symptoms, if any
- ask culturally-appropriate questions about domestic violence/coercion and client's comfort level about negotiating sex/family planning use, harmful traditional practices (including, where appropriate, female circumcision)
- record legibly in all spaces on the card; record short descriptions or comments to help monitor progress at next follow-up visit

3.6.3 *Components of a reproductive health history* (selective use of components for method eligibility), dependent on life stage, life circumstances and FP method chosen (**Note:** Use local/national RH/FP protocols or procedure manual to determine relevant components of history, as related to client choice or request.)

SKILLS

3.6 Conducting and recording relevant aspects of the client's socio-medical history
(see Tool 3-b: Conducting an RH history and guidelines in section 3.6.2 above)

MAJOR TASK 3.7

Perform relevant components of physical assessments for FP/RH clients, depending on the selected FP method or health problem.

KNOWLEDGE

3.7 Physical assessment of the FP client

3.7.1 *Purposes for physical assessment*

- to obtain relevant baseline data on client's health (concept of promoting reproductive health)
- to detect any conditions for restricting the use of certain contraceptives (i.e., conditions that affect medical eligibility for various methods); to confirm history findings, if applicable
- to diagnose side effects of contraceptive methods and to diagnose other reproductive health problems (STI/RTI, gynecological, female circumcision)
- to assess status of reproductive health organs and general health status of postpartum and postabortion client
- to obtain laboratory specimens as necessary (to determine which laboratory procedures are essential for FP versus good for preventive health care, see Technical Guidance Working Group: *Recommendations for Updating Selected Practices in Contraceptive Use, Volumes I and II*)

3.7.2 *Actions to take when physical assessment is not possible, e.g., no electricity or supplies*

- take history and use symptoms to rule out conditions for restricting the use of certain contraceptive methods (see local FP card and the local/national FP procedure manual), OR
- if aspects of physical assessment are required (e.g., for IUDs):
  - perform whatever assessment is possible (using appropriate history screening and explanation for these methods)
  - help client make an informed choice of an alternative temporary method (e.g., COCs, POPs, injectables or condoms) for a specific length of time, based on her history
  - ask client to report any unusual complaints and return for examination completion
  - indicate action taken on the FP client card

3.7.3 *One approach to physical assessment* (where facilities/supplies are available)

- history-taking, including observation of client's general health
- investigations, as indicated, including blood pressure (BP), weight and, when appropriate, blood for hemoglobin, urinalysis, and other laboratory investigations as indicated by the history taken (and if available and affordable) (see Technical Guidance Working Group: *Recommendations for Updating Selected Practices in Contraceptive Use, Volumes I and II*)
- head to toe assessment/observation of general health status
- pelvic examination (speculum and bimanual)

3.7.4 *Components of comprehensive (optional) physical exam for reproductive health* (**Note:** Use national and scientific guidelines for FP service access and the concept of maximizing access and quality (MAQ) to modify the components of physical assessment.)

- general health: observe as client enters the room and during the session; observe verbal and non-verbal cues
- skin: jaundice or anemia, discoloration, signs of trauma
- head: hair loss; eyes for jaundice or anemia; face for hirsutism (presence of mustache or beard)
- neck: engorged veins, enlarged lymph glands
- chest: rate or abnormality of respiration
- breasts
  - observe for equal size, scars, masses, veining, dimpling or retraction, discharge, breastmilk
  - palpate for tenderness, masses
  - teach client self-breast examination as part of well-woman/reproductive health (even if a complete physical assessment is not indicated)

- axilla: enlarged lymph nodes
- abdomen: inspect surgery scars, obvious masses/distention and palpate for:
  - liver enlargement or tenderness
  - masses, distention, pregnancy
  - if postpartum, note uterine involution, gaping of muscle over linea alba or healing of cesarean section scar, if appropriate
- inguinale region
  - enlarged, tender or rubbery lymph nodes
- legs
  - tender, swollen, red, warm varicose veins indicating superficial phlebitis (i.e., inflammation of vein)
  - edema; pitting when pressing over tibial bone or ankles
  - tenderness deep in one thigh or calf accompanied by severe pain (suggesting deep venous thrombosis)
- pelvic examination
  - indications/purposes
    - » at initial visit: to exclude health problems before IUD insertion; done even if the client has menses (**Note**: Menses will obscure any findings of mucopus at cervical canal. Therefore, a careful history to rule out STI risk, with a careful bimanual exam for evidence of pelvic inflammatory disease (PID), is very important.)
    - » at any visit: to exclude or confirm presence of STIs, RTIs, abnormalities of the reproductive tract and, when appropriate, evidence of rape, recent circumcision or other trauma
    - » at routine follow-up visits for clients with an IUD or diaphragm
    - » for postpartum assessment at 4 to 8 weeks after childbirth
    - » for postabortion assessment
  - vulva inspection
    - » hair distribution, discharges, ulcers or other sores, scars, condylomata (wart-like growths), pubic lice, signs of circumcision
  - vaginal walls inspection
    - » discharges, abrasions, atrophy, condylomata or other lesions, muscle tone (important for diaphragm fitting); teach Kegel exercise if appropriate
  - speculum examination
    - » endocervix (cervical canal): polyps, endocervical discharge
    - » cervix: color, scars, condylomata, ulcers, normal ectropion versus erosion (due to severe infection or trauma)
  - bimanual examination

- » cervix: regularity, consistency, whether open or closed, pulsations in the fornices, tenderness on cervical motion (suggestive of pelvic infection)
- » uterine size, shape, consistency, position, fibroids, pregnancy, tenderness
- » adnexae: masses, tenderness or pain
- » rectocele/cystocele
- » Bartholin's glands: enlargement
- » urethra: discharge
- » Skene's ducts: discharge

3.7.5 *Infection prevention during physical exam and pelvic exam*

- always wash hands before and after each exam using soap; dry hands on clean individual towel
- use clean, high-level disinfected gloves and speculum for protection of client and service provider
- decontaminate all used materials before proceeding with cleaning (see Tietjen: *Infection Prevention for Family Planning Service Providers*)

3.7.6 *Maximizing access to, and quality of, FP/RH services by removing scientifically unjustifiable medical barriers*

- definition: medical barriers (one of many types of barriers to FP/RH access) are scientifically unjustifiable practices or policies based, at least in part, on a medical rationale
- examples in FP/RH service delivery: inappropriate requirements for physical assessment, very limited number of certain contraceptive supplies dispensed, age and parity restrictions on certain contraceptives, limited choice of contraceptive methods offered to postpartum or postabortion clients, and/or other examples given by trainer
- the initiation of FP methods, continuity of FP acceptance (quality of care element) and accessing FP methods (see WHO: *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Initiating and Continuing Use of Contraceptive Methods* or updated national FP/RH service policy guidelines which promote MAQ)

SKILLS

3.7 Performing relevant parts of a physical assessment (see Tool 3-d: Performing a physical assessment):

- using appropriate infection prevention steps (see Tool 3-c: Maintaining aseptic technique during and after sterile procedures)
- performing the pelvic exam, when appropriate (see Tool 3-e: Performing a pelvic examination)

MAJOR TASK 3.8

Determine, with individual clients, the most appropriate FP method based on clients' informed choice, findings from history-taking and physical assessments, and consideration of the risks and benefits of the method and the clients' situation.

KNOWLEDGE

3.8 Considerations when determining with the client the most appropriate FP method for her

3.8.1 *Considerations during the decision-making process*

- FP method initially requested by client
- client's purpose/goal for selecting a certain FP method
- life stage: adolescence, pre-conceptional (young couple desiring to continue education or delay first child for financial reasons), postpartum, postabortion, peri-menopausal, etc.
- negotiation with and support by partner
- findings from history and physical assessment
- eligibility of client for method selected (see WHO: *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Initiating and Continuing Use of Contraceptive Methods*)
- risks of pregnancy versus risks and benefits of the FP method selected
- need for immediate referral for further medical care (provide advice on use of an interim barrier method)

SKILLS

3.8 Determining the most appropriate FP method (see Tool 3-f: Determining and administering the appropriate FP method)

MAJOR TASK 3.9

Correctly prescribe, dispense, administer or insert the method selected, following appropriate infection prevention procedures.

KNOWLEDGE

3.9 Standard rules for FP method administration and/or insertion

3.9.1 *Follow standard rules and practices for drug administration or IUD insertion, including all infection prevention steps*, for example:

- check expiration dates (of FP methods or sterilization of IUD package) and store so that the FP method is preserved

- apply relevant rules and practices recommended locally
- for injectables:
  - shake solutions for injections well before use
  - clean cover of vials with antiseptic before drawing injectable FP methods
  - use only sterilized needles and syringes
  - dispose of contaminated needles and syringes appropriately (sharps container)
- for IUDs:
  - prepare the cervix
  - use "no touch" technique

3.9.2 *Prescribe, dispense, administer or insert the selected method* according to the local/national FP protocols or procedure manual

SKILLS

3.9 Following standard rules for drug administration and infection prevention when:

- administering the appropriate FP method (see Tool 3-f: Determining and administering the appropriate FP method)
- inserting an IUD (see Tool 3-i: Inserting a Copper T 380A IUD)

MAJOR TASK 3.10

Instruct clients on the use of the selected FP method and further discuss the method's most common side effects.

KNOWLEDGE

3.10 Client instructions

3.10.1 *Areas to discuss when giving user instructions*

- when to start and when to use a back-up method
- expiration and resupply dates
- common side effects and potential changes in menstrual flow, if any
- symptoms that mean the client must return immediately to the clinic for care
- changing to another FP method (include instructions of other specific methods per local/national FP protocols or procedure manual)
- user's understanding of information provided

3.10.2 *Ensure that client understands her role/responsibilities* in using the method administered before leaving the clinic (e.g., ask her to repeat the instructions or other relevant information such as STI and HIV/AIDS protection)

SKILLS

3.10 Instructing clients on use of the following methods:

- fertility awareness
- LAM (see Pathfinder: *Module 8. LAM and Breastfeeding Support*)
- progestin-only injectables (see Tool 3-k: Instructing clients on the use of progestin-only injectables)
- progestin-only pills (see Tool 3-h: Instructing clients on the use of POPs)
- NORPLANT® Implants
- combined oral contraceptives (see Tool 3-g: Instructing clients on the use of COCs)
- combined injectable contraceptives
- barrier methods (see Pathfinder: *Module 9. Condoms and Spermicides*)
- voluntary surgical contraception (see Pathfinder: *Module 10. VSC*)
- traditional methods (methods will vary)
- IUD (see Tool 3-j: Instructing clients on the use of a Copper T 380A IUD)
- emergency contraception (see Hatcher et al: *Emergency Contraception*; Pathfinder: *Module 5. Emergency Contraception Pills*)

MAJOR TASK 3.11

Conduct routine follow-up for FP clients in a way that enhances continuing satisfaction and acceptance.

KNOWLEDGE

3.11 Routine follow-up visits with FP clients

3.11.1 *FP methods that require routine follow-up visits*

- POPs and COCs
- IUD
- injectables
- CMM
- diaphragm

3.11.2 *Purposes for routine follow-up visits*

- promote continuing FP acceptance

- ensure MAQ
- encourage new clients to use the methods

3.11.3 *Process of conducting planned/routine follow-up visits*

- confirm the type of follow-up (e.g., first follow-up after beginning the method; other follow-up, such as Copper T 380A removal or OC resupply, to encourage continuing FP acceptance, post-EC use to choose or initiate FP method)
- take or update the history, as necessary
- perform physical examination (depending on method used, type of follow-up, local/national FP service policy guidelines, standards and procedure manual)
- answer client's questions appropriately and to her/their satisfaction
- provide additional client care, as needed
- schedule client's next visit and use a visual aid (e.g., pill packet), if appropriate, to help client remember the return date

SKILLS

3.11 Conducting routine follow-up visits for COCs, POPs, injectable methods, the diaphragm and the IUD (see Tool 3-l: Planned/routine follow-up visits for users of COCs, POPs, injectables methods, the diaphragm and the IUD)

MAJOR TASK 3.12

Help clients manage common side effects of contraceptive methods.

KNOWLEDGE

3.12 Common contraceptive-related side effects

3.12.1 *Operational definition of "side effects" in FP* (see Glossary in User's Guide)

3.12.2 *Management of common side effects* related to the following methods (see INTRAH: *Guidelines for Clinical Procedures in Family Planning* and Hatcher et al: *Essentials of Contraceptive Technology*):

- hormonal methods: COCs, CICs, POPs, Depo Provera®, NORPLANT® Implants
- IUDs
- EC

3.12.3 *Review of common side effects of hormonal methods, guidelines about switching to another FP method*

3.12.4 *The SOAP concept* (one possible strategy for managing side effects)

- purpose of using SOAP
  - helps client feel the provider has listened to her problem and logically solved it
  - helps provider offer care or treatment based on a systematic analysis of needs/problems; reduces mismanagement of problems
- definition

  S =Subjective information (client's history)

  O =Objective information (provider observations/findings from investigations and physical assessment)

  A =Assessment (after reviewing subjective and objective findings, interpreting the data to reach a conclusion about what the needs/problems are)

  P =Planning (determining appropriate action, e.g., selecting an appropriate FP method or planning a follow-up visit)

3.12.5 *Considerations that may be applicable during management of side effects*

- is the client non-verbally communicating a concern about the FP method or side effect?
- is the client coping well with the side effect, or is it unacceptable to her?
- how medically serious is the side effect?
- what alternative FP methods are desired by the client?
- is switching methods appropriate?
- if no effective alternative methods are acceptable to the client, and if the side effects are acceptable to the client, consider the benefits of continuing the method versus risk of pregnancy (**if provider is trained or qualified to make this decision**) and counsel client accordingly

3.12.6 *Process of managing common side effects for clients*

- counsel to explore client's feelings and to help make appropriate decisions about continuing the method
- use the SOAP model
- manage the side effect

SKILLS

3.12 Identifying and helping clients manage common side effects of COCs, POPs, Depo Provera®, and IUDs (see INTRAH: *Guidelines for Clinical Procedures in Family Planning*; Hatcher et al: *Essentials of Contraceptive Technology*)

MAJOR TASK 3.13

Manage contraceptive-related complications, and refer clients as necessary.

KNOWLEDGE

3.13 Serious contraceptive-related complications

3.13.1 *Definition of "complications" in FP*; differentiation between side effects and complications (see Glossary in User's Guide)

3.13.2 *Management and referral of complications* related to the following methods:

- hormonal methods (COCs, CICs, POPs, Depo Provera®, NORPLANT® Implants)
- IUDs (Copper T 380A, Ortho TCu 380, Multiload 375, Nova T200)

3.13.3 *Process of managing clients with contraceptive-related complications*

- consider whether the symptom could be due to a medical problem that is not related to the FP method
- use process described earlier (see section 3.11 above)

3.13.4 Considerations (see section 3.12.5 above)

SKILLS

3.13 Managing or referring contraceptive-related complications of COCs, CICs, POPs, Depo Provera®, NORPLANT® Implants and IUDs (see Hatcher et al: *Contraceptive Technology*; Hatcher et al: *Emergency Contraception*)

KNOWLEDGE ASSESSMENT QUESTIONS

This component contains 23 sample questions that can be used before or at the end of training to assess whether the trainee has the knowledge necessary to provide FP services.

There are two types of questions: those which ask the trainee to recall information (for example, questions 1 to 5) and those that require the trainee to solve a problem which they will likely encounter on the job (for example, questions 19 to 23). These 23 questions do not cover all of the knowledge in Module 3. The trainer can develop additional recall and problem-solving questions to further assess the trainees.

Note that the question numbers do not correspond to the numbered sections of the knowledge outline.

Answers to the Knowledge Assessment Questions follow the last question.

1. Circle T if the statement is TRUE and F if it is FALSE.
   a. A complete physical assessment is important before initiating hormonal FP methods. T/F
   b. History-taking using disease symptoms is important for initiating hormonal FP methods. T/F
   c. A pelvic examination has to be performed before inserting an IUD even if one was done at a previous visit. T/F
   d. A complete physical examination is useful/important for checking a client's health status. It can be done while a client is using any FP method. T/F
   e. It is important for women who are practicing lactational amenorrhea to begin menses before using another FP method. T/F
   f. To be most effective, the first dose of emergency contraceptive COC pills should be taken within 72 hours of unprotected intercourse. T/F

2. The subject of this question is the application of anatomy and physiology of the male and female reproductive systems to FP methods.

   Match the statements found in column A with the appropriate FP method(s) found in column B by writing the correct letter(s) in the blank to the left of column A.

   Note: You may use letters more than once, and you may put more than one letter in any blank, if appropriate.

	COLUMN A	COLUMN B
_____	1. The penis is erect just before intercourse and immediately after ejaculation.	A. Diaphragm
_____	2. One of the factors that makes a man have sexual desire is the production of testosterone mainly by the testes.	B. Foaming Tablets
_____	3. One main factor necessary for a woman to become pregnant is ovulation. Some FP methods prevent ovulation.	C. Tubal Ligation
_____	4. The axis of the vaginal canal and the uterine cavity are at a right angle.	D. Withdrawal
_____	5. The direction of the vagina when a client is lying down is downwards and backwards. When standing, it is upwards and backwards towards the sacrum.	E. IUD
_____	6. The posterior fornix (in females) is deeper than the anterior fornix. The suprapubic bone can be felt anteriorly during a pelvic exam.	F. Condoms
_____	7. Menstruation occurs mainly due to the withdrawal of estrogen and progesterone from the blood stream in a woman who has her uterus.	G. Vasectomy
_____	8. The bulbo-urethral or Cowper's gland secretes some seminal fluid during sexual excitement.	H. Hormonal FP Methods
_____	9. Ovulation occurs 12 to 16 days before menstruation	

3. Check (√) the correct response(s).

   The best time to insert an IUD is:

   a. just before the expected menstrual cycle ( )
   b. immediately after menstruation ( )
   c. during the time ovulation is expected to occur ( )
   d. on days 1 to 7 of the menstrual cycle ( )
   e. on any day of the menstrual cycle as long as the client is not pregnant ( )
   f. from 48 hours up to 4 weeks after delivery ( )
   g. immediately after a first trimester spontaneous or induced abortion where no infection is present ( )
   h. anytime you can be sure the client is not pregnant, including while the client is fully breastfeeding and amenorrheic, from the second to the sixth month postpartum. ( )

4. State two purposes/reasons why sounding the uterus before IUD insertion is important.

   a. _____

   b. _____

5. Check (√) the correct response(s).

   Mrs. T. is on her second pack of Lo-Feminal (a COC brand). She is complaining of spotting and feeling nauseated on and off. History-taking and physical examination detect no abnormalities. What advice would you give her?

   a. Stop the pack and change to Microgynon. ( )
   b. Reassure her and advise her to continue Lo-Feminal because spotting and nausea may occur during the first few months of starting any new OC. ( )
   c. Stop the pills and refer her to a physician immediately. ( )
   d. Reassure her and advise her to take two pills a day for the next 2 days. ( )
   e. Schedule a return visit for when she has completed the third pack. Encourage her to return to the clinic if she has more concerns about nausea or spotting. ( )

6. The questions below relate the anatomy and physiology of the human reproductive system to the provision of FP services to clients.
   a. Describe the cervical mucus during the first half of the menstrual cycle (up to the point **just before** ovulation).

   _____

   _____

   b. When, in relation to ovulation, is the mucus most stretchy and most like the white part of a raw egg?

   _____

   _____

   c. Which ovarian hormone is dominant:
      i. during the first half of the menstrual cycle?

      _____

      ii. during the second half of the menstrual cycle?

      _____

   d. What changes in hormones occur in the bloodstream when menstruation occurs?

   _____

   _____

   e. How does your response to question d. apply to the use of combined oral contraceptives (COCs)?

   _____

   _____

   f. A woman who began Depo Provera® about 6 months ago reports to your clinic complaining of heavy vaginal bleeding that concerns her and her partner. She has had this problem for the last two menses. What are at least 2 conditions you will try to rule out during the physical assessment?

      i._____

      ii._____

g. Why do some women who breastfeed and have lactational amenorrhea during the postpartum period sometimes become pregnant "without knowing" they were fertile again?

_____

_____

7. Check (√) the correct response(s).

   Mrs. J. is on the fourth week of her first injection of Depo Provera®. She complains of having prolonged bleeding for 10 days. Upon physical examination, including a pelvic examination, no abnormalities are detected. Which of these would you do to help Mrs. J.?

   a. reassure her by stating that this is a common problem with Depo Provera®. It should stop as she continues to use Depo-Provera®, especially after the third or fourth injection (9 to 12 months of use) ( )
   b. give the second injection of Depo Provera® and explain that the bleeding should decrease ( )
   c. refer her immediately ( )
   d. if the client is not satisfied by reassurance, offer her 1 pack of COCs or 200 to 400 mg ibuprofen orally 3 to 4 times/day ( )
   e. if COCs are given, give her a return date, during the fourth week of the 28-day pill cycle, for reassessment ( )
   f. give her a return date, 3 months from this visit, to ensure that the bleeding has improved. ( )

8. In the blank next to the side effect, write **C** if the side effect is most **common** in COC users, **P** if most **common** among POP users and **D** if most **common** among Depo Provera® users. **Note:** MORE THAN ONE LETTER CAN BE PLACED BESIDE A SIDE EFFECT, IF NECESSARY.

   a. nausea _____
   b. spotting _____
   d. amenorrhea _____
   e. weight gain _____
   f. weight loss _____
   g. irregular menses _____
   h. heavier vaginal bleeding _____
   i. watery vaginal discharge. _____

9. List any three common side effects from use of non-hormonal IUDs.

   a. _____

   b. _____

   c. _____

10. Check (√) the non-contraceptive benefits of COC use from among the following:

   a. general feeling of good health, especially during the first year ( )
   b. reduced menstrual flow and reduced menstrual cramping ( )
   c. irregular menstrual flow experienced by client ( )
   d. regular menstrual flow experienced by client ( )
   e. reduced incidence of endometrial and ovarian cancer ( )
   f. protection provided against most STIs. ( )

11. List 3 non-contraceptive benefits of Depo Provera®.

   a. _____

   b. _____

   c. _____

12. Check (√) the symptoms or problems for which an IUD user must return immediately to the FP clinic.

   a. severe diarrhea and vomiting ( )
   b. missing IUD strings ( )
   c. IUD strings seem longer than they did just after insertion ( )
   d. severe lower abdominal pain ( )
   e. feeling feverish accompanied by lower abdominal pain ( )
   f. feeling something hard at the cervix ( )
   g. delayed menstrual period or pregnancy ( )
   h. frequent headaches. ( )

13. In each example below, circle the capital letter(s) to indicate the FP method(s) for which the woman described is eligible and which is well-suited for her (you may circle more than one letter, if appropriate):

    L for LAM

    C for COC

    P for POP

    D for Depo Provera®

    I for IUD

    C I for CIC

    M for male condom

    a. Mrs. T. has not had a period since delivery 8 weeks ago. She is fully breastfeeding. (L, C, P, D, I, CI, M)

    b. Mrs. L. was treated for abnormal vaginal discharge one month ago and also at one other time during the last six months. (L, C, P, D, I, CI, M)

    c. Mrs. K. has one child. She had a miscarriage two weeks ago. Her husband wants her to be pregnant, but she wants to wait. (L, C, P, D, I, CI, M)

    d. Mrs. D. has sickle cell anemia. (L, C, P, D, I, CI, M)

    e. Mrs. S. has a history of frequent, severe headaches. She is unwilling to ask her husband to wear condoms (for fear he will accuse her of infidelity). (L, C, P, D, I, CI, M)

    f. Miss T. is a sexually-active 16-year-old who wants to begin FP. She has not been pregnant. (L, C, P, D, I, CI, M)

    g. Mrs. M., a 40-year-old mother of 5, wants to start FP. (L, C, P, D, I, CI, M)

    h. Mrs. X's husband strongly disapproves of family planning. She bled heavily with her last (5th) delivery 9 months ago and has heavy periods. (L, C, P, D, I, CI, M)

    i. Mrs. N., who has a history of high blood pressure, was circumcised (infibulated) as a young girl, and was re-infibulated after tearing during her last delivery. Her husband wants more children, but she fears the pain of another childbirth and wants to space her pregnancies. (L, C, P, D, I, CI, M)

14. State two non-contraceptive benefits of condom use.

    a. _____

    b. _____

15. State two situations when a diaphragm user must return to the clinic.

    a. _____

    b. _____

16. State two benefits of using spermicides.

    a. _____

    b. _____

17. Check (√) the correct response(s).

    Under which of the following situations would informed choice counseling regarding alternative FP methods be **urgently** needed?

    a. when a continuing client has used a particular method for one year ( )

    b. when a fully breastfeeding mother with lactational amenorrhea and a baby aged one month comes to the under-five children's clinic (this mother is a continuing acceptor of maternal health (MH) services) ( )

    c. when helping new clients to choose FP methods ( )

    d. for a para 6, gravida 10 client who is using combined oral pills ( )

    e. for a para 6, gravida 6 client using the Depo Provera® injection ( )

    f. for a para 1, gravida 4 client in the ante-natal clinic ( )

    g. for a para 0, gravida 0 new bride who requests an IUD and whose husband is a truck driver. ( )

18. List six steps involved in counseling a client regarding selection of an FP method.

    1. _____

    2. _____

    3. _____

    4. _____

    5. _____

    6. _____

19. Mrs. T. has been using the IUD for the last 12 months. For the first 10 months, she had no troublesome menstrual bleeding and, thus, really liked the IUD. However, during the last two months, she has felt feverish intermittently and experienced heavy, prolonged and somewhat smelly menses. After taking further history and examining her, you find that she has tender adnexae and foul-smelling, pus-like vaginal discharge. After sharing your findings with her, you arrange for treatment of her pelvic infection, recommend she allow you to remove the IUD today and help her make an informed choice of another FP method.

    a. The client tells you she can't remember to take pills. She denies having other sexual partners. Which three FP methods will you review with this client?

        i. _____

        ii. _____

        iii. _____

    b. What three health education messages are required for a client who has had the above symptoms?

        i. _____

        ii. _____

        iii. _____

20. Mrs. M., a client who has been using COCs for the last 6 months, has now been told she has high blood pressure. A blood pressure of above 150/100 has been observed on three occasions. She came today for a resupply of COC pills. After your re-examination and counseling session, she informs you that she would prefer to continue using pills. Her partner has several partners and she hates Depo Provera®.

    a. Which two effective methods would you explain and encourage her to select?

        i. _____

        ii. _____

    b. Which FP/MH concept are you following when you help Mrs. M. choose an effective method?

        _____

        _____

c. As an FP/RH provider in an urban clinic, to whom should you communicate your decision to provide an effective FP method to Mrs. M. and refer her for management of the high blood pressure?

_____

_____

21. Mrs. H., a 24-year-old mother of two, is using NORPLANT® Implants, which she received from the University Hospital five weeks ago. Her incision site healed well, but she complains of continuous light bleeding and spotting since insertion. She denies new lower abdominal pain (she has chronic abdominal pain and diarrhea). She denies STI risk or abnormal vaginal discharge. She says the University Hospital is too far for her to seek care and asks your help with the persistent, light bleeding. Laboratory tests are not easily available.

a. What other history do you want?

_____

_____

_____

b. What components of a physical exam do you want to do?

_____

_____

_____

c. Assuming the results of her physical exam are negative, what advice might you give her?

_____

_____

_____

d. Some clinicians administer a pack of COCs in this circumstance. How would you expect a pack of COCs to affect the bleeding?

_____

_____

_____

22. Miss L., who is 15 years old, calls your clinic after having unprotected intercourse with her boyfriend. Tearfully, she tells you she is terrified that she might become pregnant and that a friend said there was a pill she could take to prevent this from happening. She asks if you can help her. You tell her that there is treatment available using COCs. However, you will first need to ask her some questions in order to determine whether this treatment might be safe and potentially effective for her.

    a. Check (√) the main points that should be covered in Miss L's sexual and heath history that will help you to decide whether she is an appropriate candidate for EC pills.

        i. date of last normal menstrual period ( )

        ii. description of normal cycles (shortest, longest, most unusual) ( )

        iii. calculation of probable day of ovulation ( )

        iv. days of this menstrual cycle on which all episodes of unprotected intercourse occurred ( )

        v. number of hours since first episode (this cycle) of unprotected intercourse ( )

        iv. current method of contraception. ( )

    b. You determine that ECPs are a safe option for Miss L. and proceed to give her instructions for taking the tablets. In addition, you warn her about possible common side effects. State the two most common side effects, and the advice you would give concerning these.

        i. _____

        ii. _____

    c. What are two very important health education messages that you should give Miss L. following ECP treatment?

        i. _____

        ii. _____

23. Mrs. P., 25 years old, comes to your clinic for a routine annual health check-up. Her health history is normal. Her physical examination initially appears to be so. As you assist Mrs. P. into position to perform the pelvic examination, however, you notice bruising on the inner aspect of one thigh. She becomes extremely tense as you insert the speculum. You stop, assist Mrs. P. to sit up, and begin to talk with her, exploring gently these findings. You learn that Mrs. P. recently married a man who insists on having intercourse often and is very rough. She explains that he behaves in this way because he loves her and wants to have a child. Mrs. P. suddenly breaks down sobbing, telling you she feels she has no control of her life. A mother of three from a previous marriage, she wants no more children but is afraid to use anything because he might find out. You calmly tell Mrs. P. that you will try to help.

a. What are three major concerns that you have for Mrs. P.?

b. What actions might be taken?

c. What methods of contraception would be most suitable in Mrs. P.'s circumstances?

Answer Sheet to KNOWLEDGE ASSESSMENT QUESTIONS

Question No. 1 (6 points)

a. F
b. T
c. T
d. T
e. F
f. T

Question No. 2 (15 points)

1. F
2. G
3. H
4. E
5. A, B & E
6. A, B
7. C, H
8. D, G
9. H, D

Question No. 3 (3 points)

e.
g.
h.

Question No. 4 (2 points)

Any two of the following responses are correct, but the answer must include a.:

a. to measure the depth of the uterine cavity
b. to find out the direction of the uterine cavity
c. to confirm the position of the uterus.

Question No. 5 (2 points)

b.
e.

Question No. 6 (9 points)

a. thick, sticky, becoming clear and stretchy close to time of ovulation	1 point
b. about 24 hours before ovulation	1 point
c. i. estrogen	
ii. progesterone	2 points
d. hormone levels drop	1 point
e. menses (withdrawal vaginal bleeding) occurs after completion of the pills that contain hormones	1 point
f. i. incomplete abortion	
ii. pelvic infection	2 points
g. because the woman became pregnant during her first postpartum ovulation, which occurred two weeks before the first menses would have been noted.	1 point
	(9 points)

Question No. 7 (3 points)

a.
d.
e.

Question No. 8 (17 points)

a. C
b. P, D, C
c. C
d. P, D
e. C, D
f. C, D
g. C, P, D
h. P, D
i. C

Question No. 9 (3 points)

Any three of the following are correct:

- lower abdominal cramps
- heavier menstruation
- spotting
- non-smelling, watery vaginal discharge.

Question No. 10 (4 points)

b.
d.
e.
f.

Question No. 11 (3 points)

Any three of the following are correct:

- reduced iron deficiency anemia
- reduced risk of acute pelvic infection
- infrequent clinic visits
- reliability
- reduced risk of endometrial and ovarian cancers
- good for clients with sickle cell anemia
- good protection against ectopic pregnancy

Question No. 12 (6 points)

b.
c.
d.
e.
f.
g.

Question No. 13 (24 points)

a.	L, P, D, I	[If she does not want to rely on LAM.]
b.	C, D, P	
c.	C, D, P, CI	
d.	P, D	
e.	I, P	[The POP often works **well** for headaches.]
f.	C, D, CI	
g.	D, I	
h.	D, CI	[There are fewer menstrual irregularities with CIC use.]
i.	P, D	

Question No. 14 (2 points)

Any two of the following are correct, as are others that the trainer judges correct:

- prevents transmission of STIs to and from partner
- used only at the time of sexual intercourse
- can be used as second FP method for clients at risk of STI/RTI and HIV/AIDS
- indirectly contributes to reducing incidence of infertility and cervical cancer.

Question No. 15 (2 points)

Any two of the following are correct:

- to have provider confirm that client is able to insert it correctly (one week after fitting)
- if she has gained or lost weight, e.g., more than 5 kg, within three months
- to change/confirm size of diaphragm after delivery
- client wants to use a different FP method
- client notes increased and unacceptable frequency of urinary tract infections since beginning diaphragm use
- client complains of burning with spermicide use.

Question No. 16 (2 points)

Any two of the following are correct:

- used only at the time of sexual intercourse
- offers some protection in preventing STI transmission between partners
- can be used as second FP method for clients at risk of STI/RTI and HIV/AIDS, if a condom is not acceptable
- useful as a back-up FP method in case of two or more missed OC pills
- available without clinic visit.

Question No. 17 (4 points)

c.
d.
f.
g.

Question No. 18 (6 points)

The answer could be either:

The First Approach:

– prepare counseling setting and materials

– establish and maintain rapport throughout the session

– determine client's FP needs and understanding of FP methods

– explain FP method(s) possibly suitable for the client

– confirm the method initially selected by the client, or suggest alternatives, taking into consideration her/his reason for FP and honoring the client's first choice

– close counseling session and explain next steps according to method selected.

The Second Approach – GATHER:

– **G**reet clients in a friendly and helpful way

– **A**sk clients about their FP needs

– **T**ell clients about available FP methods

– **H**elp clients decide which method(s) they want to use

– **E**xplain how to use the method chosen

– **R**eturn visits should be planned and client should be informed about them.

Acceptable variations for these answers include answers with an emphasis on interpersonal, counseling and communication skills.

Question No. 19 (6 points)

a. Any three of the following methods would be appropriate (answer must include at least male condoms):

- NORPLANT® Implants
- injectables
- tubal ligation
- male condoms
- female condoms
- spermicides
- vasectomy

b. Any three of the following are correct, but answer must include items ii and iv:

i. how the symptoms may spread to her partner

ii. that she must complete the course of medication even if she feels better early

iii. that she must return to the clinic for her appointment

iv. the importance of asking her partner to visit the clinic for treatment (there would be no need to discuss his relation to her when he reports for treatment).

Question No. 20 (5 points)

a. Any two of the following are correct:
   - NORPLANT® Implants
   - POPs
   - tubal ligation
   - female condoms
   - vasectomy
   - male condoms

b. Either of two answers are acceptable:
   - Contraceptive method risk versus risk of pregnancy
   - Informed choice

c. Any one of the following is correct:
   - clinical officer with FP training and readiness to listen to FP provider's course of action who will also manage the high blood pressure
   - clinic supervisor, to help decide on the management of the high blood pressure
   - medical officer with FP training and readiness to listen to FP provider's course of action who will also manage the high blood pressure.

Question No. 21 (4 points)

a. Any one of the following three is correct:
   - Is she on any medications? (Rifampin, griseofulvin and anti-seizure medications all render NORPLANT® Implants ineffective.)
   - At the time the NORPLANT® Implants were inserted, was she at risk for pregnancy or could she have had an early, undetected pregnancy?
   - Does she have any conditions that would make her ineligible to use a pack of COCs for a month (conditions for restricting the use of estrogen)?

b. Any one of the following is correct:
   - pelvic exam: speculum and bimanual
   - abdominal exam
   - look at conjunctivae and nail beds for anemia

c. Best answer: Give her reassurance by telling her that this is normal for NORPLANT® Implants and will likely improve with time.

   Also correct: Offer her a pack of COCs to stop the bleeding.

d. Usually, the estrogen in COCs will temporarily stabilize the endometrium, which will stop the bleeding. At the end of the pack of COCs, the client should expect a menstrual bleed, which will hopefully be light and short.

Question No. 22 (7 points)

a. The correct answer is dependent on local protocol. If ECP use is available only for those women whose only act (this cycle) of unprotected intercourse occurred within the last 72 hours, then only answer v. is correct. If women who have had other acts of unprotected intercourse (UPI) earlier in the cycle can receive ECPs for their UPI in the last 72 hours, then i, iv, and v are correct.

   (**Note:** For ECPs, trying to calculate ovulation can lead to errors of undertreatment.)

b. The two most common side effects are nausea and vomiting. Both subside within a day or two.
   - nausea: Where timing of intercourse and visit permit, the second dose should be followed by sleep.
   - vomiting: In the case of vomiting within 2 hours of taking either dose, call the clinic for advice (or give her 4 extra tablets in advance to take should she vomit either dose).

c. Two of the following messages are important:
   - need for STI protection
   - need for short-term (after ECP) and long-term contraception
   - warning signs (for pregnancy), or instructions to return to clinic if no menses within 1 month.

Question No. 23 (5 points)

a. The following issues are of the greatest concern:
   - physical and emotional safety
   - risk for pregnancy
   - STI risk

b. If available and convenient, you could refer Mrs. P. to a counselor trained in working with victims of sexual abuse. If no counselor or support group is available, explore whether there is anyone in her own network of friends and family to whom she could turn.

c. any user-controlled or invisible method desired by the client, in the absence of health problems or conditions for restricting the method (e.g., COCs, POPs, CICs, DMPA, etc.); if she desires the IUD, she must be carefully counseled regarding STI exposure and PID risk.

GRAND TOTAL: 140 points
CUT OFF: 98 points (70%)

SKILLS ASSESSMENT TOOLS

The following tools can be used to assess trainees' performance when providing family planning services. The assessment tools can be used for pre- or post-training skills assessment, or for assessment of skills performance on the job after training. They also may be used by trainees to guide skills acquisition during training or as a job aid after training. The tools cover many, but not all, of the skills required to provide family planning services. Trainers can create additional tools for other skill areas using the suggested resources on the following page as references.

Module 3 Tools:

Tool 3-a: Counseling for informed choice of FP methods

Tool 3-b: Conducting a reproductive health history

Tool 3-c: Maintaining aseptic techniques during and after sterile procedures

Tool 3-d: Performing a physical assessment for FP/RH clients

Tool 3-e: Performing a pelvic examination for FP/RH clients

Tool 3-f: Determining and administering the appropriate FP method

Tool 3-g: Instructing clients on the use of combined oral contraceptive pills (COCs)

Tool 3-h: Instructing clients on the use of progestin-only contraceptive pills (POPs)

Tool 3-i: Inserting a Copper T 380A intrauterine contraceptive device (IUD)

Tool 3-j: Instructing clients on the use of a Copper T 380A IUD

Tool 3-k: Instructing clients on the use of progestin-only injectables

Tool 3-l: Planned/routine follow-up visits for users of COCs, POPs, injectable methods, the diaphragm and the IUD

Useful Tools from other Modules:

Tool 1-a: Using interpersonal communication skills

Tool 1-b: Counseling the client to make an FP/RH decision

Tool 2-a: Providing group education about FP/RH

Tool 4-h: Conducting a 4 to 6 weeks postpartum visit – mother

Tool 5-e: Providing postabortion FP counseling

Useful resources for developing other tools (see **References** at the end of this module for the full citations):

For more on client instructions for FP method use:

Pathfinder International: *Comprehensive RH and FP Training Curricula*

For managing common FP side effects:

INTRAH: *Guidelines for Clinical Procedures in Family Planning*

Hatcher et al: *The Essentials of Contraceptive Technology*

For managing contraceptive-related complications:

Hatcher et al: *Contraceptive Technology,* 16th revised ed.

Hatcher et al: *Emergency Contraception*

Skills Assessment Tool 3-a

COUNSELING FOR INFORMED CHOICE OF FP METHODS

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-a (continued)

COUNSELING FOR INFORMED CHOICE OF FP METHODS

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares the counseling setting and materials.	8		4		
2. Establishes and maintains rapport with client and uses communication skills throughout the session.	30		20		
3. Determines client's FP needs and understanding of FP methods.	22		18		
4. Explains the FP methods to client.	22		12		
5. Confirms the method initially selected by the client or suggests alternatives.	4		4		
6. Closes the counseling session.	6		2		
TOTAL	92		60		

Skills Assessment Tool 3-a (continued)

COUNSELING FOR INFORMED CHOICE OF FP METHODS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares the counseling setting and materials.

		2	1	0	Comments
1.1	*Arranges an area out of hearing range of others and avoids interruption by other clients or staff.				
1.2	Ensures adequate light and ventilation where necessary.				
1.3	Ensures that both client and counselor are seated facing each other.				
1.4	*Assembles appropriate FP/RH client education materials.				

POSSIBLE SCORE: 8 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-a (continued)

COUNSELING FOR INFORMED CHOICE OF FP METHODS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Establishes and maintains rapport with client and uses communication skills throughout the session.

		2	1	0	Comments
2.1	*Greets client in a culturally-appropriate way to create rapport and enable both client and provider to relax.				
2.2	Introduces self and others (if any) to the client.				
2.3	*Asks what she can do for client or reason for coming to the clinic.				
2.4	Uses non-verbal communication skills to encourage client, as needed:				
	a. *smiling or nodding at client b. *openness and non-judgmental facial expression c. leaning towards client or facing and being near client, as needed d. *eye contact in a culturally-appropriate manner e. *relaxed and friendly manner.				
2.5	Uses verbal communication skills, as needed:				
	a. clarifies, using open-ended questions b. *listens actively c. *encourages or praises d. accurately reflects and focuses the discussion according to the client's concerns e. *repeats/paraphrases client's statements f. responds to client's non-verbal communication g. *summarizes or lets client summarize.				

POSSIBLE SCORE: 30 points CUT OFF: 20 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-a (continued)

COUNSELING FOR INFORMED CHOICE OF FP METHODS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Determines client's FP needs and understanding of FP methods.

	2	1	0	Comments
3.1 Asks client information that will help determine possible suitability of the method. a. *age b. *number of children c. * spacing of pregnancies and age of children d. *birth date of last child e. *when s/he plans to have next child or whether s/he wishes to space or not have any more children f. *whether she has used FP method(s) before and if so, which one(s) and the reasons she stopped using the method(s).				
3.2 *Asks client if s/he has a preferred FP method.				
3.3 *If client has a preferred method: a. asks her/him to explain what s/he knows about the method and b. asks if s/he wants to discuss other methods that may be suitable according to the client's reproductive goal or other needs.				
OR . . .				
3.4 *If client has no preferred method, or if the client's initial choice is obviously unsuitable (e.g., VSC for someone planning future pregnancies): a. lists which methods are suitable based on the client's reproductive goal and other needs and b. asks what s/he has heard about any of the methods.				

(continued on next page)

Skills Assessment Tool 3-a (continued)

COUNSELING FOR INFORMED CHOICE OF FP METHODS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*:Determines client's FP needs and understanding of FP methods.

		2	1	0	Comments
3.5	Commends client for the correct information s/he know about FP methods.				
3.6	*Gives accurate information when client expresses incomplete or incorrect information.				
3.7	Uses visual aids and client education materials when clarifying.				

POSSIBLE SCORE: 22 points CUT OFF: 18 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-a (continued)

COUNSELING FOR INFORMED CHOICE OF FP METHODS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Explains the FP methods to the client.

		2	1	0	Comments
4.1	Explains the method preferred by the client and/or the ones that match the client's needs, following the guide below and providing additional information to what the client already knows: a. what the method is b. *how it prevents pregnancy c. effectiveness (generally) or compared to other FP methods d. *benefits/advantages including non-contraceptive benefits and protection from STIs and HIV/AIDS e. *disadvantages and side effects including lack of protection from STIs and HIV/AIDS f. *who can use the method g. *who should not use the method.				
4.2	*Encourages client to ask questions after explaining the method(s).				
4.3	*Provides correct answers to client's questions.				
4.4	*Asks client to repeat or summarize information given.				
4.5	*Commends client's correct information on FP methods and adds missing information.				

POSSIBLE SCORE: 22 points CUT OFF: 12 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-a (continued)

COUNSELING FOR INFORMED CHOICE OF FP METHODS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5: Confirms the method initially selected by the client or suggests alternatives.

		2	1	0	Comments
5.1	*Reviews with the client her/his reproductive goal and other needs.				
5.2	*If client has a preferred method,				
	a. confirms that the method matches her/his reproductive goals and other needs				
	OR . . .				
	b. If client's initial preference does not match her/his reproductive goals and other needs, explains why and allows client to select another method, providing additional information needed about the possibly suitable method(s) (see Task 4 on previous page).				
	OR . . .				
5.3	*If client has no preference or preferred method is inappropriate, allows client to select a method from the alternatives described in Task 4, providing any additional information needed about the possibly suitable method(s).				

POSSIBLE SCORE: 4 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-a (continued)

COUNSELING FOR INFORMED CHOICE OF FP METHODS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6: Closes the counseling session.

		2	1	0	Comments
6.1	*Explains next step, e.g., taking history for FP method use; conducting physical assessment, if indicated; explaining when to return to the clinic; referral if method not offered at provider's site.				
6.2	If client is referred to another site for her/his selected method, provider gives provisional method, e.g., condoms, to prevent pregnancy during the interim.				
6.3	Thanks the client.				

POSSIBLE SCORE: 6 points CUT OFF: 2 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-b

CONDUCTING A REPRODUCTIVE HEALTH HISTORY

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks before the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-b (continued)

CONDUCTING A REPRODUCTIVE HEALTH HISTORY

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares for the reproductive health history.	12		8		
2. Obtains the reproductive health history.	100		58		
3. Assesses the reproductive health of the client, based on the findings of history.	12		10		
4. Shares assessments with the client.	18		16		
5. Provides care in collaboration with the client, to include counseling, RH risk reduction education, referral or RH care, as indicated.	36		14		
6. Plans follow-up care in collaboration with the client.	10		6		
7. Records findings, assessments, care provided and follow-up plan.	8		6		
TOTAL	196		118		

Skills Assessment Tool 3-b (continued)

CONDUCTING A REPRODUCTIVE HEALTH HISTORY

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares for the reproductive health history.

	2	1	0	Comments
1.1 *Arranges all necessary forms, charts, handouts, visual aids.				
1.2 Ensures adequate lighting and ventilation.				
1.3 Reviews previous medical records, if available.				
1.4 *Greets the client and introduces self.				
1.5 *Ensures that the client is comfortably seated and that privacy is maintained.				
1.6 *Explains purpose and format of history, and that all information given by client is confidential.				

POSSIBLE SCORE: 12 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-b (continued)

CONDUCTING THE REPRODUCTIVE HEALTH HISTORY

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Obtains the reproductive health history.

	2	1	0	Comments
Social History				
2.1 a. *Obtains the following information, with the client's consent, according to local/national FP/RH service guidelines: – name, age, home address – marital status – ethnic group – religious preference – number and ages of people living at home – number of years of formal education (literacy) – type and amount of work outside of home – source and sufficiency of family income – presence of abuse (to client) in the home *OR...* b. *Obtains social history according to the local FP/RH forms.				
Menstrual history				
2.2 Obtains all or some of the following information according to local FP/RH forms: a. age at menarche b. *number of days in menstrual cycle c. *length of menses d. amount and character of flow (continued on next page)				

Skills Assessment Tool 3-b (continued)

CONDUCTING THE REPRODUCTIVE HEALTH HISTORY

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 *(continued)*:Obtains the reproductive health history.

	2	1	0	Comments
e. presence and degree of discomfort with menses f. *date of LMP (and whether it was normal) g. *inter-menstrual spotting or bleeding h. missed menses in last 6 months.				
Sexual history				
2.3 Obtains the following information:				
a. current sexual activity with another person (frequency, satisfaction) b. sexual orientation c. *pain or difficulty with intercourse d. *presence of post-coital bleeding e. *history of STI risk behaviors (e.g., multiple partners, partner with multiple partners, use or non-use of condoms) f. *history of RTI, STI, HIV/AIDS in self or partner g. history of being sexually-abused – as a child – rape – current abuse or coercion.				
Contraceptive and other health history				
2.4 Obtains information on present contraceptive method, if applicable: a. *type b. *satisfaction (self and partner) c. *side effects that are of concern to her				

(continued on next page)

Skills Assessment Tool 3-b (continued)

CONDUCTING THE REPRODUCTIVE HEALTH HISTORY

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 *(continued)*:Obtains the reproductive health history.

	2	1	0	Comments
d. *consistency of use e. *length of time using this method. 2.5 Obtains information on previous contraceptive methods used: a. types b. duration of use for each c. side effects of each that were of concern to her d. reasons(s) for discontinuing. 2.6 Obtains information about reproductive intentions: a. *plans for family planning (when next baby is preferred, whether wishes to stop/limit pregnancies) or b. other reproductive health concerns, e.g., infertility. 2.7 Asks if client has previously received emergency treatment or in-patient care/hospitalization. If so, asks: a. what medical condition(s) caused this treatment and b. type of medicine(s) received. *Obstetrical history* 2.8 Obtains the following from client: a. *number of term babies (mature at birth) b. *number of preterm babies c. *number of pregnancies ending in miscarriage or abortion d.*number and ages of living children (continued on next page)				

Skills Assessment Tool 3-b (continued)

CONDUCTING THE REPRODUCTIVE HEALTH HISTORY

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 *(continued)*:Obtains the reproductive health history.

	2	1	0	Comments
e. *date of last live birth				
f. *any problems with past full term pregnancies:				
– high blood pressure				
– seizures				
– excessive bleeding or hemorrhage				
– severe infection				
– high blood sugar or diabetes				
– cesarean section or forceps delivery				
– stillbirths and neonatal deaths				
– babies born with a deformity.				
2.9 *Asks if the client has delivered within the last 4 to 6 weeks or had a miscarriage within the last week or month.				
2.10 For postpartum or postabortion client, asks questions:				
a. to determine status of client's health				
b. *to identify possible complications/ problems in the mother's or baby's health				
OR...				
c. *to identify possible postabortion complications/problems				
d. to assess ease of breastfeeding (if postpartum client).				
(continued on next page)				

Skills Assessment Tool 3-b (continued)

CONDUCTING THE REPRODUCTIVE HEALTH HISTORY

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 *(continued)*:Obtains the reproductive health history.

	2	1	0	Comments
Health habits history 2.11 Obtains information about nutritional status: a. dietary pattern (foods consumed, type and amount), history of food allergies b. presence of pica (type) c. supplements taken d. source and quality of water. 2.12 Obtains information about potentially harmful behaviors and cultural practices: a. *smoking; if so, the amount b. *use of alcohol or other social drugs c. *use of non-prescription medications d. *environmental or work hazards e. *douching or inserting objects into vagina – frequency – solution used – nature of objects or herb inserted into vagina f. *practice of female circumcision – type (severity) – health consequence (history of RTI, bleeding, pain with/or inability to consummate sex, pain with menses, obstetric complications). (continued on next page)				

POSSIBLE SCORE: 100 points CUT OFF: 58 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-b (continued)

CONDUCTING A REPRODUCTIVE HEALTH HISTORY

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Assesses the reproductive health of the client, based on the findings of history.

	2	1	0	Comments
3.1 Reviews the information collected and written on the history card in relation to: a. *suitability/eligibility for FP method use b. *need to confirm history findings through physical examination c. need to perform physical examination as indicated by tentative IUD choice d. *social problems that may negatively influence health (own or child's) or FP method use e. *health problems identified by provider that require in-depth education and counseling f. *referral for FP methods not available at present in her health site, or for other RH services.				

POSSIBLE SCORE: 12 points CUT OFF: 10 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-b (continued)

CONDUCTING A REPRODUCTIVE HEALTH HISTORY

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Shares assessment of reproductive health needs with the client.

		2	1	0	Comments
4.1	Informs the client, in a reassuring manner, of the findings and assessments including: a. *general health status b. *reproductive health needs.				
4.2	If any abnormalities are discovered in any of the areas reviewed: a. *asks the client the extent to which she is aware of these abnormalities b. *explains significance, if any, of any abnormalities discovered c. *informs the client about next steps in addressing these abnormalities.				
4.3	If any harmful social or cultural practices are discovered which have a potential for harm to the reproductive health of the client: a. *clarifies with the client the RH needs that require further discussion (counseling) b. *explains the risks and dangers *OR...* c. *plans with client for a future session on which to discuss (counsel) in depth about priority problems to help make decisions.				
4.4	*Encourages the client to share reactions to the information provided, gently probing as necessary.				
4.5	If client chooses to discuss priority needs, proceeds to the client education or counseling session or referral.				

POSSIBLE SCORE: 18 points CUT OFF: 16 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-b (continued)

CONDUCTING A REPRODUCTIVE HEALTH HISTORY

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5: Provides care in collaboration with the client, to include counseling, RH risk reduction education, referral or RH care, as indicated.

	2	1	0	Comments
5.1 *Uses counseling and other interpersonal communication skills relevant for adolescents and adults, and provided visual aids as needed.				
5.2 If an adolescent, provides information and guidance, as needed on:				
a. the importance of continuing formal education and delayed marriage				
b. the menstrual cycle				
c. sexuality, intercourse and STI prevention				
d. contraceptive options				
e. self-breast examination for women and testicular examination for men				
f. nutritional needs and how to meet them				
g. prevention of harmful practices (smoking, alcohol, drug use, unprotected intercourse, female circumcision of infants and children).				
5.3 If an adolescent or adult:				
a. clarifies any information in relation to priority RH problem				
b. *encourages the client to share how the issue/problem can be solved				
c. adds other options for solving the problem, ensuring accuracy of the information given				
d. helps client select feasible solutions.				

(continued on next page)

Skills Assessment Tool 3-b (continued)

CONDUCTING A REPRODUCTIVE HEALTH HISTORY

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5 *(continued)*:Provides care in collaboration with the client, to include counseling, RH risk reduction education, referral or RH care, as indicated.

	2	1	0	Comments
5.4 Refers client as necessary and appropriate for problems that cannot be managed at the site: a. *clarifies reason for referral b. *clarifies when to seek referral c. *clarifies preparations needed by client/relatives (of blood donation, fees, need for escort, body cleanliness) d. *invites client or relative to return to provider with any concerns e. *provides a provisional FP method to prevent pregnancy during referral.				
5.5 Performs next step depending on the reason for RH visit (e.g., physical examination, starting a FP method, maternal health care session with baby care, or other RH care).				

POSSIBLE SCORE: 36 points CUT OFF: 14 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-b (continued)

CONDUCTING A REPRODUCTIVE HEALTH HISTORY

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6: Plans follow-up care in collaboration with the client.

	2	1	0	Comments
6.1 *Discusses with the client follow-up treatments, if any, and associated instructions.				
6.2 *Asks the client to repeat instructions for follow-up treatments, if any.				
6.3 Encourages the client to ask any unanswered questions. (If questions arise between this visit and the next, encourages the client to bring these to the follow-up visit; if of concern, encourages her to return to the clinic right away.)				
6.4 *Schedules and discusses purpose of the follow-up visit, and gives the client the time and date.				
6.5 Encourages the client to bring her partner or significant other(s) to the follow-up visit, as she desires.				

POSSIBLE SCORE: 10 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-b (continued)

CONDUCTING A REPRODUCTIVE HEALTH HISTORY

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 7: Records findings, assessments, care provided and follow-up plan.

	2	1	0	Comments
7.1 *Neatly and clearly writes all findings, assessments, care provided and plans for follow-up on the client card.				
7.2 *Gives the client a copy of her card with the return date indicated on it, where possible.				
7.3 *Teaches the client how to use the information on the record/card and to take it with her to each health service she requires.				
7.4 Stores the client's record in a safe place.				

POSSIBLE SCORE: 8 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-c

MAINTAINING ASEPTIC TECHNIQUE DURING AND AFTER STERILE PROCEDURES

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks before the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-c (continued)

MAINTAINING ASEPTIC TECHNIQUE DURING AND AFTER STERILE PROCEDURES

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares self for sterile procedure.	6		6		
2. Maintains asepsis while performing procedure.	6		6		
3. Cleans and sterilizes equipment/instruments.	16		16		
4. Ensures that soiled linen and surfaces are given high-level disinfection (HLD).	6		6		
TOTAL	34		34		

Skills Assessment Tool 3-c (continued)

MAINTAINING ASEPTIC TECHNIQUE DURING AND AFTER STERILE PROCEDURES

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares self for sterile procedure.

	2	1	0	Comments
1.1 *Washes hands well with soap and clean water and dries them with clean towel or air dries them.				
1.2 *Covers broken skin on any part of hand with a dressing (score only if applicable).				
1.3 *Puts on and wears sterile or high-level disinfected gloves without contaminating them, according to procedure performed.				

POSSIBLE SCORE: 6 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 2: Maintains asepsis while performing the procedure.

	2	1	0	Comments
2.1 *Uses one pair of gloves for each procedure that requires gloves.				
2.2 *Follows all the established steps for maintaining asepsis while performing a sterile procedure.				
2.3 *Disposes used gloves into a container with disinfectant.				

POSSIBLE SCORE: 6 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-c (continued)

MAINTAINING ASEPTIC TECHNIQUE DURING AND AFTER STERILE PROCEDURES

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Cleans and sterilizes equipment/instruments.

		2	1	0	Comments
3.1	*Dilutes existing disinfectants in correct strengths, e.g., one (1) part bleach to nine (9) parts of water (.5% chlorine solution).				
3.2	*Decontaminates soiled instruments by soaking in disinfectant solution for 10 minutes before cleaning.				
3.3	*Cleans instruments thoroughly with hand brush, soap and water, while wearing gloves.				
3.4	*Rinses all cleaned instruments by fully immersing in water.				
3.5	High-level disinfects all instruments by:				
	a. *boiling instruments for 20 minutes, counting from when the water starts boiling				
	OR...				
	b. *immersing instruments fully in a disinfectant, e.g., 0.5% chlorine solution for 20 minutes				
	AND				
	rinsing them with boiled water.				
3.6	*Handles sterile or HLD instruments without contaminating them, e.g., uses sterile forceps.				
3.7	*Stores sterile instruments in a way that ensures that they are not contaminated.				
3.8	*Changes diluted disinfectants at right period intervals.				

POSSIBLE SCORE: 16 points CUT OFF: 16 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-c (continued)

MAINTAINING ASEPTIC TECHNIQUE DURING AND AFTER STERILE PROCEDURES

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Ensures that soiled linens and surfaces are given high-level disinfection (HLD).

	2	1	0	Comments
4.1 *Decontaminates soiled linen by soaking in disinfectant solution, e.g., one (1) part bleach to nine (9) parts of water, for 20 minutes before laundering.				
4.2 *Decontaminates the couch and plastic covers after each use.				
4.3 *Correctly disposes of contaminated disposable sharps (puncture-proof container) and other contaminated disposable items.				

POSSIBLE SCORE: 6 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-d

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks before the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares setting, equipment and materials.	30		20		
2. Prepares client for physical examination.	12		8		
3. Washes her hands.	4		4		
4. Examines client's head and neck.	14		6		
5. Examines client's breasts.	36		28		
6. Teaches client self-breast exam.	10		10		
7. Examines the client's abdomen – non-postpartum client – postpartum client.	 16 22		 12 16		
8. Examines client's extremities.	4		0		
9. Prepares client for pelvic examination.	4		4		
10. Maintains asepsis throughout the procedure.	8		6		
11. Examines client's external genitalia.	10		8		
12. Performs speculum examination.	26		20		
13. Performs bimanual exam.	44		40		
14. Shares findings of the examination with the client.	8		4		
15. Records the findings.	8		6		
TOTAL – non-postpartum client – postpartum client	234 240		176 180		

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares setting, equipment and materials.

	2	1	0	Comments
1.1 *Decontaminates the work surfaces.				
1.2 *Arranges all necessary equipment, separating the sterile from surgically clean instruments.				
1.3 Ensures availability of:				
a. *adequate light				
b. *linen for client and couch				
c. pillow/head rest				
d. *bin and cover				
e. *soap and water				
f. clean hand towel				
g. *FP/MH card				
h. scales				
i. *BP machine				
j. *stethoscope				
k. speculum				
l. lubricant for bimanual exam.				
1.4 *Provides privacy for the client.				

POSSIBLE SCORE: 30 points CUT OFF: 20 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Prepares client for physical examination.

	2	1	0	Comments
2.1 Observes client as she enters the room (e.g., general health, limping or crouching, pain).				
2.2 *Explains procedures to client at this time and as necessary during the procedures.				
2.3 Checks client's BP and weight and records them on client's card.				
2.4 *Ensures client has emptied her bladder.				
2.5 *Asks client to remove any underclothing and cover herself with linen.				
2.6 *Ensures the client is comfortable on the examining table/couch/bed/mat.				

POSSIBLE SCORE: 12 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 3: Washes her hands.

	2	1	0	Comments
3.1 Washes hands with soap and water: a. *before touching the client b. *after completion of the procedure.				

POSSIBLE SCORE: 4 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Examines client's head and neck.

	2	1	0	Comments
4.1 Inspects the face for:				
a. chloasma				
b. *edema or masses				
c. acne.				
4.2 Inspects the eyes for:				
a. *paleness of lower lids				
b. *jaundice of the sclera/conjunctiva.				
4.3 Inspects the tongue and lips for paleness.				
4.4 Inspects neck and palpates for enlarged lymph glands/nodes.				

POSSIBLE SCORE: 14 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5: Examines client's breasts.

	2	1	0	Comments
5.1 Explains the steps in a breast examination (to prepare the client for self-breast exam).				
5.2 With client's arms by her side, inspects the breasts for: a. *obvious lumps/masses b. *size and shape of breasts c. *unusual skin coloration d. *nipples for: – milk secretion – abnormal discharge – shape e. unusual color of areola.				
5.3 As client lifts her arms above her head, inspects breasts for: a. simultaneous rise of breasts and breast symmetry b. *retraction of nipple or dimpling.				
5.4 With client's hands on her hips, inspects breasts for: a. *dimpling b. *retraction.				
5.5 Inspects and palpates the left breast: a. *asks the client to lie down on the couch b. *asks client to put left arm over her head c. *uses flat pads of fingers to palpate the left breast d. *starts from any one area, e.g., near the axilla, and moves fingers gently and slowly (in a circle) towards the nipple				

(continued on next page)

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5 ***(continued)***: **Examines client's breasts.**

	2	1	0	Comments
e. palpates superficially (with lighter touch), then more deeply (with firmer touch)				
f. *palpates the tail of the breast and palpates the axilla for enlarged lymph nodes				
g. *squeezes the nipples for discharges and notes type of discharge, if any (abnormal or breastmilk).				
5.6 *Repeats the procedure of inspection and palpation for right breast.				

POSSIBLE SCORE: 36 points CUT OFF: 28 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 6: Teaches client self-breast exam.

	2	1	0	Comments
6.1 *Explains to client the importance of self-breast exam.				
6.2 *Explains to client the best time (one to two weeks after menses) for self-breast exam and why.				
6.3 *Demonstrates to the client how to perform self-breast exam.				
6.4 *Explains to client what to feel for and what to do if she finds any abnormalities.				
6.5 *Guides client to repeat the procedure.				

POSSIBLE SCORE: 10 points CUT OFF: 10 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 7: Examines the client's abdomen.

	2	1	0	Comments
7.1 Inspects the abdomen for: a. *scars b. distention c. *enlargement d. *masses.				
7.2 *Asks client if there is any painful area (examines this part last).				
7.3 Palpates all four quadrants of abdomen gently for: a. *tenderness b. liver tenderness and enlargement c. *lumps or masses d. enlarged spleen (postpartum client).				
7.4 *Palpates to assess involution of the uterus if client is 4 to 8 weeks postpartum.				
7.5 *Palpates for weakness/separation of the rectus abdominis muscles if client is 4 to 8 weeks postpartum.				

POSSIBLE SCORE: Non-postpartum client: 16 points CUT OFF: 12 points (must include skills with asterisks (*))
Postpartum client: 22 points CUT OFF: 16 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 8: Examines client's extremities.

	2	1	0	Comments
8.1 Inspects legs and feels for: a. inflamed varicose veins b. edema.				

POSSIBLE SCORE: 4 points CUT OFF: 0 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Note: For Pre-Training Skills Assessment, end with this task.

Task 9: Prepares client for pelvic examination.

	2	1	0	Comments
9.1 *Explains procedure to client. 9.2 *Positions client for pelvic examination.				

POSSIBLE SCORE: 4 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 10: Maintains asepsis throughout the procedure.

	2	1	0	Comments
10.1 Takes off hand jewelry, if any.				
10.2 *Washes hands with soap and water, and air dries or dries hands with clean towel.				
10.3 *Puts on gloves without contaminating them.				
10.4 *Uses instruments that have previously undergone high-level disinfection (HLD) or sterilization.				

POSSIBLE SCORE: 8 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 11: Examines client's external genitalia.

	2	1	0	Comments
11.1 Looks at the vulva and separates the labia to inspect for:				
a. *warts or other growths				
b. *abnormal discharges				
c. *bleeding from the vagina				
d. *sores/ulcers				
e. scars from surgery or circumcision.				

POSSIBLE SCORE: 10 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 12: Performs speculum examination.

	2	1	0	Comments
12.1 *Explains that an instrument will be inserted, and how the client will feel as it is used.				
12.2 *Asks client to relax and reassures her throughout the procedure.				
12.3 Lubricates the speculum with clean water or lubricant, if necessary.				
12.4 *Holds the speculum obliquely, parts the labia with the other hand and inserts the speculum gently.				
12.5 *Turns the speculum and opens the blades to expose the cervix.				
12.6 *Inspects the ectocervix and cervical canal (endocervix) for color, cervical erosion, ulcers, growths and any endocervical discharge.				
12.7 Takes specimens, if necessary.				
12.8 Inspects the vaginal walls for: a. *abnormal discharge b. *warts or other growths/ulcers c. *sores.				
12.9 Cleans the cervix with the swab, if necessary.				
12.10 *Closes and removes speculum gently in the oblique position.				
12.11 *Puts the used instruments in a container for decontamination.				

POSSIBLE SCORE: 26 points CUT OFF: 20 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 13: Performs bimanual exam.

	2	1	0	Comments
13.1 *Explains to the client that the examination is continuing.				
13.2 *Palpates Bartholin's glands.				
13.3 Inserts fingers gently and checks for: a. cystocele b. rectocele. **Note**: Rectocele and cystocele become critical if the client has chosen a diaphragm.				
13.4 *Asks client to tighten up vaginal muscles and checks for muscle tone (especially important for 4 to 8 week postpartum clients).				
13.5 Locates the cervix and feels for: a. *open or closed os b. *regularity c. *growths d. *consistency.				
13.6 Uses both hands to palpate the uterus and feels for: a. *position b. *shape c. *consistency d. *size e. *mobility f. *tenderness.				
13.7 *Checks for cervical tenderness.				
13.8 *Uses both hands to palpate the adnexa to feel any masses or tenderness.				

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Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 13 ***(continued)***: **Performs bimanual exam.**

	2	1	0	Comments
13.9 *Observes client throughout the procedure to note any facial expressions indicating she is feeling pain or tenderness.				
13.10 *Milks urethra and Skene's ducts to exclude pus or blood discharge.				
13.11 *Thanks client for her cooperation.				
13.12 *Asks client to get off the examining table and get dressed.				
13.13 *Removes used gloves and disposes them in a decontamination solution.				

POSSIBLE SCORE: 44 points CUT OFF: 40 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 14: Shares findings of the examination with the client.

	2	1	0	Comments
14.1 *In reassuring manner, informs client of examination findings.				
14.2 If any abnormalities are discovered, asks client if she is aware of them.				
14.3 Explains possible causes of the abnormalities discovered.				
14.4 *If any abnormalities are discovered, informs client about next step in addressing them.				

POSSIBLE SCORE: 8 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 15: Records the findings.

	2	1	0	Comments
15.1 *Neatly and clearly writes all findings on the client's record card.				
15.2 *Clearly writes on the card any abnormalities discovered.				
15.3 *Tells the client about the next step.				
15.4 Gives client her record card with the return date, if necessary.				

POSSIBLE SCORE: 8 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-e

PERFORMING A PELVIC EXAMINATION FOR FP/RH CLIENTS

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-e (continued)

PERFORMING A PELVIC EXAMINATION FOR FP/RH CLIENTS

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares setting, equipment and materials.	24		16		
2. Prepares client for pelvic examination.	8		8		
3. Maintains asepsis throughout the procedure.	8		6		
4. Examines client's external genitalia.	10		8		
5. Performs speculum examination.	26		20		
6. Performs bimanual exam.	44		40		
7. Shares findings of the examination with the client.	8		4		
8. Records the findings.	8		6		
TOTAL	134		108		

Skills Assessment Tool 3-e (continued)

PERFORMING A PELVIC EXAMINATION FOR FP/RH CLIENTS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares setting, equipment and materials.

	2	1	0	Comments
1.1 *Decontaminates the work surfaces.				
1.2 *Arranges all necessary equipment, separating the sterile from surgically clean instruments.				
1.3 Ensures availability of:				
a. *adequate light				
b. *linen for client and couch				
c. pillow/head rest				
d. *bin and cover				
e. *soap and water				
f. clean hand towel				
g. *FP/MH Card				
h. speculum				
i. lubricant for bimanual exam.				
1.4 *Provides privacy for the client.				

POSSIBLE SCORE: 24 points CUT OFF: 16 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-e (continued)

PERFORMING A PELVIC EXAMINATION FOR FP/RH CLIENTS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Prepares client for pelvic examination.

	2	1	0	Comments
2.1 *Explains procedures to client at this time and as necessary during the procedures.				
2.2 *Ensures client has emptied her bladder.				
2.3 *Asks client to remove any underclothing and cover herself with linen.				
2.4 *Ensures the client is comfortable on the examining table/couch/bed/mat.				

POSSIBLE SCORE: 8 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 3: Maintains asepsis throughout the procedure.

	2	1	0	Comments
3.1 Takes off hand jewelry, if any.				
3.2 *Washes hands with soap and water, and air dries or dries hands with clean towel.				
3.3 *Puts on gloves without contaminating them.				
3.4 *Uses instruments that have previously undergone high-level disinfection (HLD) or sterilization.				

POSSIBLE SCORE: 8 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-e (continued)

PERFORMING A PELVIC EXAMINATION FOR FP/RH CLIENTS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Examines client's external genitalia.

	2	1	0	Comments
4.1 Looks at the vulva and separates the labia to inspect for: a. *warts or other growths b. *abnormal discharges c. *bleeding from the vagina d. *sores/ulcers e. scars from surgery or circumcision.				

POSSIBLE SCORE: 10 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-e (continued)

PERFORMING A PELVIC EXAMINATION FOR FP/RH CLIENTS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5: Performs speculum examination.

	2	1	0	Comments
5.1 *Explains that an instrument will be inserted, and how the client will feel as it is used.				
5.2 *Asks client to relax and reassures her throughout the procedure.				
5.3 Lubricates the speculum with clean water or lubricant, if necessary.				
5.4 *Holds the speculum obliquely, parts the labia with the other hand and inserts the speculum gently.				
5.5 *Turns the speculum and opens the blades to expose the cervix.				
5.6 *Inspects the ectocervix and cervical canal (endocervix) for color, cervical erosion, ulcers, growths and any endocervical discharge.				
5.7 Takes specimens, if necessary.				
5.8 Inspects the vaginal walls for:				
a. *abnormal discharge				
b. *warts or other growths/ulcers				
c. *sores.				
5.9 Cleans the cervix with the swab, if necessary.				
5.10 *Closes and removes speculum gently in the oblique position.				
5.11 *Puts the used instruments in a container for decontamination.				

POSSIBLE SCORE: 26 points CUT OFF: 20 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-e (continued)

PERFORMING A PELVIC EXAMINATION FOR FP/RH CLIENTS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6: Performs bimanual exam.

	2	1	0	Comments
6.1 *Explains to the client that the examination is continuing.				
6.2 *Palpates Bartholin's glands.				
6.3 Inserts fingers gently and checks for: a. cystocele b. rectocele. **Note**: Rectocele and cystocele become critical if the client has chosen a diaphragm.				
6.4 *Asks client to tighten up vaginal muscles and checks for muscle tone (especially important for 4 to 8 week postpartum clients).				
6.5 Locates the cervix and feels for: a. *open or closed os b. *regularity c. *growths d. *consistency.				
6.6 Uses both hands to palpate the uterus and feels for: a. *position b. *shape c. *consistency d. *size e. *mobility f. *tenderness.				
6.7 *Checks for cervical tenderness.				
6.8 *Uses both hands to palpate the adnexa to feel any masses or tenderness.				

(continued on next page)

Skills Assessment Tool 3-e (continued)

PERFORMING A PELVIC EXAMINATION FOR FP/RH CLIENTS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6 ***(continued)***: **Performs bimanual exam.**

	2	1	0	Comments
6.9 *Observes client throughout the procedure to note any facial expressions indicating she is feeling pain or tenderness.				
6.10 *Milks urethra and Skene's ducts to exclude pus or blood discharge.				
6.11 *Thanks client for her cooperation.				
6.12 *Asks client to get up off the examining table and get dressed.				
6.13 *Removes used gloves and disposes them in a decontamination solution.				

POSSIBLE SCORE: 44 points CUT OFF: 40 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 7: Shares findings of the examination with the client.

	2	1	0	Comments
7.1 *In reassuring manner, informs client of examination findings.				
7.2 If any abnormalities are discovered, asks client if she is aware of them.				
7.3 Explains possible causes of the abnormalities discovered.				
7.4 *If any abnormalities are discovered, informs client about next step in addressing them.				

POSSIBLE SCORE: 8 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-e (continued)

PERFORMING A PELVIC EXAMINATION FOR FP/RH CLIENTS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 8: Records the findings.

	2	1	0	Comments
8.1 *Neatly and clearly writes all findings on the client's record card.				
8.2 *Clearly writes on the card any abnormalities discovered.				
8.3 *Tells the client about the next step.				
8.4 Gives client her record card with the return date, if necessary.				

POSSIBLE SCORE: 8 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-f

DETERMINING AND ADMINISTERING THE APPROPRIATE FP METHOD

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks before the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-f (continued)

DETERMINING AND ADMINISTERING THE APPROPRIATE FP METHOD

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares setting and materials.	24		18		
2. Assesses client's suitability/eligibility for the tentatively chosen FP method.	8		6		
3. Shares assessment with client, confirms FP method selected and discusses possibility of also using condoms.	12		12		
4. Administers the FP method.	6		4		
TOTAL	50		40		

Note: This tool is to be used for clients who have tentatively selected a hormonal FP method, IUD or diaphragm, and whose history indicates the need to conduct a physical assessment. Providers should omit this skill in order to maximize access and quality of services for clients needing condoms or spermicide.

Skills Assessment Tool 3-f (continued)

DETERMINING AND ADMINISTERING THE APPROPRIATE FP METHOD

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Note: This tool is to be used for clients who have tentatively selected a hormonal FP method, IUD or diaphragm, and whose history indicates the need to conduct a physical assessment. Providers should omit this skill in order to maximize access and quality of services for clients needing condoms or spermicide.

Task 1: Prepares setting and materials

	2	1	0	Comments
1.1 Prepares necessary materials and equipment in addition to those used during counseling session (for informed choice): a. *overview information in WHO *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Initiating and Continuing Use of Contraceptive Methods* b. *BP machine (sphygmomanometer and cuff) c. *stethoscope d. weighing scale e. *pelvic exam equipment (if pelvic exam to be done) f. *clean surgical gloves g. IUD insertion equipment h. *record forms and books i. *solution for decontaminating soiled/used equipment j. *soap k. clean hand towel l. *containers for disposing of soiled materials.				

POSSIBLE SCORE: 24 points CUT OFF: 18 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-f (continued)

DETERMINING AND ADMINISTERING THE APPROPRIATE FP METHOD

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Assesses client's suitability/eligibility for the tentatively chosen FP method.

	2	1	0	Comments
2.1 *Uses a history checklist for initiating the FP method.				
2.2 *Conducts physical assessment as indicated:				
a. as further screening according to findings of the history taken				
OR...				
b. as a mandatory step before starting the FP method.				
2.3 Records findings at regular times during the procedure.				
2.4 *Shares findings with the client at regular times during the procedure.				

POSSIBLE SCORE: 8 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-f (continued)

DETERMINING AND ADMINISTERING THE APPROPRIATE FP METHOD

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Shares assessment with client, confirms FP method selected and discusses possibility of also using condoms.

	2	1	0	Comments
3.1 *Reviews with the client the findings of the physical assessment (if conducted), history taken, and client's reproductive goal/plans in regard to the method tentatively selected and whether the client: a. can use the FP method without any restriction (WHO Category 1) *OR...* b. must be informed of special concerns about use of the FP method (WHO Category 2). (WHO Category 2 does not require ongoing supervision.) *OR...* c. can use the FP method under regular supervision of the service provider (WHO Category 3) *OR...* d. cannot use the FP method (WHO Category 4).				
3.2 *Explains: a. the next steps in administering the FP method (WHO Category 1) *OR...* b. the special concerns about use of the FP method (WHO Category 2) *OR...* c. the reason(s) and what will need to be done if the client uses the FP method under regular supervision of the service provider (WHO Category 3) *OR...* (continued on next page)				

Skills Assessment Tool 3-f (continued)

DETERMINING AND ADMINISTERING THE APPROPRIATE FP METHOD

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Confirms with the client about the FP method he/she can use and possibility of also using condoms.

	2	1	0	Comments
d. alternative family planning method(s) and the reason(s) for not recommending the method (WHO Category 4).				
3.3 *Allows the client to ask questions or express her concerns.				
3.4 *Responds to the questions and concerns, if any, with facts.				
3.5 *Confirms with client the FP method she has selected.				
3.6 *Explores client's and partner's knowledge and feelings about using condoms, in addition to the selected method, as an STI and HIV/AIDS prevention measure, if necessary.				

POSSIBLE SCORE: 12 points CUT OFF: 12 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-f (continued)

DETERMINING AND ADMINISTERING THE APPROPRIATE FP METHOD

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Administers the FP method.

	2	1	0	Comments
4.1 *Administers the FP method: a. gives client three or more cycles of COCs or POPs *OR...* b. aseptically injects Depo Provera®, or Noristerat® or once-a-month progestin-only injectable method *OR...* c. inserts IUD (see Skills Assessment Tool #3-i) (or discusses referral for IUD insertion if not done at this site) *OR...* d. fits diaphragm (or discusses referral for diaphragm fitting if not done at this site) *OR...* e. inserts NORPLANT® Implants (or discusses referral for NORPLANT® Implants insertion if not done at this site).				
4.2 Issues condoms as double protection (FP and STI/HIV protection) **if accepted by client**.				
4.3 *Explains the next steps: a. instructions on the use of the method administered (see Skills Assessment Tools # 3-g, h, j, k, as appropriate) *OR...* b. treatment for a health problem *OR...* (continued on next page)				

Skills Assessment Tool 3-f (continued)

DETERMINING AND ADMINISTERING THE APPROPRIATE FP METHOD

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4 ***(continued)***: **Administers the FP method.**

	2	1	0	Comments
c. referral for health problem or family planning method (e.g., IUD, diaphragm, NORPLANT® Implants) not available in the health site.				

POSSIBLE SCORE: 6 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-g

INSTRUCTING CLIENTS ON THE USE OF COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks before the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-g (continued)

INSTRUCTING CLIENTS ON THE USE OF COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Reviews information covered during counseling for informed choice.	8		4		
2. Explains and shows how COCs are used.	14		10		
3. Explains what the client should do when taking other medications.	6		4		
4. Explains what the client should do if she has diarrhea or vomiting.	4		4		
5. Explains common side effects of COCs.	14		6		
6. Explains unusual symptoms that necessitate urgent return to the clinic when using COCs.	10		8		
7. Explains when the client should return to the clinic.	12		6		
8. Checks client's understanding or the instructions given.	14		8		
9. Concludes the session.	8		4		
TOTAL	90		54		

Skills Assessment Tool 3-g (continued)

INSTRUCTING CLIENTS ON THE USE OF COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Reviews information covered during counseling for informed choice.

		2	1	0	Comments
1.1	*Asks client to state what she remembers from the session on counseling for informed choice.				
1.2	Allows client to respond without interruption.				
1.3	Commends the client for correct information.				
1.4	*Tactfully states the omitted information.				

POSSIBLE SCORE: 8 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-g (continued)

INSTRUCTING CLIENTS ON THE USE OF COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Explains and shows how the COCs are used.

	2	1	0	Comments
2.1 Holds the packet of pills so that the client sees the pills during explanation and allows client to touch it.				
2.2 Explains to client that:				
a. *if she is given the 28 day pack, she must take one pill every day at the same time, preferably after evening meals to reduce nausea				
OR...				
*if she is given the 21 day pack, she must take one pill every day at the same time until the pack is empty, then rest for 7 days and begin the next pack on the eighth day				
b. *she should take her pills even when she does not have sex.				
2.3 *Shows the client how to take the pills following the arrows or lines or days of the week, as applicable.				
2.4 Explains to the client that she will have her menses:				
a. when she is on the last row of 28 day pills				
OR...				
b. during the days of no pill-taking for 21 day pills.				
2.5 Explains what the client should do if she misses taking COC pills:				
a. *if one COC pill is missed:				
– take as soon as she remembers				
– continue taking the next pill at the usual time				
OR...				
(continued on next page)				

Skills Assessment Tool 3-g (continued)

INSTRUCTING CLIENTS ON THE USE OF COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 *(continued)*: **Explains and shows how the COCs are used.**

	2	1	0	Comments
b. *if two or more COC pills are missed: – the more pills she misses, the greater at risk she is for pregnancy – take one pill as soon as she remembers and one daily at the usual time, **and** – avoid sexual intercourse/use a back-up method during each sexual intercourse until she has taken one active pill per day for 7 days, **then** – continue pill-taking as usual.				
2.6 *Explains that if she cannot take the pills (COCs) for any reason, she should use a back-up method and return to FP clinic as soon as possible.				

POSSIBLE SCORE: 14 points CUT OFF: 10 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-g (continued)

INSTRUCTING CLIENTS ON THE USE OF COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Explains what the client should do when taking other medicines.

	2	1	0	Comments
3.1 *Explains that some medicines interfere with the effectiveness of COCs.				
3.2 Explains that when the client goes to any health facility, she should inform health providers that she takes COCs.				
3.3 *Explains that the client should tell the provider if she takes: a. Rifampicin® (antibiotic for tuberculosis) *OR...* b. Griseofulvin® (oral antifungal drug) *OR...* c. anticonvulsants.				

POSSIBLE SCORE: 6 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 4: Explains what the client should do if she has diarrhea or vomiting.

	2	1	0	Comments
4.1 Explains that if she has severe diarrhea or vomiting within one hour of ingesting pills or it persists for more that 24 hours, she should: a. *continue taking pills as usual **and** b. *use a back-up method during and until 7 days of active pill-taking.				

POSSIBLE SCORE: 4 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-g (continued)

INSTRUCTING CLIENTS ON THE USE OF COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5: Explains common side effects of COCs.

	2	1	0	Comments
5.1 Explains that the client may experience the following troublesome common side effects in the first 2 to 3 months of use and that they will diminish as client gets used to taking the pill: a. *nausea b. spotting c. *headaches d. breast tenderness.				
5.2 *Encourages the client to continue taking pills whether the positive or troublesome side effects occur.				
5.3 Encourages the client to report to the clinic if: a. concerned or worried b. she wishes to stop taking the pills for any reason.				

POSSIBLE SCORE: 14 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-g (continued)

INSTRUCTING CLIENTS ON THE USE OF COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6: Explains unusual symptoms that necessitate urgent return to the clinic when using COCs.

	2	1	0	Comments
6.1 Uses non-alarming language when explaining to the client the following rare symptoms, which may or may not be related to COCs: a. *severe lower abdominal pain b. *acute chest pain accompanied with shortness of breath c. *sudden headache, throbbing on one side, blurring of eyes, or loss of vision d. *severe deep pain in one leg calf or thigh.				
6.2 Emphasizes that even though these unusual symptoms are rare, it is necessary for her to know about them, and important to return to the clinic should they occur.				

POSSIBLE SCORE: 10 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-g (continued)

INSTRUCTING CLIENTS ON THE USE OF COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 7: Explains when the client should return to the clinic.

	2	1	0	Comments
7.1 Explains to the client that she should come back to the clinic: a. if she is worried or has questions b. if she wishes to stop the pill for any reason c. *three months after she begins using the COCs d. for re-supplies e. *when unusual symptoms occur that necessitate urgent return to the clinic.				
7.2 *Gives the client the date for her return visit and shows the pill in the last pill packet that corresponds with this date.				

POSSIBLE SCORE: 12 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-g (continued)

INSTRUCTING CLIENTS ON THE USE OF COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 8: Checks client's understanding of the instructions given.

	2	1	0	Comments
8.1 Asks the client to repeat the instructions provided on:				
a. *when to start the pills				
b. *what to do if she misses taking the pills				
c. when to use a back-up method and for how long				
d. *what side effects she may experience				
e. when to return to the clinic.				
8.2 Commends the client for information she can remember.				
8.3 *Adds omitted information or instructions misunderstood by the client.				

POSSIBLE SCORE: 14 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-g (continued)

INSTRUCTING CLIENTS ON THE USE OF COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 9: Concludes the session.

		2	1	0	Comments
9.1	*Gives the client at least 3 cycles of the pills *OR...* Gives the client the number of cycles according to local agency/national guidelines.				
9.2	*Records the type of pills and amount given and the return date on the FP/MH card and appointment card, if applicable.				
9.3	Records the required information in the daily activity register.				
9.4	Thanks and bids farewell to the client.				

POSSIBLE SCORE: 8 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-h

INSTRUCTING CLIENTS ON THE USE OF PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks before the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-h (continued)

INSTRUCTING CLIENTS ON THE USE OF PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Reviews information covered during counseling for informed choice.	8		4		
2. Explains and shows how POPs are used for non-breastfeeding women.	28		18		
3. Explains about increased POP effectiveness for breastfeeding women.	6		4		
4. Explains what the client should do if she has diarrhea or vomiting, or if she is taking other medications.	10		8		
5. Explains common side effects of POPs.	6		6		
6. Explains unusual symptoms that necessitate urgent return to the clinic when using POPs.	6		4		
7. Explains when the client should return to the clinic.	14		8		
8. Checks client's understanding of the instructions given.	14		10		
9. Concludes the session.	8		4		
TOTAL	94		62		

Skills Assessment Tool 3-h (continued)

INSTRUCTING CLIENTS ON THE USE OF PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Reviews information covered during counseling for informed choice

		2	1	0	Comments
1.1	*Asks client to state what she remembers from the session on counseling for informed choice.				
1.2	Allows client to respond without interruption.				
1.3	Commends the client for correct information.				
1.4	*Tactfully states the omitted information.				

POSSIBLE SCORE: 8 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-h (continued)

INSTRUCTING CLIENTS ON THE USE OF PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Explains and shows how the POPs are used for non-breastfeeding women.

	2	1	0	Comments
2.1 Holds the packet of pills so that the client sees the pills during explanation and allows client to touch it.				
2.2 Explains that the client should:				
a. *take one pill daily, **strictly at the same time**, to ensure that there is a continuous amount of the medicine in her body to prevent pregnancy				
b. continue to the next packet of pills **without any rest and**				
c. *take her pills even when she does not have sex.				
2.3 Shows the client how to take the pills following the arrows or lines or days of the week, as applicable.				
2.4 Explains to the client that she may have her menses at any time before the end of the packet. Reminds client that absent menses are also normal on POPs.				
2.5 Explains what client should do if she misses taking one POP:				
a. *take as soon as she remembers				
b. *continue taking the next pills at the usual time **and**				
c. *use a back-up method for the next 2 (or 7) days. (Two days may be adequate. Some programs recommend 7 days.)				

(continued on next page)

Skills Assessment Tool 3-h (continued)

INSTRUCTING CLIENTS ON THE USE OF PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 ***(continued)***: **Explains and shows how the POPs are used for non-breastfeeding women.**

	2	1	0	Comments
2.6 Explains what client should do if she misses taking two or more POPs: a. *take 2 pills as soon as she remembers b. *take 2 pills on next day c. *use a back-up method for next 2 (or 7) days. (Two days may be adequate. Some programs recommend 7 days.), **then** d. *continue pill-taking as usual.				
2.7 Explain that if she cannot take the pills (POPs) for any reason, she should use a back-up method and return to FP clinic as soon as possible.				

POSSIBLE SCORE: 28 points CUT OFF: 18 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-h (continued)

INSTRUCTING CLIENTS ON THE USE OF PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Explains about increased POP effectiveness for breastfeeding women.

	2	1	0	Comments
3.1 Explains that POP use during breastfeeding is highly effective (especially for women whose menses have not yet returned).				
3.2 *Explains that it is reasonable to try to follow the same rules for using POPs as non-breastfeeding women follow (see Task 2), but to have confidence that the POPs will work well for her.				
3.3 *Explains that because POP use during breastfeeding is so effective, minor errors of pill taking are probably unimportant.				

POSSIBLE SCORE: 6 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-h (continued)

INSTRUCTING CLIENTS ON THE USE OF PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Explains what the client should do if she has diarrhea or vomiting, or is taking other medicines.

	2	1	0	Comments
4.1 Explains that if she has severe diarrhea or vomiting within one hour of ingesting a pill or it persists for more than 24 hours, she should: a. *continue taking pills as usual **and** b. *use a back-up method for the next 2 (or 7) days. (Two days may be adequate. Some programs recommend 7 days.)				
4.2 *Explains that some medicines interfere with effectiveness of POPs.				
4.3 Explains that when the client goes to any health facility, she should inform health providers that she takes POPs.				
4.4 *Explains that the client should tell the provider if she takes any of these medicines: a. rifampicin (antibiotic for tuberculosis) *OR...* b. griseofulvin (oral antifungal drug) *OR...* c. anticonvulsants.				

POSSIBLE SCORE: 10 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-h (continued)

INSTRUCTING CLIENTS ON THE USE OF PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5: Explains common side effects of POPs.

	2	1	0	Comments
5.1 Explains the following common side effects of POPs: a. *irregular menses b. *spotting c. *absence of menses.				

POSSIBLE SCORE: 6 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 6: Explains unusual symptoms that necessitate urgent return to the clinic when using POPs.

	2	1	0	Comments
6.1 Uses non-alarming language when explaining to the client the following symptoms which necessitate returning to the clinic: a. *if she thinks she is pregnant (breast tenderness, nausea, absent menses) b. *if she experiences low-grade or severe abdominal pain, which is accompanied by feeling pregnant or (for POP users who have regular menses) by a late menstrual period or spotting. 6.2 Emphasizes that these symptoms are rare but the client should know about them.				

POSSIBLE SCORE: 6 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-h (continued)

INSTRUCTING CLIENTS ON THE USE OF PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 7: Explains when the client should return to the clinic.

	2	1	0	Comments
7.1 Explains to the client that she should come back to the clinic: a. if she is worried or has questions b. if she wishes to stop the pill for any reason c. *three months after she begins using the POPs d. for re-supplies e. *if she continues taking POPs late or often misses taking them f. *when unusual symptoms occur that necessitate urgent return to the clinic.				
7.2 *Gives the client the date for her return visit and shows the pill in the last pill packet that corresponds with this date.				

POSSIBLE SCORE: 14 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-h (continued)

INSTRUCTING CLIENTS ON THE USE OF PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 8: Checks client's understanding of the instructions given.

	2	1	0	Comments
8.1 Asks the client to repeat the instructions provided on: a. *when to start the pills b. *what to do if she misses taking the pills c. *when to use a back-up method and for how long d. *what side effects she may experience e. when to return to the clinic.				
8.2 Commends the client for information she can remember.				
8.3 *Adds omitted information or instructions misunderstood by the client.				

POSSIBLE SCORE: 14 points CUT OFF: 10 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-h (continued)

INSTRUCTING CLIENTS ON THE USE OF PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 9: Concludes the session.

	2	1	0	Comments
9.1 *Gives the client at least three cycles of the pills *OR...* Gives the client the number of cycles according to local agency/national guidelines.				
9.2 *Records the type of pills and amount given and the return date on the FP/MH card and appointment card, if applicable.				
9.3 Records the required information in the daily activity register.				
9.4 Thanks and bids farewell to the client.				

POSSIBLE SCORE: 8 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-i

INSERTING THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks before the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-i (continued)

INSERTING THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares setting and equipment for IUD insertion.	12		10		
2. Maintains asepsis through-out the procedure.	8		6		
3. Prepares client for IUD insertion.	36		24		
4. Applies tenaculum and aligns the uterus after observing cervix for infection.	8		8		
5. Sounds the uterus.	8		6		
6. Loads the Copper T 380A using no-touch technique.	8		8		
7. Inserts the IUD in the uterus.	32		18		
8. Shows the client how to check for strings.	6		6		
9. Records notes on client card.	6		2		
TOTAL	124		88		

Skills Assessment Tool 3-i (continued)

INSERTING THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares setting and equipment for IUD insertion.

	2	1	0	Comments
1.1 *Decontaminates working surface.				
1.2 *Arranges all necessary equipment, separating clean from high-level disinfected instruments.				
1.3 Ensures availability of:				
a. *adequate light				
b. bin and cover				
c. *bucket with decontaminating solution				
d. *soap and water.				

POSSIBLE SCORE: 12 points CUT OFF: 10 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 2: Maintains asepsis throughout the procedure.

	2	1	0	Comments
2.1 Takes off hand jewelry, if any.				
2.2 *Washes hands with soap and water and air dries or dries hands with clean towel.				
2.3 *Puts on gloves without contaminating them.				
2.4 *Uses sterile or high-level disinfected instruments.				

POSSIBLE SCORE: 8 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-i (continued)

INSERTING THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Prepares client for IUD insertion.

	2	1	0	Comments
3.1 *Explains procedure to client.				
3.2 *Ensures client has emptied bladder.				
3.3 Performs abdominal examination to check for:				
a. *pregnancy				
b. abdominal masses				
c. *tenderness.				
3.4 Positions client for pelvic examination.				
3.5 Performs speculum examination and inspects for:				
a. *normality of cervix				
b. *any evidence of infection especially for pus-like discharge from the os				
c. *abnormal discharges				
d. takes lab specimens as appropriate				
e. *removes speculum and places it in a container with disinfectant.				
3.6 Performs bimanual pelvic examination to:				
a. *rule out tenderness during cervical motion				
b. *confirm size and position of uterus				
c. rule out uterine mass(es)				
d. rule out adnexal swelling				
e. *rule out adnexal tenderness.				
3.7 *Confirms absence of conditions for restricting IUD use based on above findings (and client history already taken).				
3.8 Shares findings with client.				

POSSIBLE SCORE: 36 points CUT OFF: 24 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-i (continued)

INSERTING THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Applies tenaculum and aligns the uterus after observing cervix for infection.

	2	1	0	Comments
4.1 *Inserts high-level disinfected speculum and leaves it open to expose the cervix.				
4.2 *SWAB/CLEANS the cervix and vagina, using several swabs (on forceps) dipped in antiseptic solution, making concentric circles/sweeping circular movements, beginning at the os.				
4.3 *Applies the tenaculum to the cervix (e.g., at 2 and 10 o'clock positions).				
4.4 *Pulls steadily on the tenaculum: a. downwards and outwards for anteverted uterus *OR...* b. downwards and outwards THEN UPWARDS for retroverted uterus.				

POSSIBLE SCORE: 8 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 5: Sounds the uterus.

	2	1	0	Comments
5.1 *Guides the uterine sound gently into the cervix and uterine cavity.				
5.2 *Looks at soiled uterine sound to note measurement of the uterine cavity (6 cm or more is normal).				
5.3 *Makes a decision to proceed or not to proceed with the insertion of the IUD.				
5.4 Shares decision with client.				

POSSIBLE SCORE: 8 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-i (continued)

INSERTING THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6: Loads the Copper T 380 A using no-touch technique.

	2	1	0	Comments
6.1 **Opens hand-held end of package, using no-touch technique and puts ROD into tube.* Picks up package and bends flaps away from each other. Grasps thumb grip on rod, removes from package, inserts rod in tube until it almost touches bottom of T.				
6.2 **Folds arms of T.* Releases white flap and lays package on flat surface. Using no-touch technique, holds arms to fold them toward stem of T.				
6.3 **Inserts arms of T into tube.* Pulls back slightly on inserter tube and twists it as s/he picks up and encloses plastic portion of TIPS of folded arms of T. **S/he doesn't do this more than 5 minutes before insertion.**				
6.4 **Adjusts depth-gauge and aligns with T.* Adjusts depth-gauge as space from top of T to top of depth-gauge is equal to the depth of the uterus as measured on the uterine sound. Aligns depth gauge and folds arms of T so that they are **both flat.**				

POSSIBLE SCORE: 8 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-i (continued)

INSERTING THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 7: Inserts the IUD in the uterus.

	2	1	0	Comments
7.1 *Prepares for insertion and withdrawal technique:* a. *fully opens package b. *puts on second pair of gloves c. *removes loaded inserter while maintaining aseptic condition. 7.2 *Inserts IUD using withdrawal technique:* a. *introduces it into uterus until depth gauge (which must be in the same horizontal position as the arms of T) touches cervix or resistance of uterine fundus is felt. b. *releases T arms. Holds the tenaculum and white rod stationary. With other hand, withdraws inserter tube until it touches white rod thumb grip. **This releases T high in uterine fundus.** c. *withdraws tube and rod. Holds inserter tube stationary while removing white rod. **Gently** withdraws inserter tube. 7.3 *Cuts strings carefully:* without displacing the IUD, cuts strings so that 3 to 4 cm protrude into vagina. 7.4 Commends the client for cooperation. 7.5 *Gently releases tenaculum. 7.6 *Puts slight pressure on cervix to control any bleeding with swab on forceps. 7.7 *Gently removes the speculum. (continued on next page)				

Skills Assessment Tool 3-i (continued)

INSERTING THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 7 ***(continued)***: **Inserts the IUD in the uterus.**

	2	1	0	Comments
7.8 Asks client how she feels, especially to rule out: a. severe cramping b. feeling dizzy/light headache.				
7.9 Asks client to remain lying flat (supine) for 5 minutes or longer **if she feels dizzy.**				
7.10 Asks client to get up and dress.				
7.11 Washes hands and air dries them or uses a clean towel.				

POSSIBLE SCORE: 32 points CUT OFF: 18 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 8: Shows the client how to check for strings.

	2	1	0	Comments
8.1 *Asks client to wash her hands with soap and water and air dry or dry hands with a clean towel.				
8.2 *Instructs client how to feel for strings.				
8.3 *Asks client to feel for cervix and feel strings.				

POSSIBLE SCORE: 6 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-i (continued)

INSERTING THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 9: Records notes on client card.

	2	1	0	Comments
9.1 *Records all findings of examinations done.				
9.2 Records type of IUD inserted on client cards (clinic and appointment cards).				
9.3 Records return date (6 weeks) on client card (clinic and appointment cards).				

POSSIBLE SCORE: 6 points CUT OFF: 2 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-j

INSTRUCTING A CLIENT ON THE USE OF THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks before the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-j (continued)

INSTRUCTING A CLIENT ON THE USE OF THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Reviews information covered during counseling for informed choice.	8		4		
2. Gives more information on IUD.	32		12		
3. Shows client how to feel the strings.	6		4		
4. Explains to client what to do when strings are not felt or when IUD is expelled.	4		4		
5. Explains to client when IUD will be removed and when to return immediately to the clinic.	26		18		
6. Checks client's understanding of instructions given.	6		4		
7. Closes the session.	4		2		
TOTAL	86		48		

Skills Assessment Tool 3-j (continued)

INSTRUCTING A CLIENT ON THE USE OF THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Reviews information covered during counseling for informed choice.

		2	1	0	Comments
1.1	*Asks client to state what she remembers from the session on counseling for informed choice.				
1.2	Allows client to respond without interruption.				
1.3	Commends client for correct information.				
1.4	*Tactfully states the omitted or incorrect information.				

POSSIBLE SCORE: 8 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-j (continued)

INSTRUCTING A CLIENT ON THE USE OF THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Gives more information on IUD.

	2	1	0	Comments
2.1 Tells and shows type/name of IUD inserted.				
2.2 *Informs client on the expiration date of the IUD (10 years from time of insertion).				
2.3 Informs client the IUD can be removed:				
a. when client wishes to be pregnant				
b. when client wishes to change to another FP method				
c. when client has problems with the device.				
2.4 Restates common side effects and problems:				
a. spotting				
b. *menses that are a little longer and heavier than usual				
c. watery but not foul-smelling discharge				
d. *abdominal cramps during the first few days of post-insertion				
e. *expulsion of IUD				
f. pregnancy, rarely.				
2.5 Informs client on how to control abdominal cramps.				
2.6 Explains that the client should abstain from intercourse for 3 to 5 days after insertion to:				
a. avoid infection (if she has menses)				
b. help the uterus get used to the IUD.				

(continued on next page)

Skills Assessment Tool 3-j (continued)

INSTRUCTING A CLIENT ON THE USE OF THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 *(continued)*: Gives more information on IUD.

	2	1	0	Comments
2.7 *Emphasizes that having multiple sex partners (herself or her partner) is likely to contribute to pelvic infection.				
2.8 *Informs client that the IUD does not protect against STIs and HIV/AIDS transmission and that she should use condoms in addition to the IUD if at risk of exposure to STIs and HIV/AIDS.				

POSSIBLE SCORE: 32 points CUT OFF: 12 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 3: Shows client how to feel the strings.

	2	1	0	Comments
3.1 Shows client position for checking strings – such as squatting or standing with foot resting on a chair or bed.				
3.2 Explains that client should:				
a. *check strings with clean hands after every menses to make sure she can feel the strings				
b. *inspect her used sanitary pads during menses (before throwing away) to make sure the IUD has not been expelled.				

POSSIBLE SCORE: 6 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-j (continued)

INSTRUCTING A CLIENT ON THE USE OF THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Explains to client what to do when the strings are not felt or when IUD is expelled.

	2	1	0	Comments
4.1 *Tells client to come back to clinic if she cannot feel the strings.				
4.2 *Tells client in case strings are not felt or IUD is expelled, to abstain or use a condom or spermicide and return to the clinic.				

POSSIBLE SCORE: 4 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-j (continued)

INSTRUCTING A CLIENT ON THE USE OF THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5: Explains to client when IUD will be removed and when to return immediately to the clinic.

	2	1	0	Comments
5.1 Informs client the IUD will be removed:				
a. when client wishes to become pregnant				
b. *on the expiration date (10 years)				
c. when client wishes to change to another FP method				
d. when there are health problems (complications).				
5.2 *Asks client to return to clinic in one month				
AND				
anytime she has questions or if she feels/ has:				
a. *missed period				
b. *lower abdominal pain or pain during intercourse				
c. *fever associated with (b) and (h)				
d. *missing or longer strings				
e. *hard part of IUD or device is felt at cervical os				
f. *very heavy bleeding				
g. severe cramping				
h. *foul-smelling or pus-like vaginal discharge.				

POSSIBLE SCORE: 26 points CUT OFF: 18 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-j (continued)

INSTRUCTING A CLIENT ON THE USE OF THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6: Checks client's understanding of instructions given.

	2	1	0	Comments
6.1 *Asks client to repeat the instructions.				
6.2 Commends client for instructions she can remember.				
6.3 *Adds to what client has said and any important instructions client has left out.				

POSSIBLE SCORE: 6 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 7: Closes the session.

	2	1	0	Comments
7.1 *Thanks client for her cooperation, reminds her of return appointment date.				
7.2 Bids client farewell.				

POSSIBLE SCORE: 4 points CUT OFF: 2 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-k

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks before the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-k (continued)

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Reviews information covered during counseling session for informed choice.	8		6		
2. Explains how often and from what service sites the injections will be provided.	4		4		
3. Explains when the injections take effect, based on the client's menstrual history.	2		2		
4. Explains common side effects of Depo Provera® and Noristerat®.	26*		24**		
5. Explains unusual symptoms that require immediate return to the clinic when using Depo Provera® or Noristerat®.	8		8		
6. Checks client's understanding of instructions given.	12		10		
7. Confirms that the client wishes to use Depo Provera® or Noristerat®.	8		4		
8. Explains routine and special return/follow-up visits while using Depo Provera® or Noristerat®.	10		4		
9. Explains prevention of STIs and HIV while using Depo Provera® or Noristerat®.	6		6		
10. Closes the session.	14		12		
TOTAL	98***		80		

* Possible score is 26 if task 4.6 is applicable; 24 points if it is not.

** Cut off score is 24 even if task 4.6 is not applicable.

*** Total score is 96 if task 4.6 is not applicable.

Skills Assessment Tool 3-k (continued)

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Reviews information covered during counseling session for informed choice.

		2	1	0	Comments
1.1	*Asks the client to state what she remembers from the session on counseling for informed choice.				
1.2	*Allows the client to respond without interruption.				
1.3	Commends client for correct information.				
1.4	*Tactfully states the omitted information.				

POSSIBLE SCORE: 8 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 2: Explains how often and from what service site injections will be provided.

		2	1	0	Comments
2.1	*Explains that the injectable FP methods are given: a. every 12 weeks for Depo Provera® *OR...* b. every 8 weeks for Noristerat®.				
2.2	*Explains where the injectables are provided: a. at the MH/FP clinic *OR...* b. from the nearest community-based health care center/worker.				

POSSIBLE SCORE: 4 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-k (continued)

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Explains when the injections take effect, based on the client's menstrual history.

	2	1	0	Comments
3.1 *Explains when the injection is effective: a. immediate effect (within 24 hours) if given on day 1 to 5 of the client's menstrual cycle *OR...* b. after 7 days if given on day 6 (or later) of the client's menstrual cycle. If given at this point, client must use a back-up method (such as spermicides or condoms), or abstain for the first 14 days (or longer) of injection use. *OR...* c. after 7 days (or longer) if the client has amenorrhea but was assessed not pregnant.				

POSSIBLE SCORE: 2 points CUT OFF: 2 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-k (continued)

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Explains common side effects of Depo Provera® and Noristerat®.

	2	1	0	Comments
4.1 Explains selected beneficial side effects of Depo Provera® and Noristerat®: a. *absence of menstrual bleeding by 6 to 12 months after initiating the injectable is common b. *no decrease in breastmilk, if the client is breastfeeding c. *some protection against pelvic inflammatory disease.				
4.2 Explains the main reasons for beneficial side effects: a. *effect of the progestins on the uterine lining; the uterine lining thins and amenorrhea results b. *effect of the progestins on hormones that help produce breastmilk; progestins do not interfere with the hormones that stimulate production of breastmilk c. *effect of the progestins on the cervical mucus; progestins thicken the cervical mucus, which helps prevents infection from spreading from the cervix up into the uterus and tubes.				
4.3 Explains the bothersome menstrual period changes that are side effects of Depo Provera® and Noristerat®: a. *irregular vaginal bleeding or spotting b. *prolonged or excessive vaginal bleeding.				

(continued on next page)

Skills Assessment Tool 3-k (continued)

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4 ***(continued)***: **Explains common side effects of Depo Provera® and Noristerat®.**

	2	1	0	Comments
4.4 Explains the common physical and mental side effects of Depo Provera® and Noristerat®: a. *irregular, frequent, light or absent menses b. *minor weight gain (appetite stimulation) c. *mood changes (usually minor), including depressed mood				
4.5 *Explains that bothersome menstrual changes usually improve within three or four months as the body adjusts to the injectables; half of Depo Provera® users are free of bleeding (amenorrheic) after 12 months of DMPA use.				
4.6 Explains that Noristerat® users seem to have more problems with menstrual changes than Depo Provera® users. (This task is only applicable if the client has received Noristerat®.)				

POSSIBLE SCORE: 26 points if task 4.6 is applicable; 24 points if it is not.
CUT OFF: 24 points, whether 4.6 is applicable or not (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-k (continued)

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5: Explains unusual symptoms that require immediate return to the clinic when using Depo Provera® or Noristerat®.

	2	1	0	Comments
5.1 Uses non-alarming language when explaining to the client the following rarely occurring symptoms related to the use of Depo Provera® or Noristerat®: a. *excessive vaginal bleeding (extremely heavy bleeding is rare with injectable progestins) b. *vaginal bleeding lasting 7 or more days c. *severe headaches d. *suspicion of pregnancy.				

POSSIBLE SCORE: 8 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-k (continued)

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6: Checks client's understanding of instructions given.

	2	1	0	Comments
6.1 Asks the client to repeat the instructions provided on:				
a. *whether she needs to use a back-up method **and**, if necessary, for how long and why				
b. *how often she will receive the injectable				
– Depo Provera®				
OR...				
– Noristerat®.				
c. *beneficial side effects and why				
d. *bothersome side effects and why.				
6.2 Commends the client for information she can remember.				
6.3 *Tactfully discusses omitted or misunderstood instructions.				

POSSIBLE SCORE: 12 points CUT OFF: 10 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-k (continued)

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 7: Confirms that the client wishes to use Depo Provera® or Noristerat®.

	2	1	0	Comments
7.1 *Asks the client if she is **NOW** sure she wants to use Depo Provera® or Noristerat®.				
7.2 Asks what made the client decide to use Depo Provera® or Noristerat®.				
7.3 *Uses the client's reason as a basis to provide Depo Provera® or Noristerat®.				
7.4 Prepares the client by explaining the next steps for injecting Depo Provera® or Noristerat®.				

POSSIBLE SCORE: 8 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-k (continued)

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 8: Explains routine and special return/follow-up visits while using Depo Provera® or Noristerat®.

	2	1	0	Comments
8.1 a. Explains routine follow-up visits for Depo Provera®: – *every 12 weeks (safe to return 2 to 4 weeks later than the 12 week visit or 2 to 4 weeks earlier) **and** – as needed (in case of problems). *OR...* b. Explains routine follow-up visits for Noristerat®: – *every 8 weeks (safe to return up to 2 weeks later than the 8 week visit) **and** – as needed (in case of problems).				
8.2 Explains that client can return to the clinic whenever she: a. *has a concern or question b. wants to become pregnant c. wants to change to another method.				

POSSIBLE SCORE: 10 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-k (continued)

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 9: Explains prevention of STIs and HIV while using Depo Provera® or Noristerat®.

	2	1	0	Comments
9.1 Explains that if the client feels she or her partner is at risk or exposed to STIs or HIV: a. *her partner should use condoms or b. *she should use spermicides if condoms are not acceptable.				
9.2 *Explains that condoms have been proven to protect against transmission of STIs and HIV, whereas spermicides have not yet been fully proven to protect against transmission of STIs or HIV.				

POSSIBLE SCORE: 6 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-k (continued)

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 10: Closes the session.

	2	1	0	Comments
10.1 *Encourages the client to ask any questions and to repeat the instructions provided.				
10.2 Records on the client card:				
a. *name of injection given				
b. *dose of the injection				
c. *return date.				
10.3 *Records on the appointment card the return date and hands it to the client.				
10.4 *Records relevant information in the daily FP activity register (or appropriate local agency FP register).				
10.5 Thanks the client and bids her farewell.				

POSSIBLE SCORE: 14 points CUT OFF: 12 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-l

PLANNED/ROUTINE FOLLOW-UP FP VISITS

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks before the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-l (continued)

PLANNED/ROUTINE FOLLOW-UP FP VISITS

Note: This tool is to be used for clients who are using COCs, POPs, injectables, an IUD, a diaphragm, or a fertility awareness method. Providers should omit this skill in order to maximize access and quality of services for clients needing condoms or spermicide.

Note: To promote the concept of maximizing access and quality, including continuing acceptance and use of FP methods, few routine follow-ups are conducted:

a) three months after starting COC, POP, and injectable methods;

b) six weeks and three months after beginning the IUD;

c) one monthly up to three months, if needed, after starting the fertility awareness methods;

d) one and two weeks after diaphragm fitting;

e) as per local service standards for permanent and implantable methods.

Routine follow-up visits are the ones which include a systematic assessment of the FP method user to ensure that the client and her partner are satisfied with the method and the user has no problems.

No regular follow-up visit is done annually. Clients are, however, invited to report to the health provider anytime they have a concern.

No planned follow-up visits are conducted for clients using the male condom and spermicides. During re-supplying of condoms, spermicides, OCs, and repeat doses of injectables, the provider uses mechanisms/approaches that help the client spend as little time as possible, for encouraging continuity and in turn maximizing access and quality of the methods/FP care. An exception to this practice is if the client requires another FP/RH service.

Skills Assessment Tool 3-l (continued)

PLANNED/ROUTINE FOLLOW-UP FP VISITS

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares setting and materials.	22		18		
2. Establishes and maintains rapport with client and uses communication skills throughout the session.	30		20		
3. Prepares self and client for the follow-up.	10		8		
4. Checks the client's general health and satisfaction with the method.	COC 24 POP 24 Inject. 16 IUD 20 Diaph. 12 Fertility Aware. 12		14 14 10 14 6 6		
5. Checks information specific to STI and HIV/AIDS prevention and breast cancer screening.	10		8		
6. Administers the FP method and closes the session.	COC 12 POP 12 Inject. 12 IUD 8 Diaph. 12 Fertility Aware. 8		8 8 8 4 8 4		
TOTAL	WILL DEPEND ON THE METHOD USED BY CLIENT DURING THE FOLLOW-UP VISIT.				

Skills Assessment Tool 3-l (continued)

PLANNED/ROUTINE FOLLOW-UP FP VISITS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Note: This tool is to be used for clients who are using COCs, POPs, injectables, an IUD, a diaphragm, or a fertility awareness method. Providers should omit this skill in order to maximize access and quality of services for clients needing condoms or spermicide.

Task 1: Prepares setting and materials.

	2	1	0	Comments
1.1 Prepares necessary materials and equipment in addition to those used during counseling session (for informed choice): a. *overview information in WHO *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Initiating and Continuing Use of Contraceptive Methods* b. *BP machine (sphygmomanometer and cuff) c. *stethoscope d. weighing scale e. *pelvic exam equipment (if pelvic exam to be done) f. *clean surgical gloves g. *record forms and books h. *solution for decontaminating soiled/used equipment i. *soap j. clean hand towel k. *containers for disposing of soiled materials.				

POSSIBLE SCORE: 22 points CUT OFF: 18 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-l (continued)

PLANNED/ROUTINE FOLLOW-UP FP VISITS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Establishes and maintains rapport with client and uses communication skills throughout the session.

	2	1	0	Comments
2.1 *Greets client in a respectful, culturally-appropriate way to create rapport and enable both client and provider to relax.				
2.2 Introduces self and others (if any) to the client.				
2.3 *Asks what she can do for client or reason for coming to the clinic.				
2.4 Uses non-verbal communication skills to encourage client, as needed:				
a. *smiling or nodding at client				
b. *openness and non-judgmental facial expression				
c. leaning towards client or facing and being near client, as needed				
d. *eye contact in a culturally-acceptable manner				
e. *relaxed and friendly manner.				
2.5 Uses verbal communication skills, as needed:				
a. clarifies, using open-ended questions				
b. *listens actively				
c. *encourages or praises				
e. accurately reflects and focuses the discussion according to the client's concerns				
f. *repeats/paraphrases client's statements				
g. responds to client's non-verbal communication				
h. *summarizes or lets client summarize.				

POSSIBLE SCORE: 30 points CUT OFF: 20 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-l (continued)

PLANNED/ROUTINE FOLLOW-UP FP VISITS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Prepares self and client for the follow-up.

	2	1	0	Comments
3.1 *Washes hands with soap and water before steps that involve touching the client.				
3.2 *Air dries hands or dries them with a clean towel.				
3.3 *Explains the procedure to the client.				
3.4 *Reviews the client's family planning card and appointment card, if necessary, to remind him/her of previous findings.				
3.5 Shares the findings while confirming with the client the summary of the findings.				

POSSIBLE SCORE: 10 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-l (continued)

PLANNED/ROUTINE FOLLOW-UP FP VISITS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Checks the client's general health and satisfaction with the method.

	2	1	0	Comments
Note: • Subtasks 4.1 to 4.4 are common to all FP methods. • Subtasks 4.5 to 4.10 are unique to different methods. Hence, the scoring is different for each method.				
4.1 Asks how the client has been feeling (generally) since she started using the method.				
4.2 *Asks whether client has bothersome side effects or problems and which ones.				
4.3 Asks how satisfied she (and partner) is with the method.				
4.4 Records findings at regular intervals.				
4.5 For COCs, POPs and injectables, obtains menstrual history during the last three months: a. *last "menstrual" period b. *duration and amount c. *regularity d. *any problems with the menses?				
4.6 For IUD, obtains menstrual history since insertion (6 weeks previously) or during the last three months: a. *last "menstrual" period b. *duration and amount c. *regularity d. *any problems with the menses?				

(continued on next page)

Skills Assessment Tool 3-l (continued)

PLANNED/ROUTINE FOLLOW-UP FP VISITS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4 *(continued)*: Checks the clients' general health and satisfaction with the method.

	2	1	0	Comments
4.7 For IUD:				
a. *asks whether client feels the IUD strings and inspects used sanitary pads before disposal				
b. *conducts a bimanual and speculum exam, if history indicates a need for it				
OR...				
c. *conducts a speculum exam to confirm presence of strings.				
4.8 For COCs and POPs:				
a. *asks client to explain how she has been taking the pills (may give client a similar cycle of pills to use as a visual aid)				
b. asks whether a side effect bothers her. If so, which one?				
c. *asks what client does if she has forgotten:				
– one pill				
– two or more pills				
d. commends client for taking pills well and adds omitted or incorrect information.				
4.9 For diaphragm:				
a. *checks position of diaphragm				
b. *praises for correct position				
OR...				
c. *repeats the procedure of teaching her to insert the diaphragm.				

(continued on next page)

Skills Assessment Tool 3-l (continued)

PLANNED/ROUTINE FOLLOW-UP FP VISITS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4 ***(continued)***: **Checking the client's general health and satisfaction with the method.**

	2	1	0	Comments
4.10 For fertility awareness methods/natural FP: a. *asks client to show her the NFP record/chart and reviews it with her **and** b. *corrects the client on misunderstood recordings, if any *OR...* c. *re-instructs about the method.				

POSSIBLE SCORE:		CUT OFF:
COC	24 points	14 points (must include skills with asterisks (*))
POP	24 points	14 points (must include skills with asterisks (*))
Injectable	16 points	10 points (must include skills with asterisks (*))
IUD	20 points	14 points (must include skills with asterisks (*))
Diaphragm	12 points	6 points (must include skills with asterisks (*))
Fertility Awareness	12 points	6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-l (continued)

PLANNED/ROUTINE FOLLOW-UP FP VISITS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5: Checks information specific to STI and HIV/AIDS prevention and breast cancer screening.

	2	1	0	Comments
5.1 For all methods:				
a. *asks the client if she and partner would like to use a condom for double protection				
b. *gives the reasons (being protected from transmission of STI and HIV as well as additional protection from pregnancy).				
5.2 *Allows client to express concerns and clarifies as needed about double protection concept.				
5.3 *Asks how client is progressing with self-breast examination.				
OR...				
5.4 *Asks client to demonstrate self-breast examination in the position the client usually uses.				
5.5 Repeats the teaching on self-breast examination, if necessary.				

POSSIBLE SCORE: 10 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 3-l (continued)

PLANNED/ROUTINE FOLLOW-UP FP VISITS

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6: Administers the FP method and closes the follow-up visit/session.

	2	1	0	Comments
6.1 *For COCs, POPs, injectables or diaphragm users: a. dispenses three or more cycles of COCs and POPs *OR...* b. aseptically injects the one, two, or three monthly injection *OR...* c. dispenses two or more contraceptive spermicidal creams and applicators for diaphragm user.				
6.2 For all methods, issues a full box or more of condoms for double protection, if accepted.				
6.3 *For COCs, POPs, injectables or diaphragm, gives dates for re-supply or for re-injection.				
6.4 Closes the follow-up session: a. *allows client to ask questions b. *responds using facts c. thanks and bids client farewell.				

POSSIBLE SCORE:
COC, POP, Injectable, Diaphragm: 12 points CUT OFF: 8 points (must include skills with asterisks (*))
IUD, Fertility Awareness: 8 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

APPENDICES

The following three documents contain information fundamental to providing family planning (FP) services.

APPENDIX A: Informed Choice: Report of the Cooperating Agencies Task Force (Executive Summary)

APPENDIX B: Rights of the Client (International Planned Parenthood Federation)

APPENDIX C: Needs of the Provider (Huezo and Diaz)

APPENDIX A

INFORMED CHOICE:

Report of the Cooperating Agencies Task Force

Executive Summary

July 1989

The Cooperating Agencies Task Force on Informed Choice, consisting of representatives of 17 organizations working in international family planning (FP) programs, met in April and November 1988 and in February 1989. The following recommendations represent the consensus of the Task Force members regarding the most important actions needed to promote informed choice in developing countries:

1. **Expanded Definition of Informed Choice**
   Informed choice is effective access to information on reproductive choices and to the necessary counseling, services and supplies to help individuals choose and use an appropriate method of FP, if desired. The Task Force broadened the definition of informed choice to include the possibility of choosing pregnancy. Informed choice begins prior to the choice of a particular method, at the time when a person first learns that there is a way to control his or her fertility.

2. **Continual Process**
   Informed choice should be seen as a continual process as new acceptors try out one method and shift to other methods or non-use, as their needs or preferences change.

3. **Method Choices**
   Within each given service area, an appropriate range of contraceptive methods should be available to meet the needs of various types of contraceptive users. Available methods should include male and female methods, some reversible methods which are temporary, as well as long-acting ones, and permanent methods. Program administrators should strive for "effective access," which means that, at a minimum, major groups of contraceptive methods are available in each regional area of a country.

4. **Referrals**
   Providers that offer only one or a limited range of FP methods should tell clients where alternative methods are available, regardless of how distant they may be. Referral systems should be established and coordinated with providers at the local level, using written materials as appropriate.

5. **Clinic Education**
   To complement counseling, service providers should seek to improve client education by using waiting areas for visual displays, lectures and audio-visual presentations and by providing client counselors with visual aids and audio-visual and print materials. Client education materials should be accurate, appropriate to their intended audience, and understandable.

6. Client Counseling

Each local institution should ensure that client counseling is done sensitively and effectively. The goal of counseling is to have the client arrive at a choice that he/she is satisfied with and, if the choice is to use contraception, to prepare the client to use his/her chosen method effectively. Counseling should be a two-way interaction, based on a positive relationship.

7. Monitoring and Evaluation

CAs and local institutions should build information needed for monitoring and evaluation of informed choice into their standard reporting requirements. Such information might include indicators that client counseling guidelines have been followed and service statistics on method mix and referrals (as appropriate). Evaluations should look at the structure of services, the actual delivery of services and service outcomes to assess the extent of informed choice. While CAs can provide technical support, local institutions must take primary responsibility for promoting informed choice and for monitoring service delivery sites to ensure that the appropriate steps are being taken.

8. Public Outreach

FP agencies should make more use of culturally sensitive mass media to reach not only potential and current contraceptive users but also others who influence reproductive decisions such as spouses, other relatives, and policy-makers. All modes of public education such as television, radio, press, magazines, group meetings, exhibits, cultural events, folk theater, all types of entertainment, field worker visits, inserts in contraceptive packages and point-of-purchase displays should be expanded. Whenever feasible, they should include information about specific methods.

9. Protocols for Service Delivery

Both public and private agencies in developing countries should develop national or regional guidelines on FP methods and the client education process. Emphasis should be placed on continuous support of clients, not simply the first contact.

10. Training

Service delivery staff need to be trained in client counseling and interpersonal communication, since good counseling and a positive relationship with the client are essential to informed choice. Counseling staff should receive on-site training, assistance, supervision, and periodic evaluation. Each agency should develop or adapt from other agencies a portion of a training module specifically on informed choice. Trainers should encourage service providers to be attentive to the client's needs and life situation.

11. Male Involvement

FP programs need to pay more attention to the role of men in reproductive decisions and to expand male outreach programs. Many programs focus mainly on women, even though men have a major role in making family reproductive choices in many countries.

12. Family Planning and STIs, including AIDS

The prevention and treatment of sexually transmitted infections (STIs) is important to reproductive health. FP providers should offer basic STI services. In view of the widespread concern regarding acquired immune deficiency syndrome (AIDS), family planning providers should seek assistance from various sources for programs to prevent transmission of the virus that causes AIDS. These programs may include staff training, counseling, peer group activities, condom promotion and distribution, the development of communication strategies and materials, and human immunodeficiency virus (HIV) testing (where appropriate).

13. Research Needs

More research should be conducted on various elements of informed choice, including method availability, referrals, counseling, public and clinic education, and training. Operations research can be useful to assess the most effective ways of promoting informed choice

14. Informed Consent Requirements

While clients should make informed decisions for any contraceptive, written informed consent should be required only for voluntary sterilization, because it is intended to be (and effectively is) permanent.

15. The Role of Cooperating Agencies (CAs)

CAs should review their policies and procedures in regard to informed choice, provide adequate staff training, and adopt appropriate monitoring and evaluation procedures. CAs preparing international guidelines should seek input from service providers in developing countries.

16. AID Support to CAs

AID should provide CAs with up-to-date, accurate information pertaining to informed choice, especially in key areas such as contraceptive safety and efficacy and AIDS prevention.

The Task Force concluded that much progress has been made in promoting informed choice and that future initiatives may depend upon correcting erroneous assumptions about informed choice. In fact, the stereotypical activities associated with informed choice–boring lectures, lengthy forms and rigid guidelines–may have little to do with helping the client to make and implement choices, to understand and remember pertinent information, and to feel comfortable seeking additional information or services, as needed.

Family planning and health care professionals need to understand that implementation of programs to promote informed choice will make their job easier, not harder. Satisfied users are not only the key to high continuation rates but also the most effective promoters of FP.

For more information or copies of this report, contact:
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APPENDIX B

RIGHTS OF THE CLIENT

International Planned Parenthood Federation

1992

Every family planning client has the right to:

1. INFORMATION

All members of the community have the right to balanced and accurate information on family planning (FP) for themselves and their families. They also have the right to know where and how to obtain more information and services for planning their families.

2. ACCESS

All members of the community have the right to receive services from FP programs, regardless of their social status, economical situation, political belief, ethnic origin, marital status or geographical location. Access includes **freedom** from **barriers** such as policies, standards and practices which are not scientifically justifiable or which represent provider biases.

3. CHOICE

Individuals and couples have the right to decide freely whether or not to practice FP. When providing FP services, clients should be given the freedom to choose which method of contraception to use.

4. SAFETY

FP clients have the right to safety in the practice of FP. Clients have the right to know if FP methods protect against sexually transmitted infections (STI) and HIV and to risk assessment and STI/HIV counseling. Clients have the right to receive or be referred to other reproductive health (RH) services as needed.

5. PRIVACY

When discussing her/his needs or concerns the client has the right to do this in an environment in which she/he feels confident that her/his conversation with the counselor or service provider will not be listened to by other people.

When a client is undergoing a physical examination, it should be carried out in an environment in which her/his right to bodily privacy is respected.

6. CONFIDENTIALITY

The client should be assured that any information she/he provides or any details of the service received will not be communicated to third parties without her/his consent.

7. DIGNITY

FP clients have a right to be treated with courtesy, consideration, attentiveness and with full respect of their dignity regardless of their level of education, social status or any other characteristics which would single them out or make them vulnerable to abuse.

8. COMFORT

Clients have the right to feel comfortable when receiving services. This right of the client is intimately related to adequacy of the service delivery facilities and quality of services.

9. CONTINUITY

Clients have the right to receive contraceptive services and supplies for as long as they need them. Clients have the right to receive or be referred to other RH services as needed.

10. OPINION

Clients have the right to express their views on the services they receive.

Adapted from:

International Planned Parenthood Federation (IPPF): *Rights of the Client* (Wall chart). London, International Planned Parenthood Federation, 1992.

Nyong'o D (ed): Quality Services, Client Satisfaction. *Africa Link* 1994(October):1-40.

Huezo C, Diaz S: Quality of Care in Family Planning: Clients' Rights and Providers' Needs. *Advances in Contraception* 1993;9:129-139.

APPENDIX C

NEEDS OF THE PROVIDER

C. Huezo and S. Diaz

1993

Providers have critical needs also. Below are needs or rights of providers which facilitate their ability to provide services that address clients' rights.

1. **TRAINING**
   To have access to the knowledge and skills needed to perform all the tasks required of them.

2. **INFORMATION**
   To be kept informed on issues related to their duties on a regular basis.

3. **INFRASTRUCTURE**
   To have appropriate physical facilities and organization to provide services at an acceptable level of quality.

4. **SUPPLIES**
   To receive continuous and reliable supplies of the methods of contraception and the materials required for providing family planning (FP) services at appropriate standards of quality.

5. **GUIDANCE**
   To receive clear, relevant and objective guidance, and support for making needed changes.

6. **BACKUP**
   To be re-assured that whatever the level of care at which they are working, they will receive support from other individuals or units, to be assigned the number of clients no greater than can be assured the minimal quality of care required..

7. **RESPECT**
   To get recognition for their competence and potential, and respect for their human needs.

8. **ENCOURAGEMENT**
   To be given stimulus in the development of their potential and creativity.

9. FEEDBACK

To receive feedback concerning their competence and attitudes as assessed by others.

10. SELF-EXPRESSION

To express their views concerning the quality and efficiency of the FP program.

Adapted from:

Huezo C, Diaz S: Quality of Care in Family Planning: Clients' Rights and Providers' Needs. *Advances in Contraception* 1993;9:129-139.

REFERENCES

The following list includes the Key Resources for this Module (see page 3-9), references used to develop this module, and other resources that are particularly useful for trainers.

Bates B: *A Guide to Physical Examination and History Taking,* 4th ed. Philadelphia, PA, J.B. Lippincott Company, 1987.

Textbook designed for readers who have had basic courses in human anatomy and physiology. First three chapters cover interviewing, the health history, common and important systems, and the assessment of mental status. Subsequent chapters devoted to review of body systems, sequence and techniques of physical examination, and identifying selected abnormalities. Final two chapters deal with clinical thinking and organizing patient records. Fourth edition features Chapter 2, "An Approach to Symptoms," which defines the technical terms for common and important symptoms, suggests specific ways of asking about them, and outlines some of their mechanisms and causes. Available in ***English*** from:

Lippincott-Raven
P.O. Box 1600
Hagerstown, Maryland 21741, USA.
Tel: 1-301-714-2300
Fax: 1-301-824-7390
E-mail: LROrders@phl.lrpub.com

Church C, et al: Voluntary Female Sterilization: Number One and Growing. *Population Reports* Series C, 1990;(8):1-23.

Overview of cross-national voluntary female sterilization rates, most widely used sterilization procedures, the advantages of local anesthesia and counseling guidelines. Provides many easy-to-read and informative tables, figures, as well as a glossary of voluntary female sterilization. Available in ***English***, ***French*** and ***Spanish*** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202, USA.
Tel: 1-410-659-6389
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

Family Health International: Breastfeeding. *Network* 1992;13(2):1-31.

Reviews contraceptive benefits of breastfeeding. Articles cover the Lactational Amenorrhea Method (LAM), contraceptive counseling for postpartum women, HIV and breastfeeding, and the role of community education in gaining popularity for breastfeeding among Honduran women. Available in ***English***, ***French*** and ***Spanish*** from:

Family Health International (FHI)
P.O. Box 13950
Research Triangle Park, North Carolina 27709, USA.
Tel: 1-919-544-7040
Fax: 1-919-544-7261
E-mail: dcrumpler@fhi.org

Family Health International: *Contraceptive Technology Update Series: Injectables*. Research Triangle Park, NC, FHI, 1993.

Module covering the mechanisms of action, method effectiveness, indications and precautions for use, advantages and disadvantages, and a variety of programmatic issues for injectable contraceptives. Includes a set of slides, a suggested narrative, audience handouts, a bibliography and reprints of selected scientific publications. Designed for use by trainers and presenters at workshops and seminars. The intended audience includes health policy administrators, physicians, nurses, counselors, midwives and other health professionals. Available in ***English***, ***French*** and ***Spanish*** from:

Family Health International (FHI)
P.O. Box 13950
Research Triangle Park, North Carolina 27709, USA.
Tel: 1-919-544-7040
Fax: 1-919-544-7261
E-mail: dcrumpler@fhi.org

* Guillebaud J: *Contraception: Your Questions Answered,* 2nd ed. New York, Churchill Livingstone, Inc., 1993.

Addresses combined pill, with particular attention to cancer risks and protection, new formulations and pill-free interval. Covers material on female condom (Femidom), IUDs, uterine ablation, patient compliance, service provision and contraception after recent pregnancy. Contains full coverage of contraceptive implant, NORPLANT®. Contains glossary as well as numerous figures and tables. Available in ***English*** from:

Churchill Livingstone, Inc.
650 Avenue of the Americas
New York, New York 10011, USA.
Tel: 1-212-206-5000; toll free (North America): 1-800-553-5426
Fax: 1-212-727-7808

* These resources are particularly useful for trainers.

* Hatcher RA, et al: *Contraceptive Technology*, 16th rev. ed. New York, Irvington Publishers, Inc., 1994.

Comprehensive manual for reproductive health care providers that is updated frequently. Provides practical clinical guidelines for reproductive health counseling, contraceptive methods and treatment for reproductive tract infections. Includes guidelines for client education and lists of frequently asked questions. Seventeenth edition available December 1997 in ***English*** from:

Irvington Publishers, Inc.
Lower Mill Road
North Stratford, New Hampshire 03590, USA.
Tel: 1-603-922-5105
Fax: 1-603-922-3348
E-mail: suzy-g@moose.ncia.net

* Hatcher RA, et al: *Emergency Contraception: The Nation's Best-Kept Secret.* Decatur, GA, Bridging the Gap Communications, Inc., 1995.

Covers currently available birth control pills containing both estrogen and progestin as emergency contraception. Includes discussions of Copper T 380A IUD, minipills, danazol and mifepristone (RU 486). Available in ***English*** from:

Bridging the Gap Communications
P.O. Box 33218
Decatur, Georgia 30033, USA.
Tel: 1-404-373-0530
Fax: 1-404-373-0408

*Hatcher RA, et al: *The Essentials of Contraceptive Technology*. Baltimore, Johns Hopkins School of Public Health, Population Information Program, 1997.

Handbook for family planning and reproductive health care providers working in clinics and other health care facilities. Content based on scientific consensus recently developed under auspices of WHO and of USAID collaborating agencies. Chapters cover family planning counseling and methods in addition to sexually transmitted infections (STIs) including HIV/AIDS. Chapters describe effectiveness of family planning methods in terms of likelihood of pregnancy in first year of using method. Includes wall chart. Available in ***English*** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202-4012, USA.
Tel: 1-410-659-6300
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

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* These resources are particularly useful for trainers.

Institute for Reproductive Health: *Breastfeeding: Protecting a Natural Resource*. Washington, DC, IRH, Georgetown University, 1990.

Describes benefits of breastfeeding and identifying specific actions policymakers can take, and are already being taken in some countries, to promote and preserve breastfeeding. Discusses benefits to infant/mother health, promotion of childspacing, changing health care practices and approaches to improving information, education, and communication campaigns for advancement of breastfeeding. In ***English***, ***French*** and ***Spanish*****.** For availability contact:

The Linkages Project
Academy for Educational Development (AED)
1255 23rd Street, N.W.
Washington, DC 20037, USA.
Tel: 1-202-884-8822
E-mail: carciaga@smtp.aed.org

* INTRAH: *Guidelines for Clinical Procedures in Family Planning: A Reference for Trainers*, 2nd ed. revised. Chapel Hill, NC, INTRAH, 1993.

Provides guidelines summarizing basic step-by-step clinical procedures for providing family planning services, including all modern childspacing methods, voluntary surgical contraception (counseling only), subfertility/infertility services, and infection prevention guidelines. Selected chapters and appendices are being updated to reflect latest WHO and other international guidelines. Chapter on progestin-only injectables and appendix on infection prevention were updated in ***English*** in 1996; ***French*** and ***Spanish*** versions will be completed in 1997. Chapters on IUDs, combined oral contraceptives and progestin-only pills are being updated. Available from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

* These resources are particularly useful for trainers.

Ipas: *Postabortion Family Planning: A Curriculum Guide for Improving Counseling and Services*. Carrboro, NC, Ipas, 1996.

Course designed to develop and improve counseling skills among health and planning workers who interact with postabortion women. Divided into 11 modules, focusing on aspects of postabortion family planning. Includes basic review of family planning methods, use of methods after abortion, common sexually transmitted diseases, including HIV infection, information on treatment of complications of abortion, and reproductive anatomy and physiology. Includes chart summarizing content of each training step, time estimated for the step, training techniques, and any special aids needed. Available in ***English, French, Portuguese*** and ***Spanish*** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

Liskin L, et al: Condoms – Now More Than Ever. *Population Reports* Series H 1990;(8):1-35.

Reviews condom effectiveness and current obstacles to promoting their use. Offers strategies for countering obstacles, counseling condom users, improving availability and quality control. Includes bibliography. Available in ***English***, ***French***, ***Portuguese***, and ***Spanish*** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202, USA.
Tel: 1-410-659-6389
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

Liskin L, et al: Vasectomy: New Opportunities. *Population Reports* Series D 1992;(5):1-23**.**

Reviews no-scalpel vasectomy and strategies for broadening vasectomy appeal and services through policy and mass media. Includes case studies from Kenya, Brazil and New Zealand. Available in ***English***, ***French*** and ***Spanish*** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202, USA.
Tel: 1-410-659-6389
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

Mtawali G, et al: Contraceptive Side Effects: Responding to Clients' Concerns. *OUTLOOK* 1994;12(3)October:1-8.

Suggests clinical and counseling strategies to respond to side effects of reversible contraceptives and outlines decision pathways for addressing common side effects of progestin-only injectables, combined oral contraceptives (COCs) and IUDs. Available in ***Chinese***, ***English***, ***Portuguese***, ***Russian*** and ***Spanish*** from:

Program for Appropriate Technology in Health (PATH)
4 Nickerson Street
Seattle, Washington 98109-1699, USA.
Tel: 1-206-285-3500
Fax: 1-206-285-6619
E-mail: info@path.org

* Mtawali G, et al: *The Menstrual Cycle and Its Relation to Contraceptive Methods: A Reference for Reproductive Health Trainers*. Chapel Hill, NC, INTRAH, 1997.

Covers changes that take place during the menstrual cycle and ways that contraceptive methods interrelate with cyclic changes. Contains 21 sample client cases demonstrating how knowledge about changes in the menstrual cycle can be applied to management of FP clients' concerns, including postpartum FP. Includes wall chart. ***French*** and ***Spanish*** editions are forthcoming. Available in ***English*** from:

INTRAH
University of North Carolina at Chapel Hill
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208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
Email: eudy@intrahus.med.unc.edu

* These resources are particularly useful for trainers.

* Pathfinder: *Comprehensive Family Planning and Reproductive Health Training Curriculum*. Watertown, MA, Pathfinder International, in press.

Set of 15 training modules for use as part of comprehensive family planning and reproductive health training of health providers. Modules assume minimal background in training physicians, nurses and midwives. Each module contains evaluation tool for participants to use in evaluating the training and a pre- and post-test for evaluating participants knowledge of technical material. Includes simulation skills practice, case studies, role plays, discussions, clinical practices, on-site observation, specific measurable objectives, knowledge, attitudes, skills checklist and exercises for developing action plans. Modules are: Module 1- Introduction/Overview; Module 2- Infection Prevention; Module 3- Counseling; Module 4- Combined Oral Contraceptives (COCs) and Progestin only Pills (POPs); Module 5- Emergency Contraceptive Pills (ECPs); Module 6- Depot Medroxyprogesterone Acetate (DMPA); Module 7- Intrauterine Devices (IUDs); Module 8- Lactational Amenorrhea and Breast Feeding Support; Module 9- Condoms and Spermicides; Module 10- Voluntary Surgical Contraception (VSC); Module 11- Manual Vacuum Aspiration (MVA) for Treatment of Incomplete Abortion; Module 12- Reproductive Tract Infections (RTIs); Module 13- Postpartum/Postabortion Contraception; Module 14- Training of Trainers; and Module 15- Quality of Care. Can be adapted for self-instruction, on-the-job training or distance learning. Entire series available in ***Russian*** and ***Vietnamese***. Some modules are now available in ***English*** and ***Spanish*** versions. For further information contact:

Pathfinder International
Medical Services
9 Galen Street, Suite 217
Watertown, Massachusetts 02172, USA.
Tel: 1-617-924-7200
Fax: 1-617-924-3833
E-mail: emajernik@pathfind.org

The Population Council: *Guide to Effective Counseling: NORPLANT® Subdermal Implants*. New York, Population Council, 1989.

Provides health educators with accurate information on NORPLANT® Implants to educate clients regarding benefits and disadvantages. Provides concise and detailed overview addressing issues such as side effects, insertions, warning signs, and removals. Designed in easy-to-use question and answer format. Contains illustrations and a glossary of terms. Available in ***English*** from:

The Population Council
Office of Communications
One Dag Hammarskjold Plaza
New York, New York 10017, USA.
Tel: 1-212-339-0514
Fax: 1-212-755-6052
E-mail: pubinfo@popcouncil.org

* These resources are particularly useful for trainers.

Sivin I, et al: *The Copper T 380 Intrauterine Device: A Summary of Scientific Data*. New York, The Population Council, 1992.

Presents highlights of clinical performance of the Copper T 380 over eight years, including mechanisms of action, effectiveness, rates of expulsion, side effects, continuation rates and return to fertility. Excellent resource for administrators, managers and clinical workers. Includes tables, graphs, a bibliography and a glossary of terms. Available in ***English*** from:

The Population Council
Office of Communications
One Dag Hammarskjold Plaza
New York, New York 10017, USA.
Tel: 1-212-339-0514
Fax: 1-212-755-6052
E-mail: pubinfo@popcouncil.org

* Technical Guidance/Competence Working Group and World Health Organization/Family Planning and Population Unit: Family Planning Methods: New Guidance. *Population Reports* Series J 1997;(44):1-48.

Presents condensation of: Technical Guidance/Competence Working Group. *Recommendations for Updating Selected Practices in Contraceptive Use, Volume I,* 1994 and *Volume II,* 1997; and a table summarizing: World Health Organization: *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use*, 1996. ***French*** and ***Spanish*** issues forthcoming. Available in ***English*** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
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111 Market Place, Suite 310
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Tel: 1-410-659-6300
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

* These resources are particularly useful for trainers.

* Technical Guidance Working Group (formerly the Interagency Guidelines Working Group), Curtis KM, Bright PL (eds): *Recommendations for Updating Selected Practices in Contraceptive Use, Volume I: Combined Oral Contraceptives, Progestin-Only Injectables, NORPLANT® Implants, and Copper-Bearing IUDs: Results of a Technical Meeting*. Chapel Hill, NC, INTRAH, 1994.

Contains procedural steps for administration of selected hormonal methods and copper-bearing intrauterine devices (IUDs) intended to provide guidance for persons and organizations who are developing, updating or revising family planning procedural and service guidelines. Includes general recommendation concerning importance of addressing STDs within family planning care. Summarizes expert opinion on selected procedural questions in provision of each contraceptive. For each recommendation, scientific rationale is given and supporting research is cited. All data presented in easy-to-read tables.

Available in ***English*** and ***French*** from:
INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB #8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

Available in ***Portuguese*** and ***Spanish*** from:
JHPIEGO Corporation
Brown's Wharf
1615 Thames Street
Baltimore, Maryland 21231, USA.
Tel: 1-410-955-8558
Fax: 1-410-955-6199
E-mail: info@jhpiego.org

* Technical Guidance/Competence Working Group, Gaines M (ed): *Recommendations for Updating Selected Practices in Contraceptive Use, Volume II: Results of a Technical Meeting*. Chapel Hill, NC, INTRAH, 1997.

Volume II supplements *Volume I*. Intended audience is persons and organizations developing or updating family planning/reproductive health procedural and service guidelines. Addresses Lactational Amenorrhea Method (LAM), natural family planning, barrier methods, voluntary sterilization, combined (monthly) injectable contraceptives, progestin-only pills, levonorgestrel-containing intrauterine devices (IUDs), emergency contraceptive pills and questions on *Volume I* methods not addressed in the first edition. Includes community-based services checklists for initiating combined oral contraceptives and Depo Provera®, guidance on client-provider interaction in family planning services, and information on contraceptive effectiveness (typical and perfect pregnancy rates) and STD risk assessment. ***French***, ***Portuguese*** and ***Spanish*** editions forthcoming. Available in ***English***.

English and ***French*** from:
INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB #8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

Portuguese and ***Spanish*** from:
JHPIEGO Corporation
Brown's Wharf
1615 Thames Street
Baltimore, Maryland 21231, USA.
Tel: 1-410-955-8558
Fax: 1-410-955-6199
E-mail: info@jhpiego.org

* These resources are particularly useful for trainers.

Tietjen L, Cronin W, McIntosh N: *Infection Prevention for Family Planning Service Programs: A Problem-Solving Reference Manual.* Durant, OK, Essential Medical Information Systems, Inc., 1992.

Manual of procedures for infection prevention from handwashing to autoclaving presented in clear, step-by-step directions. General principles of infection prevention are followed by chapters focused on infection prevention in provision of specific family planning procedures such as sterilization, IUD, and NORPLANT® management. Includes many helpful tables of summarized information as well as simple drawings, diagrams and decision trees. Available in ***English*** from:

Essential Medical Information, Inc.
P.O. Box 1607
Durant, Oklahoma 74702-1607, USA.
Tel: 1-405-424-0643
Fax: 1-405-924-0643
E-mail: saleemis@emispub.co

Wilson KJW, Waugh A: *Ross and Wilson Anatomy and Physiology in Health and Illness*, 8th ed. New York, Churchill Livingstone, Inc., 1996.

Provides nurses and other health workers with knowledge of structure and functions of the human body and what takes place when diseases disrupt normal processes. Material arranged in sections: the body as a whole and its constituents; internal communication; intake of raw materials and elimination of waste; protection and survival. Contains anatomically accurate illustrations. Available in ***English*** from:

Churchill Livingstone, Inc
650 Avenue of the Americas
New York, New York 10011, USA.
Tel: 1-212-206-5000
Fax: 1-212-727-7808

World Health Organization, Division of Family and Reproductive Health: *Breast-feeding and Childspacing: What Health Workers Need to Know*. Geneva, WHO, 1988.

Brochure provides physicians and other health care workers information on the relationship between breastfeeding and childspacing. Numerous illustrations. Includes table listing advantages and disadvantages of family planning methods for breastfeeding women. Available in ***Arabic, English*** and ***French*** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

* World Health Organization, Division of Family and Reproductive Health: *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Initiating Use of Contraceptive Methods.* Geneva, WHO, 1996.

Intended for policymakers, family planning program managers and scientific community. Contains recommendations for revising family planning policies and prescribing practices in line with updated medical eligibility criteria supported by latest scientific evidence. Guidelines presented in an easy-to-read table format. Available in ***English*** and ***French.*** Forthcoming in ***Spanish*** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

World Health Organization, Division of Family and Reproductive Health: *Management of Patients with Sexually Transmitted Diseases*. Geneva, WHO, 1991.

A report of WHO study group considering ways that higher-quality and more comprehensive care might be provided for patients, in particular at primary health care level, for prevention and control of sexually transmitted diseases (STDs). Discusses principal components of adequate patient management (e.g., diagnosis and treatment, health education, counseling and partner notification, testing for other STDs, and case-reporting) and proposes management protocols for the most commonly encountered syndromes, including those due to chancroid, syphillis, gonococcal and chlamydial disease, trichomoniasis, candidiasis and infection with human immunodeficiency virus (HIV). Annexed to report are details of laboratory diagnostic methods, treatment recommendations and model forms for case-reporting. Available in ***English*** and ***French*** from:

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* These resources are particularly useful for trainers.

Reproductive Health Training

For Primary Providers

A SourceBook

for

Curriculum Development

Module 4
Maternal & Newborn Care

PRIME

Module 4

Table of Contents

ABOUT the AUTHORS

Module 4 of the *SourceBook* was written by Lynn Sibley, CNM, MA, PhD, and Charlotte Quimby, MSN/CNM. Ms. Sibley and Ms. Quimby are both Senior Technical Advisors to PRIME, American College of Nurse-Midwives (ACNM), Special Projects Section. Ms. Sibley has more than 24 years experience in a varied background which includes nursing, nurse-midwifery and anthropology. Ms. Quimby has over 35 years clinical and teaching experience, including over 10 years management of maternal and child health care programs.

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ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
BCG	bacillus Calmette-Guerin (vaccine)
BF	breastfeeding
BP	blood pressure
BPM	beats per minute
CMM	cervical mucus method
CS	childspacing
DPT	Diptheria Pertussis Tetanus
EDC	estimated date of conception
FP	family planning
HIV	human immunodeficiency virus
LAM	lactational amenorrhea method
LMP	last menstrual period
MAQ	maximizing access to and quality of care
MCH	maternal and child health
MH	maternal health
OC	oral contraceptive
ORS	oral rehydration solution
PHC	primary health care
RH	reproductive health
RTI	reproductive tract infection
SM	safe motherhood
STI	sexually transmitted infection
UTI	urinary tract infection

INTRODUCTION

This module is part of a set entitled *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development*. The *SourceBook* contains a User's Guide and eight modules that trainers, faculty of professional schools and curriculum developers can use as a reference to develop or revise a curriculum for training primary providers of client-oriented integrated reproductive health (RH) services. Primary providers are the health care workers who provide the most basic contact between members of the community and the health care system. They include nurses, nurse-midwives, public health nurses, clinical officers/medical assistants and community-based workers. The *SourceBook* emphasizes the jobs of *clinic-based* primary providers. It also can be used, as is or adapted, to develop training curricula for primary providers who offer RH services in *community-based or non-clinical settings*.

The *SourceBook* components have been developed and the content selected based on principles of performance-based training: the knowledge, skills and support the trainee needs to meet performance standards on the job. The training may be for pre-service education or in-service training. The training approach also may vary: structured on-the-job training, group training, self-directed learning activities, or any combination that will best prepare the trainee to perform well on the job. Information on how to use the *SourceBook* to develop a performance-based RH curriculum can be found in the first volume of the *SourceBook*, the User's Guide.

To keep the focus on job performance, specifically, the knowledge and skills required to do a job well, the authors identified the major jobs of primary providers of RH services and then developed a module for each major job or service component. A list of the eight *SourceBook* modules appears below.[1] This module is highlighted.

Module 1 Counseling clients for family planning/reproductive health services
Module 2 Educating clients and groups about family planning/reproductive health
Module 3 Providing family planning services

[1] Other jobs, or modules, may be identified and developed.

Module 4	Providing basic maternal and newborn care services
Module 5	Providing postabortion care services
Module 6	Providing selected[2] reproductive health services
Module 7	Working in collaboration with other reproductive health and community-based workers
Module 8	Organizing and managing a family planning/reproductive health clinic for maximizing access to and quality of care (MAQ)

2 This module features RH topics not covered in the other *SourceBook* modules.

OVERVIEW OF MODULE 4

Module 4 contains the components for developing a curriculum or a curriculum unit on providing basic maternal and newborn care services. Such services include:

- counseling, education and care for pregnant women
- care during labor and delivery
- counseling, education and care of postpartum women
- postpartum family planning counseling and service provision
- newborn care
- counseling and education of the mother on newborn and infant care
- educating women, their families and the community on larger issues in maternal and newborn health, safe motherhood and child survival.

This module incorporates selected skills found in the preceding modules (i.e., counseling clients; educating clients and groups; providing family planning), and refers to and complements the knowledge and skills covered in other RH services modules (i.e., providing postabortion care; other selected RH services).

When developing a performance-based curriculum for providing basic maternal and newborn care services, the following key resources are essential to use in conjunction with Module 4:

Key Resources (full citations are contained in the User's Guide and the **References** list at the end of this module):

- *A Book for Midwives* (Klein)
- *Myles Textbook for Midwives* (Bennet, Brown, eds.)
- *Varney's Midwifery* (Varney)
- *Healthy Mother and Healthy Newborn Care* (Beck, et al)
- *Life-Saving Skills Manual for Midwives* (Buffington, Marshall)
- *Mother-Baby Package: Implementing Safe Motherhood in Countries* (WHO)
- *Infection Prevention for Family Planning Service Programs* (Tietjen, et al)
- national or local service guidelines

In addition to the Key Resources, the other modules of the *SourceBook* will be useful references when developing a curriculum for providing maternal and newborn care services.

Mapping Module 4

On the following pages are a series of figures that progressively build the "map" of Module 4 (Figures 1 to 5). The term "map" has a unique meaning in the *SourceBook.* Like a map that shows relationships among cities, rivers and countries, the module map shows how the six components of the *SourceBook* modules relate to one another. The components are:

- the trainee's JOB (the JOB for Module 4 is "providing basic maternal and newborn care services");
  - the MAJOR TASKS of the job;
    - the KNOWLEDGE required to perform the job;
      - the SKILLS required to perform the job;
        - KNOWLEDGE ASSESSMENT QUESTIONS; and
          - SKILLS ASSESSMENT TOOLS.

Note that in Figure 1, there are six boxes – five vertical boxes and one horizontal box – each representing one of the six main components of the module. Since the JOB is the primary component of each module, it appears at the top of the map.

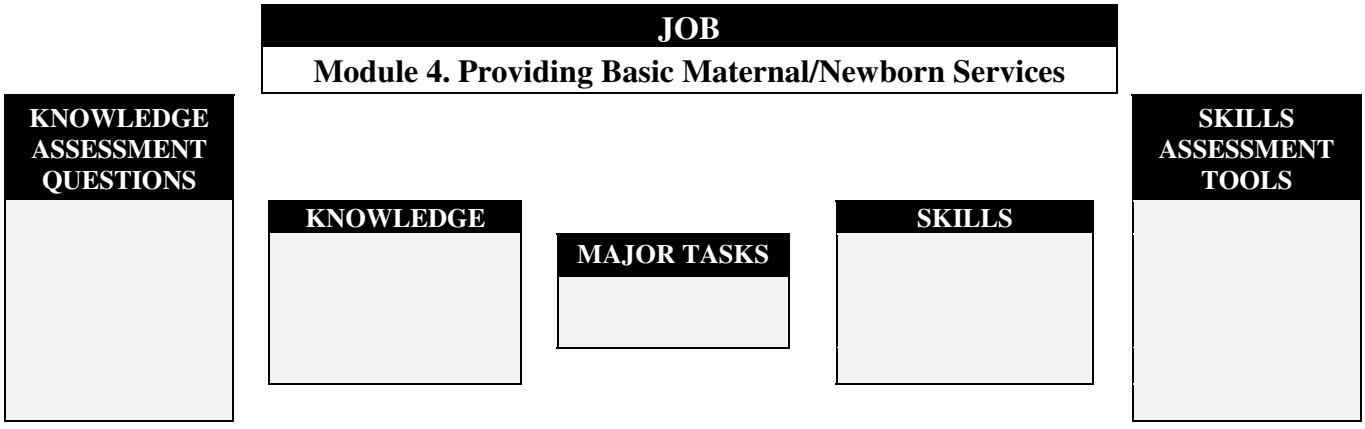


Figure 1
The Module "Map"

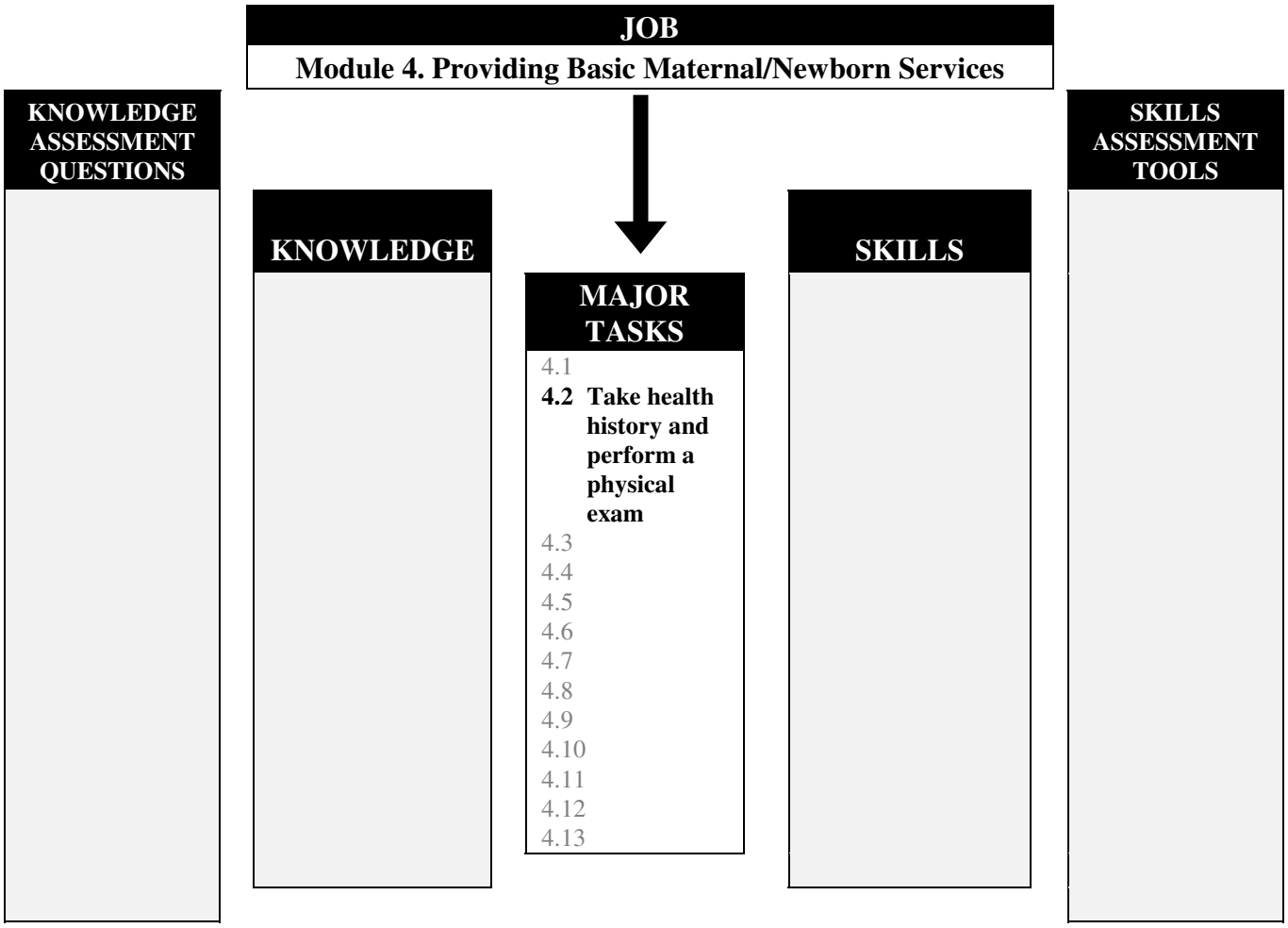


Figure 2
JOB and MAJOR TASKS

Each module in the *SourceBook* is based on one JOB and the MAJOR TASKS which comprise that job. In this module, the JOB, "Providing Basic Maternal and Newborn Care Services," consists of 13 MAJOR TASKS. The JOB and the MAJOR TASKS are the central parts of the map. The arrow helps to reinforce the idea that the TASKS flow out of the JOB. One of the 13 MAJOR TASKS, "taking a health history and performing a physical exam for antepartum," intrapartum and postpartum women, is featured in Figure 2.

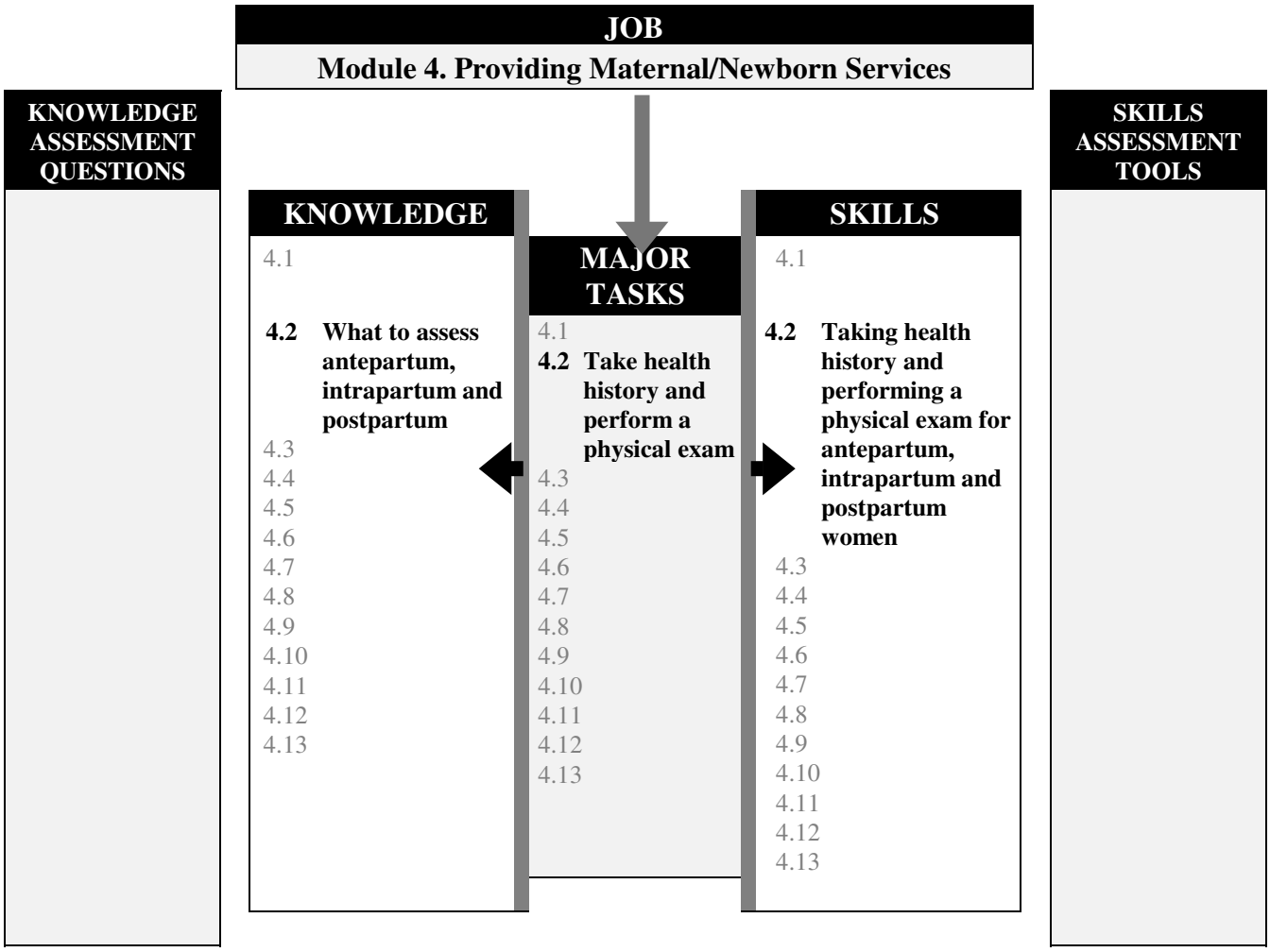


Figure 3
KNOWLEDGE and SKILLS are both required to accomplish the TASKS

Each MAJOR TASK has corresponding KNOWLEDGE and SKILLS components. Figure 3 illustrates that the SKILLS component is as important as the KNOWLEDGE component when mastering the MAJOR TASKS. The module contains a KNOWLEDGE outline that includes only the knowledge required to perform the corresponding MAJOR TASK. In this example, the KNOWLEDGE required to perform the MAJOR TASK of counseling clients consists of counseling approaches and considerations. Likewise, only the skills which make up the MAJOR TASK are detailed in the SKILLS component of the module. In this example, the SKILL that must be practiced is taking a health history and performing a physical exam on antepartum, intrapartum and postpartum women.

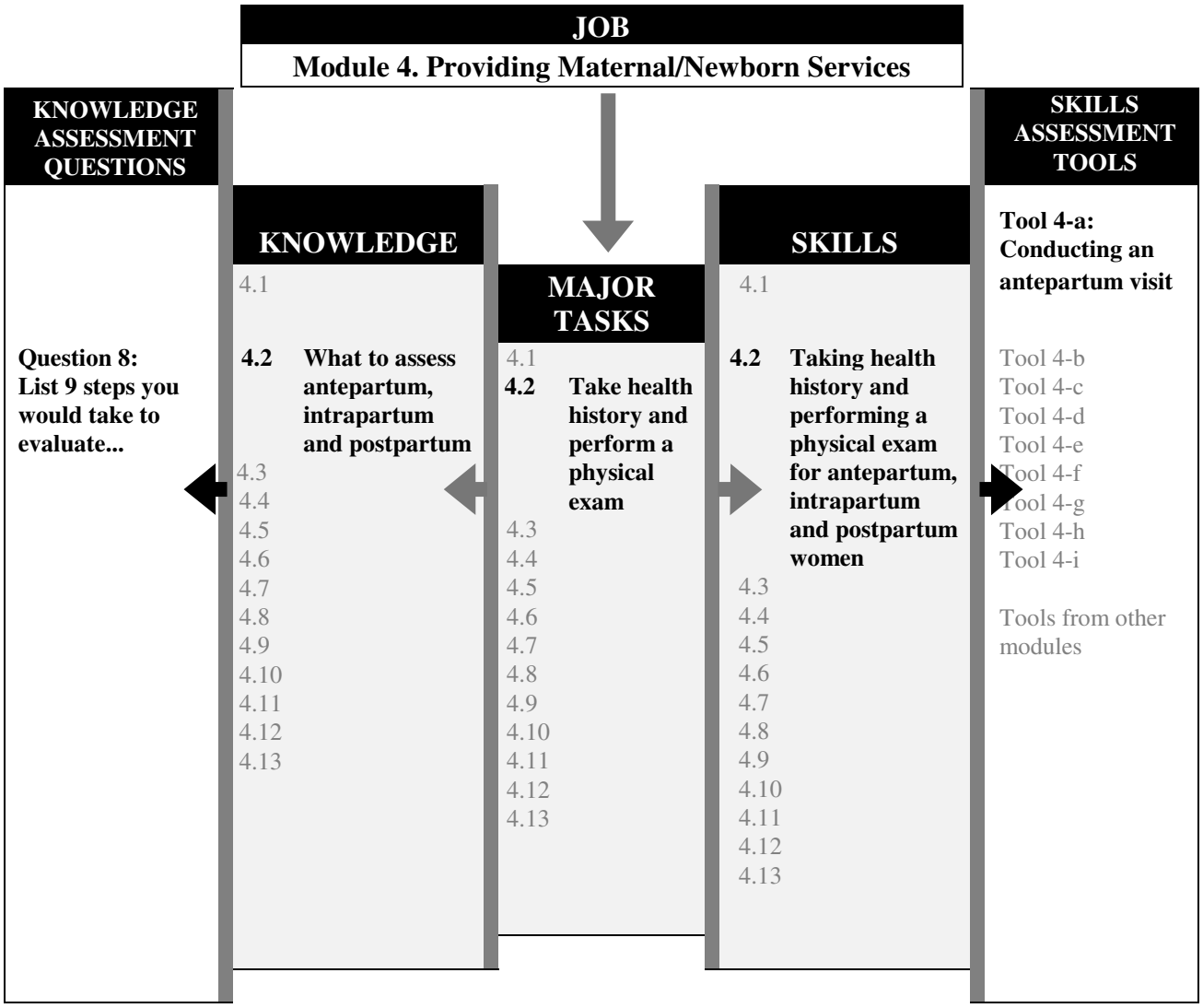


Figure 4
KNOWLEDGE ASSESSMENT QUESTIONS and SKILLS ASSESSMENT TOOLS

To ensure that trainees can adequately perform each MAJOR TASK, the module includes two types of assessment instruments. There are KNOWLEDGE ASSESSMENT QUESTIONS to evaluate the knowledge level of trainees and SKILLS ASSESSMENT TOOLS to evaluate the skills level of trainees (Figure 4). The assessments can be used before, during and at the end of training. They also can be used when the trainee is in her/his job site to assess the trainee's knowledge and performance of new skills on the job.

For a complete map of this module, see Figure 5 on the next page.

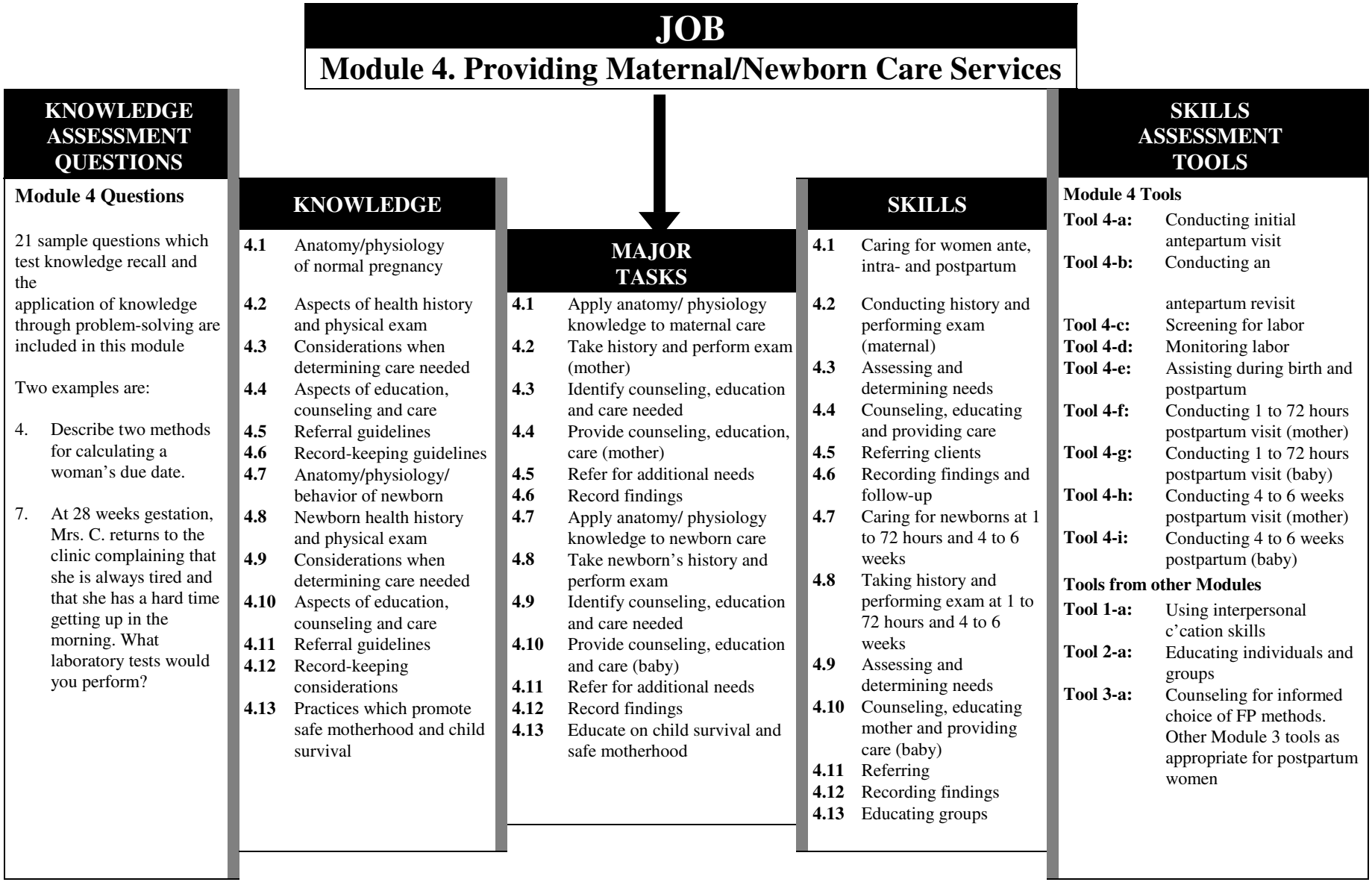


Figure 5: Detailed map of Module 4

COMPONENTS OF THE MODULE

JOB

The overall job covered by this module is to provide the basic maternal and newborn care services that are appropriate for the provider's level of training, experience and the setting in which s/he works.

MAJOR TASKS

The major tasks which comprise the overall job for this module are to:

Maternal Health

4.1 Apply knowledge of the anatomy, physiology and psychology of normal pregnancy, labor and birth, and the postpartum to the education, counseling and care of the woman.

4.2 Take a health history and perform a physical examination of the woman during the antepartum, intrapartum and postpartum periods according to accepted standards.

4.3 Identify, with the woman, what maternal health (MH)/RH counseling, education and care is needed, based on the findings of health history, physical examination and other relevant considerations.

4.4 Provide MH/RH counseling, education and care related to any issues or problems identified with the mother in major task 4.3.

4.5 Refer the woman for additional MH education, counseling and/or care that the service site cannot provide, including care for the woman who is at risk for and/or having complications.

4.6 Record accurately and concisely findings from the health history and physical examination, including assessment and diagnosis; and all MH education provided.

Newborn Health

4.7 Apply knowledge of the anatomy and physiology of the normal newborn to education and counseling of the newborn's mother (or caretaker) and care of the newborn.

4.8 Take a newborn health history from the newborn's mother (or caretaker) and perform a newborn physical examination according to accepted standards.

4.9 Identify, with the newborn's mother (or caretaker), what newborn health education, counseling and care is needed, based on the findings of the newborn health history and physical examination and other relevant considerations.

4.10 Provide, in collaboration with the newborn's mother (or caretaker), appropriate newborn health education and counseling, and safe newborn care.

4.11 Refer the newborn's mother (or caretaker) and her newborn for additional care that the service site cannot provide, including care for the newborn who is at risk for and/or having complications.

4.12 Record accurately and concisely findings from the newborn health history and physical examination, including assessment and diagnosis; and all newborn health education, counseling and care provided.

Safe Motherhood and Child Survival

4.13 Provide education and counseling to women, their families and the community about how to promote safe motherhood and child survival.

KNOWLEDGE & SKILLS

Each major task consists of a knowledge and a skills component. Below is an outline of the knowledge and a list of the skills necessary to perform the 13 major tasks which comprise the job of providing basic maternal and newborn care services. The knowledge component of each major task is outlined first. Throughout the knowledge section, there are references (in parentheses) to additional sources of information on the subject. These sources may be found in other *SourceBook* modules, as an appendix to this module, or in other references (see **References** at the back of the module for the full citations).

The gray box at the end of each knowledge section contains the list of skill(s) in which the knowledge just outlined is applied. Following each skill, there may be a reference to a skills assessment tool (in parentheses). These tools can be used to guide practice during simulation or practicum and/or assess performance of the skills. Some of the skills assessment tools cited are included in this module; others can be found in other *SourceBook* modules. (Note that each skills assessment tool is identified by a number and a letter. The number indicates the *SourceBook* module where the tool is located.) For skills that do not refer to an assessment tool, there may be a reference to another source of information to assist in the development of a skills assessment tool. (See **References** for the full citation of the sources listed.)

Maternal Health

MAJOR TASK 4.1

Apply knowledge of the anatomy, physiology and psychology of normal pregnancy, labor and birth, and the postpartum to the education, counseling and care of the woman.

KNOWLEDGE

4.1 Anatomy, physiology and psychology of normal pregnancy, labor and birth, and the postpartum

4.1.1 *Pregnancy*

- review of the anatomy, physiology and psychology of normal pregnancy
  - process of fertilization and conception
  - milestones of fetal growth and development, including development of the placenta, amniotic sac and fluid, and umbilical cord
  - placental growth, development and function
  - changes in the reproductive organs and breasts

- increased nutritional needs of the mother and fetus and how to meet these needs
- changes in hormone levels and their general effects on the other organ systems of the body
- normal psychological, emotional and behavioral responses
- signs and symptoms of common discomforts
- signs and symptoms of life-threatening complications for the woman (e.g., severe anemia and hypertensive disorders/pre-eclampsia) and for her fetus (e.g., intrauterine growth retardation)
- risk factors for major causes of maternal and fetal morbidity and mortality

4.1.2 *Labor and birth*

- review of the anatomy, physiology and psychology of normal labor and birth
- signs and symptoms of the onset of labor and birth
- rupture of amniotic sac or membranes
- changes in the uterus, cervix, vagina and external genitalia
- definitions of the stages and phases of labor
- duration of labor and birth for both primipara and multipara
- special nutritional needs during labor (e.g., for hydration and energy)
- psychological, emotional and behavioral responses to labor and birth
- pain in labor and birth
- mechanisms of birth for vertex presentation
- mechanisms of birth for placenta
- normal blood loss associated with birth
- signs and symptoms of life-threatening complications (see Klein: *A Book for Midwives*)
- risk factors for major complications of labor and birth (see Buffington and Marshall: *Life-Saving Skills Manual for Midwives*)

4.1.3 *Postpartum period (birth to 6 weeks)*

- review of the anatomy, physiology and psychology of the normal postpartum
  - changes in the reproductive organs during involution and recovery
  - healing of perineum and genitals from episiotomy or circumcision repair or from laceration
  - changes in hormone levels, their influence on the reproductive organs and the breasts

- onset and establishment of breastfeeding
- nutritional needs for breastfeeding and non-breastfeeding women
- return to fertility in breastfeeding and non-breastfeeding women
- common emotional and behavioral responses to involution and recovery
- common discomforts of involution and recovery
- signs and symptoms of life-threatening complications (see Klein: *A Book for Midwives*)
- risk factors for major complications of the postpartum

SKILLS

4.1 Applying knowledge of anatomy and physiology of:

- normal pregnancy when:
  - conducting a health assessment and diagnosis, and providing care (see Tool 4-a: Conducting an initial antepartum visit; Tool 4-b: Conducting an antepartum follow-up visit)
  - providing information on normal pregnancy to the client in simple language (see Tool 2-a: Providing group education about FP/RH)
- normal labor and birth when:
  - conducting a health assessment and diagnosis, and providing care (see Tool 4-c: Screening for labor; Tool 4-d: Monitoring labor using the partograph; Tool 4-e: Assisting during birth and the immediate postpartum)
  - providing information on normal labor and birth to the client in simple language (see Tool 2-a: Providing group education about FP/RH)
- normal postpartum period when:
  - conducting a health assessment and diagnosis, and providing care (see Tool 4-f: Conducting a 1 to 72 hours postpartum visit–mother; Tool 4-h: Conducting a 4 to 6 weeks postpartum visit–mother)
  - providing information on the normal postpartum to the client in simple language (see Tool 2-a: Providing group education about FP/RH)

MAJOR TASK 4.2

Take a health history and perform a physical examination of the woman during the antepartum, intrapartum and postpartum periods according to accepted standards.

KNOWLEDGE

4.2 Maternal health history and physical examination

4.2.1 *Purposes for taking a health history and performing a physical examination*

- to evaluate the woman's health status
- to evaluate the progress of her pregnancy, labor and birth, postpartum involution and recovery
- to determine if there are factors (e.g., cultural, socioeconomic, behavioral, biological or environmental) which place the woman or her fetus at risk for developing problems or complications that might be life-threatening and which require treatment or referral
- to determine if there are factors (e.g., cultural, socioeconomic, behavioral, biological or environmental) which might be emphasized to enhance the well-being of the woman or her fetus
- to gather sufficient information in order to plan and provide safe care, in collaboration with the woman and her family
- to obtain information for future use which will allow other care providers to plan and provide safe care

4.2.2 *Important points for taking a history and performing physical examination*

- review the findings and conclusions of the woman's previous health histories and physical examinations
- prepare the setting, have all necessary recording cards or forms, equipment and instruments at hand before beginning
- review all information from the woman's previous visits, if records are available
- provide privacy and establish rapport with the woman (see Module 1: Counseling Clients for FP/RH Services)
- use effective interpersonal communication skills and feedback throughout visit (see Module 1: Counseling Clients for FP/RH Services)
- take a thorough history in areas that are relevant to the woman's needs
- ask culturally-sensitive questions when taking a sexual history

- ask culturally-sensitive questions when asking about potential sexual abuse, domestic violence, or harmful gender-related practices such as female circumcision (see Module 6: Providing Selected RH Services)
- record legibly in all spaces of the card or form; record short descriptions to help monitor progress from the initial visit to the present visit, and also for future follow-up visits (see Module 4, section 4.6 for additional considerations related to record-keeping)

4.2.3 *Components of the maternal health history and physical examination*

The trainer should refer to the relevant tasks of the assessment tools for components of the health history and physical examination.

- during pregnancy:
  - the initial comprehensive visit (see Tool 4-a: Conducting an initial antepartum visit)
  - the revisit (see Tool 4-b: Conducting an antepartum follow-up visit)
- during labor and birth:
  - labor screening (see Tool 4-c: Screening for labor)
  - labor monitoring using a partograph (see Tool 4-d: Monitoring labor using the partograph)
  - the immediate postpartum (see Tool 4-e: Assisting during birth and the immediate postpartum)
- during the postpartum period:
  - from 1 to 72 hours after birth (see Tool 4-f: Conducting a 1 to 72 hours postpartum visit–mother)
  - from 4 to 6 weeks after birth (see Tool 4-h: Conducting a 4 to 6 weeks postpartum visit–mother)

SKILLS

4.2 Taking a history and performing a physical exam:

- antepartum (see Tool 4-a: Conducting an initial antepartum visit; Tool 4-b: Conducting an antepartum follow-up visit)
- at labor, during birth and immediate postpartum (see Tool 4-c: Screening for labor; Tool 4-e: Assisting during birth and the immediate postpartum)
- postpartum (see Tool 4-f: Conducting a 1 to 72 hours postpartum visit–mother; Tool 4-h: Conducting a 4 to 6 weeks postpartum visit)

MAJOR TASK 4.3

Identify, with the woman, what maternal health (MH)/RH counseling, education and care is needed, based on the findings of health history, physical examination and other relevant considerations.

KNOWLEDGE

4.3 Determine with the woman what care is needed

4.3.1 *Factors which influence health care decision-making* (**Note:** Health care decision-making is influenced by immediate and also more distant factors, many of which are related to issues of maximizing access to and quality of care [MAQ].) Some of the factors are:

- questions or concerns the woman or her family bring
- assessments and diagnoses based on findings from the health history and physical examination, including:
  - maternal or fetal health status
  - signs and symptoms of common, treatable problems
  - signs and symptoms of serious complications which require referral
  - risk factors for serious complications
- social, economic, environmental and/or personal circumstances of the woman
- desire of the father or other family member(s) to participate in decisions about care during childbearing and the transition to parenting
- local policies, standards and protocols (e.g., when, where, how and what kind of MH care should be provided by the service)
- skill of the service provider and adequacy of the facility
- need for referral for care that the service cannot provide; and also the availability of the required referral service
- obstacles that may prevent follow-up or referral (e.g., barriers to service use such as costs, distance to travel, competing demands of children at home and/or work)
- community or region-specific problems, health practices or adverse circumstances (see Module 2 for more on organizing education sessions and Module 6 for selected reproductive health topics, such as adolescent pregnancy, harmful traditional practices such as female circumcision, or domestic violence)

SKILLS

4.3 Assessing and determining the client's needs:

- antepartum (see Tool 4-a: Conducting an initial antepartum visit; Tool 4-b: Conducting an antepartum follow-up visit)
- at labor, during birth and immediate postpartum (see Tool 4-c: Screening for labor; Tool 4-e: Assisting during birth and the immediate postpartum)
- postpartum (see Tool 4-f: Conducting a 1 to 72 hours postpartum visit–mother; Tool 4-h: Conducting a 4 to 6 weeks postpartum visit)

MAJOR TASK 4.4

Provide MH/RH counseling, education and care related to any issues or problems identified with the mother in major task 4.3.

KNOWLEDGE

4.4 Health education, counseling and care (**Note**: MH education, counseling and care do not occur in a fixed manner, but rather in dynamic interaction between the provider and woman. For the purpose of this knowledge outline, however, these components have been separated into education and counseling (4.4.1) and treatments, procedures and preventive measures (4.4.2). Many aspects of education, counseling and care occur during pregnancy, labor and birth and the postpartum. These are listed together to avoid duplication.)

4.4.1 *Education and counseling for self-care* (see Module 1: Counseling Clients for FP/RH Services and Module 2: Educating Clients and Groups about FP/RH for basic skills and processes) (**Note**: The trainee should identify the need for health education and counseling, and should assist the woman to reinforce and/or build on positive health behaviors.) Messages may include, but are not limited to, information about:

- antepartum care, intrapartum care and postpartum care: what it is and why it is important
- general self-care
  - personal hygiene
  - getting enough rest and sleep
  - reducing heavy work loads
  - engaging in daily exercise (e.g., mild to moderate)

  - avoiding harmful substances (e.g., alcohol, street drugs, market medicines, cigarettes, other noxious agents/poisonous chemicals)
  - protection against infectious illness
  - protection against urinary tract infections (UTIs), reproductive tract infections (RTIs), sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) (see Module 6: Providing Selected RH Services)
- nutritional needs
  - eating adequate amounts of protein, calories, vitamins and minerals (i.e., iron, folic acid, vitamin C and calcium)
  - iron and folate supplementation
  - drinking adequate fluids/avoiding dehydration (e.g., especially during labor or when breastfeeding)
  - avoidance of harmful dietary practices (e.g., food taboos, eating non-foods, fasting)
- breastfeeding (see Saadeh and Akré: Ten Steps to Successful Breastfeeding: A Summary of the Rationale and Scientific Evidence)
  - benefits of breastfeeding
  - physiology of breastfeeding
  - preparation for breastfeeding
  - techniques for breastfeeding
  - common problems of breastfeeding and their management
- normal physical changes and their effects (i.e., common discomforts during pregnancy and the postpartum, and their management)
- emotional changes, including:
  - stress over changing family relationships and new responsibilities
  - anxiety about self and baby
  - postpartum blues or depression
- sexuality and intercourse during and after pregnancy
  - fears about intercourse (e.g., harming the baby)
  - finding comfortable positions for intercourse as the body changes
  - when intercourse poses a health risk (e.g., with threatened miscarriage, after rupture of membranes, before vaginal or perineal lacerations have healed, etc.)
- return to fertility and need for/promotion of suitable postpartum family planning (FP) for breastfeeding and non-breastfeeding women

- methods of postpartum FP, including the lactational ammenorhea method (LAM) (see Module 3: Providing FP Services and Module 5: Providing Postabortion Care Services)
- using the postpartum period to prepare for the next pregnancy
- preventive measures such as tetanus toxoid immunization and malaria prophylaxis
- signs and symptoms of minor conditions which, after evaluation, can be managed at home
- signs and symptoms of life-threatening complications and their management, where indicated
- preparation for labor and birth, including:
  - preparing the home
  - preparing the family
  - entering labor well-rested and nourished
  - what to expect of the process of normal labor and birth
  - coping with fear, anxiety and pain
- special needs of the pregnant adolescent (see Module 6: Providing Selected RH Services for further information about adolescent RH)
  - information and guidance about pregnancy, labor and birth and the postpartum—facts and experience
  - a strong support system, both at home and from health care provider
  - exploration of changing roles and responsibilities—childhood to parenthood
  - a strategy for continuing education, if in school
  - other needs as identified by trainers and trainees
- special needs of males, especially the adolescent male, in understanding pregnancy, labor and birth and the postpartum
  - learning how to help their partners go through pregnancy, labor and birth and the postpartum period safely
- other topics as generated by trainers and trainees

4.4.2 *Procedures, treatments and preventive measures* (**Note:** All procedures, treatments and preventive measures should follow national and/or local policies, standards and protocols where these exist. Certain procedures or treatments are applicable during the antepartum, intrapartum and postpartum periods. To avoid duplication, they have been listed together.)

- procedures
  - pregnancy testing
  - calculating the number of weeks of pregnancy and estimated date of delivery
  - finger puncture and spin down hematocrit/hemoglobin
  - collecting and testing urine
  - collecting and preparing slides and/or cultures for cervical, vaginal or urethral secretions for examination
  - giving injections
  - giving medications intravenously
  - infection prevention measures (see Tietjen et al: *Infection Prevention for Family Planning Service Programs*)
  - hand maneuvers for delivery of baby and placenta
  - life-saving skills: active management of third stage labor, bimanual compression of the uterus, manual removal of the placenta (see Buffington and Marshall: *Life-Saving Skills Manual for Midwives*)
  - episiotomy and repair of laceration (see Buffington and Marshall: *Life- Saving Skills Manual for Midwives*)
- treatments
  - common discomforts (e.g., heartburn, leg cramps, low backache, breast engorgement and sore nipples, constipation, hemorrhoids, etc.)
  - common health problems (e.g., anemia, RTI, hookworm, breast abscess, episiotomy-related infection, etc.)
  - problems related to abortion and miscarriage (see Module 5: Providing Postabortion Care Services)
  - initial management and referral for life-threatening complications (e.g., severe anemia, hypertensive disorders, antepartum bleeding, pre-term or prolonged rupture of membranes, prolonged obstructed labor, postpartum hemorrhage and infection, etc.)
- preventive measures
  - iron and folate supplementation
  - tetanus toxoid immunization
  - using a chart to monitor maternal weight gain during pregnancy
  - other immunizations where indicated (e.g., rubella, RhoGam where indicated and available)
  - malaria prophylaxis (in malaria endemic areas)

- monitoring labor using a partograph
- anxiety reduction through pain control during labor
- family planning (see Module 3: Providing FP Services)
- anxiety reduction through other support measures such as positioning, massage, providing warmth or coolness, encouragement and reassurance or verbal analgesia, etc.

SKILLS

4.4 Counseling, educating and providing care to clients, as needed:

- antepartum (see Tool 4-a: Conducting an initial antepartum visit; Tool 4-b: Conducting an antepartum follow-up visit)
- at labor, during birth and immediate postpartum (see Tool 4-c: Screening for labor; Tool 4-e: Assisting during birth and the immediate postpartum)
- postpartum (see Tool 4-f: Conducting a 1 to 72 hours postpartum visit–mother; Tool 4-h: Conducting a 4 to 6 weeks postpartum visit)

MAJOR TASK 4.5

Refer the woman for additional MH education, counseling and/or care that the service site cannot provide, including care for the woman who is at risk for and/or having complications.

KNOWLEDGE

4.5 Referral (**Note**: Referral depends on the provider's ability to recognize a problem, the provider's ability, knowledge and skills to manage the problem, whether the needed service is available at the provider's site, and availability of the service at another site.)

4.5.1 *Referral guidelines*

- ensure that the woman and her partner or family understand the problem, as well as their role in managing the problem
- emphasize the importance of having the problem treated at referral site
- explain where the referral service is and when the services are available
- clearly describe the referral problem
- provide instructions on how to manage a non-emergency problem until the woman is able to get to the referral service

- organize transport and/or accompany a woman to the referral service in the case of an emergency
- arrange for follow-up care

SKILLS

4.5 Referring clients needing treatment not available in the clinic (see guidelines in section 4.5.1 above)

MAJOR TASK 4.6

Record accurately and concisely findings from the health history and physical examination, including assessment and diagnosis; and all MH education provided.

KNOWLEDGE

4.6 Record-keeping

4.6.1 *Important considerations for record-keeping*

- why MCH records should be maintained
- what data must be recorded (e.g., data that are necessary or required by the institution and/or data that can be used to monitor trainee or provider performance and service impact)
- where and how the data must be recorded
- who has access to the information
- potential uses of the information (e.g., during supervision)
- where and how to store records
- copying/making records for the woman to keep at home (e.g., antepartum card)
- ensuring that the data collected will be used to monitor and evaluate the service site

4.6.2 *Local records or forms for maternal and neonatal health services*

- national or local guidelines
- types of appropriate records or forms (i.e., partograph)

SKILLS

4.6 Accurately recording findings and/or the follow-up plan:

- antepartum (see Tool 4-a: Conducting an initial antepartum visit; Tool 4-b: Conducting an antepartum follow-up visit)
- at labor, during birth and immediate postpartum (see Tool 4-c: Screening for labor; Tool 4-e: Assisting during birth and the immediate postpartum)
- postpartum (see Tool 4-f: Conducting a 1 to 72 hours postpartum visit–mother; Tool 4-h: Conducting a 4 to 6 weeks postpartum visit)
- monitoring and evaluating service site records

Newborn Health

MAJOR TASK 4.7

Apply knowledge of the anatomy and physiology of the normal newborn to education and counseling of the newborn's mother (or caretaker) and care of the newborn.

KNOWLEDGE

4.7 Anatomy, physiology and behavior of the normal newborn

4.7.1 *Newborn (at birth)*

- review of normal newborn anatomy, physiology and behavior, including physiological changes in the newborn as it adapts to life outside the womb
  - immediate needs of the newborn at birth (e.g., maintaining warmth, stimulation, nutrition)
  - initiation of breastfeeding
  - APGAR scoring (see Tool 4-e: Assisting during birth and immediate postpartum.)
  - warning signs of serious problems (see Klein: *A Book for Midwives*)
  - risk factors for major complications at birth

4.7.2 *Newborn and early infancy (after birth and up to 6 weeks of age)*

- review of normal early infant anatomy, physiology and behavior, including physiological changes in the newborn as it adapts to life outside the womb (extra-uterine life) growth and development

- changing nutritional needs
- behavior patterns (e.g., socialization, sleeping, waking, crying, eating, urine and bowel movement)
- immunization against preventable diseases
- common minor health problems
- warning signs of serious problems (see Klein: *A Book for Midwives*)
- risks for complications in the newborn and early infancy period

SKILLS

4.7 Applying knowledge of newborn anatomy and physiology:

- immediately after birth to:
  - conducting a health assessment, diagnosis and providing care (see Tool 4-e: Assisting during birth and the immediate postpartum)
  - providing information about care immediately after birth to the newborn's mother (or caretaker), as appropriate (see Tool 2-a: Providing group education)
- 1 to 72 hours after birth to:
  - conducting a health assessment, diagnosis and providing care (see Tool 4-g: Conducting a 1 to 72 hours postpartum visit–baby)
  - providing information about care during the 1 to 72 hours after birth to the newborn's mother (or caretaker), as appropriate (see Tool 2-a: Providing group education)
- during early infancy to:
  - health assessment, diagnosis and providing care (see Tool 4-i: Conducting a 4 to 6 weeks postpartum visit–baby)
  - providing information about care during 4 to 6 weeks postpartum to the mother (or caretaker), as appropriate (see Tool 2-a: Providing group education)

MAJOR TASK 4.8

Take a newborn health history from the newborn's mother (or caretaker) and perform a newborn physical examination according to accepted standards.

KNOWLEDGE

4.8 Newborn and early infant health history and physical examination

4.8.1 *Purposes for taking a newborn/infant health history and performing physical examination*

- to evaluate the newborn's reaction or immediate response to the stress of labor and birth and predict transition to life (i.e., APGAR scoring at one and five minutes of birth, respectively)
- to evaluate the newborn's early transition to extra-uterine life
- to evaluate the health status of the newborn/infant
- to evaluate growth and development of the newborn/infant
- to determine if there are factors in the home environment which place the newborn/infant at risk for developing problems or complications that might be life-threatening and which require treatment or referral
- to gather sufficient information in order to plan and provide safe care to the newborn/infant, in collaboration with the woman (or caretaker) and family
- to obtain for future use information which will allow other care providers to plan and provide safe care

4.8.2 *Important points for taking a health history from the newborn's mother (or caretaker) and performing physical examination* (**Note:** Except for the initial APGAR assessment, most of the points for taking a MH history and performing a physical examination apply to the newborn/infant health history and physical examination; see section 4.2.2 of this module.) In addition, the following points concerning physical examination should be remembered:

- ensure a sufficiently warm setting to maintain body temperature and/or expose the newborn/infant only as necessary to complete a thorough examination
- move from the least discomforting or disruptive portions of the examination to the most discomforting
- incorporate gestational age assessment into the basic examination
- comfort the newborn/infant as needed during the examination

- explain to the mother (or caretaker) the procedures to be undertaken

4.8.3 *Components of the newborn and infant health history and physical examination*

- newborn
  - at birth (see Tool 4-e: Assisting during birth and immediate postpartum)
  - from 1 to 72 hours after birth (see Tool 4-g: Conducting a 1 to 72 hours postpartum visit–baby)
- newborn and early infancy
  - from 4 to 6 weeks of age (see Tool 4-i: Conducting a 4 to 6 weeks postpartum visit–baby)

SKILLS

4.8 Taking a newborn history (from the mother) and performing a newborn physical exam:

- during birth and the immediate postpartum (see Tool 4-e: Assisting during birth and the immediate postpartum)
- at 1 to 72 hours postpartum (see Tool 4-g: Conducting a 1 to 72 hours postpartum visit–baby)
- at 4 to 6 weeks postpartum (see Tool 4-i: Conducting a 4 to 6 weeks postpartum visit–baby)

MAJOR TASK 4.9

Identify, with the newborn's mother (or caretaker), what newborn health education, counseling and care is needed, based on the findings of the newborn health history and physical examination and other relevant considerations.

KNOWLEDGE

4.9 Determine with the woman (or caretaker) what newborn/infant care is needed

4.9.1 *Considerations for the decision-making process*

- factors which influence decision-making about what newborn/infant care is needed or possible are very similar to those which influence decision-making about MH care (see Module 4, section 4.3.1)
- counseling skills are important for ensuring mother's participation in the decision-making (see Module 1, section 1.2 and 1.3)

SKILLS

4.9 Assessing and determining the newborn's needs:

- during birth and the immediate postpartum (see Tool 4-e: Assisting during birth and the immediate postpartum)
- at 1 to 72 hours postpartum (see Tool 4-g: Conducting a 1 to 72 hours postpartum visit–baby)
- at 4 to 6 weeks postpartum (see Tool 4-i: Conducting a 4 to 6 weeks postpartum visit–baby)

MAJOR TASK 4.10

Provide, in collaboration with the newborn's mother (or caretaker), appropriate newborn health education and counseling, and safe newborn care.

KNOWLEDGE

4.10 Newborn/infant health education, counseling and care

4.10.1 *Education and counseling for client care of the newborn/infant* (**Note**: Refer to Modules 1 and 2 for more information on education and counseling.)

The trainee should identify the need for and assist the woman to build on positive care-taking behaviors through messages which include information about:

- normal newborn growth and development
- normal newborn behavior
- newborn/infant nutritional needs
- newborn/infant safety
- preventive measures such as:
  - prophylaxis for opthalmia neonatorum
  - umbilical cord care and prevention of tetanus
  - importance of immunization against preventable diseases
- signs and symptoms of minor conditions which, after evaluation, can be managed at home
- signs and symptoms of serious illness or problems
- other topics generated by trainers and trainees

4.10.2 *Procedures, treatments and preventive measures* (**Note:** All procedures, treatments and preventive measures should follow national and/or local policies, standards and protocols where these exist.)

- procedures
  - APGAR scoring (see Tool 4-e: Assisting during birth and the immediate postpartum)
  - gestational weight/age assessment
  - giving pediatric injections
  - making oral rehydration solution (ORS)
  - resuscitation of the newborn
- treatments
  - umbilical cord care
  - management of minor conditions/problems (e.g., colic, rashes, thrush, physiologic jaundice)
  - initial management or referral for life-threatening complications of the newborn (e.g., non-physiologic jaundice, difficulty breathing, diarrheal disease or other infection)
- preventive measures
  - prophylaxis for opthalmia neonatorum
  - immunization (e.g., bacilluss Calmette-Guerin (BCG vaccine), Diptheria Pertussis Tetanus (DPT), Hepatitis B, Polio, etc. May vary by region.)
  - growth monitoring using appropriate standards

SKILLS

4.10 Counseling and educating the mother, and providing for the newborn infant, as needed:

- at 1 to 72 hours postpartum (see Tool 4-g: Conducting a 1 to 72 hours postpartum visit–baby)
- at 4 to 6 weeks postpartum (see Tool 4-i: Conducting a 4 to 6 weeks postpartum visit–baby)

MAJOR TASK 4.11

Refer the newborn's mother (or caretaker) and her newborn for additional care that the service site cannot provide, including care for the newborn who is at risk for and/or having complications.

KNOWLEDGE

4.11 Referral

4.11.1 *Referral guidelines*

(**Note:** Referral guidelines for maternal health care apply to newborn/infant health care; see these guidelines in section 4.5.1 of this module.)

SKILLS

4.11 Referring clients needing treatment not available in the clinic (see Guidelines in section 4.5.1)

MAJOR TASK 4.12

Record accurately and concisely findings from the newborn health history and physical examination, including assessment and diagnosis; and all newborn health education, counseling and care provided.

KNOWLEDGE

4.12 Record-keeping

4.12.1 *Considerations for record-keeping* (**Note:** Considerations for record-keeping for MH care apply to newborn/infant health care; see section 4.6.1 of this module.) Of particular importance to newborn/infant well-being are:

- maintenance of home-based immunization records and immunization protocol
- maintenance of home-based growth monitoring records

SKILLS

4.12 Keeping records for monitoring:

- immunizations
- growth
- health

Safe Motherhood and Child Survival

MAJOR TASK 4.13

Provide education and counseling to women, their families and the community about how to promote safe motherhood and child survival.

KNOWLEDGE

4.13 Promotion of safe motherhood and child survival

4.13.1 *Review of important concepts: maternal and neonatal morbidity and mortality*

- definitions
- direct (medical) and underlying (social, cultural, economic and political) causes of maternal and neonatal morbidity and mortality
- time period of most maternal deaths: the critical postpartum period (birth to 2 weeks)
- role of *delay* in maternal and neonatal morbidity and mortality:
  - delay in recognizing the problem or complication when it occurs
  - delay in arrival at a treatment facility
  - delay in receiving adequate care at the treatment facility
- basic maternity care, essential obstetric care and emergency obstetric care
- components of the Safe Motherhood Initiative and how these reduce morbidity and mortality (see WHO: *Mother-Baby Package: Implementing Safe Motherhood in Countries.*):
  - family planning
  - antenatal care (basic maternity care)
  - clean, safe delivery care (basic maternity care)
  - essential obstetric care (including emergency care)
  - primary health care (PHC)
  - equity for women
- quality of and access to MCH care (see Appendix A: The Pregnant Patient's Bill of Rights)

4.13.2 *Practices that have a positive influence on women and children's health and social status in a community*

- delaying childbearing among adolescents
- delaying marriage among girl children and adolescents
- safer sex among adolescents and adults (see Module 6: Providing Selected RH Services)
- developing strategies to involve male involvement in maternal and child health at home and in the community
- promoting exclusive breastfeeding
- ensuring adequate nutrition to young girls and women
- providing equal education for young girls and women
- promoting employment opportunities for young girls and women

4.13.3 *Harmful practices related to gender and reproduction that exist in some communities*

- violence against young girls and women, including sexual abuse and rape (see Module 6: Providing Selected RH Services)
- sex selection against female fetuses, newborn, infants and young children
- female circumcision, where prevalent (see Module 6: Providing Selected RH Services)

4.13.4 *Promotion of health among women and children in local community may include:*

- assessment of extent and causes of maternal and neonatal morbidity and mortality
- problem-solving concerning how to promote practices which have a positive influence on health and social status
- increasing awareness of, and problem-solving concerning how to eliminate harmful practices related to gender or reproduction
- organizing and planning for safe motherhood and child survival through:
  - learning about the local causes of maternal-child morbidity and mortality
  - recognizing and responding to obstetric and pediatric emergencies (first aid)
  - developing a communication and transport system with the nearest referral or treatment facility
  - developing a plan of action for obstetric or pediatric emergencies
  - ensuring a safe and adequate blood supply at the nearest referral facility

- ensuring that staff at the nearest referral facility are trained to respond appropriately to obstetric and pediatric emergencies and that sufficient equipment exists and is maintained on site
- ensuring access to quality basic MCH care services
- others identified by trainers and trainees

SKILLS

4.13 Promoting safe motherhood and child survival through:

- community assessment of:
  - direct and underlying causes of maternal and neonatal morbidity and mortality
  - quality of and access to MCH care services
  - positive and harmful local health practices
- conducting a group/community educational session on one of the topics identified in 4.13.1 through 4.13.4 above (see Tool 2-a: Providing group education about FP/RH)

KNOWLEDGE ASSESSMENT QUESTIONS

This component contains 21 sample questions that can be used before or at the end of training to assess whether the trainee has the knowledge necessary to provide basic maternal and newborn care services.

There are two types of questions: those which ask the trainee to recall information (for example, questions 2 to 5) and those that require the trainee to solve a problem which they will likely encounter on the job (for example, questions 6 to 8). These 21 questions do not cover all of the knowledge in Module 4. The trainer can develop additional recall and problem-solving questions to further assess the trainees.

Note that the question numbers do not correspond to the numbered sections of the content outline.

Answers to the Knowledge Assessment Questions follow the last question.

1. Circle T if the statement is TRUE and F if it is FALSE.
   a. Having a baby does not require skilled help. T/F
   b. The week after a woman delivers, she no longer needs care from the midwife. T/F
   c. A newborn who sleeps through the night without feeding is the sign of a "good" baby. T/F
   d. Young adolescent mothers do not need as much food during pregnancy as older mothers who already have one child. T/F
   e. It is a midwife's (or whoever offers skilled assistance) responsibility to encourage the men of the community to talk about arrangements for childbirth emergencies. T/F

2. The subject of this question is the application of anatomy and physiology of the female reproductive system during pregnancy, childbirth and breastfeeding.

   Match the statements found in column A with the appropriate answer in column B by writing the correct letter(s) in the blank to the left of column A.

   NOTE: You may use letters more than once, and you may put more than one letter in any blank, if appropriate.

	COLUMN A	COLUMN B
_____	1. The uterus can be palpated at the level of the symphysis pubis	A. 20 weeks gestation
_____	2. A cluster of cells which nourish the baby and help it to excrete its waste products	B. Progesterone
_____	3. The woman feels the baby move in her uterus	C. Fertilization
_____	4. The uterus can be palpated at the umbilicus	D. Probable sign of pregnancy
_____	5. The nucleus of the sperm cell joins with the nucleus of an egg, each sharing 23 chromosomes, to form a new cell	E. 12 weeks gestation
_____	6. The hormone which prepares the lining of the uterus for implantation of the fertilized cell	F. Placenta
_____	7. Breasts become tender and enlarged between 4 to 8 weeks of pregnancy	G. Vertex engaged
_____	8. The uterus can be palpated beneath the mother's ribs	H. Estrogen
_____	9. The baby's head can be felt two fingers above the brim of the symphysis	I. 36 weeks gestation
_____	10. The hormone which controls development of the ovum each month	J. Positive sign of pregnancy K. Follicle stimulating hormone

3. Check (√) the correct response(s).

   A woman is most likely to get pregnant:

   a. one week before her menstrual period ( )

   b. only when she is sexually aroused ( )

   c. two weeks before her menstrual period ( )

   d. right after her menstrual period stops ( )

4. Describe two methods for calculating a woman's due date:

   a. _____

   b. _____

5. Many components of a woman's life, such as her social situation, general health and previous pregnancy outcomes may affect her health and well-being during pregnancy. List three factors in each group which contribute to a high-risk pregnancy.

   a. Maternal risk factors:

      i. _____

      ii. _____

      iii. _____

   b. Previous obstetric risk factors:

      i. _____

      ii. _____

      iii. _____

   c. Medical conditions which might affect pregnancy:

      i. _____

      ii. _____

      iii. _____

   d. Social risk factors:

      i. _____

      ii. _____

      iii. _____

6. Mrs. C., a twenty-four year old mother of an 18-month old toddler, has a new pregnancy visit in your clinic on May 2, 1996. You determine that she is 14 weeks pregnant. You have taken a complete health history, and performed a physical examination. A review of the findings verifies that Mrs. C. is a healthy young woman with no indicators of high risk.

   List 6 important counseling messages that you would want to give Mrs. C. about pregnancy, and how to care for herself during this time.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

   f. _____

7. At 28 weeks gestation, Mrs. C. returns to the clinic complaining that she is always tired and that she has a hard time getting up in the morning.

   a. List 4 possible problems that would cause her symptoms.

      i. _____

      ii. _____

      iii. _____

      iv. _____

   b. What advice would you give Mrs. C. if you determined her problem was mild to moderate anemia?

      _____

      _____

   c. What laboratory test(s) would you perform?

      _____

      _____

   d. What follow-up schedule would you recommend for Mrs. C. at this time?

      _____

      _____

8. On October 10, Mrs. C. and her husband come to the clinic because Mrs. C. has been experiencing a backache and "stomach pains" all day. List nine steps you would take to evaluate Mrs. C.'s problem.
   a. _____
   b. _____
   c. _____
   d. _____
   e. _____
   f. _____
   g. _____
   h. _____
   i. _____

9. Describe signs that indicate the:
   a. First stage of labor
   b. Latent phase of labor
   c. Active phase of labor
   d. Second stage of labor
   e. Third stage of labor

10. List three measures to care for a woman during the first stage of labor.
   a. _____
   b. _____
   c. _____

11. At 4 PM on October 10, you determine that Mrs. C. is 3 cm dilated. The baby's head is at 3/5 above the pelvic brim. She is having contractions every 4 minutes lasting 40 seconds. The baby's heart rate is 150 beats per minute (BPM). (Copy of a blank partograph to be handed out with this question.)
    a. Fill in the partograph with this information.

    b. At 8:30 PM, Mrs. C. tells you she feels like pushing and a vaginal examination found cervical dilatation at 10 cm. Fill in the partograph. How long was the first stage of labor?

    _____

    c. How frequently will you listen to the fetal heart rate?

    _____

12. Draw a table showing the five newborn signs to assess and how to score them using the APGAR system.

13. During the first six hours after birth:
    a. List three things you would do to determine the new mother's well-being.
        i. _____

        ii. _____

        iii. _____

    b. How would you determine that the mother is losing too much blood?
        i. _____

        ii. _____

        iii. _____

        iv. _____

    c. What steps would you take to stop the bleeding?
        i. _____

        ii. _____

    d.

What five signs of excessive blood loss would cause you to transfer the mother to the hospital?

i. _____

ii. _____

iii. _____

iv. _____

v. _____

14. You explain to Mrs. C. the changes to expect over the first two weeks postpartum.

a. List at least four danger signs to tell new mothers to watch for.

i. _____

ii. _____

iii. _____

iv. _____

b. What do you tell her about common emotional changes in new mothers?

_____

_____

15. Check (√) the correct response(s).

To assess a newborn's health, important questions to ask the mother are:

a. how often the baby breastfeeds ( )
b. how many times the baby wets per day ( )
c. whether the baby sucks her thumb ( )
d. whether the baby has a strong suck ( )

16. Check (√) the correct response(s).

During the newborn's physical examination, important things to check include:

a. weight of the baby ( )
b. length of the baby ( )
c. fontanel (soft spot) of the baby ( )
d. umbilical cord ( )

17. Check (√) the correct response(s).
    Warning signs of serious newborn health problems include:
    a. discharge, redness or foul smell around the umbilical stump ( )
    b. baby sleeps all night and does not bother the mother to eat often during the day ( )
    c. baby hiccups three or four times a day ( )
    d. newborn whose whites of the eyes look yellow ( )

18. Check (√) the correct response(s).
    Signs of common newborn problems that can be treated at home:
    a. spitting up after some feedings ( )
    b. heavy discharge from the eye ( )
    c. illness lasting more than three days ( )
    d. blood in the stool ( )

19. Check (√) the correct response(s).
    Newborn counseling topics to discuss with the new mother include:
    a. naming the baby ( )
    b. how to clean the umbilical cord ( )
    c. immunizations (when and where to get them) ( )
    d. what the mother should eat and drink each day ( )
    e. bathing the newborn ( )
    f. keeping the newborn warm ( )

20. Check (√) the correct response(s).
    A mother who has a newborn with mild diarrhea should:
    a. continue to breastfeed ( )
    b. stop breastfeeding until the diarrhea stops ( )
    c. after breastfeeding, give oral rehydration solution by spoon ( )
    d. keep the newborn away from smoke ( )
    e. go to the nurse, midwife or doctor if the diarrhea lasts more than three days ( )

21. To make a home-based oral rehydration solution (ORS), a mother needs:
    a. one teaspoon (two pinches of salt) ( )
    b. orange juice ( )
    c. vitamin A ( )
    d. one liter of boiled and cooled water ( )
    e. eight teaspoons (one handful) of sugar ( )

Answer Sheet to KNOWLEDGE ASSESSMENT QUESTIONS

Question No. 1 (5 points)

a. F
b. F
c. F
d. F
e. T

Question No. 2 (12 points)

1. E
2. F
3. J, A, D
4. A
5. C
6. B
7. D
8. I
9. G
10. H

Question No. 3 (1 point)

c.

Question No. 4 (2 points)

Any two of the following are correct:

- Calendar method: Take the first day of the last menstrual period and count backward 3 months, then add 7 days. The due date is this day the following year.
- Moon method: If a woman's menstrual period is usually one month (4 weeks) apart, the baby is due exactly 10 months after the first day of her last menstrual period. If the bleeding started on the full moon, the baby is due on the full moon, 10 months later; if the bleeding started with a new moon, the baby is due 10 new moons later.
- Gestation/pregnancy wheel method: Calculate the due date on the gestation/pregnancy wheel.
- Gestation method: Take the first day of the last menstrual period and count the number of months that have passed.

Question No. 5 (12 points)
For each category of risk factors, list **at least three** of the following factors.

a. Maternal risk factors
   - age < 16 years of age
   - greater than 4 pregnancies
   - first baby over age 35
   - less than 2 years between births
   - has been circumcised
   - victim of domestic abuse

b. Previous obstetric risk factors
   - prolonged or obstructed labor
   - operative delivery (forceps, vacuum extraction or Cesarean)
   - ectopic pregnancy
   - hemorrhage
   - retained placenta
   - perineal long-term damage (fistula, rectocele)
   - pre-eclampsia or eclampsia
   - stillbirth or neonatal death
   - miscarriages
   - abortions
   - pre-term delivery
   - infant born with anomalies or with birth trauma

c. Medical conditions which might affect pregnancy
   - underweight or malnourished
   - short stature < 152 cms
   - cardiac disease
   - hypertension
   - malaria or severe parasite infestation
   - sickle cell disease
   - severe anemia
   - diabetes mellitus
   - hepatitis
   - tuberculosis
   - seizures or epilepsy
   - STI, including HIV/AIDS
   - mental illness
   - injury of spine, pelvis, lower limbs

d. Social risk factors
   - smoking

- drinking alcohol or using other social drugs
- poverty
- low literacy
- hard physical labor
- no family or social support (lives alone, isolated from family members, father of baby not involved)

Question No. 6 (6 points)

Any six of the following are correct, but the answer must include the first two items:

a. signs and symptoms of life-threatening complications
b. nutritional needs of the mother and fetus
c. hormonal changes and bodily changes during pregnancy and their impact
d. common emotional responses to pregnancy and their implications
e. avoidance of alcohol, drugs, smoking, fumes, poisonous chemicals
f. avoidance of market medicines unless directed
g. avoiding people who have an infectious illness
h. avoidance of harmful practices, including douching or fasting
i. importance of personal hygiene
j. importance of getting daily exercise
k. milestones of fetal growth and development
l. importance of rest and reduction of heavy labor
m. preparing for the delivery and postpartum period
n. preparing for the new baby

Question No. 7 (7 points)

a. The following are correct, but the answer must include iv.
   i. lack of sufficient sleep or rest
   ii. exhaustion from over work or strenuous activities
   iii. inadequate nourishment, especially in calories
   iv. anemia
b. The following are correct:
   i. take iron and folate supplements; the amount of iron will depend on protocol and extent of anemia
   ii. increase sources of iron in the diet through locally-available foods
   iii. increase sources of vitamin C in the diet through locally-available foods
c. Any of the following choices are correct, but the answer must include i.
i. Hgb/Hct test
ii. if Hgb is less than 11 gm, test stool for parasites
   iii. if indicated by symptoms, do a malaria smear

(answer continued on next page)

d. When would you reschedule?
In some countries, the protocol is to request that women return for routine follow-up visits every 2 weeks from 28 weeks to 36 weeks, and weekly after that. This may vary by region and locality. It is important, however, to reschedule within 4 weeks from the diagnosis of anemia to repeat the Hgb/Hct test to determine if increases in iron are having any effect on red blood cell production.

Question No. 8 (9 points)

The following are correct, but the answer must include all but the last two steps:

a. confirm due date as current
b. obtain history of backache and stomach pains: onset, duration, frequency and intensity
c. ask about presence of fluid from the vagina
d. ask about presence of bloody show or frank blood from the vagina
e. use Leopold's maneuvers to determine fetal presentation, position and descent
f. palpate abdomen to determine presence of contractions
g. conduct a vaginal examination to determine cervical effacement and dilatation, and fetal presentation and descent
h. if Mrs. C. is in labor, begin partograph and record all findings
i. if any findings are abnormal, make arrangements for referral and transport
j. if mother complains of fluid from the vagina, do litmus or fern test, if available, to determine rupture of membranes
k. rule out diarrheal disease

Question No. 9 (5 points)

Assure that at least one characteristic is listed for each stage/phase of labor and delivery.

a. First stage of labor:
   i. dilation of the cervix
   ii. begins with regular contractions and ends when the cervix is fully dilated
b. Latent phase of labor:
   i. begins with onset of labor and lasts until the beginning of the active phase of cervical dilation
   ii. ends when the cervix is dilated to 3 cms
   iii. lasts no longer than 8 hours
c. Active phase of labor: dilation proceeds from 3 cms to 10 cms
d. Second stage of labor:
   i. once the woman is fully dilated, the baby descends through the birth canal by force of the woman's bearing down efforts and of uterine contractions
   ii. ends with the birth of the baby
e. Third stage of labor: the time after the birth of the baby to the delivery of the placenta

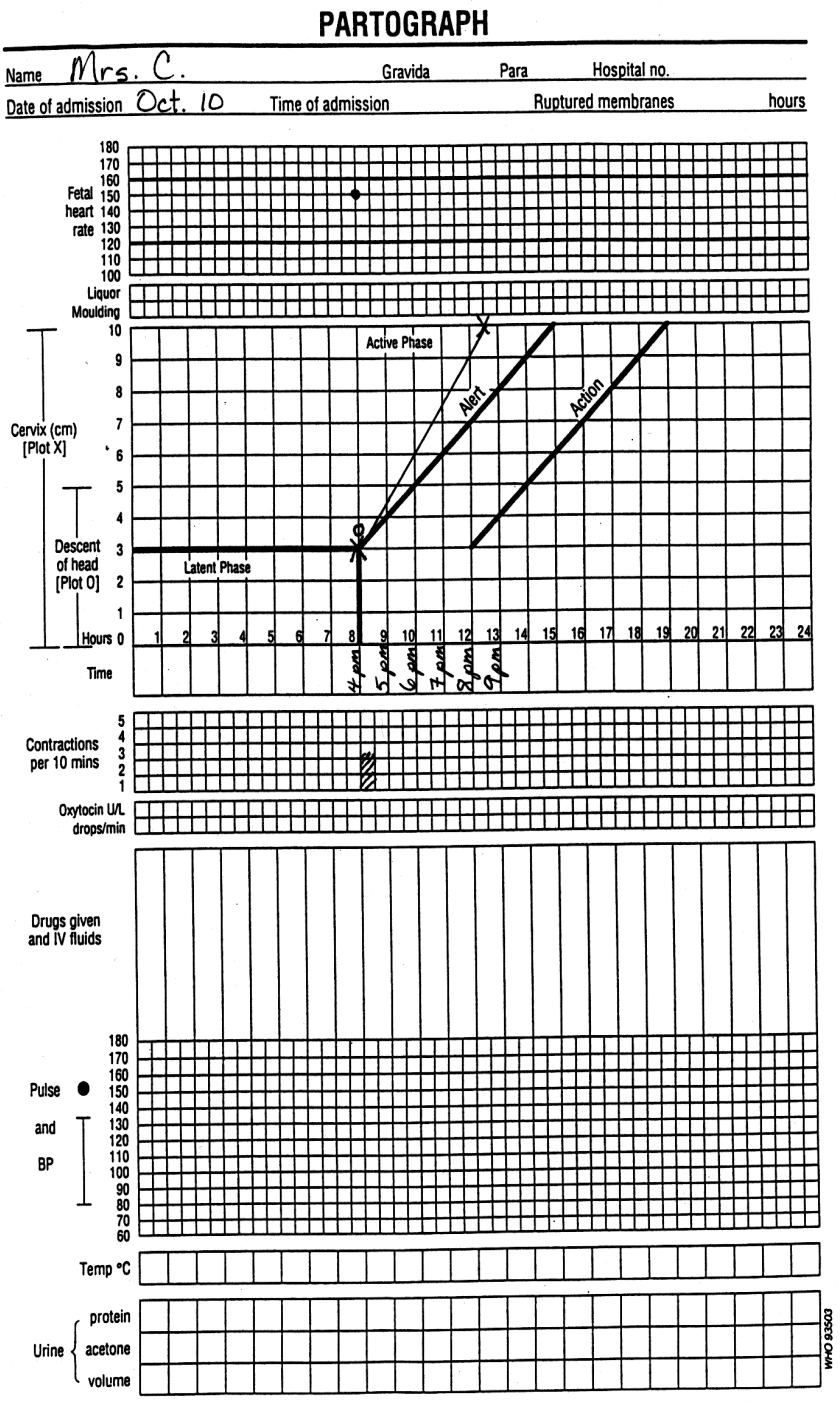
Question No. 10 (3 points)

Any three of the following measures are correct:

a. provide emotional support
b. offer comfort measures such as assisting the woman to take comfortable positions, massage, sponge bathing, fanning, providing warmth or cooling as needed
c. advise walking, sitting and squatting to help the baby descend
d. encourage the woman to drink nourishing fluids and water
e. monitor labor progress
f. assist the woman to cope with pain
g. wash hands frequently; follow infection prevention techniques
h. encourage the woman to pass urine frequently

Question No. 11 (3 points)

a. and b. see partograph below



b. 4.5 hours

c. listen to the fetal heart at least every 30 minutes

Question No. 12 (5 points)

Using the APGAR system, the five signs to assess and the way to score them are:

SIGNS	SCORES		
	0	1	2
heart rate	absent	slow; < 100	> 100
respiratory effort	absent	slow; irregular	good crying
muscle tone	limp; flaccid	some flexion of extremities	active motion
reflex irritability	none	grimmace	vigorous cry
skin color	blue or pale	pink body; blue extremities	completely pink

Question No. 13 (14 points)

a. Each of the following is required:
   i. check uterus for size and contraction
   ii. check amount, consistency and color of vaginal bleeding
   iii. check the pulse and blood pressure

b. Responses i - iv are required:
   i. check amount, consistency and color of vaginal bleeding over time
   ii. check the pulse and blood pressure over time
   iii. compare character and estimated blood loss with expected blood loss
   iv. compare actual vital signs with expected vital signs
   v. look for other signs of shock

c. Any of the following steps to stop the bleeding are correct and are dependent on the cause of bleeding:
   i. rub the uterus whenever it is soft
   ii. make sure the bladder is empty, until the uterus is firm
   iii. put the baby to the breast
   iv. examine the placenta to rule out retained parts
   v. examine the perineum and vagina for tears

d. All five of the following situations should be listed:
   i. if the uterus stays soft
   ii. if the bleeding is heavier than a heavy monthly period
   iii. if there is heavy, fresh, bright red blood
   iv. if the uterus feels hard but is getting larger
   v. if the woman shows signs of shock

Question No. 14 (5 points)

a. All of the following danger signs are correct.
   i. prolonged and heavy bleeding
   ii. extreme fatigue, pale conjunctiva, pale lips and pale fingernails
   iii. swelling and tenderness in one leg or both legs
   iv. high fever, severe abdominal pain and foul smelling vaginal discharge
   v. pain or bleeding with urination and back pain
   vi. inability to control the flow of urine or leaking urine through the vagina
   vii. high fever, swelling, tenderness, red streaks and/or heat in a breast
   viii. difficulty eating and sleeping, severe sadness and difficulty caring for the baby
   ix. fast, weak pulse, sweating, pale or cool skin and confusion

b. All of the following answers are correct.
   i. feeling overwhelmed
   ii. feeling sad, crying easily
   iii. worry about doing a good job with the baby
   iv. feeling proud of the birth and the baby
   v. feeling accepted as a woman

Question No. 15 (3 points)

a, b, and d

Question No. 16 (3 points)

a, c, and d

Question No. 17 (3 points)

a, b, and d

Question No. 18 (1 point)

a.

Question No. 19 (5 points)

b, c, d, e, and f

Question No. 20 (3 points)
a, c, and e

Question No. 21 (3 points)
a, d, and e

GRAND TOTAL:	110 points
CUT OFF:	77 points (70%)

SKILLS ASSESSMENT TOOLS

The following tools can be used to assess trainees' performance when providing basic maternal and newborn care services. The assessment tools can be used for pre- or post-training skills assessment, or for assessment of skills performance on the job after training. They may also be used by trainees to guide skills acquisition during training or as a job aid after training. The tools cover many, but not all, of the skills required to provide basic maternal and newborn care services. Trainers can create additional tools for other skill areas using the suggested resources below as references.

Module 4 Tools:

Tool 4-a: Conducting an initial antepartum visit
Tool 4-b: Conducting an antepartum follow-up visit (≥ 36 weeks)
Tool 4-c: Screening for labor
Tool 4-d: Monitoring labor using the partograph
Tool 4-e: Assisting during birth and the immediate postpartum
Tool 4-f: Conducting a 1 to 72 hours postpartum visit (mother)
Tool 4-g: Conducting a 1 to 72 hours postpartum visit (baby)
Tool 4-h: Conducting a 4 to 6 weeks postpartum visit (mother)
Tool 4-i: Conducting a 4 to 6 weeks postpartum visit (baby)

Useful Tools from other Modules:

Tool 1-a: Using interpersonal communication skills
Tool 1-b: Counseling the client to make an FP/RH decision
Tool 2-a: Providing group education about FP/RH
Tool 3-a: Counseling for informed choice of FP methods

Useful resources for developing other tools (see **References** at the end of this module for the full citations):

For more on client instructions for LAM use:
Farrell B: *Lactational Amenorrhea Method (LAM) Trainer's Module*

For more on treatment of serious conditions:
Buffington S, Marshall M: *Life-Saving Skills Manual for Midwives*

For more on special case deliveries:
Varney H: *Varney's Midwifery*

Skills Assessment Tool 4-a

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.

d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

CONDUCTING AN INITIAL ANTEPARTUM VISIT

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares for the initial antepartum health history and physical examination.	26		22		
2. Obtains the initial antepartum health history.	118		110		
3. Performs the initial antepartum physical examination.	248		196		
4. Assesses the progress of pregnancy and maternal-fetal health status and makes diagnoses.	24		22		
5. Shares assessments and diagnoses with the client.	14		10		
6. Provides care in collaboration with the client.	30		30		
7. Plans follow-up care in collaboration with the client.	12		10		
8. Records findings, assessments, diagnosis, care provided and follow-up plan.	8		8		
TOTAL	480		408		

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares for the initial antepartum health history and physical examination.

	2	1	0	Comments
Setting				
1.1 *Decontaminates and cleans the work surfaces.				
1.2 Ensures availability of and arranges:				
a. *adequate light				
b. *linen, pillow and examination table				
c. *bin and cover				
d. *soap, water and clean hand towel				
e. *gloves (new or reusable which have been high-level disinfected)				
f. *BP cuff, stethoscope, fetoscope, watch, tape measure, scale and height measure, and (high-level disinfected) specula				
g. laboratory equipment (if available and indicated).				
Provider				
1.3 Reviews previous medical record (if available).				
1.4 *Washes hands with soap and water, air dries or dries with a clean cloth.				
Client				
1.5 *Greets the client and introduces self.				
1.6 *Ensures that the client is comfortably seated and that privacy is maintained.				
1.7 *Explains purpose and procedures of visit.				

POSSIBLE SCORE: 26 points CUT OFF: 22 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Obtains the initial antepartum health history.

	2	1	0	Comments
Social history				
2.1 Obtains the following information from the client: a. *name and home address b. *age c. *number children desired, by sex of child d. *whether pregnancy was planned/unplanned e. *how the client feels about the pregnancy f. characteristics which may be related to psychological stress and/or social risk: – *marital status/presence of partner – *number and ages of people living at home – *type and amount of work outside of home – *source and sufficiency of family income – *number years formal education (literacy) – *presence of abuse (to client) in home.				
Pregnancy history				
2.2 Obtains **present** pregnancy information: a. *date of onset and characteristics of last menstrual period (LMP) b. *symptoms of pregnancy (1st trimester)				

(continued on next page)

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 *(continued)*: Obtains the initial antepartum health history.

	2	1	0	Comments
c. results of pregnancy test (1st trimester, if available) d. *date fetal movement first felt (if felt, as well as movement last 24 hours) e. when the client thinks baby is due f. any problems with this pregnancy: – *undue fatigue – *prolonged nausea and vomiting – *sudden sharp continuous pain in abdomen – *fever and chills – *severe continuous headache – *unusual changes in vision – *pain or burning on urination – *vaginal itching or unusual discharge – *gush or leaking of fluid from vagina – *vaginal bleeding – *pain, redness, tenderness of calves – *swelling of face and hands. 2.3 Obtains information about the client's diet: a. *diet history (24 hour recall) b. *appetite changes (e.g., food cravings, pica, loss of appetite due to nausea and vomiting)				

(continued on next page)

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 *(continued)*: Obtains the initial antepartum health history.

	2	1	0	Comments
2.4 Obtains **past** pregnancy information: a. *number of term babies (mature at birth) b. *number of pre-term babies c. *number of pregnancies ending in miscarriage or abortion d. number of living children e. date of last live birth f. any problems with past pregnancies or deliveries: – *high blood pressure – *seizures – *too much bleeding or hemorrhage – *severe infection – *high blood sugar or diabetes – *Cesarean section and forceps – *stillbirths and neonatal deaths – *babies born with a deformity g. *prior Cesarean section(s).				
General medical history 2.5 Obtains general medical information: a. *heart problems b. *high blood pressure c. *liver problems d. *high blood sugar or diabetes e. *severe anemia and sickle cell disease f. *STIs and HIV/AIDS				

(continued on next page)

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 *(continued)*: Obtains the initial antepartum health history.

		2	1	0	Comments
	g. *rubella				
	h. *malaria				
	i. *tuberculosis				
	j. *mental illness				
	k. *hospitalizations and surgeries.				
2.6	Obtains information about current habits having potential risk:				
	a. *use of alcohol or other social drugs				
	b. *use of over-the-counter medications				
	c. *smoking				
	d. *douching or inserting objects into vagina.				

POSSIBLE SCORE: 118 points CUT OFF: 110 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Performs the initial antepartum physical examination.

	2	1	0	Comments
General approach to examination				
3.1 Observes the client's energy level, emotional tone and posture throughout the examination.				
3.2 *Explains as performs all procedures of the examination.				
3.3 *Asks further questions for clarification while conducts the examination, as needed and appropriate.				
Laboratory tests and vital signs				
3.4 Asks the client to empty her bladder. Tests urine (using method available at the clinic) for: a. *albumin b. glucose c. ketones.				
3.5 Asks the client to provide a stool sample for testing for ova and parasites where indicated. Gives client instructions about how to collect it.				
3.6 Draws blood for testing, according to local protocol: a. *hemoglobin/hematocrit (where laboratory available) b. blood type and Rh factor (where laboratory available) c. serology (where laboratory available) d. rubella (where laboratory available) e. malaria (where indicated and laboratory available).				
3.7 *Measures height and weight.				

(continued on next page)

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the initial antepartum physical examination.

	2	1	0	Comments
3.8 *Measures BP, heart rate and temperature.				
3.9 *Asks the client to undress and offers linen for privacy (or asks client to loosen garments and use own garments as a drape).				
3.10 Assists client to sit on clean examination table/mat/bed.				
Head and neck				
3.11 *Inspects the face for edema.				
3.12 Inspects the eyes for:				
a. *pallor of lower lids or conjunctiva				
b. *yellowness or jaundice of sclera.				
3.13 Inspects the mouth for:				
a. *pallor of gums or tongue				
b. *sores or lesions of gums or tongue				
c. decayed and missing teeth.				
3.14 Inspects and palpates the neck for:				
a. *enlarged thyroid gland				
b. *enlarged lymph glands.				
Back				
3.15 Inspects the spine for abnormal curvature.				
3.16 *Palpates the costo-vertebral area for tenderness.				
(continued on next page)				

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the initial antepartum physical examination.

	2	1	0	Comments
Breasts				
3.17 With client's arms by side, inspects breasts for: a. *size, shape, symmetry b. coloration/pigmentation c. *secretion of colostrum from nipples d. *color, consistency, amount of other discharge from nipples.				
3.18 As the client lifts her arms above head, inspects the breasts for retraction or dimpling.				
3.19 With the client's hands on hips, inspects the breasts for retraction or dimpling.				
3.20 With client lying and left arm over head, systematically palpates the left (then right) breast and axilla noting: a. *masses b. *enlarged lymph nodes.				
(**Note:** Changes with pregnancy are: increased size, nodularity of breasts; increased size, erection, and leaking of colostrum from nipples; dilated sebaceous glands and increased pigmentation of the areola.)				
Extremities				
3.21 Inspects the hands and fingers for: a. *edema b. *pallor of nailbeds.				

(continued on next page)

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the initial antepartum physical examination.

	2	1	0	Comments
3.22 Inspects and palpates the legs: a. entire leg for varicose veins b. *calves for redness and tenderness c. *tibia, ankles and feet for edema (checks degree of pitting, if present).				
3.23 *Tests the patellar reflex (deep tendon) for hyper- or hypo-activity.				
Abdomen				
3.24 Inspects the abdomen for: a. *scars b. *size and contour c. pigmentation (linea nigra).				
3.25 *With tape or hand, measures fundal height (~≥ 13 weeks of gestation).				
3.26 Palpates all 4 quadrants of abdomen for: a. *tenderness b. *masses c. *liver or spleen enlargement.				
3.27 Palpates the abdominal uterus for: a. *fetal lie, presentation, position and descent (~≥ 36 weeks of gestation) b. *fetal movement c. *contractility.				
3.28 *Measures the fetal heart rate (with stethoscope ~≥ 20 weeks gestation).				

(continued on next page)

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the initial antepartum physical examination.

		2	1	0	Comments
3.32	*Inspects perineum for scarring from laceration or episiotomy or circumcision or repair of circumcision.				
3.33	Gently separates the labia majora and inspects the labia minora; then the clitoris, urethral opening and vaginal introitus for:				
	a. absence (due to excision from circumcision) of prepuce, clitorus, labia minora and/or labia majora				
	b. *color (bluish/purplish in pregnancy; redness if irritation present)				
	c. ulcers or lesions				
	d. *growths				
	e. *fissures or fistulae				
	f. *scarring or adhesions from laceration or circumcision				
	g. *discharge (color, consistency, amount).				
3.34	*Milks urethra and Skene's ducts to exclude pus or bloody discharge.				
3.35	Palpates Bartholin's glands for:				
	a. *swelling				
	b. masses or cysts				
	c. discharge.				
Pelvic:	*external genitalia*				
3.29	*Assists the client into position for the pelvic examination and drapes for privacy.				
3.30	Removes any hand jewelry.				
3.31	*Puts on gloves without contaminating them.				

(continued on next page)

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the initial antepartum physical examination.

	2	1	0	Comments
3.36 *Observes the client's face for evidence of pain or tenderness throughout the procedure.				
Pelvic: speculum examination				
3.37 *Selects the correct size speculum for the client.				
3.38 *Shows the speculum to the client, explaining that it will be inserted into the vagina and how this will feel.				
3.39 *Tells the client how to relax throughout the procedure (e.g., using slow abdominal or chest breathing or imagining limpness) while keeping her legs well-separated.				
3.40 *Encourages the client to indicate if the procedure is becoming too uncomfortable.				
3.41 *Lubricates the speculum with water (warm if possible), or lubricating jelly (if no specimen are to be obtained).				
3.42 *Holds the speculum obliquely, parts the labia with the other hand, and inserts the speculum gently, avoiding the urethra and clitoris.				
3.43 *Turns the speculum and opens the blades to expose the cervix.				
(**Note:** If circumcision scar precludes opening speculum adequately to visualize cervix, try narrow "adolescent" speculum.)				
(continued on next page)				

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the initial antepartum physical examination.

		2	1	0	Comments
3.44	Inspects the cervix for: a. *color b. *size, shape and position c. *dilatation of os d. ectopy e. *redness or inflammation f. *friability or bleeding g. *lesions, erosion or ulcers h. *growths or masses i. polyps or cysts j. *scarring (from laceration or circumcision) k. *discharge (color, consistency, amount).				
(**Note:**	A bluish or purplish discoloration of the cervix is noticeable ~≥ 6 weeks of gestation.)				
3.45	Obtains specimens, if necessary.				
3.46	Inspects the vaginal walls/floor for: a. *color b. *redness or inflammation c. *friability or bleeding d. *lesions and ulcers e. *growths or masses f. *fistulae				

(continued on next page)

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the initial antepartum physical examination.

	2	1	0	Comments
g. *scarring from laceration or episiotomy h. *discharge (color, consistency, amount).				
(**Note:** A bluish or purplish discoloration of the cervix is noticeable ~≥ 6 weeks of gestation.)				
3.47 *Closes and removes speculum gently in the oblique position.				
3.48 *Puts the used speculum in a container for decontamination.				
Pelvic: bimanual examination				
3.49 *Explains to the client that the examination is continuing and what she will feel.				
3.50 *Encourages the client to indicate if she becomes too uncomfortable.				
3.51 Inserts two fingers into the vagina, spreads them and exerts downward pressure.				
(**Note**: If circumcision or anxiety preclude two-finger bimanual exam, one gloved finger can still yield helpful information.)				
Asks the client to bear down or cough gently, and observes for: a. *involuntary loss of urine b. *cystocele c. *rectocele.				
3.52 *Draws the two fingers together, asks the client to tighten up her vaginal muscles and checks for muscle tone.				

(continued on next page)

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the initial antepartum physical examination.

		2	1	0	Comments
3.53	*Sweeps the vaginal walls with the two fingers and feels for growths or masses.				
3.54	Locates the cervix and feels for: a. *size, shape and position b. *consistency c. *smoothness d. *dilatation of the os e. *regularity of the os f. *mobility g. *tenderness (observes client's face).				
3.55	Uses both hands to palpate the uterus for (first trimester only): a. *size, shape and position b. *consistency c. *smoothness d. *mobility e. *tenderness (observes client's face).				
3.56	Uses both hands to palpate the adnexa for (first trimester only): a. *size, shape and position b. *consistency c. *masses d. *tenderness (observes client's face).				
(**Note:**	A softening of the cervix, cervical isthmus and uterus is noticeable ~≥ 6 weeks of gestation.)				

(continued on next page)

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the initial antepartum physical examination.

		2	1	0	Comments
3.57	*Removes hand smoothly, removes gloves and disposes of them in a decontamination solution.				
3.58	Assists the client up off examination table/bed/mat.				
3.59	*Thanks the client for her cooperation and asks her to get dressed.				
3.60	*Washes hands with soap and water and air dries or dries with a clean cloth.				

POSSIBLE SCORE: 248 points CUT OFF: 196 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Assesses the progress of pregnancy and maternal-fetal health status and makes diagnoses.

	2	1	0	Comments
Progress of pregnancy				
4.1 *Calculates the estimated date of conception (EDC) based on calendar, moon or other method using the date of last normal menstrual period.				
4.2 Compares the calculated EDC with physical findings (e.g., fundal height or estimated fetal weight or uterine size).				
4.3 *Decides if there is consistency among the calculated and historical EDC and physical findings.				
4.4 *Confirms if the client is pregnant and, if yes, that the progress of pregnancy is normal based on the above evaluations.				
Maternal well-being				
4.5 Evaluates historical and physical findings for presence or absence of problems, noting: a. *psycho-emotional response to pregnancy b. *common discomforts c. *life-threatening complications.				
4.6 *Evaluates historical and physical findings for presence or absence of risk factors.				
4.7 *Decides if maternal health status is normal based on the above evaluations, and if not, appropriately manages and/or refers for further evaluation and care.				

(continued on next page)

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4 *(continued)*: Assesses the progress of pregnancy and maternal-fetal health status and makes diagnoses.

	2	1	0	Comments
Fetal well-being				
4.8 *Evaluates historical and physical findings for presence or absence of problems.				
4.9 *Evaluates historical and physical findings for presence of risk factors.				
4.10 *Decides if fetal health status is normal based on the above evaluations, and if not, appropriately manages and/or refers for further evaluation and care.				

POSSIBLE SCORE: 24 points CUT OFF: 22 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5: Shares assessments and diagnoses with the client.

		2	1	0	Comments
5.1	Informs the client, in a reassuring manner, of the assessments and diagnoses including:				
	a. *progress of pregnancy and EDC				
	b. *her own health status				
	c. *health status of her fetus.				
5.2	If any abnormalities are discovered in any of the areas mentioned, asks the client if she is aware of these.				
5.3	Explain possible causes of any abnormalities discovered.				
5.4	*If any abnormalities are discovered, informs the client about next steps in addressing these.				
5.5	*Encourages the client to share reactions to the information provided, gently probing as necessary.				

POSSIBLE SCORE: 14 points CUT OFF: 10 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6: Provides care in collaboration with the client.

	2	1	0	Comments
Education and counseling				
6.1 Explores the client's need for and provides information about the following topics: a. *normal bodily changes b. *coping with common discomforts c. *nutritional needs and how to meet these needs d. *personal hygiene and avoidance of douching or placing anything in the vagina e. *need for rest and moderate exercise f. *sexuality, intercourse, prevention of STIs g. *avoidance of potentially harmful practices (e.g., smoking, alcohol, medications) h. *avoidance of persons with contagious infections i. *signs of complications (e.g., severe headache, visual changes, swelling of face and hands, sharp abdominal pain, vaginal bleeding and leaking of fluid, prolonged nausea and vomiting, chills and fever) j. *other relevant issues, as indicated.				
6.2 *Helps the client to make decisions which positively affect her health and well-being.				
Preventive measures				
6.3 *Discusses and provides iron and folate supplementation, per protocol.				

(continued on next page)

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6 *(continued)*: Provides care in collaboration with the client.

	2	1	0	Comments
6.4 *Discusses and provides anti-tetanus vaccination, per protocol.				
6.5 *Discusses and provides malaria prophylaxis, where endemic and as necessary, per protocol.				
Treatment or intervention				
6.6 *Treats or refers problems, as necessary and appropriate and per protocol.				

POSSIBLE SCORE: 30 points CUT OFF: 30 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 7: Plans follow-up care in collaboration with the client.

		2	1	0	Comments
7.1	*Discusses with the client follow-up treatments and associated instructions, if any.				
7.2	*Asks the client to repeat instructions for follow-up treatments, if any.				
7.3	*Encourages the client to ask any unanswered questions. (If questions arise between this visit and the next, encourages the client to bring these to the next visit; if of concern, encourages her to return to the clinic right away).				
7.4	*Describes the sequence and importance of routine antepartum care.				
7.5	*Schedules the revisit at a time suitable for the client and gives the client the time and date.				
7.6	Encourages the client to bring her partner or significant others to the visits, as she desires.				

POSSIBLE SCORE: 12 points CUT OFF: 10 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 8: Records findings, assessments, diagnoses, care provided and follow-up plan.

		2	1	0	Comments
8.1	*Neatly and clearly writes all findings, assessments, diagnoses, care provided and plans for follow-up on the antepartum record.				
8.2	*Gives the client a copy of her antepartum record/card with the return date indicated on it, where possible.				
8.3	*Teaches the client how to use the information on the record/card and to take it with her to each health service she requires.				
8.4	*Stores the client's record in a safe place.				

POSSIBLE SCORE: 8 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-b
CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical t
asks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks before the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares for the follow-up antepartum health history and physical examination.	30		28		
2. Obtains the initial antepartum health history.	42		40		
3. Performs the follow-up antepartum physical examination.	76		62		
4. Assesses the progress of pregnancy and maternal-fetal health status and makes diagnoses.	24		22		
5. Shares assessments and diagnoses with the client.	14		10		
6. Provides care in collaboration with the client.	24		18		
7. Plans follow-up care in collaboration with the client.	10		8		
8. Records findings, assessments, diagnoses, care provided and follow-up plan.	6		6		
TOTAL	226		194		

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares for the follow-up antepartum health history and physical examination.

	2	1	0	Comments
Setting				
1.1 *Decontaminates the work surfaces.				
1.2 Ensures availability of and arranges:				
a. *adequate light				
b. *linen, pillow and examination table				
c. *bin and cover				
d. *soap, water and clean hand towel				
e. *gloves (new or reusable that have been high-level disinfected)				
f. *BP cuff, stethoscope, fetoscope, watch, tape measure and scale				
g. laboratory equipment (if available).				
Provider				
1.3 Reviews the client's antepartum record for:				
a. *normal progress of pregnancy				
b. *common discomforts				
c. *problems/life-threatening complications				
d. *risk factors.				
1.4 *Washes hands with soap and water, air dries or dries with a clean cloth.				
Client				
1.5 *Greets the client and introduces self (if unknown to client).				
1.6 *Ensures that the client is comfortably seated and that privacy is maintained.				

POSSIBLE SCORE: 30 points CUT OFF: 28 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Obtains the follow-up antepartum health history.

	2	1	0	Comments
Interim pregnancy history				
2.1 *Asks how client has been feeling generally since last visit.				
2.2 *Asks the client if she has any questions or concerns that have arisen since the last visit.				
2.3 Obtains information about any problems the client may have experienced since the last visit:				
a. *prolonged nausea and frequent vomiting				
b. *undue fatigue				
c. *sudden sharp continuous pain in abdomen				
d. *fever and chills				
e. *severe headache				
f. *unusual changes in vision				
g. *pain, burning on urination				
h. *vaginal itching or unusual discharge				
i. *gush or leaking of fluid from vagina				
j. *vaginal bleeding				
k. *pain, swelling, tenderness of calves				
l. *swelling of face and hands				
m. other				
2.4 *Asks the client about fetal movement in the last 24 hours.				
(continued on next page)				

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 *(continued)*: Obtains the follow-up antepartum health history.

		2	1	0	Comments
2.5	Asks the client about signs of labor pending: a. *loss of mucus plug b. *bloody "show" (blood-tinged mucus) c. *rupture of the amniotic sac d. *increased pelvic pressure e. *uterine contractions.				

POSSIBLE SCORE: 42 points CUT OFF: 40 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Performs the follow-up antepartum physical examination.

	2	1	0	Comments
General approach to examination				
3.1 Observes the client's energy level, emotional tone and posture throughout the examination.				
3.2 *Explains as performs all procedures of the examination.				
3.3 *Asks further questions for clarification while conducting the examination, as needed and appropriate.				
Laboratory tests and vital signs				
3.4 Asks the client to empty her bladder. Tests urine (using method available at the clinic) for: a. *albumin b. glucose c. acetone.				
3.5 Draws blood for testing hemoglobin and hematocrit (if indicated).				
3.6 *Measures weight.				
3.7 *Measures blood pressure (BP), heart rate and temperature.				
3.8 *Asks the client to undress and offers linen for privacy.				
3.9 Assists client to sit on examination table/mat/bed.				
Head				
3.10 *Inspects the face for edema.				
Back				
3.11 *Palpates the costo-vertebral area for tenderness.				

(continued on next page)

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the follow-up antepartum physical examination.

	2	1	0	Comments
Extremities				
3.12 *Inspects the hands and fingers for edema.				
3.13 Inspects and palpates the legs:				
a. entire leg for varicose veins				
b. *calves for redness and tenderness				
c. *tibia, ankles and feet for edema (checks degree of pitting, if present).				
3.14 *Tests the patellar reflex (deep tendon) for hyper- or hypo-activity.				
Abdomen				
3.15 *Inspects the abdomen for size and contour.				
3.16 *With tape, measures fundal height.				
3.17 Palpates the uterus for:				
a. *fetal lie, presentation, position and descent (using Leopold's maneuvers)				
b. *fetal movement				
c. *contractility.				
3.18 *Measures the fetal heart rate.				
Pelvic: external genitalia				
3.19 *Assists the client into position for the pelvic examination and drapes for privacy.				
3.20 *Puts on gloves without contaminating them.				
3.21 Inspects the vulva for absence or presence of:				
a. *sores or ulcers				
b. *redness or inflammation				

(continued on next page)

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the follow-up antepartum physical examination.

	2	1	0	Comments
c. *unusual vaginal discharge d. *bloody "show" (blood-tinged mucus) e. *bleeding from the vagina f. *leaking of fluid from the vagina.				
Pelvic: bimanual examination				
3.22 Inserts two fingers deep into the vagina, and palpates to determine: a. *status of the cervix (effacement and dilatation) b. *status of the fetus (presenting part, station and ballotability).				
3.23 *Removes hand, then soiled gloves and disposes of them in a decontamination solution.				
3.24 Assists the client up off the examination table/bed/mat.				
3.25 *Thanks the client for her cooperation and asks her to get dressed.				
3.26 *Washes hands with soap and water and air dries or dries with a clean cloth.				

POSSIBLE SCORE: 76 points CUT OFF: 62 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Assesses the progress of pregnancy and maternal-fetal health status and makes diagnoses.

	2	1	0	Comments
Progress of pregnancy				
4.1 Compares the calculated EDC with physical findings.				
4.2 *Compares physical findings with findings from previous visit(s).				
4.3 *Decides if there is consistency among the EDC; physical findings at each visit, including the present; and whether observed growth is consistent with expected growth.				
4.4 *Decides if progress of pregnancy is normal based on the above evaluations.				
Maternal well-being				
4.5 Evaluates historical and physical findings for presence or absence of: a. *psycho-emotional response to pregnancy b. *common discomforts c. *life-threatening complications.				
4.6 *Evaluates historical/physical findings for presence or absence of risk factors.				
4.7 *Decides if maternal health status is normal based on the above evaluations; and if not, prepares to discuss treatment or referral options with the client.				
Fetal well-being				
4.8 *Evaluates historical/physical findings for presence or absence of problems.				
4.9 *Evaluates historical and physical findings for presence of risk factors.				
4.10 *Decides if fetal health status is normal based on the above evaluations; and if not, prepares to discuss treatment or referral options with the client.				

POSSIBLE SCORE: 24 points CUT OFF: 22 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5: Shares assessments and diagnoses with the client.

		2	1	0	Comments
5.1	Informs the client, in a reassuring manner, of the assessments and diagnoses including:				
	*a. progress of pregnancy and EDC				
	*b. her own health status				
	*c. health status of her fetus.				
5.2	If any abnormalities are discovered in any of the areas mentioned, asks the client if she is aware of these.				
5.3	Explains possible causes of any abnormalities discovered.				
5.4	*If any abnormalities are discovered, informs the client about next steps in addressing these.				
5.5	*Encourages the client to share reactions to the information provided, gently probing as necessary.				

POSSIBLE SCORE: 14 points CUT OFF: 10 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6: Provides care in collaboration with the client.

	2	1	0	Comments
Education and counseling				
6.1 Explores the client's need and provides, as necessary, information about the following topics: a. coping with common discomforts b. preparation for breastfeeding c. *postpartum family planning d. *plans for labor and birth e. *preparations for new baby f. anticipated changes in family roles and responsibilities and relationship with partner g. *signs of early labor, what to do and who to notify h. *other relevant issues, as indicated.				
6.2 *Helps the client to make decisions which positively affect her health and well-being.				
Preventive measures				
6.3 *Checks to see if the client is taking iron and folate tablets correctly and regularly. Asks the client if she has a sufficient supply and provides more tablets, if necessary.				
6.4 *Checks to see if the client is taking malaria prophylaxis correctly and regularly (if previously prescribed). Asks if she has a sufficient supply and provides more tablets, if necessary.				
Treatment or intervention				
6.5 *Treats or refers problems, as necessary and appropriate.				

POSSIBLE SCORE: 24 points CUT OFF: 18 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 7: Plans follow-up care in collaboration with the client.

		2	1	0	Comments
7.1	*Discusses with the client follow-up treatments or preventive measures and associated instructions, if any.				
7.2	*Asks the client to repeat instructions for follow-up treatments or preventive measures.				
7.3	*Encourages the client to ask any unanswered questions. (If questions arise between this visit and the next, encourages the client to bring these to the next visit; if of concern, encourages her to return to the clinic right away).				
7.4	*Schedules the follow-up visit at a time convenient for the client and gives the client the time and date.				
7.5	Encourages the client to bring her partner or significant others to the visits, as she desires.				

POSSIBLE SCORE: 10 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 8: Records findings, assessments, diagnoses, care provided and follow-up plan.

		2	1	0	Comments
8.1	*Neatly and clearly writes all findings, assessments, diagnoses, care provided and plans for follow-up on the antepartum record.				
8.2	*Gives the client a copy of her antepartum record/card with the return date indicated on it, when possible.				
8.3	*Stores the client's record in a safe place.				

POSSIBLE SCORE: 6 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-c

SCREENING FOR LABOR

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares for the initial intrapartum health history and physical examination.	28		28		
2. Obtains the initial intrapartum health history.	38		38		
3. Performs the initial intrapartum physical examination.	96		86		
4. Assesses the progress of labor and maternal-fetal health status and makes diagnoses.	26		26		
5. Shares assessments and diagnoses with the client.	14		8		
6. Provides care in collaboration with the client (if in false or true labor).	14		14		
7. Plans follow-up care in collaboration with the client (only if false labor, gestation > 36 weeks, amniotic sac intact).	12 (if false labor) 0 (if true labor)		10 (if false labor) 0 (if true labor)		
8. Records findings, assessments, diagnoses, care provided and follow-up plan.	2		2		
TOTAL	230 (if false labor) 218 (if true labor)		212 (if false labor) 202 (if true labor)		

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares for the initial intrapartum health history and physical examination.

	2	1	0	Comments
Setting				
1.1 *Decontaminates and cleans the work surfaces (if in a hospital or maternity setting).				
1.2 Ensures availability of and arranges:				
a. *adequate light				
b. *linen, pillow and examination table				
c. *bin and cover				
d. *soap, water and clean hand towel				
e. *gloves (new or reusable, sterilized)				
f. *thermometer, BP cuff, stethoscope, fetoscope, watch, tape measure and scale.				
Provider				
1.3 Reviews the client's antepartum record, noting:				
a. *age, parity, weeks gestation (EDC)				
b. *normal progress of pregnancy				
c. *problems/life-threatening complications				
d. *risk factors.				
1.4 *Washes hands with soap and water, air dries or dries with a clean cloth.				
Client				
1.5 *Greets client and introduces self.				
1.6 *Ensures that the client is comfortably seated and that privacy is maintained.				

POSSIBLE SCORE: 28 points CUT OFF: 28 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Obtains the initial intrapartum health history.

	2	1	0	Comments
Labor history				
2.1 *Asks how client has been feeling generally since last seen in the clinic.				
2.2 *Asks client whether she experienced *any* special problems during her pregnancy.				
2.3 Obtains information about the client's labor:				
a. *EDC (confirms)				
b. *time of onset of uterine contractions				
c. quality of uterine contractions				
– *frequency				
– *duration				
– *intensity				
– *location of discomfort				
d. *length of previous labor				
e. *size of largest and smallest previous babies				
f. *"bloody show" (blood-tinged mucus)				
g. *bleeding from the vagina (if yes, amount and color)				
h. *gush or leaking of fluid from the vagina (if yes, date/time, amount and color of fluid).				
2.4 *Asks the client about fetal movement during last 24 hours.				
2.5 Obtains information about the client's well-being:				
a. *anxiety level				
b. *when last ate and drank fluids				

(continued on next page)

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 *(continued)*: Obtains the initial intrapartum health history.

		2	1	0	Comments
	c. *when last emptied bladder and bowels				
	d. *when last slept and fatigue level.				
2.6	*Asks client what questions or immediate concerns she has.				

POSSIBLE SCORE: 38 points CUT OFF: 38 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Performs the initial intrapartum physical examination.

	2	1	0	Comments
General approach to examination				
3.1 Observes the client's energy level, emotional tone and posture throughout the examination.				
3.2 *Explains as performs all procedures of the examination.				
3.3 *Asks further questions for clarification while conducts the examination, as needed and appropriate.				
Laboratory tests and vital signs				
3.4 *Washes hands with soap and water, air dries or dries with clean cloth.				
3.5 Asks the client to empty her bladder. Tests urine for: a. *albumin b. ketones.				
3.6 *Draws blood for testing hemoglobin and hematocrit (if indicated).				
3.7 *Measures BP, heart rate, respiratory rate and temperature.				
3.8 *Asks the client to undress and offers linen for privacy, or asks client to loosen clothing and use own clothing as a drape.				
3.9 Assists client to sit on examination table/mat/bed.				
Head				
3.10 *Inspects the face for edema.				
Back				
3.11 *Palpates the costo-vertebral angle for tenderness.				
Extremities				
3.12 *Inspects the hands and fingers for edema.				
3.13 Inspects and palpates the legs: a. entire leg for varicose veins b. *calves for redness and tenderness c. *tibia, ankles and feet for edema (checks degree of pitting, if present).				
3.14 *Tests the patellar reflex (deep tendon) for hyper- or hypo-activity.				

(continued on next page)

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the initial intrapartum physical examination.

	2	1	0	Comments
Abdomen				
3.15 Inspects the abdomen for: a. *scars b. *size and contour.				
3.16 *With tape or hand, measures fundal height.				
3.17 Palpates the uterus for: a. *fetal lie, presentation, position and descent (using Leopold's maneuvers) b. *fetal movement.				
3.18 *Palpates supra-pubic area for bladder distention.				
3.19 Palpates for uterine contractions, noting: a. *frequency b. *duration c. *intensity.				
3.20 *Measures the fetal heart rate.				
Pelvic: external genitalia				
3.21 *Assists the client into position for the pelvic examination and drapes for privacy.				
3.22 *Puts on gloves without contaminating them.				
3.23 Inspects the vulva for absence or presence of: a. *sores or ulcers b. *redness or inflammation c. *unusual discharge d. *bloody "show" (blood-tinged mucus) e. *bleeding from the vagina (if present, notes amount, color and progression)				

(continued on next page)

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the initial intrapartum physical examination.

		2	1	0	Comments
	f. *leaking of fluid from the vagina (if present, notes amount, color and odor).				
3.24	Inspects perineum for: a. *scarring b. *strictures c. *distention.				
3.25	*Cleanses vulva using a diluted antiseptic solution.				
Pelvic:	*bimanual examination*				
3.26	Performs bimanual examination to determine: a. status of cervix – *effacement – *dilatation b. *status of the amniotic sac (intact or not) c. *absence or presence of umbilical cord.				
3.27	*Removes fingers; removes soiled gloves and disposes of them in a decontamination solution.				
3.28	*Washes hands with soap and water and air dries or dries with a clean cloth.				
3.29	Assists the client off examination table.				
3.30	*Thanks the client for her cooperation and asks her to dress or change into comfortable clothing, as appropriate.				
3.31	*Plots relevant findings on the partograph.				

POSSIBLE SCORE: 96 points CUT OFF: 86 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Assesses the progress of labor and maternal-fetal health status and makes diagnoses.

	2	1	0	Comments
Progress of labor				
4.1 *Decides whether client is having false or true labor. If true labor, decides which stage/phase of labor.				
4.2 *If true labor, decides whether uterine contraction pattern and duration are normal for the stage/phase of labor.				
4.3 *If true labor, determines whether cervical dilatation is normal for the stage/phase of labor.				
4.4 *If true labor, determines whether fetal descent is normal for the stage/phase of labor.				
4.5 *Decides if overall progress of true labor is normal based on the partograph.				
Maternal well-being				
4.6 Evaluates historical and physical findings for presence or absence of:				
a. *psycho-emotional response to labor				
b. *life-threatening complications.				
4.7 *Evaluates historical and physical findings for presence or absence of risk factors.				
4.8 *Decides if maternal health status is normal based on the above evaluations; and if not, prepares to discuss treatment/referral options with the client.				
(continued on next page)				

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4 *(continued)*: Assesses the progress of labor and maternal-fetal health status and makes diagnoses.

	2	1	0	Comments
Fetal well-being				
4.9 Evaluates historical and physical findings for presence or absence of problems: a. *physiologic response to labor b. *life-threatening complications.				
4.10 *Evaluates historical and physical findings for presence of risk factors.				
4.11 *Decides if fetal health status is normal based on the above evaluations; and if not, prepares to discuss treatment/referral options with the client.				

POSSIBLE SCORE: 26 points CUT OFF: 26 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5: Shares assessments and diagnoses with the client.

		2	1	0	Comments
5.1	Informs the client, in a reassuring manner, of the assessments and diagnoses including:				
	a. *progress of labor/estimated time of birth				
	b. *her own health status				
	c. *health status of her fetus.				
5.2	If any abnormalities are discovered in any of the areas mentioned, asks the client if she is aware of these.				
5.3	Explain possible causes of any abnormalities discovered.				
5.4	*If any abnormalities are discovered, informs client about next steps in addressing them.				
5.5	Encourages the client to share reactions to the information provided, gently probing as necessary.				

POSSIBLE SCORE: 14 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6: Provides care in collaboration with the client (if in false or true labor).

	2	1	0	Comments
Support (false labor; >36 weeks gestation; amniotic sac intact)				
6.1 *Reassures the client.				
6.2 *Reviews signs of true labor, including when to return to be examined (or call birth attendant).				
6.3 *Reviews signs of potential life-threatening complications and what to do if present.				
6.4 *Encourages the client to get as much rest as possible.				
6.5 *Encourages client to take/maintain nourishment and fluids.				
6.6 *Asks client and her significant others if she/they have questions or concerns.				
OR...				
Support (true labor)				
6.1 *Reassures and encourages the client.				
6.2 *Explains labor monitoring (e.g., how and why).				
6.3 *Assists client to settle-in if not in her own home.				
6.4 *Advises client to walk and move about, as desired and appropriate.				
6.5 *Encourages/offers light nourishment and fluids.				
6.6 *Asks client and her significant others if she/they have questions or concerns.				
Treatment or intervention				
6.7 *Treats or refers problems, as necessary and appropriate.				

POSSIBLE SCORE: 14 points CUT OFF: 14 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

NOTE: Omit Task 7 if client is in true labor.

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 7: Plans follow-up care in collaboration with the client (only if false labor, gestation > 36 weeks, amniotic sac intact).

		2	1	0	Comments
7.1	*Discusses with the client follow-up treatments or preventive measures and associated instructions, if any.				
7.2	*Asks the client to repeat instructions for follow-up treatments, if any.				
7.3	*Encourages the client to ask any unanswered questions. (If questions arise between this visit and the next, encourages the client to bring these to the next visit; if of concern, encourages her to return to the clinic right away).				
7.4	*Discusses with the client possible dates for the next antepartum visit.				
7.5	*Schedules the follow-up visit and gives the client the time and date.				
7.6	Encourages the client to bring her partner or significant others to the visits, as she desires.				

POSSIBLE SCORE: 12 points CUT OFF: 10 points (must include skills with asterisks (*))
0 points (if true labor) 0 points (if true labor)

SCORE ATTAINED: _____

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 8: Records findings, assessments, diagnoses, care provided and follow-up plan.

		2	1	0	Comments
8.1	*Neatly and clearly writes all findings, assessments, diagnoses, care provided and plans for follow-up on the client's antepartum record.				
	OR...				
8.1	*If the client is in labor, begins the intrapartum record/maintains the partograph.				

POSSIBLE SCORE: 2 points CUT OFF: 2 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-d

MONITORING LABOR USING THE PARTOGRAPH

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 4-d (continued)

MONITORING LABOR USING THE PARTOGRAPH

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares for monitoring of labor.	36		36		
2. Obtains the intrapartum history according to protocol.	30		30		
3. Performs the interim intrapartum physical examination, using the partograph.	68		64		
4. Assesses the progress of labor and maternal-fetal health status and makes diagnoses.	26		26		
5. Shares assessments and diagnoses with the client.	12		10		
6. Provides care in collaboration with the client.	28		28		
7. Records all findings, assessments, diagnoses and care provided.	2		2		
TOTAL	202		196		

Skills Assessment Tool 4-d

MONITORING LABOR USING THE PARTOGRAPH

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares for monitoring of labor.

	2	1	0	Comments
Setting				
1.1 *Decontaminates and cleans work surface (if not in hospital or maternity setting, arranges for clean work surface and delivery site).				
1.2 Ensures availability of and arranges:				
a. *adequate light				
b. *linens and pillow				
c. *bin and cover				
d. *soap, water and clean hand towel				
e. *antiseptic solution				
f. *gloves (new or reusable that have been sterilized)				
g. *thermometer, BP cuff, stethoscope, fetoscope, watch.				
Provider				
1.3 If not involved in screening for labor (Skills Assessment Tool #4-c), reviews client antepartum record for:				
a. *age, parity, weeks gestation (EDC)				
b. *normal progress of pregnancy				
c. *problems/life-threatening complications				
d. *risk factors.				
1.2.2 If new to client, reviews the intrapartum record/partograph for overall pattern of findings, and most recent findings concerning:				
a. *maternal health status (temperature, BP, heart rate, respiratory rate)				

(continued on next page)

Skills Assessment Tool 4-d (continued)

MONITORING LABOR USING THE PARTOGRAPH

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1 *(continued)*: Prepares for monitoring of labor.

		2	1	0	Comments
	b. *fetal health status (heart rate, movement)				
	c. *labor progress (uterine contraction quality, cervical dilatation and fetal descent).				
Client					
1.5	*Greets client, as appropriate.				
1.6	*Explains procedures to be performed.				
1.7	*Ensures client is comfortably positioned and privacy is maintained.				

POSSIBLE SCORE: 36 points CUT OFF: 36 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-d (continued)

MONITORING LABOR USING THE PARTOGRAPH

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Obtains the interim intrapartum history according to protocol.

	2	1	0	Comments
Labor history				
2.1 *Asks about client's general well-being, and whether she has questions or immediate concerns.				
2.2 *Responds to any questions or immediate concerns raised by client.				
2.3 Obtains information about the client's labor: a. change in quality of contractions – *frequency – *duration – *intensity – *location of discomfort b. *"bloody show" (blood-tinged mucus) c. *bleeding from the vagina other than "show" d. *leaking of fluid from the vagina e. *increase in pelvic pressure, whether client has the urge to bear down.				
2.4 *Asks client about fetal movement.				
2.5 Obtains information about client's well-being: a. *anxiety level b. *fatigue level c. *when last ate and drank fluids d. *when last emptied bladder and bowel.				

POSSIBLE SCORE: 30 points CUT OFF: 30 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-d (continued)

MONITORING LABOR USING THE PARTOGRAPH

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Performs the interim intrapartum physical examination, using the partograph.

	2	1	0	Comments
General approach to examination				
3.1 Observes the client's energy level, emotional tone and posture throughout the examination.				
3.2 *Explains as performs all procedures of the examination.				
3.3 *Asks further questions for clarification while conducts the examination, as needed and appropriate.				
Vital signs				
3.4 *Washes hands with soap and water, air dries or dries with clean cloth.				
3.5 *Ensures client is comfortably positioned on examination table/mat/bed and that privacy is maintained.				
3.6 *Reassures client to help her relax.				
3.7 *Measures BP, heart rate, respiratory rate and temperature.				
Abdomen				
3.8 Palpates (using Leopold's maneuvers) for: a. *fetal descent b. *fetal movement.				
3.9 *Auscultates fetal heartbeat for rate and rhythm.				
3.10 Palpates for uterine contractions, noting: a. *frequency b. *duration c. *intensity (firmness).				

(continued on next page)

Skills Assessment Tool 4-d (continued)

MONITORING LABOR USING THE PARTOGRAPH

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the interim intrapartum physical examination, using the partograph.

	2	1	0	Comments
3.11 Palpates supra-pubic area for bladder: a. *distention b. *tenderness.				
Pelvic: external genitalia				
(**Note**: Vaginal examination should be performed every 4 hours, or as needed. The objective is to obtain sufficient information to monitor labor progress and also minimize chances of infection as a result of multiple/frequent examinations).				
3.12 *Positions client for pelvic examination; drapes for privacy.				
3.13 *Reassures client; explains as performs the examination.				
3.14 *Puts on gloves without contaminating them.				
3.15 Inspects the vulva, then gently separates labia to determine the absence or presence of: a. *"bloody show" (blood-tinged mucus) b. *vaginal bleeding (if present, notes amount, color and progression) c. *leaking of amniotic fluid (if present, notes time of onset, amount, color and odor).				
3.16 *Inspects perineum for distention.				
3.17 *Cleanses vulva using antiseptic solution.				
Pelvic: bimanual examination				
3.18 Inserts two fingers into vagina, palpating to determine: a. status of the cervix: – *effacement – *dilatation				

(continued on next page)

Skills Assessment Tool 4-d (continued)

MONITORING LABOR USING THE PARTOGRAPH

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the interim intrapartum physical examination, using the partograph.

		2	1	0	Comments
	b. *absence or presence of umbilical cord c. status of the fetus: – *presentation and position – *station and ballotability – *if vertex, absence or presence of molding and caput.				
3.19	*Removes fingers and soiled gloves and disposes them in a decontamination solution.				
3.20	*Washes hands with soap and water, dries with clean cloth.				
3.21	Assists client to resume a more comfortable position on the examination table/bed/mat.				
3.22	*Thanks the client for her cooperation.				
3.23	*Writes relevant findings on the partograph.				

POSSIBLE SCORE: 68 points CUT OFF: 64 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-d (continued)

MONITORING LABOR USING THE PARTOGRAPH

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Assesses the progress of labor and maternal-fetal health status and makes diagnoses.

	2	1	0	Comments
Progress of labor based on partograph				
4.1 *Evaluates whether the frequency and duration of uterine contractions and overall duration of contractions from onset of labor are as expected (e.g., contractions progress in frequency and duration; overall duration of contractions after client is first examined and determined to be in latent phase labor ≤ 8 hours).				
4.2 *Evaluates whether cervical dilatation is as expected in active phase (i.e. ≥ 1 cm/hour, plotting remains on or to the left of the alert line).				
4.3 *Evaluates whether fetal descent is as expected in active phase (i.e., plotting shows progression until birth).				
4.4 *Decides if progress of labor is normal based on the partograph, and if not, appropriately manages and/or prepares to discuss treatment/referral options with the client and persons accompanying her.				
Maternal well-being				
4.5 Evaluates historical and physical findings for presence or absence of problems noting: a. *psycho-emotional response to labor b. *physiological response to labor c. *life-threatening complications.				
4.6 *Evaluates historical and physical findings for presence or absence of risk factors.				

(continued on next page)

Skills Assessment Tool 4-d (continued)

MONITORING LABOR USING THE PARTOGRAPH

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4 *(continued)*: Assesses the progress of labor and maternal-fetal health status and makes diagnoses.

	2	1	0	Comments
4.7 *Decides if maternal health status is normal based on the above evaluations, and if not, prepares to discuss treatment/referral options with the client and persons accompanying her.				
Fetal well-being				
4.8 Evaluates historical and physical findings for presence or absence of problems noting:				
a. *physiological response to labor				
b. *life-threatening complications.				
4.9 *Evaluates historical and physical findings for presence of risk factors.				
4.10 *Decides if fetal health status is normal based on the above evaluations; and if not, prepares to discuss treatment/referral options with the client and persons accompanying her.				

POSSIBLE SCORE: 26 points CUT OFF: 26 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-d (continued)

MONITORING LABOR USING THE PARTOGRAPH

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5: Shares assessments and diagnoses with the client.

		2	1	0	Comments
5.1	Informs the client, in a reassuring manner, of the examination findings and assessments including: a. *progress of labor/estimated time of birth b. *her own health status c. *health status of her fetus.				
5.2	Explains possible causes of any abnormalities discovered.				
5.3	*If any abnormalities are discovered, informs client about next steps in addressing them.				
5.4	*Encourages the client to share reactions to the information provided, gently probing as necessary.				

POSSIBLE SCORE: 12 points CUT OFF: 10 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-d (continued)

MONITORING LABOR USING THE PARTOGRAPH

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6: Provides care in collaboration with the client.

	2	1	0	Comments
Support				
6.1 *Offers client reassurance and encouragement.				
6.2 *Asks client and significant others if she/they have any questions or concerns.				
6.3 *Encourages client to walk and move about, as able/desired/appropriate.				
6.4 *Offers nourishment, as desired/appropriate.				
6.5 Offers client physical comfort measures, as client desires, including:				
a. *massaging				
b. *sponge-bathing				
c. *assistance with changes of body position				
d. *cushioning with blankets/pillows				
e. *covering for warmth, if needed				
f. *fanning for cooling/movement of air, if needed.				
6.6 *Encourages client to maintain an empty bowel and bladder/assists to facilities, as needed.				
6.7 *Assists client to bear down effectively, once the cervix becomes fully dilated.				
6.8 *Maintains hygiene for the client by providing changes of fresh linen/bedding/clothing.				
Treatment or intervention				
6.9 *Provides treatment or refers, as indicated.				

POSSIBLE SCORE: 28 points CUT OFF: 28 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-d (continued)

MONITORING LABOR USING THE PARTOGRAPH

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 7: Records all findings, assessments, diagnoses and care provided.

		2	1	0	Comments
7.1	*Neatly and clearly writes findings, assessments, diagnoses, and care provided on the intrapartum record; maintains the partograph.				

POSSIBLE SCORE: 2 points CUT OFF: 2 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool # 4-e

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares for birth.	30		30		
2. Assists birth of the fetus.	48		48		
3. Performs immediate newborn physical examination.	14		14		
4. Assists birth of the placenta.	30		30		
5. Inspects the placenta, membranes and umbilical cord.	20		16		
6. Performs immediate maternal physical examination.	22		22		
7. Assesses progress of birth of the fetus and placenta, and neonatal and maternal well-being, and makes diagnoses.	22		22		
8. Shares assessments and diagnoses with the client.	8		8		
9. Provides immediate postpartum care in collaboration with the client.	36		36		
10. Records findings, assessments, diagnoses and care provided.	6		6		
TOTAL	236		232		

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares for birth.

	2	1	0	Comments
Setting				
1.1 *Decontaminates and cleans work surface (if not in hospital or maternity setting, arranges for clean work site and place for delivery).				
1.2 Ensures availability of and arranges:				
a. *adequate light				
b. *linens, pillows, blankets and plastic sheet				
c. *bin and cover				
d. *soap, water and clean hand towel				
e. *gloves (new or reusable that have been sterilized)				
f. *antiseptic solution and warm water (sterile)				
g. *syringe (sterile) and oxytocin for injection				
h. *cord clamps or ties, scissors (sterile); cotton or gauze squares (sterile); mucus extractor and (high-level disinfected) basin				
i. *thermometer, BP cuff, stethoscope, watch.				
Provider				
1.3 *Washes and scrubs hands with soap and water (or dilute antiseptic solution), air dries or dries with clean cloth.				
1.4 *Puts on protective apron.				
1.5 *Puts on gloves without contaminating them.				

(continued on next page)

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1 *(continued)*: Prepares for birth.

		2	1	0	Comments
Client					
1.6	*Assists client to assume her preferred position for birth, ensuring privacy, as possible.				
1.7	*Cleanses client's vulva, with warm water and soap or warm diluted antiseptic solution.				

POSSIBLE SCORE: 30 points CUT OFF: 30 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Assists birth of the fetus.

	2	1	0	Comments
Birth of the head				
2.1 *Observes the bulging perineum and vaginal introitus for the advancing head.				
2.2 *Asks the client *not* to bear down with uterine contractions as the head begins to crown.				
2.3 Delivers the crowning head between uterine contractions:				
a. *maintains head flexion, as crowns				
b. *supports the perineum, as necessary				
c. *allows gradual head extension, after crowns.				
2.4 *Palpates the neck for absence or presence of umbilical cord (if present, unwraps and lifts over the head or slides over shoulders as the body emerges).				
2.5 *Clears the nose and mouth of mucus or fluid using extractor (if meconium is present, uses mucus trap type).				
Birth of the shoulders				
2.6 *Observes for rotation of the shoulders to the anterior-posterior plane of the pelvis.				
2.7 *Asks the client to bear down gently with uterine contractions.				
2.8 Gently supporting the head between two hands, applies gentle traction:				
a. *downward to release the anterior shoulder				
b. *upwards to release the posterior shoulder.				

(continued on next page)

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 *(continued)*: Assists birth of the fetus.

	2	1	0	Comments
Birth of the body				
2.9 *Supports the emerging body with two hands.				
2.10 *Positions the newborn's head slightly below the body to promote drainage of fluids.				
2.11 *Places the newborn on client's abdomen or bed/examination table/mat.				
Immediate newborn care				
2.12 *Wipes the face (suctions again, as necessary) and dries body with warm dry towel.				
2.13 *Shows the newborn to the client (and her family or friends if present).				
2.14 *Covers newborn with a warm dry blanket.				
2.15 *Assists client to put her newborn to breast.				
Clamping-Cutting the Umbilical Cord				
2.16 Clamps umbilical cord:				
a. *places small ("permanent") clamp/tie 1 to 2 cm from newborn's skin				
b. *milks the cord distal to the clamp or tie				
c. *places a larger clamp or tie about 2 cms distal to the small clamp or tie.				

(continued on next page)

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 *(continued)*: Assists birth of the fetus.

	2	1	0	Comments
2.17 Cuts the umbilical cord with sterile instrument: a. *covers the area between the clamps or ties with a small sterile gauze pad or cloth b. *cuts the umbilical cord beneath the gauze and between the clamps or ties.				
2.18 *Trims the cord stump as necessary.				

POSSIBLE SCORE: 48 points CUT OFF: 48 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 3: Performs immediate newborn physical examination.

	2	1	0	Comments
APGAR Score (at 1 and 5 minutes) 3.1 *Measures heart rate at 1 and 5 minutes. 3.2 Observes at 1 and 5 minutes: a. *respiratory effort b. *skin color and peripheral circulation c. *muscle tone d. *reflex irritability. 3.3 *Assigns the APGAR scores at 1 and 5 minutes. *General appearance* 3.4 *Observes the newborn's body for absence or presence of obvious abnormality or defect.				

POSSIBLE SCORE: 14 points CUT OFF: 14 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Assists birth of the placenta.

		2	1	0	Comments
4.1	Observes the vaginal opening or introitus for signs of placental separation, noting: a. *presence or absence of bleeding b. *change in umbilical cord length.				
4.2	Palpates the uterus, very gently, noting: a. *size b. *position c. *consistency.				
4.3	*Upon signs of placental separation, advises client to gently bear down during a uterine contraction.				
4.4	As the client bears down, gently assists expulsion of the separated placenta by using, as necessary: a. *guided cord traction b. *uterine support.				
4.5	Delivers the placenta and membranes by: a. *supporting the body with both hands b. *gently twisting the body to release the membranes c. *slowly guiding the placenta and membranes to a basin or plastic sheeting.				
4.6	*Informs the client the placenta has been born.				
4.7	*Gives the client oxytocin injection per protocol, as needed.				
4.8	Massages uterus, gently, to: a. *stimulate contraction b. *expel blood clots.				

POSSIBLE SCORE: 30 points CUT OFF: 30 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5: Inspects the placenta, membranes and umbilical cord.

	2	1	0	Comments
Placenta				
5.1 Inspects the placenta for: a. size b. shape c. *completeness d. *absence or presence of anomalies or defects.				
Membranes				
5.2 Inspects the membranes for: a. *completeness b. *absence or presence of anomalies or defects.				
Umbilical cord				
5.3 Observes: a. *location of insertion b. *number of vessels.				
5.4 *Removes gloves and disposes them in a decontamination solution.				
5.5 *Washes hands with soap and water, and air dries or dries with a clean cloth.				

POSSIBLE SCORE: 20 points CUT OFF: 16 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6: Performs immediate maternal physical examination.

	2	1	0	Comments
Vital signs				
6.1 *Observes the client's general condition.				
6.2 *Measures BP, heart rate and temperature.				
Abdomen				
6.3 Palpates the uterus for:				
a. *size				
b. *position				
c. *consistency (firmness and contractility).				
6.4 *Palpates supra-pubic area for absence or presence of a distended bladder.				
Pelvic				
6.5 *Puts on sterile gloves without contaminating them.				
6.6 *Explains procedures to the client (what will be done and why) in a reassuring manner. Informs her that there will be some discomfort.				
6.7 *Inspects and gently palpates perineum for trauma (separates edges of wound, if present, to determine degree of laceration).				
6.8 *Inspects vaginal opening or introitus for bleeding (notes amount, color, progression).				
6.9 *If the client continues to bleed actively from the vagina, and the uterus is firmly contracted, inspects the vaginal walls and cervix for lacerations.				

POSSIBLE SCORE: 22 points CUT OFF: 22 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 7: Assesses progress of birth of the fetus and placenta, and neonatal and maternal well-being, and makes diagnoses.

	2	1	0	Comments
Progress of birth of the fetus and placenta				
7.1 *Completes the partograph.				
7.2 *Decides whether fetal descent, from the time of complete cervical dilatation to birth, are normal based on partograph.				
7.3 *Decides whether placental separation, descent and expulsion are normal.				
Maternal well-being				
7.4 Evaluates historical and physical findings for presence or absence of problems: a. *psycho-emotional response to birth b. *life-threatening complications: if any present, manage immediately.				
7.5 *Evaluates historical/ physical findings for presence or absence of risk factors.				
7.6 *Decides if maternal health status is normal based on the above evaluations; and if not, prepares to discuss treatment/referral options with the client.				
Fetal and newborn well-being				
7.7 Evaluates historical and physical findings for presence or absence of problems: a. *physiological response to birth b. *life-threatening complications: if any present, manage immediately.				
7.8 *Evaluates historical and physical findings for presence of risk factors for fetus and newborn.				
7.9 *Decides if fetal and newborn health status are normal based on the above evaluations; and if not, prepares to discuss treatment/referral options with the client.				

POSSIBLE SCORE: 22 points CUT OFF: 22 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 8: Shares assessments and diagnoses with the client.

		2	1	0	Comments
8.1	Informs client, in a reassuring manner, of the assessments and diagnoses including: a. *her own health status b. *health status of her newborn.				
8.2	*If any abnormalities are discovered, informs client about next steps in addressing them.				
8.3	*Encourages client to share reactions to information provided, gently probing as necessary.				

POSSIBLE SCORE: 8 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 9: Provides immediate postpartum care in collaboration with the client.

	2	1	0	Comments
Support				
9.1 *Praises the client for her efforts.				
9.2 *Answers any client questions related to labor and birth, as appropriate.				
9.3 *Maintains hygiene for the client by providing a change of fresh linens/bedding/clothing.				
9.4 *Encourages client to maintain an empty bowel and bladder/assists to facilities, as needed.				
9.5 *Offers nourishment and fluids, as the client desires.				
9.6 Assists client with breastfeeding (BF):				
a. *encourages first feeding as soon as possible (colostrum) and frequent, on-demand feedings thereafter				
b. *encourages rooming-in for frequent, on-demand feedings				
c. *BF techniques and positions				
d. *examination and evaluation of the breast for common problems				
e. *treatment and care of common problems (perceived low milk supply, difficulties with the let-down reflex)				
f. *the use of drugs or traditional medicines during lactation				
g. *expression of breast milk.				

(continued on next page)

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 9 *(continued)*: Provides immediate postpartum care in collaboration with the client.

	2	1	0	Comments
9.7 Offers physical comfort measures, as the client desires, including: a. *assistance with changes of body position b. *cushioning with blankets/pillows c. *covering for warmth, as needed.				
9.8 *Provides for privacy for client, as desired.				
Preventive measures 9.9 *Discusses opthalmia neonatorum and provides prophylactic treatment to the newborn's eyes (within 4 hours of birth).				
Treatment or Intervention 9.10 *Provides treatment and/or refers any maternal or newborn problems, as indicated.				

POSSIBLE SCORE: 36 points CUT OFF: 36 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 10: Records all findings, assessments, diagnoses and care provided.

		2	1	0	Comments
10.1	*Neatly and clearly writes findings, assessments, diagnoses, and care provided on the intrapartum record/partograph (i.e., completes records).				
10.2	*Begins the maternal postpartum record, transferring relevant information from the delivery record.				
10.3	*Begins newborn record, transferring relevant information from the delivery record.				

POSSIBLE SCORE: 6 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-f

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares for the postpartum history and physical examination.	28		26		
2. Obtains the postpartum history.	48		40		
3. Performs the postpartum physical examination.	102		94		
4. Assesses the progress of involution and maternal health status and makes diagnoses.	16		16		
5. Shares assessments and diagnoses with the client.	12		8		
6. Provides care in collaboration with the client.	68		64		
7. Plans follow-up care in collaboration with the client.	14		12		
8. Records findings, assessments, diagnoses, care provided and follow-up plan.	6		6		
TOTAL	294		266		

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares for the postpartum history and physical examination.

	2	1	0	Comments
Setting				
1.1 Ensures availability of and arranges: a. *adequate light (torch or pen light) b. *linen, pillow, and examination table c. *bin and cover d. *soap, water and clean hand towel e. *BP cuff, stethoscope, watch, scale f. laboratory equipment (if available).				
Provider				
1.2 Reviews the previous antepartum, intrapartum and postpartum records (if available): a. *normal progress of involution/recovery b. *common discomforts c. *problems/life-threatening complications d. *risk factors.				
1.3 *Washes hands with soap and water, air dries or dries with a clean cloth.				
Client				
1.4 *Greets the client and introduces self.				
1.5 *Ensures that the client is comfortable and that privacy is maintained.				
1.6 *Explains purpose of the visit.				

POSSIBLE SCORE: 28 points CUT OFF: 26 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Obtains the postpartum history.

	2	1	0	Comments
Relevant obstetric and medical history				
2.1 Obtains the following information: a. *date of birth b. *duration of labor and birth c. *type of birth (spontaneous or operative) d. *laceration, episiotomy, circumcision repair e. any problems during this labor, birth or thus far postpartum with: – *prolonged rupture of the membranes – *prolonged or obstructed labor – *high blood pressure – *seizures or convulsions – *too much bleeding or hemorrhage – *severe infection (chills and fever) – other serious health condition.				
Postpartum history				
2.2 Obtains the following information from the client: a. *emotional state (e.g., her perception of labor and birth experience; of baby's well-being; of ability to care for baby) b. *rest and sleep patterns c. *activity level (e.g., walking frequency, duration and ease) (continued on next page)				

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 *(continued)*: Obtains the postpartum history.

	2	1	0	Comments
d. *appetite and fluid intake e. *bladder and bowel function (e.g., frequency, amount and ease) f. *experience with breastfeeding (e.g., frequency, duration per session; any discomfort or problems; perceived satisfaction of self and baby, as indicated) g. signs of involution: – *uterus (e.g., position, firmness) – *lochia (e.g., color, amount, consistency) h. ***any** discomfort or pain i. ***any** concerns or questions j. sexual activity anticipated before next visit? k. need for contraception? l. need for STI protection?				

POSSIBLE SCORE: 48 points CUT OFF: 40 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Performs the postpartum physical examination.

	2	1	0	Comments
General approach to examination				
3.1 *Observes the client's energy level, emotional tone and posture throughout the examination.				
3.2 *Explains as performs all procedures of the examination.				
3.3 *Asks further questions for clarification while conducting the examination, as needed and appropriate.				
Laboratory tests and vital signs				
3.4 Draws blood for testing:				
a. *hemoglobin/hematocrit (at 72 hours) (if laboratory facility available)				
b. Rh sensitization and compatibility with Rh immune globulin (where indicated and laboratory facility available).				
3.5 *Measures weight.				
3.6 *Measures BP, heart rate and temperature.				
3.7 *Asks the client to undress and offers linen for privacy.				
3.8 Assists client to lie on examination table/mat/bed.				
Breasts				
3.9 With client's arms by side, inspects breasts for:				
a. *secretion of colostrum/milk from nipples				

(continued on next page)

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the postpartum physical examination.

	2	1	0	Comments
b. *color, consistency, amount of other discharge from nipples (e.g., bleeding) c. *fissures or blistering of nipples d. *presence or absence of engorgement (e.g., enlarged, shiny, reddened, dilated veins) e. *presence or absence of abscess.				
3.10 With the client's left arm over head, systematically palpates the left (then right) breast and axilla noting: a. *filling with milk/colostrum (e.g., degree of tension or firmness) b. *presence or absence of engorgement (e.g., hard and warm) c. *presence or absence of abscess d. *enlarged lymph nodes.				
Abdomen 3.11 Inspects the abdomen for: a. healing of Cesarean scar, if present: – *presence or absence of wound separation – *presence or absence of pus b. contour: – *presence or absence of bladder distention – *presence or absence of uterine displacement.				
3.12 Palpates the uterus for: a. *size b. *location (in relation to the mid-line and the umbilicus) (continued on next page)				

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the postpartum physical examination.

	2	1	0	Comments
c. *consistency (firmness) d. *tenderness (observes client's face). 3.13 *Palpates the supra-pubic area for presence or absence of a full bladder. 3.14 *With the client's head slightly lifted off of the pillow, palpates for degree of separation of the abdominal muscles. Places client's hand on the abdomen so that she can feel the degree of separation. *Back* 3.15 *Palpates the costo-vertebral area for tenderness. *Extremities* 3.16 Inspects the legs: a. entire leg for varicose veins b. *calves for areas of redness c. *tibia, ankles and feet for edema (checks degree of pitting, if present). 3.17 *Palpates the legs for tenderness or heat. 3.18 *Dorsiflexes each foot to check for presence or absence of calf pain (Homan's sign). *Pelvic: external genitalia* 3.19 *Assists the client into position for the examination and drapes for privacy. (**Note:** The client may be assisted to assume a side-lying position to better visualize the rectal area, if necessary. Removes the sanitary pad/cloth). 3.20 *Removes any hand jewelry 3.21 *Puts on gloves without contaminating them.				

(continued on next page)

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the postpartum physical examination.

		2	1	0	Comments
3.22	Inspects the vulva, perineum and rectum for: a. trauma – *edema – *redness – *bruising – *hematoma b. healing of laceration, episiotomy or circumcision repair: – *presence or absence of wound separation – *presence or absence of pus c. *varicose veins (of the vulva and anus) d. vaginal discharge (lochia) for: – *color – *amount – *consistency (e.g., presence or absence of clots or tissue fragments).				
3.23	*Inspects the client's sanitary pad/cloth for lochia (notes same characteristics as above).				
3.24	*Smells lochia for presence or absence of a foul odor.				
3.25	*Replaces or changes client's sanitary pad/cloth, as necessary.				
3.26	Assists the client up off the examination table/bed/mat, if she desires.				

(continued on next page)

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the postpartum physical examination.

		2	1	0	Comments
3.27	*Thanks the client for her cooperation and asks/assists her to get dressed.				
3.28	*Washes hands with soap and water, air dries or dries with a clean cloth.				

POSSIBLE SCORE: 102 pointsCUT OFF: 94 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Assesses the progress of involution and maternal health status and makes diagnoses.

	2	1	0	Comments
Progress of involution				
4.1 *Compares uterine location, size and consistency; and lochia color, amount and consistency, with expected characteristics.				
4.2 *Decides if there is consistency among actual findings and expected uterine and lochia characteristics.				
4.3. *Decides if involution is normal based on the above evaluations, and if not, appropriately manages and/or refers for further evaluation.				
Maternal well-being				
4.4 Evaluates historical and physical findings for presence or absence of problems: a. *psycho-emotional response to postpartum b. *common discomforts c. *life-threatening complications: if any, manages immediately.				
4.5 *Evaluates historical and physical findings for presence or absence of risk factors.				
4.6 *Decides if maternal health status is normal based on the above evaluations, and if not, appropriately consults and/or refers for further evaluation.				

POSSIBLE SCORE: 16 points CUT OFF: 16 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5: Shares assessments and diagnoses with the client.

		2	1	0	Comments
5.1	Informs the client, in a reassuring manner, of the assessments and diagnoses including: a. *progress of involution b. *her own health status.				
5.2	If any abnormalities are discovered in any of the areas mentioned, asks the client if she is aware of these.				
5.3	Explains possible causes of any abnormalities discovered.				
5.4	*If any abnormalities are discovered, informs the client about next steps in addressing these.				
5.5	*Encourages the client to share reactions to the information, gently probing as necessary.				

POSSIBLE SCORE: 12 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6: Provides care in collaboration with the client.

	2	1	0	Comments
Education and counseling 6.1 Explores the client's need for and provides information about the following topics: a. *normal postpartum involution b. *normal emotional responses to birth c. *changes in family relationships d. *getting enough sleep and rest e. *nutritional needs for breastfeeding and how to meet these needs f. *personal hygiene and perineal care g. *initiation of lactation, breastfeeding (BF) and breast care – BF techniques and positions – treatment/care of common problems (difficulties with let-down reflex, perceived low milk supply, plugged ducts, inverted/flat nipples) – use of drugs and traditional medicine during lactation – expression of breast milk h. importance of feeding baby colostrum (both for infant's health and for uterine involution) i. *sexuality, resumption of intercourse, return to fertility and menses j. *protection from pregnancy and STIs k. *appropriate family planning methods (continued on next page)				

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6 *(continued)*: Provides care in collaboration with the client.

	2	1	0	Comments
l. *common discomforts and how to cope with them (e.g., after pains, perineal pain, breast engorgement, constipation, hemorrhoids and varicose veins)				
m. *signs of complications (e.g., chills and fever; severe headache; visual changes; severe abdominal pain; constant or increasing vaginal bleeding, clots or passing of tissue; foul-smelling lochia; severe perineal pain or pressure; infrequent, scanty, or painful urination; severe pain with hard lump in breast; severe calf pain)				
n. *importance of follow-up visit				
o. other relevant issues, as indicated.				
6.2 *Helps the client to make decisions which positively affect her health and well-being.				
Support				
6.3 *Offers client reassurance and encouragement.				
6.4 *Answers any client questions related to labor and birth, and postpartum involution or recovery, as requested.				
6.5 *Helps client to maintain hygiene by providing or assisting with a change of fresh linens/bedding/sanitary pad or cloth/clothing, as needed.				
6.6 *Encourages client to maintain an empty bowel and bladder and assists to facilities, as needed.				
6.7 *Encourages/offers nourishment and fluids.				

(continued on next page)

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6 *(continued)*: Provides care in collaboration with the client.

	2	1	0	Comments
6.8 Offers client physical comfort measures, as the client desires and is needed, including: a. *massaging b. *sponge bathing c. *assistance with changes of body position.				
6.9 *Assists with breastfeeding, when needed.				
Preventive Measures				
6.10 *Discusses continued iron and folate supplements. Asks the client if she has a sufficient supply (provides more tablets, if necessary).				
6.11 *Discusses tetanus toxoid immunization schedule. Gives vaccine according to schedule, as indicated.				
6.12 *Discusses rubella immunization. Gives rubella vaccine if: a) it is available and b) the client had a rubella titer of <1:10 during pregnancy or is certain she has not had rubella.				
6.13 *Discusses continued malaria prophylaxis (if previously prescribed). Asks the client if she has a sufficient supply for up to 4 to 6 weeks, according to protocol. Provides more tablets, where necessary.				
6.14 *Discusses Rh incompatibility in simple terms. Gives Rh immune globulin (RhoGam) within 72 hours of birth, where available and indicated.				

(continued on next page)

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6 *(continued)*: Provides care in collaboration with the client.

	2	1	0	Comments
6.15 *Discusses appropriate family planning for breastfeeding (or non-breastfeeding) women. Assists the client to make an informed choice. Provides all necessary information and/or method (Refer to Module 3: Providing FP Services).				
Treatment or intervention				
6.16 *Provides/teaches the client about relief measures for common discomforts, as indicated.				
6.17 *Teaches client abdominal and pelvic floor muscle-strengthening exercises.				
6.18 *Treats or refers other problems, as necessary and appropriate.				

POSSIBLE SCORE: 68 points CUT OFF: 64 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 7: Plans follow-up care in collaboration with the client.

		2	1	0	Comments
7.1	*Discusses with the client instructions related to preventive measures and treatments, if any.				
7.2	*Asks client to repeat instructions, if any.				
7.3	*Encourages the client to ask any unanswered questions, if any.				
7.4	*Discusses with the client the timing and importance of postpartum follow-up care.				
7.5	*Discuss with the client possible time/date for the next postpartum visit.				
7.6	*Schedules the follow-up visit and gives the client the time/date, as appropriate.				
7.7	Encourages the client to include her partner during the postpartum visit, as she desires.				

POSSIBLE SCORE: 14 points CUT OFF: 12 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 8: Records findings, assessments, diagnoses, care provided and follow-up plan.

		2	1	0	Comments
8.1	*Neatly and clearly writes all findings, assessments, diagnoses, care provided and plans for follow-up on the postpartum record.				
8.2	*Gives the client a copy of her postpartum record/card with the follow-up date indicated on it, where possible.				
8.3	*Stores the client's postpartum record in a safe place.				

POSSIBLE SCORE: 6 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-g

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares for the newborn health history and physical examination.	38		38		
2. Obtains the newborn health history from the client.	44		42		
3. Performs the newborn physical examination.	150		138		
4. Assesses the newborn's gestational age and health status, and makes diagnoses.	12		12		
5. Shares assessments and diagnoses of the newborn's health status with the client.	8		4		
6. Provides care to the newborn in collaboration with the client.	34		32		
7. Plans follow-up care of the newborn in collaboration with the client.	14		12		
8. Records all findings, assessments, diagnoses, care provided to the newborn and follow-up plan.	8		8		
TOTAL	308		286		

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares for the newborn health history and physical examination.

	2	1	0	Comments
Setting				
1.1 *Decontaminates work surfaces (if in hospital or maternity setting).				
1.2 Ensures availability of and arranges:				
a. *adequate light				
b. *linen and examination table				
c. *bin and cover				
d. *soap, water and clean hand towel				
e. *pen light or torch, stethoscope, watch, tape measure, infant scales, gestational age assessment and growth charts.				
1.3 *Ensures that the room is sufficiently warm for the newborn examination.				
Provider				
1.4 Reviews delivery and newborn records (if available) and notes the following:				
a. *date and time of birth				
b. *duration of labor				
c. *type of birth (spontaneous, forceps/vacuum or Cesarean)				
d. *APGAR scores (if done)				
e. *gestational age by dates				
f. *gestational age by examination (if done)				
g. *maternal antenatal and natal problems				
h. *maternal use of drugs/medications which might affect the newborn.				
1.5 *Washes hands with soap and water, air dries or dries with clean cloth.				

(continued on next page)

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1 *(continued)*: Prepares for the newborn health history and physical examination.

	2	1	0	Comments
Client and newborn:				
1.6 *Greets the client and introduces self, if appropriate.				
1.7 *Ensures that client is comfortably seated with her baby and that privacy is maintained.				
1.8 *Explains purpose of the visit.				

POSSIBLE SCORE: 38 points CUT OFF: 38 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Obtains the newborn health history from the client.

	2	1	0	Comments
Relevant obstetric history				
2.1 Obtains the newborn health history from the client for the following information (if records are not available): a. *date and time of birth b. *duration of labor and birth c. *type of birth (spontaneous, forceps or Cesarean) d. *whether the baby breathed spontaneously at birth or needed assistance e. *whether the baby was full-term at birth f. *whether any problems or abnormalities were noticed at birth g. *weight and length of the baby at birth, if known.				
Postpartum history				
2.2 Asks the client about the following: a. *her feelings about the baby's sex and appearance b. *reactions of family/siblings to the baby c. *baby's activity, sleep and crying patterns d. *suckling and feeding pattern/ perceived satisfaction of both mother and baby e. *baby's bladder and bowel function f. *condition/care of the baby's umbilical cord g. *immunizations received (e.g., BCG)				

(continued on next page)

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 *(continued)*: Obtains the newborn health history from the client.

	2	1	0	Comments
h. signs of any potentially serious problem: – *not feeding well – *sleeps most of the time (a "good" baby) – *vomits or spits up a lot – *watery, dark green stools – *skin feels hot or cold – *breathes too fast (>60 breaths per minute) or with difficulty – *skin and eyes are yellow				
i. other concerns about the baby.				

POSSIBLE SCORE: 44 points CUT OFF: 42 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Performs the newborn physical examination.

	2	1	0	Comments
General approach to examination				
3.1 Observes baby's general appearance throughout, noting: a. *posture in supine position b. *body proportions and symmetry c. *skin color, texture, markings, veining, amount of lanugo d. *spontaneous activity e. *cry (frequency and pitch) f. *respiratory effort.				
3.2 *Explains procedures to the client as performs them on the baby.				
3.3 *Asks further questions for clarification while conducts the examination, as needed and appropriate.				
3.4 *Calms the baby as needed.				
Vital signs and body measurements				
3.5 Asks the client to place the baby on the bed/examination table/mat.				
3.6 Asks the client to undress the baby.				
3.7 *Measures heart rate/rhythm/sounds; respiratory rate/rhythm/sounds; temperature.				
3.8 *Measures weight, length and head circumference.				

(continued on next page)

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the newborn physical examination.

	2	1	0	Comments
Head and neck				
3.9 Inspects eyes for: a. *reaction of pupils to light b. red reflex c. blink reflex d. corneal reflex e. *opaqueness f. *coordination and movement g. *shape h. *color of sclera (e.g., yellow) i. *discharge (e.g., greenish).				
3.10 *Inspects nose for patency (observes nursing).				
3.11 Inspects ears for: a. *presence or absence of canal b. *position in relation to eyes c. *baby's reaction to loud noise.				
3.12 *Palpates pinna for thickness of cartilage; folds pinna to test for recoil.				
3.13 Inspects mouth for: a. *symmetry b. *formation of lips (presence or absence of cleft lip) c. *formation of gums/hard palate (presence or absence of cleft palate).				
3.14 *Elicits rooting and sucking reflexes (observes adequacy of breastfeeding).				
3.15 *Determines range of motion of head/neck.				

(continued on next page)

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the newborn physical examination.

	2	1	0	Comments
Chest				
3.16 Inspects breasts for: a. *engorgement b. *discharge from nipples c. *size of the areolae.				
Abdomen				
3.17 Inspects abdomen for: a. *size b. *shape or contour c. *healing of umbilicus (e.g., color, dryness).				
3.18 Palpates abdomen for: a. *separation of abdominal muscles b. *presence or absence of hernias (e.g., umbilical and inguinal).				
Extremities				
3.19 Inspects arms/hands/digits for: a. *symmetry of shape and length b. *formation (presence or absence of deformity) c. *palmar creases d. *color (e.g., pale or blue nailbeds).				
3.20 Determines range of motion and muscle tone: a. *arm recoil b *scarf sign c. *square window. (continued on next page)				

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the newborn physical examination.

	2	1	0	Comments
3.21 Inspects legs/feet/digits for: a. *symmetry of shape and length b. *formation (presence or absence of deformity) c. *plantar creases d. *color (e.g., pale or blue nailbeds).				
3.22 Determines range of motion and muscle tone: a. *popliteal angle b. *heel to ear.				
3.23 *Checks for dislocation of the hips (gluteal folds).				
3.24 Elicits the following reflexes: a. *palmar (≤ 3 mos.) b. *plantar (≤ 24 to 36 mos.) c. *Babinski (≤ 9 to 18 mos.).				
External genitalia				
3.25 *Puts on gloves without contaminating them.				
3.26 **If female**. Inspects the vulva to determine presence of: a. *edema of the labia majora b. *prominence of labia minora and clitoris c. *redness or irritation d. *character of vaginal discharge e. *patency of urethral meatus (observes urination) *OR...* (continued on next page)				

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the newborn physical examination.

	2	1	0	Comments
3.27 **If male**. Inspects the penis, then gently retracts foreskin to determine presence of: a. *redness or irritation b. *urethral discharge c. *position and patency of urethral meatus (observes urination).				
3.28 ***If male**, inspects the scrotum for development of rugae.				
3.29 ***If male**. Palpates the scrotum to determine descent of the testes.				
3.30 Inspects anus for patency. If bowel movement occurs, notes stool for: a. *color b. *consistency c. *volume d. *odor.				
3.31 *Removes used gloves and disposes them in a decontamination solution.				
Back				
3.32 Lifts the baby up and inspects spine for: a. *mobility b. *formation (presence or absence of dimpling or openings).				
Other (reflexes)				
3.33 *Elicits the walking/stepping reflex (≤ 1 month)				

(continued on next page)

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the newborn physical examination.

		2	1	0	Comments
3.34	*Elicits the Moro reflex (≤ 2 to 4 months).				
3.35	Asks client to dress her baby.				
3.36	*Thanks the client for her cooperation.				
3.37	*Washes hands with soap and water, air dries or dries with clean cloth.				

POSSIBLE SCORE: 150 pointsCUT OFF: 138 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Assesses the newborn's gestational age and health status, and makes diagnoses.

	2	1	0	Comments
Newborn gestational weight for age				
4.1 *Evaluates signs of neuromuscular and physical maturity and calculates gestational age using the gestational age chart.				
4.2 *Plots the newborn's weight, length and head circumference on a growth chart denoting the 10th, 50th, and 90th percentile.				
4.3 *Decides if the newborn's weight for gestational age is small, average or large.				
Newborn well-being				
4.4 *Evaluates historical and physical findings for presence or absence of health problems.				
4.5 *Evaluates historical and physical findings for presence or absence of risk factors.				
4.6 *Decides if the newborn's health status is normal based on the above evaluations, and if not, appropriately consults and/or refers for further evaluation.				

POSSIBLE SCORE: 12 points CUT OFF: 12 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5: Shares assessments and diagnoses of the newborn's health status with the client.

		2	1	0	Comments
5.1	Informs the client, in a reassuring manner, of the assessments and diagnoses of her newborn's health status.				
5.2	Explains possible causes of any abnormalities discovered.				
5.3	*If any abnormalities are discovered, informs client about next steps in addressing them.				
5.4	*Encourages client to share reactions to the information provided, gently probing as necessary.				

POSSIBLE SCORE: 8 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6: Provides care to newborn in collaboration with client.

	2	1	0	Comments
Education and counseling 6.1 Explores the client's need for and provides information about the following topics: a. *normal behavioral and physical changes in the newborn (e.g., sleep and wake patterns, bowel and bladder patterns, growth) b. *nutritional needs of the newborn, how to meet these, including assistance with breastfeeding, if indicated c. *importance of maintaining the baby's body temperature d. review signs of potentially serious problems: – *not feeding as well as usual – *sleeps most of the time (a "good" baby) – *vomits or spits up a lot – *watery, dark green stools – *skin feels hot or cold – *breathes too fast (> 60 breaths per minute) or with difficulty – *skin and eyes are yellow e. other relevant issues, as indicated. 6.2 *Helps the client to make decisions which positively affect her baby's health and well-being. (continued on next page)				

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6 *(continued)*: Provides care to newborn in collaboration with client.

	2	1	0	Comments
Preventive measures				
6.3 *Discusses ophthalmia neonatorum and provides prophylactic treatment to the newborn's eyes (if ≤ 4 hours since birth and not previously done).				
6.4 *Discusses and demonstrates care for the newborn's umbilical cord.				
6.5 *Discusses BCG immunization. Gives vaccine according to protocol (where indicated).				
6.6 *Discusses benefits of continued breastfeeding.				
Treatment or intervention				
6.7 *Treats or refers newborn problems, as necessary and appropriate.				

POSSIBLE SCORE: 34 points CUT OFF: 32 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 7: Plans follow-up care to the newborn in collaboration with the client.

		2	1	0	Comments
7.1	*Discusses with the client follow-up treatments or preventive measures and associated instructions, if any.				
7.2	*Asks client to repeat instructions for follow-up treatments or preventive measures, if any.				
7.3	*Encourages the client to ask any unanswered questions. If the client is not in the hospital or maternity, and questions arise after this visit and are perceived to be of concern, encourages her to come to the clinic with the baby right away.				
7.4	*Discusses with the client the timing and importance of newborn follow-up care.				
7.5	*Discusses possible dates for the next visit and/or the 4 to 6 weeks well-baby check-up.				
7.6	*Schedules the follow-up visit and gives the client the time and date.				
7.7	Encourages the client to bring her partner or significant others to the next visit and/or 4 to 6 weeks well-baby check-up, as she desires.				

POSSIBLE SCORE: 14 points CUT OFF: 12 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 8: Records all findings, assessments, diagnoses, care provided to the newborn and follow-up plan.

		2	1	0	Comments
8.1	*Neatly and clearly writes all findings, assessments, diagnoses, care provided and plans for follow-up on the health record.				
8.2	*Gives the client a copy of her baby's health record/card with return date noted on it, if indicated and where possible.				
8.3	*Teaches the client how to interpret and use the information on the baby's record/card.				
8.4	*Stores the newborn's record in a safe place.				

POSSIBLE SCORE: 8 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-h

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares for the 4 to 6 weeks maternal postpartum health history and physical examination.	32		26		
2. Obtains the 4 to 6 weeks maternal postpartum health history.	80		70		
3. Performs the 4 to 6 weeks maternal postpartum physical examination.	212		186		
4. Assesses the progress of involution and maternal health status, and makes diagnoses.	16		16		
5. Shares assessments and diagnoses with the client.	12		8		
6. Provides care in collaboration with the client.	26		24		
7. Plans follow-up care in collaboration with the client.	8		8		
8. Records all findings, assessments, diagnoses, care provided and follow-up plan.	6		6		
TOTAL	392		344		

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares for the 4 to 6 weeks maternal postpartum history and physical examination.

	2	1	0	Comments
Setting				
1.1 Decontaminates the work surfaces (if in clinic setting).				
1.2 Ensures availability of and arranges:				
a. *adequate light				
b. *linen, pillow and examination table				
c. *bin and cover				
d. *soap, water and clean hand towel				
e. gloves (new or reusable which have been high-level disinfected)				
f. *BP cuff, stethoscope, watch, scale, specula				
g. laboratory equipment (if available).				
Provider				
1.3 Reviews the antepartum, intrapartum and postpartum records (if available):				
a. *progress of pregnancy, labor and birth, and early postpartum involution/recovery				
b. *postpartum common discomforts				
c. *postpartum life-threatening complications				
d. *postpartum risk factors.				
1.4 *Washes hands with soap and water, air dries or dries with a clean cloth.				
Client				
1.5 *Greets the client and introduces self.				
1.6 *Ensures that the client is comfortably seated and that privacy is maintained.				
1.7 *Explains the purpose and procedures of the visit.				

POSSIBLE SCORE: 32 points CUT OFF: 26 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Obtains the 4 to 6 weeks maternal postpartum health history.

	2	1	0	Comments
Relevant obstetric and medical history				
2.1 Obtains the following information:				
a. *date of birth				
b. *duration of labor and birth				
c. *type of birth (spontaneous, forceps or Cesarean)				
d. any problems during pregnancy or birth:				
– *high blood pressure				
– *seizures				
– *anemia				
– *too much bleeding or hemorrhage				
– *severe infection				
– *high blood sugar or diabetes				
– other serious health condition.				
Postpartum history				
2.2 Obtains the following information:				
a. general well-being:				
– *rest and sleep				
– *activity and exercise				
– *perceived ability to care for baby				
– *adjustment of family to baby, to one another				
b. diet history (24 hour recall)				
c. breastfeeding (if stopped, when and why):				
– *frequency, duration per session				

(continued on next page)

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 *(continued)*: Obtains the 4 to 6 weeks maternal postpartum health history.

	2	1	0	Comments
– *perceived satisfaction of self and baby – *care of breasts d. symptoms of involution: – *lochia (e.g., duration, sequence of color) – *resumption of menses (date, duration and amount e. resumption of sexual intercourse: – *when resumed and how many times – *level of physical and emotional comfort – STI risk f. contraception – *use of contraception (if not using, why) – *method now using or desired – satisfaction with that method, if using g. any problems since birth with: – *excessive fatigue – *severe breast tenderness, engorgement, cracked or bleeding nipples – *difficulty breastfeeding – *continuing perineal pain – *fever and chills – *lower abdominal pain, severe cramping – *foul-smelling vaginal discharge (continued on next page)				

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 *(continued)*: Obtains the 4 to 6 weeks maternal postpartum health history.

	2	1	0	Comments
– *excessive vaginal bleeding or clots – *pain or burning on urination – *urinary incontinence – *constipation – *hemorrhoids – *pain, redness or tenderness of calves – **any** other problems.				

POSSIBLE SCORE: 80 points CUT OFF: 70 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Performs the 4 to 6 weeks maternal postpartum physical examination.

	2	1	0	Comments
General approach to examination				
3.1 Observes the client's energy level, emotional tone and posture throughout the examination.				
3.2 *Explains as performs all procedures of the examination.				
3.3 *Asks further questions for clarification while conducting the examination, as needed and appropriate.				
Laboratory tests and vital signs				
3.4 Asks the client to empty her bladder. Tests urine (using method available at the clinic) for: a. albumin b. acetone.				
3.5 *Draws blood for testing hemoglobin/hematocrit.				
3.6 *Measures height and weight.				
3.7 *Measures BP, heart rate and temperature.				
3.8 *Asks the client to undress and offers linen for privacy.				
3.9 Assists client to sit on examination table/bed/mat.				
Breasts				
3.10 With client's arms by side, inspects breasts for: a. *size, shape and symmetry b. *presence or absence of engorgement c. *presence or absence of abscess				

(continued on next page)

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the 4 to 6 weeks maternal postpartum physical examination.

	2	1	0	Comments
d. *secretion of milk from nipples e. *color, consistency, amount of other discharge from nipples (e.g., bleeding) f. *fissures or blistering of nipples.				
3.11 *As the client lifts her arms above head, inspects the breasts for retraction and dimpling.				
3.12 *With the client's hands on hips, inspects the breasts for retraction or dimpling.				
3.13 With client lying and left arm over head, systematically palpates the left (then right) breast and axilla noting: a. *masses b. *enlarged lymph nodes c. *presence or absence of engorgement d. *presence or absence of abscess.				
Back				
3.14 *Palpates the costo-vertebral area for tenderness.				
Abdomen				
3.15 Assists client to lie back on examination table/bed/examination table/mat.				
3.16 Inspects the abdomen for: a. *scars (if recent surgery, for healing) b. *size and contour.				
3.17 Palpates all four quadrants of abdomen for: a. *presence or absence of uterus above pubis b. *presence or absence of bladder above pubis				

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Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the 4 to 6 weeks maternal postpartum physical examination.

	2	1	0	Comments
c. *masses d. *tenderness.				
3.18 *With the client's head slightly lifted off of the pillow, palpates for degree of separation of the abdominal muscles (diastasis recti).				
Extremities				
3.19 Inspects the legs: a. entire leg for varicose veins b. *calves for areas of redness c. *tibia, ankles and feet for edema (checks degree of pitting, if present).				
3.20 *Palpates the legs for tenderness or heat.				
3.21 *Dorsiflexes each foot to check for presence or absence of calf pain (Homan's sign).				
3.22 *Tests the patellar reflex (deep tendon) for hyper- or hypo-activity.				
Pelvic: external genitalia				
3.23 *Assists the client into position for the pelvic examination and drapes for privacy.				
3.24 Removes any hand jewelry.				
3.25 *Puts on gloves without contaminating them.				
3.26 *Inspects perineum for scaring from laceration or episiotomy or circumcision repair.				
(continued on next page)				

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the 4 to 6 weeks maternal postpartum physical examination.

		2	1	0	Comments
3.27	Gently separates the labia majora and inspects the labia minor then the clitoris, urethral opening and vaginal introitus for: a. *color b. *redness or irritation c. *ulcers or lesions d. *growths e. *fissures or fistulae f. adhesions g. *scarring from laceration/repair h. *discharge (color, consistency, amount).				
3.28	*Milks urethra and Skene's ducts to exclude pus or bloody discharge.				
3.29	Palpates Bartholin's glands for: a. *swelling b. *masses or cysts.				
Pelvic:	*speculum examination*				
3.30	*Selects the correct size speculum for the client.				
3.31	*Shows the speculum to the client, explaining that it will be inserted into the vagina and how this will feel.				
3.32	*Tells client *how* to relax throughout the procedure (e.g., using slow abdominal or chest breathing or imagining limpness), while keeping her legs well-separated.				
3.33	*Encourages the client to indicate if the procedure is becoming too uncomfortable.				

(continued on next page)

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the 4 to 6 weeks maternal postpartum physical examination.

		2	1	0	Comments
3.34	*Lubricates the speculum with water (warm if possible) or lubricating jelly (if no specimen is to be obtained).				
3.35	*Holds the speculum obliquely, parts the labia with the other hand, and inserts the speculum gently, avoiding the urethra and clitoris.				
3.36	*Turns the speculum and opens the blades to expose the cervix.				
3.37	Inspects the cervix for: a. color b. *size, shape and position c. *dilatation of the os d. ectopy e. *redness or inflammation f. *friability or bleeding g. *lesions, erosion or ulcers h. *growths or masses i. polyps or cysts j. *scaring (from laceration) k. *discharge (color, consistency, amount).				
3.38	Obtains specimens, if necessary.				
3.39	Inspects the vaginal walls for: a. *color b. *redness or inflammation c. *friability or bleeding d. *lesions and ulcers				

(continued on next page)

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the 4 to 6 weeks maternal postpartum physical examination.

	2	1	0	Comments
e. *growths or masses f. *fistulae g. *scarring from laceration or episiotomy h. *discharge (color, consistency, amount).				
3.40 *Closes and removes speculum gently in the oblique position.				
3.41 *Puts the used speculum in a container for decontamination.				
Pelvic: bimanual examination				
3.42 *Explains to the client that the examination is continuing and what she will feel.				
3.43 *Encourages the client to indicate if she becomes too uncomfortable.				
3.44 Inserts two fingers into the vagina, spreads them and exerts downward pressure, and asks the client to bear down or cough gently, and observes for: a. *involuntary loss of urine b. *cystocele c. *rectocele.				
3.45 *Draws the two fingers together, asks the client to tighten her vaginal muscles and checks for muscle tone.				
3.46 Sweeps the vaginal walls with the two fingers and feels for: a. *growths or masses b. *smoothness.				

(continued on next page)

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the 4 to 6 weeks maternal postpartum physical examination.

		2	1	0	Comments
3.47	Locates the cervix and feels for: a. *size, shape and position b. *consistency c. *dilatation of the os d. *regularity of the os e. *mobility f. *tenderness (observes client's face).				
3.48	Uses both hands to palpate the uterus for: a. *size, shape and position b. *consistency c. *mobility d. *tenderness (observes client's face).				
3.49	Uses both hands to palpate the adnexa for: a. *size and shape b. *masses c. *tenderness (observes client's face).				
3.50	*Removes fingers smoothly, then removes gloves and disposes of them in a decontamination solution.				
3.51	Assists the client off the examination table/bed/mat.				
3.52	*Thanks the client for her cooperation and asks her to get dressed.				
3.53	*Washes hands with soap and water, air dries or dries with a clean cloth.				

POSSIBLE SCORE: 212 pointsCUT OFF: 186 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Assesses the progress of involution and maternal health status, and makes diagnoses.

	2	1	0	Comments
Progress of involution				
4.1 *Compares uterine size and consistency with that expected for number of days postpartum.				
4.2 *Decides if actual and expected uterine size and consistency are as expected for number of days postpartum.				
4.3 *Decides if involution is normal.				
Maternal well-being				
4.4 Evaluates historical and physical findings for presence or absence of problems.				
a. *psycho-emotional response to postpartum				
b. *common discomforts				
c. *life-threatening complications.				
4.5 *Evaluates historical and physical findings for presence or absence of risk factors.				
4.6 *Decides if maternal health status is normal based on the above evaluations.				

POSSIBLE SCORE: 16 points CUT OFF: 16 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5: Shares assessments and diagnoses with the client.

		2	1	0	Comments
5.1	Informs the client, in a reassuring manner, of the assessments and diagnoses including: a. *progress of involution b. *her own health status.				
5.2	If any abnormalities are discovered in any of the areas mentioned, asks the client if she is aware of these.				
5.3	Explains possible causes of any abnormalities discovered.				
5.4	*If any abnormalities are discovered, informs the client about next steps in addressing these.				
5.5	*Encourages the client to share reactions to the information, gently probing as necessary.				

POSSIBLE SCORE: 12 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6: Provides care in collaboration with the client.

	2	1	0	Comments
Education and counseling				
6.1 Explores the client's need for and provides information about the following topics: a. *getting enough sleep, rest b. *special postpartum exercises (e.g., Kegel's and abdominal toning) c. *continued nutritional needs and how to meet these d. *common problems with breastfeeding and how to cope, as indicated e. *return to fertility in breastfeeding or non-breastfeeding women, as indicated f. *sexuality, intercourse, prevention of STIs g. *appropriate contraception for breastfeeding or non-breastfeeding women, as indicated h. other relevant issues, as indicated.				
6.2 *Helps the client to make decisions which positively affect her health and well-being.				
Preventive measures				
6.3 *Discusses and provides continued iron and folate supplementation.				
6.4 *Teaches client to perform self-breast examination.				
6.5 *Discusses and provides family planning method of choice, as appropriate (see Module 3: Providing FP Services).				

(continued on next page)

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6 *(continued)*: Provides care in collaboration with client.

	2	1	0	Comments
Treatment or intervention 6.6 *Treats or refers problems, as necessary and appropriate.				

POSSIBLE SCORE: 26 points CUT OFF: 24 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Task 7: Plans follow-up care in collaboration with the client.

	2	1	0	Comments
7.1 *Discusses with the client follow-up treatment(s) and associated instructions, if any.				
7.2 *Asks the client to repeat instructions for follow-up treatment(s), if any.				
7.3 *Encourages the client to ask any unanswered questions. If questions arise after this visit and are perceived to be of concern, encourage her to call or return to the clinic right away.				
7.4 *Advises the client how to contact the clinic for questions or concerns.				

POSSIBLE SCORE: 8 points CUT OFF: 8 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 8: Records findings, assessments, diagnoses, care provided and follow-up plans.

		2	1	0	Comments
8.1	*Neatly and clearly writes all findings, assessments, diagnoses, care provided and plans for follow-up on the postpartum record.				
8.2	*Gives the client a copy of her postpartum record, when possible.				
8.3	*Stores the client's postpartum record in a safe place.				

POSSIBLE SCORE: 6 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-i

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares for the 4 to 6 weeks history and physical examination of the infant.	32		32		
2. Obtains the 4 to 6 weeks infant health history from the client.	44		40		
3. Performs the 4 to 6 weeks physical examination.	134 (female) 136 (male)		116 (female) 118 (male)		
4. Assesses the infant's growth and health status, and makes diagnoses.	10		10		
5. Shares assessments and diagnoses of the infant's health status with the client.	8		4		
6. Provides care to the infant in collaboration with the client.	34		32		
7. Plans follow-up care of the infant in collaboration with the client.	14		10		
8. Records findings, assessments, diagnoses, care provided to infant and follow-up plan.	6		6		
TOTAL	282 (female) 284 (male)		250 (female) 252 (male)		

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares for the 4 to 6 weeks health history and physical examination of the infant.

	2	1	0	Comments
Setting				
1.1 *Decontaminates and cleans work surfaces (if not in clinic setting, arranges for clean exam site).				
1.2 Ensures availability of and arranges:				
a. *adequate light				
b. *linen and examination table				
c. *bin and cover				
d. *soap, water and clean hand towel				
e. *pen light or torch, stethoscope, watch, tape measure, infant scales, growth charts.				
1.3 *Ensures that the room is sufficiently warm for the infant examination.				
Provider				
1.4 Reviews delivery record and initial newborn physical examination findings (if available) for:				
– *duration of labor				
– *type of birth (e.g., spontaneous, forceps, vacuum or Cesarean)				
– *APGAR scores (if done)				
– *problems/life-threatening complications				
– *risk factors.				
1.5 *Washes hands with soap and water, air dries or dries with clean cloth.				

(continued on next page)

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1 *(continued)*: Prepares for the 4 to 6 weeks health history and physical examination of the infant.

	2	1	0	Comments
Client and infant:				
1.6 *Greets client, introduces self, if appropriate.				
1.7 *Ensures that client is comfortably seated with her baby and that privacy is maintained.				
1.8 *Explains purpose of the visit.				

POSSIBLE SCORE: 32 points CUT OFF: 32 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Obtains the 4 to 6 weeks infant health history from the client.

	2	1	0	Comments
Relevant obstetric history				
2.1 Asks the client for the following information: a. *date of birth b. *duration of labor and birth c. *type of birth (spontaneous, forceps, vacuum extraction or Cesarean) d. whether the infant breathed spontaneously at birth or needed assistance e. *whether the baby was full-term at birth f. *whether any problems or abnormalities were noticed at birth g. *weight and length at birth (if known).				
Birth to 4 to 6 weeks history				
2.2 Asks the client about the following: a. *baby's general well-being b. *baby's activity, sleep and crying patterns c. *suckling and feeding pattern/perceived satisfaction of both mother and baby d. *if baby is growing and gaining weight e. *baby's bladder and bowel patterns f. *healing of umbilical cord g. *immunizations received (e.g., BCG) (continued on next page)				

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 *(continued)*: Obtains the 4 to 6 weeks infant health history from the client.

	2	1	0	Comments
h. signs of any potentially serious problems: – *not feeding as well as usual – *sleeps most of the time (a "good" baby) – *vomits or spits up a lot – *watery, dark green stools – *skin feels hot or cold – *breathes too fast (> 60 breaths per minute) or with difficulty – *skin and eyes are yellow				
i. other concerns about the baby since birth.				

POSSIBLE SCORE: 44 points CUT OFF: 40 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Performs the 4 to 6 weeks physical examination of the infant.

	2	1	0	Comments
General approach to examination				
3.1 Observes baby's general appearance throughout, noting: a. *posture in supine position b. *body proportions and symmetry c. *skin color, texture, markings, rashes d. *spontaneous activity e. *cry (frequency and pitch) f. *respiratory effort.				
3.2 *Explains to the client as performs all procedures on the baby.				
3.3 *Asks further questions for clarification while conducts the examination, as needed and appropriate.				
3.4 *Calms the baby as needed.				
Vital signs and body measurements				
3.5 Asks the client to place the baby on the examination table/bed/examination table/mat.				
3.6 Asks the client to undress the baby.				
3.7 *Measures heart rate/rhythm/sounds; respiratory rate/rhythm/sounds; temperature.				
3.8 *Measures weight, length and head circumference.				
Head and neck				
3.9 Inspects head for: a. *symmetry				

(continued on next page)

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the 4 to 6 weeks physical examination of the infant.

		2	1	0	Comments
	b. fontanels (extent of closure, depression or bulging)				
3.10	Inspects eyes for:				
	a. *reaction of pupils to light				
	b. red reflex				
	c. blink reflex				
	d. corneal reflex				
	e. *opaqueness				
	f. *coordination and movement				
	g. *shape				
	h. *color of sclera (e.g., yellow)				
	i. *discharge (e.g., yellowish or greenish).				
3.11	*Inspects nose for patency (observes nursing).				
3.12	Inspects ears for:				
	a. *presence or absence of canal				
	b. *position in relation to eyes				
	c. *baby's reaction to loud noise.				
3.13	Inspects mouth for:				
	a. *formation of lips (presence or absence of cleft lip)				
	b. *formation of gums/hard palate (presence or absence of cleft palate).				
3.14	*Elicits rooting and sucking reflexes.				
3.15	*Elicits range of motion of head/neck.				
Chest					
3.16	Inspects breasts for size of the areolae.				

(continued on next page)

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
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Task 3 *(continued)*: Performs the 4 to 6 weeks physical examination of the infant.

	2	1	0	Comments
Abdomen				
3.17 Inspects abdomen for:				
a. *size				
b. *shape or contour				
c. *healed umbilicus.				
3.18 Palpates abdomen for:				
a. *separation of abdominal muscles				
b. *hernia (umbilical and inguinal)				
c. *liver or spleen enlargement.				
Extremities				
3.19 Inspects arms/hands/digits for:				
a. *symmetry of shape and length				
b. *formation (presence or absence of deformity)				
c. *palmar creases				
d. *color (e.g., pale or blue nailbeds).				
3.20 Determines range of motion and muscle tone.				
3.21 Inspects legs/feet/digits for:				
a. *symmetry of shape and length				
b. *formation (presence or absence of deformity)				
c. *color (e.g., pale or blue nailbeds).				
3.22 *Determines range of motion and muscle tone and checks for hip dislocation (gluteal folds).				
3.23 Elicits the following reflexes:				
a. *palmar (≤ 3 months)				
b. *plantar (≤ 24 to 36 months)				

(continued on next page)

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
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0 = Not Done or Done Below Standards Even After Prompting

Task 3 *(continued)*: Performs the 4 to 6 week infant physical examination.

	2	1	0	Comments
c. *Babinski (≤ 9 to 18 months).				
External genitalia				
3.24 *Puts on gloves without contaminating them.				
3.25 **If female**. Inspects the vulva, then gently separates labia to determine presence of: a. *redness or irritation b. *vaginal discharge c. *patency of urethral meatus (observes urination).				
OR...				
3.25 **If male**. Inspects the penis, then gently retracts foreskin to determine presence of: a. *redness or irritation b. *urethral discharge c. *position and patency of urethral meatus (observes urination). ***If male**. Palpates the scrotum to determine presence or absence of testes.				
3.26 Inspects anus for patency. If bowel movement occurs, notes stool for: a. *color b. *consistency c. *volume d. *odor.				
3.27 *Removes used gloves and disposes them in a decontamination solution.				

(continued on next page)

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
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Task 3 *(continued)*: Performs the 4 to 6 weeks physical examination of the infant.

	2	1	0	Comments
Back				
3.28 Lifts the baby up and inspects spine for: a. *mobility b. *formation (presence or absence of dimpling or openings).				
Other (reflexes)				
3.29 *Elicits the walking/stepping reflex (≤ 1 month).				
3.30 *Elicits the Moro reflex (≤ 2 to 4 months).				
3.31 Asks client to dress her infant.				
3.32 *Thanks the client for her cooperation.				
3.33 *Washes hands with soap and water, air dries or dries with clean cloth.				

POSSIBLE SCORE: 134 (female) or 136 (male) points (must include skills with asterisks (*)) CUT OFF: 116 (female) or 118 (male) points

SCORE ATTAINED: _____

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Assesses the infant's growth and health status, and makes diagnoses.

	2	1	0	Comments
Infant growth				
4.1 *Evaluates the infant's weight, length and head circumference in comparison with expected measures for age, using locally appropriate growth standards.				
4.2 *Decides if the infant's growth pattern is within the normal range based on locally appropriate growth standards (≥ 10th or ≤ 90th percentile).				
Infant well-being				
4.3 *Evaluates historical and physical findings for presence or absence of health problems.				
4.4 *Evaluates historical and physical findings for presence or absence of risk factors.				
4.5 *Decides if the infant's health status is normal based on the above evaluations.				

POSSIBLE SCORE: 10 points CUT OFF: 10 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
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0 = Not Done or Done Below Standards Even After Prompting

Task 5: Shares assessments and diagnoses of the infant's health status with the client.

		2	1	0	Comments
5.1	*Informs client, in a reassuring manner, of the assessments and diagnoses of her infant's health status.				
5.2	Explains possible causes of any abnormalities discovered.				
5.3	If any abnormalities are discovered, informs client about next steps in addressing them.				
5.4	*Encourages client to share reactions to information provided, gently probing as necessary.				

POSSIBLE SCORE: 8 points CUT OFF: 4 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6: Provides care to the infant in collaboration with the client.

	2	1	0	Comments
Education and counseling				
6.1 Explores the client's need for and provides information about the following topics: a. *normal behavioral and physical changes in the baby (e.g., sleep and wake patterns, bowel and bladder patterns, growth) b. *nutritional needs of the baby and how to meet these needs c. *importance of maintaining the baby's body temperature d. *providing for the baby's safety e. reviews signs of potentially serious problems: – *not feeding as well as usual – *sleeps most of the time (a "good" baby) – *vomits or spits up a lot – *watery, dark green stools – *skin feels hot or cold – *breathes too fast (> 60 breaths per minute) or with difficulty – *skin and eyes are yellow f. other relevant issues, as indicated.				
6.2 *Helps the client to make decisions which positively affect her baby's health and well-being.				
Preventive measures				
6.3 *Discusses infant growth monitoring and teaches how to do this at home using home-based record.				

(continued on next page)

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
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0 = Not Done or Done Below Standards Even After Prompting

Task 6 *(continued)*: Provides care to the infant in collaboration with the client.

		2	1	0	Comments
6.4	*Teaches mother how to make oral rehydration solution, and when and how to use it.				
6.5	*Discusses immunizations and schedules (e.g., DPT, Hepatitis B, Polio). Gives vaccines according to local protocols.				
Treatment or intervention					
6.6	*Treats or refers infant problems, as necessary and appropriate.				

POSSIBLE SCORE: 34 points CUT OFF: 32 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 7: Plans follow-up care of the infant in collaboration with the client.

		2	1	0	Comments
7.1	*Discusses with the client follow-up treatments or preventive measures and associated instructions, if any.				
7.2	*Asks the client to repeat instructions for follow-up treatments or preventive measures, if any (e.g., scheduled immunizations).				
7.3	Encourages the client to ask any unanswered questions. If questions arise after this visit and are perceived to be of concern, encourages her to return to the clinic with baby right away.				
7.4	*Discusses with the client the importance of well-baby check-ups.				
7.5	*Discusses with the client possible dates for the next well-baby check-up.				
7.6	*Discusses and schedules the follow-up visit and gives the client the time and date.				
7.7	Encourages the client to bring her partner or significant others to the well-baby check-up, as she desires.				

POSSIBLE SCORE: 14 points CUT OFF: 10 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

Rating Scale: **2 = Done According to Standards**
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 8: Records findings, assessments, diagnoses, care provided to the infant and follow-up plan.

		2	1	0	Comments
8.1	*Neatly and clearly writes all findings, assessments, diagnoses, care provided and plans for follow-up on the health record.				
8.2	*Gives the client a copy of her infant's health record (and growth chart) with a return date noted on it, if indicated and possible.				
8.3	*Stores the infant's health record in a safe place.				

POSSIBLE SCORE: 6 points CUT OFF: 6 points (must include skills with asterisks (*))
SCORE ATTAINED: _____

APPENDICES

The following two documents contain information fundamental to training primary providers to provide basic maternal and newborn care services.

APPENDIX A: Pregnant Patient's Bill of Rights

APPENDIX B: Suggested Materials for Training Primary Providers in Basic Maternal and Newborn Care Services

APPENDIX A

Pregnant Patient's Bill of Rights

Helen Varney

In addition to general client rights, during pregnancy, labor, birth or breastfeeding, the pregnant patient has the right to:

1. **Be informed** of any possible effects, risks or hazards to herself or her unborn or newborn infant which may result from the use of a drug or procedure.

2. **Be informed** of alternative therapies to use instead of drug or obstetric procedures.

3. **Be informed** that any drug she receives may adversely affect her unborn baby.

4. **Be informed** that minimizing her, and in turn her baby's, intake of medicine will benefit her baby.

5. **Be informed** if there is any uncertainty about the safety of a procedure or medicine for her unborn or newborn infant.

6. **Be informed** of the brand name and generic name of a drug before administration.

7. **Determine** whether she will accept or refuse the risks of a procedure or drug.

8. **Know** the name and qualifications of the individual administering the drug.

9. **Be informed** why the procedure or drug is being prescribed.

10. **Be accompanied** during labor.

11. **Choose** a position for labor and birth.

12. **Have** her baby cared for at her bedside.

13. **Be informed** of the name and qualifications of the person who delivered her baby.
14. **Be informed** if there is any known aspect of her or her baby's care or condition which may cause later difficulties.

15. **Have** her and her baby's hospital records be complete, accurate and legible, and retained by the hospital.

16. **Have access** to her complete hospital medical records.

Source:

Varney H: *Varney's Midwifery,* 3rd ed. London, Jones and Bartlett Publishers Inc., 1997.

APPENDIX B

Suggested materials for training primary providers in basic maternal and newborn care services

The following materials (including references, teaching materials, supplies and equipment) are recommended for use in training primary providers in basic maternal and newborn care services.

Trainees:

- local/national MCH service policy guidelines and standards
- local/national MCH procedure manual
- MCH records/cards
- MCH daily activity register, outpatient and inpatient (copy of pages)
- partograph exercise sheets
- posters, handouts and other MCH educational materials
- equipment:
  - measuring tapes
  - stethoscopes, sphygmomanometers, fetoscopes
  - gestational wheels

Trainers:

- Same as for trainees (above)
- *SourceBook* Modules 1, 2, 3, 4, 5, 6 and User's Guide
- Key Resources (see References section for complete citations):

– *A Book for Midwives* (Klein)
– *Myles Textbook for Midwives* (Bennett, Brown, eds.)
– *Varney's Midwifery* (Varney)
– *Healthy Mother and Healthy Newborn Care* (Beck, et al)
– *Life-Saving Skills Manual for Midwives* (Buffington, Marshall)
– *Mother-Baby Package: Implementing Safe Motherhood in Countries* (WHO)
– *Infection Prevention for Family Planning Service Programs* (Tietjen, et al)

- Other resources:
- *MotherCare Matters*: issues on anemia, maternal mortality, caring for adolescents
- refer to the References section for other materials particularly useful to trainers

Training center:

- General:
  - pens, pencils and paper pads
  - flip chart, stand and markers
  - chalk board, chalk and erasers
  - overhead projector with transparencies
  - video player with TV monitor

- Anatomical models:
- bony pelvis
- soft pelvis, fetus (with hard plastic head having landmarks) and placenta
- infant resuscitation doll

- Videos (see References section for complete citations):
  - *Why Mrs. X Died* (WHO)
  - *Birth in the Squatting Position* (Polymorph)
  - *Vaginal Breech Delivery* (Designed By Experience, Inc.)
  - *Infection Prevention for Family Planning Service Programs* (JHPIEGO)

- Posters and wall charts:
- antenatal risk
- muscles of the pelvic floor
- episiotomy repair (when taught)
- cervical dilation
- partograph (laminated)
- APGAR scoring system chart
  - WHO breastfeeding guidance (adapted locally) — (see, in References section, Saadeh and Akré: Ten Steps to Successful Breastfeeding: A Summary of the Rationale and Scientific Evidence)
- infant growth chart
- infant immunization schedule

- Equipment and supplies:
  - hemometer and supplies
  - urine testing kit or supplies
  - litmus paper
  - intravenous catheter equipment
  - small round stainless steel basins
  - basins, soap and towels for hand washing
  - solutions/equipment for maintaining infection control
  - adult and infant weighing scales

- Equipment specifically for assisting birth (where taught):
  - heavy cleaning gloves
  - surgical latex gloves, reusable
  - heavy aprons, reusable
  - rubber or plastic sheets/draw sheets
  - straight French catheters
  - bulb syringes
  - mucus suction traps
  - scissors, stainless steel, sharp and blunt
  - cord ligatures or clamps
  - receiving blankets and hats for the newborn
  - extra clothing for the mother
  - mechanisms for identifying mother and newborn, if facility-based birth (e.g., bracelets)

- Equipment for episiotomy repair practice (where taught)
  - spools of heavy thread
  - needle holders, 7 inches, stainless steel
  - round bodied circular suture needles, reusable
  - suture scissors, stainless steel, 6 inches
  - sponges (upholstery)

- Equipment for episiotomy repair (additional, where taught)
  - suture, chromic absorbable (00 w/o needle)
  - round bodied circular suture needles, reusable

- needle holders, stainless steel, 7 inches
- tissue forceps, stainless steel
- smooth sponge forceps
- surgical lap sponges, reusable

REFERENCES

The following list includes the Key Resources for this Module (see page 4-9), references used to develop this module, and other resources that are particularly useful for trainers.

* Beck D, Buffington S, McDermott J: *Healthy Mother and Healthy Baby Care: A Reference for Care Givers.* Washington, DC, MotherCare/John Snow Inc./American College of Nurse-Midwives (ACNM), 1996.

Basic midwifery care during pregnancy, labor and delivery and after delivery, presented in four step problem solving approach. Infection prevention and family planning integrated with content. Pre- and post-tests included in each section. Many clear illustrations accompany and amplify text. Excellent manual for training of midwives. Available in ***English*** from:

John Snow, Inc. (JSI)
MotherCare
1616 North Fort Myer Drive, 11th Floor
Arlington, Virginia 22209, USA.
Tel: 1-703-528-7474
Fax: 1-703-528-7480
E-mail: susan_shulman@jsi.com

* Bennett VR, Brown LK (eds): *Myles Textbook for Midwives,* 12th ed. London, Churchill Livingstone, Inc., 1993.

Basic textbook encompassing obstetrics and neonatal care from midwife's perspective. Includes relevant anatomy and physiology, and questions for self-assessment of knowledge. Generously illustrated with photos, drawings and tables. Social and legal aspects of midwifery care presented from perspective of U.K. Available in ***English*** from:

Churchill Livingstone, Inc.
650 Avenue of the Americas
New York, New York 10011, USA.
Tel: 1-212-206-5000; (toll free in North America) 1-800-553-5426
Fax: 1-212-727-7808

* These resources are particularly useful for trainers.

* Buffington S, Marshall M: *Life-Saving Skills Manual for Midwives*, 3rd ed. Washington, DC, American College of Nurse-Midwives, 1997.

Continuing or advanced education intended for midwives in rural or isolated practice settings. Discusses necessary skills for reducing maternal and infant morbidity and mortality, such as: neonatal resuscitation, postpartum hemorrhage, and prevention of sepsis. Four step problem-solving approach is used and incorporated in self assessment exercises. First module offers practical guidelines for using the manual in training midwives. Available in ***English*** from:

American College of Nurse-Midwives (ACNM)
818 Connecticut Avenue NW, Suite 900
Washington, DC 20006, USA.
Tel: 1-202-728-9860
Fax: 1-202-728-9897
E-mail: info@acnm.org

* Carlough M: *Postpartum and Newborn Care: A Self Study Manual to Update Trainers of Traditional Birth Attendants and Other Community-based MCH Workers*. Chapel Hill, NC, INTRAH, 1997.
Self-study manual updates trainers and technical supervisors of traditional birth attendants (TBAs) and other community-based maternal and child health (MCH) workers on major aspects of postpartum and newborn care during weeks after delivery. Includes discussion of postabortion care. Eight units cover content on community assessment; postpartum assessment and care; nutrition and breastfeeding; postpartum depression; postpartum family planning; postabortion care; newborn assessment and care; and management of common newborn health problems. ***English, French*** and ***Spanish*** forthcoming from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

* These resources are particularly useful for trainers.

* Designed by Experience: *Vaginal Breech Delivery* (video). Hyden, Ky: Designed by Experience, Inc., 1996.

A video based instructional program which demonstrates a breech delivery using models to prepare viewers for clinical training in vaginal breech delivery. Suggested prerequisite is an understanding of the mechanisms of labor in the vertex presentation. Running time: 23 minutes. Formatted in NTSC, PAL and SECAM. Available in ***English*** from:

Designed by Experience, Inc.
P. O. Box 423
Hyden, Kentucky 41749, USA.
Tel/Fax: 1-606-672-2763
E-mail: Gbeasley@lci.org

* Farrell B: *Lactational Amenorrhea Method (LAM) Trainer's Module.* Washington, DC, American College of Nurse-Midwives, 1995.

Complete resource for use in training midwives to provide Lactational Amenorrhea Method (LAM) of family planning. Knowledge of other contraceptive methods is assumed. Includes content for the LAM method and training instructions, presented in clear, outline format. Learning plans, skills checklists, knowledge questions and case studies included make this an excellent manual for trainers. Sixteen pages of sample handouts may be adapted for class use. Available in ***English*** from:

American College of Nurse-Midwives (ACNM)
818 Connecticut Avenue NW, Suite 900
Washington, DC 20006, USA.
Tel: 1-202-728-9860
Fax: 1-202-728-9897
E-mail: info@acnm.org

* These resources are particularly useful for trainers.

* JHPIEGO: *Infection Prevention for Family Planning Service Programs* (video). Baltimore: JHPIEGO, 1994.
Produced in collaboration with AVSC International. Emphasizes dual role of infection prevention in minimizing postoperative infections in clients and preventing serious disease transmission (hepatitis B and HIV/AIDS) to both clients and health care staff. Documents practical, easily performed, infection prevention practices that minimize costs and need for expensive technology and/or fragile equipment. The trainer's notes included are designed to help trainers use the material effectively. Running time: 90 minutes. Formatted for NTSC, PAL and SECAM. Available in ***English***, ***French***, ***Portuguese***, ***Russian*** and ***Spanish***. from:

JHPIEGO Corporation
Brown's Wharf
1615 Thames Street
Baltimore, Maryland 21231, USA.
Tel: 1-410-955-8558
Fax: 1-410-955-6199
E-mail: info@jhpiego.org

* Klein S: *A Book for Midwives: A Manual for Traditional Birth Attendants and Community Midwives*. Palo Alto, CA, The Hesperian Foundation, 1995.
Covers community-based care related to reproductive health and complications of childbirth. Written in simple, clear language, without medical terminology. Amply illustrated with simple drawings clarifying the text. Emphasis on community and family teaching. Valuable appendices include instructions for making simple midwifery equipment and training materials. A color-coded section explains drugs used in midwifery care. Available in ***English*** from:

The Hesperian Foundation Publications
2796 Middlefield Road
Palo Alto, California 94306, USA.
Tel: 1-415-325-9017
Fax: 1-415-325-9044
E mail: hesperianfdn@ipc.apc.org

* These resources are particularly useful for trainers.

Oxorn H: *Oxorn-Foote Human Labor and Birth,* 5th ed. Norwalk, CT, Appleton and Lange, 1986.
Medical text with clear descriptions and illustrations of the mechanisms of labor, diagnosis and management of normal and abnormal labor situations. In outline format. Useful basic reference for midwives. Available in ***English*** from:

Appleton and Lange Publishers
Order Processing Center
P. O. Box 11071
Des Moines, Iowa 50336-1071, USA.
Tel: 1-515-284-6761; toll free (in North America): 1-800-947-7700
Fax: 1-515-284-6719

* Polymorph Films: *Birth in the Squatting Position* (video). Newton, MA: Polymorph, 1984.
Brief introductory comments on the advantages of the squatting position in labor for women's health are followed by footage of women applying this technique. Formatted for NTSC, PAL available by special order. Available in ***English*** from:

Polymorph Films
95 Chapel Street
Newton, Massachusetts 02158, USA.
Tel: 1-617-965-9335; toll free (in North America): 1-800-370-3456
Fax: 1-617-965-9449

Saadeh R. Akré J: Ten Steps to Successful Breastfeeding: A Summary of the Rationale and Scientific Evidence. *Birth* 1996;23(3):154-160.
Summary of rationale and scientific evidence for joint WHO/UNICEF statement, *Ten Steps To Successful Breastfeeding,* is presented in light of cumulative experience demonstrating crucial importance of these principles for successful initiation and establishment of breastfeeding. Available in ***English*** from:

Blackwell Science, Inc.
238 Main Street
Cambridge, Massachusetts 02142, USA.
Tel: 1-617-876-7022
Fax: 1-617-492-5263

* These resources are particularly useful for trainers.

* Tietjen L, Cronin W, McIntosh N: *Infection Prevention for Family Planning Service Programs: A Problem-Solving Reference Manual.* Durant, OK, Essential Medical Information Systems, Inc., 1992. Manual of procedures for infection prevention from handwashing to autoclaving presented in clear, step-by-step directions. General principles of infection prevention are followed by chapters focused on infection prevention in provision of specific family planning procedures such as sterilization, IUD, and NORPLANT® management. Includes many helpful tables of summarized information as well as simple drawings, diagrams and decision trees. Available in ***English*** from:

Essential Medical Information, Inc.
P.O. Box 1607
Durant, Oklahoma 74702-1607, USA.
Tel: 1-405-424-0643
Fax: 1-405-924-0643
E-mail: saleemis@emispub.co

* Varney H: *Varney's Midwifery*, 3rd ed. London, Jones and Bartlett, Publishers International, 1997. Basic textbook for midwives presented within context of midwifery in the USA. Includes primary care of women and midwife's role in collaborative management of complications. Excellent skills section containing step-by-step instructions with rationale for performing midwifery skills such as; pelvic assessment, delivery, IUD insertion, suturing, Pap smear, infant circumcision. Available in ***English*** from:

Jones and Bartlett Publishers, Inc.
40 Tall Pine Drive
Sudbury, Massachusetts 01776, USA.
Tel: 1-508-443-5000; toll free (North America): 1-800-832-0034
Fax: 1-508-443-8000
E-mail: info@jbpub.com

* These resources are particularly useful for trainers.

* World Health Organization, Division of Family and Reproductive Health: *Mother-Baby Package: Implementing Safe Motherhood in Countries*. Geneva, WHO, 1994.

Presents the elements of safe maternity care, breastfeeding, detection and management of complications. Describes, in table format, activities appropriate for different levels of health care facilities. Includes lists of monitoring indicators as well as drug and equipment lists. Available in ***English*** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

* World Health Organization, Maternal Health and Safe Motherhood Programme, Division of Family Health: *Care of Mother and Baby at the Health Center: A Practical Guide.* Geneva, WHO, 1994.
Recommends lines of action for improving access to services and decentralizing maternal and newborn care. Defines essential functions, tasks and skills needed for comprehensive care of mothers and babies at first referral level. Covers normal care and life-saving emergency procedures. Describes integration of midwifery services through referral and support systems. Contains 23-page table defining exact procedures, skills, facilities, equipment and supplies needed for family planning, prenatal care, delivery care, postnatal care, abortion care, care of the healthy newborn, care of the sick newborn and management of sexually transmitted diseases, including HIV and AIDS. Provides advice on developing and maintaining a functioning referral system and discusses the necessary institutional support mechanisms for training, supervision and the provision of essential drugs and supplies. Addresses community support systems, with emphasis on training and retraining of traditional birth attendants, and defines 22 indicators for evaluating and monitoring the effectiveness of maternal care. Available in ***English*** and ***French*** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
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* These resources are particularly useful for trainers.

* World Health Organization, Maternal Health and Safe Motherhood Programme, Family and Reproductive Health Division: *Education Material for Teachers of Midwifery,* 5 modules. Geneva, WHO, 1996.

Intended to serve as basis for teaching midwives and midwife trainees to respond appropriately to major causes of maternal mortality. Comprised of a foundation module and four technical modules covering postpartum haemorrhage, obstructed labor, puerperal sepsis and eclampsia. Presents range of teaching-learning methods designed to maximize student involvement in teaching-learning process. Tests included for determining baseline of and changes in students theoretical knowledge. Available in ***English*** from:

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* World Health Organization, Maternal Health and Safe Motherhood Programme, Division of Family and Reproductive Health: *Preventing Prolonged Labour: A Practical Guide: The Partograph, 4 parts. Geneva, WHO, 1993.*

Series of four inter-related documents containing: 1) history and principles of the partograph; 2) detailed explanation of correct usage, with examples; 3) specification of teaching objectives, materials required, points of special emphasis, and exercises for teaching midwives and/or medical students in use of the partograph; and 4) results of multicenter trial and hospital evaluations regarding impact of well-supervised partograph usage upon pregnancy and delivery outcomes. Available in ***English*** and ***French*** from:

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* These resources are particularly useful for trainers.

* World Health Organization. *Why Did Mrs. X Die?* (video). Geneva: WHO, 1989.
Features WHO scientist who tells story of "Mrs. X," a woman on the road to maternal death. Story of how this anonymous woman dies is used to enumerate the key causes of maternal mortality. Explains the role that family planning services can play in reducing the incidence of maternal mortality. Running time: 15 minutes. Formatted for NTSC. Available in ***Arabic***, ***English***, ***French*** and ***Spanish*** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
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Reproductive Health Training

For Primary Providers

A SourceBook

for

Curriculum Development

Module 5
Postabortion Care

PRIME

Table of Contents

ABOUT the AUTHORS

Module 5 of the *Sourcebook* was written by Judith Winkler, MEd. and Sarah Verbiest MPH, MSW. Ms. Winkler is Vice President for Communications at Ipas. She has 10 years experience in the development of materials on reproductive health topics and is author or coauthor of many publications about postabortion care. She has worked as a technical advisor and collaborator with many organizations to encourage development of consistent standards for postabortion care programming. Ms. Verbiest, Ipas Consultant, has a background in maternal and child health, evaluation and social work. She has experience with a variety of projects in Asia and the US. She has worked on a number of projects related to postabortion care including conducting survey research on the roles of women's organizations in reproductive health policy and programming.

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LIST OF ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
COC	combined oral contraceptive
D&C	dilation and curettage
EC	emergency contraception
FP	family planning
HIV	human immunodeficiency virus
HLD	high-level disinfection
IUD	intrauterine contraceptive device
IV	intravenous
LMP	last menstrual period
MAQ	maximizing access to and quality of care
MH	maternal health
MVA	manual vacuum aspiration
PA	postabortion
PAC	postabortion care
POC	products of conception
QOC	quality of care
RH	reproductive health
STI	sexually transmitted infection

INTRODUCTION

This module is part of a set entitled *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development*. The *SourceBook* contains a User's Guide and eight modules that trainers, faculty of professional schools and curriculum developers can use as references to develop or revise curricula for training primary providers of client-oriented integrated reproductive health (RH) services. Primary providers are the health care workers who provide the most basic contact between members of the community and the health care system. They include nurses, nurse-midwives, public health nurses, clinical officers/medical assistants and community-based workers. The *SourceBook* emphasizes the jobs of *clinic-based* primary providers. It also can be used, as is or adapted, to develop curricula for primary providers who offer RH services in *community-based or non-clinical settings*.

The *SourceBook* components have been developed and the content selected based on principles of performance-based training: the knowledge, skills and support the trainee needs to meet performance standards on the job. The training may be for pre-service education or in-service training. The training approach may also vary: structured on-the-job training, group training, self-directed learning activities, or any combination that will best prepare the trainee to perform well on the job. Information on how to use the *SourceBook* to develop a performance-based RH curriculum can be found in the first volume of the *SourceBook*, the User's Guide.

To keep the focus on job performance, specifically the knowledge and skills required to do a job well, the authors identified the major jobs of primary providers of RH services and then developed a module for each major job or service component. A list of the eight *SourceBook* modules appears below[1]. This module is highlighted.

Module 1	Counseling clients for family planning/reproductive health services
Module 2	Educating clients and groups about family planning/reproductive health
Module 3	Providing family planning services
Module 4	Providing basic maternal/newborn care services
Module 5	Providing postabortion care services
Module 6	Providing selected[2] reproductive health services
Module 7	Working in collaboration with other reproductive health and community workers
Module 8	Organizing and managing a family planning/reproductive health clinic for maximizing access to and quality of care (MAQ)

[1] Other jobs, or modules, may be identified and developed.
[2] This module features RH topics not covered in the other *SourceBook* modules.

OVERVIEW OF MODULE 5

Module 5 contains the components for developing a curriculum or a curriculum unit on providing postabortion care (PAC) services. Such services include:

- assessment of the need for postabortion care services,
- treatment of incomplete abortion and its immediate life-threatening complications,
- referral and transport for complications needing treatment not available at the service site,
- postabortion family planning (FP), and
- referral to other needed health care or social services.

This module refers to or incorporates the knowledge and skills covered in other *SourceBook* modules (i.e., counseling clients; educating clients and groups; providing family planning services; providing maternal and newborn care services; providing selected RH services; working in collaboration with other RH and community workers; organizing the FP/RH clinic for MAQ).

When developing a performance-based curriculum on providing postabortion care services, the following key resources are essential to use in conjunction with Module 5:

Key Resources (full citations are contained in the User's Guide and the **References** list at the end of this module)

- *Postabortion Care: A Reference Manual for Improving Quality of Care* (Winkler J, et al (eds))
- *MVA Trainer's Handbook* (Yordy L, et al)
- *The Care of Mother and Baby at the Health Centre: A Practical Guide* (World Health Organization)
- Care for Postabortion Complications: Saving Women's Lives (Salter, et al, *Population Reports*)
- national or local service guidelines

In addition to the Key Resources, the other modules of the *SourceBook* will be useful references when developing a curriculum for providing postabortion care services.

Mapping Module 5

On the following pages are a series of figures that progressively build the "map" of Module 5 (Figures 1 through 5). The term "map" has a unique meaning in the *SourceBook.* Like a map that shows relationships among cities, rivers and countries, the module map shows how the six components of the *SourceBook* modules relate to one another. The components are:

- the trainee's JOB (the JOB for Module 5 is "providing postabortion care services");
  - the MAJOR TASKS of the job;
    - the KNOWLEDGE required to perform the job;
      - the SKILLS required to perform the job;
        - KNOWLEDGE ASSESSMENT QUESTIONS; and
          - SKILLS ASSESSMENT TOOLS.

Note that in Figure 1, there are six boxes – five vertical boxes and one horizontal box – each representing one of the six main components of the module. Since the JOB is the primary component of each module, it appears at the top of the map.

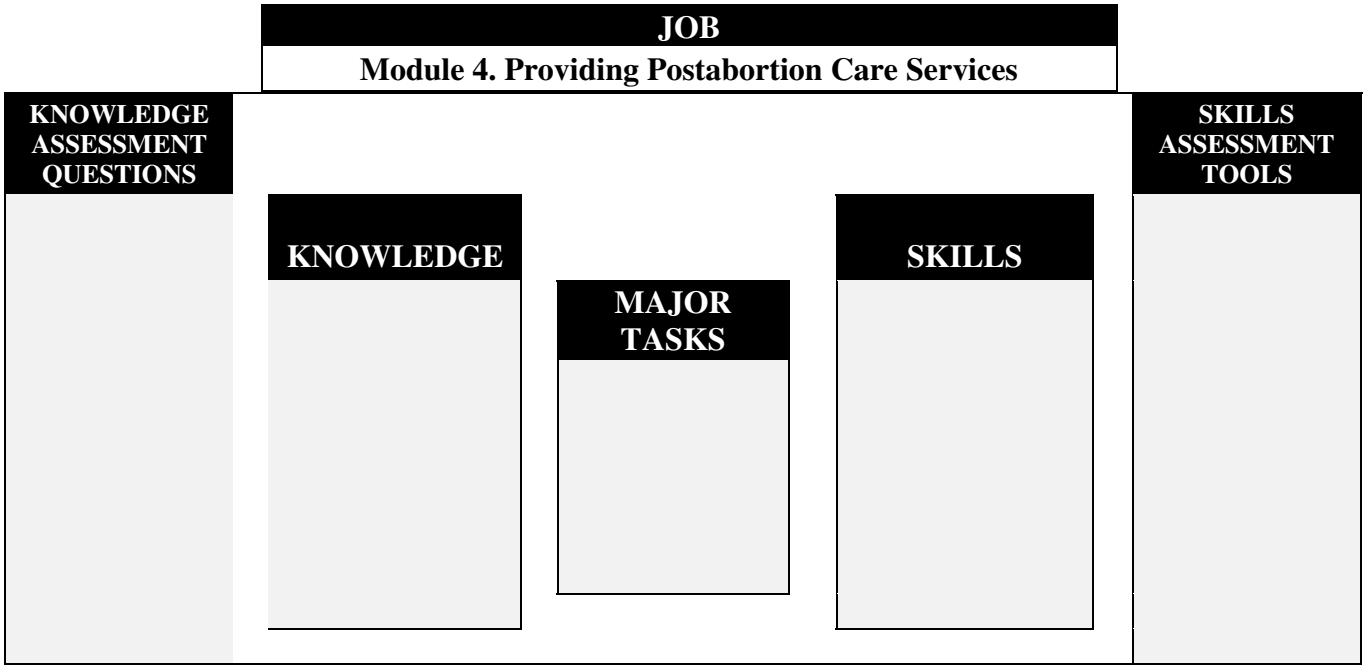

Figure 1
The Module "Map"

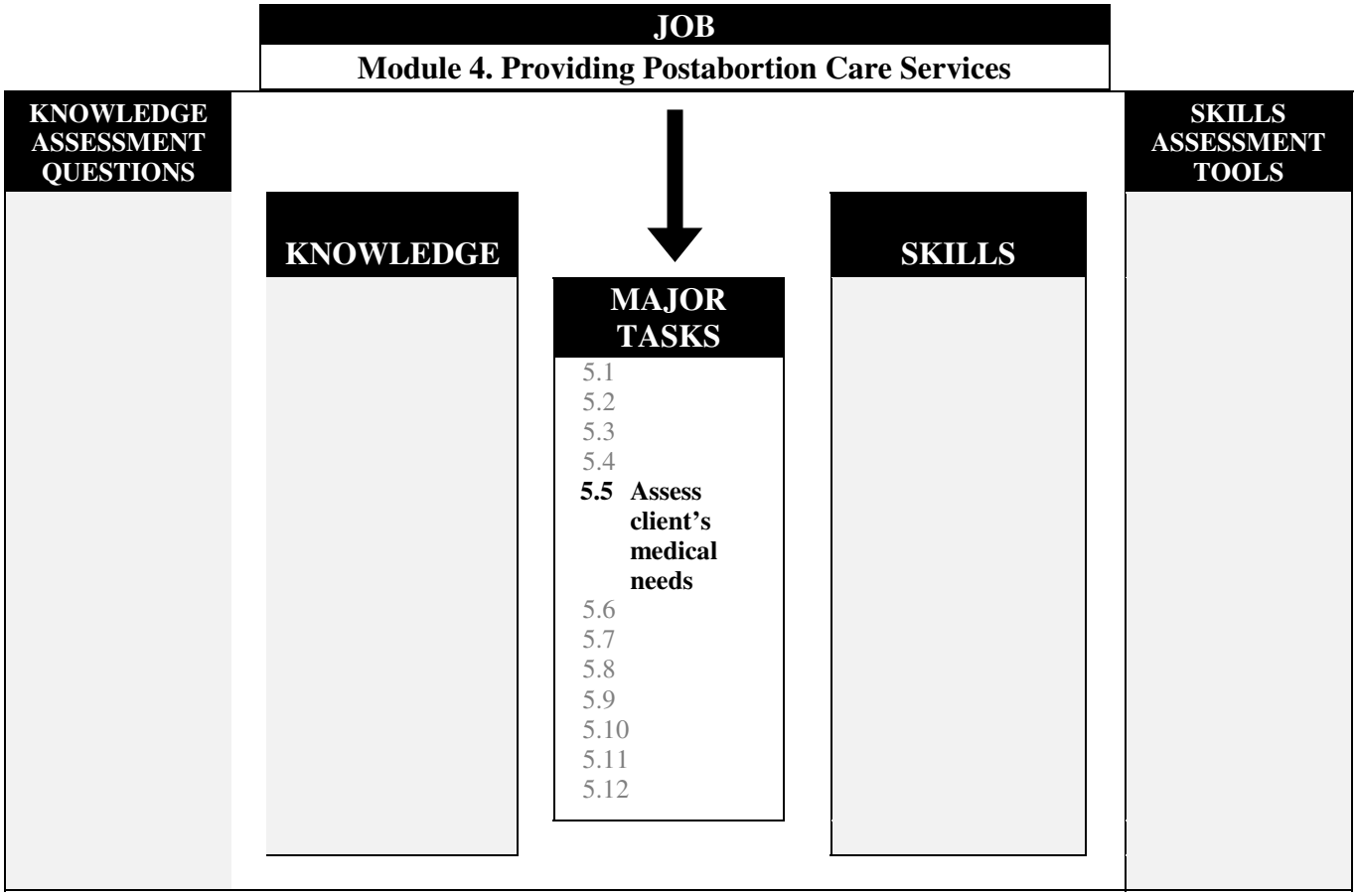

Figure 2
JOB and MAJOR TASKS

Each module in the *SourceBook* is based on one JOB and the MAJOR TASKS which comprise that job. In this module, the JOB, "Providing Postabortion Care Services," consists of 12 MAJOR TASKS. The JOB and the MAJOR TASKS are the central parts of the map. The arrow helps to reinforce the idea that the TASKS flow out of the JOB. One of the 12 MAJOR TASKS, "assess client's medical needs," is featured in Figure 2.

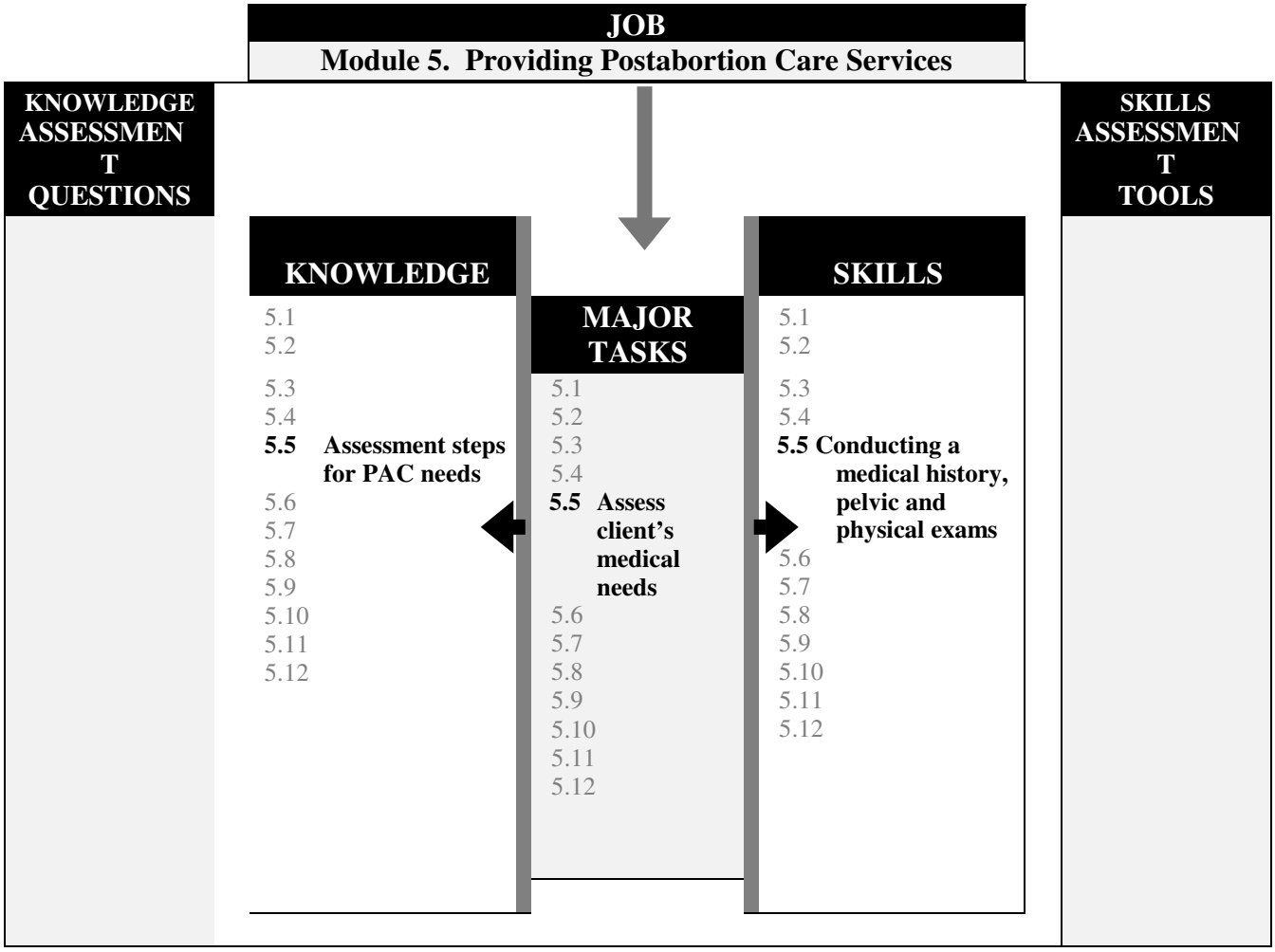

Figure 3
KNOWLEDGE and SKILLS are both required to accomplish the TASKS

Each MAJOR TASK has corresponding KNOWLEDGE and SKILLS components. Figure 3 illustrates that the SKILLS component is as important as the KNOWLEDGE component when mastering the MAJOR TASKS. The module contains a KNOWLEDGE outline that includes only the knowledge required to perform the corresponding MAJOR TASK. In this example, the KNOWLEDGE required to perform the MAJOR TASK of assessing a postabortion client's medical needs consists of assessment steps for postabortion care needs. Likewise, only the skills which make up the MAJOR TASK are detailed in the SKILLS component of the module. In this example, the SKILLS that must be practiced are conducting a medical history, pelvic and physical examinations.

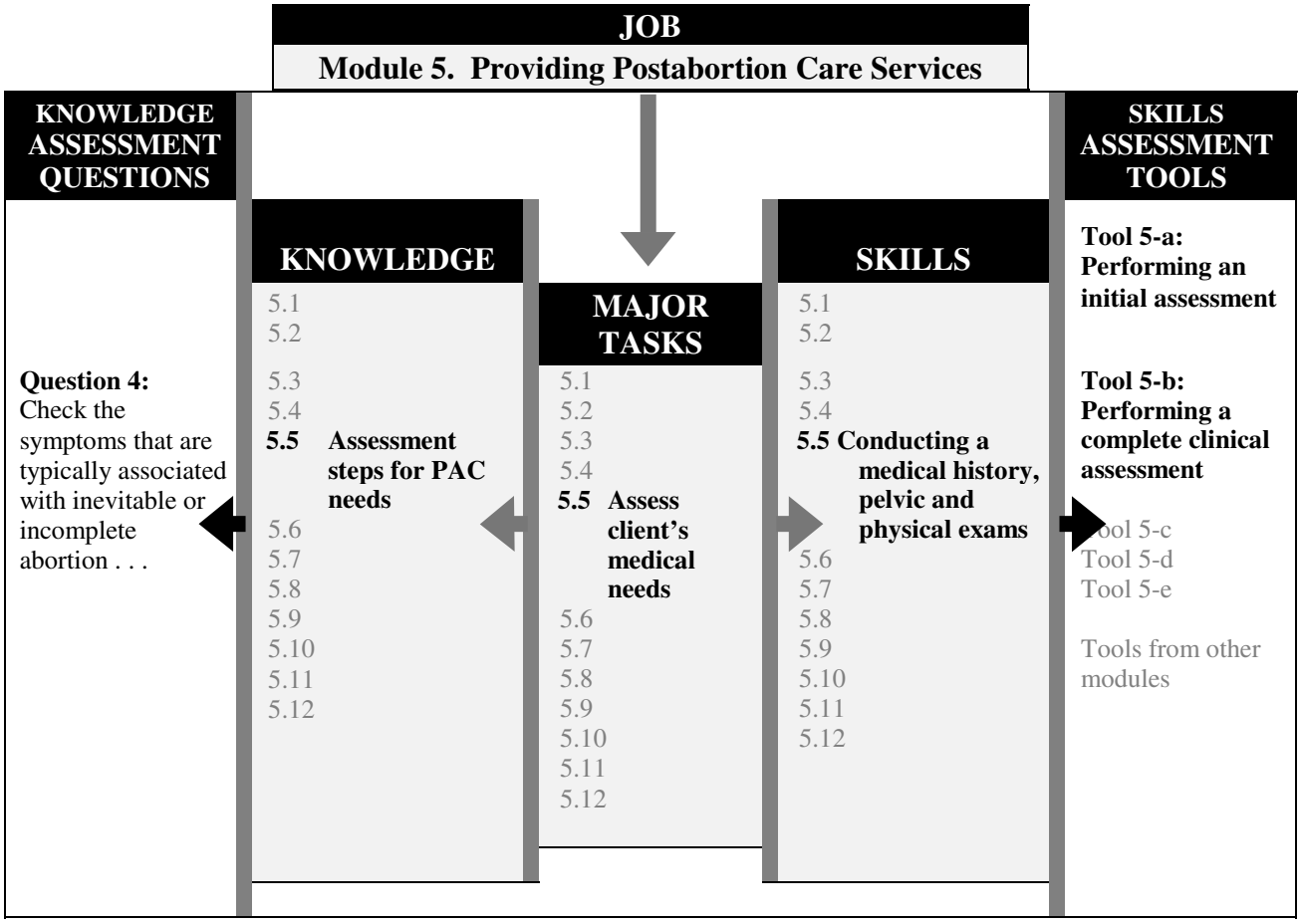

Figure 4
KNOWLEDGE ASSESSMENT QUESTIONS and SKILLS ASSESSMENT TOOLS

To ensure that trainees can adequately each MAJOR TASK, the module includes two types of assessment instruments. There are KNOWLEDGE ASSESSMENT QUESTIONS to evaluate the knowledge level of trainees and SKILLS ASSESSMENT TOOLS to evaluate the skills level of trainees (Figure 4). The assessments can be used before, during and at the end of training. They can also be used when the trainee is in her/his job site to assess the trainee's knowledge and performance of new skills on the job.

For a complete map of this module, see Figure 5 on the next page.

JOB

5. Providing Postabortion Care Services

KNOWLEDGE ASSESSMENT QUESTIONS

Module 5 Questions

16 sample questions which test knowledge recall and the application of knowledge through problem-solving are included in this module.

Two examples are:

6. List the appropriate treatment steps for the following conditions:
   a. incomplete abortion
   b. inevitable abortion
   c. threatened abortion

17. A 14 year old girl asks for your help because she has had lots of bleeding and her belly is hurting. You quickly check for signs of shock. She is very anxious but seems to be thinking clearly. When you ask her about the history of her condition, she gives you the following information. . .
    You suspect incomplete abortion.
    a. what would you look for in the general PE?
    b. explain what you would do in the pelvic exam.

KNOWLEDGE

- **5.1** Introduction to post-abortion care (PAC)
- **5.2** Physiology of abortion
- **5.3** Causes of unsafe abortion
- **5.4** Guidelines for effective interpersonal communication post-abortion (PA)
- **5.5** Assessment steps for PAC needs
- **5.6** Treatment plans for each stage of abortion
- **5.7** Referral and transport considerations
- **5.8** Techniques and medications for pain management
- **5.9** Treatment of incomplete abortion
- **5.10** Steps for processing instruments for infection prevention
- **5.11** Postabortion FP
- **5.12** PAC needs within other RH services

MAJOR TASKS

- **5.1** Apply knowledge of PAC
- **5.2** Apply knowledge of physiology of abortion
- **5.3** Apply knowledge of causes of unsafe abortion
- **5.4** Use interpersonal communication skills
- **5.5** Assess client's medical needs
- **5.6** Determine treatment plan
- **5.7** Refer and transport
- **5.8** Provide pain management
- **5.9** Treat incomplete abortion
- **5.10** Use infection prevention measures to process instruments
- **5.11** Provide postabortion FP counseling and method
- **5.12** Provide PAC to women needing care when seeking other RH services

SKILLS

- **5.1** Communicating benefits and elements of PAC
- **5.2** Identifying stage of an abortion
- **5.3** Identifying cause(s) of an unsafe abortion
- **5.4** Establishing/ maintaining effective interpersonal communication
- **5.5** Conducting medical history, pelvic and physical exams
- **5.6** Determining stage and appropriate treatment
- **5.7** Referring and transporting a client
- **5.8** Managing client's pain
- **5.9** Treating incomplete abortion using manual vacuum aspiration (MVA)
- **5.10** Processing MVA instruments
- **5.11** Counseling for postabortion FP
- **5.12** Providing PAC in other RH services

SKILLS ASSESSMENT TOOLS

Module 5 Tools:

Tool 5-a: Performing an initial assessment for PAC

Tool 5-b: Performing a complete clinical assessment for PAC

Tool 5-c: Implementing pain management

Tool 5-d: Preparing for and performing the MVA

Tool 5-e: Providing postabortion FP counseling

Tools from other Modules:

Tool 1-a: Using interpersonal communication skills

Tool 1-b: Counseling the client to make a FP/RH decision

All Tools in Module 3: Providing FP Services

Figure 5: Detailed map of Module 5

COMPONENTS OF THE MODULE

JOB

The overall job covered by this module is to provide the postabortion care services that are appropriate for the provider's level of training, experience and the setting in which s/he works.

MAJOR TASKS

The major tasks which comprise the overall job for this module are to:

5.1 Apply knowledge of postabortion care and essential obstetric care for spontaneous or complicated induced abortion to offer appropriate client counseling, assessment, and treatment.

5.2 Apply knowledge of the physiology of abortion during the management of incomplete abortion.

5.3 Apply knowledge of the causes of abortion during postabortion counseling and treatment, including referral.

5.4 Use effective, interpersonal communication skills during all phases of postabortion care.

5.5 Assess the client's medical needs, including initial assessment and complete clinical assessment (medical history and examinations).

5.6 Determine the stage of abortion and appropriate treatment based on history, signs, symptoms and examinations.

5.7 Appropriately refer and transport a client needing treatment not available in the clinic.

5.8 Provide pain management, as appropriate.

5.9 Treat incomplete abortion, using MVA and post-procedural care.

5.10 Use infection prevention measures to maintain MVA instruments and other items.

5.11 Provide postabortion FP counseling and services.

5.12 Identify women who need postabortion care when they are seen for other RH services, and provide appropriate care.

KNOWLEDGE & SKILLS

Each major task consists of a knowledge and a skills component. Below is an outline of the knowledge and a list of the skills necessary to perform the 12 major tasks which comprise the job of providing postabortion care services. The knowledge component of each major task is outlined first. Throughout the knowledge section, there are references (in parentheses) to additional sources of information on the subject. These sources may be found in other *SourceBook* modules or in other references (see **References** at the back of the module for the full citations).

The gray box at the end of each knowledge section contains the list of skill(s) in which the knowledge just outlined is applied. Following each skill, there may be a reference to a skills assessment tool (in parentheses). These tools can be used to guide practice during simulation or practicum and/or assess performance of the skills. Some of the skills assessment tools cited are included in this module; others can be found in other *SourceBook* modules. (Note that each skills assessment tool is identified by a number and a letter. The number indicates the *SourceBook* module where the tool is located.) For skills that do not refer to an assessment tool, there may be a reference to another source of information to assist in the development of a skills assessment tool. (See **References** for the full citation of the sources listed.)

MAJOR TASK 5.1

Apply knowledge of postabortion care and essential obstetric care for spontaneous or complicated induced abortion to offer appropriate client counseling, assessment, and treatment.

KNOWLEDGE

5.1 Introduction to postabortion care
(for more background information on postabortion care, see Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care,* Chapter 1; and Salter C, et al: Care for Postabortion Complications: Saving Women's Lives. *Population Reports*)

5.1.1 *Definitions* (see Glossary in User's Guide)

- unsafe abortion: a procedure for terminating unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both (WHO definition)
- spontaneous abortion: unprovoked termination of a pregnancy before the fetus is viable. Cause is usually uncertain (see section 5.2.2 of this module).

5.1.2 *Rationale for providing postabortion care*

- to prevent maternal mortality and morbidity from unsafe abortion

  - by conservative estimates, worldwide, 20 million unsafe abortions occur each year; 80,000 women die each year as a result of complications following unsafe abortion. Other estimates range as high as 200,000 maternal deaths per year from complications of unsafe abortion.
- to reduce maternal mortality from unsafe abortion locally
  - examples of local indications of need for postabortion care:
    - » statistical (number of abortion cases seen in the hospital weekly, monthly or yearly)
    - » common age groups; problems encountered in caring for postabortion clients
    - » anecdotal (crowded waiting, treatment, or recovery areas, more than one woman per bed)
    - » other indications generated by trainers and trainees, e.g., to contribute as a health team towards a safe motherhood program.
- to improve women's health by offering an essential obstetric function to treat complications of abortion (spontaneous and unsafely induced)
  - at least 15% of all recognized pregnancies end in spontaneous abortion, most in the first trimester. Many of these do not require any medical attention.
- to reduce unwanted pregnancy through postabortion FP
  - offer FP services to an underserved population at risk of unwanted pregnancy
  - improve use of contraceptive methods for women who have had a method failure, used a method incorrectly, been unable to secure resupply, discontinued a method because of problems with it, etc.
- to support improved overall RH by helping women have access to existing RH services
- to provide an opportunity for educating clients and community on the postabortion services available to them and benefits as part of maximizing access to and quality of care (MAQ)

5.1.3 *Services included in postabortion care*

- emergency treatment of incomplete abortion and potentially life-threatening conditions (see section 5.5 in this module)
  - initial assessment to confirm the presence of incomplete abortion and/or complications
  - discussion with the woman regarding her medical condition and treatment plan
  - brief medical evaluation
  - prompt referral and transfer if the woman requires treatment beyond provider's skill or facility's capacity
  - uterine evacuation to remove retained products of conception (POC)

  - treatment of other existing complications (sepsis, hemorrhage, internal injuries)
- postabortion FP services (see section 5.11 in this module)
  - discussion of individual factors leading to unwanted pregnancy
  - FP counseling
  - method provision
- assistance gaining access to other RH and social services as necessary
  - helping the woman use the FP and RH services that are available, such as a follow-up visit after treatment for incomplete abortion; sexually transmitted infection (STI) screening and treatment; support services for victims of domestic violence, incest or rape; prenatal care; and maternal and child care

5.1.4 *Elements of essential obstetric care for spontaneous abortion and for complications of unsafely induced abortion*
(see Maternal Health and Safe Motherhood Programme, Division of Family Health: *Care of Mother and Baby at the Health Centre: A Practical Guide*)

- at the community level
  - education about FP and the dangers of unsafe abortion
  - promotion of FP, provision of some methods and referral for a full range of methods
  - recognition of the signs and symptoms of incomplete abortion
  - referral and safe transfer to the nearest health care facility when needed
- at primary facilities or FP clinics with trained staff and proper equipment
  - all of the elements listed for the community level, and assessment of the stage of abortion
  - for threatened abortion: advising rest, fluids, observation and review
  - for incomplete abortion:
    - » removal of POC during examination
    - » basic treatment for shock, if present
    - » antibiotic treatment, if signs of infection or suspicion of unsafe abortion
    - » manual vacuum aspiration (MVA) (see Glossary in User's Guide)
    - » treat anemia, if it is identified
    - » tetanus toxoid, if not up to date or not previously given (ensure education on benefits and need for initial and booster injections to continue effectiveness)
  - refer women as needed
    - » for incomplete abortion, if:
      - ♦ unable to perform MVA
      - ♦ second trimester (uterus is larger than a 12-week pregnancy)

- ♦ sepsis
- ♦ trauma (intra-abdominal injury)
- ♦ signs of uterine perforation

» for all missed abortions

– before sending the woman to another facility, some of the following steps may be needed:

» give oxytocics

» treat shock

» treat infection

» family members may need to be available if it is likely that blood transfusion will be needed

» refer to local guidelines, where they exist, on these issues

5.1.5 *Rationale for providing MVA for emergency treatment of incomplete abortion and potentially life-threatening conditions*

- effectiveness 98% or greater (effectiveness defined as complete evacuation of the uterus)
  - 19 studies evaluating over 5,000 procedures for incomplete abortion in 12 countries reported effectiveness as ranging from 93 to 100%
  - 62 studies of over 405,000 clinical cases in over two dozen countries reported effectiveness to be 98% or higher
- safer than dilation and curettage (D&C)
  - lower rate of excessive blood loss
  - lower rate of pelvic infection
  - less cervical or uterine injury (including less uterine perforation)
- benefits of performing MVA at the health center or FP clinic
  - improves women's access to services (closer to where they live)
  - reduces delay in receiving treatment
  - decreases number of cases that must be referred
- benefits of MVA over traditional D&C method
  - risk of complications is reduced
  - need for higher levels of anesthesia is reduced
  - non-doctors can perform the procedure
  - operating theater facilities not required
  - can be made available more widely increasing women's access to care
  - cost of providing services can be reduced

SKILLS

5.1 Communicating the benefits and elements of PAC during assessment, treatment and counseling of clients:

- conducting initial and complete clinical assessment (part of Tools 5-a: Performing an initial assessment for PAC and 5-b: Performing a complete clinical assessment for PAC)
- making decisions about treatment and referral (part of Tools 5-a and 5-b)
- providing appropriate treatment and ensuring an integrated RH approach to treatment of incomplete abortion (part of Tools 5-c: Implementing pain management and 5-d: Preparing for and performing the MVA)
- counseling clients needing PAC, postabortion FP and referral for other RH or social services (part of Tools 5-e: Providing postabortion FP counseling, 1-a: Using interpersonal communication skills, 1-b: Counseling the client to make an FP/RH decision, and Tools in Module 3 on providing FP services; see also Module 4 for maternal care and Module 6 for STI screening/treatment and domestic violence)

MAJOR TASK 5.2

Apply knowledge of the physiology of abortion during the management of incomplete abortion.

KNOWLEDGE

5.2 Physiology of abortion

5.2.1 *Definitions of stages of abortion* (see Glossary in User's Guide)

- management of abortion based upon the identification of the stage of abortion. The stages are defined below. Knowledge is applied during the initial and complete clinical assessment.
  - **threatened abortion:** bleeding and/or cramping during pregnancy without dilation of the cervix. Threatened abortion may resolve or may progress to loss of the pregnancy.
  - **inevitable abortion:** bleeding and/or cramping during pregnancy, as in threatened abortion, with the addition of cervical dilation. Once cervical dilation has occurred, a spontaneous abortion is in progress.
  - **incomplete abortion:** bleeding and/or cramping with cervical dilation and expulsion of part, but not all, of the pregnancy tissue (retained products of conception). Incomplete abortion may be diagnosed either as the result of a spontaneous abortion or as the result of an attempt to terminate the pregnancy.
  - **complete abortion:** expulsion of all of the products of conception from the uterus.
  - **missed abortion:** fetus dies with delayed expulsion of the tissue. With missed abortion, the uterus does not increase in size and may decrease in size because the fetus is not growing. Retention of this tissue may cause problems with blood clotting.

5.2.2 *Causes of spontaneous abortion*

- spontaneous abortion occurs frequently, primarily during the first trimester of pregnancy.
- abnormal development of the embryo causes many first trimester spontaneous abortions.
- systemic and genital infections may be related to spontaneous abortion. These include malaria, syphilis, systemic tuberculosis, Chagas disease, rubella virus, cytomegalovirus, herpes simplex virus, Chlamydia, Mycoplasma, Toxoplasma gondii, Listeria, and Brucella.
- other factors: maternal chronic diseases, hormonal causes, environmental toxins, dietary causes, anatomic abnormalities, and pregnancy occurring with intrauterine contraceptive device (IUD) in place.
- in many, or most, cases there is no specific known cause.
- if a woman has had several spontaneous abortions, or has a condition such as malaria, she should be further evaluated and treated as indicated.

SKILLS

5.2 Identifying the stage and possible cause of a client's spontaneous abortion and using this information during client care:

- initial clinical assessment, complete clinical assessment, and determination of treatment plan (part of Tools 5-a: Performing an initial assessment for PAC and 5-b: Performing a complete clinical assessment for PAC)
- counseling and offering reassurance to women with spontaneous abortion (part of Tools 5-a, 5-b, 5-c: Implementing pain management, 5-d: Preparing for and performing the MVA)
- identifying conditions needing further assistance and treatment (part of Tools 5-a, 5-b, 5-d)

MAJOR TASK 5.3

Apply knowledge of the causes of abortion during postabortion counseling and treatment, including referral.

KNOWLEDGE

5.3 Causes of unplanned or unwanted pregnancy and of unsafe abortion

5.3.1 *Social/other causes of unplanned pregnancy* (see section 5.4.2 in this module.)

- no knowledge of FP
- no access to FP methods and services
  - laws and regulations that deny access to FP for unmarried women, adolescents or other groups
  - FP services not locally available

  - FP services or commodities too costly
- mistrust/lack of confidence in safety or effectiveness of available methods
- contraceptive failure
  - method failure
  - unacceptable method
  - unacceptable side effects
  - lack of access to commodities needed for continued use
  - partner's unwillingness to use
  - objection from family members
- unplanned intercourse
  - peer or partner pressure
  - rape, incest, violence
  - women's lack of power to make decisions about sex, health and FP
  - new partner
  - first intercourse ever
  - lack of family life education in schools, families, communities
- denial of sexual activity
- embarrassment to talk to partner or FP worker about sexual activity and desire to avoid pregnancy
- unique situations in the lives of individual women

5.3.2 *Some potential factors in deciding to end the pregnancy* (see section 5.4.2 in this module)

- family cannot support more children (or a child)
- individual cannot support more children (or a child)
- inability to continue education if the woman has a child
- concern about the impact of having more children on the lives of other children in the family
- desire to wait until later to have a child (child spacing)
- fear of ostracism or the social consequences of having a child
- pressure from sex partner to end the pregnancy
- pregnancy resulting from rape or incest
- human immunodeficiency virus (HIV) status
- unique situations in the lives of individual women

5.3.3 *Methods used for unsafe abortion*

- insertion of sticks, roots, catheters, etc. into the uterus
- placement of chemical, herbal, or commercial solutions into the vagina or uterus
- massage
- falls, jumps, attempts to cause abdominal injury
- poisons
- medicines (oral, injection, other)
- domestic violence may cause loss of a pregnancy
  - the woman may be beaten or pushed in an attempt to end a pregnancy
  - violence against women may cause an unintended loss of pregnancy
- others as seen locally

SKILLS

5.3 Identifying the cause(s) of a client's unsafe abortion and using this information during client care when:

- performing initial and complete clinical assessment (part of Tools 5-a: Performing an initial assessment for PAC and 5-b: Performing a complete clinical assessment for PAC)
- providing appropriate treatment (part of Tools 5-a, 5-b, 5-c: Implementing pain management, 5-d: Preparing for and performing the MVA)
- identifying potential for developing infection, e.g., if non-sterile instrument was inserted into uterus (part of Tools 5-a, 5-b, 5-d)
- counseling women regarding their individual use of FP postabortion (part of Tools 5-d, 5-e: Providing postabortion FP counseling)
- identifying need for other RH care or social services (part of Tools 5-a, 5-b, 5-d, 5-e)

MAJOR TASK 5.4

Use effective, interpersonal communication skills during all phases of postabortion care.

KNOWLEDGE

5.4 Guidelines for effective interpersonal communication between providers and women with abortion
(see Module 2; Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care,* Chapter 2; and PCS: *Put Yourself in Her Shoes,* video)

5.4.1 *Women who seek postabortion care and their characteristics*

- who they are
  - any woman or girl of reproductive age may seek help for a spontaneous abortion
  - any woman or girl of reproductive age may have an unwanted, unplanned, mistimed or problem pregnancy leading to unsafe abortion
- potential characteristics that may affect client/provider interaction and need for care and follow-up
  - women seeking PAC will often be stressed, anxious, afraid, in pain
  - many may not want to talk about their condition
  - some may have waited a long time or traveled a great distance to find help
  - some may be in serious physical condition
  - the effect of abortion complications on each individual woman will depend on her unique personal needs and her psychological and social situation.

5.4.2 *General guidelines for establishing and maintaining communication*

- identify own feelings about helping women with incomplete abortions and the situations that lead women to need medical advice or care (see sections 5.3.1 and 5.3.2 in this module)
  - values and beliefs
  - behaviors and attitudes
    - » non-judgmental
    - » respectful
    - » health care point of view
- be supportive, respectful, empathetic
  - from the first contact
  - before, during and after examinations and treatment
- preserve confidentiality
- obtain consent for needed medical treatment if the woman is able to give it
- ensure privacy
- express concern appropriately

5.4.3 *Give the woman information about:*

- how you can help her or, if you cannot, who can (e.g., assessment, treatment/referral, follow-up; see also potential problems for which to find solutions in section 5.3.1 in this module)
- her overall physical condition
- the results of her physical and pelvic examinations and any laboratory tests
- the time frame for treatment

- the reason for referral and transport if this is required
- the procedures to be used as well as the risks and benefits

5.4.4 *Allow the woman to talk about her individual situation and needs, and listen to her concerns*

- express concern for her situation, physical condition, and feelings
- did she want to be pregnant?
- is she feeling stressed or in pain?
- is there someone with her or someone at home who can be supportive?
- is her partner with her or would she like to have him (or a friend or family member) with her?

SKILLS

5.4 Establishing and maintaining effective interpersonal communication between provider and women with abortion (see Tool 1-a: Using interpersonal communication skills and other guidelines in Module 1, section 1.1 and section 5.4 of this module)

MAJOR TASK 5.5

Assess the client's medical needs, including initial assessment and complete clinical assessment (medical history and examinations).

KNOWLEDGE

5.5 Assessment for postabortion care needs
(see Module 3, section 3.6; Tool 3-b: Conducting a RH history; and Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care,* Chapter 3)

5.5.1 *Initial assessment of symptoms that may indicate an abortion*

- for any woman or girl of reproductive age who seeks medical advice or help for any of the symptoms listed here, consider abortion a possible diagnosis
  - a missed period (delayed menstrual bleeding – more than a month)
  - vaginal bleeding
  - cramping or lower abdominal pain
  - passage of pregnancy tissue
  - unexplained fever, chills
- these symptoms may indicate any stage of abortion. Determining the stage of abortion requires examinations covered later in this module.

5.5.2 *Initial assessment: signs and symptoms of incomplete abortion complications* (see Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving the Quality of Care*, Appendix A)

- signs of shock: fast, weak pulse; low blood pressure; pallor (paleness), sweatiness; rapid breathing; unconsciousness; confusion
- signs of severe vaginal bleeding: heavy, bright red vaginal bleeding with or without clots; blood-soaked pads, towels or clothing; pallor, dizziness, or fainting/syncope
- signs of intra-abdominal injury (injury to organs or structures inside the abdomen and beyond the uterus – e.g., perforated uterus or injury to the bowel): distended abdomen; decreased bowel sounds; rigid (tense and hard) abdomen; rebound tenderness; nausea; shoulder pain; fever; abdominal pain
- signs of infection/sepsis: fever; foul-smelling vaginal discharge; lower abdominal tenderness; mucopus from the cervical os; cervical motion tenderness on bimanual examination; history of previous unsafe abortion or miscarriage; lower abdominal pain; prolonged bleeding; general discomfort

5.5.3 *Complete clinical assessment:* ***medical history***

- if the woman appears to be stable and without serious complications, find out more about her medical history
- present medical history related to incomplete abortion:
  - date of last menstrual period (LMP)
  - current contraceptive method (if any)
  - vaginal bleeding (amount and duration)
  - cramping (amount and duration)
  - fainting (syncope)
  - fever, chills or general malaise
  - abdominal or shoulder pain
  - tetanus vaccination status
  - possible exposure to tetanus (insertion of non-sterile instruments into the uterus)
- other medical information including:
  - drug allergies
  - bleeding and/or clotting disorders
  - chronic medications
  - whether she has taken an herb, medicine or other substance that may cause serious side effects
  - other health conditions

5.5.4 *Complete clinical assessment:* ***physical examination***

- check and record information about:
  - vital signs
  - general health (malnourished, anemic, bruised, cuts, etc.)
  - lungs, heart, extremities
  - abdominal examination, check for:

» masses or gross abnormalities
» distended abdomen with decreased bowel sounds
» rebound tenderness with guarding
» tenderness in pelvis and/or lower abdomen

5.5.5 *Complete clinical assessment:* ***pelvic examination***

- follow rules for infection prevention
  (see Tool 3-c: Maintaining aseptic conditions during and after sterile procedures in Module 3; and Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care,* Chapter 4)
- vulvar examination
  – check for bleeding
  – look for sores or other signs of STIs
  – look for evidence of trauma (for women who have been circumcised, tearing may be present)
- speculum examination
  – check for bleeding
  – check odor of vaginal blood or discharge
  – assess vagina and cervix for tears and bleeding
  – check for signs of infection
  – remove products of conception if you see tissue in the cervical os
- bimanual examination
  – determine the size of the uterus
  – compare actual size of the uterus with expected uterine size according to date of LMP
    » uterus is smaller in incomplete abortion
    » uterus is larger (more advanced pregnancy, presence of multiple pregnancies, a uterus filled with blood clots, a molar pregnancy, presence of uterine fibroids)
  – determine consistency of uterus
  – determine position of uterus
    » anteverted (tilted forward)
    » retroverted (tilted backward)
    » laterally displaced (tilted to the side)
  – check for degree of cervical dilation (openness of the cervix)
  – remove products of conception if there is tissue in the cervical os

SKILLS

5.5 Assessing a client's medical needs by:

- performing an initial assessment of a woman's condition for PAC (see Tool 5-a)
- performing a complete clinical assessment for PAC (see Tool 5-b)

MAJOR TASK 5.6

Determine the stage of abortion and appropriate treatment based on history, signs, symptoms and examinations.

KNOWLEDGE

5.6 Treatment plan for each stage of abortion

5.6.1 *Threatened abortion*

- bed rest and fluids
- observe for:
  - signs of resolution (bleeding slows or stops, cramping stops), or
  - progression to inevitable or incomplete abortion (increased bleeding, cervical dilation, passage of tissue)

5.6.2 *Inevitable abortion*

- MVA

5.6.3 *Incomplete abortion*

- MVA

5.6.4 *Complete abortion*

- observe for:
  - normal recovery (decreasing bleeding and cramping)
  - signs of complications (infection, etc.)
- MVA most likely NOT required

5.6.5 *Missed abortion*

- MVA done at a facility with surgical back-up, usually at first referral level
- treatment for complications (including blood clotting problems) if needed

SKILLS

5.6 Determining treatment plan based on stage of abortion (part of Tools 5-a: Performing an initial assessment for PAC and 5-b: Performing a complete clinical assessment for PAC)

MAJOR TASK 5.7

Appropriately refer and transport a client needing treatment not available in the clinic.

KNOWLEDGE

5.7 Referral and transport considerations
(see Module 7 and Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care,* Chapter 10)

5.7.1 *Prompt referral*

- when a woman cannot be treated where she seeks care, prompt referral is important to her full recovery

5.7.2 *Standing arrangements for referral and transport*

- prior identification of referral facility
- prior identification of available transportation means

5.7.3 *Stabilization for referral*

- management of airway, respiration and circulation
- control of bleeding
- intravenous (IV) fluid replacement
- pain management

5.7.4 *Preparation for transport*

- keep the woman warm, with her feet elevated
- have someone accompany her to maintain IV therapy if it was initiated

5.7.5 *Sending a case summary along with the woman*

- immediate and past history of presenting condition
- physical condition
- actions taken so far
- other relevant information

SKILLS

5.7 Referring and transporting a client needing treatment not available in the clinic
(part of Tool 5-a: Performing an initial assessment for PAC)

MAJOR TASK 5.8

Provide pain management, as appropriate.

KNOWLEDGE

5.8 Techniques and medications for pain management
(see Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care,* Chapter 5)

5.8.1 *By type of provider*

- community-based providers
  - some oral analgesia (aspirin, acetaminophen, ibuprofen) may be given to women who are referred from a community provider to a health center or other facility.
  - if these medicines are given, the referral center should be informed as they may hide symptoms such as pain or fever.
- clinical FP providers (working at health centers or FP clinics)
  - measures listed above, and
  - can be trained in the use of local anesthesia (paracervical block) for treatment of incomplete abortion with MVA

5.8.2 *Issues in pain management for MVA procedures*

- balance easing pain with the risk involved
- types of pain
  - a deep intense pain from cervical dilation and stimulation of the internal cervical os
  - general lower abdominal pain with cramping
- complications can create additional pain
- other issues
  - capability of facility
  - medication availability and cost

5.8.3 *Techniques and medications of pain management for MVA*

- always handle instruments gently, with confidence, efficiently and without jerky or quick movements
- always offer verbal reassurance and support (so-called verbal anesthesia or verbacaine)
  - establish and maintain a positive, supportive relationship with the woman
  - comfortably and openly talk with the woman throughout the procedure
  - explain each step of the procedure before performing it and, allow a few seconds for the woman to feel prepared if she needs to

- local anesthesia (paracervical block)
  - lidocaine, procaine
  - sites for injection
  - minimum effective dose, never exceed maximum adult dose
  - aspirate before each injection
  - toxic or allergic reaction (observe carefully and treat promptly)
- other medications
  - diazepam or narcotic analgesia given for the MVA procedure
  - aspirin or acetaminophen during recovery and after returning home

SKILLS

5.8 Managing a client's pain (see Tool 5-c: Implementing pain management)

MAJOR TASK 5.9

Treat incomplete abortion, using MVA and post-procedural care.

KNOWLEDGE

5.9 Treatment of incomplete abortion
(see Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care,* Chapters 6 and 7; and Yordy L, et al: *MVA Trainer's Handbook*)

5.9.1 *The MVA procedure*

- mechanism of action (how the instruments work)
- selection of cannula size
- determination of patient eligibility for MVA based on her uterine size
- precautions prior to performing MVA
  - serious complications
  - history of blood or clotting disorder and/or severe anemia
  - uterine size by pelvic examination greater than 12 weeks LMP
- preparing MVA instruments
- counseling/educating the client and, if present, relatives or partner
- preparing the patient, including pain management
- steps for performing MVA (see Tool 5-d: Preparing for and performing the MVA)
- handling female circumcision issues, if present
  - as it affects instrument use and the procedure
  - regarding woman's wishes

- handling instrument problems
- examining the tissue or products of conception
- ensuring infection prevention

5.9.2 *Postoperative care*

- monitor the patient's recovery
- provide postoperative patient information (to the woman and if she wishes, to the woman's partner or someone who has come with her)
  - normal recovery
    - » some uterine cramping
    - » some spotting or bleeding
  - return of normal menses in 4 to 8 weeks
  - symptoms that are warning signs of complications
    - » prolonged cramping (more than a few days)
    - » prolonged bleeding (more than two weeks)
    - » menstrual bleeding more than normal
    - » severe or increased pain
    - » fever, chills or malaise
    - » fainting (syncope)
  - where to go for medical attention if she has warning signs of complications
  - advise not to have intercourse or put anything into the vagina until bleeding stops
- provide FP information (to the woman, and her partner, if the woman wishes)
  - AT LEAST THE FOLLOWING INFORMATION:
    - » can get pregnant again within two weeks; need to use a contraceptive method from the first time intercourse occurs if she doesn't want to become pregnant again
    - » safe effective contraceptive methods are available
    - » where and how to get FP services and other RH services
  - full counseling for method use, if possible (see section 5.11 in this module and Module 3: Providing FP services)
  - counseling regarding interim use of a method such as condoms if FP method counseling and initiation of a method is not possible.
- schedule a visit for follow-up or refer, as appropriate
  - to check woman's physical recovery including uterine size
  - for FP needs
  - for other RH needs, if needed
  - for social services, if needed

5.9.3 *Potential post-procedural problems*
(see Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care,* Chapter 7, Appendices A and B)

- inadequate tissue (less than expected or no products of conception [POC]) could indicate:
  - incomplete evacuation and retained POC
  - all POC passed before the MVA
  - vaginal bleeding not due to pregnancy
  - ectopic pregnancy
- other potential problems (see Glossary in User's Guide for some of the terms below)
  - postabortal syndrome
  - fainting/vomiting
  - uterine perforation
  - cervical perforation
  - postabortion infection
  - intra-abdominal injury (for example, damage to the bowel)
  - air embolism

SKILLS

5.9. Treating incomplete abortion using MVA (see Tool 5-d: Preparing for and performing the MVA)

MAJOR TASK 5.10

Use infection prevention measures to maintain MVA instruments and other items.

KNOWLEDGE

5.10 Steps for processing instruments and other items for infection prevention
(see Module 3; and Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care,* Chapter 8)

5.10.1 *Four basic steps*

- decontamination
  - soak instruments in 0.5% chlorine solution for 10 minutes
  - wipe examination tables with disinfectant
- cleaning (wear gloves)
  - wash in lukewarm water with liquid detergent and rinse
  - take instruments apart and do not splash the water

- sterilization/high-level disinfection (HLD)
  - when sterilization is not available or suitable, HLD is the ONLY alternative for instruments that contact the bloodstream
- storage
  - handling sterile or HLD instruments

5.10.2 *The MVA cannulae*

- contacts the uterus; therefore, it must be sterile or undergo HLD when used to protect the woman
- are contaminated by contact with blood and body fluids during use; therefore, they must be decontaminated immediately after use to protect staff who handle them
- use glutaraldehyde, boiling, or chlorine for HLD
- steam or dry heat should NOT be used on cannulae

5.10.3 *The MVA syringe (all parts)*

- does not contact the uterus or bloodstream; sterilization or HLD is NOT required
- are contaminated by contact with blood and body fluids during use; therefore, they must be decontaminated immediately after use to protect staff who handle them
- scrub and wash with detergent, rinse and air dry
- steam or dry heat should NOT be used on the MVA syringe

5.10.4 *Other instruments*

- reusability criteria are determined according to standard criteria
- process according to standard guidelines

SKILLS

5.10 Processing MVA instruments using infection prevention measures (see Tool 3-c: Maintaining aseptic techniques during and after sterile procedures and guidelines in *Postabortion Care: A Reference Manual for Improving Quality of Care*, chapter 8: Processing MVA equipment and other items)

MAJOR TASK 5.11

Provide postabortion FP counseling and services.

KNOWLEDGE

5.11 Postabortion family planning
(see Module 4; Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care,* Chapter 9; and Yordy L, et al: *MVA Trainer's Handbook*, Module 8)

5.11.1 *Factors limiting provision of FP services following emergency PAC*

- provider misconceptions about appropriate methods
- providers of emergency PAC may not see postabortion FP as their responsibility
- emergency PAC and FP services may not be coordinated (e.g., FP may be offered on a different day)
- women may not know where FP services are available and/or may not realize that their fertility will return soon

5.11.2 *Effect of medical conditions on method selection*
(see Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care,* Table 9-3)

- no complications
- confirmed or presumptive diagnosis of infection
- injury to genital tract
- severe bleeding (hemorrhage) and related severe anemia
- second trimester incomplete abortion

5.11.3 *Method use*

- most methods can be used immediately PA
- estrogen is not contraindicated
- issues specific to each method

5.11.4 *Individual factors for women who have had incomplete abortions, and counseling recommendations and rationales*
(see Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care,* Table 9-1)

- woman's desire to become pregnant soon or to avoid becoming pregnant
- emotional and physical state (under stress or in pain, etc.)
- FP history
  - has ever used FP
  - became pregnant while using a contraceptive method

    - » method failure
    - » incorrect use of method
    - » problems with resupply for temporary method
  - had stopped using a method
  - partner's willingness to use condoms or other method
  - other partner or family issues regarding method use
- counseling women who wish to become pregnant again soon
  - women who have had repeated spontaneous abortions
  - referral for assessment of problems in carrying a pregnancy to term

5.11.5 *Family planning counseling for postabortion clients* (for general counseling guidelines, see Module 1; and Winkler J, Leonard A: Family Planning Following Postabortion Treatment. *Advances in Abortion Care*)

- important positive attitudes for persons who counsel
  - able to accept the decisions that a woman has made without prejudice
    - » termination of pregnancy
    - » childbearing
    - » sexual behavior
  - open to hearing and addressing the situations that could lead an individual woman to have a repeat unwanted pregnancy and abortion
  - able to feel concern for individual women who need treatment for incomplete abortion and able to remain detached enough to help them
  - desire to help women avoid having a repeat unwanted pregnancy and abortion
- interpersonal skills
  - FP/RH counseling skills (see Module 1, section 1.2.7)
  - verbal and non-verbal communication skills (see Module 1, section 1.1.4)
  - able to express concern and understanding in a way that helps communication (empathy)
  - communicating with women when they are sick, stressed, in pain
  - encouraging women who are initially hesitant to talk
  - listening to what women want
  - responding to the woman's unique needs and preferences
  - GATHER model adapted (see Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care,* Table 9-2)
    - » focus on responding to woman's individual situation and needs
    - » give the woman a manageable amount of information
    - » use dynamic and interactive counseling techniques

- content
  - if woman wants to become pregnant soon
    - » no method information needed
    - » possible referral for prenatal care or fertility work up
  - key information for all women who do not want to become pregnant soon
    - » fertility resumes as early as two weeks after abortion, and the woman can become pregnant very soon
    - » effective methods of FP are available
    - » how to obtain FP services later, after leaving the facility
  - address problems with FP use
    - » specific problems woman has with using a method
    - » concern about side effects
    - » method discontinuation issues
    - » offer to help the woman change methods if she wants
  - for women who have a preferred method
    - » how it works
    - » advantages, disadvantages; most common side effects
    - » that there are other effective methods
    - » information about other methods if the woman wishes
  - standard information if the woman has no preferred method (see Module 3: Providing family planning services)
    - » do not give more information than needed
  - for women who must delay or prefer to delay initiating a method of choice
    - » information about interim use of a temporary method such as condoms
- issues concerning free and informed choice in postabortion FP
  - may be difficult if the woman is stressed, afraid, in pain
  - may be best to delay permanent or long-term decisions
  - private space may not be available
  - include the woman's partner, if she wishes

SKILLS

5.11 **Providing postabortion FP counseling** (see Tool 5-e: Providing postabortion FP counseling) **and services** (see Tools in Module 3: Providing FP services)

MAJOR TASK 5.12

Identify women who need postabortion care when they are seen for other RH services, and provide appropriate care.

KNOWLEDGE

5.12 PAC within other RH services

5.12.1 *The need to address abortion-related health care may be discovered by the provider:*

- after education of clients on the availability of PAC services in the integrated RH service site
- during medical history-taking (FP, prenatal, other)
- during physical/pelvic exam
- during a health care talk or informal conversation
- at a FP follow-up appointment
- when a woman seeks help for rape, incest, domestic violence
- when a woman seeks emergency contraceptive (EC) services
- when a woman seeks advice for a contraceptive failure
- when a woman seeks advice because she suspects she might be pregnant
- when a woman seeks advice about an unwanted pregnancy
- when woman seeks advice or care for bleeding during pregnancy
- when a woman seeks treatment for injury
- when a woman seeks treatment for complications following her PA treatment
- when a woman seeks screening and treatment for STIs, including HIV/AIDS
- when a woman comes in with an unrelated health care problem

5.12.2 *Actions that may be required:*

- provider initiates discussion on the need for PAC using counseling skills (see Tool 1-b: Counseling the client to make an FP/RH decision)
- assessment (history, physical exam, pelvic exam, pregnancy test); similar to postpartum assessment (see Module 4: Providing maternal and newborn care services), and includes counseling for and provision of appropriate FP, education on STI and HIV/AIDS risk and prevention
- treatment of postoperative complications (excessive bleeding, infection/sepsis, retained tissue)
- treatment of incomplete abortion
- discussion of available options for unintended or unwanted pregnancy
- emotional or psychological support, if needed
- referral for legal induced abortion services allowed by local legislation

- treatment of a condition that affects ability to carry pregnancy to term
- treatment or referral for STIs
- referral for other RH services
- referral for social services (e.g., for women who are victims of rape, incest and/or domestic violence)

SKILLS

5.12 Identifying and providing care to women needing PAC when seeking other RH services, for example:

- counseling and referring clients for related RH or social services (see Tool 1-b: Using interpersonal communication skills)
- other services provided, and the Tools used to assess the skills, depend on the clients' individual needs (see section 5.12 in this module for guidance)

KNOWLEDGE ASSESSMENT QUESTIONS

This component contains 21 sample questions that can be used before or at the end of training to assess whether the trainee has the knowledge necessary to provide PAC services.

There are two types of questions: those which ask the trainee to recall information (for example, questions 1 through 16) and those that require the trainee to solve a problem which they will likely encounter on the job (for example, questions 17 though 21). These 21 questions do not cover all of the knowledge in Module 5. The trainer can develop additional recall and problem-solving questions to further assess the trainees.

Answers to the Knowledge Assessment Questions follow.

1. List the three elements of postabortion care.

   a. _____

   b. _____

   c. _____

2. List three signs and symptoms that may indicate that a woman has had a spontaneous or unsafe abortion.

   a. _____

   b. _____

   c. _____

3. Check (√) the symptom(s) that are typically associated with threatened abortion.

   a. vaginal bleeding during pregnancy ( )
   b. dilated cervix ( )
   c. headache ( )
   d. lower abdominal pain ( )
   e. no menstrual period for more than 4 weeks ( )
   f. tissue passed from the uterus. ( )

4. Check (√) the symptoms that are typically associated with inevitable or incomplete abortion.

   a. vaginal bleeding during pregnancy ( )
   b. dilated cervix ( )
   c. headache ( )
   d. lower abdominal pain ( )
   e. no menstrual period for more than 4 weeks ( )
   f. tissue passed from the uterus. ( )

5. List three things that a counselor can do to encourage open communication with women who have had an unsafe abortion.

   a. _____

   _____

   b. _____

   _____

   c. _____

   _____

6. List the appropriate treatment steps for the following conditions:

   a. incomplete abortion: _____

   _____

   b. inevitable abortion: _____

   _____

   c. threatened abortion: _____

   _____

7. Check (√) the services that can be offered where **you** provide health care.

   a. Identify the signs and symptoms that may indicate an incomplete abortion ( )
   b. Remove products of conception if they are visible in the cervical os ( )
   c. Refer woman with an incomplete abortion to a health care facility ( )
   d. Perform manual vacuum aspiration to treat incomplete abortion ( )
   e. Perform examinations to identify life-threatening conditions associated with incomplete abortion ( )
   f. Begin initial treatment of shock ( )
   g. Begin initial treatment of sepsis ( )
   h. Counsel women about postabortion FP ( )
   i. Inform women about the health risk of unsafe abortion. ( )

8. If you will be providing paracervical block, explain where to give the injections:

   _____

   _____

9. Number the steps below in the correct order that they should be performed in using MVA to treat incomplete abortion:

   ____ a. transfer the vacuum to the cannula and uterus by releasing the valve or valves on the syringe
   ____ b. introduce the cannula through the internal os and attach the cannula to the syringe
   ____ c. administer a paracervical block if needed
   ____ d. move the cannula back and forth while rotating it
   ____ e. inspect the tissue in the syringe
   ____ f. dilate the cervix, if necessary
   ____ g. establish the vacuum on the syringe
   ____ h. insert the speculum.

10. List three factors that affect counseling for informed choice about FP after an abortion.

    a. _____

    b. _____

    c. _____

11. Describe the instructions for follow-up care that should be given to women who have MVA.

    a. Normal recovery:_____

    _____

    b. Signs and symptoms that the women should watch for and seek medical care for if they occur:___

    _____

12. List three simple measures that a community health worker (without access to specialized medical supplies) can do to help a woman who must be transferred to a health center for treatment of a serious complication such as severe vaginal bleeding.

    a._____

    b._____

    c. _____

13. List the three essential pieces of information about FP that any woman treated for incomplete abortion should understand before she is discharged.

    a._____

    b._____

    c._____

14. Check (√) the individual factors that a counselor may need to address in order to help a woman who has had an unsafe abortion use FP effectively.

    a. Woman's experience with contraceptive failure ( )
    b. Stress, anxiety or pain about the incomplete abortion ( )
    c. Woman may need a referral to go somewhere else for FP follow-up ( )
    d. Possibility that the woman wants to become pregnant soon ( )
    e. Partner or family member's feelings about using FP ( )
    f. Woman's experience with side effects of a method ( )
    g. Woman's preference for a method ( )
    h. Necessity to fully inform women about all methods at this time ( )
    i. Complications of abortion that currently make the woman ineligible to receive a given method ( )
    j. Necessity of avoiding methods containing estrogen after abortion ( )
    k. Need for a temporary method until she can get the method of her choice ( )
    l. Woman's risk of STI ( )
    m. Need to confirm that the woman is not pregnant ( )

15. Describe the steps in processing the MVA syringe for reuse if it will be reused.

16. Describe how the MVA cannulae should be processed, between patients, if they will be reused.

17. A 14 year old girl asks for your help because she has had lots of bleeding and her belly is hurting. You quickly check for signs of shock (pulse, blood pressure, color and breathing). She is very anxious but seems to be thinking clearly. When you ask her about the history of her condition, she gives you the following information:
    - she thinks her last period was around two or three months ago
    - bleeding started four days ago and is getting heavier (she has soaked through six rags already this morning)
    - she is experiencing pain and dull cramping in the lower abdomen with no shoulder pain

    You suspect incomplete abortion.

    a. What would you look for in the general physical examination?

    _____

    _____

    b. Explain what you would do in the pelvic examination.

    _____

    _____

    _____

18. You have just completed an MVA procedure that went very well. Before the woman leaves the room you inspect the products of conception, strain the blood and rinse the tissue. When you inspect the tissue you find only a small amount of villi or decidua.

    a. What possible explanations do you suspect?

    _____

    _____

    _____

    b. What step should you take immediately, while the woman is still on the exam table, to manage the case?

    _____

    _____

    c. If you are unable to collect more tissue, what steps would you take?

    _____

    _____

    _____

19. A 28 year old married woman comes into the clinic and explains that she is having a spontaneous abortion. You check that she is not in shock, take her medical history, perform the physical and pelvic exams. She has no fever. Her last menstrual period started 14 weeks ago but she keeps getting confused about her present condition, how long she has been bleeding, and so forth. Your findings on the pelvic exam are that the uterus is 8 weeks size and the cervix is open with tissue in the os. You notice a small laceration on the cervix that is oozing slightly.

    a. Can this woman's condition be treated with MVA?

    b. Explain why MVA ***is*** or ***is not*** appropriate and if any medications or procedures are needed.

20. A woman was treated with MVA for incomplete abortion. During the speculum exam, lacerations were found on the woman's upper vagina and cervix. She has no fever and reports that she has had a spontaneous abortion. She tells you that she does not want to be pregnant and that she wants to have an IUD inserted before she leaves.

    a. Would you give her the IUD? Explain your answer and next steps you would take.

    b. What factor affects your advice to her about the IUD?

21. A very worried woman asks a health worker to give her a shot or some herb tea that will help her become pregnant. The health worker knows that the woman has two young children, one less than a year old, so she talks to the woman about family planning. How many children does she want? When does she want more children? Does her husband want more children? Has she been trying to get pregnant? How would she feel about waiting until the youngest child is older before getting pregnant again?

    Eventually, the woman tells the worker that she does not really want another child until her youngest child can walk. But she is afraid that she will not be able to have another one. At last she tells the health worker about a pregnancy that she lost last month. She mentions that she had to have an operation and that she was told to take medicine for 10 days after she left the hospital. She never took the medicine because she did not want anyone to find out.

    a. What physical conditions should the health care worker check for?

    _____

    _____

    _____

    b. What psychological support could you offer the woman? Give at least 2 responses.

    _____

    _____

    _____

    c. If the woman has no physical problems related to the operation, what family planning counseling, information and methods would you offer?

    _____

    _____

    _____

Answer sheet to the KNOWLEDGE ASSESSMENT QUESTIONS

Question No. 1 (3 points)

The three elements of PAC are:

a. emergency treatment of incomplete abortion and potentially life-threatening complications
b. postabortion FP counseling and services
c. assistance gaining access to other RH and social services as necessary.

Question No. 2 (3 points)

Any three of the following are correct:

Signs and symptoms that may indicate an unsafe abortion (spontaneous or induced) are:

- a missed period (delayed menstrual bleeding more than a month)
- vaginal bleeding
- cramping or lower abdominal pain
- passage of pregnancy tissue
- unexplained fever, chills.

Question No. 3 (3 points)

a, d, e

Question No. 4 (5 points)

a, b, d, e, f

Question No. 5 (3 points)

Any three of the following answers are correct, as are others that the trainer judges to be correct.

- Listen to what the woman has to say and encourage her to express her concerns
- Try not to interrupt
- Let the woman know she is being listened to and understood
- Answer questions directly in a calm, reassuring manner
- Keep the message simple (use short sentences)
- Repeat the most important information
- Avoid using complicated medical terms; use terms she understands
- Use supportive nonverbal communication (nodding, smiling, etc.)

Question No. 6 (3 points)

Treatment steps are:

a. incomplete abortion -- uterine evacuation (MVA) is required for complete removal of any remaining material in the uterus
b. inevitable abortion -- same as for incomplete abortion
c. threatened abortion -- bed rest and fluids for 24 to 48 hours. If the condition gets worse or she develops symptoms including signs of infection, she should be checked immediately; otherwise, she should be checked in 1 to 2 weeks.

Question No. 7 (1 point)

The services that can be provided will vary according to the capability of the facility and the skills of the staff. The information from the World Health Organization included in section 5.1.4 of this module should be used as a guide. Trainers also should take into account local capacity to deliver services.

Question No. 8 (1 point)

To make injections for the paracervical block, inject about 2 ml of the local anesthetic just under the epithelium, not deeper than 2 to 3 mm. Injection sites include 3, 5, 7, and 9 o'clock.

Question No. 9 (8 points)

a. 6
b. 5
c. 3
d. 7
e. 8
f. 4
g. 1
h. 2

Question No. 10 (3 points)

Any three of the following factors are correct, as are others that the trainer judges to be correct.

- the woman's physical condition
- the woman's emotional condition
- the woman's individual situation
- difficulties in ensuring privacy for counseling.

Question No. 11 (2 points)

a. Normal recovery – some uterine cramping over the next few days which may be eased by mild analgesics; some spotting or bleeding which should not exceed a normal menstrual period; a normal menstrual period within 4 to 6 weeks.
b. Warning of complications (woman needs to seek care) – prolonged cramping (more than a few days); prolonged bleeding (more than 2 weeks); bleeding more than a normal menstrual period; severe or increased pain; fever, chills or malaise (flu-like symptoms); fainting.

Question No. 12 (3 points)

Any three of the following measures are correct:

- make sure the airway is open
- check vital signs
- raise her legs
- keep her warm (cover with blankets)
- check for signs of all complications, including shock.

Question No. 13 (3 points)

a. fertility returns quickly; she could become pregnant again almost immediately.
b. modern FP methods are safe and effective and should be used from the first time she has intercourse again if she does not want to become pregnant immediately.
c. where FP information, services, and counseling are available and how to get them.

Question No. 14 (10 points)

a, b, c, d, e, f, g, i, k, l

Question No. 15 (5 points)

The description should include the following five steps for processing the MVA syringe for reuse:

- decontaminate the syringe (and all instruments) immediately after use
- take the syringe fully apart
- wash the syringe in warm sudsy water and rinse
- air dry the syringe
- reassemble the syringe and store in covered container that will protect it from dust or other contaminants.

The description may also include the following information: The syringe does not have to be sterilized or HLD. It can be disinfected if local protocols require it. Do not disinfect the syringe with heat (autoclaving, dry heat, or boiling) as the valve will be damaged.

Question No. 16 (5 points)

The description should include the following five steps for processing cannula for reuse:
- decontaminate the cannula immediately after use
- wash the cannula in warm sudsy water and rinse
- sterilize or HLD before reuse
- air dry the cannula
- store in a sterile or HLD, covered container.

Question No. 17 (11 points)

a. You have already checked for shock and severe vaginal bleeding. Now you should check whether there are signs of the following 3 things: intra-abdominal bleeding, infection or sepsis. (3 points)

b. The answer should include the following things to be checked or done while performing a speculum and bimanual exam:
   - In the speculum exam, check for bleeding, signs of trauma and infection. (3 points)
   - In the bimanual exam, check: the size of the uterus comparing it with the woman's reported time since her last menstrual period; the consistency (soft or firm) of the uterus; the position of the uterus; and the degree of openness of the cervix. (4 points)
   - If you see or feel tissue in the os during either the speculum or bimanual exam, you should remove it. (1 point)

Question No. 18 (7 points)

a. The answer should include all of the following (4 points):

Less than expected tissue may be a sign of one of the following:
- tissue is left in the uterus and should be removed
- all of the tissue was passed before the procedure
- the vaginal bleeding was not due to pregnancy
- ectopic pregnancy.

b. While the woman is still on the exam table, repeat the MVA procedure to see if there is more tissue that you missed during the first procedure. (1 point)

c. If you are unable to collect more tissue, you would take the following steps (2 points):
   - Bimanual examination to check the uterine size.
   - If you suspect an ectopic pregnancy, quickly refer woman to a facility equipped to further assess and deal with ectopic pregnancy. It should be a facility where surgery can be performed if it is needed.

Question No. 19 (3 points)

a. Yes.

b. MVA is appropriate because the uterine size is 8 weeks size which is less than the limit of 12 weeks size. She has signs that may indicate that the abortion was started by inserting an object into the cervix so antibiotics should be given.

Question No. 20 (5 points)

a. Answer should include the following 4 responses: (4 points)
   - No.
   - You would not give her the IUD at this time because there is a significant risk of developing infection or sepsis.
   - It would be better to wait about 6 to 12 weeks and confirm that there is no infection.
   - Meanwhile, the woman is at risk for pregnancy. She should receive a method to use temporarily until you can be reasonably sure about her infection status. Options include several cycles of pills, an injectable, or a supply of condoms together with information about emergency contraception.

b. The most important factor affecting the decision about an IUD in this case is that you cannot rule out the possibility of an infection. (1 point)

Question No. 21 (7 points)

a. By bimanual and speculum exam, check the uterine size and check for any evidence of a continuing pregnancy or infection. Check, or refer the woman to be checked, for any diseases or conditions that might have caused a spontaneous abortion (e.g., malaria).
(2 points)

b. Many answers are possible. The answer should include 2 of the following or any others the trainer judges correct. (2 points)
   - You could reassure her that you will keep anything that she tells you confidential (private between the two of you).
   - You could express concern for what the woman has been through.
   - You could reassure her that if the treatment went well and if any infection is taken care of that she should be able to become pregnant again and have another child when she wants to plan a pregnancy.
   - You could tell her that many spontaneous abortions occur for no specific reason and that they are not the result of anything the woman did wrong.

(answer continued on next page)

c. The answer should include the following 3 responses. (3 points)
   - Tell the woman that she could become pregnant again very soon after losing a pregnancy. If she does not want to become pregnant again soon, she should begin using a method immediately.
   - Any method can be considered.
   - Ask the woman if she has a preferred method but make sure she knows that she has a range of methods to choose from.

GRAND TOTAL: 94 points
CUT OFF: 66 points (70%)

SKILLS ASSESSMENT TOOLS

The following tools can be used to assess trainees' performance when providing PAC services. The assessment tools can be used for pre- or post-training skills assessment, or for assessment of skills performance on the job after training. They also may be used by trainees to guide skills acquisition during training or as a job aid after training. The tools cover many, but not all, of the skills required to provide PAC services. Trainers can create additional tools for other skill areas using the suggested resources below as references.

Module 5 Tools:

Tool 5-a: Performing an initial assessment of a woman's condition for PAC

Tool 5-b: Performing a complete clinical assessment for PAC

Tool 5-c: Implementing pain management

Tool 5-d: Preparing for and performing the MVA procedure and carrying out post-procedural steps

Tool 5-e: Providing postabortion FP counseling

Useful Tools from other Modules:

Tool 1-a: Using interpersonal communication skills

Tool 1-b: Counseling the client to make an FP/RH decision

All Tools in Module 3: Providing Family Planning Services

Useful resources for developing other tools (see **References** at the end of this module for the full citations):

For more on processing MVA equipment and other items for postabortion care:

Winkler, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care*, Chapter 8

For more on the MVA procedure:

Yordy, et al: *MVA Trainers' Handbook*

Solter C: *Comprehensive Reproductive Health and Family Planning Training Curriculum, Module 11: MVA for Treatment of Incomplete Abortion*, forthcoming

Skills Assessment Tool 5-a

PERFORMING AN INITIAL ASSESSMENT OF A WOMAN'S CONDITION FOR POSTABORTION CARE

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one)_____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 5-a (continued)

PERFORMING AN INITIAL ASSESSMENT OF A WOMAN'S CONDITION FOR POSTABORTION CARE

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Makes an initial assessment of a woman who may have an incomplete abortion.	8		6		
TOTAL	8		6		

Skills Assessment Tool 5-a (continued)

PERFORMING AN INITIAL ASSESSMENT OF A WOMAN'S CONDITION FOR POSTABORTION CARE

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Makes an initial assessment of a woman who may have an incomplete abortion.

	2	1	0	Comments
1.1 Greets the woman in a friendly way.				
1.2 *Identifies possible incomplete abortion by asking about LMP, vaginal bleeding, cramping, passage of tissue.				
1.3 *Assesses for shock and other life-threatening conditions (hemorrhage, sepsis/infection, injury to internal organs).				
1.4 *If complications are suspected, a. begins treatment if appropriately trained *OR. . .* b. refers. *OR. . .*				
1.5 *If complications are stabilized, a. continues assessment, if provider is trained to provide MVA: *OR . . .* b. if not able to provide MVA: – refers to an appropriate facility – helps arrange transport if needed – sends information about the woman's condition to the facility where she will be treated – gives medication for pain if needed (acetaminophen, paracetamol, ibuprofen), and – accompanies woman to facility if needed.				

POSSIBLE SCORE: 8 points CUT OFF: 6 points (must include skills with asterisks (*))
Score Attained: _____

Skills Assessment Tool 5-b

PERFORMING A COMPLETE CLINICAL ASSESSMENT FOR POSTABORTION CARE

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one)_____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 5-b (continued)

PERFORMING A COMPLETE CLINICAL ASSESSMENT FOR POSTABORTION CARE

SUMMARY OF SCORES ATTAINED

Tasks	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Takes medical history for incomplete abortion.	24		22		
2. Performs appropriate physical examinations.	16		10		
3. Prepares the room, equipment and materials for examinations and MVA.	18		16		
4. Prepares the woman for the examinations and MVA.	10		4		
5. Makes aseptic preparations for MVA.	8		8		
6. Inspects vulva.	6		6		
7. Performs a speculum exam.	16		14		
8. Performs a bimanual examination.	14		12		
TOTAL	112		92		

Skills Assessment Tool 5-b (continued)

PERFORMING A COMPLETE CLINICAL ASSESSMENT FOR POSTABORTION CARE

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Takes medical history for incomplete abortion.

	2	1	0	Comments
1.1 Explains the purpose of the medical history.				
1.2 Asks about present condition: a. *date of LMP b. *vaginal bleeding, duration, amount c. *cramping d. *tissue passage.				
1.3 *If threatened abortion is identified, advises woman to rest for a few days and to seek help again if bleeding continues or increases.				
OR . . .				
1.4 *If incomplete abortion is identified, finds out about steps that may have been taken to end the pregnancy or start a period (medicine, herbs, insertion of objects in vagina, massage, domestic violence).				
1.5 Asks for additional information: a. *reproductive health history b. *drug allergies c. *tetanus vaccination status d. *possible exposure to tetanus e. *history of bleeding disorders f. *history of STIs.				

POSSIBLE SCORE: 24 points CUT OFF: 22 points (must include skills with asterisks (*))
Score Attained: _____

Skills Assessment Tool 5-b (continued)

PERFORMING A COMPLETE CLINICAL ASSESSMENT FOR POSTABORTION CARE

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Performs appropriate physical examinations.

	2	1	0	Comments
2.1 Explains the examination procedures to the woman.				
2.2 Checks and records the following:				
a. *vital signs				
b. *general health				
c. *lungs, heart, extremities.				
2.3 *Performs abdominal examination (masses, abnormalities, distended abdomen, bowel sounds, rebound tenderness, tenderness in lower abdomen).				
2.4 *Takes samples of blood or urine for lab tests if indicated.				
2.5 Explains purpose of any required lab tests to woman.				
2.6 Identify signs of violence against the woman, if present.				

POSSIBLE SCORE: 16 points CUT OFF: 10 points (must include skills with asterisks (*))
Score Attained: _____

Skills Assessment Tool 5-b (continued)

PERFORMING A COMPLETE CLINICAL ASSESSMENT FOR POSTABORTION CARE

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Prepares the room, equipment and materials for examinations and MVA.

	2	1	0	Comments
3.1 *Checks that the examination table, tray and other surfaces in the examination or treatment room are decontaminated and clean.				
3.2 *Arranges all necessary equipment.				
3.3 *Makes sure that a bucket for decontamination of instruments is prepared and in position.				
3.4 Makes sure that MVA instruments are available:				
a. *single or double valve syringe,				
b. *several cannulae of the appropriate size,				
c. *adapters if using double valve syringe, and				
d. *extra syringe.				
3.5 *Makes sure that supplies are ready.				
3.6 Arranges space to ensure privacy for the woman.				

POSSIBLE SCORE: 18 points CUT OFF: 16 points (must include skills with asterisks (*))
Score Attained: _____

Skills Assessment Tool 5-b (continued)

PERFORMING A COMPLETE CLINICAL ASSESSMENT FOR POSTABORTION CARE

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Prepares the woman for the examinations and MVA.

		2	1	0	Comments
4.1	Tells the woman about her condition, the treatment, and the level of discomfort to expect.				
4.2	Asks her to empty her bladder, wash between her legs, take off her under clothing and use a drape for cover.				
4.3	Helps her into the proper position on the exam table.				
4.4	*Gives ANY medications appropriate to the individual woman's situation and ONLY those medications. (Possible medications: antibiotics, diazepam, midazolam, paracetamol, oxytocics, tetanus toxoid, tetanus antitoxin, IV fluids, blood or blood products.)				
4.5	*Allows an appropriate amount of time for medications to take effect before beginning the MVA.				

POSSIBLE SCORE: 10 points CUT OFF: 4 points (must include skills with asterisks (*))
Score Attained: _____

Skills Assessment Tool 5-b (continued)

PERFORMING A COMPLETE CLINICAL ASSESSMENT FOR POSTABORTION CARE

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5: Makes aseptic preparations for MVA.

	2	1	0	Comments
5.1 *Puts on protective apron, as well as mask and eye protection, if available.				
5.2 *Washes hands.				
5.3 *Puts clean or sterile exam gloves on both hands.				
5.4 *Washes cervix and vagina with antiseptic.				

POSSIBLE SCORE: 8 points CUT OFF: 8 points (must include skills with asterisks (*))
Score Attained: _____

Task 6: Inspects the vulva.

	2	1	0	Comments
6.1 *Checks for bleeding.				
6.2 *Looks for sores or other signs of STIs.				
6.3 *Looks for evidence of trauma, e.g., tearing (for women who have been circumcised).				

POSSIBLE SCORE: 6 points CUT OFF: 6 points (must include skills with asterisks (*))
Score Attained: _____

Skills Assessment Tool 5-b (continued)

PERFORMING A COMPLETE CLINICAL ASSESSMENT FOR POSTABORTION CARE

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 7: Performs a speculum exam.

	2	1	0	Comments
7.1 Explains to the woman what to expect and keeps her informed during the exam.				
7.2 *Positions the speculum gently.				
7.3 Checks for:				
a. *bleeding				
b. *odor of vaginal blood, discharge				
c. *vaginal tears				
d. *signs of infection				
e. *signs of interference with the pregnancy.				
7.4 *If tissue is seen in the cervical os, removes it with forceps and sterile gauze.				

POSSIBLE SCORE: 16 points CUT OFF: 14 points (must include skills with asterisks (*))
Score Attained: _____

Skills Assessment Tool 5-b (continued)

PERFORMING A COMPLETE CLINICAL ASSESSMENT FOR POSTABORTION CARE

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 8: Performs a bimanual examination.

	2	1	0	Comments
8.1 Explains to the woman what to expect and keeps her informed during the exam.				
8.2 Examines the uterus:				
a. *uterine size,				
b. *any difference in actual uterine size compared with menstrual history,				
c. *consistency and position.				
8.3 *Checks for cervical dilation.				
8.4 *If tissue is felt in the cervical os, removes it using sterile gauze and forceps as needed.				
8.5 *Makes appropriate clinical treatment plan based on findings from complete clinical assessment.				

POSSIBLE SCORE: 14 points CUT OFF: 12 points (must include skills with asterisks (*))
Score Attained: _____

Skills Assessment Tool 5-c

IMPLEMENTING PAIN MANAGEMENT

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one)_____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 5-c (continued)

IMPLEMENTING PAIN MANAGEMENT

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Uses interpersonal communication and medication to address the individual woman's need for control of pain and anxiety.	20		8		
TOTAL	20		8		

Skills Assessment Tool 5-c (continued)

IMPLEMENTING PAIN MANAGEMENT

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Uses interpersonal communication and medication to address the individual woman's need for control of pain and anxiety.

	2	1	0	Comments
1.1 Explains to the woman what she will feel and the effect of any pain control medications given.				
1.2 *Decides upon pain control measures that are appropriate for the individual woman's condition, anxiety and safety.				
1.3 *Administers premedications appropriately. (See Tool 5-b.)				
1.4 For paracervical block for MVA:				
a. Fills 10 ml syringe with local anesthetic				
b. With traction on the tenaculum, moves the cervix to identify the location for the injections				
c. *Inserts the needle and pulls back plunger slightly to avoid injecting into a blood vessel				
d. *Injects at appropriate sites around the cervix				
e. Waits 2 to 5 minutes for anesthetic to take effect.				
1.5 Talks calmly and reassuringly to the woman throughout the MVA procedure explaining what is happening.				
1.6 Advises woman appropriately post-operatively.				

POSSIBLE SCORE: 20 points CUT OFF: 8 points (must include skills with asterisks (*))
Score Attained: _____

Skills Assessment Tool 5-d

PREPARING FOR AND PERFORMING THE MVA PROCEDURE AND CARRYING OUT POST-PROCEDURAL STEPS

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____ 19___

Site of Assessment: Clinic/Classroom (circle one)_____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 5-d (continued)

PREPARING FOR AND PERFORMING THE MVA PROCEDURE AND CARRYING OUT POST-PROCEDURAL STEPS

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares the MVA syringe.	6		6		
2. Performs the MVA procedure.	40		34		
3. Performs post-procedural steps after the MVA procedure.	22		22		
TOTAL	68		62		

Skills Assessment Tool 5-d (continued)

PREPARING FOR AND PERFORMING THE MVA PROCEDURE AND CARRYING OUT POST-PROCEDURAL STEPS

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares the MVA syringe.

	2	1	0	Comments
1.1 Beginning with the syringe plunger fully forward in the barrel prepares a vacuum in the syringe: a. *Presses the valve button or buttons to close the syringe. b. *Pulls the plunger arms back. c. *Makes sure the plunger arms catch securely on the wide edges of the syringe barrel.				

POSSIBLE SCORE: 6 points CUT OFF: 6 points (must include skills with asterisks (*))
Score Attained: _____

Task 2: Performs the MVA procedure

	2	1	0	Comments
2.1 *Ensures that all preparations and exams have taken place.				
2.2 *Checks the medical chart for any important information.				
2.3 *Performs speculum and bimanual exams (if not performed by same provider during assessment).				
2.4 Explains the MVA procedure to the woman.				
2.5 Explains what is happening during each step of the procedure.				

(continued on next page)

Skills Assessment Tool 5-d (continued)

PREPARING FOR AND PERFORMING THE MVA PROCEDURE AND CARRYING OUT POST-PROCEDURAL STEPS

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 *(continued)*: Performs the MVA procedure.

	2	1	0	Comments
2.6 *Follows no-touch technique throughout the procedure to ensure that all instruments that contact the uterus or bloodstream are not contaminated.				
2.7 *Inserts the speculum.				
2.8 *Attaches the tenaculum.				
2.9 *Performs paracervical block if needed.				
2.10 *Dilates the cervix as necessary.				
2.11 *Inserts the cannula gently past the cervical os.				
2.12 *Attaches the prepared syringe.				
2.13 *Moves the cannula until it touches the fundus and withdraws slightly.				
2.14 *Starts suction by releasing the pinch valve.				
2.15 *Evacuates the uterus by rotating the cannula while moving it gently toward the fundus and back.				
2.16 *Checks for signs of completion (pink foam, gritty feeling of the uterine lining).				
2.17 *Examines tissue.				
2.18 *Performs bimanual exam after MVA to check for uterine size and firmness.				
2.19 *Repeats MVA procedure, if needed (inadequate tissue or an uncontracted uterus with continued bleeding).				
2.20 Records case information according to local practice.				

POSSIBLE SCORE: 40 points CUT OFF: 34 points (must include skills with asterisks (*))
Score Attained: _____

Skills Assessment Tool 5-d (continued)

PREPARING FOR AND PERFORMING THE MVA PROCEDURE AND CARRYING OUT POST PROCEDURAL STEPS

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Performs post-procedural steps after the MVA procedure.

	2	1	0	Comments
3.1 *Places all instruments in decontamination solution.				
3.2 *Disposes of contaminated wastes correctly.				
3.3 *Places gloves in decontamination solution.				
3.4 *Checks patient's recovery (bleeding, cramping, vital signs).				
3.5 *Gives patient discharge instructions.				
3.6 *Processes all instruments appropriately. (See Module 8: Organizing and Managing a FP/RH Clinic for MAQ).				
3.7 Communicates with woman regarding: a. *information about recovery b. *signs of problems c. *reassurance about future fertility d. *essential family planning information e. *availability of other reproductive health services as needed.				

POSSIBLE SCORE: 22 points CUT OFF: 22 points (must include skills with asterisks (*))
Score Attained: _____

Skills Assessment Tool 5-e

PROVIDING POSTABORTION FAMILY PLANNING COUNSELING

Date of Assessment: _ _____ Dates of FP/RH Training: From _____ To _____

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee as a guide to skills training and learning or as a job aid after training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
   a. begin when the trainee begins to establish rapport with the client.
   b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
   c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
   d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is pointed).
   e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills training and learning:
   a. you may want to give a copy of the tool to the trainee.
   b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
   c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
   d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 5-e (continued)

PROVIDING POSTABORTION FAMILY PLANNING COUNSELING

Note: The following tasks are numbered to facilitate use of this Tool. However, the counseling process should be dynamic and tailored to the individual woman's needs, and may not always follow the sequence implied by the numbering.

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Makes a positive initial contact with the woman.	10		6		
2. Asks about the woman's individual needs, situation and preferences.	12		10		
3. Addresses the woman's individual needs, situation and preferences.	8		6		
4. Tells the woman essential information about postabortion FP.	6		6		
5. Helps the woman make an informed choice of a FP method.	6		4		
6. Provides FP method that is appropriate for the woman.	10		10		
7. Explains about the FP method provided.	4		4		
8. Plans follow-up visit or referral for FP or other RH needs.	4		4		
TOTAL	60		50		

Skills Assessment Tool 5-e (continued)

PROVIDING POSTABORTION FAMILY PLANNING COUNSELING

Note: The following tasks are numbered to facilitate use of this tool. However, the counseling process should be dynamic and tailored to the individual woman's needs, and may not always follow the sequence implied by the numbering.

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Makes a positive initial contact with the woman.

	2	1	0	Comments
1.1 Introduces self; asks woman's name.				
1.2 *Explains that conversation is confidential.				
1.3 *Expresses concern for the woman, interest in helping, asks how she feels.				
1.4 Finds space where counseling can be private.				
1.5 *Asks woman if she feels able to talk about family planning (if NOT, checks back later on).				

POSSIBLE SCORE: 10 points CUT OFF: 6 points (must include skills with asterisks (*))
Score Attained: _____

Task 2: Asks about the woman's individual needs, situation and preferences.

	2	1	0	Comments
2.1 *Asks if she would like to invite her partner or a family member to join them.				
2.2 *Asks if she wants to become pregnant soon (reproductive goals).				
2.3 *Asks if she was using contraception before becoming pregnant.				
2.4 Asks about age, marital status, number of pregnancies.				

(continued on next page)

Skills Assessment Tool 5-e (continued)

PROVIDING POSTABORTION FAMILY PLANNING COUNSELING

Note: The following tasks are numbered to facilitate use of this tool. However, the counseling process should be dynamic and tailored to the individual woman's needs, and may not always follow the sequence implied by the numbering.

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 *(continued)*: Asks about the woman's individual needs, situation and preferences.

	2	1	0	Comments
2.5 *Asks if she has a preference for a particular contraceptive method.				
2.6 *Asks about situations that have made or would make it difficult to use FP.				

POSSIBLE SCORE: 12 points CUT OFF: 10 points (must include skills with asterisks (*))
Score Attained: _____

Task 3: Addresses the woman's individual needs, situation, and preferences.

	2	1	0	Comments
3.1 *Proceeds with counseling, if time is appropriate for the woman and she does not want to become pregnant.				
3.2 Invites partner or family member to join, if the woman wishes.				
3.3 *Addresses problems in contraceptive use (misuse, discontinuation, concerns about method, desire to change method).				
3.4 *Provides information about the woman's preferred method, if preference is expressed, and reaffirms that there are other options as well.				

POSSIBLE SCORE: 8 points CUT OFF: 6 points (must include skills with asterisks (*))
Score Attained: _____

Skills Assessment Tool 5-e (continued)

PROVIDING POSTABORTION FAMILY PLANNING COUNSELING

Note: The following tasks are numbered to facilitate use of this tool. However, the counseling process should be dynamic and tailored to the individual woman's needs, and may not always follow the sequence implied by the numbering.

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Tells the woman essential information about postabortion FP.

	2	1	0	Comments
4.1 *Informs the woman that she can become pregnant again very quickly, even within 2 weeks.				
4.2 *Tells her that safe modern contraceptive methods are available.				
4.3 *For the woman who wants to begin using a method later, provides information on where and how to use services close to her home.				

POSSIBLE SCORE: 6 points CUT OFF: 6 points (must include skills with asterisks (*))
Score Attained: _____

Task 5: Helps the woman make an informed choice of a FP method.

	2	1	0	Comments
5.1 Provides brief information about a range of appropriate FP methods.				
5.2 *Helps the woman consider her needs and make an informed choice of a FP method.				
5.3 *Assesses the woman's risk of STI.				

POSSIBLE SCORE: 6 points CUT OFF: 4 points (must include skills with asterisks (*))
Score Attained: _____

Skills Assessment Tool 5-e (continued)

PROVIDING POSTABORTION FAMILY PLANNING COUNSELING

Note: The following tasks are numbered to facilitate use of this tool. However, the counseling process should be dynamic and tailored to the individual woman's needs, and may not always follow the sequence implied by the numbering.

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 6: Provides FP method that is appropriate for the woman.

	2	1	0	Comments
6.1 *Determines whether the woman meets eligibility criteria for FP method or methods she wants to use.				
6.2 *Gives the woman her preferred FP method, if possible.				
6.3 *Offers alternative FP methods, if the woman's preference is not possible.				
6.4 *Offers interim FP methods, if the woman wants or needs to delay beginning to use her chosen method.				
6.5 *Provides condoms for STI protection, if needed (whether or not another FP method was begun).				

POSSIBLE SCORE: 10 points CUT OFF: 10 points (must include skills with asterisks (*))
Score Attained: _____

Task 7: Explains about the FP method provided.

	2	1	0	Comments
7.1 *Explains how the chosen method works, side effects, warning signs of complications.				
7.2 *Answers any questions the woman has.				

POSSIBLE SCORE: 4 points CUT OFF: 4 points (must include skills with asterisks (*))
Score Attained: _____

Skills Assessment Tool 5-e (continued)

PROVIDING POSTABORTION FAMILY PLANNING COUNSELING

Note: The following tasks are numbered to facilitate use of this tool. However, the counseling process should be dynamic and tailored to the individual woman's needs, and may not always follow the sequence implied by the numbering.

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 8: Plans follow-up visit or referral for FP or other RH needs.

	2	1	0	Comments
8.1 *Plans follow-up visit for FP method provided or if the woman needs more time to decide about a method. Provides back-up method, if needed.				
OR. . .				
8.2 *Provides a referral when a woman's chosen FP method is not available at this time or at this facility, and provides a back-up FP method.				
8.3 *Plans follow-up visit or referral for other RH needs.				

POSSIBLE SCORE: 4 points CUT OFF: 4 points (must include skills with asterisks (*))
Score Attained: _____

REFERENCES

The following list includes the Key Resources for this Module (see page 5-9), references used to develop this module, and other resources that are particularly useful for trainers.

Benson J, et al: Meeting Women's Needs for Post-Abortion Family Planning: Framing the Questions. *Issues in Abortion Care* 1991;2:1-69.

Background paper reviews current literature on postabortion family planning and discusses lessons learned from efforts to provide clinical services. Frames questions regarding ways to improve the delivery of services. Analysis encompasses provision of family planning to women seeking both emergency abortion care and induced abortion. Major emphasis is on provision of family planning to women treated for abortion complications in emergency setting. Includes bibliography. Available in ***English*** and ***Spanish*** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

Greenslade F, et al: Post-Abortion Care: A Women's Health Initiative to Combat Unsafe Abortion. *Advances in Abortion Care* 1994;4(1):1-4.

Defines and reviews three essential features of postabortion care for reducing mortality and morbidity from unsafe abortion: emergency treatment services for incomplete abortion and related complications; postabortion family planning; and links between emergency abortion treatment services and comprehensive reproductive health services. Includes references. Available in ***English***, ***French, Portuguese*** and ***Spanish*** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

Grimes DA: Diagnostic Office Curettage--Heresy No longer. Oradell, NJ, Medical Economics Company Inc., 1986. Reprinted from *Contemporary Ob/Gyn* 1986;(January).

Presents evidence that office curettage, especially by suction, is a safe and practical alternative to hospital-based dilation and curettage (D & C). Available in ***English*** from:

Medical Economics Company, Inc.
Customer Service
Five Paragon Drive
Montvale, New Jersey 07645, USA.
Tel: 1- 201-358-7500; toll free (in North America): 1-800-432-4570
Fax: 1-201-722-2680

Ipas: *Gynecologic Aspiration Kits with Karman Cannulae and Syringes for Treatment of Incomplete Abortion* (package insert). Carrboro, NC, Ipas, 1996.

Manual provides indications and contraindications for use of MVA kit. Numerous figures illustrate: MVA procedure; cleaning, disinfecting, and maintaining instruments; and reassembly/storage. Three tables provide detailed information on sterilization and disinfection of instruments. Available in ***English***, ***Portuguese*** and ***Spanish*** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

* Ipas: *Postabortion Family Planning: A Curriculum Guide for Improving Counseling and Services*. Carrboro, NC, Ipas, 1996.

Course designed to develop and improve counseling skills among health and planning workers who interact with postabortion women. Divided into 11 modules, focusing on aspects of postabortion family planning. Includes basic review of family planning methods, use of methods after abortion, common sexually transmitted diseases, including HIV infection, information on treatment of complications of abortion, and reproductive anatomy and physiology. Includes chart summarizing content of each training step, time estimated for the step, training techniques, and any special aids needed. Available in ***English, French, Portuguese*** and ***Spanish*** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

* Johns Hopkins University/Population Communication Services: *Put Yourself in Her Shoes: Postabortion Family Planning Counseling* (video). Baltimore, JHU/PCS, 1997.
Developed in collaboration with PATH and the Postabortion Care Consortium. Presents stories of four African women who have had abortions and explores their interactions with health care providers after treatment for complications. Focuses on one nurse's growing skills in family planning counseling to prevent repeat abortion and her satisfaction in helping her patients avoid future unplanned pregnancies. Highlights important aspects of the counseling process. Part of a training package that includes a video discussion guide for trainers, a counseling review sheet for providers and a prototype leaflet for clients. Running time: 30 minutes. Available in PAL format in ***English*** and ***French*** from:

Media/Materials Clearinghouse
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202, USA.
Tel: 1-410-659-6300
Fax: 1-410-659-6266
E-mail: mmc@jhu.edu

Leonard AH, Ladipo OA: Postabortion Family Planning: Factors in Individual Choice of Contraceptive Methods. *Advances in Abortion Care* 1994;4(2):1-4.
Reviews recommendations from the 1993 Technical Working Group. Folds out into wall chart that lists, in order, postabortion family planning methods from most to least effective. Available in ***English***, ***French***, ***Portuguese*** and ***Spanish*** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

Leonard AH, Yordy L: Protocol for Reusing Ipas Manual Vacuum Aspiration Instruments. *Advances in Abortion Care* 1992;2(1):1-12.
Procedures intended to supplement existing recommendations for standard infection control practices. Numerous figures illustrate cleaning, disinfection and maintenance of instruments, as well as storage. Three tables provide detailed information on sterilization and disinfection. Includes references. Available in ***English***, ***French***, ***Portuguese*** and ***Spanish*** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

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* These resources are particularly useful for trainers.

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Leonard AH, Winkler J: A Quality of Care Framework for Abortion Care. *Advances in Abortion Care* 1992;1(1):1-3.

Outlines each of the seven elements of quality of care framework for abortion. Includes references. Available in ***English***, ***French***, ***Portuguese*** and ***Spanish*** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

Margolis A, et al: Pain Control for Treatment of Incomplete Abortion with MVA. *Advances in Abortion Care* 1993;3(1):1-8.

Suggests appropriate pain control strategies for MVA procedure. Reviews dosage and effects of analgesics, anxiolytics and anasthesia. Features illustration of how to administer paracervical block. Numerous tables. Available in ***English***, ***French***, ***Portuguese*** and ***Spanish*** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

* Postabortion Care Consortium: *Postabortion Care: A Global Health Issue* (video). Baltimore, Johns Hopkins University/Population Communication Services, 1994.

Proceedings of seminar held at Johns Hopkins University regarding priorities for improvement of access and provision of emergency postabortion care in developing countries. Three key elements are discussed: emergency treatment; postabortion family planning; and links to reproductive health services. Recommendations are provided for integrating treatment of abortion complications and family planning services. Running time: 12 minutes. Available in ***English*** from:

Milner-Fenwick, Inc.
2125 Greenspring Drive
Timonium, Maryland 21093, USA.
Tel: 1-410-252-1700; toll free (in North America): 1-800-432-8433
Fax: 1-410-252-6316
E-mail: mfvideo@milner-fenwick.com

* These resources are particularly useful for trainers.

* Postabortion Care Consortium, Winkler J, Oliveras E, McIntosh N (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care.* Baltimore, JHPIEGO, 1995.

Provides clinicians with step-by-step instructions for provision of comprehensive postabortion care services. Provides in-depth discussion of treatment of incomplete abortion and its life-threatening complications. Particular attention given to manual vacuum aspiration (MVA). Additional features of postabortion care are covered such as family planning and referral to health care services needed after emergency treatment. Detailed appendices feature step-by-step directives for: infection and pain management, severe vaginal bleeding, intra-abdominal injury, blood transfusion, administration of medicines, and processing of surgical gloves, among many other. Numerous easy-to-read tables and well-illustrated figures complement the text. Available in ***English*** and ***French*** from:

JHPIEGO Corporation
Brown's Wharf
1615 Thames Street
Baltimore, Maryland 21231, USA.
Tel: 1-410-955-8558
Fax: 1-410-955-6199
E-mail: info@jhpiego.org

* Salter C, et al: Care for Postabortion Complications: Saving Women's Lives. *Population Reports* Series L, 1997;(10):1-31.

Discusses the severity of the problem of unsafe abortions and ways it can be addressed. Outlines the "CAP" postabortion strategy which insures that women receive complete, appropriate, and prompt care. Stresses the need to plan for postabortion care and avoid the crisis atmosphere that currently characterizes most postabortion treatment. The use of local anesthesia with manual vacuum aspiration (MVA) is shown to be a safe, and cost effective method of treatment for incomplete abortion, reducing maternal deaths from hemorrhage and infection. The need to offer some degree of postabortion care at every level of health system is discussed. Provision of sensitive family planning counseling at the time of postabortion care is stressed. Available in ***English*** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202, USA.
Tel: 1-410-659-6389
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

* These resources are particularly useful for trainers.

Solter C: MVA for Treatment of Incomplete Abortion, Module 11, in *Comprehensive Reproductive Health and Family Planning Training Curriculum*, Watertown, MA, Pathfinder International, forthcoming.

Prepares physicians, nurses, and midwives to care for patients with complications of septic and incomplete abortions. Provides detailed instructions for how to conduct training. Includes an evaluation tool for evaluating the training and a pre- and post-test for evaluating knowledge of the technical material. Session includes simulation skills practice, case studies, role plays, discussions, clinical practices, on-site observation, specific measurable objectives, knowledge, attitudes, skills checklists, and exercises for development of action plans. Older versions available in ***Russian*** and ***Vietnamese***. Revised edition forthcoming in ***English*** and ***Spanish*** from:

Pathfinder International
Medical Services
9 Galen Street, Suite 217
Watertown, Massachusetts 02172, USA.
Tel: 1-617-924-7200
Fax: 1-617-924-3833
E-mail: emajernik@pathfind.org

Winkler J, Leonard AH: Family Planning Following Postabortion Treatment. (wallchart) *Advances in Abortion Care* 1997;6(2):1.

Wallchart outlines key points in the problem-solving approach to postabortion family planning counseling. Stresses the strategy that every health care provider can help every woman consider any method of family planning that interests her. Also included as a supplement to *Population Reports* 1997, Series L (10). ***French, Spanish*** and ***Portuguese*** forthcoming. Available in ***English*** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

Wolf M: Consequences and Prevention of Unsafe Abortion. *Issues in Abortion Care* 1994;3:1-21.

Report of two panels at XII World Congress of Gynaecology and Obstetrics. Addresses incidence and consequences of unsafe abortions, improving abortion care, use of appropriate technology to decentralize care, standards and outlines strategies for preventing unwanted pregnancies. Available in ***English*** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

* World Health Organization, Maternal Health and Safe Motherhood Programme, Division of Family Health: *Care of Mother and Baby at the Health Center: A Practical Guide.* Geneva, WHO, 1994.

Recommends lines of action for improving access to services and decentralizing maternal and newborn care. Defines essential functions, tasks and skills needed for comprehensive care of mothers and babies at first referral level. Covers normal care and life-saving emergency procedures. Describes integration of midwifery services through referral and support systems. Contains 23-page table defining exact procedures, skills, facilities, equipment and supplies needed for family planning, prenatal care, delivery care, postnatal care, abortion care, care of the healthy newborn, care of the sick newborn and management of sexually transmitted diseases, including HIV and AIDS. Provides advice on developing and maintaining a functioning referral system and discusses the necessary institutional support mechanisms for training, supervision and the provision of essential drugs and supplies. Addresses community support systems, with emphasis on training and retraining of traditional birth attendants, and defines 22 indicators for evaluating and monitoring the effectiveness of maternal care. Available in ***English*** and ***French*** from:

World Health Organization, (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

* These resources are particularly useful for trainers.

World Health Organization, Maternal Health and Safe Motherhood Programme, Division of Family Health: *Clinical Management of Abortion Complications: A Practical Guide.* Geneva, WHO, 1994.

Practical guide to the emergency care of women suffering from complications of abortion. Stresses steps to follow and errors to avoid when assessing patients, identifying life-threatening conditions and taking appropriate action. Bulk of chapters describe management for each major complication: shock, moderate to light vaginal bleeding, severe vaginal bleeding, intra-abdominal injury and sepsis. Each chapter includes decision-tree summarizing steps to follow when assessing and treating patients. Final chapter provides greater detail for general procedures of emergency abortion care, including intravenous fluid replacement, blood transfusion, administration of antibiotics and other medication, control of pain and prevention of tetanus. Practical information provided in series of annexes, which outline equipment and facilities needed at four levels of care, explain the steps to follow during manual vacuum aspiration and dilation and curettage (D&C), and provide addresses of manufacturers and suppliers. Available in ***English*** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

* World Health Organization, Maternal Health and Safe Motherhood Programme, Division of Family Health: *Complications of Abortion: Technical and Managerial Guidelines for Prevention and Treatment*. Geneva, WHO, 1995.

Addressed to health managers, administrators and care providers. Follows step-by-step approach to provision of emergency and preventive care. First three chapters describe magnitude of mortality and morbidity caused by unsafe abortions, define essential components of abortion care at each level in health system, and discuss ways legal and societal factors affect abortion behavior and care. Features chapter on patient information and counseling, emphasizing importance of providing information in supportive manner. Other chapters offer detailed guidance on facilities, equipment and drugs needed for abortion care; training and supervision of staff; and ways to overcome several obstacles that make it difficult for women in remote rural areas to receive timely care. ***Chinese, French*** and ***Spanish*** versions in preparation. Available in ***English*** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

* These resources are particularly useful for trainers.

* Yordy L, Johnson S, Winkler J: *MVA Trainer's Handbook*. (With an updated module on postabortion family planning compiled by Winkler J and Feldman K). Carrboro, NC, Ipas, updated February 1996.

  This handbook is a guide for conducting a postabortion care training course based on manual vacuum aspiration (MVA) and contains all the necessary information for administering the course. It includes notes to the trainer about methods and how to conduct the session, objectives, content of the course, prerequisite skills, sample schedules, strategies for evaluation of the trainees and the course, a checklist of materials and equipment needed, lesson plans for each module including slides and masters for handouts, and a bibliography of related materials. Revised edition forthcoming in 1998. Current edition available in ***English, Portuguese*** and ***Spanish*** from:

  Ipas
  Communications Department
  P.O. Box 999
  Carrboro, North Carolina 27510, USA.
  Tel: 1-919-967-7052
  Fax: 1-919-929-0258
  E-mail: lisettes@ipas.org

Reproductive Health Training

For Primary Providers

A SourceBook

for

Curriculum Development

Module 6
Selected RH Services

PRIME

Module 6

Table of Contents

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ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
BBT	basal body temperature
BV	bacterial vaginosis
COC	combined oral contraceptive
EC	emergency contraception
FP	family planning
HBV	hepatitis B virus
HIV	human immunodeficiency virus
HPV	human papilloma virus
HSV	herpes simplex virus
MCH	maternal and child health
MH	maternal health
PAC	postabortion care
PID	pelvic inflammatory disease
RH	reproductive health
RTI	reproductive tract infection
SBE	self-breast examination
STI	sexually transmitted infection
TBS	The Bethesda System (Bethesda Classification System)
UTI	urinary tract infection

INTRODUCTION

This module is part of a set entitled *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development*. The *SourceBook* contains a User's Guide and eight modules that trainers, faculty of professional schools and curriculum developers can use as references to develop or revise curricula for training primary providers of client-oriented integrated reproductive health (RH) services. Primary providers are the health care workers who provide the most basic contact between members of the community and the health care system. They include nurses, nurse-midwives, public health nurses, clinical officers/medical assistants and community-based workers. The *SourceBook* emphasizes the jobs of *clinic-based* primary providers, but it can also be used, as is or adapted, to develop curricula for primary providers who offer RH services in *community-based or non-clinical settings*.

The *SourceBook* components have been developed and the content selected based on principles of performance-based training: the knowledge, skills and support the trainee needs to meet performance standards on the job. The training may be for pre-service education or in-service training. The training approach may also vary: structured on-the-job training, group training, self-directed learning activities, or any combination that will best prepare the trainee to perform well on the job. Information on how to use the *SourceBook* to develop a performance-based RH curriculum can be found in the first volume of the *SourceBook*, the User's Guide.

To keep the focus on job performance, specifically the knowledge and skills required to do a job well, the authors identified the major jobs of primary providers of RH services and then developed a module for each job or service component. A list of the eight *SourceBook* modules appears below.[1] This module is highlighted.

Module 1	Counseling clients for family planning/reproductive health services
Module 2	Educating clients and groups about family planning/reproductive health
Module 3	Providing family planning services
Module 4	Providing basic maternal/newborn care services
Module 5	Providing postabortion care services
Module 6	Providing selected[2] reproductive health services
Module 7	Working in collaboration with other reproductive health and community workers
Module 8	Organizing and managing a family planning/reproductive health clinic for maximizing access to and quality of care (MAQ)

1 Other jobs, or modules, may be identified and developed.

2 This module features RH topics not covered in the other *SourceBook* modules.

OVERVIEW OF MODULE 6

Module 6 contains the components for developing a curriculum or a curriculum unit on providing selected RH services. The module covers common RH problems (for example, STIs/RTIs and HIV/AIDS, selected gynecological problems, breast and cervical cancer) which may be encountered during the provision of family planning (FP) or maternal health (MH) care services. It also includes reproductive health care relevant to different life stages (e.g., adolescence, preconception and perimenopause) and special life circumstances (e.g., infertility, female circumcision and domestic violence).

This module refers to and/or incorporates the knowledge and skills covered in other *SourceBook* modules (i.e., counseling clients; educating clients and groups; providing family planning services; providing maternal and newborn care services; providing postabortion care (PAC) services).

When developing a performance-based curriculum on providing selected RH services, the following resources are essential to use in conjunction with Module 6:

Key Resources (full citations are contained in the User's Guide and the **References** at the end of this module):

- *Counseling Skills Training in Adolescent Sexuality and Reproductive Health: A Facilitator's Guide* (WHO)
- *Essentials of Contraception* (Hatcher, et al)
- *Menopause and Mid-life Health* (Notelovitch and Tonnensen)
- *Management of Sexually Transmitted Diseases* (Global Programme on AIDS, WHO)
- *The Sexuality Connection in Reproductive Health* (Dixon-Mueller)
- *Gynecology: Well Woman Care* (Lichtman and Papera)
- *Women's Health: A Primary Care Clinical Guide* (Youngkin and Davis)
- *Dr. Susan Love's Breast Book,* second ed. (Love and Lindsay)
- *Cervical Cancer Prevention: Technical Information Memo Series* (Bright, et al)
- *Contraceptive Technology, sixteenth revised ed.* (Hatcher RA, et al)
- *Reproductive Health Client Management Guidelines* (FPAK)
- *The Menstrual Cycle and Its Relation to Contraceptive Methods: A Reference for Reproductive Health Trainers* (Mtawali, et al)
- *Domestic Violence Education* (Paluzzi and Quimby)
- national or local RH service guidelines

In addition to the Key Resources, the other modules of the *SourceBook* will be useful references when developing a curriculum for providing selected RH services.

Mapping Module 6

On the following pages are a series of figures that progressively build the "map" of Module 6 (Figures 1 through 5). The term "map" has a unique meaning in the *SourceBook.* Like a map that shows relationships among cities, rivers and countries, the module map shows how the six components of the *SourceBook* modules relate to one another. The components are:

- the trainee's JOB (the JOB for Module 6 is "providing selected RH services");
- the MAJOR TASKS of the job;
- the KNOWLEDGE required to perform the job;
- the SKILLS required to perform the job;
- KNOWLEDGE ASSESSMENT QUESTIONS; and
- SKILLS ASSESSMENT TOOLS.

Note that in Figure 1, there are six boxes – five vertical boxes and one horizontal box – each representing one of the six main components of the module. Since the JOB is the primary component of each module, the JOB appears in the horizontal box at the top of the map.

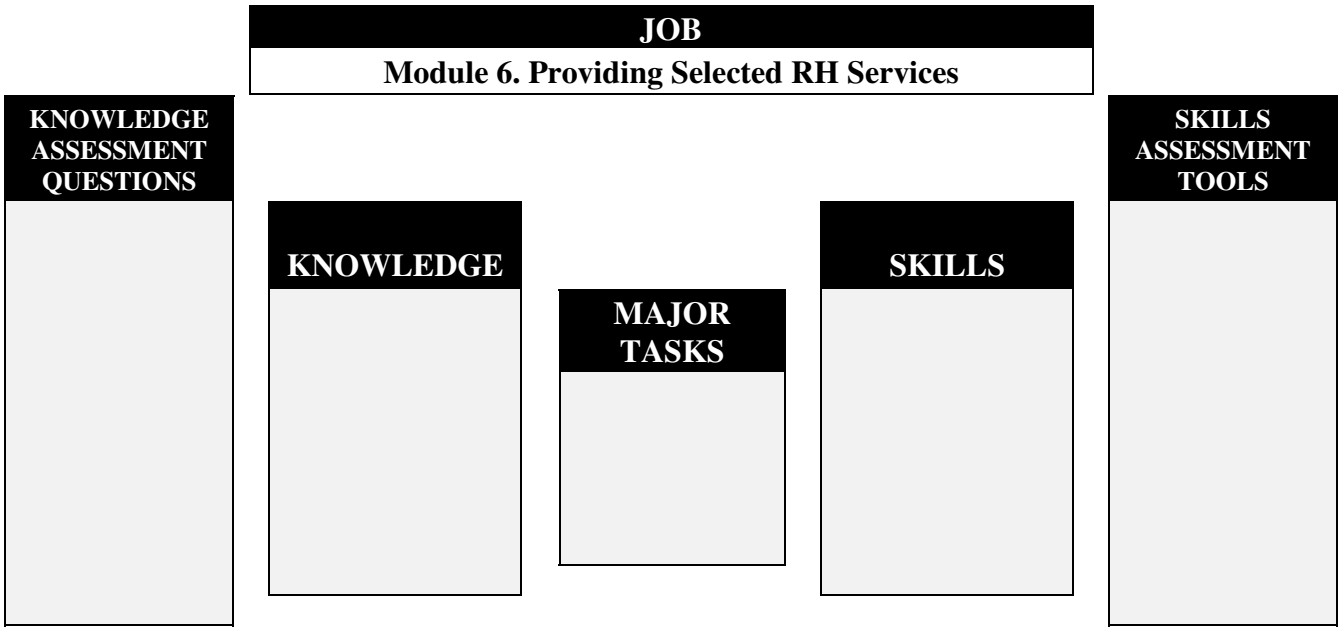

Figure 1
The Module "Map"

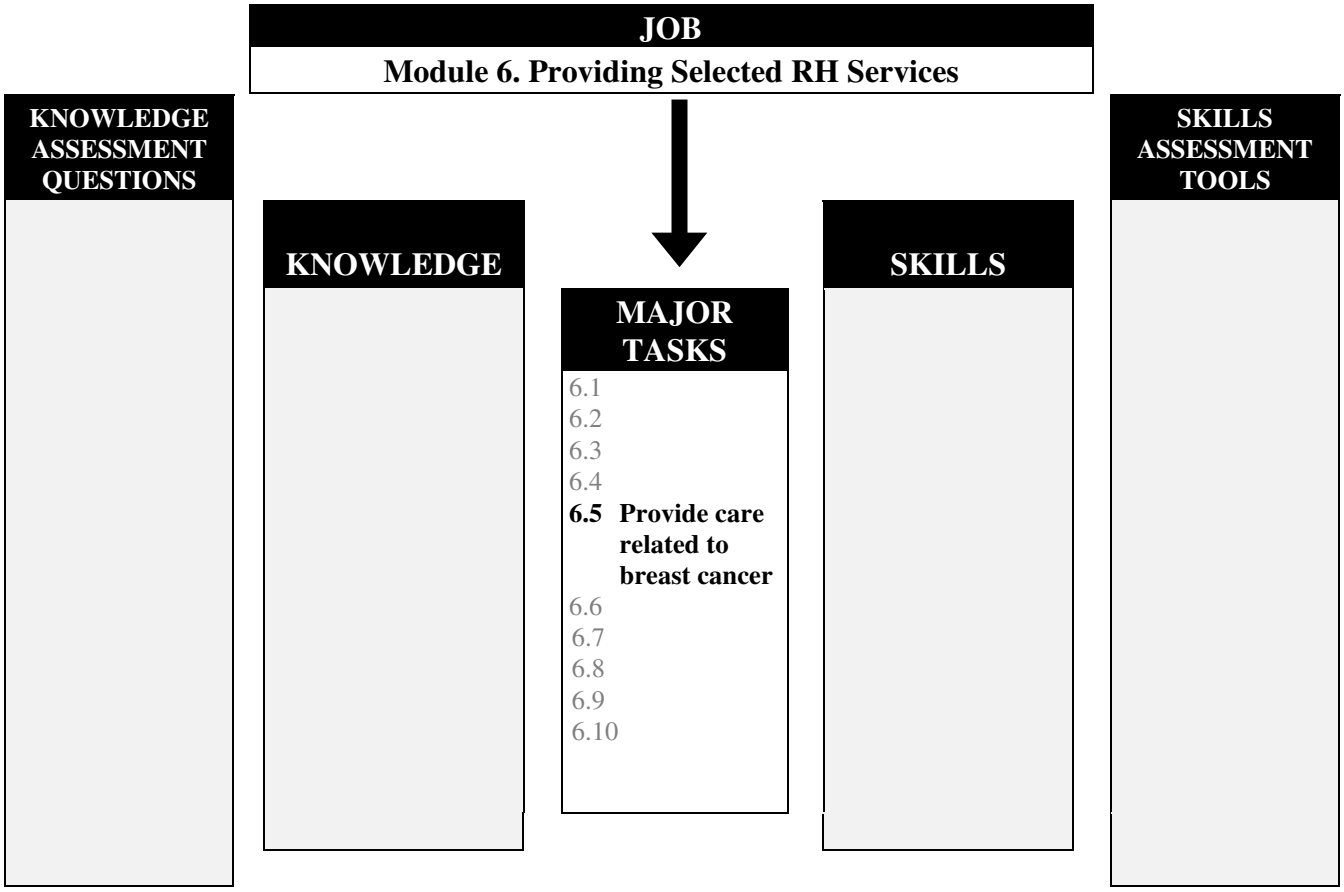

Figure 2
JOB and MAJOR TASKS

Each module in the *SourceBook* is based on one JOB and the MAJOR TASKS which comprise that job. In this module, the JOB, "Providing Selected RH Services", consists of ten MAJOR TASKS. The JOB and the MAJOR TASKS are the central parts of the map. The arrow helps to reinforce the idea that the TASKS flow out of the JOB. One of the ten MAJOR TASKS, "provide care related to breast cancer", is featured in Figure 2.

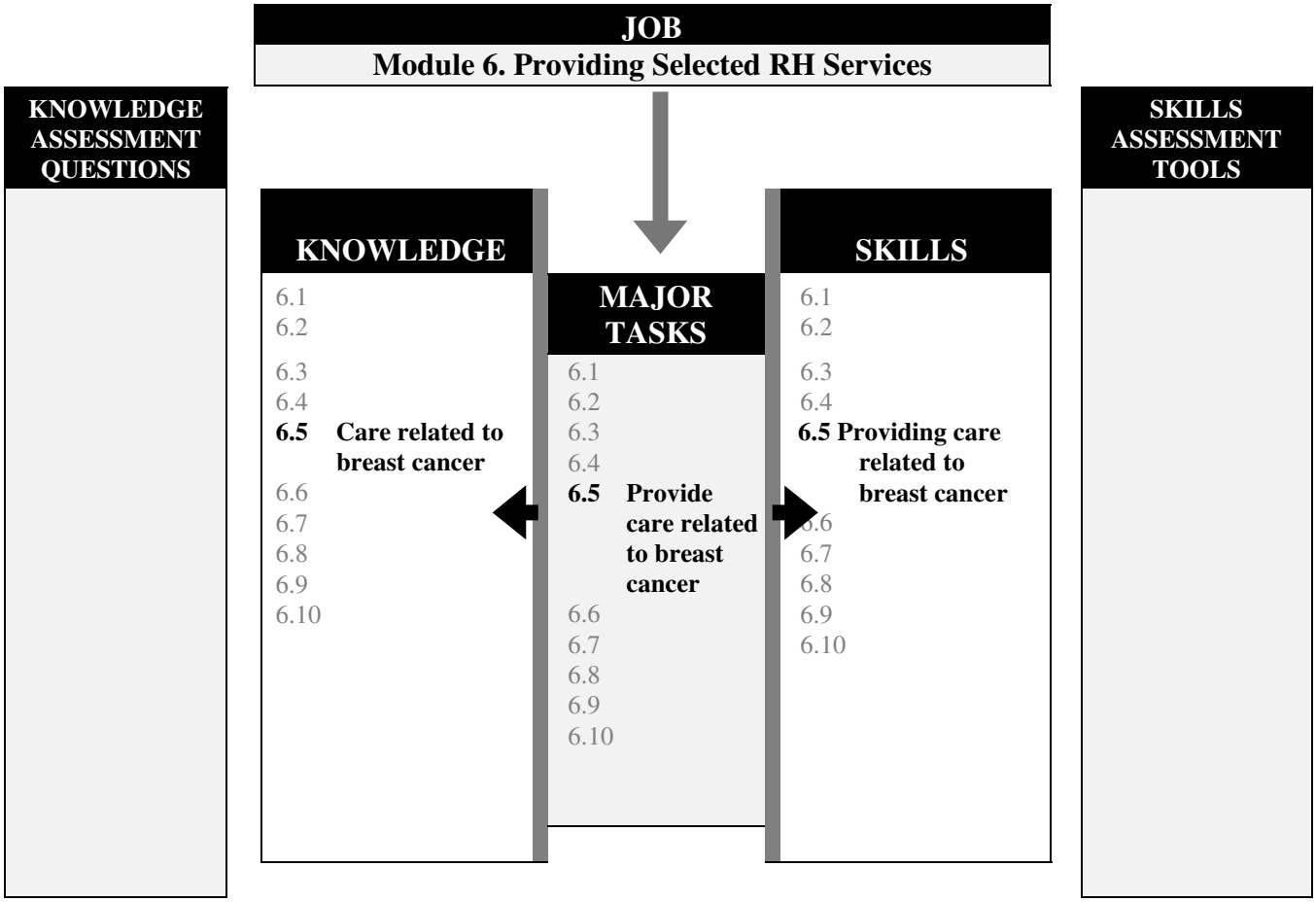

Figure 3
KNOWLEDGE and SKILLS are both required to accomplish the TASKS

Each MAJOR TASK has corresponding KNOWLEDGE and SKILLS components. Figure 3 illustrates that the SKILLS component is as important as the KNOWLEDGE component when mastering the MAJOR TASKS. The module contains a KNOWLEDGE outline that includes only the knowledge required to perform the corresponding MAJOR TASK. In this example, the KNOWLEDGE required to perform the MAJOR TASK of providing care related to breast cancer consists of aspects of care and counseling related to breast cancer. Likewise, only the skills which make up the MAJOR TASK are detailed in the SKILLS component of the module. In this example, the SKILLS that must be practiced are performing breast exams, teaching self-breast exam, and counseling and referring appropriately.

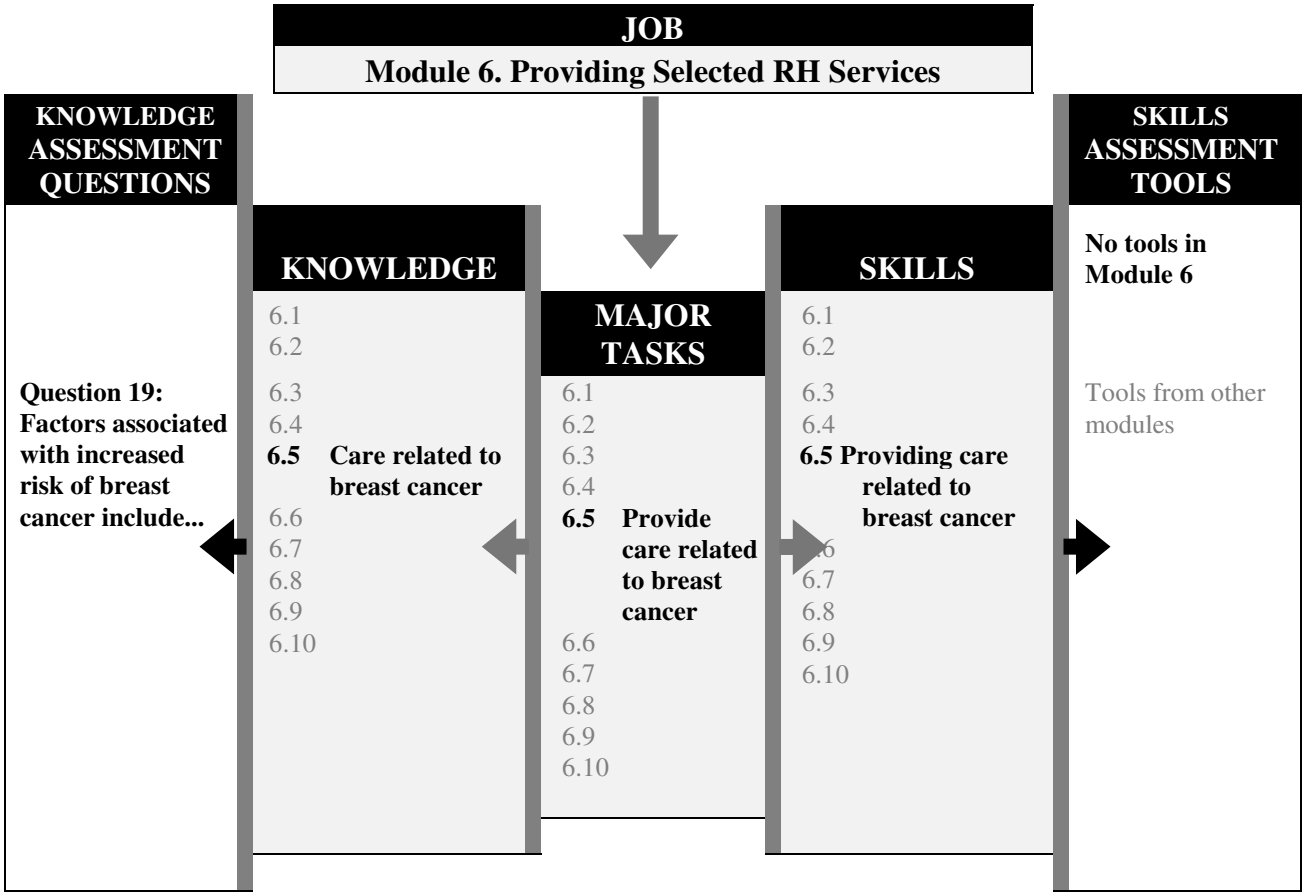

Figure 4
KNOWLEDGE ASSESSMENT QUESTIONS and SKILLS ASSESSMENT TOOLS

To ensure that trainees can adequately perform each major TASK, the module includes two types of assessment instruments. There are KNOWLEDGE ASSESSMENT QUESTIONS to evaluate the knowledge level of trainees and SKILLS ASSESSMENT TOOLS to evaluate the skills level of trainees (Figure 4). The assessments can be used before, during and at the end of training. They also can be used when the trainee is in her/his job site to assess the trainee's knowledge and performance of new skills on the job. Module 6 does not contain SKILLS ASSESSMENT TOOLS; however there are several SKILLS ASSESSMENT TOOLS in other *SourceBook* modules that can be used or adapted for use with Module 6.

For a complete map of this module, see Figure 5 on the next page.

JOB

Module 6. Providing Selected RH Services

KNOWLEDGE ASSESSMENT QUESTIONS

Module 3 Questions

30 sample questions which test knowledge recall and

the application of knowledge through problem-solving are included in this module.

Two examples are:

2. List three risks of early sexual activity.

13. Select the first diagnostic examination you would obtain from a client complaining of secondary amenorrhea for three months.

KNOWLEDGE

- **6.1** Care of adolescents
- **6.2** Care of women during the perimenopausal years
- **6.3** Care of women having selected gynecological problems
- **6.4** Counseling for primary prevention and care of clients with RTI/STI & HIV/AIDS
- **6.5** Care related to breast cancer
- **6.6** Care related to cervical cancer
- **6.7** Care related to infertility
- **6.8** Care for preconceptional clients
- **6.9** Care of clients who may be/have been circumcised
- **6.10** Care of clients who may be/have been victims of domestic violence

MAJOR TASKS

- **6.1** Provide RH care for adolescents
- **6.2** Provide RH care for women during the perimenopausal years
- **6.3** Detect and manage selected gynecological problems
- **6.4** Provide education/ counseling for prevention; manage RTIs/STIs & HIV/AIDS
- **6.5** Provide care related to breast cancer
- **6.6** Provide care related to cervical cancer
- **6.7** Provide care related to infertility
- **6.8** Provide RH care for preconceptional clients
- **6.9** Provide care for and education about complications of female circumcision
- **6.10** Provide care for victims of domestic violence

SKILLS

- **6.1** Providing RH care for adolescents (seven skill components)
- **6.2** Providing RH care for women during the perimenopausal years (six skill components)
- **6.3** Detecting and managing selected GYN problems (two skill components)
- **6.4** Providing care related to RTIs/STIs & HIV/AIDS (five skill components)
- **6.5** Providing care related to breast cancer (three skill components)
- **6.6** Providing care related to cervical cancer (two skill components)
- **6.7** Providing care related to infertility (three skill components)
- **6.8** Providing RH care to preconceptional clients (four skill components)
- **6.9** Providing care related to female circumcision (three skill components)
- **6.10** Providing care related to domestic violence (three skill components)

SKILLS ASSESSMENT TOOLS

Module 6 Tools:

None

Tools from other Modules:

Tool 1-b: Counseling the client to make a FP/RH decision

Tool 2-a: Providing group education about FP/RH

All Tools in Module 3:
Providing FP Services

Selected Tools in:

Module 4: Providing Basic Maternal and Newborn Care Services

Module 5: Providing Postabortion Care Services

Figure 5: Detailed map of Module 6

COMPONENTS OF THE MODULE

JOB

The overall job covered by this module is to provide and/or refer clients for selected reproductive health services.

MAJOR TASKS

The major tasks which comprise the overall job for this module are to:

6.1 Provide RH education, counseling and care that are appropriate for **adolescents** and that relate to normal adolescent development, sexuality and psycho-social issues; responsible decision-making; and health care needs of adolescents.

6.2 Provide RH education, counseling and care for **women during the perimenopausal years** related to normal menopausal changes; mid-late life sexuality and fertility; health promotion/disease prevention; and health care needs of perimenopausal women.

6.3 Detect **selected gynecological problems** (such as amenorrhea, abnormal uterine bleeding, stress incontinence, urinary tract infection (UTI), vesicovaginal fistula, ectopic pregnancy), counsel and refer women for care, as necessary.

6.4 Provide education and counseling to individuals and groups about the consequences and prevention of **RTIs/STIs and HIV/AIDS**; and (according to local protocol) manage RTIs/STIs and HIV/AIDS, including recognition of RTIs/STIs and HIV/AIDS, counseling and treatment/referral of individuals and couples.

6.5 Provide care related to **breast cancer**, including screening, education, counseling and referral for further assessment and/or care.

6.6 Provide care related to **cervical cancer**, including screening, education, counseling and referral for further assessment and/or care.

6.7 Provide care related to **infertility**, including screening, education, counseling and referral for further assessment and/or care.

6.8 Provide RH education, counseling and care, including referral, to **preconceptional clients** in order to enhance their ability to have a healthy pregnancy in the future.

6.9 Detect, support, treat and/or refer young girls and women for complications of **female circumcision**, as appropriate to the situation, and sensitively provide education and/or counseling to young girls and their parents about the potential health consequences of female circumcision.

6.10 Detect, support, treat and/or refer women who are victims of **domestic violence**, as appropriate to the situation, and provide education and counseling to young girls, women and others about domestic violence.

KNOWLEDGE & SKILLS

Each major task consists of a knowledge and a skills component. Below is an outline of the knowledge and a list of the skills necessary to perform the 10 major tasks which comprise the job of providing selected RH services. The knowledge component of each major task is outlined first. Throughout the knowledge section, there are references (in parentheses) to additional sources of information on the subject. These sources may be found in other *SourceBook* modules or in other references (see the **References** list at the back of the module for the full citations).

The gray box at the end of each knowledge section contains the list of skill(s) in which the knowledge just outlined is applied. Following each skill, there may be a reference to a skills assessment tool (in parentheses). These tools can be used to guide practice during simulation or practicum and/or assess performance of the skills. The skills assessment tools cited can be found in other *SourceBook* modules. (Note that each skills assessment tool is identified by a number and a letter. The number indicates the *SourceBook* module where the tool is located.) For skills that do not refer to an assessment tool, there may be a reference to another source of information to assist in the development of a skills assessment tool. (See the **References** list for the full citation of the sources listed.)

MAJOR TASK 6.1

Provide RH education, counseling and care that are appropriate for **adolescents** and that relate to normal adolescent development, sexuality and psycho-social issues; responsible decision-making; and health care needs of adolescents.

KNOWLEDGE

6.1 Care of adolescents
(see WHO: *Counseling Skills Training in Adolescent Sexuality and Reproductive Health: A Facilitator's Guide)*

6.1.1 *Definition of adolescence* (see Glossary in User's Guide)

- includes biological and social factors
- refers to the transition years from the onset of puberty (when sex organs become functionally operative and secondary sex characteristics develop) to adulthood (Adulthood varies to some extent across social and cultural groups but is generally associated with assumption of full social and legal responsibility)

- WHO defines "adolescents" as including those aged between 10 and 19, "youth" as those between 15 and 24, and "young people" as those between the ages of 10 and 24.

6.1.2 *Rationale and context for providing adolescent services* (**Note:** support information below with local or regional statistics.)

- international consensus on the importance of adolescent health and health care (see Germaine: *The Cairo Consensus: The Right Agenda for the Right Time)*
- effects of social and economic environment on adolescent health status
- current health status of adolescents in the population
- number/percentage of adolescents in the population
- percentage of adolescents among the reproductive-age population

6.1.3 *Considerations when caring for adolescents*

- period of growth and sexual awakening
- developmental tasks include identity formation, moving from dependence to independence, dealing with intimacy and integrity
- misinformation/lack of knowledge about sexuality and reproductive health
- at risk for multiple physical, emotional and social problems that may compromise their future
- developmental stages of adolescence affect care-giving, for example:
  - requires a non-judgmental willingness to engage adolescents in a process of learning and self discovery about their bodies, their health and their responsibilities
  - requires creation of a non-threatening health care environment
  - requires collaboration with others, including (but not limited to) parents, other health care service providers, and other community members/organizations (see section 6.1.8 below)
- other considerations generated by trainers and trainees

6.1.4 *Review of anatomy and physiology of normal adolescent growth and development, including the difference between girls and boys*

- changes in the reproductive organs and secondary sex characteristics
  - female: enlarged breasts, broadened hips, onset of menses, growth of pubic and axillary hair, interest in sexuality

  - male: deepened voice, broadening of the chest, growth of facial, axillary and pubic hair, enlarged penis and scrotum, nocturnal emissions, interest in sexuality
- independence from adults
- psychological, emotional and behavioral responses to sexual development
- sexuality and changes in hormone levels and their influence on other organ systems of the body
- striving for locally ascribed gender roles and relationships

6.1.5 *Health care needs of and services for adolescents*

- education and counseling related to adolescent health (see section 6.1.6 below)
- screening, treatment, counseling and education for reproductive tract infections (RTIs) and sexually transmitted infections (STIs)
- family planning (FP), including emergency contraception (EC) (see Module 3) and interface with STI prevention
- postabortion care (PAC) (see Module 5)
- preconceptional care (see section 6.8 of this module)
- maternity care (see Module 4)
- other health and social services as identified by trainers and trainees

6.1.6 *Educational and counseling topics related to adolescent health* (see Modules 1 and 2 for further detail on counseling and education process and skills)

- importance of:
  - delaying sexual activity
  - delaying marriage
  - continued/extended education
- normal physical and emotional changes during adolescent growth and development for girls and for boys
- exercise and nutritional needs of adolescent girls and boys
- psycho-social issues related to changes of adolescence (e.g., developing self-identity, importance of peer group and effects of peer pressure, hero worship, rebellion against adult guidance, changing family and or community dynamics leading to stress)
- emerging sexuality and fertility; sexual orientation
- sexual roles and responsibility

- early and/or unwanted sex (sexual abuse)
- physical consequences of early sexual activity (e.g., risk of unwanted pregnancy, unsafe abortion, STIs or HIV/AIDS, and cervical cancer)
- psychological/emotional and social consequences of early sexual activity (e.g., shame, guilt)
- exploring social alternatives to sexual activity
- family planning, including emergency contraception (see Module 3)
- physical consequences of early pregnancy (e.g., the younger the adolescent the greater the risk; higher risk of spontaneous abortion, still-birth, pre-term birth, babies of low birth weight)
- psychological consequences of early pregnancy (e.g., being socially rejected, feeling outcast and unwanted, potential for restricted education and poverty, forced marriage)
- prevention of STIs, including HIV/AIDS
- participating in alternative rites of passage to replace female circumcision
- alcohol and drug abuse, and RH risk
- developing and/or taking advantage of peer counseling or youth support services
- family life education and responsible parenthood
- other topics as generated by trainers and trainees

6.1.7 *Tips to consider when providing education and/or counseling to adolescents*

- the developmental stages of adolescence may result in the:
  - strong need for privacy, confidentiality
  - need to be accepted as a unique person
  - need to appear as though they no longer need "mothering"
  - strong urge not to receive advice from adults/family as part of their struggle for independence
  - increased probability of accepting and acting on misinformation from peers
  - need for flexibility
- behaviors conducive to counseling adolescents
  - provide a safe, comfortable setting for discussions
  - provide confidentiality (if policies interfere with privacy, explain to adolescent)

  - offer encouragement
  - pay close attention to non-verbal cues
  - actively listen, offer reflective feedback (i.e., facts and feelings), summarize for clarification
  - confirm the acceptability of the adolescent's feelings and concerns
  - help to clarify values
  - help to look at available alternatives
  - provide opportunity for exercising control and thoughtful decision-making
  - provide counseling in an area of the service site that is separate from adults
- identify provider values and attitudes that may facilitate or hinder communication between provider and the adolescent client and/or adolescent group
- use values clarification exercises among adolescents in a group as an exploratory tool to identify beliefs and values concerning potentially sensitive topics, including sexual beliefs and behavior, roles and responsibilities
- pay close attention to peer interaction when in a group, and note for follow-up when peer pressure may be affecting an individual's participation or responses

6.1.8 *Resources in the community which may provide additional support to adolescents and promote adolescent health*

- peer support groups
- youth activity clubs
- interested adults (i.e., family and friends)
- sports groups
- educational institutions
- religious organizations
- safe houses (for homeless or run-away teens)
- drug abuse treatment centers
- HIV/AIDS prevention/education programs
- legal services
- hotlines
- others identified by trainers and trainees

SKILLS

6.1 Providing RH care services that are appropriate for adolescents including:

- sensitively educating and/or counseling adolescents (individuals and/or groups) about the topics listed in this module in section 6.1.6 (see Tools 1-b, 2-a and 3-a; see also *Counseling Skills Training in Adolescent Sexuality and Reproductive Health: A Facilitator's Guide)*
- screening, treating, and counseling adolescents for RTIs and STIs (see tools and guidelines in *Management of Sexually Transmitted Diseases*)
- providing FP methods, including EC, for adolescents (see Module 3)
- providing PAC for adolescents (see Module 5)
- providing preconceptional counseling for adolescents (see section 6.8 in this module)
- providing maternity care for adolescents (see Module 4)
- referring adolescents for other health and social services not available in the provider's service site (see local or national referral guidelines)

MAJOR TASK 6.2

Provide RH education, counseling and care for **women during the perimenopausal years** related to normal menopausal changes; mid-late life sexuality and fertility; health promotion/disease prevention; and health care needs of perimenopausal women.

KNOWLEDGE

6.2 Care of women during the perimenopausal years (see Notelovitch and Tonnensen: *Menopause and Mid-life Health)*

6.2.1 Definition of perimenopause

- refers to the years during which women report the signs of transition from reproductive to non-reproductive physiologic processes
- phases include:
  - climacteric (transition between reproductive capability and menopause)
  - menopause or (complete cessation of menses/last menstrual cycle)
  - postmenopause
- spans a 25-year continuum from about age 35 to 60 years (in industrialized locales, menopause occurs at an average age of 49 to 51 years)

6.2.2 *Rationale and context for care of women during perimenopausal years*

- international consensus on the importance of health of, and health care for, women during middle and late life (see Germaine: *The Cairo Consensus: The Right Agenda for the Right Time)*
- social and economic environment and their effects on the health status of women during middle and late life
- current health status of women during middle and late life in the population (use local/regional data)
- percentage of women who are in the perimenopausal age range among the childbearing population, and among the general population (use local/regional data)

6.2.3 *Considerations when caring for women during the perimenopause*

- few biological events have as great an impact on a womanize health and well-being as her last menstrual cycle
- levels of reproductive hormones (estrogen and progesterone), which begin to decline some fifteen years prior to menopause, influence numerous body tissues, and the health consequences range from annoying symptoms (e.g., mood swings) in the early years to potentially life-threatening illness in later years (e.g., increased risk of heart disease and osteoporosis)

- menopause coincides with natural increases in the risk of chronic and potentially life-threatening illness such as cancer and diabetes (Many of these risks can be reduced and the quality of life in later years can be improved by preventive measures, including hormone replacement therapy where desired and affordable)
- there is a significant lack of information and abundance of misinformation about menopause
- few women realize that they can exercise any control over the effects of menopause

6.2.4 *Review of anatomy, physiology and psychology of perimenopause*

- aging, changes in hormone levels, and their influence on/manifestations in:
  - the reproductive organs (ovaries, uterus, vagina)
  - other organ systems of the body (musculo-skeletal, cardiovascular, skin)
  - normal sexual response cycle (i.e., slowed vaginal lubrication during excitement phase, diminished clitoral and labial engorgement, shorter orgasmic phase)
  - increased risk for disease (e.g., cardiovascular disease, osteoporosis, cancer, obesity and diabetes)
- factors (non-hormonal) which influence the timing of the climacteric phase and menopause (genetics, smoking, surgical menopause)
- psychological/emotional responses to the climacteric phase and menopause

6.2.5 *Health care needs of and services for women during perimenopausal years*

- education and counseling related to the perimenopausal years (see section 6.2.6 below)
- screening for:
  - reproductive cancers
  - osteoporosis
  - diabetes and heart disease
  - RTIs and STIs
- treatment, counseling and education for RTIs and STIs
- FP, including EC (see Module 3)
- maternity care (see Module 4)
- PAC (see Module 5)
- other health and social services as identified by trainers and trainees

6.2.6 *Education and counseling topics related to the health of women in middle and late life* (see Modules 1 and 2 for further detail on education and counseling)

- aging and:
  - what is normal, what is not, and what to expect
  - normal changes in the sexual response cycle
  - effects on the menstrual cycle and fertility
  - changing life roles
  - mental health hazards (e.g., smoking, alcohol and drug abuse, loneliness, depression, stress-induced illness, violence and victimization) and coping strategies
- signs and symptoms of the climacteric phase and of menopause
- need for contraception until free from menstruation for one year
  - safe contraceptive method choices for women during perimenopause (i.e., all methods, but estrogen not appropriate if the woman is 40 years of age or older and has high blood pressure, diabetes or smokes)
- postmenopausal hormone levels and their affects on:
  - body organs
  - emotions
- inappropriate treatments for perimenopausal symptoms (e.g., tranquilizers, sedatives)
- hormone therapy
  - advantages: some prevention of osteoporosis, cardiovascular disease and skin drying; treatment of hot flashes, sleep disturbances and vaginal drying
  - disadvantages: medication side effects, medication costs, psychological, i.e., menopause is "natural"
  - alternatives: traditional herbs
- prevention of STIs, including HIV/AIDS
- what can be done to promote mid- and late-life health and to prevent age-related disease, including:
  - maintain a life-style that encourages development of self-worth
  - social support systems and a degree of economic independence
  - avoid excess alcohol and smoking
  - revise eating habits to reduce or increase caloric intake as necessary; increase calcium intake and fiber; avoid excess fat, salt, caffeine and sugar intake;

include sufficient vitamin B complex and vitamin C and E foods, as necessary
  - exercise regularly, particularly weight-bearing activities (**Note:** many women will do so naturally as they engage in activities of daily living)
  - maintain regular sexual activity as desired, adjusting practices to incorporate deceleration of the sexual response cycle and other changes associated with aging (**Note:** performing Kegel exercises, using lubricants for dry vaginal tissue and exploring/communicating expectations with partner often contribute to increased sexual pleasure and satisfaction)
  - practice cancer screening regularly where accessible (i.e., self-breast examination and routine gynecologic check-ups, including cervical cancer screening)
- other topics as generated by trainers and trainees

6.2.7 *Resources in the community which may provide additional support to women during middle and late life*

- women's support groups
- educational or vocational guidance institutions
- economic institutions (e.g., credit unions, women's income generating cooperatives)
- religious organizations
- safe houses (for victims of domestic violence)
- drug abuse treatment centers
- legal services
- others identified by trainers and trainees

SKILLS

6.2 Providing RH care services that are appropriate for women during the perimenopausal years, including:

- sensitively educating and/or counseling women (individuals and/or groups) about the topics listed in section 6.2.6 in this module (see Tools 1-b, 2-a and 3-a)
- screening, treating and counseling women in the perimenopausal years for:
  - reproductive cancers
  - osteoporosis
  - diabetes and heart disease
  - RTIs and STIs

  (see tools and guidelines in *Management of Sexually Transmitted Diseases; Gynecology: Well Woman Care; Menopause and Mid-life Health; Women's Health. A Primary Care Clinical Guide*)

- providing FP methods, including EC, for women in the perimenopausal years (see Module 3)
- providing PAC for women in the perimenopausal years (see Module 5)
- providing maternity care for women in the perimenopausal years (see Module 4)
- referring women in the perimenopausal years for other health and social services not available in the provider's service site (see local or national referral guidelines)

MAJOR TASK 6.3

Detect **selected gynecological problems** (such as amenorrhea, abnormal uterine bleeding, stress incontinence, urinary tract infection (UTI), vesicovaginal fistula, ectopic pregnancy), counsel and refer women for care, as necessary.

KNOWLEDGE

6.3 Care of women (of all ages) having selected gynecological problems
(see Lichtman and Papera: *Gynecology: Well Woman Care* and Youngkin and Davis: *Women's Health. A Primary Care Clinical Guide)*

6.3.1 *Definition of selected gynecological conditions* (see Glossary in User's Guide)

- amenorrhea
- abnormal uterine bleeding
- urinary stress incontinence and cystocele
- UTI
- vesicovaginal and rectovaginal fistula
- ectopic pregnancy

6.3.2 *Characteristics of each selected gynecological condition above*

- major signs and symptoms
- major causes (common etiology)
- risk factors where known, and prevention
- potential physical and potential psychological/emotional consequences to the individual

6.3.3 *Considerations when providing care to women having the above selected gynecological conditions*

- some gynecological conditions carry social stigma, are chronic, debilitating or potentially fatal
- treatment may cause significant physical, psychological or emotional discomfort
- emotional support is an essential aspect of high quality care

6.3.4 *Diagnostic steps related to the above gynecological conditions* (according to local/national RH service guidelines)

- health history

- physical examination
- laboratory tests, including their availability and costs (e.g., testing for early pregnancy and testing for UTIs using chemical reagents/dip stick method and/or urinalysis/microscopy)

6.3.5 *Treatment options and issues related to the above gynecological conditions*

- treatment options and issues (e.g., to help the client decide what can be done to improve or cure the condition through self-care and/or provider care activities)
- treatment alternatives for each, including:
  - what to expect
  - advantages and disadvantages
  - mechanisms of action
  - side effects
  - availability and costs

SKILLS

6.3 Detecting and managing selected gynecological problems, including**:**

- screening, treating/referring and counseling women for:
  - amenorrhea
  - abnormal uterine bleeding
  - urinary stress incontinence and cystocele
  - urinary tract infection (UTI)
  - vesicovaginal and rectovaginal fistula
  - ectopic pregnancy

(see *Gynecology: Well Woman Care* and Youngkin and Davis: *Women's Health. A Primary Care Clinical Guide*)

- referring women for services related to above gynecological conditions not available in the provider's service site (see local or national referral guidelines)

MAJOR TASK 6.4

Provide education and counseling to individuals and groups about the consequences and prevention of **RTIs/STIs and HIV/AIDS**; and (according to local protocol) manage RTIs/STIs and HIV/AIDS, including recognition of RTIs/STIs and HIV/AIDS, counseling and treatment/referral of individuals and couples.

KNOWLEDGE

6.4 Counseling for primary prevention and care of individuals and couples with a diagnosed RTI or STI, including HIV/AIDS
(see Dixon-Mueller: *The Sexuality Connection in Reproductive Health* and *WHO: Management of Sexually Transmitted Diseases)*

6.4.1 *Definition of the following RTI and STI syndromes, including HIV/AIDS, and common direct causes, i.e., the infecting microorganisms* (see Glossary in User's Guide)

- urethral discharge
  - urethritis: chlamydia, gonorrhea
- vaginal discharge
  - mucopurulent cervicitis: chlamydia, gonorrhea
  - vaginitis: yeast/candida, bacterial vaginosis (BV), trichomonas
- genital ulcer
  - chancres and ulcers: syphilis, chancroid, granuloma inguinale, herpes simplex virus (HSV)
- bubos: lymphogranuloma venereum
- bumps and warts: human papilloma virus (HPV)/condylomata acuminata/ano-genital warts
- lower abdominal pain with abnormal vaginal discharge
  - pelvic inflammatory disease (PID): chlamydia, gonorrhea
- scrotal swelling: chlamydia, gonorrhea
- hepatitis B virus (HBV)
- human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS)

6.4.2 *Characteristics of above RTI and STI syndromes, including HIV/AIDS*

- major signs and symptoms
- prevalence of asymptomatic infection

- known risk factors (including risk of infection by asymptomatic carrier)
- potential physical and potential psychological/emotional consequences to the individual
- potential physical consequences to fetus/newborn if a woman is infected with STI during pregnancy or lactation (see also Module 4: Providing Basic Maternal and Newborn Care Services)
- family planning methods which offer some protection (see Module 3: Providing FP Services)

6.4.3 *Rationale and context for counseling for primary prevention, screening and care of individuals and couples who have a diagnosed RTI or STI, including HIV/AIDS*

- estimated number/percentage of individuals suffering from RTIs and STIs, excluding HIV/AIDS, in the population
- estimated number/percentage of individuals in the population who die each year as a result of HIV/AIDS
- estimated number/percentage of newborns affected by maternal RTIs/STIs in the population
- public health surveillance for STIs, including HIV/AIDS

6.4.4 *Considerations when providing care to individuals and couples who have a diagnosed RTI or STI, including HIV/AIDS*

- counseling for primary prevention
- recognition of the signs and symptoms of RTIs/STIs and HIV/AIDS and treatment or referral of persons having RTI/STI syndromes or HIV/AIDS
- counseling persons having diagnosed RTIs/STIs, including HIV/AIDS
- notification, counseling and treatment of partners of persons having diagnosed STIs or HIV/AIDS, including all partners' partners
- consequences of re-infection in persons having STI syndromes (excluding HIV/AIDS)
- challenge of asymptomatic infections in FP/MH clients
- possibility of STI or HIV infection in partners who do not have symptoms
- importance of completing entire course of medications for RTIs/STIs, even though symptoms may resolve
- follow-up of clients and sexual contacts according to the syndromic management algorithms or local guidelines

- negotiating use of condoms (and providing condoms), especially for infected persons having intercourse during treatment of an STI
- physical comfort measures for individuals having an RTI or STI
- special precautions for pregnant women having diagnosed RTI/STI or HIV/AIDS (see Module 4: Providing Basic Maternal and Newborn Care Services)

6.4.5 *Diagnostic steps related to the listed RTI/STI syndromes, including HIV/AIDS, according to relevant local or national RH service guidelines*

- health history, including STI risk assessment (local variations)
- physical examination: skin, nodes, mouth, abdomen, genitalia, perineum and anus, bimanual and speculum (women), prostate (men)
- relevant recognition/screening/testing/investigation procedures and protocols, (i.e., STI risk assessment questionnaires, physical examination and lab tests such as microscopy, depending on availability and costs)

6.4.6 *Treatment options and issues related to the listed RTI/STI syndromes, including HIV/AIDS*

- treatment options and issues for each of the above RTIs/STIs (e.g., help the client decide what can be done to improve or cure the infection through self-care and/or provider care activities)
- treatment alternatives (curative and palliative), including:
  - what to expect
  - advantages and disadvantages
  - mechanisms of action
  - side effects
  - availability and costs
- criteria (preferred characteristics) for selection of RTI/STI drugs
  - highly effective
  - low cost
  - acceptable toxicity
  - organism resistance unlikely to develop
  - single dose
  - oral administration
  - safe for use during pregnancy and lactation

6.4.7 *Education and counseling topics related to RTIs, STIs and HIV/AIDS* (see Modules 1 and 2 for detailed information on education and counseling process and skills)

- risk for RTIs/STIs and HIV/AIDS due to behavior—both male and female
- prevalence of asymptomatic infections and risk of false confidence that unprotected sex is "safe"
- interaction among sexual beliefs and behavior, gender roles and power relations, and reproductive health/disease prevention
  - sexual partnerships, e.g., number of partners, duration of partnerships, social identity of partners, conditions of choice/coercion
  - sexual activity, e.g., number, frequency, conditions of choice/coercion
  - sexual meanings, e.g., maleness and femaleness, perceptions of partnerships, meaning of sexual acts
  - sexual drives and enjoyment, formation of sexual identities, socially conditioned sex drives, perceptions of pleasure
- sex/safer sex: negotiation and decision-making among partners
- role of alcohol and drugs in high risk sexual behavior
- RTI, STI and HIV/AIDS causes and prevention (as per national STI/AIDS control program guidelines where these exist)
- physical comfort measures for individuals having an RTI or STI, including HIV/AIDS
- role of personal hygiene in preventing or relieving discomfort related to RTIs/STIs
- maternal STIs, including HIV/AIDS and their effects on the newborn (see Module 4)
- current recommendations to women having HIV/AIDS who wish to breastfeed
- other topics as generated by trainers and trainees

SKILLS

6.4 Providing individuals and couples with care related to RTIs/STIs and HIV/AIDS (according to local protocol) including**:**

- providing education and counseling to individuals and groups about the consequences and prevention of RTIs/STIs and HIV/AIDS (adaptations of Tools 1-b and 2-a)

- teaching clients to negotiate with partners, including agreement to seek STI/RTI treatment, compliance with treatment, use of condoms, use of other family planning method as needed (adaptations of Tool 1-b)
- recognizing the signs and symptoms of RTIs/STIs and HIV/AIDS and counseling clients (see tools in *Management of Sexually Transmitted Diseases*)
- correctly treating (according to local protocol) for symptomatic RTIs/STIs, using a syndromic approach (see tools in *Management of Sexually Transmitted Diseases*)
- referring clients for services related to RTIs/STIs and HIV/AIDS that are not available at provider's site (see local or national referral guidelines)

MAJOR TASK 6.5

Provide care related to **breast cancer**, including screening, education, counseling and referral for further assessment and/or care.

KNOWLEDGE

6.5 Care related to breast cancer
(see Love and Lindsay: *Dr. Susan Love's Breast Book,* second edition)

6.5.1 *Definition of breast cancer* (see Glossary in User's Guide)

- cancer represents different diseases with one common factor, the uncontrolled growth and spread of abnormal cells
- abnormal cells invade and destroy normal tissue
- cancer cells first remain in their original site (are localized); if not treated, they may spread (metastasize) to other parts of the body
- eventually cancer may spread throughout the body and may result in death
- about 90% of breast cancers arise in the milk ducts (ductal carcinoma); 5% arise in the lobules

6.5.2 *Characteristics of breast cancer*

- major signs and symptoms
  - solitary, unilateral hard mass with poorly delineated irregular edges
  - usually non-mobile and non-tender
  - dimpling and retraction or orange peel skin
  - nipple showing unusual redness and thickening or pointing in a different direction or discharge
- major causes (i.e., cause or causes are unknown)
- known risk factors (e.g., radiation exposure)
- possible risk/associated factors (e.g., increased age, young age at menarche, at or older than age 55 years at menopause, at or older than age 30 years at first term birth, nulliparity, urban residence, previous history of breast cancer, family history of pre-menopausal breast cancer/first degree relative, history of benign breast conditions showing epithelial hyperplasia or proliferation, obesity during menopausal years, diet high in fat, stress, poverty (in industrialized countries). (**Note**: Current studies suggest that, while women who are currently using combined oral contraceptives (COCs) or have used them in the past 10 years are at a slightly increased risk of having a breast cancer diagnosed, there is **no** evidence of an increase in the risk of having breast cancer at 10 or more years after stopping use,

and the cancers diagnosed in COC users are less advanced clinically than the cancers diagnosed in never-users.)

- known protective factors (e.g., bilateral oophorectomy, high parity)
- physical consequences (i.e., can result in death if untreated)

6.5.3 *Rationale and context for care of women having breast cancer*

- estimated number/percentage of women having breast cancer in the population (higher in industrialized societies)
- estimated number/percentage of women in the population who die from breast cancer each year
- estimated number/percentage of women who receive screening for breast cancer in the population

6.5.4 *General considerations when caring for women who may be at risk for breast cancer*

- most abnormal breast findings prove to be benign conditions related to anatomic or physiologic development:
  - physiologic nodularity (i.e., exaggeration of normal tissue response of the breast to cyclic changes in ovarian hormones; most commonly between ages 35 and 50)
  - benign neoplasms (i.e., cysts, fibroadenomas, intraductile papilloma, galactocele)
  - breast inflammation/infections (e.g., mastitis)
- symptoms of many breast abnormalities do not guarantee benign condition
- a problem associated with benign conditions is diagnostic confusion with malignancies; it is wise to consider all abnormal findings as potentially cancerous until proven otherwise
- all women older than age 20 should be taught how to routinely perform monthly self-breast examination (SBE) (see Module 3, Tool 3-d, Tasks 5 and 6, for further detail on this procedure); current evidence for the life-saving benefit of SBE is not strong, perhaps because SBE is not performed consistently and correctly
  - although more than 80% of breast lumps are discovered by women themselves, many of these are large and advanced
- current recommendations regarding breast examination for the provider
  - intervals for performing breast exam
    - » every three years for women 20 to 40 years of age

    - » yearly for women more than 40 years of age
  - yearly examination may enhance detection of masses in all age groups and provides an opportunity for teaching and review of SBE
- current recommendations regarding mammographic screening for asymptomatic women, where available and affordable
  - obtain baseline mammogram between ages 35 to 39
  - obtain mammogram every 1 to 2 years between ages 40 to 49 (**Note:** controversy exists over the usefulness of routine mammography under age 50; some providers recommend annual screening for women in high risk groups as this could increase detection of early cancers)
  - obtain mammogram yearly at more than 50 years of age (**Note:** this goal is currently unattainable in the US and in most other countries.)
- benefit of a safe referral system for appropriate testing to rule out cancer, where this is possible (Screening and appropriate follow-up care is not widely available or economically feasible in many countries or settings; where resources are scarce, screening will be more appropriate if it targets women at higher risk.)
- importance of education for men to help them better support women who have or may have breast cancer

6.5.5 *Diagnostic steps related to breast cancer*

- health history, including risk assessment
- physical examination (i.e., by provider)
- relevant screening procedures and protocols, interpretation, availability and costs, where appropriate (e.g., mammography, sonography, needle aspiration, biopsy)

6.5.6 *Treatment options and resources for women at risk for/having diagnosed breast cancer*

- treatment or management depends on the results of biopsy (i.e., if positive, surgery depends on the number of tumors, their size, breast size and a womanize preference to some extent; post-surgical treatment may include radiation, chemical, hormone therapies; some women may desire re-constructive surgery where available and affordable.)

6.5.7 *Education and counseling topics related to breast cancer (*see Modules 1 and 2 for detailed information on education and counseling process and skills)

- why SBE may be important

- how and when to do SBE and what to look for
- what to do if, in during SBE, a suspicious lump is found (Remember: most lumps are benign.)
- recommendations regarding routine screening for breast cancer (e.g., what the procedure is, where it is available and what it can tell you, how it is done, when/how often it should be done, how much it costs?)

SKILLS

6.5 Providing women with care related to breast cancer including:

- educating women about how and when to perform self-breast examination (adaptations of Tools 1-b, 2-a and Tool 3-d, Task 6; see also Love and Lindsay: *Dr. Susan Love's Breast Book,* second ed.; *Gynecology: Well Woman Care;* and Youngkin and Davis: *Women's Health: A Primary Care Clinical Guide)*
- performing breast examinations to screen for breast cancer (see Tool 3-d, Task 5; see also Love and Lindsay: *Dr. Susan Love's Breast Book,* second ed.; *Gynecology: Well Woman Care;* and Youngkin and Davis: *Women's Health. A Primary Care Clinical Guide)*
- sensitively counseling and referring women for suspicious findings on physical examination and/or routine screening, including mammography, where the procedure is available and affordable (see local or national referral guidelines)

MAJOR TASK 6.6

Provide care related to **cervical cancer**, including screening, education, counseling and referral for further assessment and/or care.

KNOWLEDGE

6.6 Care related to cervical cancer
(see Bright: *Cervical Cancer Prevention: Technical Information Memo Series)*

6.6.1 *Definition of cervical cancer* (see Glossary in User's Guide)

- squamous epithelium covers the vagina and portico vaginalis of the cervix
- columnar epithelium covers the endocervical canal, and in younger women around the external cervical os
- during menarche, in response to changing hormonally-induced vaginal environment (decreased pH), the squamous epithelium cells are gradually replaced by the columnar type, a process called squamous metaplasia
- over the years, the edge of the squamous columnar junction advances toward the cervical os and into the endocervical canal
- the site of squamous metaplasia is called the transformational zone
- nearly all of squamous cell cancers and their precursors develop within this transformational zone
- squamous metaplasia is most rapid during adolescence and accelerates during pregnancy
- the immature metaplastic cell is vulnerable to events that can alter the DNA component of the cell nucleus and can develop into a pre-malignant or malignant cervical lesion or cancer

6.6.2 *Characteristics of cervical cancer*

- major signs and symptoms (e.g., may be asymptomatic, cervical inflammation, friability)
- cytologic description/classification (i.e., using the Bethesda Classification System or The Bethesda System (TBS))
- physical consequences (e.g., death, if undetected or untreated; if detected, 95% success rate for treatment which may render the woman infertile)
- causes (i.e., cancerous transformation of susceptible cells of the cervical canal, due to infection by certain subtypes of human papilloma virus (HPV); it takes about 10 years for pre-cancerous lesions to develop into cancer; most cancers occur in women over the age of 35 years)

- known risk factors (i.e., having sex at an early age or having a first pregnancy at an early age (less than 20 years when cells of the cervix are changing rapidly); having many pregnancies; having sex with many different partners or with a partner who has sex with many different partners; not using a barrier method of contraception, which increases the risk of acquiring risk type of HPV; smoking; high parity)
- known protective factors (e.g., virginity, long-term celibacy, long-term mutual monogamy, long-term use of barrier methods)

6.6.3 *Rationale and context for care of women having cervical cancer*

- estimated number/percentage of women having cervical cancer in the population (local/regional statistics)
- estimated number/percentage of women in the population who die from cervical cancer each year
- estimated number/percentage of at-risk women who receive adequate, annual screening for cervical cancer in the population

6.6.4 *General considerations when caring for women who may be at risk for cervical cancer*

- squamous cell cervical cancer is the most common cancer in women in the developing world (each year half a million cases are diagnosed)
- the number of cases is likely to increase significantly over the decade as populations age, the number of HPV-infected women increase and the number of HIV-related immuno-suppression increases
- cervical cancer, untreated, is fatal: nearly a quarter million women die each year
- cervical cancer is the most preventable form of major cancer
- strategies include:
  - primary prevention: keeping women from getting the disease through education about risk factors and avoidance of high risk behaviors, including protection from partners who have multiple partners, and limiting parity to the desired number of pregnancies
  - secondary prevention: screening women who may have pre-cancerous lesions and treating them
- screening and appropriate follow-up care is not widely available or economically-feasible in many countries or settings; where resources are scarce, screening will be more appropriate if it targets women at higher risk

- for low resource settings, visual screening is under study as a means of screening for precancerous lesions
- importance of education for men to help them prevent cervical cancer by either life-long mutual monogamy or consistent condom use

6.6.5 *Diagnostic steps related to cervical cancer*

- health history, noting risk factors
- physical examination
- relevant screening procedures and protocols, interpretation, availability and costs where appropriate (e.g., Pap smear) (**Note**: The Pap smear is only useful where properly prepared and interpreted and where appropriate medical follow-up services are available. Other screening measures, such as enhanced visualization of the cervix and HPV detection are now being studied and refined.)

6.6.6 *Treatment options and resources for women at risk for/having diagnosed cervical cancer*

- treatment or management depends on results of the screening test (i.e., the type of abnormality)
- women with Pap smear (or another screening test) results showing abnormalities should be referred for further evaluation (women with Pap smear results showing squamous cell or adenocarcinoma of the cervix must be referred immediately for expert consultation with a physician experienced in managing gynecological cancers)

6.6.7 *Education and counseling topics related to cervical cancer* (see Modules 1 and 2 for detailed information on education and counseling process and skills)

- life-style factors and risk for cervical cancer (in many cultures, a monogamous woman's most important risk factor is the number of past sexual partners her husband has had)
- ways to prevent cervical cancer through changes in behavior (e.g., practicing safe sex; contraception and use of barrier methods; avoiding sex at an early age; having the desired number of children; not smoking)
- screening for cervical cancer (e.g., what it is and what it can tell you, how it is done, when/how often it should be done, how much it costs?)

SKILLS

6.6 Providing women with care related to cervical cancer:

- educating and counseling women about cervical cancer prevention (adaptations of Tools 1-b and 2-a; see also section 6.6.7 in this module)
- screening, counseling and/or referring women for cervical cancer care (see *Gynecology: Well Woman Care;* Varney: *Varney's Midwifery*, 3rd. ed.; Youngkin and Davis: *Women's Health. A Primary Care Clinical Guide;* and local or national referral guidelines)

MAJOR TASK 6.7

Provide care related to **infertility**, including screening, education, counseling and referral for further assessment and/or care.

KNOWLEDGE

6.7 Care related to infertility

6.7.1 *Definition of infertility* (see Glossary in User's Guide)

- the inability to achieve pregnancy after one year of trying to do so when the partners are having sex without contraception
- types
  - primary infertility: one or both individuals of couple have never achieved pregnancy
  - secondary infertility: one or both individuals of a couple have previously achieved pregnancy, even (for the female) if it ended in spontaneous abortion

6.7.2 *Characteristics of infertility*

- requirements for fertility (e.g., normally functioning reproductive hormones and organs, adequate number of healthy sperm, frequent intercourse during the womanize fertile period, absence of infection, absence of anatomical abnormality such as cervical stenosis or tubal adhesions)
- causative factors in infertility (e.g., aging–decline in ovarian and uterine function, increase in miscarriages, increase in reproductive tract diseases such as endometriosis; STIs; exposure to occupational and environmental hazards such as chemicals, radiation, heat, alcohol and drug abuse)
- potential physical and potential psychological/emotional consequences of infertility

6.7.3 *Rationale and context for care of couples who may be infertile*

- estimated number/percentage of infertile individuals in the population
- leading preventable cause of infertility in the population: prior STI exposure with consequent scarring (in women, of fallopian tubes; in men, of epididymus)
- other causes of infertility include environmental exposures, trauma, non-STI infections, and endometriosis (for women)

6.7.4 *Considerations when caring for individuals and couples who may be infertile*

- infertility
  - can cause damage to an individual's self esteem, body image, masculinity/ femininity and sexual relations
  - creates strain in any couple's relationship but may not affect both partners at the same time
- coping strategies
  - prior coping strategies may not be effective, partners may withdraw to avoid uncomfortable sharing, family and friends may recognize a couple's needs but not know how to support
  - couples need to grieve to overcome loss in a positive manner
  - significance of secondary infertility (e.g., guilt, pressure to conceive quickly)
  - accessing individual, group or sexual therapy, or encouraging couples to use support services, where available and desired
- need for evaluation that is couple-oriented, systematic, thorough and completed in a reasonable amount of time
- potentially infertile individual or couple experiencing grief should be approached with sensitivity, accurate and thorough information, including explaining the results of all investigations and their implications, as well as information regarding further investigations to determine cause(s) of infertility
- physical, emotional, ethical, legal, religious and financial concerns related to treatment
- assistance in exploring alternatives ways of parenting; or alternatives to parenting

6.7.5 *Diagnostic steps related to infertility*

- health history
  - female: age, duration of amenorrhea if present, obstetric and gynecologic history, time to conceive previous pregnancies, menstrual cycle pattern, contraceptive history, symptoms of ovulation, symptoms of dysmenorrhea, history of endocrine disease, history of STIs
  - male: abnormalities of development, infections such as known mumps or STIs, symptoms of sexual dysfunction
  - both: frequency and timing of coitus, alcohol or drug use

- physical examination to determine presence or absence of anatomical abnormality or infection or endocrine disorder
- additional investigation procedures and protocols, their availability and costs, where appropriate, available and affordable (e.g., semen analysis; ascertaining ovulation by having woman maintain record of changes in cervical mucus and basal body temperature (BBT), postcoital test, hystero-salpingogram, endometrial biopsy, laparoscopy)

6.7.6 *Treatment options and resources for individuals and couples who may be/have been diagnosed as infertile*

- gynecological services (i.e., diagnostic)
- services which offer therapeutic insemination and assisted reproductive technologies, as available and affordable (e.g., artificial insemination–husband or donor, intrauterine insemination, in vitro fertilization and surrogate motherhood)
- support groups for infertile individuals/couples
- sexual therapy groups where dysfunction is present
- adoption agencies
- other resources identified by trainers and trainees

6.7.7 *Education and counseling topics related to infertility* (see Modules 1 and 2 for detailed information on education and counseling process and skills)

- what are primary and secondary infertility
- causes of infertility in women and men
- STIs and infertility (**Note:** most cases of pelvic inflammatory disease (PID) due to chlamydia which result in infertility are "silent," i.e., asymptomatic)
- requirements for fertility in women and men, conditions necessary for fertilization
- fertility awareness methods and how to apply these to increase the likelihood of conception
- frequency/timing of intercourse in relation to the potential for conception
- selected investigations for infertility in women and men, what to expect, their availability and costs, what they mean
- treatment alternatives, including what to expect, the advantages, disadvantages (e.g., there is no guarantee of fertility), availability and costs
- self image and identity issues associated with the absence or loss of fertility

- adoption as an alternative as per local or national laws and resources for adoption
- local myths about infertility
- influence of local practices on fertility (e.g., cleaning out sperm (douching) after sexual intercourse)
- other topics as generated by trainers and trainees

SKILLS

6.7 Providing women and couples with care related to infertility including**:**

- conducting history and physical examinations as initial investigations for potential infertility (see parts of Tools 3-b and 3-d; *Gynecology: Well Woman Care;* and Youngkin and Davis: *Women's Health. A Primary Care Clinical Guide*)
- sensitively educating and counseling potentially infertile couples about the topics listed in section 6.7.7 in this module (adaptations of Tools 1-b and 2-a; see also *Gynecology: Well Woman Care* and Youngkin and Davis: *Women's Health: A Primary Care Clinical Guide*)
- referring potentially infertile couples for services not available in the provider's site (see local or national referral guidelines)

MAJOR TASK 6.8

Provide RH education, counseling and care, including referral, to **preconceptional clients** in order to enhance their ability to have a healthy pregnancy in the future.

KNOWLEDGE

6.8 Care for preconceptional clients

(see Varney: *Varney's Midwifery*, third edition)

6.8.1 *Definition of preconceptional care*

- health care prior to conception
- preconceptional care can be provided to women/couples of childbearing age who are not pregnant but are preparing for their first or subsequent pregnancies, e.g., a young adult who is engaged to be married; a newly married couple; a woman whose toddler has been fully weaned

6.8.2 *Goal and benefits of preconceptional care*

- goal is to facilitate the efforts of a woman to be healthy before she becomes pregnant so that she has a greater chance of having a healthy baby
- benefits of preconceptional care include:
  - possible identification of medical illness (e.g., diabetes mellitus, hypertension, sickle cell disease)
  - assessment of a woman's or a couple's risk for passing on known genetic diseases to their children
  - assessment of other potential risks, including age, parity, and birth interval
  - health habits (of woman or her partner) which might negatively affect a fetus and which might be corrected before conception (behavioral risk for STIs/HIV/AIDS, drug abuse, smoking)
  - discussion of exposure to workplace and environmental hazards
  - assessment of psychological, financial, and life goals (education, career, family)
  - assessment of a woman's and/or couple's readiness for childbearing (including identification of domestic violence)
- opportunity to either eliminate the risk(s) or take measures to minimize its/their impact on a future pregnancy
- opportunity for a woman/couple to make informed decisions about their childbearing

6.8.3 *Assessment for preconceptional care: comprehensive history and physical examination, appropriate and available laboratory and other tests to identify the need for:*

- HIV testing/counseling
- discussion of/treatment for substance abuse (e.g., tobacco, alcohol, prescription medications and illicit drugs)
- counseling/treatment for STIs
- treatment of any medical illness
- treatment/referral as needed for any psychological or emotional illness
- self-evaluation of life-style, coping skills and stress reduction
- psychological, social, economic support in the presence of homelessness, domestic violence, lack of personal resources
- nutritional counseling in presence of malnutrition (e.g., obesity or underweight); psychological counseling as needed for eating disorders (e.g., pica, anorexia, bulimia)
- vitamin supplementation, particularly folic acid (and iron if anemia present)
- sufficient physical activity or over burden/overwork
- occupational and environmental hazards (e.g., exposure to toxins at home and in workplace)
- immunizations (particularly tetanus toxoid)
- genetic screening based on ethnicity, family history, or poor obstetric history (e.g., a pattern of fetal loss, disease or abnormality)
- for women who have been circumcised, information about the implications for childbearing; counseling and information on repair options
- family planning method that is acceptable according to the woman's/couple's childbearing plans
- involvement of father-to-be
- readiness for childbearing

6.8.4 *Preconceptional counseling and education*

- discussion of the woman's/couple's psychological readiness to bear and raise children, including:
  - rationale for childbearing
  - health advantage (to mother and child) of delaying first birth until woman is at least 18, and health advantage of spacing subsequent pregnancies at least 2 years apart

  - stability of the woman and/or couple emotionally and financially
  - expectations about the experience of childbearing and parenting
  - timing of childbearing in relation to life goals
  - presence of stresses which might affect adjustment to childbearing and parenting
  - presence of health habits which might affect future health and childbearing
  - presence of risks for or health conditions and/or treatments which might affect future childbearing
  - presence of home, workplace and other environmental hazards to health and future childbearing
- education about how and when in a woman's menstrual cycle she can get pregnant, and the processes of pregnancy and birth
- education about the woman's body and how to best care for it to prepare for safe childbearing
- education and counseling about the history and physical assessment findings

6.8.5 *Management of identified health problems according to local/national service guidelines, including referral for services not available at provider's site*

6.8.6 *Community resources for additional support to women and/or couples for preconceptional care*

- mental health centers
- genetic counseling centers
- drug treatment programs
- support groups for women
- safe houses
- economic institutions
- parenting skills training programs
- HIV/AIDS prevention/education programs
- others identified by trainers and trainees

SKILLS

6.8 Providing preconceptional care women and/or couples including**:**

- screening for general reproductive health (adaptations of Tools 3-b, 3-d and 3-e)
- educating and/or counseling on problems and behaviors that may positively or negatively affect their ability to have a healthy pregnancy in the future (adaptations of Tools 1-b and 2-a; see sections 6.8.2 and 6.8.3 in this module)
- providing RH services, as appropriate (see Modules 3, 4, 5 and this module)
- referring for services not available in the provider's site (see local or national referral guidelines)

MAJOR TASK 6.9

Detect, support, treat and/or refer young girls and women for complications of **female circumcision**, as appropriate to the situation, and sensitively provide education and/or counseling to young girls and their parents about the potential health consequences of female circumcision.

KNOWLEDGE

6.9 Care of young girls and women who may be/have been circumcised, and prevention of female circumcision

6.9.1 *Definition and types of female circumcision* (see Glossary in User's Guide)

- traditional practice of cutting off parts of a young girl or womanize external genitalia and (among some cultural groups) of sewing or stitching together the edges of the labia majora

6.9.2 *Characteristics (types) of female circumcision*

- types of female circumcision include:
  - clitoridectomy (Type I), the partial or total removal of the clitoris
  - excision (Type II), removal of the clitoris, partial or total removal of the labia minora and labia majora, without closing the vulva
  - infibulation (Type III), removal of the clitoris, the labia minora and most of the labia majora, stitching together the wound edges of the labia majora creating a smooth flat hairless surface. A small opening is left to allow passage of urine and menstrual fluids.
  - re-infibulation (Type IV), the repeat process of infibulation after childbirth

6.9.3 *Rationale and context for care of young girls and women who have been circumcised*

- estimated prevalence of female circumcision in the population
- local meaning/significance of the practice of circumcision
- typical age of circumcision in the population
- national public health policy on the practice of circumcision, if this exists
- international consensus on the need for eliminating the practice of female circumcision (see Germaine: *The Cairo Consensus: The Right Agenda for the Right Time)*

6.9.4 *Considerations when providing care to young girls and women who may be/have been circumcised*

- influence of strong cultural values attached to female circumcision, the term much preferred over female genital mutilation by those who practice it
- local historical and cultural significance of the practice. These may include any of the following beliefs:
  - rite of passage to womanhood
  - increases marriage opportunities
  - promotes genital area cleanliness
  - preserves virginity and therefore purity
  - decreases sexual desire for females and therefore prevents promiscuity and prostitution
  - increases sexual pleasure for males
  - other as identified by trainers and trainees
- female circumcision as a means of controlling a young girl's or womanize sexuality
- reduction and ultimately elimination of this harmful practice requires knowledge of both its local meanings/significance and substitution of other (safe) coming-of-age rituals
- potential physical and potential psychological/emotional complications of female circumcision, including:
  - extreme pain
  - shock
  - hemorrhage
  - infection from unhygienic procedure
  - RTI related to difficulty in maintaining genital hygiene
  - UTI related to difficulty in passing urine
  - fear, pain and difficulty having intercourse
  - scarring and obstruction leading to complications of childbirth for fetus and woman
  - male partner anxiety over womanize pain and possible trauma and bleeding during intercourse or childbirth
- education and counseling must be engaged in a non-judgmental and respectful manner that is conducive to changing beliefs and behavior

6.9.5 *Detection and management of complications related to circumcision*

- detection, support and/or referral for complications related directly or indirectly to the procedure (e.g., emotional support, treatment and/or referral of acute injuries or infections, depending on severity of complications)
- initial management, support and/or referral for complications occurring during childbirth, such as obstructed labor and perineal trauma (see Module 4: Providing Basic Maternal and Newborn Care Services)

6.9.6 *Education and counseling topics related to female circumcision* (see Modules 1 and 2 for detailed information on education and counseling process and skills)

- exploring facts and myths about circumcision
- exploring local cultural significance of circumcision
- circumcision as a way of controlling a womanize sexuality
- decision-making about circumcision (e.g., for both parents of uncircumcised girls, urge against circumcision of any type)
- exploring alternative ceremonies or rites of passage
- genital hygiene and perineal care for circumcised girls and women
- health consequences of circumcision
- appropriate FP methods for circumcised women
- what to expect prior to, during and after labor and birth with regard to circumcision/repair
- recognition of signs and symptoms of complications related to circumcision
- treatment of complications related to circumcision
- other topics as generated by trainers and trainees

6.9.7 *Approaches for reducing female circumcision in the long run*

- working as a team with circumcised women and persons who perform circumcision to educate others on the consequences of and alternatives to circumcision while continuing to counsel girls on maturation to adulthood and other topics in reproductive health
- working with non-governmental organizations (NGOs) to establish continuing education for circumcised girls
- soliciting help of men to influence change about circumcision
- other approaches generated by trainers and trainees

SKILLS

6.9 Providing young girls and women with care related to female circumcision including**:**

- detecting and managing complications, e.g., acute injuries or infections, obstructed labor, etc., related to female circumcision (see Module 3, Tool 3-b: Conducting the RH history; Module 4, parts of Tool 4-a: Conducting an initial antepartum visit, Tool 4-b: Conducting an antepartum follow-up visit, Tool 4-c: Screening for labor, and Tool 4-d: Monitoring labor using the partograph)
- sensitively and accurately educating and/or counseling young girls and their parents, and other community members, about potential health consequences of female circumcision (adaptations of Tools 1-b and 2-a; see sections 6.9.6 and 6.9.7 in this module)
- referring, as appropriate, for services related to female circumcision not available in provider's site (see local or national referral guidelines)

MAJOR TASK 6.10

Detect, support, treat and/or refer women who are victims of **domestic violence**, as appropriate to the situation, and provide education and counseling to young girls, women and others about domestic violence.

KNOWLEDGE

6.10 Care of young girls and women who may be/have been victims of domestic violence (see Paluzzi and Quimby: *Domestic Violence Education*)

6.10.1 *Definition of domestic violence* (see Glossary in User's Guide)

- domestic violence against women is physical, sexual and/or emotional abuse by an intimate partner or relative (**Note:** domestic violence against men also occurs but is less common and is not covered here)
- common and often socially-sanctioned by gender roles, so that it is very hard to define or even recognize, for example:
  - a woman is a victim of **physical abuse** if she has been hit, shoved, slapped, bitten, kicked, choked, cut, unwillingly restrained, locked out of or locked in the house, refused help when sick or injured, refused help when pregnant, prevented from seeking medical care, abandoned in

dangerous places, kept from friends and family, refused food or other necessary items, etc.

- a woman is a victim of **sexual abuse** if she has been: treated as a sex object, forced to strip unwillingly, forced to have sex unwillingly with the partner or someone else, raped, accused of having sex with someone else, sold or forced into early marriage, exploited for child sex, etc.
- a woman is a victim of **emotional abuse** if she has been ridiculed, humiliated, insulted, continually criticized, isolated from friends and family, kept from working or having access to resources, threatened or her children have been threatened or harmed, manipulated with lies, kept from decision-making about her life or her young children's lives, punished by withholding approval or affection, traded for material goods, etc.

6.10.2 *Characteristics of domestic violence*

- possible signs and symptoms:
  - drug abuse
  - chronic headache, anxiety, depression
  - suicide attempts
  - vague reports of injuries; injuries in various stages of healing; injury patterns or repetitions
  - repeated accidents
  - unexplained bruising
  - repeated miscarriages or bouts with STIs
  - pregnancy complications such as inadequate weight gain, intermittent prenatal care, pre-term labor and low birth weight
- possible direct causes:
  - jealousy, anger, depression, lack or loss of control, or sense of powerlessness on the part of abusing partner
  - it is currently thought that violent behavior is learned behavior
- possible risk factors:
  - there is no personality or life experience profile that have been identified which can predict whether a woman will experience violence in her intimate relationship
  - abused women are included in every cultural, ethnic, social, economic, educational and age grouping
- potential physical and potential psychological/emotional consequences:

  - denial, disbelief, shock
  - embarrassment, humiliation
  - responsibility, self blame, guilt
  - disorganization, confusion
  - stress, anxiety
  - depression
  - anger
  - fear
  - powerlessness, vulnerability
  - weakened self-esteem and social isolation

6.10.3 *Rationale and context for care of young girls and women who are victims of domestic violence*

- perception and definition of domestic violence among the population groups of interest
- estimated prevalence domestic violence in the population
- national public health policy on domestic violence, if this exists
- local and national laws regarding domestic violence, if these exist
- international consensus on the need for eliminating domestic violence (see Germaine: *The Cairo Consensus: The Right Agenda for the Right Time*)

6.10.4 *Considerations when providing care to young girls and women who may be/are victims of domestic violence* (**Note:** Domestic violence education and prevention may take some time to integrate into health care practice. The dimensions of the problem and its impact on women's health and well-being make it crucial to include in the provision of care):

- domestic violence is:
  - controlling, dehumanizing, always traumatic and potentially fatal
  - a major concern for a large number of women of all societies
- protection against domestic violence is a basic human right
- local cultural norms surround domestic violence (e.g., gender roles and power relations) and are important to understand (and affect perception of what constitutes domestic violence)
- a critical first step is breaking the silence about domestic violence
- reasons a young girl or woman may stay in an abusive situation

  - hope that partner will reform
  - no place to go
  - fear of reprisal
  - lack of resources and economic dependence
  - fear of living alone; stigma of being single or divorced
  - children may make it difficult to find safe alternative housing
  - commitment to partner/relationship
  - feel responsible/at fault
  - no clear choice about the relative advantages and disadvantages of staying or leaving
- importance of:
  - sensitive counseling skills, especially responding to clients' non-verbal communication or silence, and carefully probing without pushing for information
  - integrating screening for possible domestic violence into every RH health history and physical examination
  - conducting a safety assessment any time abuse is suspected or detected
  - knowing the warning signs of physical abuse
  - recognizing sexual and emotional abuse as devastating aspects of abuse with or without physical beatings
  - thoroughly examining a young girl or woman using an assessment form for consistency when domestic violence is suspected or reported
  - comparing/noting any discrepancies in current and previous findings from history and examination and documenting completely and accurately to provide the best health care and for legal proceedings should these occur (**Note:** Providers should be aware of potential risks to self/client in these regards.)
  - utilizing available local networks and resources for assisting women who are victims of domestic violence, including safe housing and legal assistance, where possible and acceptable
  - assuring privacy or confidentiality of the domestic violence within the health site; cooperate only with legal persons or social workers, if applicable

6.10.5 *Detection and management of care for young girls and women who are victims of domestic violence*

- initial management, support and referral for this life-threatening circumstance (e.g., emotional support and validation of the experience, assurance of confidentiality, accurate and comprehensive treatment of or referral of acute physical injuries)
- emphasizing that no one deserves to be beaten or to be blamed for being sexually-abused, that domestic violence is a crime punishable by law, that it is a womanize inherent right to not be beaten or abused
- obtaining information regarding children (if any) in the household, including an assessment for their current or potential danger
- helping a woman develop a strategy for the future in order to regain a sense of control over her life
- offering the opportunity to receive counseling from a qualified professional who specializes in working with abused women, where available
- supporting a womanize choice to leave or stay in an abusive situation
- offering protection through local resources, where available, and assisting the woman to seek shelter if this is her choice
- providing emergency contacts (e.g., names, phone numbers, addresses)
- assisting in creating an emergency plan of action (e.g., keeping spare cash, a change of clothing and important documents in a safe place) if possible
- informing of the potential for re-assault for victims who leave their abuser
- providing accurate and complete documentation for health care and for legal protection in the event of future legal proceedings (**Note:** providers should be aware of potential risks to self and to the woman.)
- reporting domestic violence where mandated by law (**Note:** providers should be aware of potential risks to self and to the woman.)
- assisting the womanize partner to find treatment, where available and partner is willing, on the premise that domestic violence is learned behavior

6.10.6 *Topics to cover during an education or counseling session* (see Modules 1 and 2 for detailed information on education and counseling process and skills)

- significance of breaking the silence surrounding domestic violence
- facts and myths about violence against women
- local incidence and prevalence of violence against women
- social and cultural contexts of abuse by intimate partners
- impact of violence and sexual abuse on:
  - the health and well-being of women

  - the work lives of women
  - a pregnant woman and fetus and/or children living in the household
- self assessment of physical safety (i.e., of the woman and of any children in the home)
- problem-solving about whether to stay or leave an abusive relationship
- local resources (e.g., friends, safe havens/houses or shelters)
- other topics as generated by trainers and trainees

6.10.7 *Tips to remember when domestic violence is suspected*

- use counseling skills to help initiate and maintain a discussion
- ask questions
  - **any** time abuse is suspected
  - in different ways since not all will respond to the same kind of questioning
- give the woman sufficient time to respond, as needed (i.e., a woman may not respond upon initial questioning)
- maintain eye contact if culturally appropriate
- most victims are filled with fear and shame; the most helpful response to revelation of abuse is empathetic concern
- assume that any woman or young girl can be a victim of abuse
- victims are more than objects of abuse; they are survivors

6.10.8 *Resources in the community which may provide additional support to young girls and women who are victims of domestic violence*

- family/friends of victims
- women's support groups
- domestic violence networks
- safe houses (i.e., unmarked shelters to which abused women can flee with their children)
- legal services
- educational or vocational guidance institutions (e.g., for women who choose to leave, as appropriate and requested)
- economic institutions (e.g., credit unions, women's income-generating cooperatives for women who choose to leave, as appropriate and requested)
- others identified by trainers and trainees

SKILLS

6.10 Providing young girls or women with care related to domestic violence including**:**

- conducting a safety assessment of a woman who is a victim of domestic violence (see tools in *Domestic Violence Education*)
- sensitively counseling a woman who is or may be a victim of domestic violence (adaptation of Tool 1-b)
- referring, as appropriate, for services related to domestic violence not available in provider's site (see local or national referral guidelines)

KNOWLEDGE ASSESSMENT QUESTIONS

This component contains 30 sample questions that can be used before or at the end of training to assess whether the trainee has the knowledge necessary to provide selected RH services.

There are two types of questions: those which ask the trainee to recall information (for example, questions 2, 6, 11 and 18) and those that require the trainee to apply knowledge or solve a problem which they will likely encounter on the job (for example, questions 7 and 12). These 30 questions do not cover all of the knowledge in Module 6. The trainer can develop additional recall and problem-solving questions to further assess the trainees.

Note that the question numbers do not correspond to the numbered sections of the knowledge outline.

Answers to the Knowledge Assessment Questions follow the last question.

1. Circle T if the statement is TRUE and F if the statement is FALSE.

   The persons described fit the social and biologic definition of ADOLESCENT.

   a. An 8-year old female who is responsible for the care of a younger sister. She has not had a menstrual period yet. T/F
   b. A 15-year old male who has developed secondary sexual characteristics. T/F
   c. A 19-year old male who works as a teacher and supports his wife and child. T/F
   d. A 14-year old female who has just had her first menstrual period. T/F

2. List three health risks of early sexual activity.

   a. _____
   b. _____
   c. _____

3. R. is a 12-year old female who comes for health care. She states: "I am worried that I have not had a menstrual period yet. Most of my classmates have started their periods already. Am I normal?" Complete the health care provider's answer: "The beginning of menstruation is just one change that occurs as you become a mature woman. It happens at different ages. Perhaps you have noticed other changes that indicate you are maturing, such as:" (List three changes.)

   a. _____
   b. _____
   c. _____

4. S. is a 15-year old male who comes for health care. He states: "I am worried that most of my friends have “wet dreams” and this has not happened to me. Am I normal?" Complete the health care provider's response: "What you are describing is called nocturnal emissions, which normally occur as you become a mature man. They begin to occur at different ages. Perhaps you have noticed other changes that indicate you are maturing, such as:” (List three changes.)

   a. _____

   b. _____

   c. _____

5. Check (√) the correct answer(s).

   Ts parents tell you they are concerned because they have learned that T., age 16, has had unprotected sexual intercourse with several females. You want to change T.'s behavior and encourage him to adopt safe sex practices. Which of the following plans is most likely to be effective with this adolescent?

   a. Include T. in a group of boys discussing sexuality and sexually transmitted infections. ( )

   b. Tell T. to come with his parents to talk about sexually transmitted infections. ( )

   c. Give T. a warning about infections and advise him to always use condoms. ( )

   d. Provide T. with information about sexually transmitted infections. ( )

6. Check (√) the correct answer.

   Levels of estrogen and progesterone in the womanize body BEGIN to decrease:

   a. years before the menstrual cycles stop ( )

   b. at the time menstrual cycles become irregular ( )

   c. after menstrual periods have stopped ( )

   d. after age 60 ( )

7. Mrs. P., age 52, tells you she has not had a menstrual period in two years and she no longer needs health care because she will not be having babies. You disagree with her statement, because she is now at increased risk for the following health problems: (List 3.)

a. _____

b. _____

   c. _____

8. Check (√) the correct answers(s).

   In further discussion Mrs. P. who is in the postmenopause period, tells you she is feeling worthless because she can no longer produce children. To promote better health for this woman you would:

   a. suggest she get a prescription for tranquilizers ( )
   b. point out her worth to her family and community as an experienced mother ( )
   c. suggest she consider employment or volunteer work ( )
   d. suggest she ask her children to care for her ( )

9. Mrs. P. comes back to tell you she has organized her neighbors to provide child care services in the neighborhood. Her grown children do not approve. They tell her she should be resting because of her age. Describe the health promotion principles for the postmenopausal years that you would discuss with Mrs. P. by writing one message in each of the following areas.

   a. diet _____
   b. exercise_____
   c. sexual activity_____

10. Women seeking reproductive health services present with a variety of complaints. For each of the patient symptoms listed choose the health problem(s) that must be considered and investigated. Health problems are represented by the following letters. MORE THAN ONE LETTER MAY BE USED FOR EACH ANSWER.

    U = urinary tract infection
    S = sexually transmitted infection
    E = ectopic pregnancy
    P = pregnancy

    a. low abdominal or pelvic pain: _____
    b. painful urination: _____
    c. amenorrhea: _____

11. Check (√) the correct answer.

    A history of past reproductive tract infection places a woman at increased risk for:

    a. vesicovaginal fistula ( )
    b. ectopic pregnancy ( )
    c. cystocele ( )
    d. multiple pregnancy ( )

12. Check (√) the correct answers(s).

Mrs. X., a 24-year old woman, comes for care complaining of secondary amenorrhea for three months. When taking her history, what three questions from the list below will help determine the cause of her symptom?

a. At what age did your mother have menopause? ( )
b. Are you breastfeeding? ( )
c. What contraception are you using? ( )
d. How long do your menstrual periods usually last? ( )
e. When was your last pregnancy completed? ( )

13. Check (√) the correct answer.

Select the **first** diagnostic examination you would obtain for Mrs. X. who complains of secondary amenorrhea for 3 months. (See question 12).

a. HIV test ( )
b. thyroid function test ( )
c. test for sexually transmitted infections ( )
d. pregnancy test ( )

14. Check (√) the correct answer.

Urethral discharge and scrotal swelling are symptoms associated with the following sexually transmitted infection:

a. hepatitis B ( )
b. human papilloma virus (HPV) ( )
c. syphilis ( )
d. gonorrhea. ( )

15. Check (√) the correct answer(s).

Increased vaginal discharge is a symptom associated with the following infection(s):

a. chlamydia ( )
b. yeast infection ( )
c. gonorrhea ( )
d. all the above ( )

16. G. is a 16-year old male who is receiving treatment for chlamydia infection. In counseling you find that he does not use condoms and seems unconcerned about the diagnosis. He states: "The medication will cure this disease, so there is nothing more to worry about."

    List two additional health risks for G. if he continues the described behavior.

    a._____

    b._____

17. Check (√) the correct response(s).

    G. is receiving treatment for a chlamydia infection of the genital tract. He tells you: "My sexual partner has no symptoms, so she does not need an examination or medication."

    a. You are right. Without symptoms, there is no infection. ( )

    b. A person may be infected and not have symptoms. ( )

    c. If you are infected your partner is most likely infected. ( )

    d. Your partner must also be treated for chlamydia. ( )

18. List two sexually transmitted infections that may be passed from mother to fetus.

    a._____

    b._____

19. Check (√) the correct answer(s).

    Factors that are associated with increased risk of breast cancer are:

    a. age over 50 years ( )

    b. giving birth to more than 4 children ( )

    c. a diet high in fat ( )

    d. onset of menstrual cycles at young age ( )

20. L. is a 36-year old mother of three children. She is not pregnant and is not breastfeeding. On physical examination, a 2 centimeter firm mass is found in the left upper quadrant of the left breast. There is no nipple discharge, and no skin dimpling. The mass is painless. The remainder of the breast exam is normal and there are no palpable axillary nodes. Check (√) the appropriate option(s) for management of this woman's care.

    a. "Surgery is necessary to prevent spread to your whole body." ( )

    b. "This may be a harmless finding, but I suggest an examination by an expert." ( )

    c. "You are not in the age group that cancer strikes, so just watch this monthly." ( )

    d. "This does not have the characteristics of cancer. Return if it gets bigger." ( )

21. Check (√) the correct answer(s).

    Factors which increase a womanize risk for cancer of the cervix are:

    a. beginning sexual activity at an early age ( )
    b. multiple pregnancies ( )
    c. not using barrier methods of contraception ( )
    d. many sexual partners ( )

22. You have advised Mrs. E. to have a Pap smear. She is 38 years old and smokes cigarettes. She responds: "Why should I have this test? If I have cancer of the cervix, I will just die anyway."

    Write two reasons Mrs. E. or any woman, may benefit from Pap screening.

    a. _____
    b. _____

23. The following individuals are infertile. For each description, state if the infertility is primary or secondary. Place the letter of your answer in the space provided, using **P** for primary infertility and **S** for secondary infertility.

    a. a 20-year old woman with a history of a spontaneous miscarriage two years ago. _____
    b. a 44-year old man. He has a 20-year old son by his first wife. _____
    c. an 18-year old woman who has never been pregnant. _____

24. Check (√) the correct answer(s).

    Mr. Z., a 44-year old man, married for four years, brings his 22-year old wife for treatment of infertility. Because he has a 20-year old son by his first wife, he believes the inability to conceive is the problem of his wife. In discussing infertility with this couple, you point out that either or both partners may be affected by health problems that prevent pregnancy. From the following list choose the factors that are possible causes of infertility in this couple.

    a. history of reproductive tract infection ( )
    b. exposure to toxins ( )
    c. alcohol abuse ( )
    d. difference in ages ( )

25. Check (√) the correct answer(s).

    Preconceptional care includes:

    a. detecting fetal sex ( )
    b. treating active infections ( )
    c. promoting good nutrition ( )
    d. detecting medical illness ( )

26. You have been asked to talk with a group of young women about preconceptional health. The group's question is: "How can a woman increase her chances of having a healthy pregnancy?"

    List four instructions you would include in this talk.

    a. _____
    b. _____
    c. _____
    d. _____

27. Circle the correct answer.

    Removal of the clitoris, part or all of the labia minora and labia majora and leaving the vulva open describes a type of female circumcision called:

    a. clitoridectomy
    b. excision
    c. infibulation
    d. sterilization

28. Check (√) the correct response(s).

    A mother comes to you for counseling. She tells you that she was circumcised as a young child. She has a new daughter and wants to do what is right for her child. Choose the response(s) that would encourage thoughtful discussion of female circumcision with this mother.

    a. You are not a good parent if you circumcise your child. ( )
    b. Tell me what you and your family believe about circumcision of girls. ( )
    c. You are not a good parent if you leave the teachings of your family, and do not circumcise the child. ( )
    d. How do you think circumcision affects a girl sexually? ( )

29. Check (√) the correct response(s).

    Which of the following women should be screened for domestic violence?

    a. A 16-year old making her first visit. She wants birth control pills. ( )

    b. A 22-year old seeking antenatal care. ( )

    c. A 24-year old with two children comes with symptoms of a sexually transmitted infection. ( )

    d. A 50-year old with symptoms of menopause. ( )

30. Mrs. V. comes for health care because of a broken jaw. She has many bruises on her face and arms. She admits to you that she has been physically abused by her male partner for a three year period. Her parents and a sister live in a distant city.

    Give three reasons that women do not leave an abusive partner.

    a. _____

    b. _____

    c. _____

Answer Sheet to the KNOWLEDGE ASSESSMENT QUESTIONS

Question No. 1 (4 points)

a. F
b. T
c. F
d. T

Question No. 2 (3 points)

The answer must include three of the following:

- pregnancy
- STI
- cancer of the cervix
- HIV/AIDS
- emotional/ psychological trauma

Question No. 3 (3 points)

The answer must include three of the following:

- enlarged breasts
- axillary hair
- pubic hair
- broadened hips
- interest in the opposite sex

Question No. 4 (3 points)

The answer must include three of the following:

- deepened voice
- growth of facial hair
- enlarged penis
- enlarged scrotum
- growth of pubic hair
- broadening of the chest
- interest in the opposite sex

Question No. 5 (2 points)

a
d

Question No. 6 (1 point)

a

Question No. 7 (3 points)

The answer must include three of the following:

- heart disease
- osteoporosis
- cancer
- diabetes

Question No. 8 (2 points)

b
c

Question No. 9 (3 points)

The answer must include one item in each of the following topics:

a. Diet:
increase fiber, increase calcium, avoid excess fat, salt, caffeine and sugar, include sufficient vitamin B, C, E sources.

b. Exercise:
regular exercise needed, weight-bearing exercise is important, activities of daily living provide exercise.

c. Sexual activity:
maintain sexual activity as desired, adjust practices to accommodate slowed response, use lubricant to overcome dryness, protect self against STIs, AIDS as needed.

Question No. 10 (8 points)

a. U, S, E, P
b. U, S
c. E, P

Question No. 11 (1 point)

b

Question No. 12 (3 points)

This question assesses the application of knowledge and ability to prioritize. The correct responses demonstrate an understanding of the **most common** causes of amenorrhea: pregnancy, recent pregnancy, lactation, and contraceptive use.

b
c
e

Question No. 13 (1 point)

d

Question No. 14 (1 point)

d

Question No. 15 (1 point)

d

Question No. 16 (2 points)

The answer must include two of the following:

- infection with HIV, other STIs
- re-infection with chlamydia from failure to treat current partner
- future infertility
- infection of future sexual partners

Question No. 17 (3 points)

b
c
d

Question No. 18 (2 points)

The answer must include two of the following:

- HIV
- syphilis
- Hepatitis B
- herpes simplex virus (HSV)

Note: gonorrhea and HPV may infect the neonate after passage through the birth canal, but do not infect the fetus while in utero, so technically this is not a correct answer.

Question No. 19 (2 points)

a
c

Question No. 20 (2 points)

b
c

Question No. 21 (4 points)

a
c
d
e

Question No. 22 (2 points)

The answer must include two of the following:

- Pre-cancerous lesions detected by Pap smear are curable in 95% of cases.
- It takes many years for a precancerous lesion to develop into cancer.
- Death is the result of undetected cancer.
- Because you smoke cigarettes you are at a higher risk of cervical cancer, and if cancer is detected early, it is treatable.

Question No. 23 (3 points)

a. S
b. S
c. P

Question No. 24 (3 points)

a
b
c

Question No. 25 (3 points)

b
c
d

Question No. 26 (4 points)

The answer must include four of the following:

- avoid alcohol
- avoid smoking
- avoid use of drugs (social/ recreational drugs and certain medications)
- include iron and folate rich food in diet
- prevent sexually transmitted infections, by barrier use or abstinence
- maintain healthy exercise level

Question No. 27 (1 point)

b

Question No. 28 (3 points)

b
d
e

Question No. 29 (4 points)

a
b
c
d

Question No. 30 (3 points)

The answer must include three of the following, or a reasonable paraphrase.

- hope/belief that the partner will change or reform
- no place to go
- lack of resources, economic dependence on partner
- fear of reprisals
- feels responsible or at fault for the situation
- fear of being alone, social stigma of being single or divorced

GRAND TOTAL:	80 points
CUT OFF:	56 points (70%)

SKILLS ASSESSMENT TOOLS

There are no Skills Assessment Tools included in Module 6. The trainer should adapt/adopt tools which are included in other modules. The assessment tools can be used for pre- or post-training skills assessment, or for assessment of skills performance on-the-job after training. They also may be used by trainees to guide skills acquisition during training or as a job aid after training. Trainers can create additional tools for other skill areas using the Key Resources listed on page 6-9. Tools from other *SourceBook* modules which may be easily adapted/adopted for use with this module include:

Module 1, Tool 1-b: Counseling the Client to Make an FP/RH Decision

Module 2, Tool 2-a: Providing Group Education about FP/RH

All Tools in Module 3: Providing Family Planning Services

Selected Tools, as appropriate, in:

Module 4: Providing Basic Maternal and Newborn Care Services

Module 5: Providing Postabortion Care Services

REFERENCES

The following list includes the Key Resources for this Module (see page 6-9), references used to develop this module, and other resources that are particularly useful for trainers.

* Bright P, Ogburn L, Angle M: Cervical Cancer Prevention. *INTRAH Technical Information Memo Series (TIMS)* July 1996;3(C1e):1-6.

Provides information and guidance on field-relevant questions about cervical cancer. Briefly discusses causes of cervical cancer, primary and secondary prevention strategies. Answers questions about cervical cancer and family planning method choice. Also included as appendix to *Recommendations for Updating Selected Practices in Contraceptive Use*, *Volume II* (see Technical Guidance/Competence Working Group, Gaines M (ed.) below). Available in ***English***, ***French,*** ***Portuguese*** and ***Spanish*** from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

Collaborative Group on Hormonal Factors in Breast Cancer: Breast Cancer and Hormonal Contraceptives: Collaborative Reanalysis of Individual Data on 53,297 Women with Breast Cancer and 100,239 Women Without Breast Cancer from 54 Epidemiological Studies. *Lancet* 1996;374:1713-27.

Report of the reanalysis of 54 epidemiological studies done worldwide involving large numbers of women with and without breast cancer. Relative risks for developing breast cancer estimated for populations stratified by age, parity, age when first child was born and use of hormonal contraception. Evidence cited for small increase in relative risk of breast cancer for women taking combined oral contraceptives and in the 10 years after stopping them. No evidence of increased risk for those who used oral contraceptives over 10 years ago. Article includes 71 references. Available in ***English*** from:

The Lancet
245 West 17th Street
New York, New York 10011, USA.
Tel: 1-212-633-3800
Fax: 1-212-633-3850

The Lancet
42 Bedford Square
London WC1B 3SL, UK.
Tel: 44-(0)-171-436-4981
Fax: 44-(0)-171-580-8175

* These resources are particularly useful for trainers.

Collaborative Group on Hormonal Factors in Breast Cancer: Breast Cancer and Hormonal Contraceptives: Further Evidence. *Contraception* 1996;54(suppl.):1S-106S.

Reassessment of worldwide epidemiological data on breast cancer risk and use of hormonal contraceptives. Original data from 90% of available information on topic was collected checked and analysed centrally. Fifty-four studies were performed in 26 countries and include a total of 53,297 women with breast cancer and 100,239 without. Findings presented in statistical tables and figures. Available in ***English*** from:

Elsevier Science, Inc.
Customer Support Department
P.O. Box 945
New York, New York 10159-0945, USA.
Tel: 1-212-633-3730; toll free (in North America): 1-888-4ES-INFO
Fax: 1-212-633-3680
E-mail: usinfo-f@elsevier.com

Family Health International: Adolescents. *Network* 1993;14(2):1-35.

Focus on reproductive health needs of adolescents. Individual articles explore specific risks such as unsafe abortions and AIDS. A variety of approaches intended to overcome obstacles to good adolescent health are described. Available in ***English***, ***French*** and ***Spanish*** from:

Family Health International (FHI)
P. O. Box 13950
Research Triangle Park, North Carolina 27709, USA.
Tel: 1-919-544-7040
Fax: 1-919-544-7261
E-mail: dcrumpler@fhi.org

* Dixon-Mueller R: The Sexuality Connection in Reproductive Health. *Studies in Family Planning* 1993;24(5):269-282.

Relates sexuality to reproductive health outcomes and suggests that family planning policies and programs address broader spectrum of sexual behaviors and meanings. Notes need to confront male entitlements threatening women's sexual and reproductive health. Also reprinted in Zeidenstein S and Moore K (eds): *Learning About Sexuality: A Practical Beginning*. New York, The Population Council, 1996. Both available in ***English*** from:

The Population Council
Office of Communications
One Dag Hammarskjold Plaza
New York, New York 10017, USA.
Tel: 1-212-339-0514
Fax: 1-212-755-6052
E-mail: pubinfo@popcouncil.org

* Family Planning Association of Kenya (FPAK): *Reproductive Health Client Management Guidelines*. Nairobi, FPAK, forthcoming.

Practical clinical guidelines for use by multidisciplinary health care providers in family planning and reproductive health services. Step-by-step directions given for safe management of clients. Procedures well illustrated with simple and clear drawings. Includes sections on unwanted pregnancy, infertility, gender issues, female circumcision and wife inheritance. Excellent example of current reproductive health management with a focus on efficient, sensitive, client-focused services. Adaptable for use in other countries. Publication forthcoming. Please contact:

Godwin Z. Mzenge
Executive Director
Family Planning Association of Kenya (FPAK)
Harambee Plaza
Nairobi, Kenya.

* These resources are particularly useful for trainers.

Germain A, Kyte R: *The Cairo Consensus: The Right Agenda for the Right Time*. New York, International Women's Health Coalition, 1995.

Attractive 30 page booklet presents an analysis of the consensus forged at the United Nations International Conference on Population and Development in Cairo 1994. Excerpts from Programme of Action highlight directions for population related policies including reproductive health. The entire text of agreement is not included, but overview, highlights and background information make this a good resource. Available in ***English*** and ***Spanish*** from:

International Women's Health Coalition (IWHC)
24 East 21st Street
New York, New York 10010, USA.
Tel: 1-212-979-8500
Fax: 1-212-979-9009.

* Hatcher RA, et al: *Contraceptive Technology*, 16th rev. ed. New York, Irvington Publishers, Inc., 1994.

Comprehensive manual for reproductive health care providers that is updated frequently. Provides practical clinical guidelines for reproductive health counseling, contraceptive methods and treatment for reproductive tract infections. Includes guidelines for client education and lists of frequently asked questions. Seventeenth edition available December 1997 in ***English*** from:

Irvington Publishers, Inc.
Lower Mill Road
North Stratford, New Hampshire 03590, USA.
Tel: 1-603-922-5105
Fax: 1-603-922-3348
E-mail: suzy-g@moose.ncia.net

* These resources are particularly useful for trainers.

* Hatcher RA, et al: *The Essentials of Contraceptive Technology*. Baltimore, Johns Hopkins School of Public Health, Population Information Program, 1997.

Handbook for family planning and reproductive health care providers working in clinics and other health care facilities. Content based on scientific consensus recently developed under auspices of WHO and of USAID collaborating agencies. Chapters cover family planning counseling and methods in addition to sexually transmitted infections (STIs) including HIV/AIDS. Chapters describe effectiveness of family planning methods in terms of likelihood of pregnancy in first year of using method. Includes wall chart. Available in ***English*** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202-4012, USA.
Tel: 1-410-659-6300
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

Heise L: *Violence Against Women: The Hidden Burden.* World Bank Discussion Papers. Washington, DC, World Bank, 1994.

Compiles and presents existing data on dimensions of violence against women worldwide and reviews available literature on health consequences of abuse. Authors explore primary prevention, justice system reform, health care response, programs to assist victims, and treatment and reeducation programs for perpetrators. Currently not in print.

International Planned Parenthood Federation: Empowering Youth. *Planned Parenthood Challenges* 1995;1:1-49.

Confronts the global crisis in adolescent sexuality: teen pregnancy, unsafe abortions, sexual exploitation, STDs and HIV. Articles focus on involvement of youth in seeking new strategies in sex education and promotion of sexual responsibility. Available in ***English*** from:

International Planned Parenthood Federation (IPPF)
Regents College
Inner Circle
Regents Park
London NW1 4NS, England.
Tel: 44-171-486-0741
Fax: 44-171-487-7950
E-mail: jhamand@ippf.attmail.com

* These resources are particularly useful for trainers.

Kabatesi D: Young People and STDs: A Prescription for Change. *AIDS Captions* May, 1996:21-23.

Describes lack of reliable information and obstacles to prompt adequate STD treatment faced by Ugandan youth. Radio talk show and print media approaches are described and a nationwide comprehensive effort is recommended. Available in ***English*** from:

AIDSCAP
Family Health International (FHI)
2101 Wilson Blvd., Suite 700
Arlington, Virginia 22201, USA.
Tel: 1-703-516-9779
Fax: 1-703-516-9781

Lande R (ed): Controlling Sexually Transmitted Diseases. *Population Reports* Series L, 1993;(9):1-31.

Covers STD prevalence, consequences and control methods. Practical guidelines given for setting up effective clinical services to make STD prevention and treatment available and accessible. Valuable resource because of complete and clear information, tables listing costs of treatment, discussion of advantages and drawbacks of combining STD and family planning services, and annotated list of resource materials. Available in ***English***, ***French*** and ***Spanish*** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202, USA.
Tel: 1-410-659-6389
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

Lande R (ed): Sexually Transmitted Diseases: Syndromic Diagnosis, Treatment and Follow-up. Wall Chart. Supplement to *Population Reports* Series L, 1993;(9).
Information presented in graphic modified decision tree format, on colorful 27 inch by 37 inch chart. Recommended and alternate drug therapy listed with check boxes to allow adaptation for drugs available in a particular setting. Collects large amount of information in one place for clinical reference. Available in ***English***, ***French*** and ***Spanish*** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202, USA.
Tel: 1-410-659-6389
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

* Lichtman R, Papera S: *Gynecology: Well Woman Care*. East Norwalk, CT, Appleton and Lange, 1990.
Textbook written for non-physician providers of women's reproductive health care. Woman-centered presentation with emphasis on health maintenance. Discusses all components of patient care from teaching and counseling to self-help measures, from prescribing medication to referral for surgical intervention. Reviews current research findings on topics, e.g., experimental methods of birth control and menopausal hormonal replacement. Illustrated with clear diagrams and photographs. Available in ***English*** from:

Appleton and Lange Publishers
Order Processing Center
P. O. Box 11071
Des Moines, Iowa 50336-1071, USA.
Tel: 1-515-284-6761; toll free (North America): 1-800-947-7700
Fax: 515-284-6719

* Love S, Lindsay K: *Dr. Susan Love's Breast Book*, 2nd ed. New York, Addison-Wesley, 1994.
Valuable reference for both general reader and anyone providing health care for women. Breast development, appearance, changes during the life cycle as well as diseases of the breast are clearly explained. Information about diagnosis and treatment of breast disease presented in adequate depth for women to make informed choices about their own health care. Drawings supplement text and are used to illustrate treatment options including surgical procedures. Available in ***English*** from:

Addison-Wesley Longmont
One Jacob Way
Reading, Massachusetts 01867, USA.
Tel:1-617-944-3700; toll free (North America): 1-800-387-8028
Fax: 1-416-944-9338

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* These resources are particularly useful for trainers.

McDevitt TM, et al: *Trends in Adolescent Fertility and Contraceptive Use in the Developing World.* Washington, DC, US Department of Commerce, Economics and Statistics Administration, Bureau of the Census, March, 1996.
Presents survey data from 56 countries documenting recent trends in adolescent reproductive behavior. Teen fertility is examined in relation to residence, education, marital status and contraceptive use. Data presented in bar graphs, detailed tables and scatter graphs. Available in ***English*** from:

Superintendent of Documents
P.O. Box 371954
Pittsburgh, Pennsylvania 15250, USA.
Tel: 1-202-512-1800
Fax: 1-202-512-2250

Moore K, Rogow D (eds*): Family Planning and Reproductive Health: Briefing Sheets for a Gender Analysis*. New York, The Population Council, Inc., 1994.
Topics addressed in relation to family planning are: social and economic restrictions on women, social and economic responsibility of men and women for childrearing, gender based abuse, adolescence and sexuality. Each briefing sheet includes an overview of issue documenting how gender roles have a negative effect on contraception use and reproductive health, especially for women. Ideas for program and research initiatives within context of family planning services are proposed. Extensive and current bibliography concludes each paper. Available in ***English*** from:

The Population Council
Office of Communications
One Dag Hammarskjold Plaza
New York, New York 10017, USA.
Tel: 1-212-339-0514
Fax: 1-212-755-6052
E-mail: pubinfo@popcouncil.org

* Mtawali G, et al: *The Menstrual Cycle and Its Relation to Contraceptive Methods: A Reference for Reproductive Health Trainers*. Chapel Hill, NC, INTRAH, 1997.
Covers changes that take place during the menstrual cycle and ways that contraceptive methods interrelate with cyclic changes. Contains 21 sample client cases demonstrating how knowledge about changes in the menstrual cycle can be applied to management of FP clients' concerns, including postpartum FP. Includes wall chart. ***French*** and ***Spanish*** editions are forthcoming. Available in ***English*** from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

* These resources are particularly useful for trainers.

* Notelovitch M, Tonnensen D: *Menopause and Mid-life Health*. New York, St. Martin's Press, 1993.

Intended for general reader without medical knowledge. Contains information on all aspects of mid-life health promotion. Includes alternatives to hormone therapy for management of menopause symptoms. Many charts and diagrams useful for guiding one's personal dietary intake and exercise program. Available in ***English*** from:

St. Martin's Press, Inc.
175 5th Avenue
New York, New York 10010, USA.
Tel: 1-212-674-5151
Fax: 1-212-529-0594

* Paluzzi P, Quimby C: *Domestic Violence Education Module*. Washington, DC, American College of Nurse-Midwives, 1995.

Intended to assist faculty of nurse-midwifery programs in educating students about issues of domestic violence and providing care to victims of domestic or family abuse. Discusses screening for abuse, making safety assessments and documenting findings for both medical and legal systems. Divided into three components: 1) basic history and physical assessment information; 2) defining clinical issues and refining students ability to respond and interact appropriately; and 3) expanding student's knowledge and resources of community, and promoting activist role. Appendices include a compilation of teaching resource tools and articles relevant to topic. Available in ***English*** and ***Spanish*** from:

American College of Nurse-Midwives (ACNM)
818 Connecticut Avenue NW, Suite 900
Washington, DC 20006, USA.
Tel: 1-202-728-9860
Fax: 1-202-728-9897
E-mail: info@acnm.org

* These resources are particularly useful for trainers.

Shah MA (ed): Domestic Violence: Implications for the American College of Nurse-Midwives and Its Members. *Journal of Nurse-Midwifery* 1996;41(6):430-473.

Contains seven articles by various authors providing in depth study of domestic violence for midwives. Covers issues such as: role of nurse-midwives in assessment; health effects of childhood sexual abuse, domestic battering and rape; cultural competence in care of abused women; rural women and domestic violence; forensic documentation of battered pregnant women; and role of nurse-midwife in providing effective advocacy for domestic violence victim. Contains pre- and post-test questions for home study program on domestic violence. Available in ***English*** from:

Elsevier Science Customer Support Department
P.O. Box 945
New York, New York 10010, USA.
Tel: 1-212-633-3730; toll free (for customers in North America):1-888-4ES-INFO
Fax: 1-212-633-3680
E-mail: usinfo-f@elsevier.com.

Spore L, Glass R, Case N: *Clinical Gynecologic Endocrinology and Infertility*. 5th ed. Baltimore, William's and Wiliness, 1994.

University level textbook covers reproductive physiology and endocrinology, including molecular and cellular level biology. Explains rationale for clinical management of reproductive health problems. Divided into sections covering reproductive physiology, clinical endocrinology, contraception and infertility. Considered by many United States experts to be definitive textbook for gynecologic endocrinology. Available in ***English*** from:

William's and Wiliness
351 West Camden Street
Baltimore, Maryland 21201-2436, USA.
Tel: 1-410-528-4000; toll free (North America): 1-800-527-5597
Fax: 1-410-528-8550; toll free (North America): 1-800-447-8438
E-mail: customer@wwilkens.com

Technical Guidance/Competence Working Group, Gaines M (ed): *Recommendations for Updating Selected Practices in Contraceptive Use, Volume II: Results of a Technical Meeting*. Chapel Hill, NC, INTRAH, 1997.

Volume II supplements *Volume I*. Intended audience is persons and organizations developing or updating family planning/reproductive health procedural and service guidelines. Addresses Lactation Amenorrhea Method (LAM), natural family planning, barrier methods, voluntary sterilization, combined (monthly) indictable contraceptives, progestin-only pills, levonorgestrel-containing intrauterine devices (IUDs), emergency contraceptive pills and questions on *Volume I* methods not addressed in the first edition. Includes community-based services checklists for initiating combined oral contraceptives and Depo Provera®, guidance on client-provider interaction in family planning services, and information on contraceptive effectiveness (typical and perfect pregnancy rates) and STD risk assessment. ***French, Portuguese*** and ***Spanish*** editions forthcoming. Available in ***English.***

English and ***French*** from:
INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB #8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

Portuguese and ***Spanish*** from:
JHPIEGO Corporation
Brown's Wharf
1615 Thames Street
Baltimore, Maryland 21231, USA.
Tel: 1-410-955-8558
Fax: 1-410-955-6199
E-mail: info@jhpiego.org

Varney H: *Varney's Midwifery*, 3rd ed. London, Jones and Bartlett, Publishers International, 1997.

Basic textbook for midwives presented within context of midwifery in the USA. Includes primary care of women and midwife's role in collaborative management of complications. Excellent skills section containing step-by-step instructions with rationale for performing midwifery skills such as; pelvic assessment, delivery, IUD insertion, suturing, Pap smear, infant circumcision. Available in ***English*** from:

Jones and Bartlett Publishers, Inc.
40 Tall Pine Drive
Sudbury, Massachusetts 01776, USA.
Tel: 1-508-443-5000; toll free (North America): 1-800-832-0034
Fax: 1-508-443-8000
E-mail: info@jbpub.com

World Bank: *A New Agenda for Women's Health and Nutrition*. Washington, DC, The World Bank, 1994.

Surveys health problems specific to women and discusses feasibility and cost effectiveness of health care measures targeted to women. Good resource for support and guidance in developing public health services for women. Available in ***English*** and ***French*** from:

The World Bank
Box 7247-8619
Philadelphia, Pennsylvania 19170-8619, USA.
Tel: 1-703-661-1580
Fax: 1-703-661-1501

* World Health Organization, Division of Family and Reproductive Health: *Counseling Skills Training in Adolescent Sexuality and Reproductive Health: A Facilitator's Guide*. Geneva, WHO, 1993.

Designed for use in five-day workshop training counselors in adolescent sexuality and reproductive health. Addresses sexual behavior, sexual difficulties, STDs, pregnancy prevention, difficult moments in counseling and integration of skills. Includes appendix of transparencies for use in training. Available in ***English***, ***French*** and ***Spanish*** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

* These resources are particularly useful for trainers.

World Health Organization, Division of Family and Reproductive Health: *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Initiating Use of Contraceptive Methods.* Geneva, WHO, 1996.

Intended for policymakers, family planning program managers and scientific community. Contains recommendations for revising family planning policies and prescribing practices in line with updated medical eligibility criteria supported by latest scientific evidence. Guidelines presented in an easy-to-read table format. Available in ***English*** and ***French.*** Forthcoming in ***Spanish*** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

* World Health Organization, Global Program on AIDS: *Management of Sexually Transmitted Diseases*. WHO/GPA/TEM/94.1 Rev.1, Geneva, WHO, 1997.

Standardized protocols for management of specific STDs and related syndromes including recommended and alternate drug treatment. Particularly helpful section comments on the individual drugs, noting interactions and possible substitutions. Available in ***English*** from:

World Health Organization (WHO)
Distribution and Sales
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: publications@who.ch

* These resources are particularly useful for trainers.

World Health Organization: *Management of Patients with Sexually Transmitted Diseases*. Geneva, WHO, 1991.

Report of WHO study group considering ways to improve prevention and control at primary health care level of sexually transmitted diseases (STDs). Discusses principal components of adequate patient management (e.g., diagnosis and treatment, health education, counseling and partner notification, testing for other STDs, and case-reporting) and proposes management protocols for most commonly encountered syndromes, including those due to chancroid, syphillis, gonococcal and chlamydial disease, trichomoniasis, candidiasis and infection with human immunodeficiency virus (HIV). Annexed to report are details of laboratory diagnostic methods, treatment recommendations and model forms for case-reporting. Available in ***English*** and ***French*** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

World Health Organization: *Psychosocial and Mental Health Aspects of Women's Health*. Geneva, WHO, 1993.

Extensive review of literature on psychosocial aspects of womens mental health. Particular attention given to consequences of stress and reproductive well-being on womens mental health. Discussion limited to women in developed countries. Available in ***English*** and ***French*** from**:**

World Health Organization (WHO)
Division of Family and Mental Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

World Health Organization/UNICEF: *Consensus Statement from the WHO/UNICEF Consultation on HIV Transmission and Breast Feeding, Geneva, 30 April - 1 May 1992.* (WHO/GPA/INF/92.1) Geneva, World Health Organization, 1992.

Recommendations for management of breastfeeding and HIV transmission based on review of current scientific research. Available in ***English***, ***French*** and ***Spanish*** from**:**

World Health Organization (WHO)
Division of Food and Nutrition
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: akrej@who.ch

Young Adults—Is Age a Risk Factor? *MotherCare Matters* 1995;5(2/3):1-19.

Three articles address the relationship of young age to pregnancy risk, birth outcomes and risk of STDs. Approaches and methodologies developed specifically for use in programs targeting young adults are recommended. Available in ***English***, ***French*** and ***Spanish*** from:

John Snow, Inc. (JSI)
MotherCare
1616 North Fort Myer drive, 11th Floor
Arlington, Virginia 22209, USA.
Tel: 1-703-528-7474
Fax: 1-703-528-7480
E-mail: susan_shulman@jsi.com

* Youngkin EQ, Davis MS: *Women's Health. A Primary Care Clinical Guide*. Norwalk, CT, Appleton & Lange, 1994.

Presents a holistic approach to women's health care intended for non-physician providers. Contains selected common medical and psychosocial problems as well as reproductive health concerns. Written in a concise, outline format and provides for each problem the epidemiology, subjective data, objective data, diagnostic methods and a plan. Counseling and follow-up care guidelines are included. Second edition available January 1998 in ***English*** from:

Appleton and Lange Publishers
Order Processing Center
P. O. Box 11071
Des Moines, Iowa 50336-1071, USA.
Tel: 1-515-284-6761; toll free (North America): 1-800-947-7700
Fax: 1-515-284-6719

Zeidenstein S, Moore K (eds): *Learning About Sexuality: A Practical Beginning*. New York, The Population Council, 1996.

Collection of writings exploring relationship between sexuality and health programs. Short chapters authored by social and biomedical scientists, health activists and providers of family planning and reproductive health services in many countries. Writings describe research programs and projects that focus on links among reproductive health, sexuality and health-seeking behaviors. Excellent resource for study of links between gender roles, sexuality, power and sexual behavior. Available in ***English*** from:

The Population Council
Office of Communications
One Dag Hammarskjold Plaza
New York, New York 10017, USA.
Tel: 1-212-339-0514
Fax: 1-212-755-6052
E-mail: pubinfo@popcouncil.org

* These resources are particularly useful for trainers.