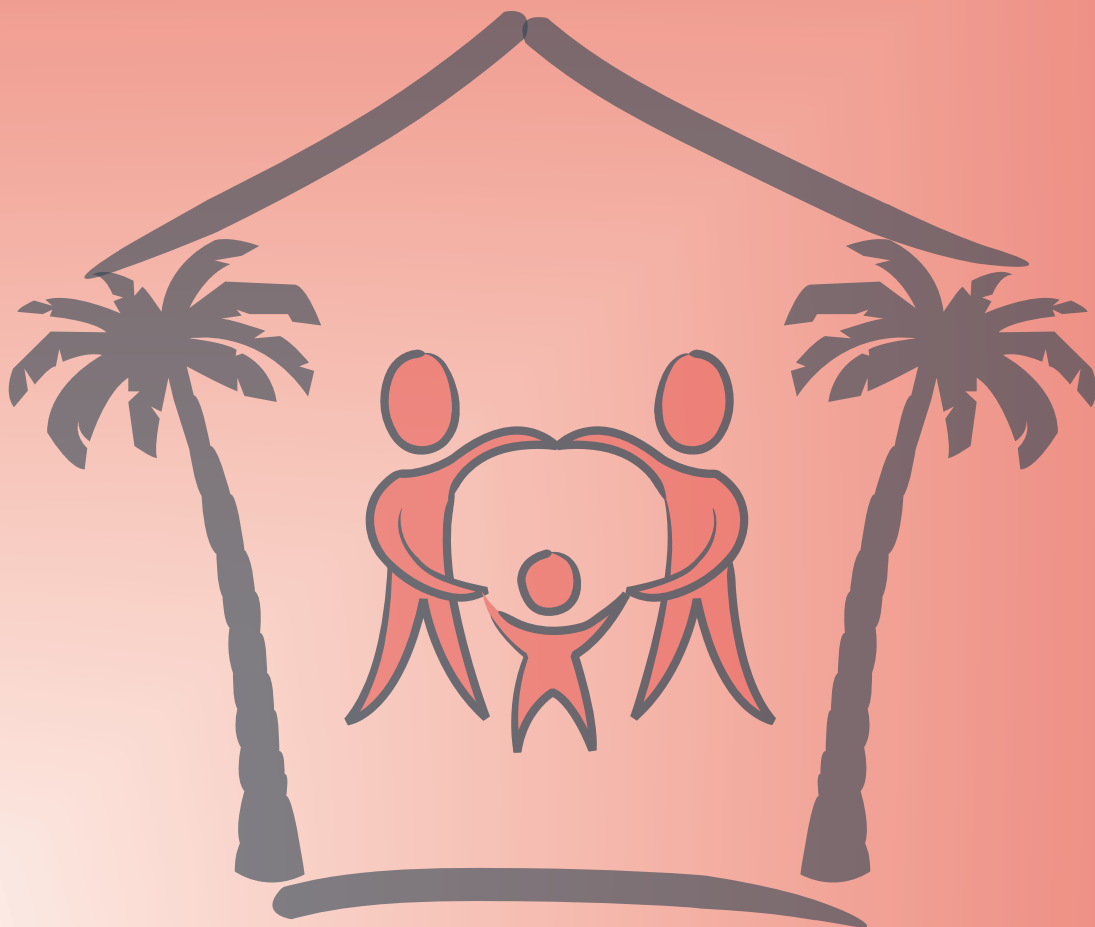




The Department of Health
Republic of the Philippines

The All Natural Family Planning Training Manual



A Natural Family Planning Training Design for Service Providers	<i>vi</i>
Acknowledgements	<i>vii</i>
General and Specific Objectives	<i>ix</i>
Methodology	<i>x</i>
How to Use this All-NFP Training Manual	<i>xii</i>
Training Program and Schedule of Activities	<i>xiii</i>
Introductory Activities to the Course	<i>xvii</i>
The Competency-Based Approach to Training	<i>xix</i>
 MODULE 1: Responsible Parenthood	 1
Frequently Asked Questions	13
Supplemental Reading	14
 MODULE 2: Fertility Awareness	 16
Teaching and Evaluation Guide	49
Frequently Asked Questions	50
 MODULE 3: Basal Body Temperature	 52
BBT Charts	70
Teaching and Evaluation Guide	74
Frequently Asked Questions	78
Supplemental Reading	79
 MODULE 4: Mucus Method	 82
MM Charts	103
Autonomous MM Chart	109
Teaching and Evaluation Guide	110
Frequently Asked Questions	113
Supplemental Reading	115
 MODULE 5: Sympto-Thermal Method	 116
Sympto-T Charts	127
Teaching and Evaluation Guide	131
Frequently Asked Questions	136
Supplemental Reading	137

Table of Contents

MODULE 6: Standard Days Method	143
Teaching and Evaluation Guide	164
Frequently Asked Questions	167
Supplemental Reading	169
TwoDay Method	172
MODULE 7a: Lactational Amenorrhea Method	176
Teaching and Evaluation Guide	187
Frequently Asked Questions	189
Supplemental Reading	190
MODULE 7b: Mucus Method for Breastfeeding Women	192
Breastfeeding Charts	204
Teaching and Evaluation Guide	208
Frequently Asked Questions	213
Supplemental Reading	214
MODULE 8: Couple Communication	215
Couple Dialogue Script	229
Frequently Asked Questions	230
Supplemental Reading	231
MODULE 9: Counseling on Natural Family Planning	232
Supplemental Reading	244
MODULE 10: Mainstreaming NFP for Program Sustainability	246
Powerpoint Slides	256

Annexes

Annex 1 - Participant Information Sheet	304
Annex 2 - Pre/Post Course Questionnaire	305
Annex 3 - Pre/Post Course Questionnaire Answer Key	309
Annex 4 - Birth and Emergency Plan	311
Annex 5 - Human Fertility: Myth of Fact	312
Annex 6 - Daily Learning Journal	313
Annex 7 - Couple Dialogue Script	314
Annex 8 - Case of Monica	315
Annex 9 - Guidelines for Individual Competency Evaluation (ICE)	316
Annex 10 - Action Plan Sheet	317
Annex 11 - Training Evaluation Form	318

References

319

A Natural Family Planning Training Design for Service Providers

Introduction

Mainstreaming Natural Family Planning (NFP) has been a Philippine Family Planning (FP) program goal for years. However, a number of factors such as 1) inadequate resources allocated by the government and the private sector; 2) the need for trainers and service providers for a simpler technology to teach; 3) the need for follow up of NFP acceptors to ensure correct use; and 4) the unfavorable attitude of many health program workers towards an NFP program, contribute to the long wait for NFP to be mainstreamed. Another equally important concern in the current NFP program is to institute competency-based training for FP providers. In line with the above, a streamlined NFP training for service providers has been designed for program workers to acquire NFP knowledge and skills in a simplified manner with less follow-up requirements, thereby encouraging them to readily provide the service in their respective areas.

In consideration of the family planning situation in the country, current statistics based on NDHS (National Demographic Household Survey, 2008) show that 49.3% of women in union are not using any FP method, and 17% are traditional method users (withdrawal and periodic abstinence). NFP offers alternatives for addressing the existing unmet FP needs of Filipino couples notwithstanding the low percentage (less than 1%) of couples using modern NFP methods, such as the Mucus/Billings Method, Basal Body Temperature, and the Sympto-Thermal Method.

This training aims to provide basic knowledge and skills on the Mucus Method, Basal Body Temperature, Sympto-Thermal Method, Lactational Amenorrhea Method and on the Standard Days Method. Methodologies will emphasize acquiring skills so that the service provider will feel competent and confident to teach Natural Family Planning to their clients.

Adopting a simplified competency-based NFP training is in synch with the DOH decision to make Family Planning one of its flagship programs on health while placing emphasis on mainstreaming Natural Family Planning. (DOH Administrative Order No. 125 Series 2002 signed on June 5, 2002.)



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A Natural Family Planning Training Design for Service Providers

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A Natural Family Planning Training Design for Service Providers

General Objective:

- To develop the competencies of service providers in the teaching of Natural Family Planning.

Specific Objectives:

- By the end of the 4-day training course, each participant is expected to be able to:
 1. Explain Responsible Parenthood (RP)/Maternal and Child Health (MCH) as an entry point in discussing NFP
 2. Discuss joint fertility as a basic concept for NFP methods including
 - 2.1 Phases of the menstrual cycle
 - 2.2 Overview of NFP methods: Definition, Advantages, Disadvantages
 3. Identify the different NFP methods
 - 3.1 Basal Body Temperature (BBT)
 - 3.2 Cervical Mucus Method (CMM)
 - 3.3 Sympto-Thermal Method (STM)
 - 3.4 Standard Days Method (SDM)
 - 3.5 Lactational Amenorrhea Method (LAM)
 4. Discuss the NFP methods in terms of their:
 - 4.1 Mode of Action
 - 4.2 Effectiveness
 - 4.3 Advantages and Disadvantages
 - 4.4 Guidelines in the Correct Use of the Method
 - 4.5 Identification of the Fertile and Infertile periods based on chartings
 5. Demonstrate basic skills in the following:
 - 5.1 Conducting fertility awareness session
 - 5.2 Providing initial instruction on NFP
 - 5.3 Recording observations on NFP charts
 - 5.4 Analysis and interpretation of NFP charts
 - 5.5 Handling follow up visits
 6. Adopt a favorable attitude towards the teaching and use of natural methods of family planning.

A Natural Family Planning Training Design for Service Providers

Methodology

Field experience has shown that using the competency-based approach to training providers in Natural Family Planning yields positive results.

Competency-Based Training (CBT) emphasizes learning by doing. It focuses on the specific knowledge and skills needed to carry out specified tasks or activities. In CBT, the participants observe and practice the job skills they need to master while being trained.

The CBT approach is scientifically grounded in the learning theory that an individual's ability to recall essential information is greatly increased when the material is learned through participatory methods rather than passive methods such as listening to a lecture or reading.

Competency-based training is also based on the principles of adult learning theory which state that adults learn best when:

1. the learning environment closely reflects their real-life context;
2. they have many chances to observe and practice; and
3. they receive immediate feedback on their performance.

Didactic Phase

The training course will use exercises, lecturettes, demonstrations, supervised practices, practices in charting and role-playing. Visual aids will be used to facilitate learning. To achieve competency, much time will be devoted to charting practice for NFP methods while the GATHER approach for counseling will be demonstrated and used with Individual Competency Evaluation.

Practicum Phase

There will be three (3) months practicum at the participants' area of assignment. Each participant/service provider is expected to provide services for at least 3-5 NFP clients within six (6) months after the training.

A Natural Family Planning Training Design for Service Providers

Participants

The participants are service providers who qualify based on the following criteria:

1. willing to be trained in NFP
2. committed to teach and follow up the use of NFP methods for couples in the community
3. has the support of the RHU/LGU

Operating Details

- Live-in training for four (4) days
- Approximate number of training participants – 20 to 25
- Training ratio – One (1) trainer to ten (10) participants for the didactic phase, 1:5 for the Individual Competency Evaluation

Certification

A certificate of attendance will be awarded to those who completed the didactic phase and a certification as NFP provider will be given to those who meet the practicum requirements.

Cost of Training

Per participant: the cost should cover Board and Lodging, trainers' fees (if relevant), participants' handouts (all NFP Kit – manual, ovulation thermometer, NFP sample charts for exercises, and blank charts for users, SDM Job Aids Packet, SDM colored cue cards, (5) SDM CycleBeads).

Per site: Advocacy Video CD, (1) poster, 5 flyers and 5 brochures per participant.

A Natural Family Planning Training Design for Service Providers

HOW TO USE THIS ALL-NFP TRAINING MANUAL

The Training Manual is intended for the use of trainers who will be conducting All-Natural Method Training for Service Providers.

Individuals with generic training skills who are willing to be trained in NFP and willing to conduct NFP training will be invited to attend the training on the use of the manual. The same training design will be used for the initial TOT, (Training of Trainers).

The Manual is divided into modules: beginning with Responsible Parenthood, Fertility Awareness, Method Teaching for Basal Body Temperature, Cervical Mucus Method, Sympto-thermal Method, Standard Days Method and LAM, Mucus Method for Breastfeeding Women, Couple Communication, Counseling on NFP, and Mainstreaming NFP for Program Sustainability.

Each module begins with an introduction, followed by Objectives, the Content Outline, the Estimated Time, Advance Preparation, and Methodology. There are two columns in the module proper: the left column specifies Trainer Activities, and the right column states the Key Learning Points. The powerpoint slides are incorporated in the right hand column, but are also included after all the modules. Each module has the Teaching and Evaluation Guide for use in teaching and monitoring, and as a supervisory tool during and after the training. Frequently Asked Questions and Supplementary Readings are also included for each module.

Annexes for each module are listed at the start of the module, with the appropriate document at the end of the manual.

Evaluation documents include a Pre-and Post Course Questionnaire, Daily Learning Journal, Teaching and Evaluation Guides, Guidelines for Individual Competency Evaluation, and the Training Evaluation Form.

A Natural Family Planning Training Design for Service Providers

TRAINING PROGRAM & SCHEDULE OF ACTIVITIES:

Day/Time	Learning Objectives	Modules/Session	Methodology	Resources/ Materials
Day 0		Facilitators' Meeting		Venue check and materials
Day 1 9:00 – 11:00 AM	To create an atmosphere that is conducive to learning and productive interaction among participants	<ul style="list-style-type: none"> Pre Course questionnaire Expectations Check Overview of the Workshop Workshop Objectives House Rules 	Creative Activity Plenary Discussion	<ul style="list-style-type: none"> LCD Screen Laptop Participants Workbook
11:00 – 12:00	Understanding CBT	<ul style="list-style-type: none"> Activity on CBT 		
12:00 -1:00 PM	L U N C H B R E A K			
1:00 – 2:00	To explain basic concepts of parenting and discuss the relationship of Maternal Child Health to Responsible Parenthood	Module 1: Responsible Parenthood	Lecture/ discussion Brainstorming Mini-workshops Trainer Inputs	<ul style="list-style-type: none"> Powerpoint Presentation Module 1 Birth and Emergency Plan
2:00 -3:30	To provide participants with basic knowledge on Human Fertility and an overview of the different NFP methods	Module 2: Fertility Awareness- Male Female Fertility and The Concept of Joint Fertility	Lecture/ discussion Brainstorming	<ul style="list-style-type: none"> LCD PowerPoint Presentation Module 2

A Natural Family Planning Training Design for Service Providers

Day/Time	Learning Objectives	Modules/Session	Methodology	Resources/ Materials
3:30 – 5:00	To provide participants with information and skills on how to efficiently and effectively teach clients the Basal Body Temperature method.	Module 3: Basal Body Temperature	Lecture/ discussion Case discussion Practice charting	<ul style="list-style-type: none"> • PowerPoint Presentation Module 4 • Demo chart • Practice Chart
Day 2 8:00 – 8:30 AM	RECAP of Day 1		To be determined by assigned group	
8:30 -11:00	To provide participants with information and skills on how to efficiently and effectively teach clients the Cervical Mucus method.	Module 4: Cervical Mucus Method	Lecture/ discussion Case discussion Practice charting	<ul style="list-style-type: none"> • PowerPoint Presentation Module 4 • Demo Chart • Practice Chart
11:00 – 12:00	To provide service providers information and skills on how to efficiently and effectively teach clients the Sympto-thermal method.	Module 5: Sympto-Thermal Method	Lecture/ discussion Case discussion Practice charting	<ul style="list-style-type: none"> • PowerPoint Presentation Module 5 • Demo Chart • Practice Chart
12:00 – 1:00 PM	L U N C H B R E A K			

A Natural Family Planning Training Design for Service Providers

Day/Time	Learning Objectives	Modules/Session	Methodology	Resources/ Materials
1:00 – 3:30	To provide service providers information and skills on how to efficiently and effectively teach clients the Standard Days method.	Module 6: Standard Days method	Case Discussion Role Play Special Cases	<ul style="list-style-type: none"> PowerPoint Presentation Module 6
3:30 – 5:00	To provide service providers information and skills on how to efficiently and effectively teach clients the Lactational Amenorrhea method, and the LAM/Mucus guidelines for Breastfeeding women.	Module 7: Lactational Amenorrhea method, and the mucus guidelines for breastfeeding women	Case Discussion Practice charting	<ul style="list-style-type: none"> PowerPoint Presentation Module 7 Demo Chart Practice Chart
Day 3 8:00 -- 8:30 AM	R E C A P of Day 2		To be determined by assigned group	
8:30 – 10:00	To demonstrate to participants how to teach natural family planning using a counseling approach	Module 9: Counseling on Natural Family Planning	Role Play Case demonstration	Case for GATHER approach to Natural Family Planning Counseling

A Natural Family Planning Training Design for Service Providers

Day/Time	Learning Objectives	Modules/Session	Methodology	Resources/ Materials
10:00 – 12:00	To provide participants an opportunity to read the manual and prepare for their Individual Competency Evaluation			Individual copies of the manual
12:00 – 1:00 PM	L U N C H B R E A K			
1:00 – 4:00	Individual Competency Evaluation		Group work presentations Critiquing	<ul style="list-style-type: none"> Prepared cases for role play Criteria for processing role-play
4:00 – 5:00	Plenary for ICE			
Day 4 8:00 – 8:30 AM	R E C A P of Day 3		To be determined by assigned group	
8:30 – 10:00	To enable providers to assist in the mainstreaming of natural family planning methods in the community they serve through action planning	Module 10: Mainstreaming Natural Family Planning and the components of training, service delivery, and the FP reporting system.	Illustrated discussion Brainstorming	<ul style="list-style-type: none"> Action Planning worksheet NFP acceptors' reporting forms
10:00 – 12:00	C L O S I N G			

TRAINER'S ACTIVITIES

Distribute the pre-course questionnaire (Appendix B. Give participants 10 to 15 minutes to answer it.

Instruct them to put their names and a symbol across their names. The symbols will be used to keep their scores confidential when these are posted.

Expectations and objective-setting

Divide the participants into 3 groups according to how they are seated. Give the participants 3 cartolinas of different colors. Ask the groups to write down their expectations, one group for expectations from the course, one from the trainers, and one from the participants. Give them 5 minutes for the exercise and ask them to pose their answers up front. Synthesize the responses and level with the objectives by showing the powerpoint on the training objectives. Show which expectations will be met through the training, and show which ones will not likely be met.

KEY LEARNING POINTS

The Pre-course questionnaire will provide the training team and the participants themselves with their level of knowledge at the start of the training. It will help the training team to decide on what points would need emphases during the training. It will also be a measure of any increment in knowledge and level of confidence after the training.

Introductory Activities to the Course

TRAINER'S ACTIVITIES

Ask how will we meet these objectives.

Warm-up Activity

Conduct a warm-up activity for introducing the CBT approach. Invite 8 volunteers up front for a warm-up activity. Ask the rest of the participants to be observers. Ask each volunteer to think of one activity he/she is really good at. Each one will state their name and act out the activity chosen, without stating what it is. The next person then states his/ her name, acts out his activity and then gives the names and acts out the activities of all the persons preceding him/her.

At the end of the activity, ask the volunteers and the observers what made it easy for them to remember the names and corresponding action.

KEY LEARNING POINTS

Expected Lessons from Warm-up Activity

1. What makes it easy for people to remember?
2. Focusing and Paying attention
3. Knowing your turn will come to demonstrate
4. Action is easier to remember than words you hear or you read
5. Repetition
6. Having a reference like the nametags
7. When there is order in presentation
8. Coaching from others
9. Easy and Clear messages
10. Having fun

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

To apply these learnings to the training: the CBT approach will be used, that is, skills-focused and learning by doing. Methodology for the sessions will be interactive illustrated lectures, demonstrations, repetition, and return demonstrations. Knowledge is specific to the roles that the participants will assume for nfp after the training.

Confucius said: "What we hear, we forget. What we see, we remember. But what we do, we understand."

There are levels of competence that the training addresses:

Level of unconscious incompetence – we think we know it, but we do not. Many people think that they know NFP until such time that they admit they do not know much about the modern scientific natural methods of family planning to bring them to the next level. It is difficult to help people who remain on the level of unconscious incompetence.

Level of conscious incompetence – admitting to one's having more to learn about something and wanting to learn it – a good starting point for learning.

Level of conscious competence – knowing that you own the ability and skill for something, a deliberated performance of an activity carried out effectively and efficiently.

Level of unconscious competence – few people achieve this level, a level of mastery beyond proficiency, operating on the level of subconscious efficiency, "*kahit natutulong*".

Introductory Activities to the Course

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

It is not the objective of this training for trainees to achieve mastery for the duration of the course, but the skills gained will improve with practice most especially if these are immediately put to use, leading to heightened confidence and deeper commitment to perform better as NFP counselors.

Module 1: Responsible Parenthood

Introduction

Parenting is a 24 hour-a-day, 7 day-a-week job that requires abilities, skills, duties and life experiences. These attributes are necessary for parents to provide for the physical, emotional, intellectual, spiritual, and financial needs of the family. Among the skills required of parents is the ability to make decisions in planning the number and spacing of their children.

Objectives

At the end of the module, the participants are able to:

1. Define Responsible Parenthood
2. Explain basic concepts of parenting; and
3. Discuss the relationship of Maternal/Child Health to Responsible Parenthood

Content Outline

- Four Pillars of the Philippine Family Planning Program
- Duties and Responsibilities of Parents
- Birth and Emergency Plan

Estimated Time: 1 hour

Advance Preparation

- Pillars of PFPP on meta cards or manila paper
- Duties/responsibilities of parents on manila paper
- Copy of Birth and Emergency Plan for each participant

Methodology:

- Interactive-discussion
- Sharing sessions
- Brainstorming
- Role play
- Mini-workshops
- Trainer's inputs

Module 1: Responsible Parenthood

TRAINER'S ACTIVITIES

Greet the participants and introduce the module. Show the module objectives and briefly describe what will be discussed under each objective.

Flash meta cards of the four Pillars of the Philippines Family Planning Program

KEY LEARNING POINTS

OBJECTIVES

SESSION OBJECTIVES

At the end of this session, the participants will be able to:

1. Define Responsible Parenthood
2. Explain basic concepts of parenting
3. Discuss the relationship of MCH to Responsible Parenthood

At the end of the module the participants are able to:

1. define Responsible Parenthood
2. explain basic concepts of parenting
3. discuss the relationship of maternal/child health to responsible parenthood

The Philippine Family Planning Program is anchored on four pillars. These pillars are:

Four Pillars

- Respect for Life
- Birth Spacing
- Informed Choice/Voluntarism
- Responsible Parenthood

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

- **RESPECT FOR LIFE** – protection of the life of the unborn; maintains that ABORTION is NOT a family planning method

- **Respect for Life**, which aims to protect the life of the unborn and therefore maintains that abortion is not a method of family planning.

- **BIRTH SPACING** – 3-5 years for the mother to recover from pregnancy, care for the children, enhance the relationship of the couple and between parents and children

- **Birth Spacing** of three to five years to enable women to recover from pregnancy, improve their well being, the health of the child and the relationship between husband and wife and between parents and children.

Module 1: Responsible Parenthood

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

- **INFORMED CHOICE/ VOLUNTARISM** - Choice of Family Planning method based on full information of each method; decision to use a method, a **VOLUNTARY** action of the couple to attain their family goal

- **Informed Choice and Voluntarism.** Couples may choose from all range of methods what they will use to exercise responsible parenthood. Their choice is based on full information of each method to include benefits, side effects, advantages and disadvantages. The couple's decision is out of their voluntary action to enable them to attain their family goal.

RESPONSIBLE PARENTHOOD

- Shared responsibility of husband and wife to determine the number and spacing children for a better quality of life

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

- Commitment to ensure every family member's development of capabilities/potentials
- Use of knowledge and skills to ensure children's upbringing and formation of good character

- **Responsible Parenthood**, which is the will and the ability of parents to respond to the needs and aspirations of the family.

MILLENNIUM DEVELOPMENT GOALS by 2015

- Reduction of child mortality (26/1,000) live births
- Reduction of maternal mortality (52/100,000)

At the national level, responsible parenthood is seen to be instrumental in the achievement of the country's Millennium Development Goals by 2015. Among the specific goals is the reduction of child mortality to 26 per 1,000 live births and the reduction of maternal mortality to 52 per 100,000 live births.

Module 1: Responsible Parenthood

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

Responsible parenthood is critical in the improvement of maternal and child health which in turn will lead to a reduction in maternal and child mortality.

All of us parents have dreams and aspirations; we can share these dreams with each other in our next activity.

MY DREAM FOR MY FAMILY

Introduce the activity.

Give each participant a meta card and marker.

Tell them to visualize what they desire or dream for their family and state this is a single word or phrase. Give them five minutes to do this. When time is up, ask participants to form triads and share what they wrote. Allow ten minutes for sharing after which the triads will summarize the result of their sharing and report to the big group. Write key words of the reports or post their meta cards on board.

As you discuss the key learning points, relate these to dreams of the participants.

Responsible parenthood is the shared responsibility of the husband and wife to determine and space their children in order to pursue a better quality of life. Responsible parents only want the best for their families.

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

Responsible couples are committed to ensure that every member of the family will be able to develop their capabilities and potentials.

Parenting is a vocation which needs not only personal dedication but also adequate knowledge and skills.

These knowledge and skills are the parents' tools in ensuring their child's/children's proper development, upbringing and formation of good character.

Parents, therefore, should be aware of their duties and responsibilities. These are:

DUTIES/RESPONSIBILITIES OF PARENTS

- Provision of love and care which starts at prenatal stage
- Development of social skills that make children friendly, happy, responsible and self-confident
- Instilling discipline by being the first teachers and role models

- Providing children's right to education
- Giving the children necessary citizenship training
- Teaching the wise use of money
- Spiritual formation with parents as models in loving, obeying, worshipping God

Module 1: Responsible Parenthood

TRAINER'S ACTIVITIES

TO BE A MOM/DAD

Introduce the next topic by telling the participants to recall the moment when they first knew that they will become parents. Ask how they felt and why. Give participants meta card and marker for their answers.

Let the participants share their answers. Group together the answers that are similar then summarize the responses. Relate responses to the Key Learning Points.

KEY LEARNING POINTS

Possible Answers:

1. excited to be a parent
2. anxious about the new responsibility
3. challenged to prove their capability to become a parent

The excitement of couples to become parents usually comes with anxiety over the new responsibility. However, the anticipation for the new member of the family can be an experience the husband and wife can cherish as long as they agree to jointly take the responsibility of caring for their child.

The care of a child starts with conception. Prenatal care is extremely important and visits to a health facility are advised for:

IMPORTANCE OF PRENATAL CARE

- Assessment of pregnancy
- Early detection of problems
- Education on child care

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

- Advise on maternal and child nutrition
- Advise on proper breastfeeding and infant/child nutrition
- Advise on family planning

Counseling in prenatal periods for the pregnant women, her partner and family members emphasizes preparing for delivery and post natal care. Even while the pregnancy of a woman has been uneventful, the possibility of a problematic delivery or birthing is always present.

So there is always a need to be ready for emergency. It is critical that the mother is helped in making a birth and emergency plan. Towards this end, the DOH has prepared a Birth and Emergency Plan.

Module 1: Responsible Parenthood

TRAINER'S ACTIVITIES

Give participants copy of birth and emergency plan

KEY LEARNING POINTS

BIRTH AND EMERGENCY PLAN

I know that any complication can develop during delivery. I know that I should deliver my baby in a health facility.

I will be attended at delivery by _____.
Name of doctor/nurse/midwife or others. Specify.

I plan to deliver at _____.
Name of hospital/health center/clinic

This is a Philhealth accredited facility ____ Yes ____ No

The estimated cost of the maternity package in this facility is P_____ (inclusive of newborn care).

The available transport is _____.

I have contacted _____ to bring me to the hospital/maternity clinic/health center.

I will be accompanied by _____
Name

_____ will take care for my children/home while I am in health facility.

In case of a need for blood transfusion, my possible donors are:

_____	_____
<small>Name</small>	<small>Address</small>

_____	_____
<small>Name</small>	<small>Address</small>

In case of complications, I will be referred right away to:

Contact person: _____

Address: _____

Tel. No. _____

TRAINER'S ACTIVITIES

Lead the participants in brainstorming on how they regard their children. The common answers may be as gifts or blessings. Ask them how they arrived at this value for their children.

Conclude the discussion by showing powerpoint of quotation on value of children.

KEY LEARNING POINTS

The pregnant woman together with the midwife should fill out the Birth and Emergency Plan. The need to give birth in a health facility cannot be overemphasized.

It is just as important to respond to the health maintenance of the mother even if she is not pregnant. In this connection, the need for the couple to be conscious and careful about another pregnancy until they are ready for another child in the family is very important.

Sample Quotation:

CHILDREN are BLESSINGS

The best way parents can show GRATITUDE for these BLESSINGS is to give them SPECIAL CARE.

Children are blessings and the best way parents can show their gratitude for these blessings is to give them special care.

Module 1: Responsible Parenthood

SUMMARY AND CONCLUSION

The principal pillar of the Philippine Family Planning Program is Responsible Parenthood. This is because it is considered as critical in the achievement of the country's Millennium Development Goal of reducing child and maternal mortality. Parents who are aware of and have taken their responsibilities seriously are needed to ensure a healthy family, which will contribute to the development of a progressive nation.

FREQUENTLY ASKED QUESTIONS: Responsible Parenthood

1. In most Filipino homes a child is the center of attention and love. Will this not spoil the child and make him become a problem as he grows up?
Too much attention or too little attention will both have an effect on the emotional make up of the child. Parents, therefore, need to balance their attention to avoid giving too much or too little.
2. When a couple needs information on natural family planning, where is the best place to go?
The health center, parish or private clinics, where there are trained service providers who can help, are the best places to go for information on NFP. They may also be referred to another health facility to address their specific need.
3. In case a couple decides to practice a natural family planning method but the husband cannot go to the clinic for counseling because of his work, can the wife go for counseling and communicate information to her husband?
Of course the wife can go to the clinic for information and share the information she gathered with her husband. It is ideal however for both the husband and the wife to be present for counseling even for just the second visit.

SUPPLEMENTAL READING: Responsible Parenthood and Maternal and Child Health

Parenting can be the most rewarding phase of adult life. Nothing brings more joy and pride than to bring up a happy, productive, self-confident and loving child. To accomplish this, parents extend to their children the benefits of moral guidance, self-discipline and religious instruction. They set good examples to their children constantly and consistently.

Responsible parents recognize and address the unique needs of their children in the various stages of their development. These stages and developmental tasks, according to human development expert, Erik Erickson, are:

- Infancy – Trust must be developed as his basic needs are met, otherwise the child can grow up mistrusting people.
- Toddler – The child has to learn autonomy in walking, talking, etc. so that shame and doubt are not manifested in his behavior.
- Childhood – In play and early schoolwork, the child should develop initiative and industry, otherwise he/she would always feel inferior and guilty.
- Adolescence – Identity is developed at this stage, otherwise there would be role confusion.

These developments are carried over to adulthood, laying the foundation for the child's maturity. Every responsible couple should be aware that every child has intrinsic rights that should be upheld, recognized and fulfilled by their parents. According to the UNICEF, Declaration of the Rights of the Child (1959), these rights are:

- to be born well once they are conceived
- to have a nationality and a name
- to develop into a happy, useful and active member of the society
- to have a wholesome family
- to a healthy and vigorous life
- to enrich and strengthen their character through a moral and upright life
- to education and skills development
- to safe and wholesome recreation and activities
- to be protected from anything that will affect his/her development and growth negatively
- to grow up as a free and responsible individual
- to have equal rights and opportunities and have the protection of the government if they are differently-abled
- to be protected by the government against all forms of abuse
- to enjoy the protection and care of the government if they live in areas of conflict

Like children, parents also have rights provided by law. These rights are:

- The right to the company of their children and in relation to all other persons or institutions dealing with child's development, the primary right and obligation to provide for their upbringing
- The rights over the person and property of the child as provided by the Civil Code
- The right to discipline the child as may be necessary for the formation of his/her good character, and may therefore require from the child obedience to just and reasonable rules, suggestions and advice.

Parents should talk **WITH** their children. It is a wise parent who listens to what his/her children are thinking, feeling, or wanting to do. By understanding and accepting them, parents come to respect their children as human beings.

In the context of any religion or faith, the family is the core social unit. Parents should take into account that as an institution, the family's main function is to provide total care for the children, prepare them for adult roles, provide discipline, and respond to the spiritual needs of children.

Module 2: Fertility Awareness

Introduction

In seeking to include fertility awareness as an integral part of the family planning program of the Philippines, the Department of Health hopes to be able to promote the reproductive health and sexual well being of individuals and communities. The focus is not just on women, but on men as well, and adolescents who would be, in the future, forming relationships for their own families.

What is Fertility Awareness?

It means knowledge of how one's own reproductive system functions, and the biological and sociological facts about human fertility. It means the ability to know if a woman is fertile or infertile to determine if having sexual intercourse on the particular day could result in pregnancy. It is the full appreciation of one's own sexuality and procreative power.

Objectives

At the end of the module, the participants should be able to:

1. Define fertility.
2. Identify the male and female contributions in the conception of a child.
3. Explain the parts of the male and female reproductive systems in relation to the sperm and the egg cell.
4. Explain the concept of joint fertility and its male and female elements.
5. Describe the physiologic changes that occur during the menstrual cycle.
6. Identify basic fertility signs.
7. Identify the different NFP methods.

Estimated Time: 1 hour, 30 minutes

Content Outline

- Human Fertility
- Anatomy and Physiology of Male and Female Reproductive Systems
- Joint Fertility
- The Menstrual Cycle and female fertility indicators
- The Different NFP Methods

Methodology:

- Illustrated-discussion
- Individual Exercise
- Board work
- Brainstorming

Advance Preparation:

- Handout-Human Fertility: Myth or Fact?
- Flip chart/whiteboard and red, blue green and black whiteboard markers
- Permanent markers
- 10 blue meta cards & 10 pink meta cards
- Masking tape
- Easel sheets/manila papers
- Wall calendar (May, June and July)
- Equipments: LCD projector, laptop/computer
- PowerPoint presentation for Fertility Awareness
- Laser pointer

Module 2: Fertility Awareness

TRAINER'S ACTIVITIES

Greet the participants and introduce the module. Show the module objectives and briefly describe what will be discussed under each objective.

KEY LEARNING POINTS

OBJECTIVES

SESSION OBJECTIVES

At the end of this session, the participants will be able to:

1. Define fertility.
2. Identify the male and female contributions in the conception of a child
3. Explain the parts of the male and female reproductive systems in relation to the sperm and the egg cell;
4. Explain the concept of joint fertility and its male and female elements;
5. Describe the physiologic changes that occur during the menstrual cycle
6. Identify basic fertility signs
7. Identify the different NFP methods

At the end of the session

1. Define fertility.
2. Identify the male and female contributions in the conception of a child.
3. Explain the parts of the male and female reproductive systems in relation to the sperm and egg cell.
4. Explain the concept of joint fertility and its male and female elements.
5. Describe the physiologic changes that occur during menstrual cycle.
6. Identify basic fertility signs.
7. Identify the different NFP methods.

TRAINER'S ACTIVITIES

Individual Exercise

Distribute handouts of the
"Fertility: Myth or Facts?"

Ask the participants to answer the exercise by identifying whether the statement is a fact or myth on the space provided.

Ask participants to park their answers and validate after the lecture - discussion.

Illustrated-Discussion

Show PowerPoint/picture of the fertilized ovum

Ask participants:
 "What do you see?"

"What comes to your mind when you see these pictures?"

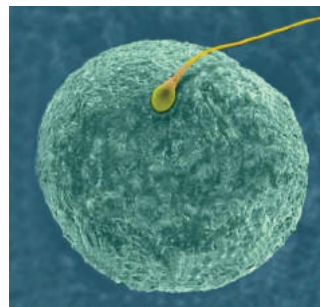
Process the answers.

KEY LEARNING POINTS

Statement	Myth or Fact?
A woman can get pregnant on any day of her cycle.	
If men do not ejaculate, sperm will collect and lead to physical or mental disease.	
If a woman misses her period, this could mean that she is pregnant.	
Menstruation is the most important event in a woman's cycle of fertility.	
A man can get a woman pregnant with only one act of intercourse.	
Wet dreams happen naturally.	
Sperm cells deposited inside the woman's body die instantly all the time.	
Menstruation is dirty blood.	
Timing of sexual intercourse can be agreed on by both husband and wife.	
Intercourse during the woman's infertile days can lead to pregnancy.	
The brain is not involved in human reproduction.	
A baby can result from intercourse only during the woman's fertile days.	

What is fertility?

Fertility is the ability of a person to bear children. It is necessary for both a man and a woman to be fertile in order for them to bear a child. It necessarily focuses on Male and Female fertility, not separately, but in a joint or combined perspective.



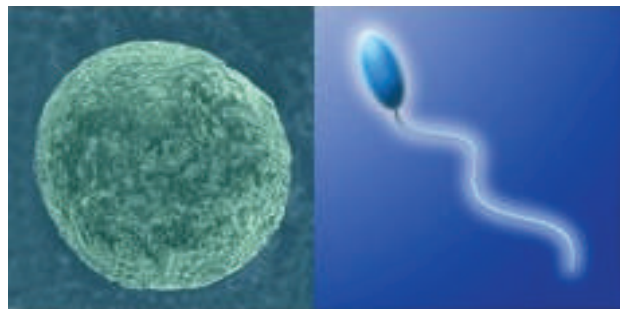
Module 2: Fertility Awareness

TRAINER'S ACTIVITIES

Show PowerPoint presentation of the sperm and egg cell

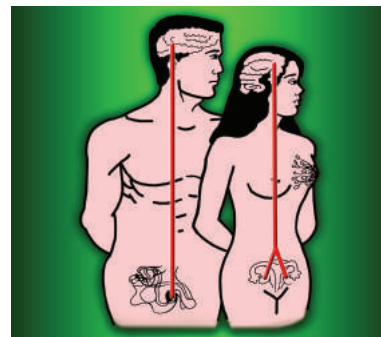
KEY LEARNING POINTS

The human capacity to reproduce involves a man and a woman and their contributions in the conception of a child. A man contributes the sperm cell and the woman, an egg cell. This picture is the fertilized egg cell. At this point, the sperm cell and the egg cell have united, in the process called **fertilization**.



- A mature, viable egg is the ultimate indicator of female fertility while mature, motile and adequate number of sperms is the indicator of male fertility.
- The fertilized ovum is the most important, if not the ultimate indicator of human fertility.
- Before they unite, the sperm cells remain in the body of the man, and the egg cell, inside the woman's body.

Show the PowerPoint presentation of the human fertility with the brain.



TRAINER'S ACTIVITIES

KEY LEARNING POINTS

Through sexual intercourse, the man and the woman contribute these sex gametes in the conception of a baby. Specific body parts are designated for human reproductive functions.

It is also crucial to understand that aside from the male and female reproductive body parts, the **brain** is involved in the process of reproduction, not only physically but more so on the decision making process. A couple can also make decisions when to have children based on their values and beliefs. This can be translated as responsible parenthood.

Why is fertility awareness necessary?

Men and woman are not only gifted with the ability to have children, but also with the intellectual ability and capacity to understand and fully appreciate their fertility. Our bodies are already equipped with the mechanisms for natural management of fertility. We can observe these systems at work in our own bodies when we know what signs, feelings, and experiences to watch out for.

Knowing one's body and fertility empowers the person to make a truly healthy, informed and responsible decision on his/her family life aspirations. This will enable Filipino families to fully benefit from the Family Planning services offered both by the government and the private sectors.

Let us trace the passageway of the sperm cell in the male reproductive tract, and the passageway of the egg cell into the female reproductive tract. In this way, we can understand better how fertility works.

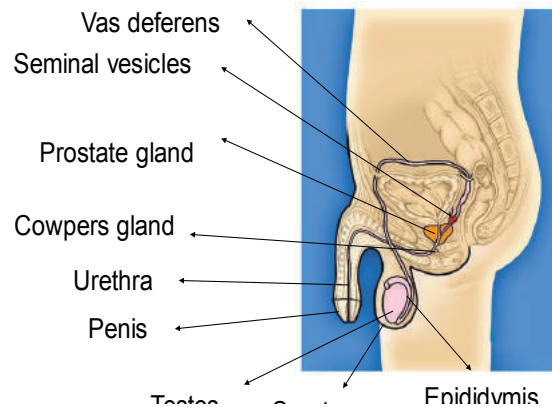
TRAINER'S ACTIVITIES

Show the PowerPoint presentation/picture of male reproductive system.

Trace the passageway of the sperm cell from the time it is produced until it is released from the man's body to the female reproductive tract using a laser pointer.

KEY LEARNING POINTS

Male Reproductive System



- At around puberty, **sperm cells** begin to be produced in the **testes**.
- The male hormone **testosterone** directly influences the production of the sperms called spermatogenesis. Testosterone is also responsible for the secondary male characteristics. A skin covering called the scrotum protects the testes.
- The sperm cells are stored and become mature in the **epididymis**. The sperm cells then are transported through the **vas deferens**.
- They are combined with fluids from the **seminal vesicles** and the **prostate gland**.
- Together, they form a milky white fluid called semen. The milky white fluid is called **semen**.
- The **fluids** nourish and assist the movement of sperms until they are released by the millions from the man's body in the process of ejaculation through the **penis**, the male organ for intercourse.
- Within minutes after ejaculation, sperm can reach the Fallopian tube in the woman's body and can live for up to **5 days** in the woman's body when she is fertile.

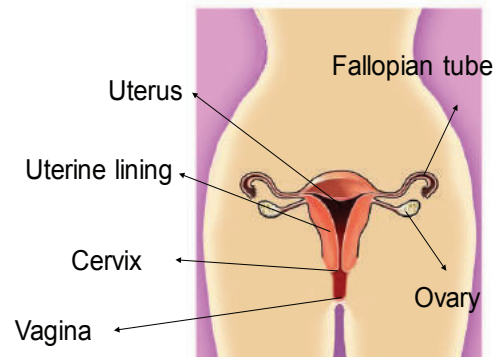
TRAINER'S ACTIVITIES

Show the PowerPoint/picture presentation of the female reproductive system.

Trace the passageway of the egg cell from the ovaries to the fallopian tubes until it disintegrates and is reabsorbed by the body with the use of a laser pointer

KEY LEARNING POINTS

Female Reproductive System



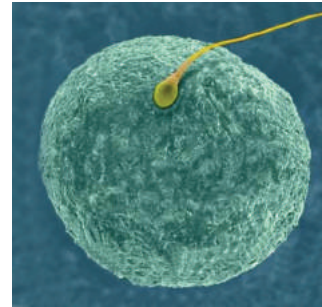
- The **egg cell** on the other hand grows and develops in the **ovaries**.
- When a baby girl is born, her **ovaries** already contain the number of egg cells. At puberty, the eggs begin to mature. Once in every cycle, an egg cell fully matures and is released from the ovary into the **fallopian tube**. This process is called **ovulation**.
- The egg cell survives for about **24 hours** in the fallopian tube. If a sperm cell is present, fertilization is likely to occur after intercourse.
- **Fertilization** is the union of egg cell and the sperm cell.

Module 2: Fertility Awareness

TRAINER'S ACTIVITIES

Show the PowerPoint/picture of fertilization shown at the start of the session.

KEY LEARNING POINTS



- The fertilized egg journeys for around 6 days towards the uterus where it is implanted in the **endometrial or uterine lining**. Pregnancy takes place for a period of 9 months and culminates with childbirth. The **cervix**, which is known as the neck of the uterus, dilates at childbirth to allow the emergence of the baby from the uterus through the **vagina**, which is also the female organ for intercourse.
- If unfertilized, the egg cell disintegrates and is reabsorbed in the body. In about **10-16 days**, the uterine lining is shed off in the form of menstruation.

Show the PowerPoint/picture of male fertility



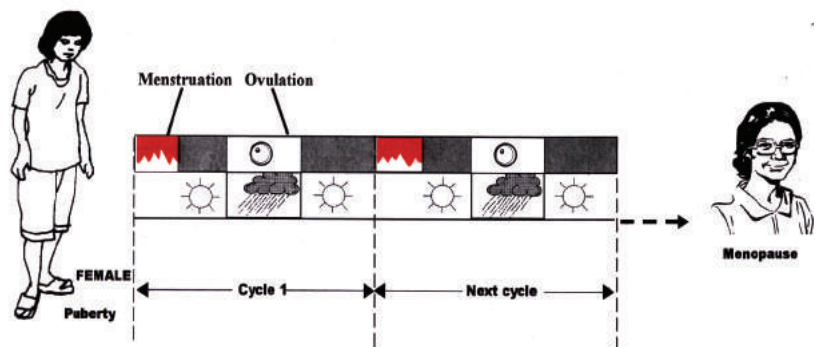
- The man's fertility is signaled by his first ejaculation during sleep, known as **nocturnal emission** (wet dreams).
- **A man is fertile everyday of his life starting from puberty and ends at death.** This means he has the ability to father a child (impregnate a woman) for every sexual intercourse that he engages in from puberty until he dies.

TRAINER'S ACTIVITIES

Show the PowerPoint/picture of female fertility

KEY LEARNING POINTS

- In the conception a child, the man contributes the sperm.
- The sperm can live up to three to five days inside the woman's body around ovulation time.



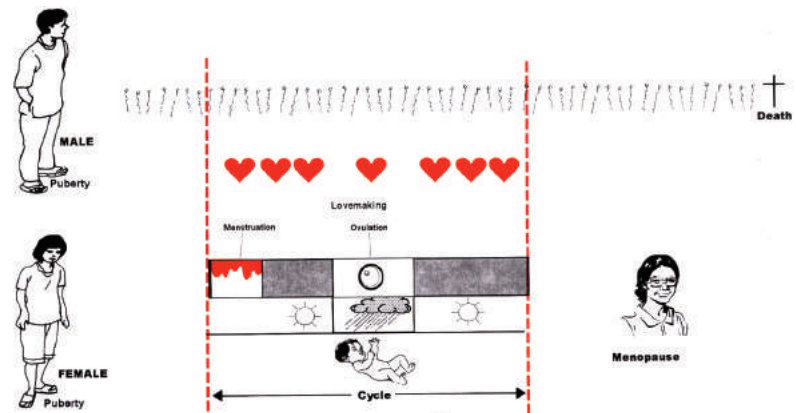
- A woman is fertile when she has the ability to become pregnant. This is signaled by the **menarche**, her first menstruation at around 8-12 years of age.
- **A woman is fertile only on certain days of each menstrual cycle. These are the days when she can become pregnant.**
- In the conception of a child, the woman contributes the egg cell.
- The egg cell is released at **ovulation**, which occurs once during each menstrual cycle.
- A woman's fertility ends at menopause, when menstrual periods have stopped for a year.

Module 2: Fertility Awareness

TRAINER'S ACTIVITIES

Show the PowerPoint/picture of joint fertility

KEY LEARNING POINTS



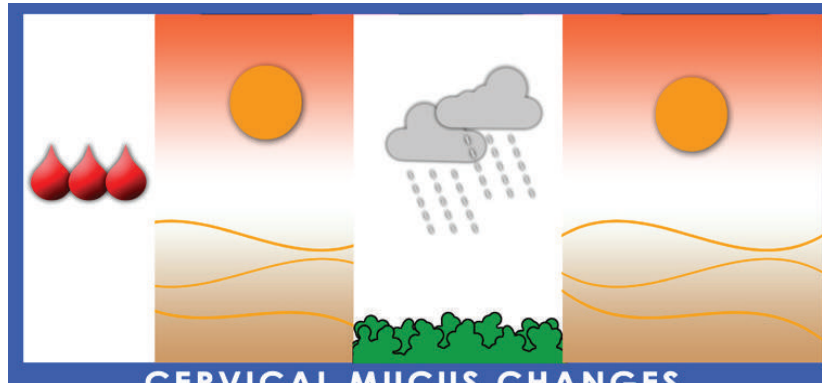
- Joint Fertility involves the united and equal contribution of the male and female in the decision and ability to have a child, although it is the woman who becomes pregnant and goes through childbirth, fertility involves **contributions** from both the **male and female**;
- The sperm and the egg meet through lovemaking or sexual intercourse.
- Lovemaking can occur anytime throughout the menstrual cycle of the woman
- However, a baby results from lovemaking **only during** the woman's fertile days, when she releases an egg. The sperm unites with the egg to produce a baby.
- **At other times, lovemaking will not result in pregnancy.**
- It is also crucial to understand that aside from the male and female reproductive body parts; the brain is involved in the process of reproduction, not only physically but more so on the decision making process.

TRAINER'S ACTIVITIES

Show the PowerPoint/picture of comparison of planting season and woman's fertile and infertile time.

KEY LEARNING POINTS

Comparison of Planting Season and Woman's Fertile and Infertile Time



- As a classic example, let us compare the woman's fertility with planting rice.
- Planting during the **dry season** will not result in growth of the crop. Similarly, lovemaking during **woman's dry period** or infertile time **will not result in a pregnancy**.
- On the other hand, planting during wet season, when followed by the sun, will produce growth. Similarly, lovemaking during the **woman's wet period or fertile period time will result in pregnancy**.

Module 2: Fertility Awareness

TRAINER'S ACTIVITIES

Ask the participants to bring out their handouts of Fertility: Myth or Fact?"

Then show the PowerPoint presentation of the correct answers on Human Fertility: Myth or Fact Exercise.

Lead the participants in checking their responses to the activity. Briefly explain/give rationale for the answers.

Ask participants if they have questions and make the necessary clarifications.

KEY LEARNING POINTS

Fertility: Myth or Fact?

Statement	Myth or Fact?
A woman can get pregnant on any day of her cycle.	Myth
If men do not ejaculate, sperm will collect and lead to physical or mental disease.	Myth
If a woman misses her period, this could mean that she is pregnant.	Fact
Menstruation is the most important event in a woman's cycle of fertility.	Myth
A man can get a woman pregnant with only one act of intercourse.	Fact
Wet dreams happen naturally.	Fact
Sperm cells deposited inside the woman's body die instantly all the time.	Myth
Menstruation is dirty blood.	Myth
Timing of sexual intercourse can be agreed on by both husband and wife.	Fact
Intercourse during the woman's infertile days can lead to pregnancy.	Myth
The brain is not involved in human reproduction.	Myth
A baby can result from intercourse only during the woman's fertile days.	Fact

Knowledge on fertility will make us better understand how pregnancies can be planned. Couples need to make joint decisions with regard to their fertility intention. This is an important factor to consider when helping couples choose their family planning options.

TRAINER'S ACTIVITIES

Illustrated-Discussion

Ask the female participants to recall their teen years. Focus on the time they had their menarche: What were the beliefs/practices you remember when you had your first menstruation?

Ask: Do you think there are scientific bases for the beliefs/practices our elders taught us?

Ask how many women in the room experience menstruation on a monthly basis.

KEY LEARNING POINTS

The Menstrual Cycle

- Menstruation and the menstrual cycle are part of a woman's reproductive functions.
- The menstrual cycle starts from the **first day of the woman's menstrual period** and ends on the day before she begins her next menstrual period.
- Since this happens regularly, it is called a cycle.
- The cycle includes the maturation and release of a mature ovum from the ovary up to shedding off of the endometrium.
- (LMP - is the date of the last menstrual period)

Length of the Menstrual Cycle:

- The length of the menstrual cycle varies for each woman,
- For some the cycle is as short as 26 (or even fewer) days. Others, it is as long as 32 days or more. Irregular periods are common in girls who are just beginning to menstruate. It may take the body a while to adjust to all the changes taking place in the body. **However, on the average, a menstrual cycle usually lasts about 26 – 32 days.**

Module 2: Fertility Awareness

TRAINER'S ACTIVITIES

*Post a calendar and direct participants to count the days from the first day of the menstrual cycle to the day beginning the next cycle. She is considered to have **average cycles when she usually menstruates 26-32 days in a month.***

KEY LEARNING POINTS

Let us examine the cycle length of this woman who had her first day of menstruation on April 10 and the next menstruation started on May 8.

- If we count the days from April 10 (first day) to May 7 (the day before the next menstruation), which covers one menstrual cycle, then the cycle length is 28 days.
- Theoretically, a woman is considered to have an average cycle if she usually menstruates every 26-32 days in a month.
- It is important to know that cycle length is the beginning from the first day of menstruation (LMP) up to the day BEFORE the next menstruation.

!Remember! the four (4) menstrual phases, rather than just 3 as taught in medical school is for teaching purposes related to natural family planning.

TRAINER'S ACTIVITIES

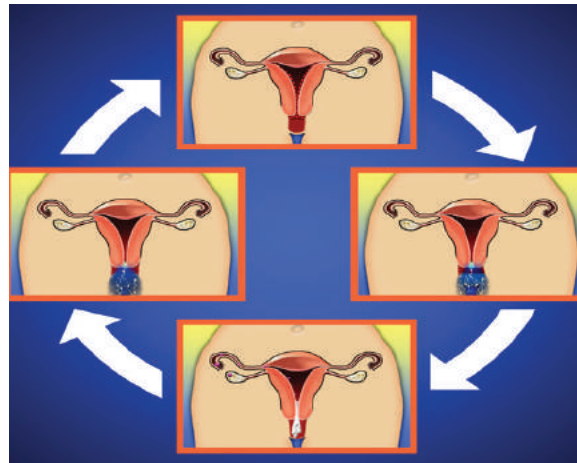
Illustrated-Discussion

Show PowerPoint/pictures of the different phases of the menstrual cycle

Point to the picture/PowerPoint of the menstrual phase and explain.

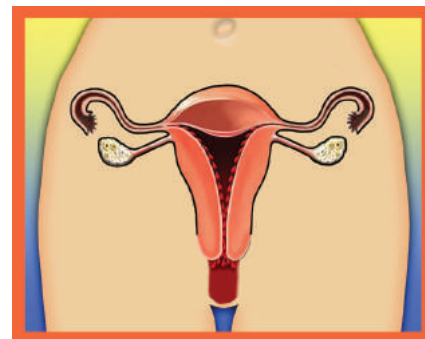
Show PowerPoint/picture of the menstrual phase

KEY LEARNING POINTS



The Menstrual Cycle has four phases. These are:

1. The Menstrual Phase
2. Pre-ovulatory phase
3. Ovulatory Phase
4. Post-ovulatory phase



Menstrual Phase:

- Starts on first day of menses
- Woman observes bleeding
- Bleeding comes from shedding of lining of uterus. It indicates that there is no pregnancy

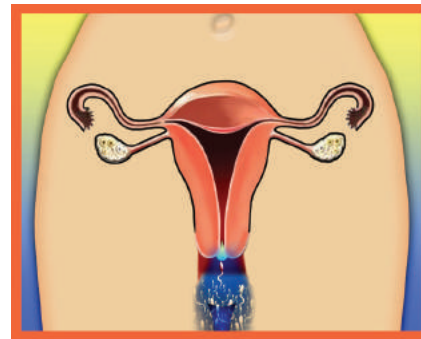
Module 2: Fertility Awareness

TRAINER'S ACTIVITIES

Show PowerPoint/picture of the pre-ovulatory phase

KEY LEARNING POINTS

- Includes all days of menstrual bleeding, usually 4-6 days.
- Menstrual bleeding is normal and healthy. Bleeding does not mean the woman is sick



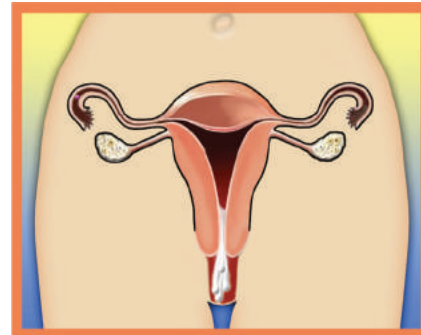
Pre-ovulatory Phase:

- Bleeding has stopped
- Egg cells begin to develop
- Lining of the uterus starts to thicken
- Mucus forms a plug. This mucus prevents entry of sperms
- Includes all dry days after menstrual bleeding stops
- A woman experiences dry feeling and no mucus
- The pre-ovulatory phase is **relatively infertile phase**

TRAINER'S ACTIVITIES

Show PowerPoint/picture of the ovulatory phase

KEY LEARNING POINTS



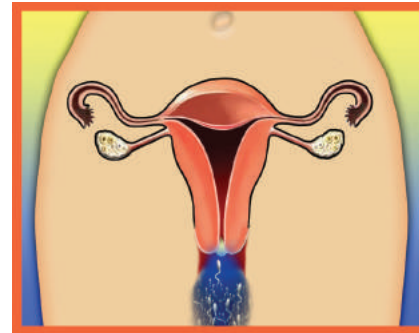
Ovulatory Phase

- The third phase of the cycle, called ovulatory phase is the **highlight of a woman's fertility**
- One mature egg is released and stays in the tube for about 24 hours
- Endometrium becomes thick of heavy, downy velvet and has become soft and succulent in preparation for a possible implantation.
- The mucus plug is gone.
- The mucus becomes watery, stretchy, slippery and clear. It provides channels that help the sperm to be transported to the egg. It nourishes and provides channels that help the sperm to be transported to the egg.
- The mucus also filters abnormal sperms
- **If sperms are present at this time, the woman can get pregnant.**

TRAINER'S ACTIVITIES

Show the slide of the post-ovulatory phase

KEY LEARNING POINTS



Post-Ovulatory Phase

- No egg is present. If there is no fertilization, the egg cell disintegrates and is reabsorbed by the body
- Lining of the uterus continues to thicken
- The mucus forms a plug again to prevent entry of sperms
- Women experience dry feeling with no mucus at all, if there is any mucus, it appears to be sticky, cloudy, crumbly or pasty.
- The post-ovulatory phase is called the **absolute infertile phase** because there is no egg present.
- Blood vessels rupture, escape of blood into the endometrial lining.
- Because there is no pregnancy, the woman will experience menstruation again and another cycle will begin.

TRAINER'S ACTIVITIES

*Ask : What happens
If sperms are present in the
female reproductive tract during
ovulation?*

KEY LEARNING POINTS

If sperms are present at around ovulation time, then fertilization can occur.

FERTILIZATION is the union of the sperm and mature ovum in the upper portion of the fallopian tube.

FETAL DEVELOPMENT

- Immediately after fertilization, the fertilized zygote stays in the fallopian tube for 3-4 days.
- During which rapid cell division (mitosis - resulting daughter cells contain double the number of chromosomes, called diploid division) is taking place.
- The fertilized ovum journeys for around 6 days towards the uterus where it is implanted in the endometrium or uterine lining.
- Pregnancy takes place for a period of 9 months and culminates with childbirth. The cervix, which is the neck of the uterus, dilates at childbirth to allow the emergence of the baby from the uterus through the vagina.

FETAL GROWTH AND DEVELOPMENT

Fetal growth and development is divided into trimesters that is, the whole nine (9) months is divided into three (3) parts, and with each part having three(3) months.

Module 2: Fertility Awareness

TRAINER'S ACTIVITIES

Show the PowerPoint/picture of the development of the first trimester.

Ask: After around 3 months in utero, what developments have happened to the fetus?

KEY LEARNING POINTS



3rd month (12 weeks)



FIRST TRIMESTER

At the end of 12 weeks:

- Weight is about 1/2 to 1 ounce
- Baby develops recognizable form
- Nails start to develop and earlobes are formed
- Arms, hands, fingers, legs, feet and toes are fully formed
- Eyes are almost fully developed
- Baby has developed most of his/her organs and tissues
- Baby's heart rate can be heard at 10 weeks with a special instrument called a Doppler
- Placenta is fully developed
- Sex of fetus can be identified

TRAINER'S ACTIVITIES

Show the PowerPoint/picture of the development of the second trimester and the third trimester.

KEY LEARNING POINTS



6th month (24 weeks)

SECOND TRIMESTER

Say: By the end of the 2nd trimester, the fetus is considered to be complete with regards to all the body parts. During the third trimester, the fetus completes its development and maturation of vital organs in preparation for birth.

At the end of 6 months:

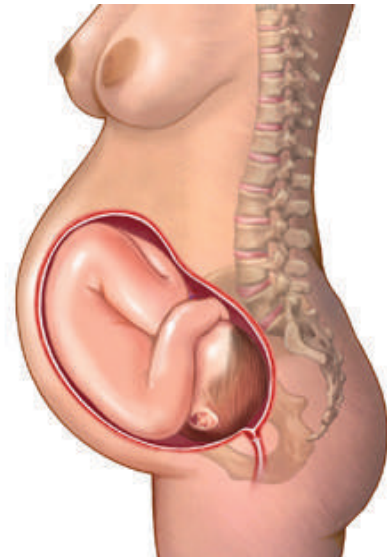
- Internal organs are maturing and the fetus begins to grow and prepares for life outside the womb
- Eyelids begin to part and eyes open sometimes for short periods of time
- Skin is covered with protective coating of thick, cheesy white grease called vernix caseosa
- Soft woolly hair called lanugo will cover its body. Some may remain until a week after birth, when it is shed.
- Mother begins to feel fetal movement called quickening

Module 2: Fertility Awareness

TRAINER'S ACTIVITIES

Ask: What should pregnant mothers do to ensure her health and that of her child in utero?

KEY LEARNING POINTS



9th month (38 weeks)

THIRD TRIMESTER

At the end of 9 months:

- Weight is about 7 to 7 1/2 pounds
- The lungs are mature
- Baby is now fully developed and can survive outside the mother's body
- Skin is pink and smooth
- From 36 weeks onwards, baby settles down into the mother's pelvis and lower in the abdomen in preparation for birth and may seem less active
- Baby is just about ready for birth

TRAINER'S ACTIVITIES

Show PowerPoint slide for care of the pregnant woman

KEY LEARNING POINTS

CARE OF THE PREGNANT MOTHER

Care of The Pregnant Woman

- If pregnancy is confirmed, regular check-ups are required to monitor the progress of pregnancy and detect any possible complications
 - Prepared physically, psychologically, emotionally and financially. Special care is needed before and during pregnancy and after the birth of the baby.
 - She should avoid substances (alcohol, caffeine, and smoking) that may cause harm to the fetus.
 - Encouraged to eat nutritious food, perform exercises that help strengthen the pelvic and abdominal muscles and be conscientious with grooming and hygiene.
-
- Pregnant women are encouraged to have monthly pre-natal check-ups to ensure healthy pregnancy and safe delivery.
 - A pregnant woman should be prepared physically, psychologically, emotionally and financially. Special care is needed before and during pregnancy and after the birth of the baby.
 - As soon as the woman suspects that she is pregnant, she should consult a doctor. If pregnancy is confirmed, regular check-ups are required to monitor the progress of pregnancy and detect any possible complications
 - Women are encouraged to be responsible for her health and the well-being of her baby. She should avoid substances (alcohol, caffeine, and smoking) that may cause harm to the fetus.
 - Pregnant women are encouraged to eat nutritious food, perform exercises that help strengthen the pelvic and abdominal muscles and be conscientious with grooming and hygiene.
 - Sexual activity is only discouraged when the woman feels uncomfortable and is contraindicated when there

TRAINER'S ACTIVITIES

Say: Before we leave the topic of the Menstrual Cycle and Pregnancy let us summarize. Let us recall the changes that happen during the menstrual cycle.

Show PowerPoint of key learning points of the session on fertility and the menstrual cycle

KEY LEARNING POINTS

- is presence of complications (bleeding and premature contractions)
- Men are encouraged to be involved during the care of the pregnant mother and her baby. Emotional support is as necessary as financial support during the antenatal period.

The Menstrual Cycle And Pregnancy: A Summary

To Sum Up:

- The menstrual cycle has four (4) phases:
 - (1) the menstrual phase which is characterized by bleeding;
 - (2) the pre-ovulatory phase is considered as relatively infertile days;
 - (3) the ovulatory phase is considered as the fertile phase;
 - (4) and post-ovulatory is considered as absolutely infertile phase

To Sum Up:

- If there is no pregnancy, the woman will experience menstruation again and another cycle will begin
- If intercourse takes place during the fertile phase, pregnancy can result and the woman is encouraged to visit the health center to monitor maternal and child well-being

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

The menstrual cycle has four (4) phases. The menstrual phase is characterized by bleeding. The pre-ovulatory phase is considered as relatively infertile days. The ovulatory phase is considered as the fertile phase. The post-ovulatory is considered as absolutely infertile days. If there is no pregnancy, the woman will experience menstruation again and another cycle will begin.

If intercourse takes place during the fertile phase, pregnancy can result and the woman and her partner is encouraged to visit the health center to monitor maternal and child well-being.

Illustrated-Discussion

Ask: Can a woman know when she is fertile? Are there signs/symptoms?

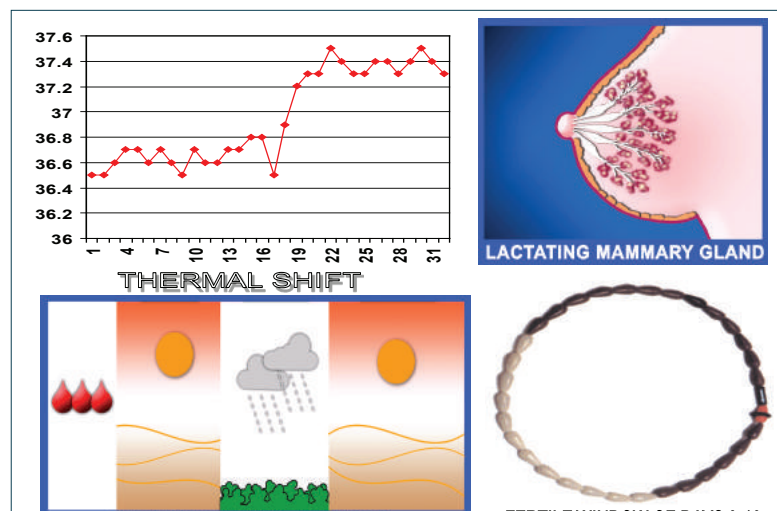
How does she know when is fertile or infertile?

Note their answers on the board. Acknowledge the correct answers as you discuss the topic.

Show PowerPoint presentation of the Basic Fertility Signs

FERTILITY INDICATORS

Based on available knowledge of the phases of the menstrual cycle, which are actually evidence-based, we can determine the fertility indicators of the woman.



Module 2: Fertility Awareness

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

There are various signs, which will tell a woman when she is fertile and not fertile. These are **fertility indicators** and include the following:

1. Changes in a woman's body temperature at rest.
2. Changes in her cervical mucus
3. Temporary infertility of fully or nearly fully breastfeeding woman with accompanying conditions/criteria.
4. Tracking the first day of menstruation and a woman's cycle lengths to determine the fertile window period.

Note: There are other signs, such as mood changes, and feeling of heaviness at the pelvic area, and breast tenderness, and unusual craving for foods, that need to be correlated with the more significant observations.

These scientific indicators have served as the scientific bases for the development of the natural methods of family planning or fertility awareness-based methods.

Through the knowledge of the basic facts about fertility and fertility awareness, we can use this technology to practice natural family planning (NFP).

Interactive-Discussion

Ask: "What is NFP?"

Write their responses on the board. Refer to the correct answers as you proceed with the discussion.

Show PowerPoint slides on key points of NFP.

THE DIFFERENT NATURAL FAMILY PLANNING METHODS

What is NFP?

- **Natural Family Planning or NFP** is an educational process of
 - determining the fertile and infertile periods of a woman
 - By observing body signs and symptoms
 - And the timing of sexual intercourse
 - To achieve or to avoid pregnancy.
- also known as **Fertility-awareness-based methods** or FAB

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

Natural Family Planning or NFP is an educational process of determining the fertile and infertile periods of a woman:

- By observing and recording the signs and symptoms of the menstrual cycle
- So that lovemaking can be timed
- In order to achieve or avoid pregnancy
- NFP is also known as the **Fertility Awareness Based** methods since it utilizes principles involved in human fertility awareness

Fertility Awareness Based Methods that utilize the physiological changes within the menstrual cycle to determine the period when a woman is fertile and infertile:

The NFP Methods are:

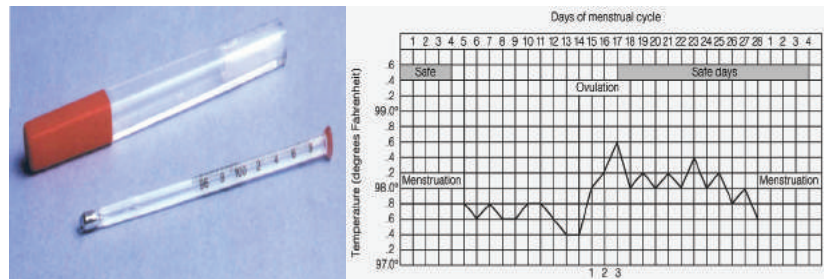
- Basal Body Temperature
- Mucus Method
- Sympto-Thermal Method
- Lactational Amenorrhea Method (LAM)
- Standard Days Method (SDM)

Module 2: Fertility Awareness

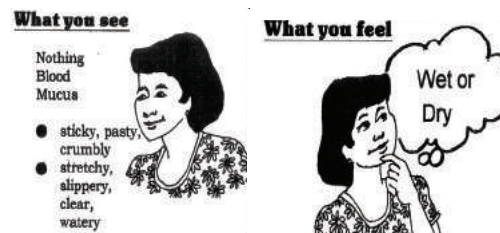
TRAINER'S ACTIVITIES

Show the PowerPoint slides on the different FAB Methods.

KEY LEARNING POINTS



1. BASAL BODY TEMPERATURE (BBT) is based on a woman's resting body temperature, which is lower before ovulation until it rises to a higher level beginning around the time of ovulation. Her infertile days begin from the FOURTH day of the high temperature reading to the last day of the cycle. All days from the start of the menstrual cycle up to the THIRD high temperature reading are considered fertile days.

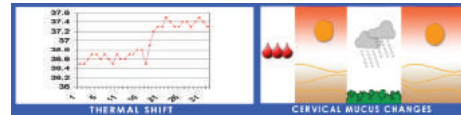


2. MUCUS METHOD (MM) is based on the daily observation of what a woman sees and feels at the vaginal area throughout the day. Cervical mucus changes indicate whether days are fertile or infertile and can be used to avoid or achieve pregnancy.

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

SYMPTO-THERMAL METHOD



The Sympto-Thermal Method is based on the combined technology of the Basal Body Temperature & Mucus Methods i.e. the resting body temperature and the observation of mucus changes at the vaginal area throughout the day together with other signs (e.g., breast engorgement, unilateral lower abdominal pain) which indicate that the woman is fertile or infertile.

3. SYMPTO-THERMAL METHOD (Sympto-T) is based on combined the technology of the Basal Body Temperature and the Mucus Method i.e. the resting body temperature and on the observations of mucus changes at the vaginal area throughout the day together with other signs (e.g. breast engorgement, unilateral lower abdominal pain) which indicate that the woman is fertile or infertile.



4. LACTATIONAL AMENORRHEA METHOD (LAM) is the use of exclusive breastfeeding as a temporary family planning method.

Lactational means exclusive breastfeeding

Amenorrhea means not having menstrual bleeding

Method is used when her baby is 6 months or less.

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

A woman uses LAM when:

- Her baby is exclusively breastfed on demand and without offering any supplemental feeding
- Her menstrual period has not yet returned;
- Her baby is less than 6 months old.



5. STANDARD DAYS METHOD (SDM) is based on the woman's menstrual cycle. It identifies cycle days 8-19 as the woman's fertile period. It works for women with menstrual cycles of 26-32 days.

SDM makes use of CycleBeads™. These are colored beads used to help the woman keep track of her fertile and infertile days.

TRAINER'S ACTIVITIES

Small Group Activity

Divide participants into two (2) groups.

Provide blue metacards to group A and assign them to list advantages of NFP.

Provide yellow metacards to group B and assign them to list the disadvantages of NFP.

Post the metacards on the board. Ask each group to assign a reporter.

As you proceed with the discussion, show the PowerPoint/ slides of the advantages and disadvantages of NFP. Process the output by explaining the possible answers.

KEY LEARNING POINTS

Advantages of Fertility Awareness Based Methods:

- Can be used either to avoid or achieve pregnancy;
- No health related side effects associated with their use;
- Very little or no cost;
- Immediately reversible;
- Increases self-awareness and knowledge of human reproduction and can lead to a diagnosis of some gynecologic problems;
- Enhances self-discipline, mutual respect, cooperation, communication, and shared responsibility of the couple for family planning;
- Acceptable to couples regardless of culture, religion, socio-economic status, & education;
- Not dependent on medically-qualified personnel, the technology can be transferred by a trained autonomous user;
- Once learned, may require no further help from health care providers;
- NFP can be provided as a separate service or as one of the services of an established health and family planning community agency.

Disadvantages of NFP or FAB methods:

- Require a high level of diligence from both partners;
- May inhibit sexual spontaneity;
- Except for SDM – need extensive training – takes about two to three cycles to learn to accurately identify the fertile period and how to effectively use it;
- Require consistent and accurate record keeping and paying close attention to body changes;
- Require periods of abstinence from sexual intercourse;

Module 2: Fertility Awareness

TRAINER'S ACTIVITIES

Summarize the basic advantages of NFP/FAB.

Show the PowerPoint/picture of a happy family and relate to the previous topics

Link to the picture and emphasize that NFP provision supports responsible parenthood and quality of life.

KEY LEARNING POINTS

- Require rigid adherence to daily routine of awakening at fixed time, without enduring any disturbance before taking the temp;
- May be difficult to practice for some women with multiple sex partners;
- Offer no protection against STI/HIV/AIDS

All NFP methods are Fertility Awareness Based methods, and these are methods that utilize the physiological changes within the menstrual cycle to determine the period when a woman is fertile and infertile.

NFP methods are **NO DIDO** methods :

- No Drugs
- No Injections
- No Device
- No Operations



SUMMARY AND CONCLUSION

The key to successful FP/NFP counseling is based on a sound understanding and appreciation of the male and female reproductive system, human fertility, and the different FAB methods. FAB methods can be learned and are not difficult to teach if one is properly trained to do so. FAB/NFP methods are safe and effective methods, based on evidence and research.

TEACHING EVALUATION GUIDE FOR COUNSELING SESSION ON FERTILITY AWARENESS

NAME: _____ DATE: _____

Rating Guide:

Rate the level of knowledge and skills in the task/activity specified using the guide below.

- 0** Did not perform the task
- 1** Performed the task but needs improvement
- 2** Very proficient in the task, can describe and do it well.
- NA** Not applicable

Task/Activity	0	1	2	N A
1. Asks what client knows about human fertility.				
2. Explains fertilization, the egg cell and the sperm cell.				
3. Explains joint fertility using human fertility diagram.				
4. Describes male fertility, tracing the passageway of the sperm cell using male fertility diagram.				
5. Describes female fertility tracing the passage of the egg cell using female fertility diagram.				
6. Describes the link between timing lovemaking and pregnancy using joint fertility diagram.				
7. Defines cycle and describes the phases of the cycle.				
8. Discusses analogy between planting season and a woman's fertility.				
9. Describes the characteristics and features of natural family planning				
10. Explains how the NFP can be used to plan or avoid a pregnancy.				

Trainer's Notes/Remarks:

Trainer's Signature: _____

FREQUENTLY ASKED QUESTIONS: Fertility Awareness & Modern Natural Family Planning Methods

1. Why is the woman's fertile period longer than one day when the egg cell can only be fertilized for 24 hours?
The woman's fertile period is determined by 3 factors: the timing of ovulation which cannot be determined specifically, the lifespan of the sperm cell in the woman's body during her fertile time, and the lifespan of the egg cell.
2. Why do we say that men are fertile for life when they become less sexually active with age?
For as long as men ejaculate, the sperms may be viable and capable of fertilizing the egg cell.
3. Is modern natural family planning only for highly educated couples?
Studies show that couples worldwide, whatever their economic or educational status can use modern Natural Family Planning methods successfully if they are properly trained and highly motivated.
2. Do modern natural family planning methods really work?
Modern natural family planning methods can be effective if practiced correctly and consistently. In a study of the cervical mucus method, only 3 percent of women who used the method correctly and consistently became pregnant in one year.
3. Is it true that only women with regular menstrual cycles can use modern Natural Family Planning methods?
Studies show that most women, regardless of cycle regularity, can use modern natural family planning methods such as the Mucus Method or BBT Method.
4. Can most men accept abstinence during a woman's fertile period?
Studies show that for most couples who choose to practice modern natural family planning, the men have reported that they find it self-rewarding eventually. The required abstinence during their partner's fertile period instills discipline in sexual matters. However some couples report choose to use backup methods whenever abstinence becomes too difficult for them.
5. Is withdrawal a modern natural method of family planning?
Withdrawal or coitus interruptus is not a method of family planning. It is a practice, and a bad practice at that. Withdrawal is not effective at all and makes intercourse unsatisfactory for the couple.

6. What is the rhythm method?

The rhythm method is considered a traditional method of family planning. It is not a modern method and is therefore not being recommended for couples to use. The rhythm method involves counting the days before and after menstruation each month. Women try to estimate the fertile and infertile days using some trial and error calculation and this has been proven as ineffective practice, resulting in surprise pregnancies.

7. Is there a different passage for the woman's urine?

Yes, a woman's urine, unlike the man, passes through another opening, the urethra. Besides the vagina, the woman's external genitalia include the labia majora and the labia minora, and the clitoris, which is the primary organ for physical sexual stimulation. It is important also to note that the secretions due to sexual stimulation are produced by the action of the Bartholin's glands and the Skene glands, and not the cervical glands which produce the mucus.

Module 3: Basal Body Temperature

Introduction

The Basal Body Temperature Method (BBT) is a Natural Family Planning Method wherein a woman's basal body temperature is taken upon waking up after at least 3 hours of continuous sleep and before doing any physical activity. The method is based on the tendency of women to have lower temperatures before ovulation, and higher temperatures afterwards. This is known as a biphasic pattern. The temperature is taken using an ovulation or BBT thermometer.

Objectives

At the end of the session, participants are able to:

1. Explain BBT as a natural family planning method
2. Provide instructions on the taking and recording of a woman's BBT
3. Determine the fertile and infertile phases of the menstrual cycle using a woman's completed BBT chart.

Estimated Time: 1 hour, 30 minutes

Advance Preparation

- Objectives written either on flipchart, PowerPoint or transparency
- Computer/LCD/OHP
- Blank and Completed BBT Method Charts (poster size) or on PowerPoint
- Blank and Completed BBT Method Charts for each participant
- Sample data for practice charting
- Ovulation or BBT thermometer
- Meta cards/masking tape
- Permanent markers
- Flipchart/whiteboard and whiteboard markers
- Pencils/rulers

Methodology

- Illustrated-discussion
- Practice Charting
- Method Teaching

TRAINER'S ACTIVITIES

Greet the participants and introduce the module. Show the module objectives and briefly describe what will be discussed under each objective.

KEY LEARNING POINTS

OBJECTIVES

At the end of the session, participants are able to:

- Explain BBT as a natural family planning method
- Provide instructions on the taking and recording of a woman's BBT
- Determine the fertile and infertile phases of the menstrual cycle using a woman's completed BBT chart.

Module 3: BASAL BODY TEMPERATURE METHOD

Natural Family Planning

Objectives

- At the end of the session, participants are able to:
- Explain BBT as a natural family planning method
- Provide instructions on the taking and recording of a woman's BBT
- Determine the fertile and infertile phases of the menstrual cycle using a woman's completed BBT chart.

Module 3: Basal Body Temperature

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

Basal Body Temperature Method



The method entails daily taking & recording of a woman's temperature

- ▶ with an ovulation thermometer
- ▶ after 3 hours of continuous sleep
- ▶ before any activity
- ▶ at approximately the same time with the use of an ovulation/BBT thermometer.

- ▶ The basal body temperature is the temperature at rest after at least 3 hours of continuous sleep.
- ▶ The natural family planning method that makes use of basal body temperature readings and recordings within a woman's menstrual cycle is the **Basal Body Temperature Method**.
- ▶ Effectiveness rate: 99%

Temperature Changes

- ▶ The basal body temperature (BBT) of a woman is lower before ovulation, until it rises to a higher level beginning around the time of ovulation.
- ▶ After ovulation, her BBT typically rises slightly and stays in a slightly higher range until her next period begins. This slight increase in BBT, from ovulation until menstruation, is a sign that she ovulated during this cycle. The rise is due to the action of progesterone.

TRAINER'S ACTIVITIES

Ask: Who can use the BBT method?

KEY LEARNING POINTS

Fertile and Infertile Days

- ▶ The changes in a woman's BBT particularly the apparent shift during the ovulation period are the bases for determining the fertile and infertile periods in her menstrual cycle.

Women who can use the BBT method:

Who can use the BBT Method?

- ▶ Women with menstrual cycles of any length
 - ▶ Women willing to take their basal body temperature daily and record them and interpret their temperature patterns.
 - ▶ Women who are able to have at least 3 hours of continuous sleep everyday at almost the same time.
 - ▶ Couples who can avoid sexual intercourse several consecutive days each cycle.
 - ▶ Couples who can talk about the timing of their sexual intercourse.
 - ▶ Couples who are at low risk of STI/HIV-AIDS
-
- Women with menstrual cycles of any length
 - Women willing to take their basal body temperature daily and record them and interpret their temperature patterns.
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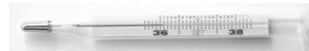
Module 3: Basal Body Temperature

TRAINER'S ACTIVITIES

Show participants an ovulation thermometer and point out its differences with the ordinary clinical thermometer.

KEY LEARNING POINTS

BBT or Ovulation Thermometer



- The highest temperature reading in a BBT thermometer is 38 °C.
- It has wider gradations than the clinical thermometer and is therefore easier to read.

The highest temperature reading in a BBT thermometer is 38°C. It has wider gradations than the clinical thermometer and is therefore easier to read.

The temperature readings are recorded on a BBT chart and the changes in the woman's basal body temperature particularly the shift during the ovulation period are the bases for determining the fertile and infertile period in her menstrual cycle.

Effectiveness Rate: 99%

Module 3: Basal Body Temperature

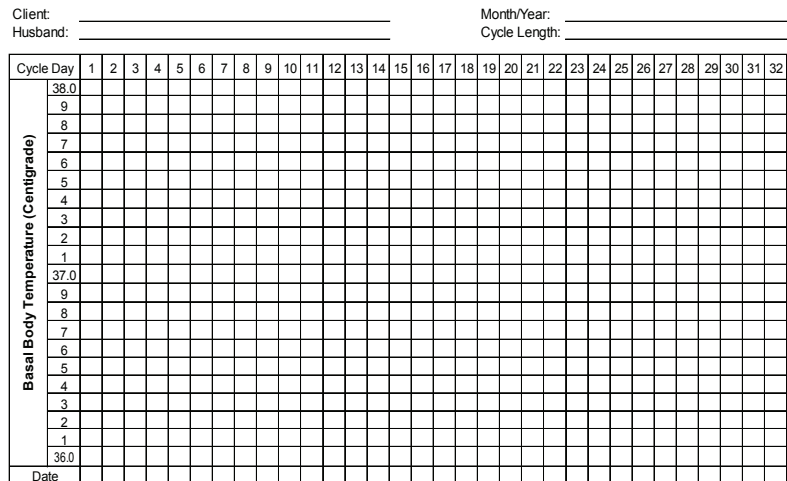
TRAINER'S ACTIVITIES

Illustrated-Discussion

Show the participants a blank BBT chart and a sample completed BBT chart.

KEY LEARNING POINTS

BLANK BASAL BODY TEMPERATURE CHART

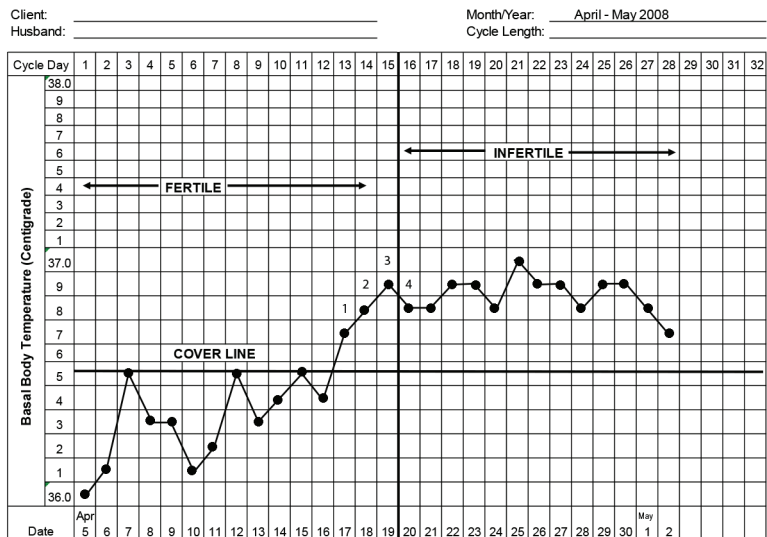


Blank BBT Chart

Ask participants to give their observations of the sample completed BBT chart.

List down their observations on the board.

COMPLETED BASAL BODY TEMPERATURE CHART



Sample Completed BBT Chart

Module 3: Basal Body Temperature

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

BBT Chart



- ▶ **Cover line** is the point of reference for determining the thermal shift that occurs during ovulation (highest temperature on days 6-10)
- ▶ **Thermal shift** is indicated by the four (4) consecutive temperatures above the cover line
- ▶ **Vertical line** is drawn between days 3 & 4 of the thermal shift
- ▶ **Fertile days** are days to the left of the vertical line
- ▶ **Infertile days** are all days to the right of the vertical line

The basal body temperature is the temperature at rest after at least 3 hours of continuous sleep. The natural family planning method that makes use of basal body temperature readings and recordings within a woman's menstrual cycle is the **Basal Body Temperature Method**.

It entails the taking of a woman's temperature:

- After at least three hours of continuous sleep
- before doing any activity
- at approximately the same time of the day
- with the use of an ovulation/BBT thermometer.

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

Initial Instructions for the BBT Method

Initial Instructions for the BBT Method

- ▶ Use a BBT or ovulation thermometer.
- ▶ Shake the thermometer to 35°C or below in the evening and place it at the bedside.
- ▶ Starting on the first day of menstruation, take the temperature upon waking up every morning before any activity after at least 3 hours of continuous sleep.
- ▶ Take the temperature by placing the silver bulb under the tongue or the armpit for 5 minutes. The temperature should be taken in the same manner/site throughout the menstrual cycle.
- ▶ Read and record the temperature immediately after taking it.

1. Use a BBT or ovulation thermometer.
2. Shake the thermometer to 35°C or below in the evening and place it at the bedside.
3. Starting on the first day of menstruation, take the temperature upon waking up every morning before any activity after at least 3 hours of continuous sleep.
4. Take the temperature by placing the silver bulb under the tongue or the armpit for 5 minutes. The temperature should be taken in the same manner/site throughout the menstrual cycle.
5. Read and record the temperature immediately after taking it.

Module 3: Basal Body Temperature

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

How to Record the Temperature Readings:

- ▶ Using a BBT chart, place a dot in the center of the box that matches the temperature printed on the left side of the chart.
- ▶ Connect the dots daily by drawing a straight line from the previous day's reading to the present day's reading. A temperature pattern will be seen.
- ▶ If the temperature is between two readings, record the temperature of the higher reading e.g. between 36.3° and 36.4°, record 36.4°.
- ▶ Ideally, the husband records the temperature but if he is not around, the woman can do it herself.
- ▶ Record any illnesses of the client that may contribute to a rise in temperature on the chart. These changes can affect the BBT and must be taken into account when interpreting the temperature pattern.

1. Using a BBT chart, place a dot in the center of the box that matches the temperature printed on the left side of the chart.
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TRAINER'S ACTIVITIES

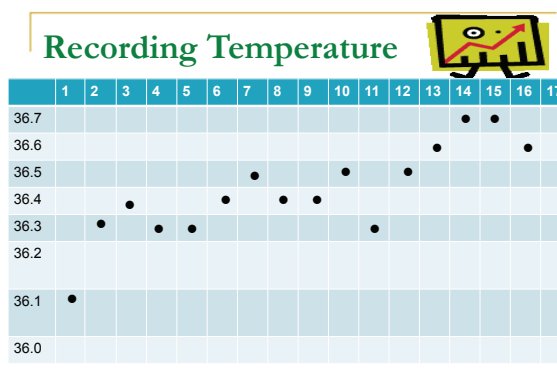
Ask: With a blank BBT chart on power point or on Manila paper, give instructions on how to record the BBT temperature readings.

- *Where and how do we record the readings?*
- *What symbols do we use?*
- *When do you record the readings?*
- *Who records them?*
- *What is to be done when there is fever?*

Say: In the use of the BBT method, two important steps have to be done in order to determine the fertile and infertile days in the woman's menstrual cycle.

Demonstrate on the completed chart how to determine the cover line.

KEY LEARNING POINTS



I. Determining the cover line based on WHO guidelines:

Determining the cover line based on WHO guidelines

The **cover line** is the point of reference for determining the thermal shift that occurs during ovulation.

The **cover line** is the point of reference for determining the thermal shift that occurs during ovulation.

The **thermal shift** is represented by 4 consecutive readings above the cover line.

Module 3: Basal Body Temperature

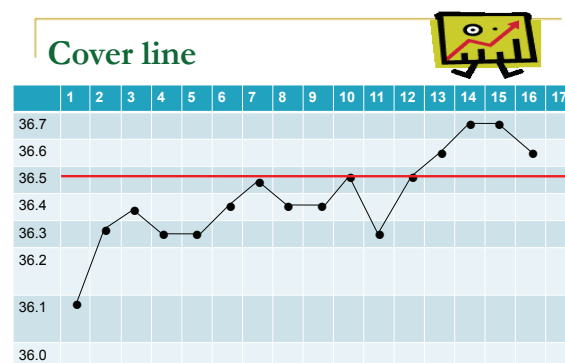
TRAINER'S ACTIVITIES

KEY LEARNING POINTS

Steps in determining the cover line:

1. Take the BBT daily starting on the first day of menstruation and record it on a BBT chart connect the temperature readings daily.
2. Disregard the first five days. Find the highest temperature from days 6–10. Disregard any temperature that is abnormally high due to illness.
3. On day 10, draw a horizontal line on the highest temperature from **days 6 to 10** across the whole chart. This is the **cover line**.
4. Continue to take and record the temperature reading.

1. Take the BBT daily starting on the first day of menstruation and record it on a BBT chart.
2. Connect the temperature readings daily and find the highest temperature from days 6–10. Disregard any temperature that is abnormally high due to illness.
3. Upon reaching the 10th day, draw a horizontal line on the highest temperature from **days 6 to 10** across the whole chart. This is the **cover line**.
4. Continue to take and record the temperature readings until the day before the next menstrual cycle.



TRAINER'S ACTIVITIES

Say: Another important step is to determine the thermal shift.

KEY LEARNING POINTS

II. Determining the thermal shift based on WHO guidelines:

Determining the thermal shift based on WHO guidelines

- 1) Watch for 4 consecutive temperature readings **above** the cover line.
 - This indicates that ovulation has taken place.
 - Henceforth, the temperature will remain at a high level until the day before the next menstruation.
 - The temperature will return to a lower level at the onset of the next menstrual cycle.

1. Watch for 4 consecutive temperature readings **above** the cover line.
 - This indicates that ovulation has taken place.
 - Henceforth, the temperature will remain at a high level until the day before the next menstruation.
 - The temperature will return to a lower level at the onset of the next menstrual cycle.

Determining the thermal shift:

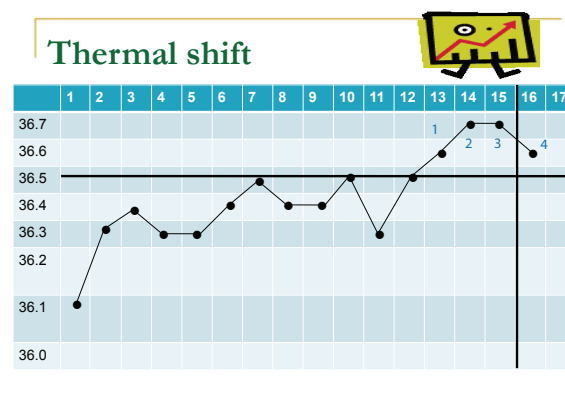
- 2) Count these 4 consecutive temperatures above the cover line and **mark them as days 1, 2, 3, 4**. This is the **thermal shift**.
- 3) Draw a vertical line between days 3 and 4 from top to bottom of the chart.
- 4) Label the days to the **left of the vertical line** as the **fertile days** and all the days to the **right of the vertical line** as the **infertile days**.

Module 3: Basal Body Temperature

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

- Count these 4 consecutive temperatures above the cover line and **mark them as days 1, 2, 3, 4**. This is the **thermal shift**.
- Draw a vertical line between days 3 and 4 from top to bottom of the chart.
- Label the days to the **left of the vertical line** as the **fertile days** and all the days to the **right of the vertical line** as the **infertile days**.



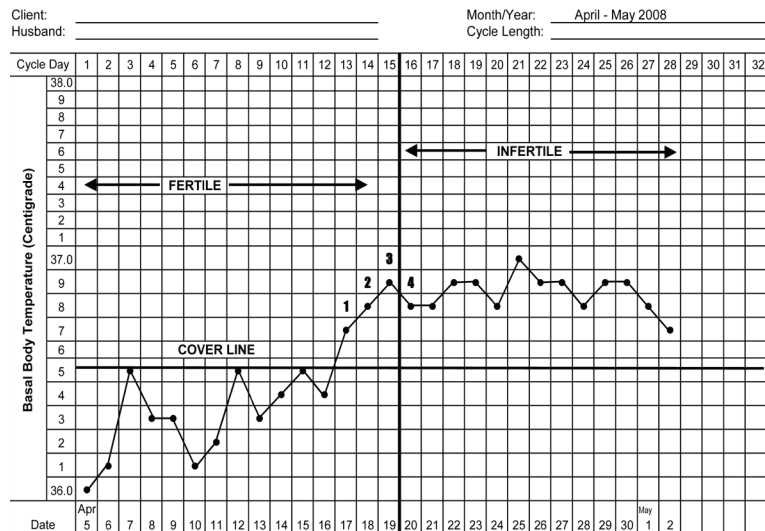
Module 3: Basal Body Temperature

TRAINER'S ACTIVITIES

Now that we have completed the BBT chart, can you tell which days are fertile? What about the infertile days?

KEY LEARNING POINTS

SAMPLE COMPLETED BASAL BODY TEMPERATURE CHART



Ask: Can you tell what precautions we should take when using the BBT method?

Precautions when using BBT:

Precautions when using BBT:

- ▶ Disregard any high temperatures due to illness. (Mark/label them on the chart)
- ▶ Women who forget to take their daily BBT will have to use another method or wait for another cycle to start BBT observations again.

1. Disregard any high temperatures due to illness. (Mark/label them on the chart)
2. Women who forget to take their daily BBT will have to use another method or wait for another cycle to start BBT observations again.

Module 3: Basal Body Temperature

TRAINER'S ACTIVITIES

Explain the BBT rules for postponing pregnancy.

KEY LEARNING POINTS

BBT Rules for Postponing Pregnancy

BBT Rules for Postponing Pregnancy

- ▶ For couples who wish to space/limit pregnancy, only infertile days of the post-ovulatory phase (days to the right of the vertical line) are available for lovemaking.
- ▶ Intercourse is available from the fourth day of the thermal shift until the end of the cycle. These days are **absolute infertile days**.
- ▶ The first day of menstruation up to the third day of the thermal shift are considered fertile days and couples are advised to abstain from lovemaking in order to postpone pregnancy.

1. For couples who wish to space/limit pregnancy, only infertile days of the post-ovulatory phase (days to the right of the vertical line) are available for lovemaking
2. Intercourse is available from the fourth day of the thermal shift until the end of the cycle. These days are **absolute infertile days**.
3. The first day of menstruation up to the third day of the thermal shift are considered fertile days and couples are advised to abstain from lovemaking in order to postpone pregnancy.

TRAINER'S ACTIVITIES

Explain the BBT Rules for Achieving Pregnancy.

KEY LEARNING POINTS

BBT Rules for Achieving Pregnancy

BBT Rules for Achieving Pregnancy

- ▶ Observe and record the woman's BBT for at least one cycle.
- ▶ Abstain for a day or two between sexual intercourse so that the partner's semen will have the maximum number of sperm cells needed to increase the probability of conception.

BBT Rules for Achieving Pregnancy

- ▶ As much as possible, plan lovemaking just before the thermal shift. The couple needs to approximate this based on previous charts
- ▶ Take the BBT daily. If the temperature remains elevated for a longer period than the previous menstrual cycle, the woman may be pregnant.

1. Observe the signs and symptoms of the menstrual cycle for at least one cycle.
2. Abstain for a day or two between sexual intercourse so that the partner's semen will have the maximum number of sperm cells needed to increase the probability of conception.
3. As much as possible, plan lovemaking just before the thermal shift. The couple needs to approximate this based on previous charts.
4. Take the BBT daily. If the temperature remains elevated for a longer period than the previous menstrual cycle, the woman may be pregnant.

Module 3: Basal Body Temperature

TRAINER'S ACTIVITIES

Ask: When should the client come back for follow-up visit?

Practice Charting I

Distribute the sample practice BBT Chart with temperature recordings.

Ask participants to:

- *Establish the cover line and thermal shift*
- *Determine fertile and infertile days*

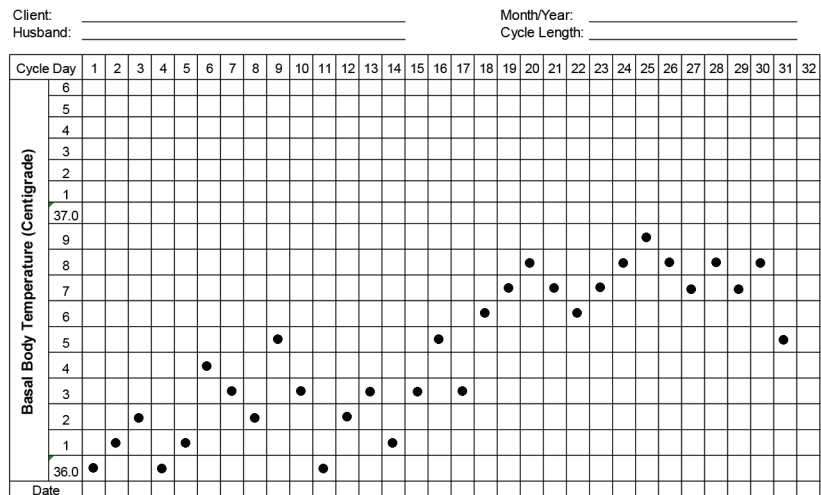
What days are available for lovemaking if pregnancy is to be avoided?

KEY LEARNING POINTS

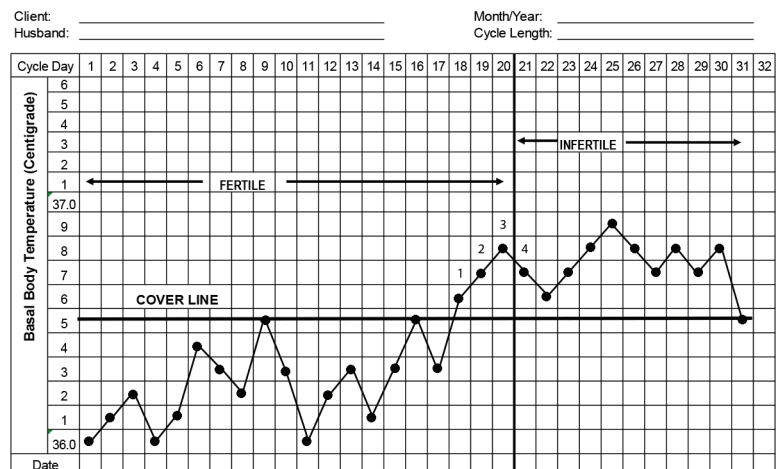
Return visit for BBT Users

- Ask the client to come back when the thermal shift has been identified.

PRACTICE BASAL BODY TEMPERATURE CHART



PRACTICE BASAL BODY TEMPERATURE ANSWER CHART



TRAINER'S ACTIVITIES

KEY LEARNING POINTS

Highest temperature on days 6 - 10 to determine the

Cover line is: 36.5 °C.

Thermal shift: Cycle days 18 - 21

Fertile days: Cycle days 1 - 20

Infertile days: Cycle days 21 - 31

Lovemaking days: Cycle days 21 - 31

Advantages:

- Almost all of the advantages of NFP apply to the BBT method
- Confirms that ovulation has taken place. Two weeks after, menstruation will occur.

Disadvantages:

- ▶ Woman has to take her temperature daily and keep records of the signs and symptoms of fertility
- ▶ Not recommended for women who are not willing to take and record their temperatures daily
- ▶ Cannot be used by women who are in situations that may not permit them to follow the rules e.g. women working on shifts or are taking certain medications

SUMMARY/CONCLUSION

The Basal Body Temperature (BBT) Method is a fertility awareness based method of family planning. It involves the daily taking and recording of the woman's temperature after three hours of continuous sleep. It is effective for spacing as well as for achieving pregnancy.

Module 3: Basal Body Temperature

BLANK BASAL BODY TEMPERATURE CHART

Client:

Husband:

Month/Year:

Cycle Length:

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
Basal Body Temperature (Centigrade)	38.0	9	8	7	6	5	4	3	2	1	37.0	9	8	7	6	5	4	3	2	1	36.0											
Date																																

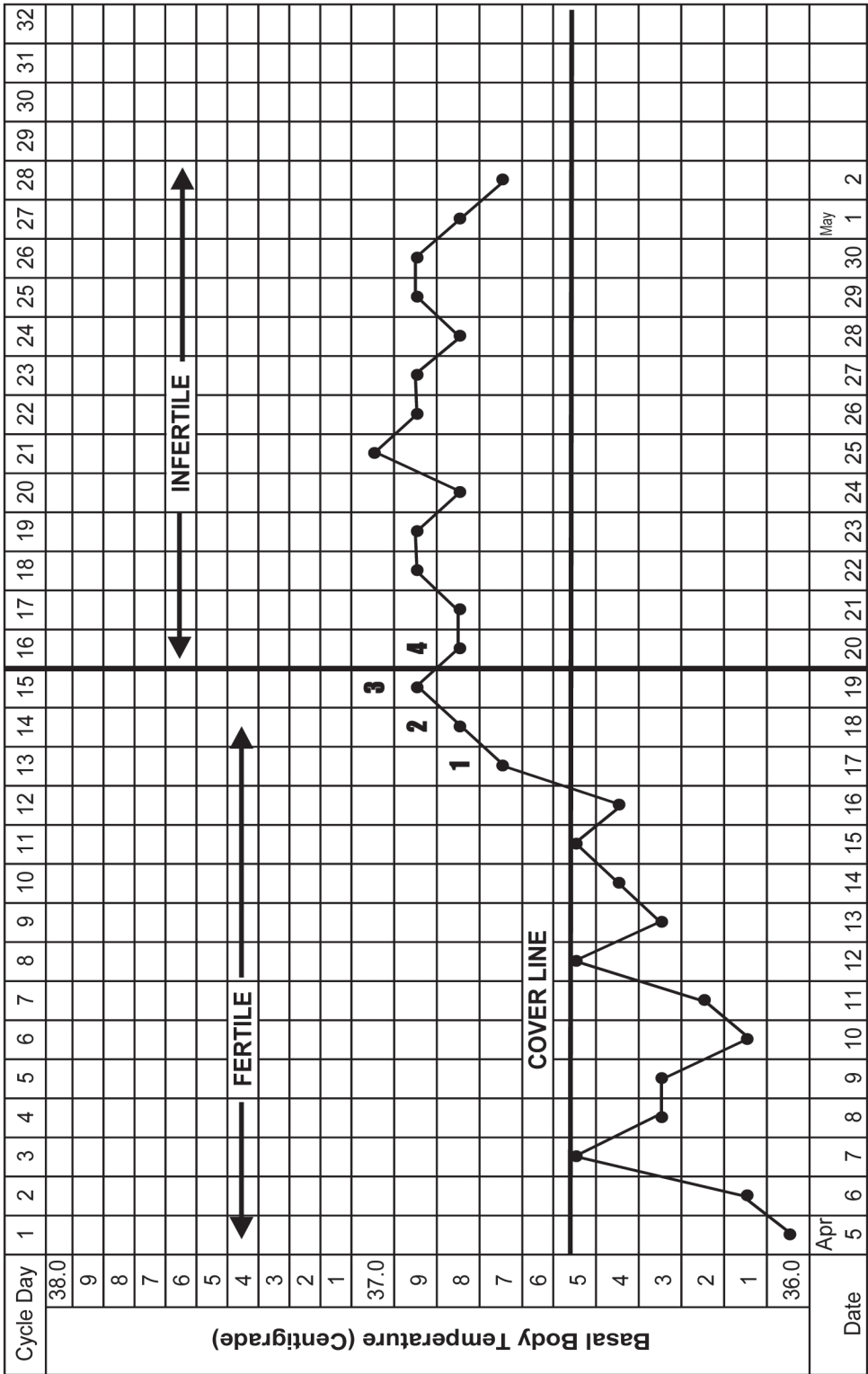
SAMPLE COMPLETED BASAL BODY TEMPERATURE CHART

Client: _____

Month/Year: April - May 2008

Husband: _____

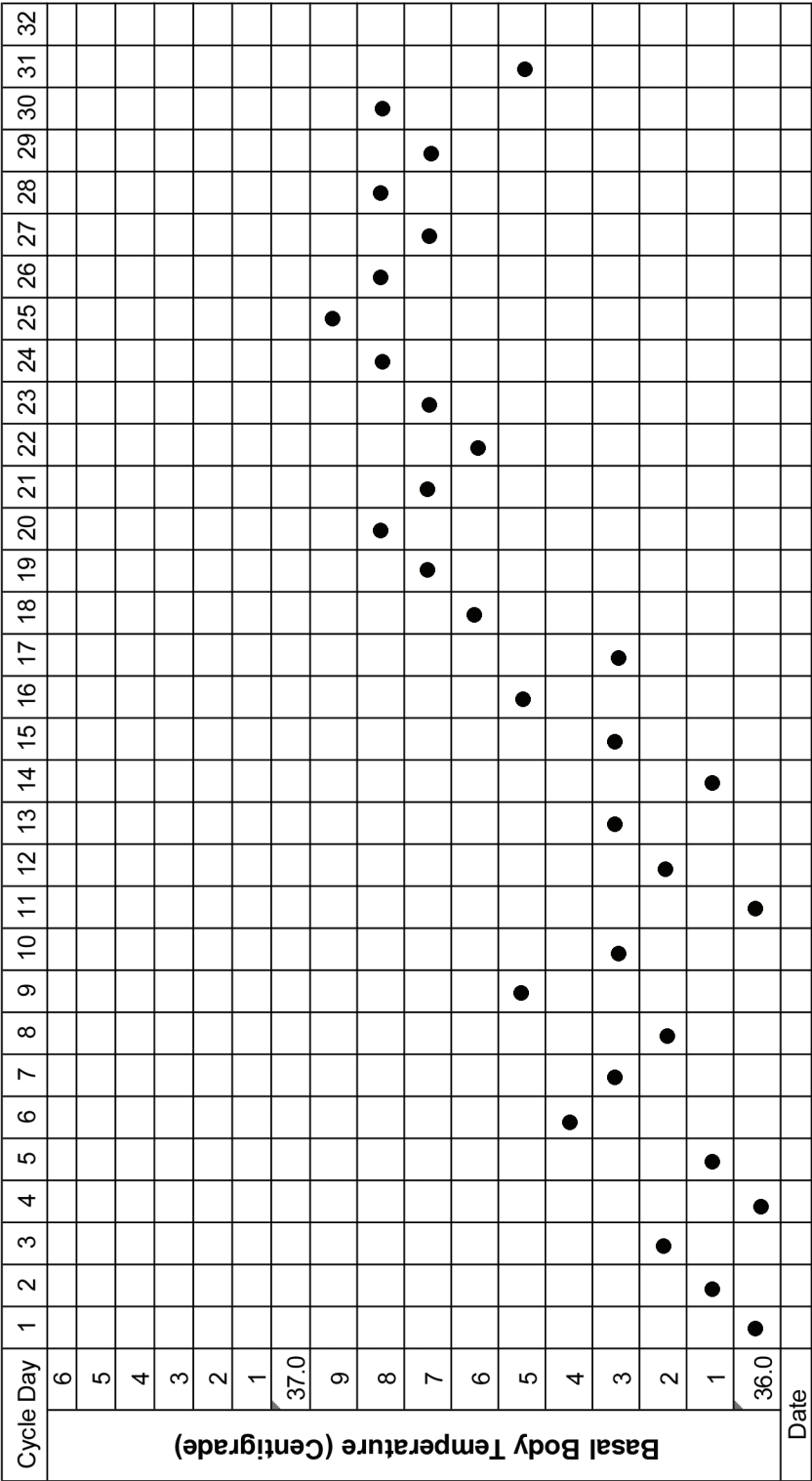
Cycle Length: _____



Module 3: Basal Body Temperature

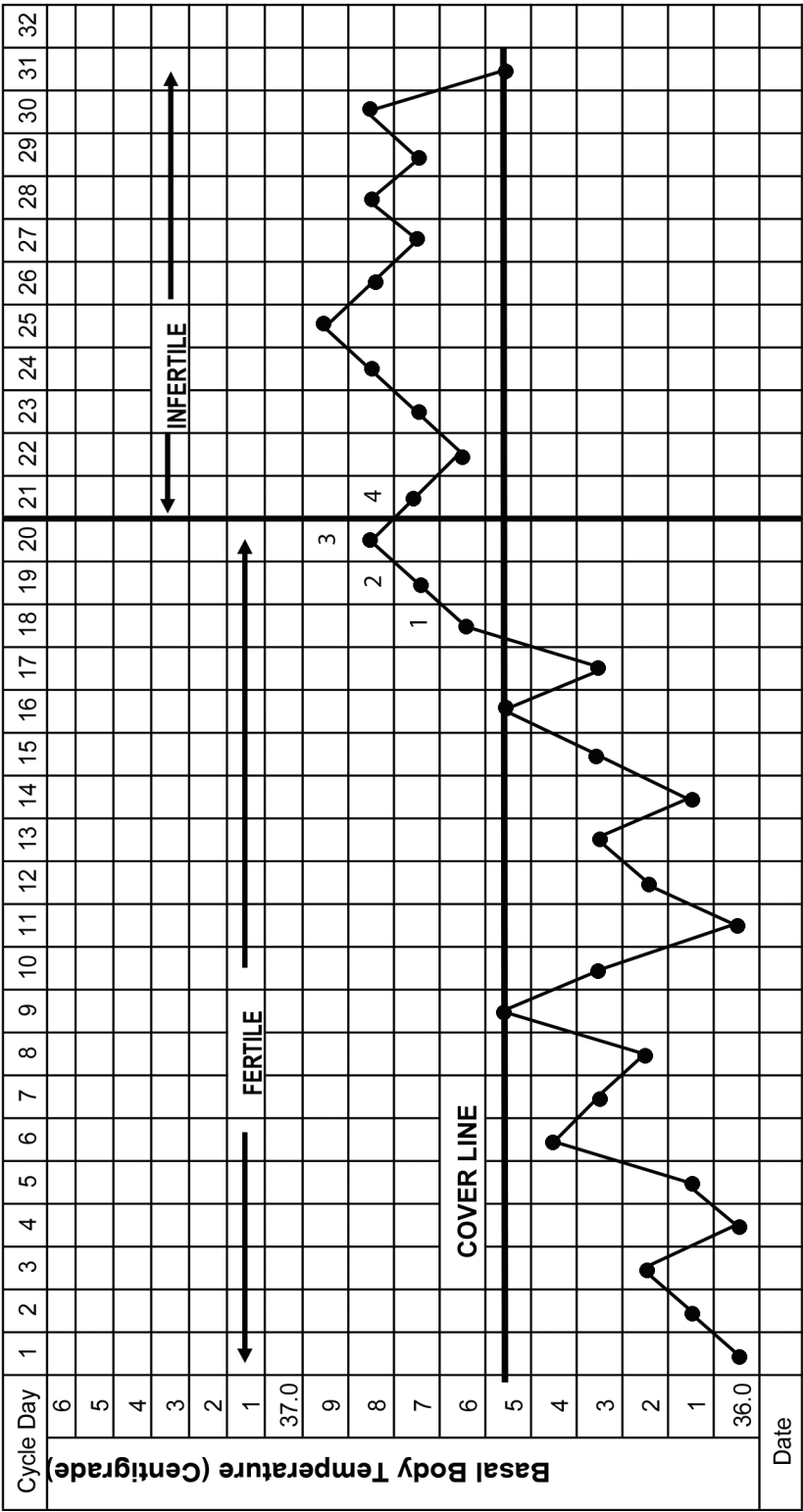
PRACTICE BASAL BODY TEMPERATURE CHART

Client: _____ Month/Year: _____
Husband: _____ Cycle Length: _____



PRACTICE BASAL BODY TEMPERATURE ANSWER CHART

Client: _____ Month/Year: _____
Husband: _____ Cycle Length: _____



Module 3: Basal Body Temperature

TEACHING and EVALUATION GUIDE (TEG) BASAL BODY TEMPERATURE METHOD

NAME: _____ DATE _____

Rating Guide:

Rate the level of knowledge and skills in the task/activity specified using the guide below.

- 0** Did not perform the task
- 1** Performed the task but needs improvement
- 2** Very proficient in the task, can describe and do it well
- NA** Not applicable

Task/Activity	0	1	2	NA
GREET				
1. Greet the client and introduce self.				
2. Offer the client a seat.				
3. Provide auditory & visual privacy.				
4. Establish purpose of visit.				
5. Assure confidentiality.				
ASK				
6. Ask client about his/her fertility intentions/reproductive goals. (short, long term, permanent)				
7. Obtain obstetrical history for: <ul style="list-style-type: none">• Number of pregnancies (full-term, pre-term, miscarriage, # of living children, etc)• Menstrual history (PMP, LMP, cycle length)• Obstetric problems (painful intercourse, painful menstruation)				

8. Assess client's risk of contracting STI/HIV-AIDS: <ul style="list-style-type: none"> • Husband's occupation • Multiple partners • Past STI/HIV-AIDS (client or partner) • Husband's urethral discharges • Client's unusual vaginal discharges 				
9. Assess women with special/unusual situations <ul style="list-style-type: none"> • Recent illness, sleep disturbance, medications • Recent use of any FP method (pills, injectable, IUD) • Breastfeeding Pattern 				
10. Assess couple communication <ul style="list-style-type: none"> • Ask if they agree about using family planning methods 				
11. Ask client/couple on timing of intercourse <ul style="list-style-type: none"> • Do they talk about the timing of their sexual intercourse ? • Can partner abstain from intercourse on days when she can become pregnant? • Do they have ways of handling fertile days? Infertile days? 				
TELL				
12. Ask client what she knows about human fertility.				
13. Explain joint, male & female fertility using the human fertility diagram.				
14. Describe the link between timing lovemaking and pregnancy using the Joint Fertility Diagram.				

Module 3: Basal Body Temperature

15. Describe the different methods of family planning.				
16. Ask which method interests client.				
17. Explain how NFP can be used to plan for or avoid pregnancy.				
18. Tell the client about the mechanism of action of the preferred NFP method.				
HELP				
19. Explore ways to improve couple communication.				
20. Ask client what issues or difficulties might arise during fertile days or days when the woman can get pregnant.				
21. Discuss about ways to handle the fertile days and also the infertile days.				
22. Help client practice how to talk with his/her partner about: <ul style="list-style-type: none"> • How to use the method • How to talk about sensitive issues regarding abstinence from intercourse 				
EXPLAIN				
23. Guide the client in their ability to successfully use the BBT Method .				
24. Explain the mechanics of observing temperature using the BBT thermometer.				
25. Demonstrate how to record the temperature using the BBT chart.				
26. Explain how to identify the cover line and thermal shift.				
27. Explain the BBT rules in avoiding/achieving pregnancy.				
28. Explain the need to practice abstinence until after the 3rd day of the vertical line or of the thermal shift.				

29. Motivate client to start observing immediately.				
30. Instruct client to begin recording on the first day of menstruation.				
31. Provide client with a blank chart.				
32. Check client's understanding of the Basal Body Temperature method, correct as needed.				
RETURN VISIT/FOLLOW-UP VISIT				
33. Instruct the client regarding the schedule of the follow-up visit when the client has identified the thermal shift. Instruct client to bring her filled-up chart and her husband, if possible.				
34. Fill up information in the client register and register client as New Acceptor.				

Trainer's Notes/Remarks:

Trainer's Signature: _____

Module 3: Basal Body Temperature

FREQUENTLY ASKED QUESTIONS: Basal Body Temperature Method

1. What is the right route for taking the woman's Basal Body Temperature?
The recommended route is either oral or axillary, but the same route has to be used for the whole cycle.
2. Should the temperature be taken at the same time each day?
Not necessarily at the same time, but more or less. What is important is that it is taken after at least 3 hours of continuous sleep.
3. How long is the infertile period of a woman using BBT?
A woman's post-ovulatory absolute infertile period is constant at 10 to 16 days from the closest day to ovulation.
4. How does BBT help a woman achieve pregnancy?
By determining the day before the thermal shift, a couple is able to time intercourse at the most fertile time. A woman is able to detect if she is able to maintain the fertilized ovum for implantation if she has a good luteal phase of at least 10 days. This is very important especially in cases where a pregnancy is difficult to achieve.
5. Is there another way of determining the rise in temperature due to ovulation besides the coverline?
Yes, by watching out for 3 consecutive higher temperature recordings immediately following 6 previous lower recordings.
6. How do we deal with factors that affect the temperature such as illness, infections, or alcohol intake?
The general rule to be followed is to disregard any temperature recordings that are due to these factors. Continue taking the temperature and see if it will go down or up the temperature level before or after ovulation.

SUPPLEMENTAL READING:
Basal Body Temperature Charting

Fertility Awareness is a means of understanding your reproductive system by observing and writing down fertility signs. These signs determine whether or not you can become pregnant on a given day. You are actually fertile during only about one-fourth of your menstrual cycle. It is a great way to learn more about your body.

What is the Basal Body Temperature Method?

Worldwide, the basal body temperature method is the oldest and most widely practiced of the fertility awareness methods. Every woman is different and your temperature may vary, but most women ovulate (release an egg from the ovary) at about day 14 of their menstrual cycle, plus or minus 2 days. The egg is viable for about 1 day, and sperm can live for 2-3 days.

How do I chart my basal body temperature?

Make a chart like the one pictured below. Keep a daily calendar record of your temperature using a regular thermometer placed under the tongue for 3 minutes. Take your temperature after you wake up in the morning but before you get out of bed. On the same record, chart your menstrual cycle, beginning with day 1 as the first day of your period. If possible, chart your temperature pattern for a few months before relying on it.

Sample Basal Body Temperature Chart

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
Basal Body Temperature (Centigrade)	38.0																															
	9																															
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Module 3: Basal Body Temperature

When can I have sex using this method?

If you don't want to get pregnant, it is safe to have sex after your temperature rises above your normal temperature for 3 days in a row. This indicates that ovulation has occurred and the egg has already passed.

When am I most fertile?

If you want to get pregnant, your most fertile days are those just before your temperature begins to rise during ovulation. It's difficult to predict this time, so practice the temperature method until you know your pattern.

Advantages:

- The basal body charting method is free.
- This method does not involve taking pills.
- No foreign object is put into your body.
- There are no side effects.
- You and your partner rely on each other for mutual support and commitment to make this method work.
- If used correctly every time, the failure rate of this method is 1%-9%.

Disadvantages:

- Fertility Awareness Methods do not protect you from HIV/AIDS or other sexually transmitted infections.
- This method is not a good choice if:
 - your periods don't come at a regular time each month;
 - your temperature pattern is different each month;
 - you just stopped taking birth control pills;
 - you just started having periods;
 - you are close to menopause;
 - you can't keep a calendar chart; or
 - you don't like going without sex for at least 2 weeks.

Where can I learn more about basal body temperature charting and other Fertility Awareness Methods?

Some clinicians and family planning clinics can help you. Two good books include: *Taking Charge of Your Fertility: The Definitive Guide to Natural Birth Control and Pregnancy Achievement* by Toni Weschler, or *Fertility Awareness Handbook* by Barbara Kass-Anese.

Module 3: Basal Body Temperature

Last Update: 12/13/2005

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Contact Us

Dr. Robert A. Hatcher

Pregnancy Info

Natural Methods

Fertility Awareness Method

Breastfeeding

Outercoarse

Coitus Interruptus

Sympto-Thermal Method

Basal Body Temperature Charting

Module 4: Cervical Mucus Method (CMM)

Introduction

Doctors Evelyn and John Billings originally developed the Cervical Mucus Method which is internationally known as the Billings Ovulation Method. It is used to determine the fertile and infertile periods of a woman using the changing properties of cervical mucus. The method is based on the observation that there are days wherein the mucus is watery, elastic, and clear; days when it is sticky; and other times when there is little or no mucus production.

Objectives

At the end of the session, participants are able to:

1. Explain CMM as a natural family planning method.
2. Provide instructions on how to observe and record a woman's cervical mucus changes.
3. Determine the fertile and infertile phases of the menstrual cycle using a woman's completed CMM chart.

Estimated Time: 2 hours, 30 minutes

Advance Preparation

- Objectives written either on flipchart, PowerPoint or transparency
- Blank and Completed MM Charts (poster size)
- Blank and Completed MM Charts for each participant (handout)
- Cervical Mucus Method Practice Charts and Companion completed Practice Charts
- Client Contact Record
- Meta cards/masking tape
- Permanent markers
- Flipchart/whiteboard and whiteboard markers
- Computer/LCD/OHP

TRAINER'S ACTIVITIES

Interactive-Discussion

Ask participants about their knowledge and experience of cervical mucus.

Correct misconceptions about cervical mucus especially during the time of ovulation

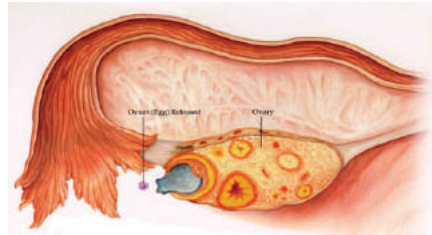
KEY LEARNING POINTS

Objectives

- At the end of the session, participants are able to:
 1. Explain the Cervical Mucus Method (CMM) as a Natural Family Planning method.
 2. Provide instructions on the observations and recording of a woman's mucus changes.
 3. Determine the fertile and infertile phases of the menstrual cycle using a woman's completed MM chart.

The Cervical Mucus Method has been scientifically tested and is endorsed by the World Health Organization (WHO). If properly used it is as effective as the other modern methods of family planning. It is one of the best ways to determine a woman's fertile and infertile periods.

It is one of the best ways to determine the fertile and infertile periods of a woman.



- Changes in color, consistency and amount of her cervical mucus tell a woman when she is about to ovulate.
- She also observes the feeling of dryness or wetness in her vaginal area.
- These observations will help her identify the days during each menstrual cycle when pregnancy can or cannot occur.
- **Effectiveness Rate: 97%**

Module 4: Cervical Mucus Method (CMM)

TRAINER'S ACTIVITIES

Review the slides on the menstrual cycle to refresh their memories on the events occurring during the different phases.

Show the slide of a woman's reproductive system during her fertile period.

What are the cervical mucus observations during a woman's fertile period?

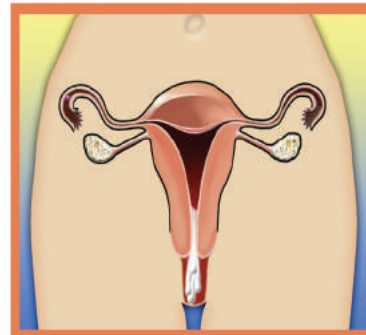
Discuss the mechanism of action of the Mucus Method.

KEY LEARNING POINTS

Introduction

- The Mucus Method has been scientifically tested and is endorsed by the World Health Organization (WHO).
- If properly used it is as effective as the other modern methods of family planning.
- Effectivity Rate: 97%

Mechanism of Action



Fertile Period

FERTILE PERIOD

- On days nearing ovulation, cervical mucus is thin and copious and is conducive for sperm penetration, survival, and subsequent fertilization of the egg cell.
- During the **woman's fertile period, she feels wet and sees slippery, stretchy, watery, and clear mucus.** This type of mucus nourishes and provides channels for sperms to swim and reach the egg. If a sperm unites with a mature egg cell, pregnancy occurs.

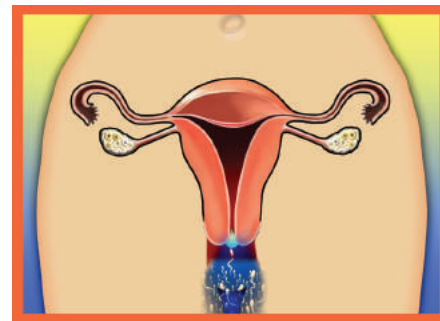
TRAINER'S ACTIVITIES

Show the slide of a woman's reproductive system during her fertile period.

What are the cervical mucus observations during a woman's infertile period?

Ask: Who can use the Mucus method?

KEY LEARNING POINTS



Infertile Period

INFERTILE PERIOD

- Sperm survival and transport is not possible because of the mucus plug.
- During the **woman's infertile period**, there is no mature egg cell. The mucus forms a plug that prevents sperms from entering the cervix. The woman feels dry and she may either see thick, scanty mucus or no mucus at all. Pregnancy cannot occur at this time.
- By observing changes in the cervical mucus, the woman can learn when she is fertile or infertile. This information can help her and her partner to plan their lovemaking in order to achieve or avoid pregnancy.

Who can use the Mucus Method?

- Women with menstrual cycles of any length
- Women with normal cervical mucus secretions

Module 4: Cervical Mucus Method (CMM)

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

Who can use the Mucus Method?

- Women willing to observe and record changes in their cervical mucus secretions and interpret the records
- Couples who can avoid sexual intercourse several consecutive days each cycle

Who can use the Mucus Method?

- Couples who can communicate on the timing of their sexual intercourse
- Couples who are at low risk of STI/HIV-ADS

- Women with menstrual cycles of any length
- Women with normal cervical mucus secretions
- Women willing to observe and record changes in their cervical mucus secretions and interpret the records
- Couples who can avoid sexual intercourse several consecutive days each cycle
- Couples who can communicate on the timing of their sexual intercourse
- Couples who are at low risk of STI/HIV-ADS

TRAINER'S ACTIVITIES

Ask: How does a woman observe her cervical mucus?

- *On the middle of the board, write the first letters of the guide questions for observing and recording the cervical mucus. (W,W,W,W,H)*
- *Discuss the 5 guide questions one by one by completing the words: Who, What, Where, When, How?*
- *Write the responses on the left side of the board.*

KEY LEARNING POINTS

PRACTICE OF THE CERVICAL MUCUS METHOD

MUCUS OBSERVATIONS

WHO observes the mucus?

The woman

WHAT does she observe?

1. What she feels (wetness or dryness)
2. What she sees (appearance of mucus)

WHERE does she observe?

Around vaginal area or “puwerta”

WHEN does she observe?

1. everyday from the first day of menstruation
2. Throughout the day while standing, walking around, or going through daily chores
3. Before or after urinating

HOW does she observe?

1. Observes her feeling in the vaginal area (wet or dry)
2. Checks mucus in her underwear. If none, she passes a tissue around her vaginal area and checks if she sees anything.
3. She does not need to touch or inspect the mucus internally.

Module 4: Cervical Mucus Method (CMM)

TRAINER'S ACTIVITIES

Ask: How will the woman record the mucus observations?

- The same 5 questions are used to guide the couple in recording the mucus observations.*
- Write the responses on the right side of the board in order to complete the table for observing and recording cervical mucus secretions.*

Ask: If a woman has no mucus in the morning, and then notices a small amount of mucus in the evening, what should she record? Explain.

KEY LEARNING POINTS

RECORDING OF MUCUS OBSERVATIONS

WHO records the observations?

The couple because both should be aware of the fertile and infertile times and both should agree on the timing of their lovemaking.

WHAT is recorded?

1. What the woman feels
2. What the woman sees

- If woman has no mucus in the morning and then notices a small amount of mucus in the evening, she should record the most fertile observations of the day: **mucus is more fertile than no mucus.**

WHERE are the observations recorded?

On the blank Cervical Mucus Method Chart

Module 4: Cervical Mucus Method (CMM)

TRAINER'S ACTIVITIES

Show the blank Cervical Mucus Method Chart.

KEY LEARNING POINTS

OUR PERSONAL MUCUS METHOD CHART Learning Chart

Blank Sample Chart

Client: _____
Husband: _____

Start of Previous Cycle: _____
End of Previous Cycle: _____

Month/Year: _____
Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
Month																																
Date																																
Symbols																																
What I Feel																																
What I See																																
Lovemaking																																

LEGEND:

R	- "Regla" or menstruation; spotting	M	- Dry with sticky, pasty or crumbly mucus
D	- Dry with no mucus	1, 2, 3	- Post peak days
X	- Wet with slippery, stretchy, clear or watery mucus	♥	- Sexual intercourse day
⊗	- Peak day, LAST day of wetness, wet mucus		

Blank Cervical Mucus Method Chart

WHEN are the mucus observations recorded?

- At the end of the day
- in the evening before going to sleep.

Module 4: Cervical Mucus Method (CMM)

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

HOW do they record the mucus observations?

By using symbols that represent

- what the woman sees
- what the woman feels.

R - "Regla" or menstruation; spotting

D - Dry with no mucus

X - Wet, with slippery, stretchy, clear, or watery mucus

⊗ - Peak day; last day of wetness or wet mucus

M - Dry with sticky, pasty, or crumbly mucus

1, 2, 3 - Post Peak Days

♥ - Lovemaking Days

Say: This table summarizes the mechanics of observing and recording the cervical mucus

OBSERVING	OBSERVING	RECORDING
Woman	WHO?	Couple
1) Feeling at vaginal area (wet/dry)	WHAT?	1) Feeling at vaginal area (wet/dry)
2) Appearance of Cervical Mucus		2) Appearance of Cervical Mucus
Vaginal Area (puwerta)	WHERE?	Mucus Method Chart
1) Everyday from first day of menstruation	WHEN?	In the evening, before going to sleep
2) Throughout the day		
3) Before and after urinating		
Ask self: What do I feel in my vaginal area?	HOW?	Use chart symbols: R, D, X, ⊗, 1, 2, 3, M, ♥
What do I see in my underwear?		

Module 4: Cervical Mucus Method (CMM)

TRAINER'S ACTIVITIES

Say:

Having gone through the mechanics of observing and recording the cervical mucus, let us now see how these observations coincide with the menstrual cycle which was earlier discussed in the Fertility Awareness session.

Show blank and sample completed CMM Charts to the participants.

(Refer also to Appendices at the end of this module)

Ask participants to give their observations of the sample completed CMM chart.

Point out the correct observations on changes in the cervical mucus:

- what she feels
- what she sees

KEY LEARNING POINTS

OUR PERSONAL MUCUS METHOD CHART Learning Chart

Blank Sample Chart

Client: _____
Husband: _____

Start of Previous Cycle: _____ Month/Year: _____
End of Previous Cycle: _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
Month																																
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What I Feel																																
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LEGEND:

R	- "Regla" or menstruation; spotting	M	- Dry with sticky, pasty or crumbly mucus
D	- Dry with no mucus	1, 2, 3	- Post peak days
X	- Wet with slippery, stretchy, clear or watery mucus	♥	- Sexual intercourse day
⊗	- Peak day, LAST day of wetness, wet mucus		

Blank Cervical Mucus Method Chart

OUR PERSONAL MUCUS METHOD CHART

Completed Chart

Client: _____
Husband: _____

Start of Previous Cycle: _____ Month/Year: Jan/Feb
End of Previous Cycle: _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Month	Jan															Feb														
Date	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Symbols	R	R	R	R	R	D	D	D	D	D	X	X	X	X	X	⊗	M	D	D	D	D	D	D	D	D	D	D	D	D	D
What I Feel	Wet	Wet	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry
What I See	Blood	Blood	Blood	Blood	Blood	Spotting	None	None	None	None	Sticky Mucus	Sticky Cloudy	Pasty	Pasty	Pasty	Pasty	Clear	Stretchy Clear	Sticky	None	None	None	None	None	None	None	None	None	None	None
Lovemaking							♥		♥		♥										♥	♥	♥	♥	♥	♥	♥	♥	♥	♥

LEGEND:

R	- "Regla" or menstruation; spotting	M	- Dry with sticky, pasty or crumbly mucus
D	- Dry with no mucus	1, 2, 3	- Post peak days
X	- Wet with slippery, stretchy, clear or watery mucus	♥	- Sexual intercourse day
⊗	- Peak day, LAST day of wetness, wet mucus		

Sample Completed Cervical Mucus Method Chart

Module 4: Cervical Mucus Method (CMM)

TRAINER'S ACTIVITIES

Ask:

- *When does a woman start to observe her mucus? In this chart, when is the first day of her cycle?*
- *What does she feel on Day 1?*
- *What does she see on Day 1?*
- *When does her menstruation stop? How does she know that her menstruation has stopped? What does she feel? On what day and date is this? What symbol is used?*
- *Put a bracket on the days when she has menstrual bleeding to indicate that this is the menstrual phase.*

Ask:

- *What does a woman feel & see on Days 6 to 10?*
- *On what dates are these? What symbol is used?*
- *Put a bracket on the pre-ovulatory phase.*

KEY LEARNING POINTS

Identifying the Phases of the Menstrual Cycle on a CMM Chart

A. Menstrual Phase

- Observation starts on the first day of the menstrual cycle, that is, the first day of a woman's menstruation. Observation begins on January 18, 2008 the first day of her menstruation
- She feels wet
- She sees blood
- She knows that her menstruation has stopped because bleeding has stopped and she feels dry.
- Her menstrual phase is from Jan, 18-22, 2008.
- The symbol used for the menstrual phase is "**R**"

B. Pre-ovulatory Phase

- She feels dry.
- She sees no mucus; there is no more blood or spotting.
- Cycle Days 6 to 10 are from Jan 23 – 27, 2008. Symbol used is "**D**"
- This is the **Pre-ovulatory Phase**. This is a **relatively infertile phase**.

TRAINER'S ACTIVITIES

Ask:

- Does a woman expect to feel dry all the days after the menstrual phase?
- Bracket the days included in the ovulatory phase.
- What does she feel and see after the dry days?
- What is the significant change observed in the ovulatory phase?
- What should the woman be seeing now in the ovulatory phase?
- What should she watch out for?
- How would she recognize the Peak Day?
- What is her Peak Day in this chart?
- What are the Post-Peak Days?

KEY LEARNING POINTS

C. Ovulatory Phase

- She does not expect to feel dry all the days after her menstrual phase or menstrual bleeding.
- After the dry days, she would feel wet and see mucus. This is considered to be the **Ovulatory Phase**, which are cycle days 11 to 20 or Jan 28 – Feb 6, 2008.
- The change from days of dryness and no mucus to days of wetness and mucus is a very significant change in the menstrual cycle. The presence of mucus signals the impending fertile days or the release of a mature ovum.
- The woman should be seeing the build-up of mucus which changes in appearance and consistency during the ovulatory phase.
- She should be watching out for the **Peak Day** or the **Last Day of Wetness** or **Last Day of Wet Mucus**. The symbol for the wet days is "X"
- She would recognize her **Peak Day** because the next day she would experience dryness with no mucus or dryness with sticky mucus.
- Feb. 3, 2008 or cycle day 17 is her Peak Day in this chart because the next day, she felt dry. The symbol used is ⊗.
- The **ovulatory phase includes the three post-peak days** which are cycle days 18-19-20 or Feb. 4,5,6, 2008 in the chart. These are **fertile days**.

Module 4: Cervical Mucus Method (CMM)

TRAINER'S ACTIVITIES

- *Bracket the days in the post-ovulatory phase.*
- *What is felt and seen in this phase?*
- *Say: There are certain rules that need to be applied for the effective use of the Cervical Mucus method.*

KEY LEARNING POINTS

D. Post-ovulatory Phase

- Cycle days 21-30 or Feb. 7-16, 2008 are the days in the **Post-ovulatory Phase**.
- The woman feels dry and sees no mucus or may see sticky, pasty, crumbly mucus.
- These are **absolute infertile days**
- The application of certain rules will help a couple effectively use the Cervical Mucus Method in order to either achieve or avoid pregnancy.
- These are the Peak Day Rule and the Early Days Rule.

PEAK DAY RULE



- Count three days after the Peak Day. During the Post Peak days, the woman will feel dry and see sticky mucus or no mucus at all.
- On the 4th day after the Peak Day, lovemaking is available to the couple night or day until the next menstruation without resulting in pregnancy.

1. Peak Day Rule

- Count 3 days after the Peak Day
- During the Post Peak Days, the woman will feel dry and see sticky mucus or no mucus at all
- On the 4th day after the Peak Day, lovemaking is available to the couple night or day until the next menstruation without resulting in pregnancy.

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

EARLY DAYS RULE (EDR)



- On dry days following menstruation, lovemaking **will be on alternate evenings only**.
- If there are no dry days following menstruation, EDR cannot be applied.

2. Early Days Rule (EDR)

- On dry days following menstruation, lovemaking will be on alternate evenings only.
- If there are no dry days following menstruation, EDR cannot be applied.

In summary, what rules are to be followed for the successful use of the Cervical Mucus Method?

MUCUS METHOD RULES

MUCUS METHOD RULES

1. Avoid lovemaking during menstruation.
2. Avoid lovemaking during the pre-ovulatory phase or dry days following menstruation until the Early Days Rule (EDR) is learned.
3. Avoid lovemaking on all days and nights when a woman has wet feeling and/or observes wet mucus.
4. Wait for the last day of wetness or Last Day of Wet Mucus (Peak Day) and apply the Peak Day Rule.

Module 4: Cervical Mucus Method (CMM)

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

1. Avoid lovemaking during menstruation.
2. Avoid lovemaking during the pre-ovulatory period or dry days following menstruation until the **Early Days Rule (EDR)** is learned.
 - On dry days following menstruation, a couple can have lovemaking on alternate evenings only.
 - EDR applies only to women who **have dry days** after menstruation.
 - Some women with shorter cycles may not have dry days after menstruation and cannot apply the Early Days Rule. Instead, they abstain until the Peak Day Rule is applied.
3. Avoid lovemaking on all days and nights when the woman experiences wet feeling or has wet mucus.
4. Wait for the LAST day of wetness or wet mucus.
5. Apply the **PEAK Day rule**:

Count 3 days after the Peak Day. During these Post Peak Days 1, 2, 3, the woman will feel dry and see no mucus or sticky mucus, if any. On the 4th day after the Peak Day, lovemaking is available to the couple night or day until the next menstruation without it resulting in a pregnancy.

NOTE: Remember that the charts shown are only sample charts. Cycles vary from woman to woman and from cycle to cycle.

TRAINER'S ACTIVITIES

Ask:

Can you give any tips for the successful use of the Cervical Mucus Method?

KEY LEARNING POINTS

TIPS FOR THE SUCCESSFUL USE OF THE CERVICAL MUCUS METHOD

REMINDERS



- The successful use of the Mucus Method depends on the commitment of both the wife and the husband.
 - It is important for the couple to observe (see and feel) the woman's mucus for **one complete cycle with NO lovemaking or until the Peak Day is identified** by the provider. This helps them to understand the woman's mucus pattern without confusing the mucus with other secretions and without risking pregnancy.
-
- The successful use of the Mucus Method depends on the commitment and cooperation of both the wife and her husband.
 - It is important for the couple to see and feel the mucus for one complete cycle with NO lovemaking or until the Peak Day is identified by the Service Provider. This helps them to understand the woman's mucus pattern without other secretions and without risking pregnancy.

Module 4: Cervical Mucus Method (CMM)

TRAINER'S ACTIVITIES

Individual Practice Charting

(trainers go around to supervise the practice charting)

1. Distribute CMM Charts with CMM data to participants. Give them 10 minutes to:

- Determine fertile and infertile days
- Identify the phases of the Menstrual Cycle
- Indicate the days when lovemaking is available for those who want to avoid pregnancy

Ask volunteer participants to come up front and provide the answers.

KEY LEARNING POINTS


OUR PERSONAL MUCUS METHOD CHART Learning Chart


Client: _____
Husband: _____

Start of Previous Cycle: _____
End of Previous Cycle: _____

Month/Year: _____
Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month	May															June															
Date	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Symbols																															
What I Feel	Wet	Wet	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry
What I See	Blood	Blood	Blood	Blood	Blood	None	None	None	None	None	Sticky	Pasty	Pasty	Pasty	Pasty	Clear	Watery	Sticky	None	None	None	None	None	None	None	None	None	None	None	None	None
Lovemaking																															

LEGEND:
R - "Regla" or menstruation; spotting
D - Dry with no mucus
X - Wet with slippery, stretchy, clear or watery mucus
 - Peak day, LAST day of wetness, wet mucus

M - Dry with sticky, pasty or crumbly mucus
1, 2, 3 - Post peak days
 - Sexual intercourse day

Cervical Mucus Method Practice Chart

Answers to Practice Charting I

Fertile days:

cycle days 11-20

Absolute infertile days:

cycle days 21-31

Menstrual Phase:

cycle days 1-5

Pre-ovulatory Phase:

cycle days 6-10

Ovulatory Phase:

cycle days 11-20

Post-ovulatory Phase:

cycle days 21-31

Lovemaking days:

cycle days 21-31

Lovemaking on alternate evenings only: days 6,8,10

Module 4: Cervical Mucus Method (CMM)

TRAINER'S ACTIVITIES

Ask how many did the charting correctly. Answer questions and clarify unclear points. If the participants are not yet confident, repeat the steps using practice chart

KEY LEARNING POINTS

OUR PERSONAL MUCUS METHOD CHART

Answers Chart I

Learning Chart

Client: _____
Husband: _____

Start of Previous Cycle: _____
End of Previous Cycle: _____

Month/Year: _____ May/June
Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month	May														June																
Date	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	Menstrual				Pre-ovulatory				Ovulatory				Post-ovulatory																		
Symbols	R	R	R	R	R	D	D	D	D	X	X	X	X	X	X	X	⊗	M1	D2	D3	D	D	D	D	D	D	D	D	D	D	D
What I Feel	Wet	Wet	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry
What I See	Blood	Blood	Blood	Blood	Blood	None	None	None	None	None	Sticky	Pasty	Pasty	Pasty	Pasty	Pasty	Clear	Watery	Sticky	None	None	None	None	None	None	None	None	None	None	None	None
Lovemaking						♥		♥		♥											♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥

LEGEND:

R - "Regia" or menstruation; spotting	M - Dry with sticky, pasty or crumbly mucus
D - Dry with no mucus	1, 2, 3 - Post peak days
X - Wet with slippery, stretchy, clear or watery mucus	♥ - Sexual intercourse day
⊗ - Peak day, LAST day of wetness, wet mucus	

Cervical Mucus Method Answer Chart

2. Distribute CMM Practice Chart II and ask participants to label the following:

- Fertile and infertile days
- Phases of the Menstrual Cycle
- Lovemaking Days

Then distribute the Completed Practice Chart II. Ask volunteers to demonstrate how to interpret the Practice Chart, one volunteer for each step.

OUR PERSONAL MUCUS METHOD CHART

Practice Chart II

Learning Chart

Client: _____
Husband: _____

Start of Previous Cycle: _____
End of Previous Cycle: _____

Month/Year: _____
Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month	June														July																
Date	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3
Symbols																															
What I Feel	Wet	Wet	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Wet	Wet	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	
What I See	Blood	Blood	Blood	Blood	Blood	Spotting	None	None	None	None	None	Cloudy	Cloudy	Whitish	Clear Watery	Sticky	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None
Lovemaking																															

LEGEND:

R - "Regia" or menstruation; spotting	M - Dry with sticky, pasty or crumbly mucus
D - Dry with no mucus	1, 2, 3 - Post peak days
X - Wet with slippery, stretchy, clear or watery mucus	♥ - Sexual intercourse day
⊗ - Peak day, LAST day of wetness, wet mucus	

Cervical Mucus Method Practice Chart II

Module 4: Cervical Mucus Method (CMM)

TRAINER'S ACTIVITIES

Say: Now that you know CMM charting and interpretation, we will discuss the follow-up visits, the autonomous user's chart and the basic CMM protocol.

*Ask the participants to give the advantages and disadvantages **specific** to the cervical mucus method and discuss their answers.*

KEY LEARNING POINTS

Advantages:

Advantages

Almost all of the advantages of natural family planning are applicable to the Cervical Mucus Method.

Detection of infections

Advantages

- It provides opportunities for deeper sexual communication between husband and wife

Almost all of the advantages of natural family planning are applicable to the Cervical Mucus Method.

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

Disadvantages:

Disadvantages

- Requires daily observation and recording of the cervical mucus.
- Can be tedious during the early stages of knowing and establishing the woman's menstrual cycle.
- Discharges due to infections can be confused with the natural mucus secretions.

1. Requires daily observation and recording of the cervical mucus.
2. Can be tedious during the early stages of knowing and establishing the woman's menstrual cycle.
3. Discharges due to infections can be confused with the natural mucus secretions.

Ask: When does the woman come back for her next follow-up visit/s?

The service provider makes use of the client contact record for each visit and the autonomy checklist on the 3rd visit.

Follow-up Visits:

- The woman should come back for the next visit when her peak day/post peak days have been identified.
- She meets with her service provider for three times, specifically once for each cycle.
- The goal is that by the 3rd cycle she can autonomously use the Cervical Mucus Method without needing the service provider. If the client is not yet autonomous by the 3rd visit, ask client to come for another visit until she can satisfactorily meet all the criteria for autonomy.

Module 4: Cervical Mucus Method (CMM)

TRAINER'S ACTIVITIES

Introduce the Autonomous User's Chart.

Explain its use and interpretation.

KEY LEARNING POINTS

AUTONOMOUS MUCUS METHOD CHART

Client: _____
Husband: _____

Month/Year:: _____ May 2008

Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month/Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Symbols	R	R	R	R	R	D	D	D	D	D	D	X	X	X	X	X	⊗	D1	D2	D3	D	D	D	D	D	D	D	D	D	D	D
Lovemaking							♥		♥		♥											♥	♥	♥	♥	♥	♥	♥	♥	♥	♥

Month/Year:: _____ June 2008

Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month/Date																															
Symbols																															
Lovemaking																															

Month/Year:: _____ July 2008

Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month/Date																															
Symbols																															
Lovemaking																															

LEGEND:	R or red	- "Regla" or menstruation; spotting	M or yellow	- Dry with sticky, pasty or crumbly mucus
	D or brown	- Dry with no mucus	1, 2, 3	- Post peak days
	X or green	- Wet with slippery, stretchy, clear or watery mucus	♥	- Sexual intercourse day
	⊗	- Peak day, LAST day of wetness, wet mucus		

At the end of the learning period which is usually 3 cycles, the client is taught how to use the autonomous user's chart. Colors can be introduced so descriptions can now be dropped or not written out.

SUMMARY/CONCLUSION

The Cervical Mucus Method is one of the more popular Natural Family Planning Methods. This is because a relatively easy way of learning its proper use has been developed. Its rate of effectiveness is also high at 97%. Another factor that has contributed to its popularity is the shortened period of abstinence as compared to the Basal Body Temperature Method since it allows lovemaking on alternate evenings on dry days following menstruation (i.e. Early Days Rule). As in other NFP methods however, the main challenge remains to be the handling of abstinence when the woman is fertile. This is reported to be self-rewarding over time for the couple as individuals and for their relationship.

In all the above concerns, the role of the Service Provider is critical: ensuring the accurate understanding of the method rules as well as guiding the couple in its correct practice.

Blank Sample Chart

OUR PERSONAL MUCUS METHOD CHART
Learning Chart

Client: _____
Husband: _____

Start of Previous Cycle: _____
End of Previous Cycle: _____

Month/Year: _____
Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
Month																																
Date																																
Symbols																																
What I Feel																																
What I See																																
Lovemaking																																

LEGEND:

R

-

"Regla" or menstruation; spotting

D

-

Dry with no mucus

X

-

Wet with slippery, stretchy, clear or watery mucus

⊗

-

Peak day, LAST day of wetness, wet mucus

M

-

Dry with sticky, pasty or crumbly mucus

1, 2, 3

-

Post peak days

♥

-

Sexual intercourse day

Module 4: Cervical Mucus Method (CMM)

Sample Completed Chart

OUR PERSONAL MUCUS METHOD CHART

Client: _____
Husband: _____
Start of Previous Cycle: _____
End of Previous Cycle: _____
Month/Year: _____
Cycle Length: _____
Jan/Feb: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Month	Jan										Feb																			
Date	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Symbols	R	R	R	R	R	D	D	D	D	D	X	X	X	X	X	X	⊗	M1	D2	D3	D	D	D	D	D	D	D	D	D	D
What I Feel	Wet	Wet	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry
What I See	Blood	Blood	Blood	Blood	Spotting	None	None	None	Sticky Mucus	None	Sticky Cloudy	Pasty	Pasty	Pasty	Pasty	Clear	Stretchy Clear	Sticky	None	None	None	None	None	None	None	None	None	None	None	None
Lovemaking						♥		♥		♥											♥	♥	♥	♥	♥	♥	♥	♥	♥	♥

R - "Regla" or menstruation; spotting

D - Dry with no mucus

X - Wet with slippery, stretchy, clear or watery mucus

⊗ - Peak day, LAST day of wetness, wet mucus

M - Dry with sticky, pasty or crumbly mucus

1, 2, 3 - Post peak days

♥ - Sexual intercourse day

OUR PERSONAL MUCUS METHOD CHART
Learning Chart

Client: _____
Husband: _____

Start of Previous Cycle: _____ Month/Year: _____ May/June
End of Previous Cycle: _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month	May														June																
Date	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Symbols																															
What I Feel	Wet	Wet	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry
What I See	Blood	Blood	Blood	Blood	Blood	Blood	None	None	None	None	Sticky	Pasty	Pasty	Pasty	Pasty	Clear	Watery	Sticky	None	None	None	None	None	None	None	None	None	None	None	None	None
Lovemaking																															

LEGEND:

R - "Regla" or menstruation; spotting

D - Dry with no mucus

X - Wet with slippery, stretchy, clear or watery mucus

⊗ - Peak day, LAST day of wetness, wet mucus

M

- Dry with sticky, pasty or crumbly mucus

- Post peak days

- Sexual intercourse day

1, 2, 3

♥

Module 4: Cervical Mucus Method (CMM)

Answers to Practice Chart 1

OUR PERSONAL MUCUS METHOD CHART Learning Chart

Client: _____
Husband: _____

Start of Previous Cycle: _____ Month/Year: _____ May/June _____
End of Previous Cycle: _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month	May																			June											
Date	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Symbols	R	R	R	R	R	D	D	D	D	D	X	X	X	X	X	X	⊗	M1	D2	D3	D	D	D	D	D	D	D	D	D	D	D
What I Feel	Wet	Wet	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry
What I See	Blood	Blood	Blood	Blood	Blood	None	None	None	None	None	Sticky	Pasty	Pasty	Pasty	Pasty	Pasty	Clear	Watery	None	None	None	None	None	None	None	None	None	None	None	None	None
Lovemaking						♥				♥										♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥

- LEGEND:**
- R** - "Regla" or menstruation; spotting
D - Dry with no mucus
X - Wet with slippery, stretchy, clear or watery mucus
⊗ - Peak day, LAST day of wetness, wet mucus
- M** - Dry with sticky, pasty or crumbly mucus
1, 2, 3 - Post peak days
♥ - Sexual intercourse day

OUR PERSONAL MUCUS METHOD CHART
Learning Chart

Client: _____
Husband: _____

Start of Previous Cycle: _____
End of Previous Cycle: _____

Month/Year: _____
Cycle Length: _____


Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month	June																July														
Date	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3
Symbols																															
What I Feel	Wet	Wet	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Wet	Wet	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry
What I See	Blood	Blood	Blood	Blood	Spotting	None	None	None	None	None	Cloudy	Cloudy	Cloudy	Whitish	Clear Watery	Sticky	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None
Lovemaking																															

LEGEND:

R - "Regla" or menstruation; spotting

D - Dry with no mucus


X - Wet with slippery, stretchy, clear or watery mucus

 - Peak day, LAST day of wetness, wet mucus

M

- Dry with sticky, pasty or crumbly mucus

1, 2, 3 - Post peak days

 - Sexual intercourse day

Module 4: Cervical Mucus Method (CMM)

Answers to Practice Chart II

OUR PERSONAL MUCUS METHOD CHART Learning Chart

Client: _____
Husband: _____

Start of Previous Cycle: _____ Month/Year: _____ June/July
End of Previous Cycle: _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Month	June				July																											
Date	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	
Symbols	R	R	R	R	R	D	D	D	D	D	X	X	X	X	⊗	M1	D2	D3	D	D	D	D	D	D	D	D	D	D	D	D	D	
What I Feel	Wet	Wet	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Wet	Wet	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	
What I See	Blood	Blood	Blood	Blood	Spotting	None	None	None	None	None	Cloudy	Cloudy	Cloudy	Whitish	Clear Watery	Sticky	Non	Non	None	None	None	None	None	None	None	None	None	None	None	None	None	
Lovemaking						♥		♥		♥									♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	

- LEGEND:**
- R** - "Regla" or menstruation; spotting
D - Dry with no mucus
X - Wet with slippery, stretchy, clear or watery mucus
⊗ - Peak day, LAST day of wetness, wet mucus
- M** - Dry with sticky, pasty or crumbly mucus
1, 2, 3 - Post peak days
♥ - Sexual intercourse day

AUTONOMOUS MUCUS METHOD CHART

Client: _____
 Husband: _____

Month/Year:: _____ May 2008 _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month/Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Symbols	R	R	R	R	R	D	D	D	D	D	D	X	X	X	X	X	⊗	D1	D2	D3	D	D	D	D	D	D	D	D	D	D	
Lovemaking						♥	♥	♥		♥											♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	

Month/Year:: _____ June 2008 _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month/Date																															
Symbols																															
Lovemaking																															

Month/Year:: _____ July 2008 _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month/Date																															
Symbols																															
Lovemaking																															

LEGEND:

R or red	- "Regla" or menstruation; spotting	M or yellow	- Dry with sticky, pasty or crumbly mucus
D or brown	- Dry with no mucus	1, 2, 3	- Post peak days
X or green	- Wet with slippery, stretchy, clear or watery mucus	♥	- Sexual intercourse day
⊗	- Peak day, LAST day of wetness, wet mucus		

Module 4: Cervical Mucus Method (CMM)

TEACHING EVALUATION GUIDE – (TEG) CERVICAL MUCUS METHOD

NAME: _____ DATE _____

Rating Guide:

Rate the level of knowledge and skills in the task/activity specified using the guide below.

- 0** Did not perform the task
- 1** Performed the task but needs improvement
- 2** Very proficient in the task, can describe and do it well
- NA** Not applicable

Task/Activity	0	1	2	NA
1. Ask client about his/her fertility intentions/reproductive goals. (short-term, long-term, permanent)				
2. Obtain obstetrical history for: <ul style="list-style-type: none">• Number of pregnancies (full-term, pre-term, miscarriage, # of living children, etc)• Menstrual history (PMP, LMP, cycle length)• Obstetric problems (painful intercourse, painful menstruation)				
3. Assess client's risk of contracting STI/HIV-AIDS: <ul style="list-style-type: none">• Husband's occupation• Multiple partners• Past STI/HIV-AIDS (client or partner)• Husband's urethral discharges• Husband's scrotal swelling• Client's unusual vaginal discharges				

Module 4: Cervical Mucus Method (CMM)

Task/Activity	0	1	2	NA
4. Assess women with special/unusual situations <ul style="list-style-type: none"> Recent illness, sleep disturbance, medications Recent use of any FP method (pills, injectables, IUDs) Breastfeeding Pattern 				
5. Assess couple communication <ul style="list-style-type: none"> Ask if they agree about using family planning methods 				
6. Ask client/couple on timing of intercourse <ul style="list-style-type: none"> Do they talk about the timing of their sexual intercourse? Can partner abstain from intercourse on days when she can become pregnant? Do they have ways of handling fertile days? Infertile days? 				
7. Explain how the Mucus Method can be used to plan for or avoid pregnancy.				
8. Explore ways to improve couple communication.				
9. Ask client about ways to handle the fertile days.				
10. Help client practice how to talk with his/her partner about: <ul style="list-style-type: none"> How to use the method How to talk about sensitive issues regarding abstinence from intercourse 				
11. Repeat information when necessary.				
12. Ask client if there is anything not understood, needs clarification, or confirmation.				
13. Check client's experience and understanding of mucus, correct as needed.				
14. Guide the client in their ability to successfully use the Mucus Method and relate partner involvement to the couple's fertility intention or goal.				
15. Explain the mechanics of observing and recording mucus changes.				
16. Demonstrate how client records observations by completing one cycle on a blank chart.				

Module 4: Cervical Mucus Method (CMM)

Task/Activity	0	1	2	NA
17. Explain the menstrual phases (particularly the ovulatory & post-ovulatory) based on recordings of the demonstration chart.				
18. Explain the Mucus Method Rules & emphasize the Peak Day Rule.				
19. Ask client to practice discussing the Mucus Method with partner.				
20. Explain the need to practice abstinence during the first cycle or until the Peak Day is identified by the provider.				
21. Motivate client to start observing immediately.				
22. Instruct client to begin recording on the first day of menstruation.				
23. Provide client with a blank chart.				
24. Assess client's understanding of the method and repeat information when necessary.				
25. Provide information materials about the method.				
26. Schedule Cycle 1 follow-up visit no later than the 3 rd week after the start of the next menstruation. Instruct client to bring her filled-up chart and her husband, if possible.				
27. Share autonomous user information on the last follow-up visit.				

Trainer's Notes/Remarks:

Trainer's Signature: _____

FREQUENTLY ASKED QUESTIONS: Mucus Method

1. Is observation of the mucus secretion difficult?

Most women have noticed this secretion, but do not know its relation to fertility. Once it is explained, most women say they have seen and felt the secretions. What is important is the daily observation in relation to the menstrual cycle. It is also important to keep a daily record of the observations so that women don't rely on memory alone.

2. Why is it important for the man to be involved in the recording of the mucus observation?

Husbands should be aware of the part of the cycle his wife is in, so that he is able to discipline and psyche himself in terms of their sexual intercourse. It is also important for him to understand that there are certain days when intercourse will probably result in pregnancy, and more days when it will not result in having a baby. The mucus observations done by the wife tells him that she values their joint fertility and that she is doing her part to meet their fertility intentions. Thus it is necessary for the couple to decide jointly what their fertility intention would be at this time of their relationship. Sexual harmony is more easily achieved when there is mutual consent from each partner.

3. Many women report that around ovulation time, or when they are experiencing their mucus secretions, they feel more amorous and romantic and therefore enjoy sexual intercourse more. For couples who are avoiding a pregnancy, will this not make abstaining or waiting too difficult?

It is statistically true that most women experience sexual urges at the peak of their fertility, around ovulation time. This is due to the cervical mucus secreted by the cervical glands. However, it is important to know that a different pair of glands, which are the Bartholin's Glands, secrete sexual lubrication fluids. When a couple has waited out the fertile time to meet their fertility intentions, sexual intercourse during the infertile period can be just as or more satisfying because of the delayed gratification and the anticipation, plus the mutual consent to start with. It is also important to note that nature does favor conception, and this is how the reproductive systems work. However, a higher ideal or purpose for responsible parenthood helps couples to go through the waiting time.

4. Why do some women report seeing and feeling secretions all the time throughout the cycle?

There may be several reasons for this: First, it is important that the woman keep a chart of her observations so that this can be validated. Second, there should be a pattern of menses, dry feeling, followed by slippery, wet mucus, and again, an experience of dryness at the vulva. If this pattern is not experienced, then it would be worthwhile to refer the woman for a check-up. This is especially true if the woman experiences itchiness and secretions are yellowish and may have some odor. She may be experiencing cervical infections which can be a common occurrence. Thirdly, ruling out the first two, check if the woman is experiencing continuing sexual arousal throughout the cycle.

Module 4: Cervical Mucus Method (CMM)

5. Are there factors that influence the production of cervical mucus secretions?

The cervical mucus secretions are influenced by the intake of hormones, such as contraceptive pills. The mechanism of action of some contraceptive pills is that the mucus plug does not transform into slippery, watery mucus since ovulation is suppressed.

6. Why is intercourse not advised on menstruation days, when it is absolutely sure that these days do not coincide with the woman's ovulation?

For methods that do not require a prescribed cycle range, it is important to note that women with short cycles may get pregnant from intercourse during the later menstruation days since most of their cycles may have no dry days. Because sperm can live up to 5 days, and can hide in the cervical crypts, pregnancy can occur. This is advised for women with short cycles who find difficulty achieving a pregnancy.

7. If there is intercourse on the night of the last dry day, followed by a wet day, can a woman get pregnant since sperm live up to 5 days inside her body?

Remember that the woman feels dry the whole day because there is a cervical mucus plug that cannot be penetrated by sperm cells and this causes them to lose their viability.

8. Why does the EDR allow for intercourse only in the evenings, and why alternate?

Because the woman is in her pre-ovulatory phase which is a relative infertile phase, meaning she does not know when her mucus will begin, intercourse is available only at night because she relies on her observation throughout the day. Intercourse is available on alternate evenings only because post-coital fluid from intercourse on the night before results to a wet feeling in the woman's genital area up to noon the next day.

SUPPLEMENTAL READING: Mucus Method

Odeblad, Erik. *Science of Mucus (in Fertility Awareness)*.

Cervical mucus is of great significance in determining the fertile and infertile days in a woman's menstrual cycle. Odeblad has classified the mucus secretions found in the cervix during the different phases of the menstrual cycle. Vaginal secretions produced by the Bartholin glands direct sperm towards the cervix.

PHASE	DOMINANT TYPE OF MUCUS/CHARACTERISTICS	POINT OF ORIGIN	ACTION/EFFECT/ SENSATION
Menstrual (days 1-5)	With or without the very viscid, thick, opaque G mucus	External os	Not receptive for sperm
Post Menstrual (days 6-8)	G mucus; mucus molecules are split up; no space to move	External os	Not receptive for sperm
Pre-ovulatory (days 9-12)	L /loaf-shaped mucus; translucent but dense; mucus molecules have small space for movement	Mid-portion of Cervix of Uterus	Capture malformed sperm; sperm have great difficulty moving
Ovulatory (days 13-14)	S /string-shaped mucus; translucent and watery; parallel mucus molecules	Upper portion of Cervix of Uterus	Rapid sperm swimming; wet
Peri-ovulatory (days 12-15)	S /string-shaped mucus; watery	Upper portion of Cervix of Uterus	Rapid sperm swimming; wet
Post-ovulatory (days 15-28)	G mucus; mucus molecules are split up; no space to move	External os	Sperm cannot penetrate; dry

In summary, the cervical secretions are the G, L and S. With the rise in the estrogen level, a woman feels the S and L mucus secretions while the increase in progesterone during the post-ovulatory phase brings about the feeling of dryness due to the predominance of the G-mucus. These important physiological processes within a woman's body are the basis for the Mucus Method of Natural Family Planning.

Module 5: Sympto-Thermal Method (Sympto-T)

Introduction

The Sympto-Thermal Method (Sympto-T) is a combination of the Cervical Mucus Method and the Basal Body Temperature Method. Since it uses two sets of indicators of fertility, it is considered more effective than the Cervical Mucus Method and Basal Body Temperature Method when used singly. This module reviews the observations and recordings made in the Cervical Mucus and Basal Body Temperature Methods as well as the need to guide a couple's practice of natural family planning.

Objectives

At the end of the session, participants are able to:

1. Explain Sympto-T as a natural family planning method
2. Provide instructions on the taking and recording of a woman's basal body temperature, observations of mucus changes and other signs of ovulation
3. Determine the fertile and infertile phases of the menstrual cycle using a woman's completed Sympto-Thermal chart

Estimated Time: 1 hour

Advance Preparation

- Objectives written either on flipchart, PowerPoint or transparency
- Blank and Completed Sympto-T Charts (poster size)
- Blank and Completed Sympto-T Charts for each participant
- Meta cards/masking tape
- Permanent markers
- Rulers & pencils
- Flipchart/whiteboard and whiteboard markers
- Computer/LCD/OHP

TRAINER'S ACTIVITIES

Greet the participants and introduce the module. Show the module objectives and briefly describe what will be discussed under each objective.

KEY LEARNING POINTS

OBJECTIVES

Objectives:

- At the end of the session, participants are able to:
- Explain Sympto-T as a natural family planning method
- Provide instructions on the taking and recording of a woman's basal body temperature, observations of mucus changes and signs of ovulation
- Determine the fertile and infertile phases of the menstrual cycle using a woman's completed Sympto-Thermal chart

At the end of the session, participants are able to:

- Explain Sympto-T as a natural family planning method
- Provide instructions on the taking and recording of a woman's basal body temperature, observations of mucus changes and other signs of ovulation
- Determine the fertile and infertile phases of the menstrual cycle using a woman's completed Sympto-Thermal chart

Module 5: Sympto-Thermal Method (Sympto-T)

TRAINER'S ACTIVITIES

Show the participants a blank Sympto-Thermal chart and a sample completed Sympto-Thermal chart.

KEY LEARNING POINTS

BLANK SYMPTO-THERMAL CHART

Client: _____ Month/Year: _____

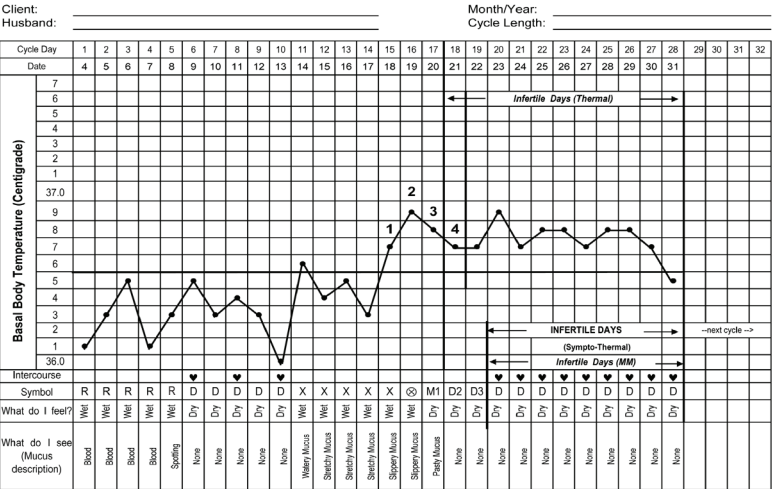
Husband: _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
Date																																
Basal Body Temperature (Centigrade)	5																															
	4																															
	3																															
	2																															
	1																															
	37.0																															
	9																															
	8																															
	7																															
	6																															
	4																															
	3																															
2																																
1																																
36.0																																
9																																
35.8																																
Intercourse																																
Symbol																																
What do I feel?																																
What do I see (Mucus description)																																

Blank Sympto-Thermal Chart

Ask participants to give their observations of the sample completed Sympto-Thermal chart. List down their observations on the board.

SAMPLE COMPLETED SYMPTO-THERMAL CHART



Sample Completed Sympto-Thermal Chart

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

The Sympto-Thermal Method (Sympto-T) combines the observations made of the cervical mucus, temperature readings, and other signs and symptoms of ovulation to determine the fertile and infertile days in a woman's menstrual cycle.

Sympto-Thermal Method

- It combines the technology of the Cervical Mucus Method and that of the Basal Body Temperature Method.
 - Effectivity: 99%
-
- It combines the technology of the Cervical Mucus Method and that of the Basal Body Temperature Method.
 - **Effectivity:** 99%

Module 5: Sympto-Thermal Method (Sympto-T)

TRAINER'S ACTIVITIES

Call on a participant to review the BBT method and point out the portion of the chart which shows the BBT observations.

Note the presentation made. Acknowledge the correct points and clarify the incorrect/unclear points of the presentation.

Another participant will discuss the observations recorded on the CMM chart.

KEY LEARNING POINTS

Mechanism of Action

Mechanism of Action

BBT Technology:

- The basal body temperature is based on a woman's resting body temperature which is lower before ovulation until it rises to a higher level beginning around the time of ovulation.

CMM Technology:

- The Mucus Method is based on the daily observation of what a woman sees and feels at the vaginal area throughout the day. Cervical mucus changes indicate whether days are fertile or not and can be used to avoid or achieve pregnancy.

Basal Body Temperature

- The basal body temperature (BBT) of a woman is lower before ovulation, until it rises to a higher level at around the time of ovulation.
- After ovulation, her BBT typically rises slightly and stays in a slightly higher range until her next period begins. This slight increase in BBT, from ovulation until menstruation, is a sign that she ovulated during this cycle. The rise is due to the action of progesterone.

Mucus Method

- During the **woman's fertile period, she feels wet and sees slippery, stretchy, watery, and clear mucus.** The mucus nourishes and provides channels for sperms to swim. If a sperm unites with an egg, pregnancy occurs.
- During the **woman's infertile period,** there is no egg. The mucus forms a plug that prevents sperms from entering the cervix. The woman feels dry and she may either see mucus or no mucus at all.

TRAINER'S ACTIVITIES

Ask: Who can use the Sympto-Thermal Method?

KEY LEARNING POINTS

The following can use the Sympto-Thermal Method of natural family planning:

Who can use the Sympto-Thermal Method?

- Women with menstrual cycles of any length
- Women willing to take their basal body temperature daily, record them and interpret their temperature patterns as well as observe and record their cervical mucus changes.
- Women with normal cervical mucus secretions.

Who can use the Sympto-Thermal Method?

- Women who are able to have at least 3 hours of continuous sleep everyday at almost the same time.
- Couples who can avoid sexual intercourse several consecutive days each cycle.
- Couples who can talk about the timing of their sexual intercourse.
- Couples who are at low risk of STI/HIV-AIDS

- Women with menstrual cycles of any length
- Women willing to take their basal body temperature daily and record them and interpret their temperature patterns as well as observe and record their cervical mucus changes.
- Women with normal cervical mucus secretions.
- Women who are able to have at least 3 hours of continuous sleep everyday at almost the same time.
- Couples who can avoid sexual intercourse several consecutive days each cycle.

Module 5: Sympto-Thermal Method (Sympto-T)

TRAINER'S ACTIVITIES

Using the same sample completed chart, lead the participants in identifying the following:

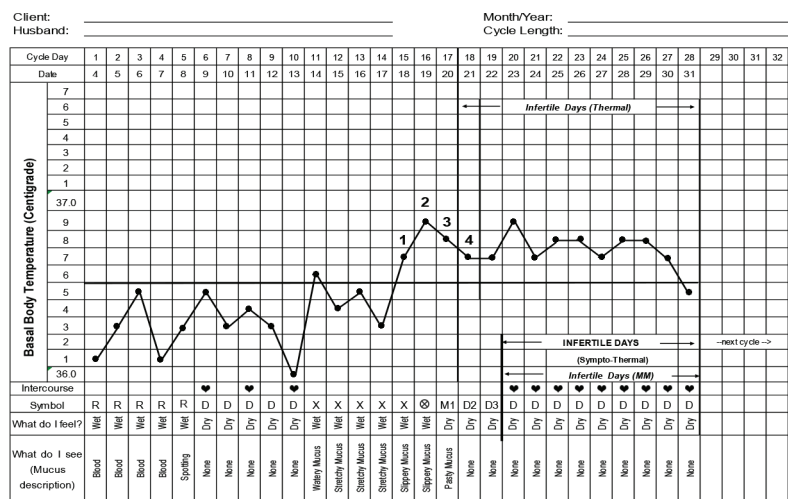
1. Fertile and infertile phases of the BBT portion of the chart
2. Fertile and infertile phases of the Mucus Method portion of the chart

KEY LEARNING POINTS

- Couples who can talk about the timing of their sexual intercourse.
- Couples who are at low risk of STI/HIV-AIDS

How to use the Sympto-Thermal Method

COMPLETED SYMPTO-THERMAL CHART



TRAINER'S ACTIVITIES

KEY LEARNING POINTS

Mode of Use

- Since this is the same technology as BBT and CMM, the same steps in observing and recording are followed. Rules pertinent to the two methods are also applied.
- The post-ovulatory phase is determined by **following the infertile period of the method that comes later** (either thermal shift of peak day)
- Bonus lovemaking days are available on dry days following menstruation but on alternate evenings only. (Early Days Rule)

If the post-ovulatory phase of the 2 methods are not the same, what should be followed?

Are there bonus lovemaking days for Sympto-T?

- Since this is the same technology as BBT and MM, the same steps in observing and recording are followed. Rules pertinent to the two methods are also applied.
- The **post-ovulatory phase is determined by following the infertile period of the method that comes later** (either thermal shift of peak day)
- Bonus lovemaking days are available on dry days following menstruation but on alternate evenings only. (Early Days Rule)

Module 5: Sympto-Thermal Method (Sympto-T)

TRAINER'S ACTIVITIES

Ask:

What are the Sympto-Thermal Method guidelines?

KEY LEARNING POINTS

Sympto-Thermal Method Guidelines

Sympto-Thermal Method Guidelines

- The first fertile day is identified on the first onset of mucus following dry days after menstruation. Follow the **EARLY DAYS RULE**.
- On dry days following menstruation, lovemaking will be on alternate evenings only. (Early Days Rule)
- If there are no dry days following menstruation, EDR cannot be applied.

The Sympto-Thermal Rule

- The post-ovulatory phase is determined by following both BBT and MM Rules. However, When there is a difference, **follow whichever comes later**, whether peak day or the thermal shift.

1. The first fertile day is identified on the first onset of mucus following dry days after menstruation. Follow the EARLY DAYS RULE.
2. On dry days following menstruation, lovemaking will be on alternate evenings only.
3. If there are no dry days following menstruation, EDR cannot be applied.
4. The post-ovulatory phase is determined by following both BBT and MM Rules. However, when there is a difference, follow whichever comes later, whether peak day or the thermal shift.

Module 5: Sympto-Thermal Method (Sympto-T)

TRAINER'S ACTIVITIES

Practice Charting

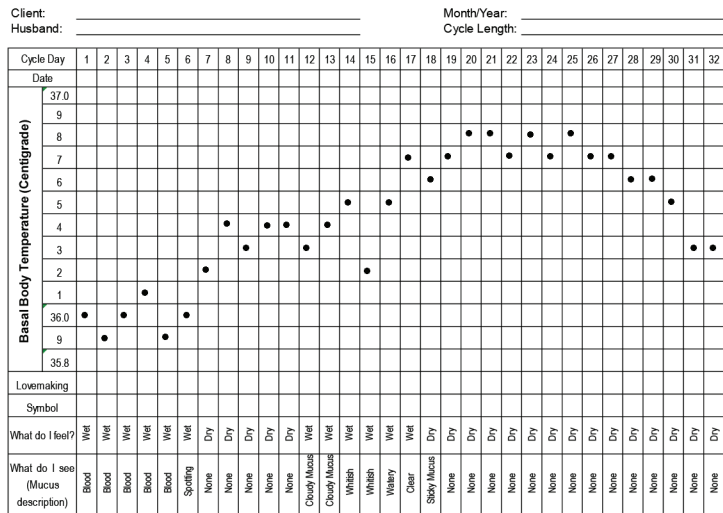
Distribute *Sympto-T Charts* with data and ask participants to complete the charting and identify the following:

1. Cover line & thermal shift
2. Fertile & infertile days
3. Peak Day
4. Post Peak Days
5. Phases of the Menstrual Cycle

Give them 5 minutes to complete the chart. Ask for volunteers to share their completed chart. Lead the participants in doing a correct completed chart.

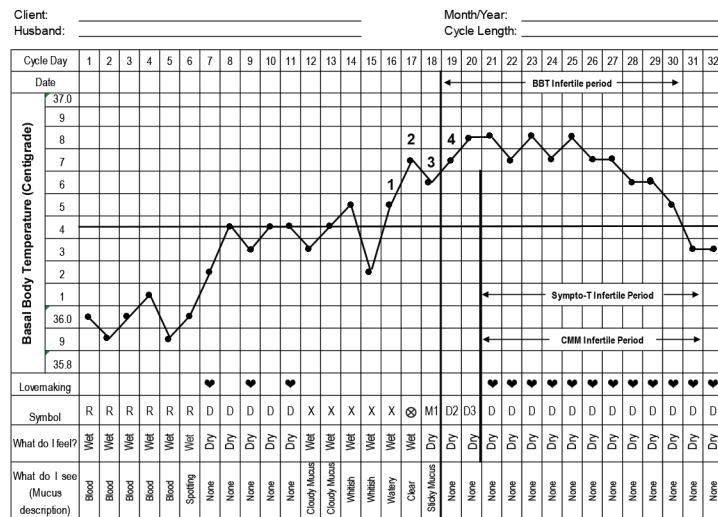
KEY LEARNING POINTS

PRACTICE SYMPTO-THERMAL CHART



Sympto-Thermal Practice Chart

PRACTICE SYMPTO-THERMAL ANSWER CHART



Module 5: Sympto-Thermal Method (Sympto-T)

TRAINER'S ACTIVITIES

Ask participants what advantages and disadvantages are specific to the Sympto-Thermal Method.

KEY LEARNING POINTS

Advantages and Disadvantages are the same as the MM and BBT methods.

Advantages and Disadvantages

- The same as the CMM and BBT methods.
 - The biggest advantage of the Sympto-Thermal Method is the use of 2 indicators which makes it more effective.
 - This is also considered as a big disadvantage to those who do not like to chart observations of 2 indicators i.e. temperature and mucus changes.
-
- The biggest advantage of the Sympto-Thermal Method is the use of 2 indicators which makes it more effective.
 - This however is also considered as a big disadvantage to those who do not like to chart observations of 2 indicators i.e. temperature and mucus changes.

SUMMARY/CONCLUSION

The Sympto-Thermal Method uses both the Cervical Mucus Method and the Basal Body Temperature Method. It proves to be as effective as any of the methods mentioned when used singly. It can be used by women with any menstrual cycle length and like the other natural family planning methods, it requires couple cooperation for the success of its use. It does not protect the couple from sexually-transmitted infections and requires more work for the woman since she has to observe and record two fertility indicators.

BLANK SYMPTO-THERMAL CHART

Client:

Husband:

Month/Year:

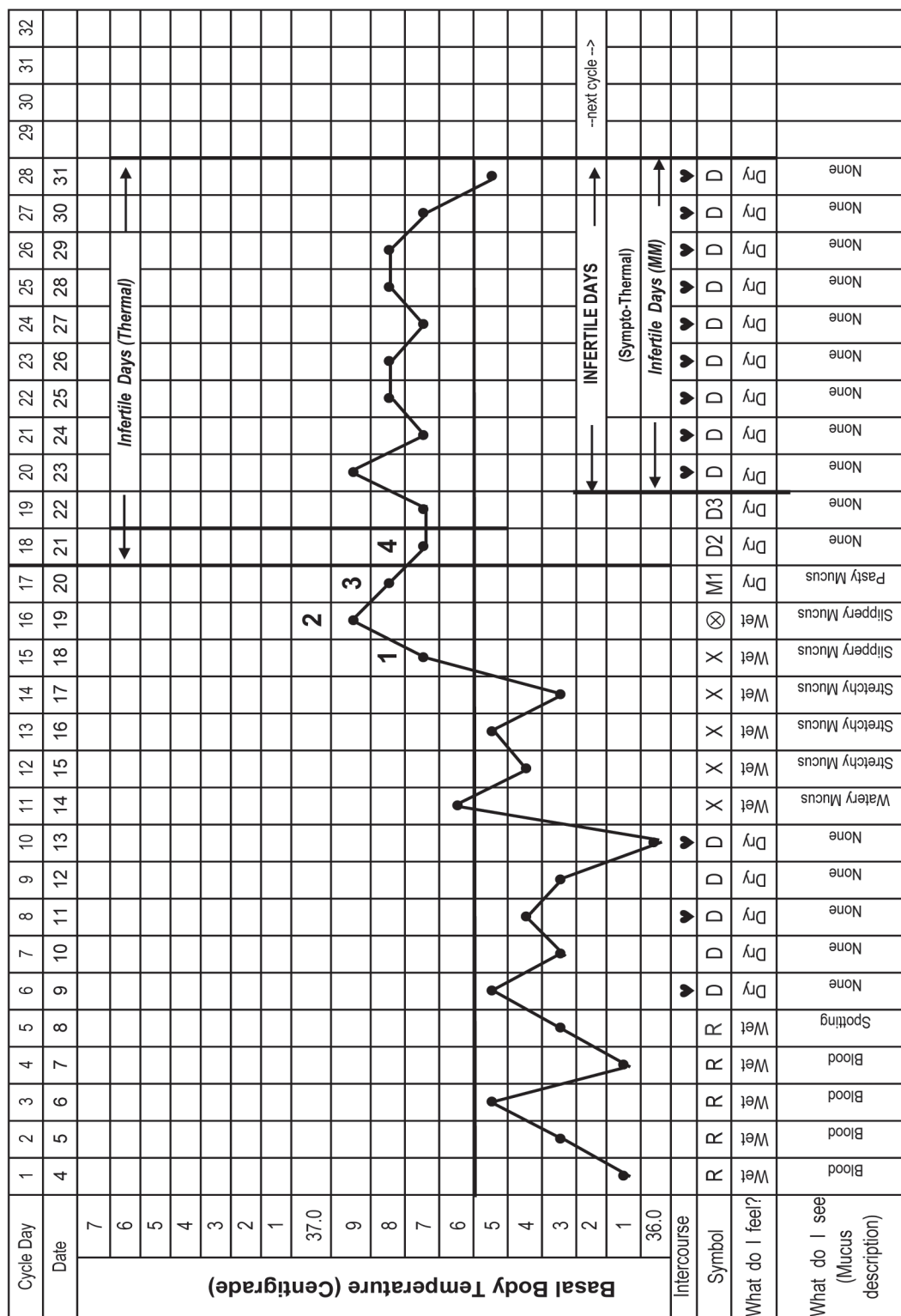
Cycle Length:

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
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Lovemaking																																
Symbol																																
What do I feel?																																
What do I see (Mucus description)																																

SAMPLE COMPLETED SYMPTO-THERMAL CHART

Husband:

Cycle Length:



PRACTICE SYMPTO-THERMAL CHART

Client: _____

Month/Year: _____

Husband: _____

Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
Date																																
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Module 5: Sympto-Thermal Method (Sympto-T)

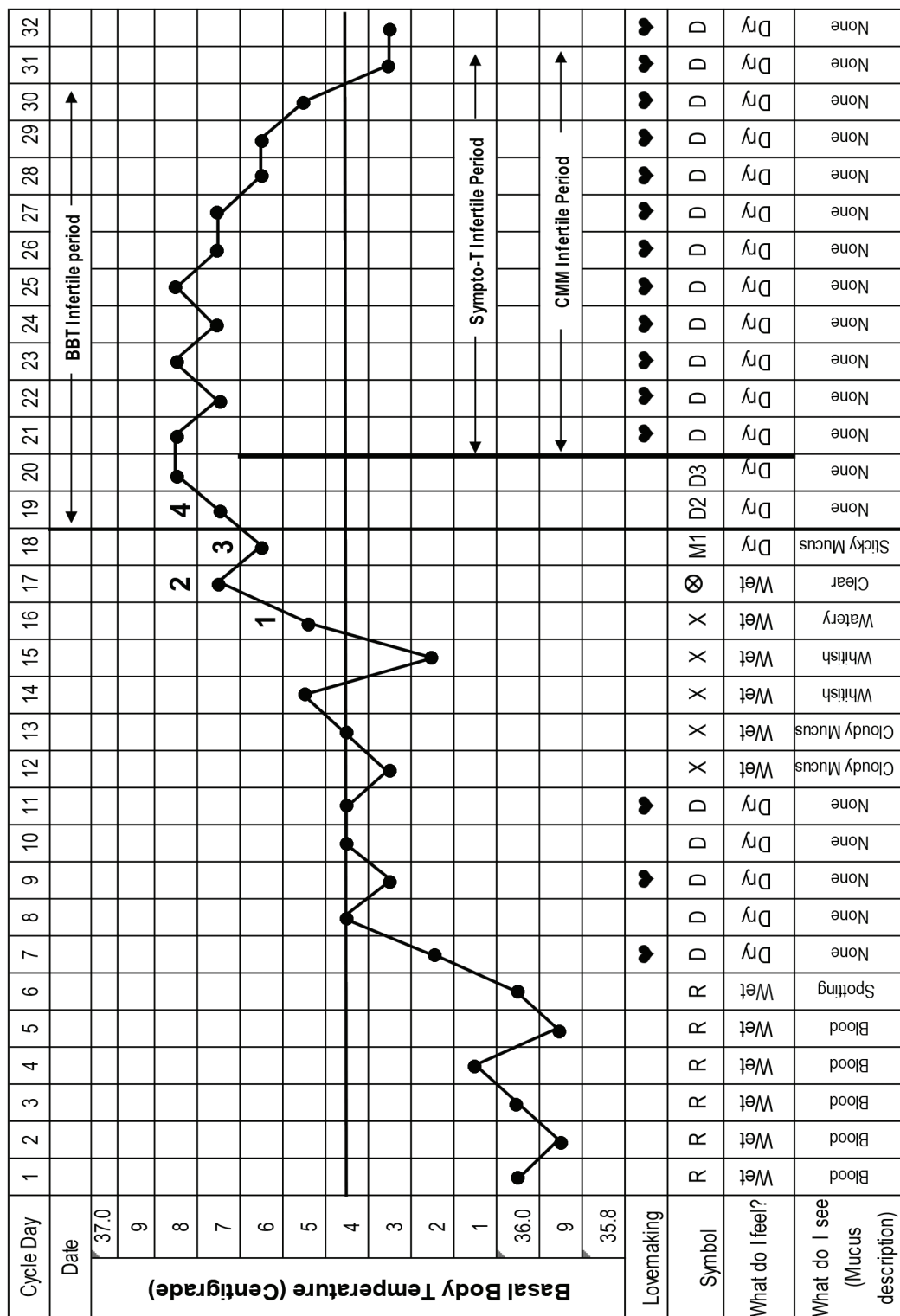
PRACTICE SYMPTO-THERMAL ANSWER CHART

Client:

Husband:

Month/Year:

Cycle Length:



TEACHING EVALUATION GUIDE (TEG) SYMPTO-THERMAL METHOD

NAME: _____ DATE _____

Rating Guide:

Rate the level of knowledge and skills in the task/activity specified using the guide below.

- 0** Did not perform the task
- 1** Performed the task but needs improvement
- 2** Very proficient in the task, can describe and do it well
- NA** Not applicable

Task/Activity	0	1	2	NA
GREET				
1. Greet the client and introduce self.				
2. Provide auditory & visual privacy.				
3. Establish the purpose of the visit.				
4. Assure confidentiality.				
5. Maintain eye contact with the client.				
ASK				
6. Get client's demographic data.				
7. Ask client about his/her fertility intentions/reproductive goals. (short, long term, permanent)				

Module 5: Sympto-Thermal Method (Sympto-T)

<p>8. Obtain obstetrical history for:</p> <ul style="list-style-type: none"> • Number of pregnancies (full-term, pre-term, miscarriage, # of living children, etc.) • Menstrual history (PMP, LMP, cycle length) • Obstetric problems (painful intercourse, painful menstruation) 				
<p>9. Assess client's risk of contracting STI/HIV-AIDS:</p> <ul style="list-style-type: none"> • Husband's occupation • Multiple partners • Past STI/HIV-AIDS (client or partner) • Husband's urethral discharges • Client's unusual vaginal discharges 				
<p>10. Assess women with special/unusual situations</p> <ul style="list-style-type: none"> • Recent illness, sleep disturbance, medications • Recent use of any FP method (pills, injectable, IUD) • Breastfeeding Pattern 				
<p>11. Assess couple communication</p> <ul style="list-style-type: none"> • Ask if they agree about using family planning methods 				
<p>12. Ask client/couple on timing of intercourse</p> <ul style="list-style-type: none"> • Do they talk about the timing of their sexual intercourse ? • Can partner abstain from intercourse on days when she can become pregnant? • Do they have ways of handling fertile days? Infertile days? 				

Module 5: Sympto-Thermal Method (Sympto-T)

TELL				
13. Ask client what she knows about human fertility.				
14. Explain joint, male & female fertility using the human fertility diagram.				
15. Describe the different methods of family planning.				
16. Discuss NFP & the advantages & disadvantages of NFP.				
17. Ask which method interests client.				
18. Explain how the chosen method can be used to plan for or avoid pregnancy.				
HELP				
19. Help client reach an informed decision.				
20. Explore ways to improve couple communication.				
21. Ask client what issues or difficulties might arise during fertile days or days when the woman can get pregnant.				
22. Ask client about ways to handle the fertile days and also infertile days.				
23. Help client practice how to talk with his/her partner about: <ul style="list-style-type: none"> • How to use the method • How to talk about sensitive issues regarding abstinence from intercourse 				
EXPLAIN				
24. Check client's experience and understanding of the BBT and Mucus Methods, correct as needed.				

Module 5: Sympto-Thermal Method (Sympto-T)

25. Guide the client in their ability to successfully use the Sympto-Thermal Method and relate partner involvement to the couple's fertility intention or goal.				
26. Explain the mechanics of observing temperature using the BBT thermometer.				
27. Demonstrate how to record the temperature using the blank Sympto-Thermal chart.				
28. Explain how to identify the cover line & thermal shift.				
29. Explain the BBT rules in avoiding/achieving pregnancy.				
30. Check client's experience and understanding of mucus, correct as needed.				
31. Explain the mechanics of observing and recording mucus changes.				
32. Demonstrate how client records observations.				
33. Explain the Mucus Method Rules & emphasize the Peak Day Rule.				
34. Explain the need to practice abstinence during until the Peak Day or the thermal shift is identified by the client with the provider.				
35. Identify the fertile and infertile days in the BBT Method & the Mucus Method.				
36. Explain the Sympto-T guidelines & emphasize when lovemaking is available to the couple.				
37. Explain to client to follow the fertile sign which comes later on their chart.				
38. Ask client to discuss the Sympto-T Method with partner.				
39. Motivate client to start observing immediately.				

Module 5: Sympto-Thermal Method (Sympto-T)

40. Instruct client to begin recording on the first day of menstruation.				
41. Provide client with a blank chart.				
42. Assess client's understanding of the method and repeat information when necessary.				
43. Provide information materials about the method.				
RETURN VISIT/FOLLOW-UP VISIT				
44. Schedule follow-up visit when the peak day/post peak days & thermal shift are identified. Instruct client to bring her filled-up chart and her husband, if possible, during the next visit.				
45. Fill up information in the client register & register client as New Acceptor.				

Trainer's Notes/Remarks:

Trainer's Signature: _____

FREQUENTLY ASKED QUESTIONS: Sympto-Thermal Method

1. Why would a double indicator be needed to track a woman's fertility?

There is actually no need for two indicators of fertility such as the temperature and the mucus secretions to track down a woman's fertility. However, since knowledge of the two indicators can be very intriguing, some couples opt to observe these two indicators. We know by now that the BBT can only tell us the post-ovulatory infertile phase, so combining it with mucus observations can give couples a bonus for sexual intercourse during the pre-ovulatory infertile phase. This is a motivating factor. Likewise, seeing the graphic rise that confirms ovulation is a plus factor for couples, particularly men, since mucus observations can be quite subjective.

2. What is the reason for the guideline on following whichever comes later to identify the post-ovulatory infertile phase?

This is purely a matter of precaution. Based on charts of women using the Sympto-thermal method, the mucus guideline would precede the thermal shift but occasionally, this changes. So it is best to follow the guideline: "Whichever comes later."

3. What was discovered first, the temperature or the mucus secretions?

As a method, the Basal Body Temperature method was first used in Europe, until Drs. John and Lyn Billings researched on the mucus method and made it known worldwide. It provided for an easier and less cumbersome natural method of family planning.

SUPPLEMENTAL READING: Sympto-Thermal Method

This supplemental reading explains how a woman can learn to identify her fertility signs and symptoms. Women wishing to use the Sympto-Thermal Method to avoid or to achieve a pregnancy are advised to contact a qualified Natural Family Planning Instructor.

The Sympto-Thermal Method consists of observing more than one indicator of the woman's fertility. Most couples that use a combined or Sympto-Thermal approach use cervical secretions and Basal Body Temperature to identify the fertile time. Some women also check the position and feel of their cervix or use a calendar calculation as a "double-check" against cervical secretions to identify the start and end of the fertile time. Other minor indicators include noting ovulatory pain (mittelschmerz) or breast tenderness. Ovulatory pain refers to lower abdominal pain or cramping some women feel around the time of ovulation.

Basal Body Temperature (BBT)

The BBT is the body temperature of a healthy person on awakening. The BBT rises under the influence of progesterone. Most ovulatory cycles demonstrate a biphasic BBT pattern: lower in the first part of the cycle, rising to a higher level beginning around the time of ovulation, and remaining at the higher level for the rest of the cycle. By taking her temperature on a chart each day of her menstrual cycle, a woman can retrospectively identify when she may have ovulated. However, because the BBT does not give adequate advance warning of ovulation, it cannot be used to identify the start of the fertile time. Therefore, it is of limited use for a woman who wants to achieve pregnancy.

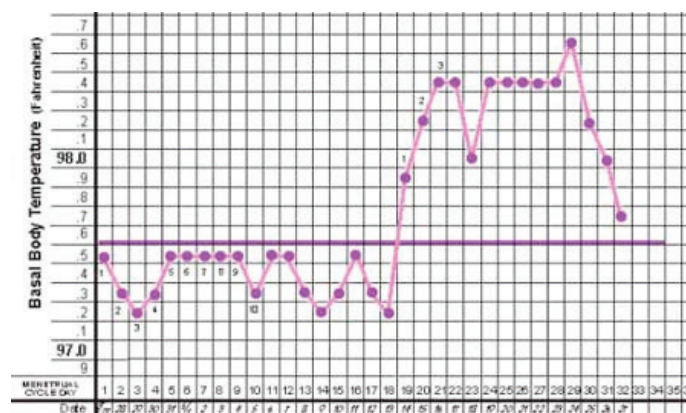


Figure 1. Temperature variations during a menstrual cycle

Module 5: Sympto-Thermal Method (Sympto-T)

Figure 1 (above) illustrates the BBT variations during a model menstrual cycle of 28 days. In reality, the BBT may rise more suddenly or more gradually. The typical pattern of a lower temperature before ovulation, followed by a higher temperature immediately before, during, and after ovulation, can be disrupted by illness, stress, travel, or interrupted sleep.

To use the BBT to determine the post-ovulatory infertile time:

1. Take your BBT every morning at the same time before getting out of bed (after at least 3 hours of sleep). A special calibrated thermometer makes temperature reading easier. Take the BBT orally, rectally, or vaginally, but take it at the same site each day so changes in BBT can be detected accurately.
2. Record your BBT readings daily on a special NFP chart (similar to that in Figure 4). Connect the dots for each day so a line connects dots from day 2 to day 3, and so on.
3. Your temperature will probably rise at least 0.4° F around the time of ovulation and remain elevated until the next menses begins. Your actual temperature and maximum temperature are not important, just the rise over the baseline (pre-ovulatory) temperatures.
4. If you have 3 days of continuous temperature rise following 6 lower temperatures, you have ovulated and your post-ovulatory infertile time has begun. To see the baseline and rise clearly on the chart, draw a line just above (0.1 degree line) the lower (pre-ovulatory) temperatures. When you record 3 continuous temperatures above this line and the last temperature is 0.4 degrees higher than this line, your post-ovulatory infertile time has begun.
5. If you cannot detect a sustained rise in BBT, you may not have ovulated in that cycle. A true post-ovulatory BBT rise usually persists 10 days or longer.
6. Some women notice a temperature drop about 12 to 24 hours before it begins to rise after ovulation, whereas others have no drop in temperature at all. A drop in your BBT probably means ovulation will occur the next day.
7. To conceive. It is not possible to predict fertile days using BBT. By the time the rise is detected, you are probably in the infertile phase of your menstrual cycle and have missed the opportunity to become pregnant. A biphasic temperature pattern, however, can let you know you are probably ovulating normally.

Module 5: Sympto-Thermal Method (Sympto-T)

8. To avoid pregnancy. Because the ovulation may occur as early as day 7 of the menstrual cycle, assume you may be fertile from just after menses (if your cycles are no less than 25 days in length) until your temperature has remained elevated for at least 3 consecutive days. The most effective way to use BBT charting when avoiding pregnancy is to avoid intercourse all through the first part of your cycle, until the temperature rise indicates you have ovulated.

Note: Because BBT does not provide information about the beginning of the fertile time; it is rarely used as the only fertility indicator by a woman who is using NFP.

Changes in cervical secretion signal the beginning and end of the fertile time, even among those who have irregular cycles. Observe your cervical secretions by “the look, touch, and the feel”:

- Look at the secretions on your undergarments, fingers, or toilet paper to determine its color and consistency.
- Touch the secretions to determine their stretch and slipperiness.
- Feel how wet the sensation is at your vulva when you are walking.

When they first appear, the secretions may be scant but sticky and thick with a cloudy color. Highly fertile secretions are clear, stretchy, wet, and slippery. Ovulation most likely occurs within 1 day before, during, or 1 day after the last day of clear, stretchy, slippery cervical secretions. When you are observing your cervical secretions, do not douche, because it can wash out the secretions, making it very difficult to notice changes.



Figure 2. Cervical secretion variations during a menstrual cycle.

Use your cervical secretions to identify the beginning and end of the fertile time:

1. Observe your cervical secretions every day, beginning the day after your menstrual bleeding has stopped, and record them daily on a special chart (see Figure 2). To help you avoid confusing cervical secretions with semen and normal sexual lubrication, some counselors advise complete sexual abstinence throughout the first cycle.
2. Check secretions each time before and after you urinate by wiping (front to back) with tissue paper. Note and record the color and appearance (clear, or cloudy) and consistency (thick, sticky, or stretchy) of the secretions, and how they feel (dry, wet, or slippery). Record how much they stretch when pulled between your thumb and index finger. Also, note and chart the sensations of dryness, or wetness at your vulva. Always record the “most fertile” observations you see during the day.

Module 5: Sympto-Thermal Method (Sympto-T)

3. Note the typical pattern in the cervical secretions:
 - During menstruation, blood masks any other sensations of wetness or secretions.
 - After the menstruation, the vagina may feel moist a few days, but not distinctly wet. There usually are no observable secretions. (Some women do not have any of these dry days, especially if they have very short cycles.)
 - Next may come secretions that are thick and sticky, cloudy. The vagina still does not feel distinctly wet. This can last for several days. Consider these days as fertile.
 - As ovulation nears, your secretions usually become more abundant, and you will have an increasingly wet sensation. Secretions become clear and slippery and can stretch 2 to 3 or more inches between the thumb and forefinger. The peak or last day of wetness or clear, slippery secretions is assumed to be about the time of ovulation.
 - After ovulation, the secretions become thick, cloudy, and sticky or disappear until the time of the next menstrual period.
4. Douching, vaginal infection, semen, foam, diaphragm jelly, lubricants, medications, and even the normal lubrication of sexual arousal may interfere with the ability to notice a clear-cut secretion pattern.

To conceive: Have intercourse when cervical secretions are present. The probability of conception is greatest when the secretions are clear, stretchy, and slippery.

To avoid pregnancy: Check for secretions as soon as your menses are complete. (Some counselors recommend avoiding intercourse during menses because it is difficult to detect secretions when they are mixed with menstrual blood.) You can have sexual intercourse on pre-ovulatory days if no secretions are present. (Some counselors recommend abstaining the next day and night following intercourse to allow time for bodily fluids to drain out of your body so you will not confuse semen and arousal fluids with cervical secretions. The following day, check your cervical secretions.) The fertile time begins when cervical secretions are first observed until 4 days past the peak day (the last day of clear, stretchy, slippery secretions.)

Module 5: Sympto-Thermal Method (Sympto-T)

See Figure 3 (below) for an example of a chart completed by a woman using BBT, cervical secretions, cervical position and feel, and other minor indicators.

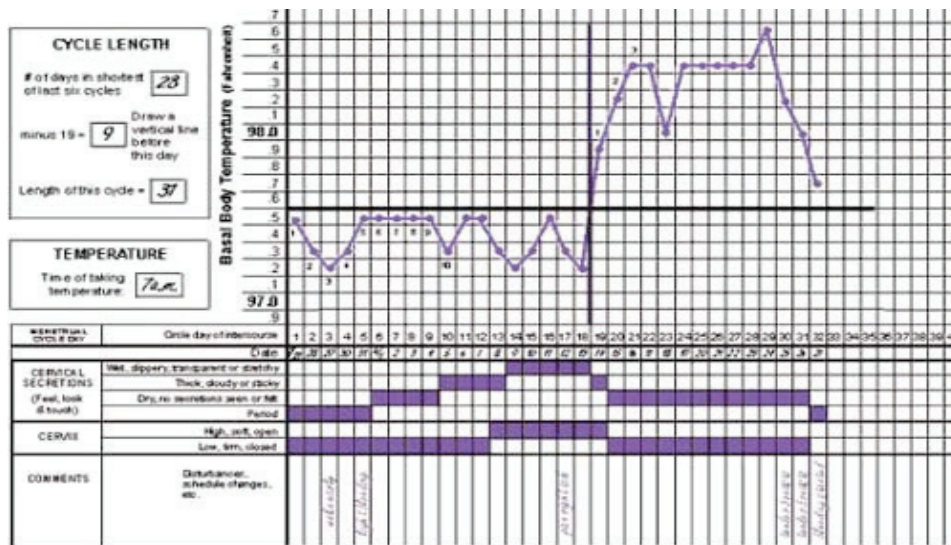


Figure 3. Symptothermal variations during a model menstrual cycle

Learning about their fertility is important for men and women, regardless of which family planning method they use or whether they choose to use family planning at all. Information about their fertility and the skills to apply this information to oneself is called “fertility awareness.” Fertility awareness increases peoples’ knowledge of their reproductive potential and enhances self-reliance. Some couples like the active involvement required of the male partner, who learns about his own and the woman’s fertility and then abstains from intercourse when the woman is fertile. Fertility awareness information can be used for a number of purposes:

To conceive: Couples have intercourse on days the woman is potentially fertile. These include the days she observes cervical secretions or notes that her cervix is relatively soft and open. The chances of achieving a pregnancy are greatest when the woman observes clear, stretchy, slippery secretions. Conception is most likely to occur within 1 or 2 days of peak mucus (secretions).

To detect pregnancy: A post-ovulatory temperature rise (see the section on “Basal Body Temperature Charting”) sustained for 18 or more days is an excellent early indicator that pregnancy is under way.

To avoid pregnancy: For maximum effectiveness, couples should abstain from intercourse during the entire fertile time as indicated by the NFP method.

Module 5: Sympto-Thermal Method (Sympto-T)

To detect impaired fertility: Charting fertility signs costs relatively little and can aid in diagnosing and treating fertility problems due to infrequent or absent ovulation. Women who do not ovulate tend to have a meandering BBT pattern throughout the cycle, rather than the typical biphasic pattern (lower in the first part and higher in the second).

To detect a need for medical attention: Changes in cervical secretions, abdominal pain, and other signs may indicate the need for medical attention.

Module 6: The Standard Days Method

Introduction

The Standard Days Method (SDM) identified days 8 to 19 as the average woman's fertile days, if her cycles are anything from 26 to 32 days. With the use of a tool called CycleBeads™, the practice of NFP becomes easy. This module discusses the SDM and how it can be used effectively by couples and taught easily by providers. This helps the couple track fertile and infertile days.

Objectives

At the end of the session, participants are able to:

1. Explain how SDM works (mechanism of action)
2. Discuss the Standard Days Method in terms of its:
 - Effectiveness
 - Advantages and Disadvantages
3. Demonstrate how to use the CycleBeads™
4. Identify who can use the SDM
5. Explain how to handle special cases
6. Explain how to record New Acceptor for SDM

Estimated Time: 2 hours, 30 minutes

Methodology

- Illustrated/interactive-discussion
- Brainstorming
- Board work
- Case study-group work
- Practice session on SDM Client Teaching

Module 6: The Standard Days Method

Advance Preparation

- Objectives written on flipchart, PowerPoint or transparency
- CycleBeads™
- Client card/calendar
- Calendar - months of January to May
- PowerPoint presentation on SDM use and advantages and disadvantages
- Board markers
- Metacards/masking tapes
- Hand-out – case study of special cases
- Cue Card

TRAINER'S ACTIVITIES

Greet the participants and introduce the module. Show the module objectives and briefly describe what will be discussed under each objective.

KEY LEARNING POINTS

OBJECTIVES

Objectives: At the end of this session, the participants will be able to:

- Explain how SDM works (mechanism of action)
- Explain the Standard Days Method in terms of its:
 - Effectiveness
 - Advantages and Disadvantages
- Demonstrate how to use the CycleBeads™
- Explain who can use the SDM
- Explain how to handle special cases

At the end of the session, the participants are be able to:

1. Explain how SDM works (mechanism of action)
2. Discuss the Standard Days Method in terms of its:
 - Effectiveness
 - Advantages and Disadvantages
3. Demonstrate how to use the CycleBeads™
4. Identify who can use the SDM
5. Explain how to handle special cases
6. Explain how to record New Acceptor for SDM

Module 6: The Standard Days Method

TRAINER'S ACTIVITIES

Interactive-Discussion

Ask participants: Are you familiar with the SDM?

For those who raise their hands, ask: where did you first encounter the SDM? Take note of their responses.

If no one raises their hands, say: This session will help us 'discover' a new technology in natural family planning.

Show the PowerPoint slide on explanation of what is SDM

KEY LEARNING POINTS

STANDARD DAYS METHOD (SDM)

Standard Days Method (SDM)

- The Standard Days Method is based on the woman's menstrual cycle.
- It identifies cycle days 8-19 as the woman's fertile period.
- It works for women with menstrual cycles of 26-32 days.
- Colored beads are used to help the woman keep track of her fertile and infertile days.

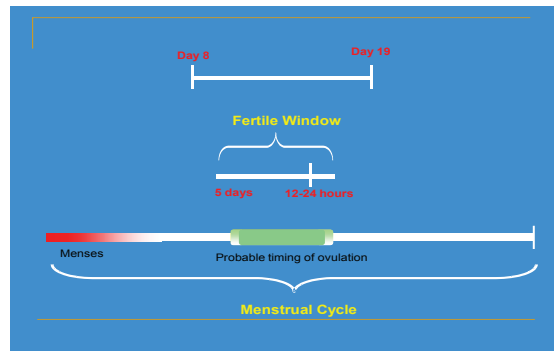


- The Standard Days Method is based on the woman's menstrual cycle. It identifies cycle days 8th to 19th as the woman's fertile period.
- It works for women with menstrual cycles of 26-32 days. Colored bead/CycleBeads™ are used to help the woman keep track of her fertile and infertile days.
- Recall that there are certain days during woman's menstrual cycle when she can become pregnant.
- The SDM is based on these facts of woman's fertility.

TRAINER'S ACTIVITIES

Show the PowerPoint/picture on fertility window period of SDM.

KEY LEARNING POINTS



- Effectiveness Rate of the SDM is 95.25% based on an efficacy study done by IRH, Georgetown University in accordance with international research standards.

Source: WHO Medical Eligibility Criteria 3rd Edition 2004 listed as FAB Method

Show the PowerPoint slide on the mechanism of action of SDM.

Standard Days Method (SDM)

Mechanism of Action of SDM

- For women with cycles of 26-32 days, days 8-19 have been identified as their fertile window, based on averages of statistical probabilities. This 12-day fertile window includes the life span of the sperm cell, ovulation time, the life span of the egg cell and the six-day variation in the cycle range.
- Effectiveness Rate of the SDM is 95.25% based on an efficacy study done by IRH, Georgetown University in accordance with international research standards.
- Source: WHO Medical Eligibility Criteria 3rd Edition 2004 listed as FAB Method

- For women with cycles of 26-32 days, days 8-19 have been identified as their fertile window, based on averages of statistical probabilities. This **12-day fertile window** includes the life span of sperm cell, ovulation time, the life span of egg cell and the six-day variation in the cycle range
- To use the SDM, the woman identifies days 8 through 19 of her cycles and avoids sexual intercourse on these days.

Module 6: The Standard Days Method

TRAINER'S ACTIVITIES

Show the CycleBeads™

State: Let us try to get to know the CycleBeads™.

Remember not to distribute the beads at this point to keep your participants focused on the lecture.

KEY LEARNING POINTS

THE CYCLEBEADS™

The CycleBeads™



Standard Days Method (SDM)

The CycleBeads™ :

- The CycleBeads™ represents the woman's menstrual cycle. Each bead represents a day of her cycle.
- The **RED** bead marks the first day of menstruation.
- The **WHITE** beads represent the days when a woman can become pregnant.
- The **BROWN** beads are the days when a woman cannot become pregnant.
- The **CHOCOLATE BROWN** bead and the **BLACK** bead determine if the woman is within the required cycle range. These are known as indicator beads.

Standard Days Method (SDM)

The CycleBeads™ :

- A woman can use this method if her cycles are between **26-32** days. To use it effectively, the couple needs to abstain from intercourse during the white bead days, when she can become pregnant.

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

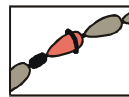
- The CycleBeads™ represents the woman's menstrual cycle. Each bead represents a day of her cycle.
- The RED bead marks the first day of menstruation.
- The WHITE beads represent the days when a woman can become pregnant.
- The BROWN beads are the days when a woman cannot become pregnant.
- The CHOCOLATE BROWN bead and the BLACK bead (barrel) are indicator beads. These determine if the woman is within the required cycle range.

A woman can use this method if her cycles are between 26-32 days. To use it effectively, the couple needs to abstain from intercourse during the days when she can become pregnant.

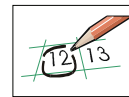
Tell participants: Now let us simulate the how to use the SDM.

Show the CycleBeads™ and explain each step.

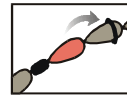
How to Use the CycleBeads™



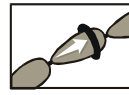
1. On the first day of menstruation, place the rubber ring on the RED bead



2. Mark the first day on the client card



3. Move the band every morning, to the next bead



Always move the band from narrow to wide end of bead

Module 6: The Standard Days Method

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

How to Use the CycleBeads™

4. Move the rubber ring even on days of menstruation
5. On the day when the menstruation starts again, move the rubber ring to the red bead. A new cycle has started.
6. Abstain from intercourse on WHITE bead days for those who wish to avoid pregnancy. Have intercourse on white bead days for those who wish to achieve pregnancy.
7. To check if the bead was moved already, check client cards for the date when menstruation began. Count the days since this date and then move the rubber ring to the corresponding bead

HOW TO USE THE CYCLEBEADS™

1. On the first day of menstruation, place the rubber ring on the red bead.
2. Mark the first day of menstruation on the client card.
3. Every morning, move the rubber ring to the next bead moving from the narrow portion of the band towards the wider end.
4. Move the rubber ring even on days of menstruation.
5. On the day when menstruation starts again, move the rubber ring to the red bead. A new cycle has started.
6. Abstain from intercourse on white bead days for those who wish to avoid pregnancy. Have intercourse on white bead days for those who wish to achieve pregnancy.
7. To check if the bead was moved already, check client card for the date when menstruation began. Count the days since this date and then move the rubber ring to the corresponding bead.

TRAINER'S ACTIVITIES

Tell participants: Just like any other FP methods, the use of SDM has precautions/warning signs

Show PowerPoint on warning signs/precautions of SDM.

Practice session on SDM use.

At this point, distribute the beads to the participants. As them to practice teaching the use of SDM/ Cyclebeads™ to their partners. Allot 10-15 minutes for each participant to take turns.

KEY LEARNING POINTS

Warning Signs and Precautions

Warning Signs and Precautions

- If menstruation starts before the rubber ring reaches the chocolate brown bead, the cycle is less than 26 days;
- If a day has passed since the rubber ring has reached the black bead and menstruation has not come yet, cycle is more than 32 days.

Warning Signs and Precautions

- The first time this happens, take note and mark the client card.
- The second time this happens within a 12-month period, go back to service provider for change to another FP method.
 - If cycle is 42 days or over, have a pregnancy test. If the result is positive, refer for prenatal care; if negative, advise another method

1. Take note of the number of menstrual cycle days.
 - If you start your period before you get to the dark brown bead, you have had a short cycle – less than 26 days.
 - If you get to the last bead and do not start your period by the next day, you are having a long cycle – more than 32 days.
2. The first time this happens, take note and mark the client card.

Module 6: The Standard Days Method

TRAINER'S ACTIVITIES

Ask co-trainer/s to go around and provide assistance/feedback during the practice session.

Process the session.

Ask: How did you feel after the practice?

As a provider, was it easy to teach?

As a client, was it easy for you to understand?

What were your common difficulties?

Do you think you will be able to provide SDM?

Ask: Are all women eligible to use the SDM?

Who can use the SDM?

Show the PowerPoint of who can use the SDM and explain.

KEY LEARNING POINTS

3. The second time this happens within a 12-month period, go back to the service provider for further counseling on use of another method.
- If the cycle is 42 days or over, have a pregnancy test. If the result is positive, refer for prenatal care, if negative, advise another method.

Who Can Use SDM?

- Women whose menstrual cycle length is 26-32 days
- Women who are using family planning for the first time
- Couples who can communicate and abstain during fertile days
- Couples not at risk for STIs
- Contraceptive shifters may also use SDM provided the following criteria to qualify are met

Who Can Use the SDM:

- The World Health Organization, in its publication "Medical Eligibility for Contraceptive Use", states that the SDM, like other fertility awareness-based methods, poses no adverse risk to women who choose to use it.
- The SDM is intended for women who meet certain criteria:
 1. Women with cycles of 26-32 days.
 2. Women who are using family planning for the first time.
 3. Couples who can communicate and abstain during fertile days.
 4. Couples not at risk of STIs.
 5. Contraceptive shifters may also use the SDM provided the following criteria are met.

TRAINER'S ACTIVITIES

Tell: In the provision of SDM, aside from the CycleBeads™, there are other tools that can help the provider in SDM counseling.

Show the sample of each tools for the participants to appreciate .

KEY LEARNING POINTS

Tools/aids in SDM counseling:

The Different Tools for SDM Provision

- **Provider Calendar** – a 12-month calendar to help calculate the length of the woman's menstrual cycle. A provider must ask the client's previous menstrual cycle (PMP) and the last menstrual cycle (LMP). The provider will guide the client in calculating the PMP and the LMP.
 - **CycleBeads™**
 - **CycleBeads™ Cue Card** – this job aid reminds the provider of the key points to discuss when providing counseling
-
- **Provider Calendar** – a 12-month calendar to help calculate the length of the woman's menstrual cycle. A provider must ask the client's previous menstrual cycle (PMP) and the last menstrual cycle (LMP). The provider will guide the client in calculating the PMP and the LMP.
 - **Follow-up Visit Cue Card** – a job aid that helps the provider determine if the couple/woman still meets the criteria for using the SDM.
 - **CycleBeads™**
 - **CycleBeads™ Cue Card** – this job aid reminds the provider of the key points to discuss when providing counseling.
 - Tell participants how to use the CycleBeads™.

Module 6: The Standard Days Method

TRAINER'S ACTIVITIES

Board Work

STOP: Ask participants: Since it is very important to determine the cycle length prior to use of SDM, do you remember how to calculate the cycle length?

Post a calendar of the months of January to May. Give two to three cycle lengths and ask the participants to count.

Write the sample cycle calculation on the board. Allow participants to calculate the cycle length and ask for volunteers to answer the sample cases on the board.

Acknowledge the correct answers before showing the PowerPoint of the correct answers.

Emphasize the average cycle, long cycle and short cycle length.

KEY LEARNING POINTS

Month	First Day of Menstruation
January	27
February	24
March	26
April	25
May	21

Jan-Feb: Cycle 1 _____
Feb-Mar: Cycle 2 _____
Mar-Apr: Cycle 3 _____
Apr-May: Cycle 4 _____

Menstrual Cycle Calculation Exercise:

Month	First Day of Menstruation	Cycle Length
January	27	
February	24	28
March	26	30
April	25	30
May	21	26

Average cycle length: 26-32 days

Long cycle length: more than 32 days

Short cycle length: less than 26 days

TRAINER'S ACTIVITIES

Ask participants: What can possibly alter the woman's cycle length? Emphasize the eligibility for use of SDM and direct to the Special cases or contraceptive shifters

Show PowerPoint slide for postpartum/breastfeeding

Show PowerPoint slide for contraceptive pills

KEY LEARNING POINTS

Special cases for use of SDM:

Contraceptive shifters may also use SDM provided criteria to qualify are met, as follows:

(Special Cases) Assessment Criteria for the woman

Postpartum and/or Breastfeeding

- monthly menstruation has returned
- has completed at least 3 menstrual cycles and the last cycle was within 26 and 32 days
- expects current cycle to be within 26 and 32 days

- **Postpartum and/or Breastfeeding**

- monthly menstruation has returned
- has completed at least 1 cycle with 26-32 days
- expects current cycle to be within 26 and 32 days

(Special Cases) Assessment Criteria for the woman

Who recently used contraceptive pills

- menstrual cycles were within 26 and 32 days before pill use
- expects current cycle to be within 26 and 32 days

- **Who recently used contraceptive pills?**

- menstrual cycles were within 26 to 32 days before pill use
- expects current cycle to be within 26 to 32 days

Module 6: The Standard Days Method

TRAINER'S ACTIVITIES

Show PowerPoint slide for injectables

KEY LEARNING POINTS

(Special Cases) Assessment Criteria for the woman

Who recently used Injectable

- 3 months have passed since last injection, menses have returned and last menstrual cycle was within 26 and 32 days

- **Who recently used injectables?**

- at least 3 months have passed since the last injection
- menses have returned
- cycles were within 26 to 32 days before injection
- last menstrual cycle was within 26-32 days

Show PowerPoint slide for IUD

(Special Cases) Assessment Criteria for the woman

Who recently used IUD

- IUD has been removed
- menstrual cycle while using the IUD was within 26 and 32 days

- **Who recently used IUD?**

- IUD has been removed
- menstrual cycles while using the IUD are within 26-32 days

TRAINER'S ACTIVITIES

Case Study-Group Work

Divide the participants into four (4) groups. Distribute the sample cases (1 case per group) and ask the participants to answer the following: based from the case, can the woman use the SDM?

Ask each group to assign a reporter and explain their answer.

KEY LEARNING POINTS

Case Study samples:

Case # 1:

- Tricia has been breastfeeding her daughter for the past 18 months. For the past year she had her menstruation every month, about the same time. Her last menstruation started November 5 and she expects her next period on the first week of December, probably the 2nd or 3rd.

Case # 2:

- Vina stopped using birth control pills 4 months ago. Her menstruation returned right away and seems to be normal just like it was before. The first day of her last menstrual period was October 25. She expects her next period on November 22. Her period before started September 25. She remembered this because it was her wedding anniversary. Today is October 29.

Case # 3:

- Today is August 25. Sheila would like to start on SDM use but her last Depo-injection was March 24 and was due for injection last June 24 but she did not have the shot. While using injectable her menses was lighter and sometimes she did not get her period.

Case # 4:

- Aling Lora visited the clinic to find out if she can switch to SDM as a family planning method. She is on IUD use for almost a year now. She gets her monthly menses at exactly the same time every month at about 27 days interval from onset of her menses.

Module 6: The Standard Days Method

TRAINER'S ACTIVITIES

*Process their output and provide the correct answers.
Show the PowerPoint presentation of correct answers.*

KEY LEARNING POINTS

Case # 1 Answer:

Answer:

Tricia can use the SDM even if she is breastfeeding. She meets the criteria for breastfeeding mothers which is at least 4 menstrual periods and that her cycle was 26 – 32 days. Her expected current cycle is either 27 or 28 days, from Nov. 5 to either Dec. 2 or 3.



Case # 2 Answer:

Answer:

Vina can use the SDM because she meets the criteria for previous pill users, which is that her cycles were 26 to 32 days before she started taking the pill and that her current cycle is 26 to 32 days. Her last cycle was 30 days from Sept. 25 to Oct. 24, and she expects her cycle to be 30 to 31 days from October 25 to either Nov. 24 or 25.



Case # 3 Answer:

Answer:

Although more than the required 3 months have passed since her scheduled injectable shot, Shiela cannot use the SDM yet because there is no information whether her menses have returned. She does not meet the criteria for injectable users to have the return of menses and if the cycle is between 26 to 32 days



TRAINER'S ACTIVITIES

KEY LEARNING POINTS

Case # 4 Answer:

Answer:

Aling Lora can use the SDM
Because she meets the
requirements for the cycle
length. However, part
of counseling may be to
assess couple
communication to practice
abstinence during
the white bead days



Interactive-Brainstorming

Distribute metacards - yellow and blue for each participant. Ask them to write in blue metacards advantage specific to SDM and in the yellow metacard a disadvantage specific to SDM. Ask them to write one idea per metacard and write in bold letters. Ask them to post the metacards on the board.

Process the output by associating the words with the same meaning. Link together all those specific only to SDM.

Show the PowerPoint of the advantages and disadvantages specific for SDM summarize the activity.

ADVANTAGES OF SDM

ADVANTAGES

1. With the Standard Days Method,
 - No Counting
 - No Charting
 - No Calculations
 - Beads are used for tracking fertile and infertile days of the cycle.

ADVANTAGES

2. Can be used either to avoid or achieve pregnancy;
3. No health related side effects associated with their use;
4. Very little cost
5. Provides opportunities for enhancing the couple's sexual life
6. Not dependent on medically-qualified personnel the technology can be transferred by a trained autonomous user
7. Once learned, may require no further help from health care providers.

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

List of advantages may include:

- No need for counting or charting since the SDM makes use of beads for tracking the cycle days.
- Can be used either to avoid or achieve pregnancy;
- No health related side effects associated with their use;
- Very little cost
- Provides opportunities for enhancing the couple's sexual life
- Not dependent on medically-qualified personnel the technology can be transferred by a trained autonomous user
- Once learned, may require no further help from health care providers.

DISADVANTAGES

1. Can be used only by women whose cycles are within 26-32 days
2. Can become unreliable for women who have conditions that change the length of the menstrual cycle

DISADVANTAGES OF SDM

- Can be used only by women whose cycles are within 26-32 days.
- Can become unreliable for women who have conditions that change the menstrual length.

TRAINER'S ACTIVITIES

Lecture-Discussion

Tell: Now, let us discuss the service delivery protocol for SDM returning clients

Show PowerPoint slide for SDM service delivery protocol for returning clients.

KEY LEARNING POINTS

RETURN VISITS

Return Visit

- SDM counseling can generally be provided in one client visit. However, each program and provider may determine if a follow-up visit is required, and the client should be encouraged to return for additional information and services as appropriate.

SDM counseling can generally be provided in one client visit. However, each program and provider may determine if a follow-up visit is required for additional information and services as appropriate

Important:

- **Tell the client to return within 7 days** of her next menstrual period and ask her to bring her CycleBeads™, client card and if possible, her partner.
- Ask client to return to the clinic for any problems or warning signs that may come up.

IMPORTANT:

- Tell the client to return within 7 days of her next menstrual period and ask her to bring her CycleBeads™, client card and if possible, her partner.
- Ask client to return to the clinic for any problems or warning signs that may come up.

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

Confirm Client's Understanding

- Confirm understanding of the method using the following questions:
- Why do you plan to use the method? (Confirm fertility intention)
- What do you do when you get your menstrual bleed?
- When do you move the rubber ring?
- Do you move the rubber ring on days of menstrual bleeding?
- What do the brown beads mean? What do the white beads mean?

Confirm Client's Understanding

- How will you prevent pregnancy?
- What will you do if your partner wants to have intercourse on a white bead day?
- What should you do if you get your period before moving the band to the dark brown bead?
- What should you do if a day has passed since you moved the band to the black bead?
- How do you feel going home with this method?

Confirm understanding of the method using the following questions:

1. Why do you plan to use the method? (Confirm fertility intention)
2. What do you do when you get your menstrual bleed?
3. When do you move the rubber ring?
4. Do you move the rubber ring on days of menstrual bleeding?
5. What do the brown beads mean? What do the white beads mean?
6. How will you prevent pregnancy?
7. What will you do if your partner wants to have intercourse on a white bead day?

TRAINER'S ACTIVITIES

Ask participants to each give a Key Learning Point each has learned from the session. Note these on the board.

*Show the PowerPoint/poster of learning points on SDM.
Refer to correct key points and show the PowerPoint slide for SDM key learning points.*

KEY LEARNING POINTS

8. What should you do if you get your period before moving the band to the chocolate brown bead?
9. What should you do if a day has passed since you moved the band to the black bead?
10. How do you feel going home with this method?

SUMMARY AND CONCLUSION

In Summary: SDM

- ✓ Simple
 - ✓ Natural
- ✓ Safe
- ✓ Effective
- ✓ Easy to use
- ✓ Modern method
- ✓ Promotes partner communication



SDM offers a simple, effective, natural and modern method of family planning. It is easy to teach, learn and use. Being natural, it goes with the modern health trend. It is free from side effects. It is best for couples who can communicate and express their care for each other through the timing of their lovemaking.

Module 6: The Standard Days Method

TEACHING EVALUATION GUIDE FOR COUNSELING SESSION ON STANDARD DAYS METHOD

NAME: _____

DATE _____

Rating Guide:

Rate the level of knowledge and skills in the task/activity specified using the guide below.

- 0** Did not perform the task
- 1** Performed the task but needs improvement
- 2** Very proficient in the task, can describe and do it well.
- NA** Not applicable

Task/Activity	0	1	2	NA
1. Determines fertility intentions/reproductive goals.				
2. Asks client what, if any method of contraception was used in the past.				
3. Assesses: <ul style="list-style-type: none">• Menstrual history (LMP, cycle length)• Other obstetric problems (painful intercourse, painful menstruation)• Risk for STIs• Risk for VAW				

Task/Activity	0	1	2	NA
4. Assess women with recent use of any method (pills, injectable, IUD, breastfeeding pattern) <ul style="list-style-type: none"> • If recently used the pills, checks if she has stopped at least 2 months ago and that the last 2 cycles were within 26-32 days • If recently used the injectable, determines that at least 3 months have passed since her last injection and that cycles are between 26-32 days prior to use of the pill • If recently used an IUD, determines that IUD is removed and her menstrual cycles are between 26-32 days while using the IUD. • If recently used the pills, checks if she has stopped using the pill, her previous cycles were 26-32 days before pill use and expects her next cycle within 26-32 days 				
5. Assesses couple communication.				
6. Asks client/couple if they agree about using family planning methods.				
7. Tells the client about fertility.				
8. Tells the client about the SDM: <ul style="list-style-type: none"> • Mode of action • Advantages and disadvantages 				
9. Clarifies and corrects rumors/myths about SDM.				
10. Explains reasons for talking about couple's sexual life and assure confidentiality.				
11. Explores way to improve couple communication.				
12. Asks client what issues or difficulties that might arise during fertile days or days when the woman might get pregnant.				
13. Asks client what are the possible ways to handle the fertile days.				
14. Helps client practice how to talk with his/her partner about: <ul style="list-style-type: none"> • How to use the method • How to talk about sensitive issues regarding abstinence from intercourse 				
15. Correctly explains to the client how to use the SDM CycleBeads™ and the client card.				

Module 6: The Standard Days Method

Task/Activity	0	1	2	NA
16. Checks at appropriate times if client has understood information or instructions given.				
17. Mention the warning signs on method use – Dark Brown Bead and Black Bead.				
18. Tells the client when to return for routine follow-up, if any.				
19. Refers the client for methods or services not offered at counselor's site, if use of SDM CycleBeads™ is not appropriate.				
20. Fill-up information in the Client Register and record client as New Acceptor.				
21. Provide information materials on the method.				
22. Invite client's partner to the next visit.				

Trainer's Notes/Remarks:

Trainer's Signature: _____

FREQUENTLY ASKED QUESTIONS: Standard Days Method

1. Can anyone use CycleBeads™?

No. The Standard Days Method, on which CycleBeads™ are based, works very well for women who usually have menstrual cycles between 26 and 32 days long. Women who often have cycles shorter than 26 days or longer than 32 days are not good candidates for this method. Also, women who would not be able to avoid unprotected intercourse on the days they might get pregnant are not likely to be successful using this method. Like any method of family planning, SDM isn't for everyone.

2. How many women have cycle lengths that are between 26 and 32 days long?

According to data from the World Health Organization, about 80% of cycles are between 26 and 32 days long and most women have most of their cycles within this range.

3. What if I'm using CycleBeads™ and I start my period before I get to the darker bead?

If you start your period before you get to the darker bead that means you have had a cycle that is less than 26 days long. CycleBeads™ work best for women who usually have cycles between 26 and 32 days long. If you have more than one cycle less than 26 days long in a 12-month period, CycleBeads™ will not work well for you and you should use another alternative to meet your family planning needs.

4. What if I'm using CycleBeads™ and I start my period before I finish all the beads?

This is what will happen most of the time. As soon as you start your period, just skip over any remaining beads and put the ring on the red bead. Then continue moving the ring one bead per day.

5. What if I'm using CycleBeads™ and I get to the last bead, but I still haven't started my period?

If you move the ring to the last bead and you don't start your period by the next day that means you are having a cycle that is more than 32 days long. CycleBeads™ work best for women who usually have cycles between 26 and 32 days long. If you have more than one cycle that is more than 32 days long in a 12-month period, CycleBeads™ will not work well for you and you should use another alternative. If you move the ring to the last bead and you don't start your period within a week, you should consult your doctor.

6. What should I do if I forget to move the ring?

It is best to always mark the day that you start your period on a calendar. If you know the date you started your period this cycle, you can go to your calendar and count the days between that date and today. Then count the same number of beads on the CycleBeads™, beginning with the red bead. Just move the ring to the correct bead and continue moving the ring every day. If you are unable to determine what day you started your cycle, wait until your next period to begin using CycleBeads™.

Module 6: The Standard Days Method

7. If I start my period late at night or early in the morning, what should I do about moving the ring?

You should move the ring to the red bead on the day that you start your period. If you know that you started your period anytime before midnight, move the ring to the red bead that day. The next morning (or whenever you normally move the ring) you should move it to the following bead. If you started your period during the night and are not sure what time it started, move the ring to the red bead when you wake up and consider that day to be Day 1 of your menstrual cycle. You will then move the ring the following day.

SUPPLEMENTAL READING: Standard Days Method

The Clinical Scenario

A 24-year-old newlywed comes to you for advice on natural family planning, as requested by her husband's family. Her menses are regular. She asks you if there is a more scientific method of doing natural family planning and what are the probabilities of getting pregnant.

Clinical Bottom Line

With the Standard Days Method, the couples modify their sexual behavior when the woman is fertile and it provides significant protection from unplanned pregnancy if it is used correctly. The probability of pregnancy with this method is 5% if correctly used, but with typical use the rate is 12%. The typical use rate must be seriously considered before recommending this method of family planning to couples. There is more than a one out of ten chance of pregnancy with typical use of the Standard Days Method.

Citations

Marcos Arevalo, Victoria Jennings, Iris Sinai. Efficacy of a new method of family planning: the Standard Days Method, *Contraception* 65 (2002) pp. 333-338.

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<u>Search Terms</u>	Standard Days Method, Contraceptive Efficacy, Pregnancy Rate
<u>Level of Evidence</u>	2b: Individual Cohort Study of Harm
<u>Three-Part Clinical Question</u>	Do women using the Standard Days Method have the same pregnancy rate or probability of pregnancy as compared to other user-controlled methods currently available (such as cap, condoms, diaphragms, and spermicides)?

The Study Patients

A total of 478 women (married or living with a stable partner) from 5 sites in Bolivia (Trinidad), Peru (Juliaca and Lima) and Philippines (La Trinidad and Tuba) between 18 and 39 years old who had regular cycles of 26 and 32 days long desiring to delay pregnancy at least 1 year were admitted to the study.

Module 6: The Standard Days Method

Exposure of Interest: Standard Days Method

The Institute of Reproductive Health at Georgetown University proposed a fixed formula among women who typically have menstrual cycles of 26 to 32 days and consider themselves fertile during days 8 to 19 days of their cycles. To prevent unplanned pregnancy, they avoid unprotected intercourse on those days.

The Outcome: Pregnancy Rate Methodological Issues

Subjects in the Standard Days group and the comparison groups were defined and found similar in other important ways. The exposures and outcomes were not measured objectively nor measured blind because of the nature of the methods. Follow-up was adequate and complete.

The Evidence

Comments:

1. In the table, the “No” group in the method used (not SDM) includes all those study participants who did not use the SDM correctly, those who used protective devices during fertile dates, and those who had unprotected sex.
2. This trial showed the Standard Days Method (SDM) is an effective method of family planning, when used correctly. With a pregnancy rate of 5% with correct use, it is comparable to male condoms (5%) and even better compared to other user-controlled barrier methods (spermicides – 6%, cap- 9%, diaphragm- 6%). The SDM is simple to teach, learn and use.

Number of Pregnancies					
		Present		Absent	
		Number	Proportion	Number	Proportion
Correct Use	Yes	15	0.07	203	0.93
	No	28	0.11	232	0.89
Relative Risk:		-26	95% CI:	0.64	
Number Needed to Harm:				0.60 to 0.68	
Chi Square				2.69	

1. The chance of pregnancy using the Standard Days Method is 12% with typical use and therefore the method shares the handicap of all user-controlled methods in that their effective use depends on user (the couple's) behavior. The typical use rate should be acknowledged when reviewing this family planning method option with couples. Most pregnancies occurred during the first cycles of the method use (42% of pregnancies occurred in the first three cycles) and very few in the latter cycles (only three pregnancies in the last five cycles).

One has to make 26 couples use methods other than SDM for a year, to save one pregnancy.

Module 6: The Standard Days Method

Answer to Clinical Scenario

As with Natural Family Planning methods, the couple must follow the instructions during counseling closely to achieve maximal efficacy rates. With a pregnancy rate of 5% with correct use, it is comparable to male condoms (5%) and even better compared to other user-controlled barrier methods (spermicides – 6%, cap- 9%, diaphragm- 6%). SDM is simple to teach, learn and use. However, with typical use, it is clear that SDM has its flaws. With typical use, there is a 12% probability of pregnancy — not reassuring to couples who desire a very reliable method of fertility control.

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A Study Group of The National Institute of Health

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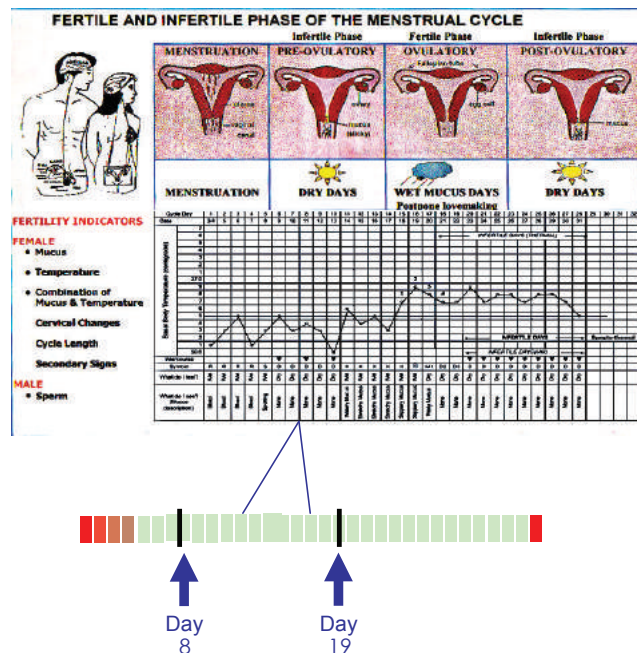
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Module 6: TwoDay Method Supplemental Reading

SUPPLEMENTAL READING: TwoDay Method

The TwoDay Method is a natural family planning method developed and tested by the Institute for Reproductive Health, College of Medicine, Georgetown University, Washington, USA. Effectiveness Rate is 96%.

The TwoDay Method is one of the best ways to predict and determine when ovulation occurs. Couples who can avoid sexual intercourse several consecutive days each cycle (mean # of days of abstinence is 12 + 1 day) and who are at low risk of STI/HIV-AIDS are eligible to use this method.

Advantages

TwoDay method helps the woman become aware of her body and her own fertility. It does not require distinguishing among different types of cervical secretions, as compared to the Mucus Method. Women of any menstrual cycle length can also use it.

Furthermore, it allows the couple to reassess and re-evaluate their fertility goals and provides a more meaningful interaction between the husband and the wife. Thus, using the TwoDay method helps enhance the loving relationship of husband and wife by promoting couple communication

Finally, the the TwoDay Method is easy to teach, learn and use.

Disadvantages

The TwoDay Method requires daily observation and recording of the cervical mucus. Does not protect against STIs and HIV-AIDS.

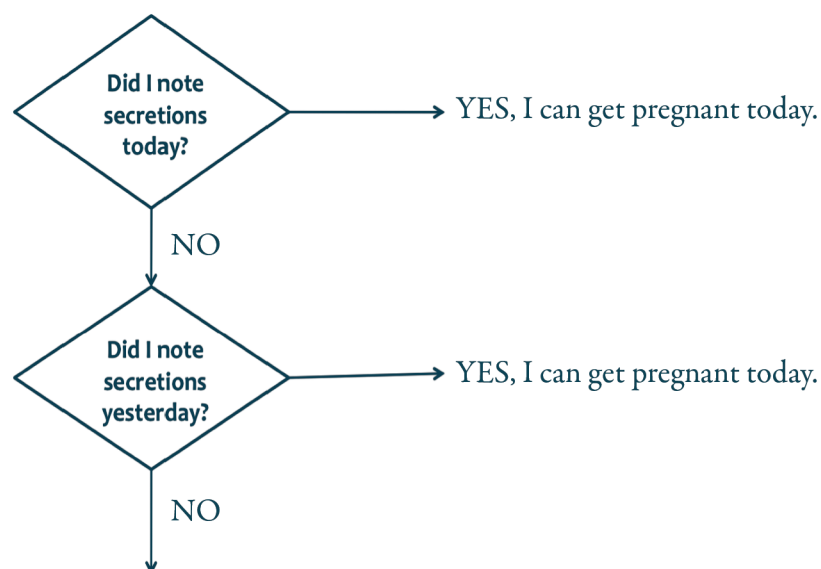
STEPS OF THE TWODAY METHOD

1. Identify secretions
 - a. Are the secretions normal?
 - Have you ever noticed secretions at one time or another?
 - Have you noticed secretions recently?
 - What are your secretions like?
 - Have you ever experienced secretions that smell bad or is accompanied by itchiness or pain?
 - b. Can the woman focus attention on her secretions several times a day everyday?
 - Can you remember to check your secretions everyday?
 - Can you do this several times a day?
 - Can you record in your client card if you had secretions or not?

c. Special Circumstances:

- Post-partum or breastfeeding – should have at least 4 menstrual periods after delivery
- Recent use of 3-month injectable – 4 months should have passed since the last injection and should have at least 1 menstrual period after the 4 months
- Recent use of pills – should have stopped taking the pills and should have had her menstrual period after stopping the pills
- Recent use of IUD – should have had her IUD removed
- Recent miscarriage or abortion – make sure that bleeding associated with the loss of the baby has ended and should have had at least one menstrual period after the miscarriage

2. Use the algorithm:



PREGNANCY NOT likely today.

Module 6: TwoDay Method Supplemental Reading

TwoDay Guidelines

To know when you can get pregnant, you should be aware of your secretions everyday. If you had secretions TODAY or YESTERDAY, you can get pregnant. Abstain from sexual intercourse today to avoid pregnancy. When you are menstruating or did not have secretions YESTERDAY or TODAY, it is an infertile day. You can have sexual intercourse without fear of pregnancy.

When does a woman experience secretions?

After menstruation, there may be some days without secretions. After which, a little secretion may be noticed. At the start, it is little in amount, and later increases in quantity.

When does a woman experience secretions?

After some days with secretions, days without secretions follow. Later, menstruation will come again. This happens every month. Once it starts, secretions continue to appear for several consecutive days.

Can you say what secretions are like?

Secretions are not always the same. Because it is little at the beginning, the woman has to pay more attention to be able to see it and feel it. Later, it will increase in quantity and is easier to see and feel it.

Can you say what secretions are like?

Even if secretions change in quantity or look different, all secretions indicate that you can get pregnant. To avoid pregnancy, avoid sexual intercourse when you experience secretions.

How can a woman pay attention to her secretions?

A woman can observe for secretions by paying attention to her secretions several times a day, starting from midday until before going to sleep:

- a. Looking at it/checking secretions when in the toilet (wiping oneself with tissue before passing urine)
- b. Looking at underwear
- c. Touching the genital area with clean fingers
- d. Feeling in the vulva without interrupting daily activities
- e. Feeling of dampness or not

How does a woman keep a record of her secretions to be able to identify her fertile days?

The client card helps the user keep a record of her secretions to be able to identify her fertile days.

TwoDay Method Client Card

Write the date of the first day of menstruation. Look for the day of the week on the card on which the method was started. Fill in the corresponding mark on that day.

MARK: ● - for days with menstruation
 ○ - for days with NO secretions
 X - for days with secretions

Determine if today you can get pregnant or not. When your menstruation comes, start marking on a new card. Remember to mark your card every night before sleeping.

3. Communicate with Partner

For the management of Fertile Days, ask yourself these questions: How would you or your husband feel if you cannot have sexual intercourse for several days in a row? What do you think would you do during the fertile days to avoid having sexual intercourse? Are you as a couple able to communicate openly about wanting to have sexual intercourse and how to avoid it?

Module 7a: Lactational Amenorrhea Method

Introduction

The Lactational Amenorrhea Method is a natural technique of spacing children that was developed for breastfeeding women. It is based on the temporary natural infertility that happens after the mother has given birth and from exclusive or nearly exclusive breastfeeding. However, three (3) important criteria must be present for this method to be effective. These criteria together with the advantages and disadvantages of using this family planning method are discussed in this module.

Objectives

At the end of the session, participants should be able to:

1. Define LAM
2. State the criteria for LAM
3. Enumerate the advantages and disadvantages of LAM
4. Explain the mechanism of action of LAM
5. Recognize the importance of LAM as a NFP method

Estimated Time: 1 hour, 30 minutes

Methodology

- Illustrated-discussion
- Brainstorming

Advance Preparation

- PowerPoint presentation/poster of LAM method
- PowerPoint presentation of advantages and disadvantages of LAM

TRAINER'S ACTIVITIES

Greet the participants and introduce the module. Show the module objectives and briefly describe what will be discussed under each objective.

KEY LEARNING POINTS

OBJECTIVES:

At the end of this module, the participants should be able to:

1. Define LAM
2. State the criteria for LAM
3. Enumerate the advantages and disadvantages of LAM
4. Explain the mechanism of action of LAM
5. Recognize the importance of LAM as a NFP method

Module 7(a)

The Lactational Amenorrhea Method



Objectives:

At the end of this module, the participants should be able to:

1. Define LAM
2. State the criteria for LAM
3. Enumerate the advantages and disadvantages of LAM
4. Explain the mechanism of action of LAM
5. Recognize the importance of LAM as a NFP method

Module 7a: Lactational Amenorrhea Method

TRAINER'S ACTIVITIES

Draw out from participants the common misconceptions about LAM.

Write their answers on the board.

KEY LEARNING POINTS

- Does breastfeeding prevent pregnancy?
- How many have you heard that breastfeeding mothers don't get pregnant? Do you know any lactating mother who got pregnant? What about a lactating mother who was able to space her children?
- What maybe the reasons why some breastfeeding mothers get pregnant while others don't?
- We will park your answers and we can review them after the session

Illustrated-Discussion

Show PowerPoint presentation of the criteria for LAM.

LACTATIONAL AMENORRHEA METHOD

The Lactational Amenorrhea Method

- Women who are fully or almost fully breastfeeding and have no menstruation yet can use Breastfeeding can be used as a family planning method within the six months after delivery
-

Lactational Amenorrhea Method

- The Lactational Amenorrhea Method (LAM) is a modern, temporary family planning method that has been developed as a tool to help support both breastfeeding and family planning use.
 - It is based on the natural infertility resulting from certain patterns of breastfeeding.
 - "Lactational" means related to breastfeeding;
 - "Amenorrhea" means not having menstrual bleeding;
 - "Method" means a technique for contraception.
-

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

Women who are fully or almost fully breastfeeding and have no menstruation yet can use breastfeeding as a family planning method within the next six months after delivery.

The Lactational Amenorrhea Method (LAM) is a modern, temporary family planning method that has been developed as a tool to help support both breastfeeding and family planning use. It is based on the temporary natural infertility resulting from certain patterns of breastfeeding.

Lactational Amenorrhea Method

L-actational

- exclusive or fully breastfeeding – no other liquid or solid food is given to infant except breast milk
- almost exclusive or almost fully breastfeeding – vitamins, a little of mineral water or juice may be given infrequently as possible in addition to breastfeeds
- feeding interval should not exceed four (4) hours during the day and six (6) hours at night

A-menorrhea

- woman's menstruation has not yet returned (this does not include the spotting that occurs 56 days post-partum)

M-ethod

LAM has been proven to be more than 99.5% effective if woman meets the all criteria established for use of method.

L - actational

- Is the production of milk by a mother's breasts
- In order to produce contraceptive effect, the breastfeeding has to be either exclusive/fully breastfeeding or almost exclusive/almost fully breastfeeding
- Exclusive or fully breastfeeding means that no other liquid or solid food is given to the infant except breast milk;
- almost exclusive or almost fully breastfeeding means that the infant is being given vitamins, a little of mineral water or juice may be given aside from breastmilk;
- feeding interval should not exceed four (4) hours during the day and six (6) hours at night

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

A - menorrhea

- means having no menstrual bleeding
- the breastfeeding woman's menstruation has not yet returned (this does not include the spotting that occurs 56 days postpartum)

M - ethod

- means a technique for contraception
- LAM has been proven to be more than 99.5% effective if woman meets the 3 criteria established for use of method, namely:

Criteria to be considered when using LAM

- she is exclusively breastfeeding her infant
 - she amenorrheic (i.e., her menstruation has not yet returned)
 - her infant is less than 6 months old
-

Criteria to be considered when using LAM:

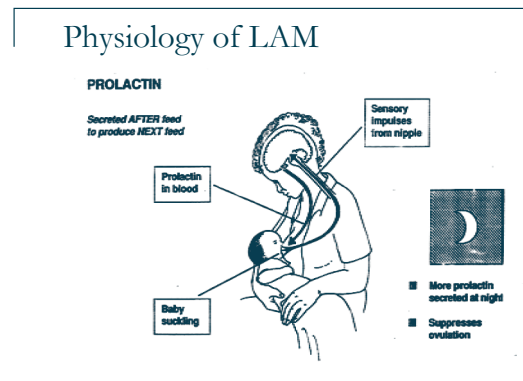
1. She is fully or nearly fully breastfeeding her infant
2. She is amenorrheic (i.e., her menstruation has not returned)
3. Her infant is less than 6 months old

TRAINER'S ACTIVITIES

Discuss the physiology of LAM

Show PowerPoint picture of the physiology of LAM.

KEY LEARNING POINTS



Physiology of Lactational Amenorrhea Method

LAM is a method which is based on the physiology of fertility and lactation

The more the baby suckles, the more the body produces prolactin, which is responsible for milk production. Prolactin in the woman's body is known to suppress ovulation.

These are the reasons why the three (3) criteria must be met in order to keep the woman producing milk; and keep the prolactin continuously high in her body.

Module 7a: Lactational Amenorrhea Method

TRAINER'S ACTIVITIES

Discussion

Ask the participants: Given the criteria on use of LAM, when do you think can we start using it?

KEY LEARNING POINTS

When can LAM be initiated?

When can LAM be initiated?

- ... at any time during the first six months postpartum
 - the best time to start counseling a woman about LAM and other FP methods is during the antenatal period
- Can be started immediately postpartum
 - Always verify that she understands the criteria for LAM use

- LAM can be initiated at any time during the first six months postpartum
- The best time to begin counseling a woman about LAM and other family planning methods is during the antenatal period to allow her to make an informed choice about which method she wishes to use following the birth of her baby.
- LAM can be started immediately postpartum. The health care provider can help prepare the woman to begin breastfeeding immediately after birth and, if the woman has decided to use LAM, verify that she understands the criteria for LAM use.

TRAINER'S ACTIVITIES

Brainstorming-Discussion

Ask participants what are the advantages and the disadvantages of LAM

KEY LEARNING POINTS

Advantages of LAM

Advantages of LAM

- LAM is universally available to all postpartum breastfeeding women;
- LAM has been proven to be 99.5 % effective (perfect-use);
- The use of LAM does not require a physical examination;
- With LAM, protection from unplanned pregnancy begins immediately postpartum;
- There are no family planning commodities required while client is using LAM;
- The use of LAM contributes to improved maternal and child health and nutrition;
- LAM serves as a bridge to the use of other family planning methods; the use of LAM during the immediate postpartum allows a woman time to consider which long-term method is best for her

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TRAINER'S ACTIVITIES

KEY LEARNING POINTS

Disadvantages of LAM

Disadvantages of LAM

- LAM is considered as a temporary, short-term method which is effective only for a maximum of six months
- If a mother and child are separated for extended periods of time because of work outside the home, LAM effectiveness may decrease
- Full or nearly full breastfeeding may be difficult to maintain for up to six months due to a variety of social circumstances
- Like all other NFP methods, LAM does not protect a client from STDs and HIV/AIDS

- LAM is considered as a temporary, short-term method which is effective only for a maximum of six months
- If a mother and child are separated for extended periods of time because of work outside the home, LAM effectiveness may decrease
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- Like all other NFP methods, LAM does not protect a client from STDs and HIV/AIDS

TRAINER'S ACTIVITIES

PRACTICE SESSION

Ask participants to form dyads by turning to the person next to them. Ask them to practice giving instructions on LAM. They will take turns being provider and client.

At this point, draw the attention to their parked responses to your opening question. Lead the participants in answering the question

Ask them to also explain why some breastfeeding woman get pregnant while others are able to space their children.

Ask them to recall the particulars of the case/s of the breastfeeding woman they know and relate these to the criteria of LAM. Emphasize the criteria for LAM.

Show PowerPoint Presentation key message about LAM.

KEY LEARNING POINTS

Benefits



- Optimal breastfeeding practices include exclusive breastfeeding for the first six months and breastfeeding with appropriate complementary feeding for two years or more.
- LAM is a family planning method which supports improved breastfeeding, healthy child spacing, child survival, and women's health

Module 7a: Lactational Amenorrhea Method

SUMMARY AND CONCLUSION

LAM is a natural family planning based on the temporary infertility created by full or almost full breastfeeding. Its typical use-effectiveness of 98% and use-effectiveness of 99.5% is comparable with other family planning methods. To ensure effectiveness, all three criteria must be present, i.e., the woman must be: (1) fully or almost fully breastfeeding; (2) menstruation has not yet returned; (3) baby is less than 6 months or below.

It is also important to note that the woman should be counseled on using a reliable FP method if any of the three criteria no longer applies to her.

Optimal breastfeeding practices include exclusive breastfeeding for the first six months and breastfeeding with appropriate complementary feeding for two years or more. LAM is a family planning method which supports improved breastfeeding health child pacing, child survival, and woman's health.

Module 7a: Lactational Amenorrhea Method

TEACHING EVALUATION GUIDE FOR COUNSELING SESSION ON LACTATIONAL AMENORRHEA METHOD

NAME: _____ DATE: _____

Rating Guide:

Rate the level of knowledge and skills in the task/activity specified using the guide below.

- 0** Did not perform the task
- 1** Performed the task but needs improvement
- 2** Very proficient in the task, can describe and do it well
- NA** Not applicable

Task/Activity	0	1	2	NA
1. Determines fertility intentions/reproductive goals.				
2. Asks client what, if any method of contraception was used in the past.				
3. Assesses: <ul style="list-style-type: none"> • Menstrual history (LMP, cycle length) • Other obstetric problems (painful intercourse, painful menstruation) • Risk for STIs • Risk for VAW 				
4. Assesses couple communication.				
5. Asks client/couple if they agree about using family planning method <ul style="list-style-type: none"> • Confirm interest of couple in using the method 				
6. Assess if client meets the three (3) criteria to use LAM <ul style="list-style-type: none"> • She is willing/able to breastfeed the infant exclusively • She is amenorrheic • She is less than 6 months postpartum 				
7. Check client's experience and understanding of breastfeeding as a method of contraception, correct information as needed.				

Module 7a: Lactational Amenorrhea Method

Task/Activity	0	1	2	NA
8. Tells the client about the LAM based on her knowledge and reproductive needs. <ul style="list-style-type: none"> • Mode of action • Advantages and disadvantages • STI and HIV prevention 				
9. Clarifies and corrects rumors/myths about LAM/Breastfeeding.				
10. Answers questions clearly and confirm information about LAM and breastfeeding practices.				
11. Explores way to improve couple communication.				
12. Repeat information when necessary.				
13. Discusses the three (3) criteria in using LAM <ul style="list-style-type: none"> • Exclusive breastfeeding: other food for baby; breastfeeding intervals of at least 4 hours in AM and 6 hours in PM • Menses has not yet returned • The infant is less than 6 months old 				
14. Correctly explains to the mechanism of action of LAM.				
15. Mention the warning signs on method use: when client loses any one of the criteria.				
16. Tells the client when to return for routine follow-up, if any.				
17. If client does not meet the three (3) criteria: refers the client for methods or services not offered at counselor's site.				
18. Fill-up information in the Client Register and record client as New Acceptor.				
19. Provide information materials on the method.				
20. Invite client's partner to the next visit.				

Trainer's Notes/Remarks:

Trainer's Signature: _____

FREQUENTLY ASKED QUESTIONS: Lactational Amenorrhea Method

1. What is the difference between LAM, breastfeeding, and amenorrhea?

LAM is a contraceptive method, based on the physiology of breastfeeding. LAM is a method of contraception that a woman consciously chooses to use to reduce her chance of becoming pregnant by adhering carefully to the three criteria.

Breastfeeding is a feeding practice.

Amenorrhea, or the absence of menstrual bleeding, reflects a reduced risk of ovulation, but neither breastfeeding nor amenorrhea is a family planning method.

2. How does LAM work?

The infant's suckling suppresses the production of the hormones that are necessary for ovulation. Without ovulation, pregnancy cannot take place.

3. How many return visits are needed by LAM users?

At the very least, a client needs to return for a visit if she perceives any breastfeeding difficulties or as soon as any one of the LAM criteria changes.

An additional follow-up visit at five to six months postpartum is essential to determine the client's plans for switching to another contraceptive method and for introducing complementary foods when her baby is six months old. Whenever possible, the health care provider should schedule the visit when the client brings her baby for assessment or immunization, in this way saving the mother time by reducing the total number of visits to the clinic.

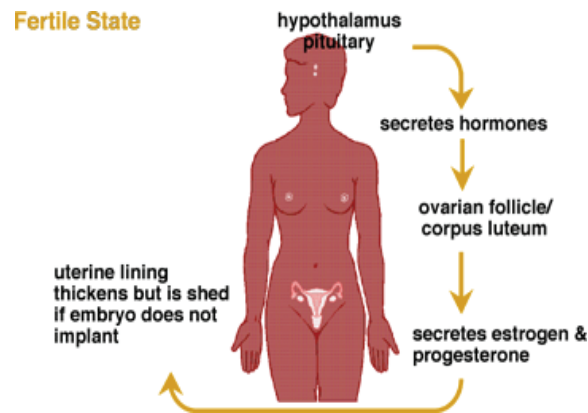
4. What contraceptive methods can be used after LAM?

Women who are breastfeeding and who switch to another method should be advised on contraceptive options. Combined oral contraceptive pills (COC) and combined injectables are not recommended before six months postpartum because they contain estrogen, which may decrease the quantity of breastmilk. After six months postpartum, a woman who is breastfeeding can use any method of her choice as long as she is properly screened and meets the eligibility criteria.

5. Can a woman who is separated from her baby use LAM?

A woman who is separated from her baby regularly for more than four to six hours cannot expect a high level of contraceptive protection from LAM, even if she expresses milk during the separation. Expressing breastmilk is definitely not effective as suckling at the breast in suppressing ovulation, and for this reason a woman who expresses her milk may not rely on LAM.

SUPPLEMENTAL READING: Scientific Basis of Lactational Amenorrhea Method



To understand what creates the state of infertility that occurs among postpartum breastfeeding women, it is important to understand the changes that occur in the menstrual cycle. Scientists have studied the return of fertility among breastfeeding women and compared this with the cycles of non-pregnant, non-lactating women. In non-pregnant, non-lactating women, hormones from the pituitary gland, which are regulated by the hypothalamus, initiate a series of other hormonal changes that cause the development and maturation of an ovarian follicle containing an ovum or egg cell. The follicle secretes estrogen and eventually ruptures, releasing the egg cell. The ruptured follicle forms a temporary gland known as the corpus luteum and begins to secrete progesterone in addition to the estrogen. The estrogen and progesterone cause the lining of the uterus to thicken in preparation for the implantation of the egg cell should it be fertilized. If the egg cell is not fertilized or if it does not implant, the uterine lining is shed during menstruation.

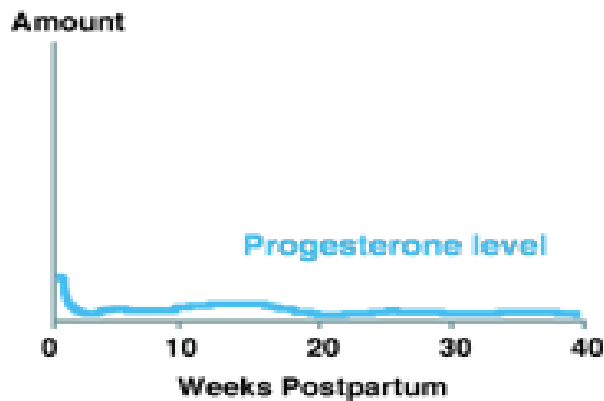
This cycle of events is sometimes modified, as when a woman becomes pregnant or breastfeeds. When a woman breastfeeds, the stimulation of the nipple by the infant's suckling sends nerve impulses to the mother's hypothalamus, which responds by changing the production of the pituitary hormones. As described earlier, these hormones are needed to stimulate ovulation. Without this stimulation, the ovaries do not produce a ripe egg or prepare the uterus for pregnancy. Therefore, there is a time when breastfeeding women do not ovulate or have menstrual periods. Hence the term, "lactational amenorrhea" — which is a lack of menses resulting from breastfeeding. As we will discuss later in the presentation, the lack of menses is usually a sign of temporary infertility.

The infant's suckling is the stimulus that initiates the state of lactational amenorrhea for breastfeeding women. Women choosing to use LAM for contraception maintain lactational amenorrhea and infertility by breastfeeding intensively.

EFFECTS OF BREASTFEEDING ON OVARIAN ACTIVITY

Effective Protection

Intensive Breastfeeding



The above is a graph which illustrates the importance of maintaining an intensive breastfeeding pattern if a woman, desires to use LAM. It shows a low level of progesterone, which indicates that normal ovulation is not occurring and pregnancy is not possible. This low level of progesterone is typical for women who maintain an intensive, sustained, high frequency pattern of breastfeeding.

Source: Contraceptive Technology and Reproductive Health Series (Family Health International)

Module 7b:

Mucus Method for Breastfeeding Women

Introduction

Breastfeeding alone does not exempt a woman from pregnancy. However, even a breastfeeding mother experiences changes in her body that she can observe to determine if ovulation will be taking place soon. The Mucus Method for Breastfeeding Women utilizes the Cervical Mucus Method of family planning discussed earlier. It is recommended for breastfeeding women who do not meet the criteria for the use of the Lactational Amenorrhea Method anymore.

Objectives

At the end of the session, participants are able to:

1. Explain the Mucus Method for Breastfeeding Women or LAM Interface as a natural family planning method.
2. Provide instructions on the observations and recording of a breastfeeding woman's mucus changes.
3. Determine the fertile and infertile phases of the breastfeeding woman using a woman's completed MM for Breastfeeding Women chart.

Estimated Time: 1 hour

Pre-requisite: Must have taken the CMM and LAM modules

Methodology

- Illustrated-discussion
- Practice charting

Module 7b: Mucus Method for Breastfeeding Women

Advance Preparation

- Objectives written either on flipchart, PowerPoint or transparency
- Blank and Completed MM for Breastfeeding Charts (poster size)
- Blank, Practice and Completed MM for Breastfeeding Charts for each participant
- Meta cards/masking tape
- Permanent markers
- Flipchart/whiteboard and whiteboard markers
- Computer/LCD/OHP

Module 7b: Mucus Method for Breastfeeding Women

TRAINER'S ACTIVITIES

Greet the participants and introduce the module. Show the module objectives and briefly describe what will be discussed under each objective.

KEY LEARNING POINTS

OBJECTIVES:

Objectives

- At the end of the session, participants are able to:
 - Explain the Mucus Method for Breastfeeding Women or LAM Interface as a natural family planning method.
 - Provide instructions on the observations and recording of a breastfeeding woman's mucus changes.
 - Determine the fertile and infertile phases of the breastfeeding woman using a woman's completed MM for Breastfeeding Women chart.

At the end of the session, participants are able to:

1. Explain the Mucus Method for Breastfeeding Women or LAM Interface as a natural family planning method.
2. Provide instructions on the observations and recording of a breastfeeding woman's mucus changes.
3. Determine the fertile and infertile phases of the breastfeeding woman using a woman's completed MM for Breastfeeding Women chart.

TRAINER'S ACTIVITIES

Interactive-Discussion

Ask participants of their own experience or their knowledge of breastfeeding women's menstrual cycle and cervical mucus secretions.

Ask those who raised their hands to share their observations.

Discuss with participants that when any of the conditions for the use of LAM is absent, another natural family planning method has to be used.

KEY LEARNING POINTS

Introduction

- The Mucus Method allows a breastfeeding woman to recognize her infertile period even if she is not ovulating.
- A woman who fully breastfeeds her baby, has not had her menses yet and her baby is 6 months old and below experience a physiological infertility. If any of the 3 conditions is absent, LAM is no longer applicable.
- The Mucus Method for Breastfeeding women or LAM Interface may be introduced to them.
- Effectivity Rate: 99%

The Mucus Method allows a breastfeeding woman to recognize her infertile period even if she is not ovulating.

As we have learned in the LAM or Lactational Amenorrhea Method, a woman who fully breastfeeds her baby, has not had her menses yet and her baby is 6 months old and below experience a physiological infertility. However, if any of the 3 conditions is absent, LAM is no longer applicable and the Mucus Method for Breastfeeding women or LAM Interface may be introduced to them.

Effectiveness Rate: 99%

Module 7b: Mucus Method for Breastfeeding Women

TRAINER'S ACTIVITIES

Show the participants a blank and a sample completed Mucus Method Chart for Breastfeeding Women. Solicit their observations of the chart.

KEY LEARNING POINTS

BLANK BREASTFEEDING CHART

Blank Sample Chart

Client: _____
 Husband: _____

Start of Previous Cycle: _____ Month/Year: _____
 End of Previous Cycle: _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40		
Month																																										
Date																																										
Symbols																																										
What I Feel																																										
What I See																																										
Lovemaking																																										
Medicine/ Fever/ Other Changes																																										

SAMPLE COMPLETED BREASTFEEDING CHART

Chart I

Client: _____
 Husband: _____

Start of Previous Cycle: _____ Month/Year: June - July 2008
 End of Previous Cycle: _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40		
Month	Jun															Jul																										
Date	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11		
Symbols	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	X	X	X	D1	D2	D3	M	M	M	D	D	D	X	X	M1	M2	M3	M	M	M	M			
	← ABSTAIN. BIP = 2 weeks →															EDR			← ABSTAIN →					EDR						← ABSTAIN →					EDR							
What I Feel	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Wet	Wet	Wet	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry		
What I See	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Sticky White	Sticky White	Sticky White	Sticky White	None	None	None	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	None	None	None	Whitish Mucus	Whitish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	
Lovemaking																																										
Medicine/ Fever/ Other Changes																																										

TRAINER'S ACTIVITIES

Discuss the mechanism of action of CMM for BF.

KEY LEARNING POINTS

Mechanism of Action

Mechanism of Action

- Women who breastfeed usually exhibit a basic infertile pattern (BIP) of no mucus or having sticky, pasty mucus with a feeling of dryness in the vaginal area.
- During the breastfeeding period, the woman may feel one or a few days of wetness with sticky mucus. This may herald impending ovulation.

Mechanism of Action

- Observation of these mucus changes and sensations in the vaginal area can help a woman avoid pregnancy.

-
- Women who breastfeed usually exhibit a basic infertile pattern (BIP) of no mucus or sticky, pasty mucus with a feeling of dryness in the vaginal area.
 - During the breastfeeding period, the woman may feel one or a few days of wetness with sticky mucus. This may herald impending ovulation,
 - Observation of these mucus changes and sensations in the vaginal area can help a woman postpone/avoid pregnancy.

Module 7b: Mucus Method for Breastfeeding Women

TRAINER'S ACTIVITIES

Ask: Who can use the Mucus Method for Breastfeeding mothers?

KEY LEARNING POINTS

The following may use the MM for Breastfeeding or LAM Interface:

Who can use the MM for Breastfeeding or LAM Interface?

- Breastfeeding women whose menses have not returned yet
- Women with long cycles
- Women willing to observe and record changes in their cervical mucus secretions and interpret the records

Who can use the MM for Breastfeeding or LAM Interface?

- Couples who can avoid sexual intercourse several consecutive days each cycle
- Couples who can communicate on the timing of their sexual intercourse
- Couples who are at low risk of STI/HIV-ADS

- Breastfeeding women whose menses have not returned yet
- Women with long cycles
- Women willing to observe and record changes in their cervical mucus secretions and interpret the records
- Couples who can avoid sexual intercourse several consecutive days each cycle
- Couples who can communicate on the timing of their sexual intercourse
- Couples who are at low risk of STI/HIV-AIDS

Module 7b: Mucus Method for Breastfeeding Women

TRAINER'S ACTIVITIES

Ask: What are the guidelines for the use of the Mucus Method for Breastfeeding Women or LAM Interface?

KEY LEARNING POINTS

Guidelines for the Mucus Method for Breastfeeding Women or LAM Interface:

Guidelines for the Mucus Method for Breastfeeding Women or LAM Interface:

- 1) Observe secretions for two (2) weeks following guidelines of Mucus Method on observing and recording. The purpose of this is to determine the **basic infertile pattern (BIP)**.
- 2) The pattern may be either dry (NO mucus seen or felt) or dry but sticky, pasty mucus that does not change in any way for fourteen (14) days is seen. Abstain.

Guidelines for Mucus Method for Breastfeeding Women

- 3) If either of these patterns continues, apply Early Days Rules (EDR). **Lovemaking is available on alternate evenings only.**
 - 4) If there is a change in the mucus secretions from dry to wet, abstain on all days of mucus changes and on all days when wet mucus is seen or felt. **Then, wait and see, count one, two, three** more days after the changes end before applying EDR again. Do NOT apply the Peak Day Rule.
1. Observe secretions for two (2) weeks following guidelines of Mucus Method on observing and recording. The purpose of this is to determine the **basic infertile pattern (BIP)**.
 2. The pattern may be either dry (NO mucus seen or felt) or dry but sticky, pasty mucus that does not change in any way for fourteen (14) days is seen. Abstain during this time.

Module 7b: Mucus Method for Breastfeeding Women

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

- If either of these patterns continues, apply Early Days Rules (EDR). **Lovemaking is available on alternate evenings only.**
- If there is a change in the mucus secretions from dry to wet, abstain on all days of mucus changes and on all days when wet mucus is seen or felt. **Then, wait and see, count one, two, three** more days after the changes end before applying EDR again. **Do NOT apply the Peak Day Rule.**

Show the completed breastfeeding chart again and explain.

These guidelines also apply for women with very long cycles.

COMPLETED BREASTFEEDING CHART

Chart I

Client: _____
Husband: _____

Start of Previous Cycle: _____
End of Previous Cycle: _____

Month/Year: June - July 2008
Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	
Month	Jun															Jul																									
Date	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	
Symbols	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	X	X	X	X	D1	D2	D3	M	M	M	D	D	D	X	X	M1	M2	M3	M	M	M	M		
	← ABSTAIN BIP = 2 weeks →															EDR		← ABSTAIN →						EDR							← ABSTAIN →						EDR				
What I Feel	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Wet	Wet	Wet	Wet	None	None	None	Dry	Dry	Dry	Dry	Dry	Dry	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	
What I See	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	Sticky White	Sticky White	Sticky White	Sticky White	None	None	None	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	None	None	None	Whitish Mucos	Whitish Mucos	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	Yellowish Mucos	
Lovemaking															♥	♥								♥	♥	♥	♥									♥	♥	♥	♥	♥	♥
Medicine/ Fever/ Other Changes																																									

Module 7b: Mucus Method for Breastfeeding Women

TRAINER'S ACTIVITIES

Charting/Demo-Role Play

- Using the completed MM for BF chart, ask participants to:
 - Determine the Basic Infertile Pattern
 - Indicate the days when lovemaking is available for those who want to avoid pregnancy
- Distribute practice MM for BF charts and ask participants to complete the chart and ask them to label the following:
 - Basic Infertile Pattern
 - Symbols
 - Lovemaking Days
- Ask volunteers to demonstrate how to teach/counsel on MM.

Lead the participants in critiquing the demonstration made.

Focus on the correctness of the information provided by the service provider.

KEY LEARNING POINTS

Answers to Charting Exercises:

1. Completed Chart

- The Basic Infertile Pattern is from Cycle Days 1-14 or Jun 2-15, 2008
- Lovemaking Days are available on Cycle Days 15, 17, 25, 27, 29, 36, 38, 40 or Jun 16, 18, 26, 28, 30 and July 7, 9, 11, 2008.

PRACTICE BREASTFEEDING CHART

Chart II

Client: _____
Husband: _____

Start of Previous Cycle: _____
End of Previous Cycle: _____

Month/Year: _____
Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39		
Month																																									
Date																																									
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What I Feel	Dry																																								
What I See	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Sandy White	Sandy White	White	White	None	None	None	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	None	None	None	White Mucus	White Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus
Lovemaking																																									
Medicine/ Fever/ Other Changes																																									

2. Practice MM for BF chart

- The Basic Infertile Pattern is from Cycle Days 1-14 or Dec. 5 -18, 2007.
- Lovemaking days are available on Cycle Days 15, 17, 25, 27, 29, 36, 38, 40 or Dec. 19, 21, 29, 2007 and Jan 2, 9, 11, 13, 2008.

Module 7b: Mucus Method for Breastfeeding Women

TRAINER'S ACTIVITIES

Ask:

What do you think are the advantages and disadvantages specific to the MM Method for Breastfeeding Women?

KEY LEARNING POINTS

Advantages:

Advantages

- Like any other natural family planning method, the mucus method for breastfeeding women helps the woman become aware of her body and her own fertility.
 - It allows the couple to reassess and re-evaluate their fertility goals.
 - It provides a more meaningful interaction between the husband and the wife.
 - Enhances the loving relationship of husband and wife by promoting couple communication.
-
- Allows a breastfeeding woman to determine her fertile and infertile periods
 - Can be used by women with long cycles

Disadvantages:

Disadvantages

- Requires daily observation and recording of the cervical mucus.
 - It is tedious because it entails the daily observing and recording of the mucus changes until ovulation returns.
 - There may be long periods of abstinence especially when establishing the Basic Infertile Pattern.
-
- Requires daily observation and recording of the cervical mucus.
 - It is tedious because it entails the daily observing and recording of the mucus changes until ovulation returns.
 - There may be long periods of abstinence especially when establishing the Basic Infertile Pattern.

Module 7b: Mucus Method for Breastfeeding Women

SUMMARY/CONCLUSION

The Mucus Method for Breastfeeding Women or LAM Interface Method of Family Planning is used by lactating women who do not meet any one or all of the criteria for the Lactational Amenorrhea Method. With this method, the woman observes the daily cervical mucus changes and sensations in her vaginal area. Like any natural family planning method, the Mucus Method for Breastfeeding Women or LAM Interface Method helps the woman become aware of her body and her own fertility.

Blank Sample Chart

BLANK BREASTFEEDING CHART

Client: _____
Husband: _____

Start of Previous Cycle: _____
End of Previous Cycle: _____

Month/Year: _____
Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40		
Month																																										
Date																																										
Symbols																																										
What I Feel																																										
What I See																																										
Lovemaking																																										
Medicine/ Fever																																										
Other Changes																																										

Chart I

SAMPLE COMPLETED BREASTFEEDING CHART

Client: _____
Husband: _____

Start of Previous Cycle: _____ Month/Year: June -July 2008
End of Previous Cycle: _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40		
Month	Jun										Jul																															
Date	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11		
Symbols	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	X	X	X	D1	D2	D3	M	M	M	D	D	D	X	X	M1	M2	M3	M	M	M	M		
	ABSTAIN. BIP = 2 weeks										ABSTAIN										ABSTAIN										EDR											
What I Feel	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Wet	Wet	Wet	Dry	Dry	Dry	Dry	Dry	None	Dry	Wet	Wet	Whitish Mucus	Whitish Mucus	Dry	Dry	Dry	Dry	Dry	Dry	Dry		
What I See	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Sticky White	Sticky White	Sticky White	None	None	None	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	None	None	None	Whitish Mucus	Whitish Mucus	Whitish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	
Lovemaking																																										
Medicine/ Fever Other Changes																																										

Chart 11

PRACTICE BREASTFEEDING CHART

Client: _____
Husband: _____

Start of Previous Cycle: _____
End of Previous Cycle: _____

Month/Year: _____
Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40							
Month	Dec'07																			Jan'08																											
Date	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13							
Symbols																																															
What I Feel	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Wet	Wet	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry					
What I See	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	None	None	None	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus				
Lovemaking																																															
Medicine/ Fever Other Changes																																															

Practice Answer Chart

PRACTICE BREASTFEEDING CHART

Client: _____
Husband: _____

Start of Previous Cycle: _____ Month/Year: _____ December - January
End of Previous Cycle: _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
Month	Dec'07																Jan'08																							
Date	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13
Symbols	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	X	X	X	D1	D2	D3	M	M	M	D	D	X	X	M1	M2	M3	M	M	M	M	
	ABSTAIN, BIP = 2 weeks																EDR				ABSTAIN				EDR				ABSTAIN				EDR				EDR			
What I Feel	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Wet	Wet	Wet	Dry	Dry	Dry	Yellowish Mucus	Dry	None	Dry	Dry	Dry	Whitish Mucus	Whitish Mucus	Dry	Yellowish Mucus	Dry	Yellowish Mucus	Dry	Yellowish Mucus	Dry	Yellowish Mucus
What I See	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Sticky White	Sticky White	Sticky White	None	None	None	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	None	None	None	Whitish Mucus	Whitish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus
Lovemaking																																								
Medicine/ Fever Other Changes																																								

Module 7b: Mucus Method for Breastfeeding Women

TEACHING EVALUATION GUIDE – MUCUS METHOD FOR BREASTFEEDING WOMEN

NAME: _____ DATE _____

Rating Guide:

Rate the level of knowledge and skills in the task/activity specified using the guide below.

- 0** Did not perform the task
- 1** Performed the task but needs improvement
- 2** Very proficient in the task, can describe and do it well
- NA** Not applicable

Task/Activity	0	1	2	NA
GREET				
1. Greet the client and introduce self.				
2. Offer the client a seat.				
3. Provide auditory & visual privacy.				
4. Assure confidentiality.				
5. Ask the client why she has come to the clinic.				
6. Maintain eye contact with the client.				
ASK				
7. Ask client about herself/himself.				
8. Ask the client what she knows about family planning.				
9. Ask client about his/her fertility intentions/reproductive goals. (short, long term, permanent)				

Module 7b: Mucus Method for Breastfeeding Women

<p>10. Obtain obstetrical history for:</p> <ul style="list-style-type: none"> • Number of pregnancies (full-term, pre-term, miscarriage, # of living children, etc) • Menstrual history (PMP, LMP, cycle length) • Obstetric problems (painful intercourse, painful menstruation) 				
<p>11. Assess client's risk of contracting STI/HIV-AIDS:</p> <ul style="list-style-type: none"> • Husband's occupation • Multiple partners • Past STI/HIV-AIDS (client or partner) • Husband's urethral discharges • Husband's scrotal swelling • Client's unusual vaginal discharges 				
<p>12. Assess women with special/unusual situations</p> <ul style="list-style-type: none"> • Recent illness, sleep disturbance, medications • Recent use of any FP method (pills, injectable, IUD) • Breastfeeding Pattern 				
<p>13. Assess couple communication</p> <ul style="list-style-type: none"> • Ask if they agree about using family planning methods 				
<p>14. Ask client/couple on timing of intercourse</p> <ul style="list-style-type: none"> • Do they talk about the timing of their sexual intercourse ? • Can partner abstain from intercourse on days when she can become pregnant? • Do they have ways of handling fertile days? Infertile days? 				

Module 7b: Mucus Method for Breastfeeding Women

TELL				
15. Ask client what she knows about human fertility.				
16. Explain joint, male & female fertility using the human fertility diagram.				
17. Describe the link between timing lovemaking and pregnancy using the Joint Fertility Diagram.				
18. Define Menstrual Cycle and the phases of the cycle.				
19. Discuss the analogy between the planting season and a woman's fertility.				
20. Describe the characteristics & features of all methods of family planning.				
21. Discuss NFP & the advantages & disadvantages of NFP.				
22. Correct rumors/myths about NFP.				
23. Ask which method interests client.				
24. Explain how NFP can be used to plan for or avoid pregnancy.				
25. Explain the importance of keeping track of one's fertility in relation to fertility intentions.				
26. Answer questions clearly and confirm interest in using NFP.				
HELP				
27. Help client reach an informed decision.				
28. Explain reasons for talking about couple's sexual life & reassure confidentiality.				
29. Explore ways to improve couple communication.				
30. Ask client what issues or difficulties might arise during fertile days or days when the woman can get pregnant.				

Module 7b: Mucus Method for Breastfeeding Women

31. Ask client about ways to handle the fertile days.				
32. Help client practice how to talk with his/her partner about: <ul style="list-style-type: none"> • How to use the method • How to talk about sensitive issues regarding abstinence from intercourse 				
33. Repeat information when necessary.				
34. Ask client if there is anything not understood, needs clarification, or confirmation.				
EXPLAIN				
35. Check client's experience and understanding of mucus. Correct as needed.				
36. Guide the client in their ability to successfully use the MM for Breastfeeding Women and relate partner involvement to the couple's fertility intention or goal.				
37. Explain the mechanics of observing and recording mucus.				
38. Demonstrate how client identifies her Basic Infertile Pattern (BIP) for 14 days.				
39. Explain the need to practice abstinence during the first 2 weeks to identify the mucus pattern.				
40. Introduce the Early Days Rule (EDR) until the client's mucus pattern is identified.				
41. Discuss when client can apply the regular NFP or Peak Day Rules.				
42. Ask client to discuss the Mucus Method for Breastfeeding Women with partner.				

Module 7b: Mucus Method for Breastfeeding Women

43. Motivate client to start observing immediately.				
44. Provide client with a blank chart.				
45. Assess client's understanding of the method and repeat information when necessary.				
46. Provide information materials about the method.				
RETURN VISIT/FOLLOW-UP VISIT				
47. Schedule follow-up visit when her menstruation returns. Instruct client to bring her filled-up chart and her husband, if possible.				
48. Make sure to give the clinic schedule to ensure that it is open when she comes for her follow-up visit.				
49. Document client contact in the Client Contact Record.				
50. Ask to return if there are any questions or concerns.				

Trainer's Notes/Remarks:

Trainer's Signature: _____

FREQUENTLY ASKED QUESTIONS: LAM Interface

1. How does breastfeeding affect a woman's mucus secretions?

Breastfeeding, first of all, affects ovulation. It is the production of the milk that suppresses ovulation. And it is the infant's suckling mechanism that makes the mother produce more milk. Having the 3 LAM conditions makes a woman experience temporary physiological infertility. Once any of the three conditions is lost, there is a probable return to fertility. However this is not absolute. A woman who is breastfeeding may experience that ovulation is likely returning but not quite. Sometimes she can go on for months or even a year without experiencing menstruation. Keeping track of her daily mucus secretions can be the basis for knowing when she is ovulating, whether she has menstruated or not. Mucus can either be absent completely or can appear as dry pasty and unchanging. This would be her Basic Infertile Pattern (BIP). Thus only when she experiences changes in the infertile pattern of her mucus would her body be warning her that she is nearing ovulation. The guidelines then would need to be carefully followed throughout this time.

2. Who can most likely follow the Breastfeeding/Mucus guidelines?

Naturally, a previous user of the Mucus method would find using the Breastfeeding /mucus interface easier than someone who has never observed her mucus before. However, documented successes of women who use the method without any previous knowledge of the mucus method are available worldwide. Effective use of the method is made easier by the husband's cooperation and the fact that more than ever, at this time of a recent delivery, the couple is highly motivated to prevent a surprise pregnancy.

SUPPLEMENTAL READING: Postponing Pregnancy During Breastfeeding

The Ovulation Method is particularly suitable for the woman who is breastfeeding because it enables her to recognize natural periods of infertility. After the birth of the baby, there is a natural period of infertility. This can be prolonged for months or even years if a mother breastfeeds her baby. It is nature's way to space babies and help the mother care for her little infant without the stress of another pregnancy. However, a mother must be aware of what it means to be totally breastfeeding: the baby depends entirely on the breast for nutrition and liquids, is allowed to suckle frequently and on demand, and uses the breast as a pacifier.

Suckling stimulates the production of a hormone (prolactin) that suppresses ovulation, thus delaying the woman's return to fertility. Suckling frequently, on demand, and using the breast as pacifier or comforter usually delays the onset of ovulation.

Once the need for milk diminishes, as when supplemental food is added or the baby is weaned, this hormone is decreased and the woman returns to fertility.

By careful observation a woman can learn to recognize the Basic Infertile Pattern (BIP), which occurs while she is breastfeeding. The BIP is a time of infertility, which manifests itself in the woman by either a sensation at the vulva of dryness or sometimes accompanied by unchanging mucus day after day after day. Any change from the BIP is the indication that the return of fertility is approaching.

A woman begins charting after childbirth when blood discharge (lochia) begins to stop, usually around three weeks. Abstinence is recommended until the BIP is established, and confirmed by the instructor, then the Early Days Rules are applied to postpone pregnancy. These rules are designed to enable the woman to recognize the return of fertility, the beginning of the fertile phase and the identification of the Peak.

Module 8: Couple Communication

Introduction

Communication is crucial in a couple's intention to plan their family the natural way. Open communication between partners enables them to express their love and achieve intimacy without relying on external means or going against their life principles.

This module is designed for health service providers with a guide on how they can assist couples to effectively communicate with each other in order to successfully practice Natural Family Planning.

Objectives

At the end of the session, participants are able to:

1. Explain the importance of couple communication in the practice of natural family planning;
2. Enumerate the values involved in couple communication for NFP use

Estimated Time: 1 hour, 30 minutes

Methodology

- Interactive-discussion
- Practice session
- Role-play

Advance Preparation

- Role-play situation/script
- Board markers

Module 8: Couple Communication

TRAINER'S ACTIVITIES

Greet the participants and introduce the module. Show the module objectives and briefly describe what will be discussed under each objective.

Role-Play

Ask two participant volunteers to demonstrate couple communication with the use of a prepared script. (See end of module). Tell the rest of the participants to observe the role play closely.

After the role play, process the activity by asking the following questions:

- Who initiated the dialogue in the role-play?*
- In real life situations, who usually initiates the dialogue?*
- How did the wife respond to her partner?*
- The husband?*
- How did the dialogue progress?*
- How did it end?*

KEY LEARNING POINTS

OBJECTIVES

Objectives

At the end of the module, participants are able to:

- Explain the importance of couple communication in the practice of NFP
- Enumerate the values involved in couple communication for NFP use.

At the end of the module, participants are able to;

1. explain the importance of couple communication in the practice of natural family planning;
2. enumerate the values involved in couple communication for NFP use

Possible answers:

- the husband
- the wife
- either of the two depending on who feels strongly about the situation

The dialogue ended well because both the husband and wife agreed to ask for information.

TRAINER'S ACTIVITIES

Synthesize responses. Deepen discussion with the help of the key learning points. Make the discussion interactive by allowing participants to share their thoughts and feelings related to the dialogue.

Relate participants' reactions on role play to the pillars of the Philippine Family Planning Program discussed in Module I, specifically Birth Spacing and Responsible Parenthood.

KEY LEARNING POINTS

Birth spacing, which is one of the pillars of the Philippine Family Planning Program is a joint decision of the couple. To arrive at a decision, they have to openly communicate to express their feelings and aspirations for themselves and for their children and the whole family.

Couple Communication

- Communication is crucial in a couple's intention to plan their family naturally.
- Good communication allows couples to express their love and achieve intimacy without relying on external means.

Couple Communication

COUPLE COMMUNICATION = OPEN COMMUNICATION!

- To arrive at a decision, they have to openly communicate to express their feelings and aspirations for themselves and for their children and the whole family.

NFP based on responsible parenthood is rooted on the framework that a child is a gift as well as, a responsibility. When parents take their responsibility, they show their love to their children who become a source of joy for them and the family.

Module 8: Couple Communication

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

NFP Value Framework

- NFP based on responsible parenthood is rooted on the framework that a child is a gift, a responsibility.
- When parents take their responsibility, they show their love to their children who become a source of joy for them and the family.

NFP Value Framework

- The value framework for the NFP in the context of responsible parenthood starts with the **SELF**, moves toward **SPOUSE**, **CHILDREN**, and **COMMUNITY**.

Ask participants to give instances in a couple's life when these values are best expressed and demonstrated.

The value framework for the NFP in the context of responsible parenthood starts with the **SELF**, moves toward **SPOUSE**, **CHILDREN**, and **COMMUNITY**.

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

RESPONSIBILITY TO ONESELF

- Is expressed in the attainment and maintenance of:
 - self-worth
 - self-respect
 - healthy lifestyle
 - personal growth
 - spirituality



RESPONSIBILITY TO ONESELF - is expressed in the attainment and maintenance of

- **Self-worth** – Every individual must recognize and accept his/her worth as a human being. This entails a good look at oneself to identify his/her weaknesses and strengths. This acceptance should lead one to exert effort to transform his/her weaknesses into strength and further enhance one's strength.
- **Self-respect** – This emanates from a person who lives by his principles and relates well his fellow beings. A self-respecting individual is an asset to his/her family and community.
- **Healthy lifestyle** is required of an individual to avoid health hazards and diseases that may affect the performance of his/her responsibilities to the family and the community.
- **Personal growth** is a human need that is addressed as one is given the opportunity to develop his/her potentials in order to be a more productive person.
- **Spirituality** – We are physical beings. We are intellectual beings. But we are also spiritual beings. As such, we should never allow ourselves to be spiritual vacuum.

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

RESPONSIBILITY TO SPOUSE

- Companionship
- Love
- Attention
- Respect
- Fidelity
- Care of the home
- Physical intimacy/sex
- Open communication
- Time

Couple Dialogue

- Initial Choice of Method
- Continued Use of Method



RESPONSIBILITY TO SPOUSE is demonstrated through

- **Companionship.** A husband or wife may not always be around when needed but moments to enjoy each other's company must be provided despite one's busy schedule or workload. Even physical distance can be bridged by modern communication facilities to maintain a couple's emotional bond.
- **Love** is the bond that should tie a couple together. Love is expressed in various ways. The expression of this feeling strengthens the bond; lack of expression may erode the relationship.

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

- **Attention** to one's spouse is an intimate expression of concern and care. It provides means of sensing particular needs of the partner that may have to be addressed immediately.
- **Respect** is something that is earned. Hence, in any relationship respect must be the main fabric into which all other feelings and sentiments are woven.
- **Fidelity** is the expression of a spouse's commitment to his/her partner. Neglect or violation of this commitment often leads to distrust that weakens the relationship.
- **Physical intimacy/sex** is the ultimate expression of love between couples. More than just an answer to a biological need, this intimacy needs to be nourished for the gratification of both partners encouraging tenderness in total self-giving.
- **Open communication** is the key to maintaining a harmonious relationship. Its absence in any relationship can lead to a range of negative feelings such as insecurity, jealousy, distrust among others. Open communication means the line on both ends should always be available for sending and receiving messages.
- **Time** when given to somebody one cares for is more precious than any material thing. Giving one's spouse the gifts of time deepens their love for and commitment to each other.
- **Care of the home.** The home is the love nest of a couple. This is where they gather with their children and other family members at the end of a busy day. No matter how humble one's home is, it should always be warm with positive feelings and care for the family.

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

RESPONSIBILITY TO CHILDREN

- Provision of basic need
- Spiritual guidance
- Relationship-building/social skill
- Love and care
- Time and space
- Open communication
- Response to individual needs at
- Particular stage of development

RESPONSIBILITY TO CHILDREN is shown by:

- **Provision of basic needs** – In present society the provision of basic needs of the family is a joint responsibility of the husband and the wife. Children need proper nutrition for their physical growth and development. However, growing children have other needs to be able to fully develop their potentials.
- **Spiritual guidance** is needed by children in their formative years. Parents should be able to instill moral values by being God-fearing and God-loving role models.
- **Relationship building/social skills** should be imparted to children as part of their development. These will ensure their ability to relate with other people, the practice of which will be carried on to their adult years.
- **Love and care.** Children who felt the lack of love and care in their early life often grow up with emotional and social problems. It is therefore parents' responsibility to make sure that their children are never wanting in love and care. Spacing the birth of children through the practice of natural family planning expresses a couple's love and care for their family.

TRAINER'S ACTIVITIES

End the discussion with the closing statement on the need for a plan for NFP practice.

KEY LEARNING POINTS

- **Time and space.** Children need their parents' time but too much of it may stifle their growth and independence. They also need privacy and space for their own discovery of knowledge that stimulate their intellectual growth.
- **Open communication** strengthens parent-child relationship and should always be encouraged early between parents and children and also among the siblings.
- **Response to individual needs.** At different stages of their development, children have different needs. Parents need to understand and respond to these specific needs of their growing children.

RESPONSIBILITY TO THE COMMUNITY

- Being a responsible/involved citizen
- Contributing to the community
- Modeling for the community



RESPONSIBILITY TO THE COMMUNITY is shown through:

- **Being a responsible/involved citizen** who participates in activities for the improvement of his community and relates well with the members of the community.
- **Contributing to the community** by sharing his ideas, skills, time and other resources that may be needed in the conduct of activities for the development of the community.
- **Modeling for the community** by playing their role as responsible parents who bring up their children with love and care.

Module 8: Couple Communication

TRAINER'S ACTIVITIES

Lead a lively discussion on how to help the couples successfully manage both their fertile and infertile days.

KEY LEARNING POINTS

To attain what the couple has set as the family goal they should work within an agreed value system. The role of communication in arriving at an agreement as well as in strengthening their partnership is very vital. Couples who value their fertility as a gift to one another recognize the need to agree when to time lovemaking either to achieve or prevent pregnancy.

A couple's agreement to time lovemaking takes into consideration other values such as self-discipline, respect for each other, and honesty. This fosters positive communication between the couple.

Waiting time during the fertile period is made easier by going back to a mutual decision that is arrived at before the practice of NFP itself. One partner must not just decide on his or her own, but instead the couple talks about their choice of method. If their decision is to avoid a pregnancy at this time, then the discipline of NFP calls for strategies to manage the fertile time. "Managing the couple's fertile days springs from their genuine desire to attain their family goal."

Managing Fertile/Infertile Days

- To attain what the couple has set as the family goal, they should work within an agreed value system common to both partners.
- Couples who value fertility as a gift to one another recognize the need to agree when to time lovemaking either to achieve or prevent pregnancy.

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

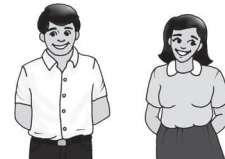
Managing Fertile/Infertile Days

- A couple's agreement to time lovemaking takes into consideration other values such as self-discipline, respect for each other, and honesty.
- This fosters positive communication between the couple.



Some Strategies

- Engaging in tiring physical activity
- Avoid going to bed and waking up at the same time
- Keep the children in bed with you
- Keep bedroom doors unlocked



Some Strategies



- Express love in creative way
- Avoid seductive clothes, looks, and touches
- Talk about problems and solutions
- Focus on the children as a couple

Module 8: Couple Communication

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

Some suggested strategies from successful NFP users during the fertile days are:

- Engaging in tiring physical activity
- Avoid going to bed and waking up at the same time
- Keep the children in bed with you
- Keep bedroom doors unlocked
- Express love in creative ways
- Avoid seductive clothes, looks, and touches
- Talk about problems and solutions
- Focus on the children as a couple

Lovemaking is the ultimate physical intimacy between couples. It is the time for total self-giving as an expression of love. As such, the act should be meaningful and satisfying to both. Hence mutual consent is needed for sexual harmony. There are ways by which the couple can achieve the full meaning and mutual satisfaction in their lovemaking. NFP can keep the couple's love life exciting, mainly because of the waiting time in anticipation of their next lovemaking. Popular advice given to couples who are not ready for a child is to make frequent use of the infertile days for intercourse, making it into an art:

Before lovemaking:

- Ensure mutual consent
- Ensure privacy
- Be special for your partner, focus on his/her needs
- Prepare the room and the bed
- Make the children sleep early

During lovemaking:

- Give time for caring touches and foreplay
- Be generous in giving and receiving pleasure
- Exercise muscle control

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

After lovemaking:

- Thank partner
- Evaluate the lovemaking
- Allow and continue to give caring touches
- Set the next lovemaking availability

Benefits

- NFP can keep the couple's lovelife exciting, mainly because of the waiting time in anticipation of their next lovemaking.
- Popular advice given to couples who are not ready for a child is to make frequent use of the infertile days for intercourse, making it into an art.

Dialogue between the couple should go beyond the initial choice of the method and should be maintained for its continued use. This is part of their total self-giving and expression of love in their relationship. For mature couples, FAMILY comes first.

Module 8: Couple Communication

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

Remember...

The measure of the partners' cooperation lies on their ability to abide by their agreement and their willingness to make a plan for their NFP practice.



End the discussion with the closing statement on the need for a plan for NFP practice.

The measure of the partners' cooperation lies on their ability to abide by their agreement and their willingness to make a plan for their NFP practice.

SUMMARY AND CONCLUSION

A critical element to ensure successful practice of NFP is open communication between husband and wife. Firstly, they have to communicate their fertility intentions to their partners, whether to achieve, postpone or avoid pregnancy. And then more importantly, they have to continuously communicate the fertile days when they have to avoid sexual intercourse as well as the infertile days when the couple can give themselves fully to expressing their love for their each other.

COUPLE DIALOGUE SCRIPT

(Husband making amorous gestures)

Wife: Hmmm...ano naman yan? Pwede ba, saka na yan?

Husband: Ikaw naman...bakit, may dinaramdam ka ba?

Wife: Wala naman. Kaya lang ayaw ko pang mabuntis. Wala pang dalawang taon si Baby. Di ba marami pa tayong gustong marating para sa atin, lalo na sa mga bata.

Husband: Alam ko. Di ko nalilimutan ang mga pangarap natin.

Wife: Yon naman pala. Eh di...diyeta muna.

Husband: Pano naman ako. Puro kayod sa trabaho...diyeta pa.

Wife: Pareho lang naman tayo, eh. Ramdam ko rin yang nararamdaman mo. (a little pause, then) Ano kaya kung magtanong tayo sa clinic tungkol sa family planning para malaman and dapat nating gawin?

Husband: Buti pa nga. Okay ba kung bukas na bukas din ay magpunta tayo? Anong oras ba nagbubukas ang clinic?

Wife: Maaga, mga alas-8 lang bukas na, kaya matulog ka na para magising nang maaga.

Husband: Sige, pahalik na lang sweetheart. Pakikamot mo na rin ang likod ko hanggang makatulog ako.

FREQUENTLY ASKED QUESTIONS: Couple Communication

1. Who should initiate couple dialogue, the husband or the wife?
There is no rule on who should initiate couple dialogue. Either the wife or the husband can start the dialogue. The important thing is to keep the communication line open on both ends and whatever is the issue at hand is discussed and resolved.
2. What considerations should be regarded by couples who value fertility as a gift to one another?
Couples who value their fertility as a gift to one another need to agree when to time their lovemaking. This agreement takes into consideration other values such as self-discipline, respect for each other, and honesty.
3. Why is communication important in the relationship of a couple?
The kind of communication that goes on in the relationship determines how one relates to the other. The relationship may either be strong or weak depending on the pattern of communication the couple observes.

SUPPLEMENTAL READING: Couple Communication and Partner Involvement

Basic to the relationship between husband and wife is the marital or couple communication process that exists in the relationship. The kind of communication that goes on in the relationship determines how one relates to the other. The relationship may either be strong or weak depending on the pattern of communication the couple observes.

For communication to be effective, the couple must mutually be emphatic listeners and speakers. This entails the ability to listen without considering one's personal thoughts and feelings. Focus is on the thoughts and feelings of the spouse. THINK WITH the spouse and FEEL WITH the spouse to understand where the spouse is really coming from.

As a listener, the spouse tries to understand the partner's concern by exploring from his/her personal world and perspective. As a speaker, the focus of sharing is on the I- messages. This means sharing one's feelings, experiences, thoughts and behavior on the situation or issue at hand and how these affect the person without making the other feel guilty or defensive.

Improving marital relationship through communication may be achieved through:

- Establishing friendship in marriage. Mutual affirmation, support and praise build each other's sense of self.
- Be the best friend of your spouse and trust each other unconditionally.
- Spend time together and talk as best friends do.
- Nurture the relationship by acceptance of differences and separateness as a person and oneness as a couple.

Both husband and wife are involved in making decisions about whether to have a child or not, when to have a child, and how many children to have. As a couple, they must agree on their fertility intentions.

The more a couple discusses and agrees on their fertility goal, the more likely that they will be able to achieve it. If they work together to use their NFP method of choice, they will be able to achieve their fertility intentions.

A woman can help her partner understand why she says NO on fertile days. She can also make her partner understand that she is not rejecting him. She just should not get pregnant yet.

Module 9: Counseling on Natural Family Planning

Introduction

Family Planning Counseling is an interactive communication process between the health service provider and the client. It enables clients to make voluntary, informed decisions about their fertility plan. At the same time, the face-to-face process gives the health provider time to counter fears and clear doubts of clients.

Objectives

At the end of the session, participants are able to:

1. Define the counseling approach in providing Family Planning service
2. Identify norms which counselors follow
3. Demonstrate the GATHER steps in counseling on Natural Family Methods
4. Demonstrate correct use of the Teaching and Evaluation Guides in counseling on Natural Family Planning

Estimated Time: 3 hours

Methodology

- Interactive-discussion
- Role-play
- Group work/presentations
- Critiquing

Advance Preparation

- Meta cards
- Whiteboard markers
- Prepared cases for role-play
- Criteria for processing role-play
- Visual aids

TRAINER'S ACTIVITIES

Greet the participants and introduce the module. Show the module objectives and briefly describe what will be discussed under each objective.

KEY LEARNING POINTS

OBJECTIVES

Objectives

At the end of the session, participants are able to:

- Define the counseling approach in providing Family Planning service;
- Identify personal qualities, skills and knowledge needed by a good counselor;
- Demonstrate the GATHER steps in counseling on NFP;
- Demonstrate correct use of Teaching and Evaluation Guides in Counseling on NFP.

At the end of the session, participants are able to:

1. Define the counseling approach in providing Family Planning service
2. Identify personal qualities, skills and knowledge needed by a good counselor
3. Demonstrate the GATHER steps in counseling on Natural Family Methods
4. Demonstrate correct use of the Teaching and Evaluation Guides in counseling on Natural Family Planning

Service Providers are accountable for providing accurate and clear instructions to women and couples who are learning about natural family planning.

Module 9: Counseling on Natural Family Planning

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

Family Planning Counseling

- Interactive communication process between the health service provider and the client.
- Enables clients to make voluntary, informed decisions about their fertility plan.
- Gives the health provider time to counter fears and clear doubts of clients.

Counseling

- Enable clients to apply information to their particular circumstances and make informed choices.
- Involves two-way communication between client and counselor during which each spends time talking, listening, and asking questions.

In the communication process, three types of Family Planning activities are used. These are:

Activities in Counseling

- **Information Giving** – provides facts that raise a person's awareness. Information a client receives determines his/her choice.



TRAINER'S ACTIVITIES

KEY LEARNING POINTS

- **INFORMATION GIVING** provides facts that raise a person's awareness of a certain subject matter which may be done individually or in groups. The full, complete and accurate information received by a client is the basis of his/her free and informed choice.

Activities in Counseling

- **Motivation** – aimed at influencing behavior in a particular direction.

- **MOTIVATION** (sometimes called promotion) aimed at influencing behavior in a particular direction. As a process, it arouses or induces people to action and helps them sustain the activity in progress.

Counseling

- **Counseling** – goes deeper into helping clients apply information to their particular circumstances
 - Helping Process
 - Uses interview as major tool
 - Main concern is for client to make sound and rational decision.
 - Unlike medical advice because it involves healthy individuals and does not prescribe a particular course of action.

Module 9: Counseling on Natural Family Planning

TRAINER'S ACTIVITIES

Interactive-Discussion

After you have briefly discussed each Key Learning Point, ask participants for questions and/or needed clarifications before proceeding to the next topic.

Write on the board or post prepared cards in vertical order to show the acronym GATHER, completing each word as you discuss the steps.

KEY LEARNING POINTS

Norms of a Counselor

- Providing a comfortable setting that ensures privacy and confidentiality
- Giving client full attention
- Placing the client's needs first
- Respecting the client's socio-economic status, educational level or religion
- Never making judgmental remarks about the client.

○ **COUNSELING** goes beyond just giving facts. It goes deeper into enabling clients to apply information to their particular circumstances and make informed choices. As a process, counseling involves two-way communication between client and counselor during which each spends time talking, listening, and asking questions. Because counseling includes a discussion of the client's personal circumstances, feelings and concerns, it is important that it be done in a private atmosphere.

- Counseling is a helping process which uses interview as a major tool in the solution of an individual's problem or a change in his/her attitude or behavior. Its main concern is to help a client make sound and rational decision based on an examination of alternatives.
- Counseling on natural family planning is unlike medical advice because it involves healthy individuals and does not prescribe a particular course of action.

The six basic steps known as GATHER is the approach used in counseling for natural family planning. The acronym, which is easy to remember, assures the counselor that all the steps to help a client make an informed decision have been followed.

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

These steps are:

A Counseling Approach: GATHER

- G-reet
- A-sk
- T-ell
- H-elp
- E-xplain
- R-eturn

Discuss the first step in GATHER

The GATHER Approach

- G-reet Clients (be friendly and helpful!)
 - Introduce yourself!
 - Establish rapport



1. **GREET** clients in a friendly and helpful way. Introducing oneself is important. Once rapport has been established, two-way communication is facilitated.
 - Ensure confidentiality.
 - Offer a seat for the client and open the conversation lightly. Important demographic data as well as the need of the client may be taken during this step.
 - If the client shows interest in learning more about Natural Family Planning, the counselor moves on to the next step.

Module 9: Counseling on Natural Family Planning

TRAINER'S ACTIVITIES

Discuss the second step in GATHER

KEY LEARNING POINTS

The GATHER Approach

- A-sk or Assess Client's knowledge and reproductive intention
 - Open Questions
 - Closed Questions
 - Probing Questions

2. **ASK/ASSESS** is the second counseling step during which the counselor asks clients questions about themselves and assess their knowledge and needs related to natural family planning.
 - Ensure privacy.
 - Assessing the client's reproductive intention is the key step in counseling.
 - Assessing is done by asking questions.
 - Assessing the family planning knowledge of a client is important because it:
 - o enables the counselor to focus on the client's needs;
 - o determines what the client already knows and how the counselor will carry out the remaining counseling steps;
 - o saves time of client and counselor
 - Before moving to next step make sure that you know the client's reproductive needs (short, long term or permanent).

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

The GATHER Approach

- T-ell information on NFP methods
 - How reproduction happens
 - How NFP methods work
 - Benefits of NFP methods

3. **TELL** is the third step in counseling in which the counselor TELLS clients about Fertility Awareness, all Family Planning methods and the different Natural Family Planning Methods.
 - To make clients understand how natural family planning works, they have to understand first how the male and female reproductive system works. The client needs this information to understand how a natural family planning method works.
 - Tell client how each method works, its advantages and disadvantages, and possible side effects.
 - Debunk old myths, rumors, and misconceptions the client may have.

Introduce Step 4 in GATHER

The GATHER Approach

- H-elp Client in making a decision in the choice of NFP method
- Help in ensuring successful use of the chosen method – management of fertile and infertile days
 - Asking questions to know the client's feelings and preferences

Module 9: Counseling on Natural Family Planning

TRAINER'S ACTIVITIES

Introduce the Explain step by focusing on warnings and precautions in the use of the method.

KEY LEARNING POINTS

4. It is during the **HELP** step in GATHER that the Service Provider asks about the problems they anticipate and HELP them think of solutions. Sharing with them how other couples changed their behavior and practiced NFP have successfully managed the fertile and infertile days of the woman's cycle can be a big help.
 - Visual materials can help clarify questions, reinforce what is said, keep client interest and explain concepts. These visual aids, to be effective, must contain accurate information, use language that clients can easily understand and should not be too technical.

The GATHER Approach

- E-xplain
 - Advantages/disadvantages
 - Importance of recording
 - Need for continued use of a method

5. In the E or **EXPLAIN** step of GATHER, the counselor explains how to use a particular natural family planning method chosen by the client.
 - explain how to use the method.
 - emphasize the importance of recording and use of charts, beads or thermometer.
 - confirm client's understanding of what has been said by asking him/her to repeat what has been said.
 - give the client information material on the method if available.
 - describe warning signs, if any.

Module 9: Counseling on Natural Family Planning

TRAINER'S ACTIVITIES

Demonstrate the GATHER STEP applied to Standard Days Method. State that the demonstration applies to any family planning method.

KEY LEARNING POINTS

In the explain step, clients need only information about how to use the method they have chosen. Information they have already received in the telling step need not be repeated.

The GATHER Approach

- R-return Visit
 - to complete a routine follow up
 - to ask questions
 - also includes Recording, Reporting and Referral when necessary

6. Clients make **Return Visits** for different reasons such as:
 - to complete a routine follow up
 - to ask questions
 - also includes **R**ecording, **R**eporting and **R**eferral when necessary
- Whatever is the reason for the return visit, counselors should always give it importance and proper attention.
- Natural Family Planning methods clients may need reassurance if there are doubts on how instructions are followed.
- A counselor has to follow certain norms in counseling. These include:
 - providing a comfortable setting that ensures privacy and confidentiality
 - giving client full attention
 - placing the client's needs first
 - respecting the client's socio-economic status, educational level or religion
 - never making judgmental remarks about the client.

Module 9: Counseling on Natural Family Planning

TRAINER'S ACTIVITIES

Demonstration Counseling by the Trainer

Using the sample case provided, (see annex) the trainer demonstrates a counseling session with her co-trainer acting as client on one NFP method, using the GATHER approach and the materials needed.

Individual Competency Evaluation (ICE)

Divide participants in groups of four or five for a role play/return demonstration of counseling on the method they will draw. Make the participants draw lots for the choice of method they will role play. One participant plays the role of a client, the other a counselor. Tell the rest of the participants to observe and comment on how the GATHER approach was used using the Teaching Evaluation Guide (TEG). After each presentation, facilitate the giving of constructive feedback by the rest of the group members.

KEY LEARNING POINTS

TRAINER'S ACTIVITIES

After all the participants have done their demo role-plays, ask the participants what they learned/realized using GATHER as the framework for their insights. Summarize their insights.

The assigned facilitators of each group then give a summary of the important learnings in the group assigned to her.

KEY LEARNING POINTS

SUMMARY AND CONCLUSION

Counseling is a helping process. In natural family planning, it is the process of giving information, asking questions, clarifying doubts and misconceptions, and helping clients to make choices and decisions. The GATHER approach is designed to facilitate the conduct of counseling in natural family planning. "All throughout the counseling session, be mindful of the client's rights."

Module 9: Counseling on Natural Family Planning

SUPPLEMENTAL READING: Counseling Questions

There are three types of questions that can be used in counseling. These are:

1. **Closed questions** are those that can be answered by yes or no, a number, or a few words. These may be used at the beginning of the session to break the ice and get information such as medical history.
Example: Are you using a family planning method?
How many pregnancies have you had?
2. **Open questions** have many possible answers. These are useful in learning about the client's feelings, thoughts, knowledge and beliefs.
Example: What do you know about NFP method?
How does your partner feel about your decision to use NFP method?

Asking questions that begin with WHY may be intimidating or may sound judgmental. It is therefore, preferable to use phrases such as "What are your reasons for?"

3. **Probing questions** help the counselor clarify the client's responses to open questions.
Example: Can you tell me how your friend's experience has made you decide to shift to an NFP method?

SUPPLEMENTAL READING: Skills for Effective Counseling

RELATING is a basic skill. It calls for certain personal qualities of a counselor – warmth, friendliness, sincerity, approachability, sensitivity, concern for others, tact, etc.

OBSERVING calls for perceptiveness, being observant of facial expression, behavior, reactions, gestures and use of eye contact.

LISTENING means listening carefully to what the client says and does not say; making relevant, appropriate response to assure client he/she is listening

ASKING QUESTIONS. Using the right tone and manner, asking leading questions rather than very direct questions.

TALKING means having a clear purpose for saying what you say; being encouraging and reasoning.

INTERPRETING involves giving meaning and appropriate explanation to client's words, statements, expression and behavior, being very objective and aware of one's self.

HANDLING PAUSES, brief stops or breaks that are normal occurrence in any counseling session. The counselor must understand that a pause is needed to rest from the talking or think of what and how to say next.

HANDLING SILENCE. Silence occurs when a pause becomes prolonged or when a client completely stops from participating in the interaction. The counselor can help the client to move on by asking a question, making a comment or rephrasing/repeating the last word the client said. If client is unable to continue, offer to see him/her again by setting an appointment.

Module 10:

Mainstreaming Natural Family Planning

Introduction

Natural Family Planning has long been on the sidelines of the Philippine Reproductive and Family Planning program, and efforts are now directed towards making the NFP methods a viable choice of couples. The benefits of Natural Family Planning make it a preferred choice among the many methods available.

The basic protocol for mainstreaming NFP services has been developed over the years from the experience of natural family planning service providers. Its purpose is to ensure that NFP follows certain key steps to be followed by users, providers, and managers. These components for mainstreaming NFP include training, service delivery or integration in the program.

This module provides an overview for ensuring the continuous availability of NFP services and supplies.

Objectives

At the end of the session, participants should be able to:

1. Describe the indicators for the mainstreaming of NFP
2. Demonstrate how to record and report NFP users by filling up the current reporting system forms
3. Submit an action/re-entry plan on NFP for their respective organizations/areas.

Estimated Time: 1 hour

Methodology

- Illustrated-discussion
- Brainstorming

Advance Preparation

- NFP Acceptors' Reporting Forms
- Action Planning Worksheet

TRAINER'S ACTIVITIES

Introduce the module by showing the module objectives and briefly describe what will be discussed under each objective.

Draw out from participants what indicators will show that NFP has been mainstreamed. Write their answers on the board.

Ask: What do you think is the basic protocol for NFP users? What are the main parts of this basic protocol?

KEY LEARNING POINTS

Objectives:

- **At the end of this module, the participants should be able to:**
 - Describe the indicators for the mainstreaming of NFP
 - Develop the action plan for mainstreaming NFP
 - Submit an action/re-entry plan on NFP for their respective organizations/areas.

Possible answers could be:

- Couples know about it as a choice
- Misconceptions are corrected
- More NFP users especially among those who are not using any FP method or are relying on ineffective traditional methods
- Providers have been trained and are providing counseling services on NFP
- Supplies are available
- Positive general attitude towards NFP

The basic protocol for NFP method users has been developed over the years from the experience of natural family planning service providers. Its purpose is to ensure that NFP follows certain key steps. These are training, service delivery, and integration or mainstreaming into the program including reporting and promotions.

Module 10: Mainstreaming Natural Family Planning

TRAINER'S ACTIVITIES

KEY LEARNING POINTS

Components of the NFP protocol are:

- Training
- Service Delivery
- Recording and Reporting
- Promotions and Advocacy

Why do workers need to undergo training in NFP?

A. Training

Service providers must undergo training on NFP to be able to provide the methods to clients correctly and effectively, since the basic protocol focuses on the provision of the methods using a counseling approach. While it is not required to have the husband with the woman client on the first visit, it is highly recommended that the service provider encourage the client to have the husband with her when she comes around again. Handling male clients is also a necessary skill. When the husband is involved and is convinced, learning is facilitated. Experience also shows that the woman is able to explain the methods to her husband and this is found to be very empowering for the woman. The provider should be able to pass on the required NFP technology and strengthen the client's value framework that goes with successful use of NFP.

B. Method Service Delivery – is a client-centered protocol. It ensures the provision of counseling service to clients until such time that the client becomes autonomous, or able to use the method successfully on her own.

TRAINER'S ACTIVITIES

Ask participants what the importance of recording and reporting is and acknowledge their answers.

Show what forms government workers use in recording and reporting: Target client list, FP Form 1, FHSIS and CDLMIS.

KEY LEARNING POINTS

C. The FP Reporting System

Say: As service providers, recording and reporting is one your basic functions.

Importance of recording and reporting:

- Legal document
- For continuity of service
- Basic for planning
- Tool for tracking progress of work

Answers of government workers:

- Target client list
- Family planning form 1
- FHSIS forms
- CDLMIS forms

Reporting forms in government service:

- Target client list
- Family planning form 1
- FHSIS forms
- CDLMIS forms

Answers from other workers will vary depending on the organization they belong to and if they are currently reporting the users.

Module 10: Mainstreaming Natural Family Planning

TRAINER'S ACTIVITIES

Review first what NA, other acceptors and dropouts are, how different NFP users are recorded as NA, other acceptors & dropouts.

KEY LEARNING POINTS

- **NA** – New to the program, have not used any method before
 - **Other acceptors** – clients that have used FP methods before and are shifting to NFP or changing clinic
 - **Dropout** - anytime clients do not return on scheduled follow up or validated by staff
 - **For LAM** – dropout if anyone of the criteria is absent.
 - **SDM** – recorded as NA on the day client is give instruction and tool on SDM use
-
- **BBT/CM/STM** – recorded as NA or other acceptor as early as the second return visit after checking chart if client can follow charting instructions correctly. Service provider has the authority to decide whether or not client can be recorded already as NA. If after 3 or 4 return visits and the client cannot yet chart correctly, explain that she may not be able to use NFP successfully so offer other methods.
 - **LAM** – one (1) month after delivery to be sure that the 3 criteria for LAM are in place.
-
- **NA** – New to the program, have not used any method before
 - **Other acceptors** – clients that have used FP methods before and are shifting to NFP or changing clinic
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TRAINER'S ACTIVITIES

KEY LEARNING POINTS

recorded already as NA. If after 3 or 4 return visits and the client cannot yet chart correctly, explain that she may not be able to use NFP successfully so offer other methods.

- **LAM** – one (1) month after delivery to be sure that the 3 criteria for LAM are in place.

Schedule of return visit after initial instruction:

- SDM –within 7 days of the next menstrual cycle
- BBT – when thermal shift has been identified
- CM – when peak day rule has been identified
- STM – when thermal shift and peak day rule have been identified whichever came later

Ask when you tell your client to return.

Distribute sample copies and discuss how to fill up forms.

Schedule of return visit after initial instruction

- SDM – within 7 days of the next menstrual cycle
- BBT – when thermal shift has been identified
- CM – when peak day rule has been identified
- STM – when thermal shift and peak day rule have been identified whichever came later

Instructions on how to fill up TCL / FHSIS forms

- FPI based on the clinical standards manual

Module 10: Mainstreaming Natural Family Planning

TRAINER'S ACTIVITIES

Demonstrate how to compute for current users (CU) and provide sample data.

Data – reporting for the month of June

CM CU:

End of May - 3

NA for May - 1

Other acceptors for June - 1

Dropout - 0

CM CU for June = 5

Show the flow of reports. Emphasize that accuracy of data depends upon the midwife because they are the source of the original data. Nurses and doctors have the responsibility to validate before consolidating the report.

KEY LEARNING POINTS

Follow the formula

CU – CU beginning of month (which is the CU end of previous month) plus NA of previous month plus other acceptor of present month minus dropout of present month.

Follow the formula

CU – CU beginning of month (which is the CU end of previous month) plus NA of previous month plus other acceptor of present month minus dropout of present month.

Flow of Reports

- End of month – midwife prepares report and submits to RHU within the first week of the following month (done monthly).
- RHU consolidates report quarterly and submits to PHO/CHO on the 2nd week of the 1st month of the month.
- PHO/CHO submits reports to the region on the 3rd week of the 1st month of the quarter.

TRAINER'S ACTIVITIES

Say: With your training and all the information and discussions on the Natural methods and its basic protocol, are you now ready to go back to your respective clinics and centers for NFP service delivery?

Ask what are some possible ways of sustaining the practice and service of NFP in your locality?

KEY LEARNING POINTS

Flow of Reports

- End of month – midwife prepares report and submits to RHU within the first week of the following month (done monthly).
- RHU consolidates report quarterly and submits to PHO/CHO on the 2nd week of the 1st month of the month.
- PHO/CHO submits reports to the region on the 3rd week of the 1st month of the quarter.

Organizing for Sustainability

In addition to delivering the method to clients, service providers play an important role in ensuring that the services are sustained. Service providers can help ensure that NFP services are offered in his/her community in order to sustain couples' practices of NFP. The satisfied NFP user usually is enthused enough to go out of her way to share her family planning method to other couples who are interested. It is best that these satisfied users be given training when the occasion arises.

Module 10: Mainstreaming Natural Family Planning

TRAINER'S ACTIVITIES

Do you have any questions? Any clarifications?

KEY LEARNING POINTS

Possible ways of sustaining the couples' practice and providers' service on NFP:

- Advocate for local leaders' support
- Information giving in groups, or one on one, husbands' sessions
- Setting up of NFP people's organizations for /NFP couples
- NFP users' meetings in the community
- Ask them to volunteer for NFP activities

Possible ways of sustaining the couples' practice and service on NFP:

- Availability of NFP follow-through reading
- Materials
- Integrating NFP in other existing services
- Involve them in mentoring new users of NFP
- Holding NFP orientation sessions for LGU officials, schools, hospitals, NGOs, Faith-based groups etc.

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- Materials
- Integrating NFP in other existing services
- Involve them in mentoring new users of NFP
- Holding NFP orientation sessions for LGU officials, schools, hospitals, NGOs, Faith-based groups etc.

Module 10: Mainstreaming Natural Family Planning

TRAINER'S ACTIVITIES

Distribute the Action Planning form so participants coming from the same area can do a re-entry plan.

Give 10 to 15 minutes. Have two groups present their plans for critiquing by the other groups.

KEY LEARNING POINTS

ALL NFP METHOD TRAINING ACTION PLAN FORM

NAME OF AGENCY _____

CITY/MUNICIPALITY _____

PROVINCE _____

COVERED PERIOD (Month/Year) From _____ to _____

Activity	Target Date	Persons Involved	Resources Needed	Indicators

SUMMARY AND CONCLUSION

Natural Family Planning calls for commitment and dedication and can be very rewarding for both providers and couples who use it. A culture of Natural Family Planning can arise from its correct and enriching use. NFP can definitely contribute to meeting the nation's unmet family planning need while instilling discipline and responsibility among couple users, the providers, and determination program managers.

Module 1: RESPONSIBLE PARENTHOOD

SESSION OBJECTIVES

At the end of this session, the participants will be able to:

1. Define Responsible Parenthood
2. Explain basic concepts of parenting
3. Discuss the relationship of MCH to Responsible Parenthood

Four Pillars

- Respect for Life
- Birth Spacing
- Informed Choice/Voluntarism
- Responsible Parenthood

- **RESPECT FOR LIFE** – protection of the life of the unborn; maintains that **ABORTION** is NOT a family planning method

- **BIRTH SPACING** – 3-5 years for the mother to recover from pregnancy, care for the children, enhance the relationship of the couple and between parents and children

- **INFORMED CHOICE/ VOLUNTARISM** - Choice of Family Planning method based on full information of each method; decision to use a method, a **VOLUNTARY** action of the couple to attain their family goal

RESPONSIBLE PARENTHOOD

- Shared responsibility of husband and wife to determine the number and spacing children for a better quality of life

- Commitment to ensure every family member's development of capabilities/potentials
- Use of knowledge and skills to ensure children's upbringing and formation of good character

MILLENNIUM DEVELOPMENT GOALS by 2015

- Reduction of child mortality (26/1,000) live births
- Reduction of maternal mortality (52/100,000)

DUTIES/RESPONSIBILITIES OF PARENTS

- Provision of love and care which starts at prenatal stage
- Development of social skills that make children friendly, happy, responsible and self confident
- Instilling discipline by being the first teachers and role models

- Providing children's right to education
- Giving the children necessary citizenship training
- Teaching the wise use of money
- Spiritual formation with parents as models in loving, obeying, worshipping God

IMPORTANCE OF PRENATAL CARE

- Assessment of pregnancy
- Early detection of problems
- Education on child care

- Advise on maternal and child nutrition
- Advise on proper breastfeeding and infant/child nutrition
- Advise on family planning

Birth and Emergency Plan

I know that any complication can develop during delivery. I know that I should deliver my baby in a health facility.

I will be attended at delivery by _____
Name of doctor/nurse/midwife or others. Specify.

I plan to deliver at _____
Name of hospital/health center/clinic

This is a Philhealth accredited facility _____ Yes _____ No

The estimated cost of the maternity package in this facility is P. _____ (inclusive of newborn care).

The available transport is _____

I have contacted _____ to bring me to the hospital/maternity clinic/health center.

I will be accompanied by _____
Name

_____ will take care for my children/home while I am in health facility.

In case of a need for blood transfusion, my possible donors are:

_____	_____
<small>Name</small>	<small>Address</small>
_____	_____
<small>Name</small>	<small>Address</small>

In case of complications, I will be referred right away to:

Contact person: _____

Address: _____

Tel. No. _____

CHILDREN are BLESSINGS

The best way parents can show GRATITUDE for these BLESSINGS is to give them SPECIAL CARE.

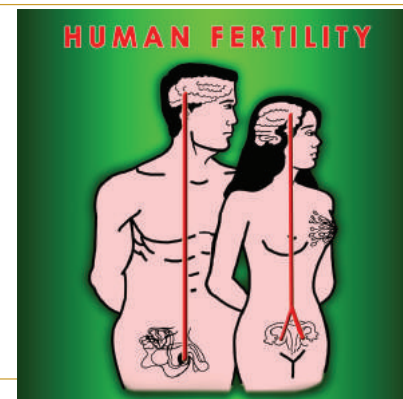
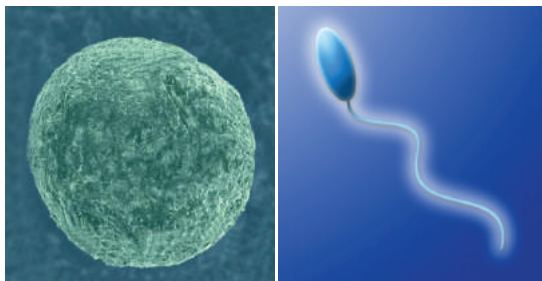
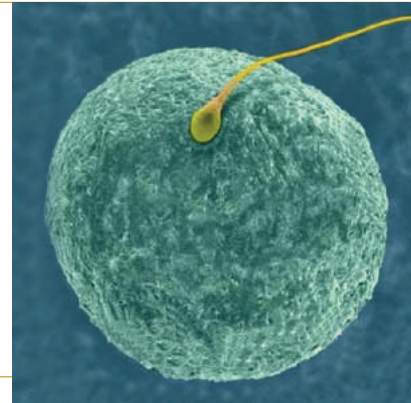
Module 2: FERTILITY AWARENESS

SESSION OBJECTIVES

At the end of this session, the participants will be able to:

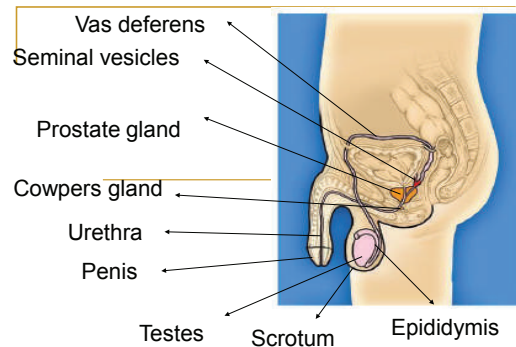
1. Define fertility.
2. Identify the male and female contributions in the conception of a child
3. Explain the parts of the male and female reproductive systems in relation to the sperm and the egg cell;
4. Explain the concept of joint fertility and its male and female elements;
5. Describe the physiologic changes that occur during the menstrual cycle
6. Identify basic fertility signs
7. Identify the different NFP methods

What is Fertility?

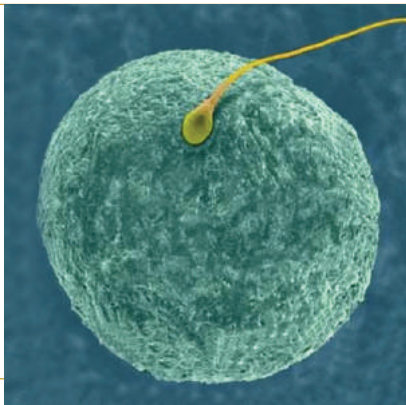
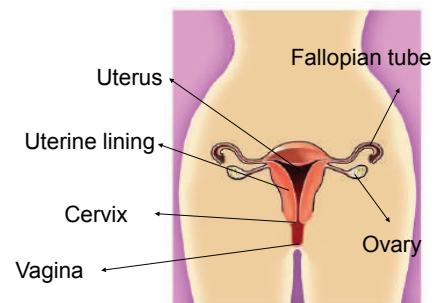


Powerpoint Slides (Module 2: Fertility Awareness)

Male Reproductive System



Female Reproductive System



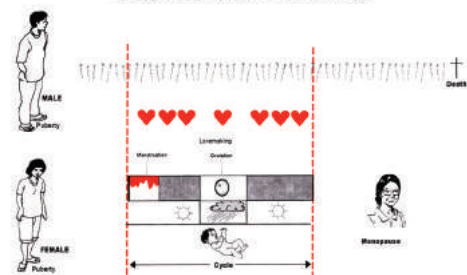
Male Fertility



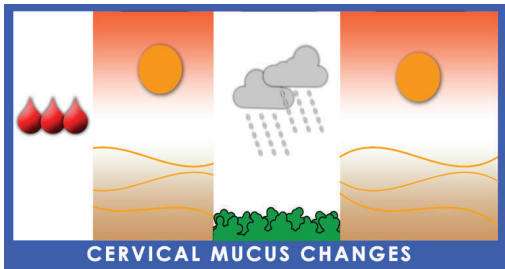
Female Fertility



JOINT FERTILITY DIAGRAM



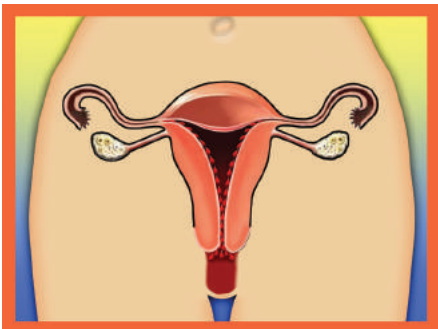
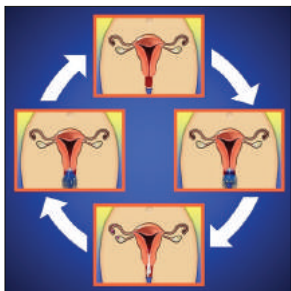
Comparison of Planting Season and Woman's Fertile and Infertile Time



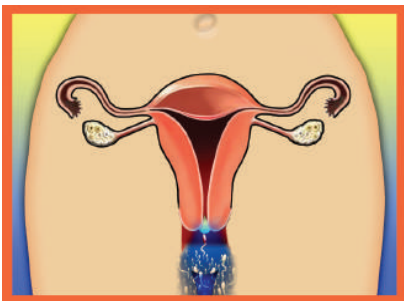
Human Fertility: Myth or Fact?

Statement	Myth or Fact?
A woman can get pregnant on any day of her cycle.	Myth
If men do not ejaculate, sperm will collect and lead to physical or mental disease.	Myth
If a woman misses her period, this could mean that she is pregnant.	Fact
Menstruation is the most important event in a woman's cycle of fertility.	Myth
A man can get a woman pregnant with only one act of intercourse.	Fact
Wet dreams happen naturally.	Fact
Sperm cells deposited inside the woman's body die instantly all the time.	Myth
Menstruation is dirty blood.	Myth
Timing of sexual intercourse can be agreed on by both husband and wife.	Fact
Intercourse during the woman's infertile days can lead to pregnancy.	Myth
The brain is not involved in human reproduction.	Myth
A baby can result from intercourse only during the woman's fertile days.	Fact

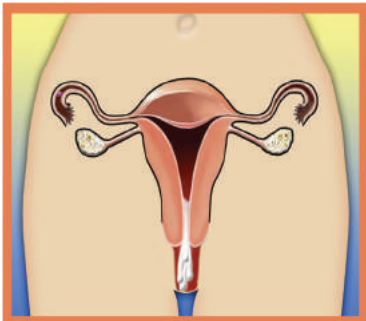
The Menstrual Cycle



MENSTRUAL PHASE

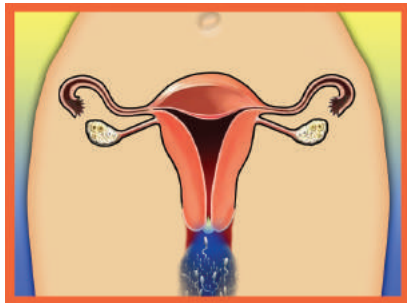


PRE-OVULATORY PHASE



OVULATORY PHASE

Powerpoint Slides (Module 2: Fertility Awareness)



POST OVULATORY PHASE

First Trimester

- At the end of 12 weeks:
- Weight is about 1/2 to 1 ounce
- Baby develops recognizable form
- Nails start to develop and earlobes are formed
- Arms, hands, fingers, legs, feet and toes are fully formed
- Eyes are almost fully developed
- Baby has developed most of his/her organs and tissues
- Baby's heart rate can be heard at 10 weeks with a special instrument called a Doppler
- Placenta is fully developed
- Sex of fetus can be identified



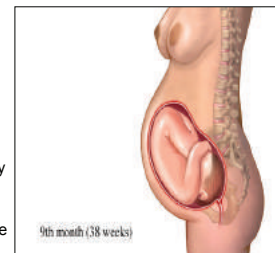
Second Trimester

- At the end of 6 months:
- Internal organs are maturing and the fetus begins to grow and prepares for life outside the womb
- Eyelids begin to part and eyes open sometimes for short periods of time
- Skin is covered with protective coating of thick, cheesy white grease called vernix caseosa
- Soft woolly hair called lanugo will cover its body. Some may remain until a week after birth, when it is shed.
- Mother begins to feel fetal movement called quickening



Third Trimester

- At the end of 9 months:
- Weight is about 7 to 7 1/2 pounds
- The lungs are mature
- Baby is now fully developed and can survive outside the mother's body
- Skin is pink and smooth
- From 36 weeks onwards, baby settles down into the mother's pelvis and lower in the abdomen in preparation for birth and may seem less active
- Baby is just about ready for birth



Care of The Pregnant Woman

- If pregnancy is confirmed, regular check-ups are required to monitor the progress of pregnancy and detect any possible complications
- Prepared physically, psychologically, emotionally and financially. Special care is needed before and during pregnancy and after the birth of the baby.
- She should avoid substances (alcohol, caffeine, and smoking) that may cause harm to the fetus.
- Encouraged to eat nutritious food, perform exercises that help strengthen the pelvic and abdominal muscles and be conscientious with grooming and hygiene.

To Sum Up:

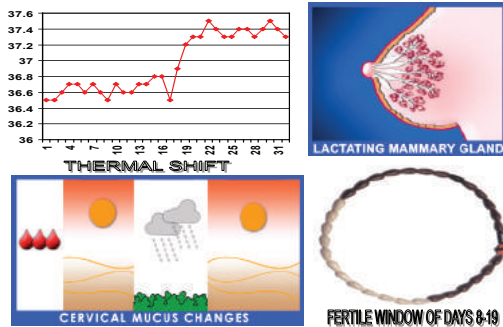
- The menstrual cycle has four (4) phases:
 - (1) the menstrual phase which is characterized by bleeding;
 - (2) the pre-ovulatory phase is considered as relatively infertile days;
 - (3) the ovulatory phase is considered as the fertile phase;
 - (4) and post-ovulatory is considered as absolutely infertile phase

To Sum Up:

- If there is no pregnancy, the woman will experience menstruation again and another cycle will begin
- If intercourse takes place during the fertile phase, pregnancy can result and the woman is encouraged to visit the health center to monitor maternal and child well-being

Fertility Indicators

Fertility Indicators



Fertility indicators

- These scientific indicators have been developed through the years into natural methods of family planning or fertility awareness- based methods

What is NFP?

- **Natural Family Planning or NFP** is an educational process of
 - determining the fertile and infertile periods of a woman
 - By observing body signs and symptoms
 - And the timing of sexual intercourse
 - To achieve or to avoid pregnancy.
- also known as **Fertility-awareness-based methods** or FAB

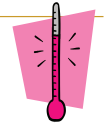
FERTILITY AWARENESS -BASED METHODS OF FAMILY PLANNING (FAB-METHODS)

Powerpoint Slides (Module 2: Fertility Awareness)

The Different Methods

- Basal Body Temperature
- Mucus Method
- Symptothermal Method
- Lactational Amenorrhea Method (LAM)
- Standard Days Method (SDM)
- Two-Day Method

BASAL BODY TEMPERATURE (BBT)



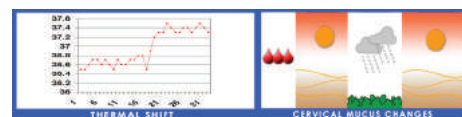
The basal body temperature is based on a woman's resting body temperature which is lower before ovulation until it rises to a higher level beginning around the time of ovulation. Her infertile days begin from the fourth day of the high temperature reading to the last day of the cycle. All days from the start of the menstrual cycle up to the third high temperature reading are considered fertile days.

MUCUS METHOD



The Mucus Method is based on the daily observation of what a woman sees and feels at the vaginal area throughout the day. Cervical mucus changes indicate whether days are fertile or not and can be used to avoid or achieve pregnancy.

SYMPTO-THERMAL METHOD



The Sympto-Thermal Method is based on the combined technology of the Basal Body Temperature & Mucus Methods i.e. the resting body temperature and the observation of mucus changes at the vaginal area throughout the day together with other signs (e.g., breast engorgement, unilateral lower abdominal pain) which indicate that the woman is fertile or infertile.

LACTATIONAL AMENORRHEA METHOD



When can a woman use LAM?

- Her baby is fully or nearly fully breastfed and she breastfeeds at an interval of at least 4 hours during the day and at least 6 hours at night.
- Her menstrual period has not returned yet.
- Her baby is less than 6 months old.
- She is willing to use another FP method after LAM

STANDARD DAYS METHOD (SDM)



STANDARD DAYS METHOD (SDM)

The Standard Days Method is based on the woman's menstrual cycle.

It identifies cycle days 8-19 as the woman's fertile period.

SDM makes use of the CycleBeads. These colored beads are used to help the woman keep track of her fertility.

It can be used by women whose menstrual cycles are within 26-32 days.

Advantages and Disadvantages

Advantages of NFP

- Can be used either to avoid or achieve pregnancy;
- No health related side effects associated with their use;
- Very little or no cost
- Immediately reversible
- Increases self awareness and knowledge of human reproduction and can lead to a diagnosis of some gynecologic problems;
- Enhances self-discipline, mutual respect, cooperation, communication, and shared responsibility of the couple for family planning;

Advantages of NFP

- Acceptable to couples regardless of culture, religion, socio-economic status, & education;
- Not dependent on medically-qualified personnel, the technology can be transferred by a trained autonomous user;
- Once learned, may require no further help from health care providers;
- NFP can be provided as a separate service or as one of the services of an established health and family planning community agency.

Disadvantages of NFP

- May inhibit sexual spontaneity;
- Except for SDM – need extensive training – takes about two to three cycles to learn to accurately identify the fertile period and how to effectively use it;
- Require a high level of diligence from both partners;
- Require consistent and accurate record keeping and paying close attention to body changes;

Disadvantages of NFP

- Require periods of abstinence from sexual intercourse;
- Require rigid adherence to daily routine of awakening at fixed time, without enduring any disturbance before taking the temp;
- May be difficult to practice for some women with multiple sex partners;
- Offer no protection against STI/HIV/AIDS

Powerpoint Slides (Module 2: Fertility Awareness)

NFP Methods

- NFP methods are **NO DIDO** methods :
- No **D**rugs
- No **I**njections
- No **D**evice
- No **O**perations



Module 3: BASAL BODY TEMPERATURE METHOD

Natural Family Planning

Objectives

- By the end of the session, participants are able to:
- Explain BBT as a natural family planning method
- Provide instructions on the taking and recording of a woman's BBT
- Determine the fertile and infertile phases of the menstrual cycle using a woman's completed BBT chart.

Basal Body Temperature Method



The method entails daily taking & recording of a woman's temperature

- ▶ with an ovulation thermometer
- ▶ after 3 hours of continuous sleep
- ▶ before any activity
- ▶ at approximately the same time with the use of an ovulation/BBT thermometer.

- ▶ The basal body temperature is the temperature at rest after at least 3 hours of continuous sleep.
- ▶ The natural family planning method that makes use of basal body temperature readings and recordings within a woman's menstrual cycle is the **Basal Body Temperature Method**.
- ▶ Effectiveness rate: 99%

Temperature Changes

- ▶ The basal body temperature (BBT) of a woman is lower before ovulation, until it rises to a higher level beginning around the time of ovulation.
- ▶ After ovulation, her BBT typically rises slightly and stays in a slightly higher range until her next period begins. This slight increase in BBT, from ovulation until menstruation, is a sign that she ovulated during this cycle. The rise is due to the action of progesterone.

Fertile and Infertile Days

- ▶ The changes in a woman's BBT particularly the apparent shift during the ovulation period are the bases for determining the fertile and infertile periods in her menstrual cycle.

Powerpoint Slides (Module 3: Basal Body Temperature Method)

Who can use the BBT Method?

- Women with menstrual cycles of any length
- Women willing to take their basal body temperature daily and record them and interpret their temperature patterns.
- Women who are able to have at least 3 hours of continuous sleep everyday at almost the same time.
- Couples who can avoid sexual intercourse several consecutive days each cycle.
- Couples who can talk about the timing of their sexual intercourse.
- Couples who are at low risk of STI/HIV-AIDS

BBT or Ovulation Thermometer



- The highest temperature reading in a BBT thermometer is 38°C.
- It has wider gradations than the clinical thermometer and is therefore easier to read.

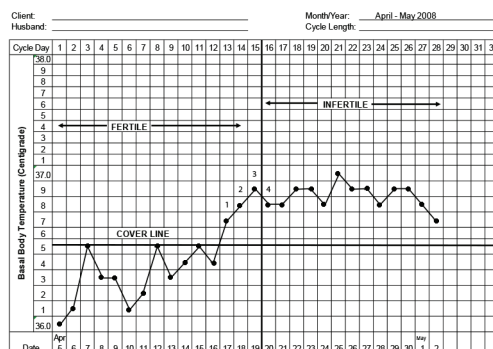
BLANK BASAL BODY TEMPERATURE CHART

Client: _____ Month/Year: _____
 Husband: _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
38.0																																
37.0																																
36.0																																

Date: _____

COMPLETED BASAL BODY TEMPERATURE CHART



BBT Chart



- Cover line** is the point of reference for determining the thermal shift that occurs during ovulation (highest temperature on days 6-10)
- Thermal shift** is indicated by the four (4) consecutive temperatures above the cover line
- Vertical line** is drawn between days 3 & 4 of the thermal shift
- Fertile days** are days to the left of the vertical line
- Infertile days** are all days to the right of the vertical line

Initial Instructions for the BBT Method

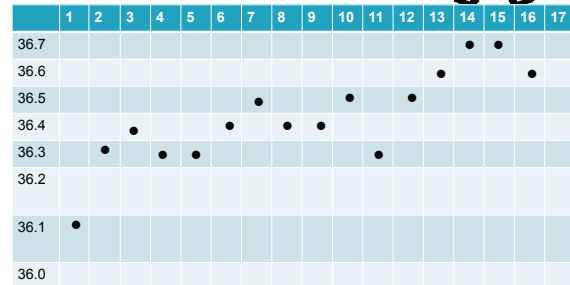
- Use a BBT or ovulation thermometer.
- Shake the thermometer to 35°C or below in the evening and place it at the bedside.
- Starting on the first day of menstruation, take the temperature upon waking up every morning before any activity after at least 3 hours of continuous sleep.
- Take the temperature by placing the silver bulb under the tongue or the armpit for 5 minutes. The temperature should be taken in the same manner/site throughout the menstrual cycle.
- Read and record the temperature immediately after taking it.

Powerpoint Slides (Module 3: Basal Body Temperature Method)

How to Record the Temperature Readings:

- Using a BBT chart, place a dot in the center of the box that matches the temperature printed on the left side of the chart.
- Connect the dots daily by drawing a straight line from the previous day's reading to the present day's reading. A temperature pattern will be seen.
- If the temperature is between two readings, record the temperature of the higher reading e.g. between 36.3° and 36.4°, record 36.4°.
- Ideally, the husband records the temperature but if he is not around, the woman can do it herself.
- Record any illnesses of the client that may contribute to a rise in temperature on the chart. These changes can affect the BBT and must be taken into account when interpreting the temperature pattern.

Recording Temperature



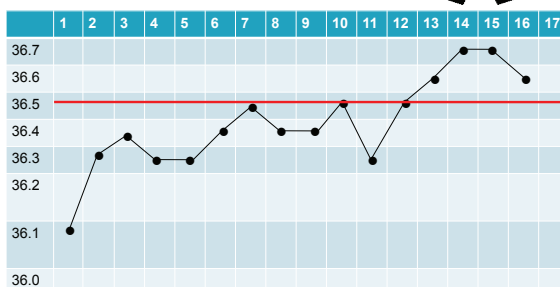
Determining the cover line based on WHO guidelines

The **cover line** is the point of reference for determining the thermal shift that occurs during ovulation.

Steps in determining the cover line:

- Take the BBT daily starting on the first day of menstruation and record it on a BBT chart connect the temperature readings daily.
- Disregard the first five days. Find the highest temperature from days 6–10. Disregard any temperature that is abnormally high due to illness.
- On day 10, draw a horizontal line on the highest temperature from **days 6 to 10** across the whole chart. This is the **cover line**.
- Continue to take and record the temperature reading.

Cover line



Determining the thermal shift based on WHO guidelines

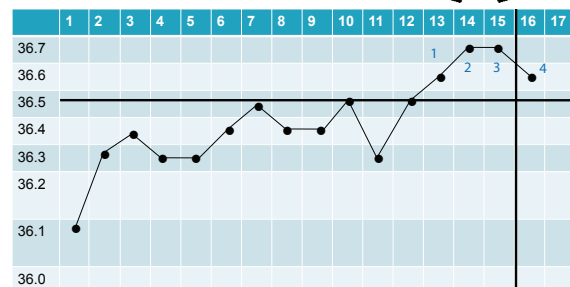
- Watch for 4 consecutive temperature readings **above** the cover line.
 - This indicates that ovulation has taken place.
 - Henceforth, the temperature will remain at a high level until the day before the next menstruation.
 - The temperature will return to a lower level at the onset of the next menstrual cycle.

Powerpoint Slides (Module 3: Basal Body Temperature Method)

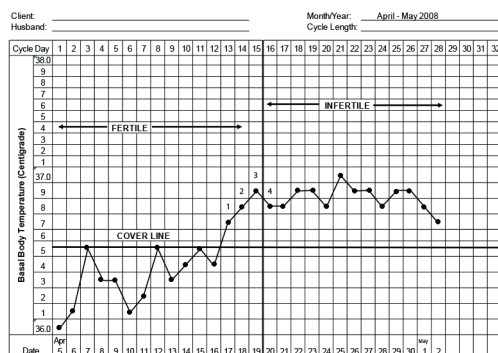
Determining the thermal shift:

- 2) Count these 4 consecutive temperatures above the cover line and mark them as days 1, 2, 3, 4. This is the thermal shift.
- 3) Draw a vertical line between days 3 and 4 from top to bottom of the chart.
- 4) Label the days to the left of the vertical line as the fertile days and all the days to the right of the vertical line as the infertile days.

Thermal shift



COMPLETED BASAL BODY TEMPERATURE CHART



Precautions when using BBT:

- Disregard any high temperatures due to illness. (Mark/label them on the chart)
- Women who forget to take their daily BBT will have to use another method or wait for another cycle to start BBT observations again.

BBT Rules for Postponing Pregnancy

- For couples who wish to space/limit pregnancy, only infertile days of the post-ovulatory phase (days to the right of the vertical line) are available for lovemaking.
- Intercourse is available from the fourth day of the thermal shift until the end of the cycle. These days are **absolute infertile days**.
- The first day of menstruation up to the third day of the thermal shift are considered fertile days and couples are advised to abstain from lovemaking in order to postpone pregnancy.

BBT Rules for Achieving Pregnancy

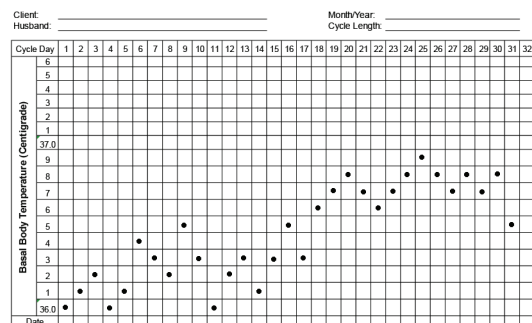
- Observe and record the woman's BBT for at least one cycle.
- Abstain for a day or two between sexual intercourse so that the partner's semen will have the maximum number of sperm cells needed to increase the probability of conception.

Powerpoint Slides (Module 3: Basal Body Temperature Method)

BBT Rules for Achieving Pregnancy

- As much as possible, plan lovemaking just before the thermal shift. The couple needs to approximate this based on previous charts
- Take the BBT daily. If the temperature remains elevated for a longer period than the previous menstrual cycle, the woman may be pregnant.

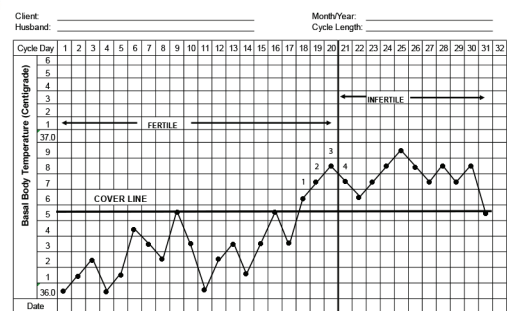
PRACTICE BASAL BODY TEMPERATURE CHART



Determine the following:

- Highest temperature on days 6 to 10 to determine the cover line.
- Establish the cover line and the thermal shift.
- Determine the fertile and infertile days.
- Days available for lovemaking if pregnancy is to be postponed.

PRACTICE BASAL BODY TEMPERATURE ANSWER CHART



Advantages:

- Almost all of the advantages of NFP apply to the BBT method
- Confirms that ovulation has taken place. Two weeks after, menstruation will occur.

Disadvantages:

- Woman has to take her temperature daily and keep records of the signs and symptoms of fertility
- Not recommended for women who are not willing to take and record their temperatures daily
- Cannot be used by women who are in situations that may not permit them to follow the rules e.g. women working on shifts or are taking certain medications

Module 4: MUCUS METHOD

Natural Family Planning

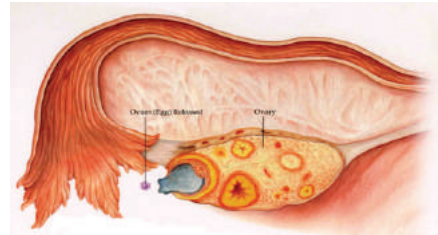
Objectives

- At the end of the session, participants are able to:
 1. Explain the Cervical Mucus Method (CMM) as a Natural Family Planning method.
 2. Provide instructions on the observations and recording of a woman's mucus changes.
 3. Determine the fertile and infertile phases of the menstrual cycle using a woman's completed MM chart.

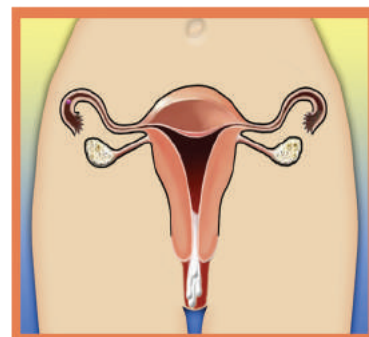
Introduction

- The Mucus Method has been scientifically tested and is endorsed by the World Health Organization (WHO).
- If properly used it is as effective as the other modern methods of family planning.
- Effectivity Rate: 97%

It is one of the best ways to determine the fertile and infertile periods of a woman.



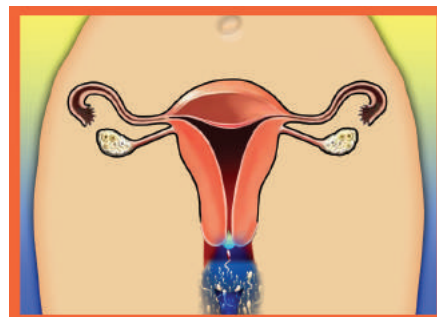
Mechanism of Action



Fertile Period

Fertile period

- she feels wet
- sees slippery, stretchy, watery, and clear cervical mucus
- mucus nourishes and provides channels for sperms to swim.
- If a sperm unites with a mature egg cell, pregnancy occurs.



Infertile Period

Infertile Period

- There is no mature egg cell
- The mucus forms a plug that prevents sperms from entering the cervix.
- The woman feels dry and she may either see sticky mucus or no mucus at all.
- Pregnancy cannot occur at this time.

- By observing changes in the cervical mucus, the woman can learn when she is fertile or infertile.
- This information can help her and her partner to plan their lovemaking in order to achieve or avoid pregnancy.

Who can use the Mucus Method?

- Women with menstrual cycles of any length
- Women with normal cervical mucus secretions

Who can use the Mucus Method?

- Women willing to observe and record changes in their cervical mucus secretions and interpret the records
- Couples who can avoid sexual intercourse several consecutive days each cycle

Who can use the Mucus Method?

- Couples who can communicate on the timing of their sexual intercourse
- Couples who are at low risk of STI/HIV-ADS

OBSERVING CERVICAL MUCUS

WHO observes the mucus?

The woman

WHAT does she observe?

- 1) What she feels:
(wetness or dryness)
- 2) What she sees:
(appearance of mucus)

WHERE does she observe?

Around her vaginal area or puwerta"

WHEN does she observe?

- Everyday from the first day of menstruation
- Throughout the day while standing, walking round, or going through daily chores
- Before or after urinating

HOW does she observe?

- 1) Observes her feeling in the vaginal area (wet or dry)
- 2) Checks mucus in her underwear. If none, she passes a tissue around her vaginal area and checks if she sees anything.
- 3) She does not need to touch or inspect the mucus internally.



RECORDING CERVICAL MUCUS OBSERVATIONS

WHO records the observations?

The couple

- both should be aware of the fertile and infertile times
- both should agree on the timing of their lovemaking.

WHAT is recorded?

- 1) What the woman feels (wet or dry)
- 2) What the woman sees

WHERE are the observations recorded?

On the blank Mucus Method chart

OUR PERSONAL MUCUS METHOD CHART Learning Chart

Blank Sample Chart

Client: _____
Husband: _____

Start of Previous Cycle: _____
End of Previous Cycle: _____

Month/Year: _____
Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
Month																																
Date																																
Symbols																																
What I Feel																																
What I See																																
Lovemaking																																

LEGEND: R - "Regular" or menstruation; spotting
D - Dry with no mucus
X - Wet with slippery, stretchy, clear or watery mucus
⊗ - Peak day; LAST day of wetness, wet mucus
M - Dry with sticky, pasty or crumbly mucus
1, 2, 3 - Post peak days
♥ - Sexual intercourse day

Powerpoint Slides (Module 4: Mucus Method)

WHEN are the mucus observations recorded?

- At the end of the day
- In the evening before going to sleep.

HOW do they record the mucus observations?

By using symbols that represent

- 1) what the woman sees
- 2) what the woman feels

SYMBOLS used for Mucus Method

- R → "Regla" or menstruation
- D → DRY with NO mucus
- X → Wet, with slippery, stretchy, clear, or watery mucus
- ⊗ → Peak day; last day of wetness or wet mucus
- M → Dry with sticky, pasty, or crumbly mucus
- 1, 2, 3 → Post Peak Days
- ♥ → Lovemaking Days

OBSERVING	QUESTIONS	RECORDING
Woman	WHO?	Couple
1) Feeling at vaginal area (wet/dry)	WHAT	1) Feeling at vaginal area (wet/dry)
2) Appearance of Cervical Mucus		2) Appearance of Cervical Mucus
Vaginal area (puwerta)	WHERE?	Mucus Method Chart
1) Everyday from first day of menstruation	WHEN?	In the evening, before going to sleep
2) Throughout the day		
3) Before & after urinating		
Ask self: What do I feel in my vaginal area?	HOW?	Use chart symbols: R, D, X, ⊗, 1, 2, 3, M, ♥
What do I see in my underwear?		

OUR PERSONAL MUCUS METHOD CHART Learning Chart

Client: _____
 Husband: _____
 Start of Previous Cycle: _____ Month/Year: _____
 End of Previous Cycle: _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
Month																																
Date																																
Symbols																																
What I Feel																																
What I See																																
Lovemaking																																

LEGEND:

- R - "Regla" or menstruation; spotting
- D - Dry with no mucus
- X - Wet with slippery, stretchy, clear or watery mucus
- ⊗ - Peak day, LAST day of wetness, wet mucus
- M - Dry with sticky, pasty or crumbly mucus
- 1, 2, 3 - Post peak days
- ♥ - Sexual intercourse day

OUR PERSONAL MUCUS METHOD CHART

Client: _____
 Husband: _____
 Start of Previous Cycle: _____ Month/Year: _____
 End of Previous Cycle: _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Month																															
Date																															
Symbols																															
What I Feel																															
What I See																															
Lovemaking																															

LEGEND:

- R - "Regla" or menstruation; spotting
- D - Dry with no mucus
- X - Wet with slippery, stretchy, clear or watery mucus
- ⊗ - Peak day, LAST day of wetness, wet mucus
- M - Dry with sticky, pasty or crumbly mucus
- 1, 2, 3 - Post peak days
- ♥ - Sexual intercourse day

RULES FOR SUCCESSFUL PRACTICE OF THE CERVICAL MUCUS METHOD

EARLY DAYS RULE (EDR)



- On dry days following menstruation, lovemaking **will be on alternate evenings only**.
- If there are no dry days following menstruation, EDR cannot be applied.

REMINDERS



- The successful use of the Mucus Method depends on the commitment of both the wife and the husband.
- It is important for the couple to observe (see and feel) the woman's mucus for **one complete cycle with NO lovemaking or until the Peak Day is identified** by the provider. This helps them to understand the woman's mucus pattern without confusing the mucus with other secretions and without risking pregnancy.

PEAK DAY RULE



- Count three days after the Peak Day. During the Post Peak days, the woman will feel dry and see sticky mucus or no mucus at all.
- On the 4th day after the Peak Day, lovemaking is available to the couple night or day until the next menstruation without resulting in pregnancy.

MUCUS METHOD RULES

1. Avoid lovemaking during menstruation.
2. Avoid lovemaking during the pre-ovulatory phase or dry days following menstruation until the Early Days Rule (EDR) is learned.
3. Avoid lovemaking on all days and nights when a woman has wet feeling and/or observes wet mucus.
4. Wait for the last day of wetness or Last Day of Wet Mucus (Peak Day) and apply the Peak Day Rule.

PRACTICUM

- Practice Charting
- Interpreting Charts

Powerpoint Slides (Module 4: Mucus Method)

OUR PERSONAL MUCUS METHOD CHART
Learning Chart

Client: _____
Husband: _____

Start of Previous Cycle: _____ Month/Year: _____ May/June
End of Previous Cycle: _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Month	May	20	21	22	23	24	25	26	27	28	29	30	31	June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Date	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
Symbols																																
What I Feel	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	
What I See	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	
Lovemaking																																

LEGEND:

R - "Regia" or menstruation, spotting
D - Dry with no mucus
X - Wet with slippery, stretchy, clear or watery mucus
⊗ - Peak day, LAST day of wetness, wet mucus

M - Dry with sticky, pasty or crumbly mucus
1, 2, 3 - Post peak days
♥ - Sexual intercourse day

OUR PERSONAL MUCUS METHOD CHART
Learning Chart

Client: _____
Husband: _____

Start of Previous Cycle: _____ Month/Year: _____ May/June
End of Previous Cycle: _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Month	May	20	21	22	23	24	25	26	27	28	29	30	31	June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Date	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
Symbols	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
What I Feel	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	
What I See	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	
Lovemaking																																

LEGEND:

R - "Regia" or menstruation, spotting
D - Dry with no mucus
X - Wet with slippery, stretchy, clear or watery mucus
⊗ - Peak day, LAST day of wetness, wet mucus

M - Dry with sticky, pasty or crumbly mucus
1, 2, 3 - Post peak days
♥ - Sexual intercourse day

OUR PERSONAL MUCUS METHOD CHART
Learning Chart

Client: _____
Husband: _____

Start of Previous Cycle: _____ Month/Year: _____
End of Previous Cycle: _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month	Jan	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Date	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Feb	
Symbols																															
What I Feel	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	
What I See	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	Blood	
Lovemaking																															

LEGEND:

R - "Regia" or menstruation, spotting
D - Dry with no mucus
X - Wet with slippery, stretchy, clear or watery mucus
⊗ - Peak day, LAST day of wetness, wet mucus

M - Dry with sticky, pasty or crumbly mucus
1, 2, 3 - Post peak days
♥ - Sexual intercourse day

Advantages

Almost all of the advantages of natural family planning are applicable to the Cervical Mucus Method.

Detection of infections

Advantages

- It provides opportunities for deeper sexual communication between husband and wife

Disadvantages

- Requires daily observation and recording of the cervical mucus.
- Can be tedious during the early stages of knowing and establishing the woman's menstrual cycle.
- Discharges due to infections can be confused with the natural mucus secretions.

FOLLOW- UP VISITS

- The woman should come back for the next visit when her peak day /post peak days have been identified.
- She meets with her service provider for three times, specifically once for each cycle.

FOLLOW- UP VISITS

- The goal is that by the 3rd cycle she can autonomously use the Mucus Method without needing the service provider. If the client is not yet autonomous by the 3rd visit, ask client to come for another visit until she can satisfactorily meet all the criteria for autonomy.

AUTONOMOUS MUCUS METHOD CHART

Client: _____
 Husband: _____

Month/Year: May 2008 Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month/Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Symbols	R	R	R	R	R	D	D	D	D	D	X	X	X	X	X	D1	D2	D3	D	D	D	D	D	D	D	D	D	D	D	D	
Lovemaking																															

Month/Year: June 2008 Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month/Date																															
Symbols																															
Lovemaking																															

Month/Year: July 2008 Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month/Date																															
Symbols																															
Lovemaking																															

LEGEND:

R or red	- "Regia" or menstruation; spotting	M or yellow	- Dry with sticky, pasty or crumbly mucus
D or brown	- Dry with no mucus	1, 2, 3	- Post peak days
X or green	- Wet with slippery, stretchy, clear or watery mucus	♥	- Sexual intercourse day
⊗	- Peak day, LAST day of wetness, wet mucus		

Powerpoint Slides (Module 5: Sympto-Thermal Method)

Module 5: SYMPTO-THERMAL METHOD

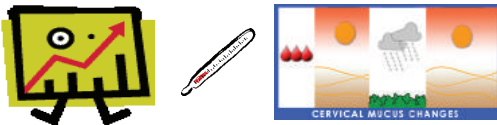
Natural Family Planning

Objectives:

- At the end of the session, participants are able to:
- Explain Sympto-T as a natural family planning method
- Provide instructions on the taking and recording of a woman's basal body temperature, observations of mucus changes and signs of ovulation
- Determine the fertile and infertile phases of the menstrual cycle using a woman's completed Sympto-Thermal chart

Introduction:

- The Sympto-Thermal Method (Sympto-T) combines the observations made of the cervical mucus, temperature records, and other signs and symptoms of ovulation to determine the fertile and infertile days in a woman's menstrual cycle.



Sympto-Thermal Method

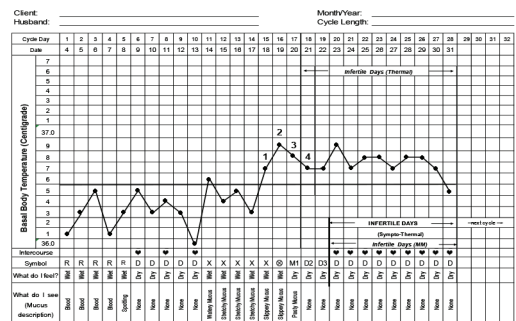
- It combines the technology of the Cervical Mucus Method and that of the Basal Body Temperature Method.
- Effectivity: 99%

BLANK SYMPTO-THERMAL CHART

Client: _____ Month/Year: _____
Husband: _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
Date																																
Basal Body Temperature (Celsius)																																
Intercourse																																
What do I see? (Mucus description)																																

COMPLETED SYMPTO-THERMAL CHART



Powerpoint Slides (Module 5: Sympto-Thermal Method)

Mechanism of Action

BBT Technology:

- The basal body temperature is based on a woman's resting body temperature which is lower before ovulation until it rises to a higher level beginning around the time of ovulation.

CMM Technology:

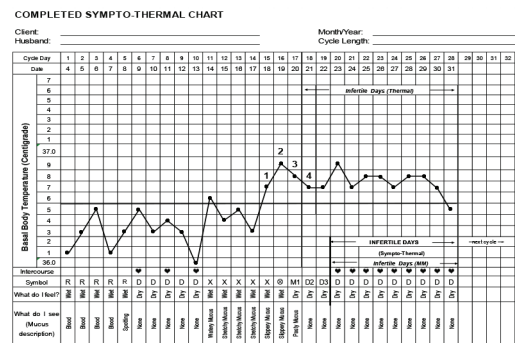
- The Mucus Method is based on the daily observation of what a woman sees and feels at the vaginal area throughout the day. Cervical mucus changes indicate whether days are fertile or not and can be used to avoid or achieve pregnancy.

Who can use the Sympto-Thermal Method?

- Women with menstrual cycles of any length
- Women willing to take their basal body temperature daily, record them and interpret their temperature patterns as well as observe and record their cervical mucus changes.
- Women with normal cervical mucus secretions.

Who can use the Sympto-Thermal Method?

- Women who are able to have at least 3 hours of continuous sleep everyday at almost the same time.
- Couples who can avoid sexual intercourse several consecutive days each cycle.
- Couples who can talk about the timing of their sexual intercourse.
- Couples who are at low risk of STI/HIV-AIDS



Mode of Use

- Since this is the same technology as BBT and CMM, the same steps in observing and recording are followed. Rules pertinent to the two methods are also applied.
- The post-ovulatory phase is determined by **following the infertile period of the method that comes later** (either thermal shift of peak day)
- Bonus lovemaking days are available on dry days following menstruation but on alternate evenings only. (Early Days Rule)

Sympto-Thermal Method Guidelines

- The first fertile day is identified on the first onset of mucus following dry days after menstruation. Follow the **EARLY DAYS RULE**.
- On dry days following menstruation, lovemaking will be on alternate evenings only. (Early Days Rule)
- If there are no dry days following menstruation, EDR cannot be applied.

Powerpoint Slides (Module 5: Sympto-Thermal Method)

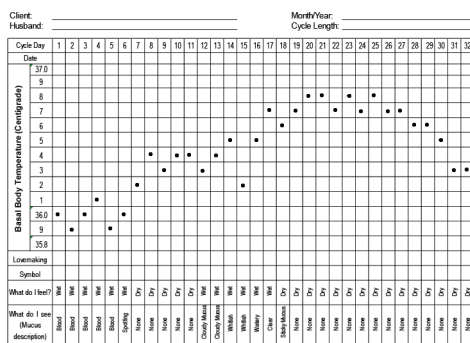
The Sympto-Thermal Rule

- The post-ovulatory phase is determined by following both BBT and MM Rules. However, When there is a difference, **follow whichever comes later**, whether peak day or the thermal shift.

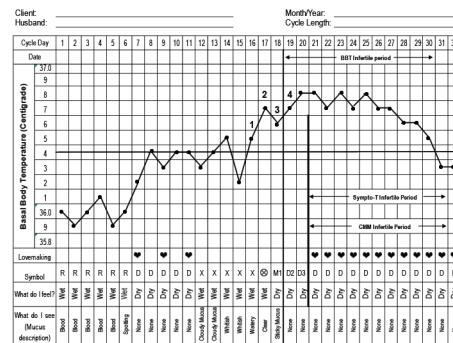
PRACTICUM

- Demo/role-play
- Practice Charting
- Chart Interpretation

PRACTICE SYMPTO-THERMAL CHART



PRACTICE SYMPTO-THERMAL ANSWER CHART



Advantages and Disadvantages

- The same as the CMM and BBT methods.
- The biggest advantage of the Sympto-Thermal Method is the use of 2 indicators which makes it more effective.
- This is also considered as a big disadvantage to those who do not like to chart observations of 2 indicators i.e. temperature and mucus changes.



Module 6: STANDARD DAYS METHOD AND CYCLEBEADS™

Objectives: At the end of this session, the participants will be able to:

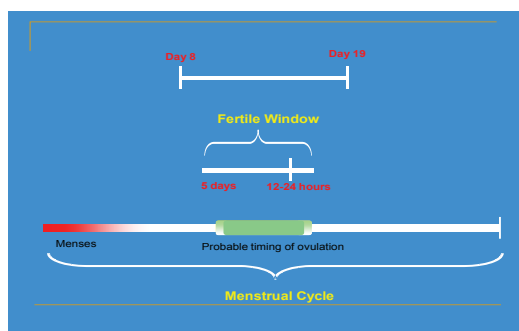
- Explain how SDM works (mechanism of action)
- Explain the Standard Days Method in terms of its:
 - Effectiveness
 - Advantages and Disadvantages
- Demonstrate how to use the CycleBeads™
- Explain who can use the SDM
- Explain how to handle special cases

Standard Days Method (SDM)

What is it?

Standard Days Method (SDM)

- The Standard Days Method is based on the woman's menstrual cycle.
- It identifies cycle days 8-19 as the woman's fertile period.
- It works for women with menstrual cycles of 26-32 days.
- Colored beads are used to help the woman keep track of her fertile and infertile days.



Standard Days Method (SDM)

Mechanism of Action of SDM

- For women with cycles of 26-32 days, days 8-19 have been identified as their fertile window, based on averages of statistical probabilities. This 12-day fertile window includes the life span of the sperm cell, ovulation time, the life span of the egg cell and the six-day variation in the cycle range.
- Effectiveness Rate of the SDM is 95.25% based on an efficacy study done by IRH, Georgetown University in accordance with international research standards.
- Source: WHO Medical Eligibility Criteria 3rd Edition 2004 listed as FAB Method

Powerpoint Slides (Module 6: The Standard Days Method)

The CycleBeads™



Standard Days Method (SDM)

The CycleBeads™ :

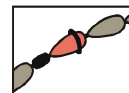
- The CycleBeads™ represents the woman's menstrual cycle. Each bead represents a day of her cycle.
- The **RED** bead marks the first day of menstruation.
- The **WHITE** beads represent the days when a woman can become pregnant.
- The **BROWN** beads are the days when a woman cannot become pregnant.
- The **CHOCOLATE BROWN** bead and the **BLACK** bead determine if the woman is within the required cycle range. These are known as indicator beads.

Standard Days Method (SDM)

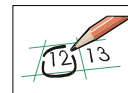
The CycleBeads™ :

- A woman can use this method if her cycles are between **26-32** days. To use it effectively, the couple needs to abstain from intercourse during the white bead days, when she can become pregnant.

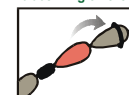
How to Use the CycleBeads™



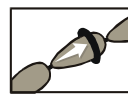
1. On the first day of menstruation, place the rubber ring on the RED bead



2. Mark the first day on the client card



3. Move the band every morning, to the next bead



Always move the band from narrow to wide end of bead

How to Use the CycleBeads™

4. Move the rubber ring even on days of menstruation
5. On the day when the menstruation starts again, move the rubber ring to the red bead. A new cycle has started.
6. Abstain from intercourse on **WHITE** bead days for those who wish to avoid pregnancy. Have intercourse on white bead days for those who wish to achieve pregnancy.
7. To check if the bead was moved already, check client cards for the date when menstruation began. Count the days since this date and then move the rubber ring to the corresponding bead

Warning Signs and Precautions

- If menstruation starts before the rubber ring reaches the chocolate brown bead, the cycle is less than 26 days;
- If a day has passed since the rubber ring has reached the black bead and menstruation has not come yet, cycle is more than 32 days.

Warning Signs and Precautions

- The first time this happens, take note and mark the client card.
- The second time this happens within a 12-month period, go back to service provider for change to another FP method.
 - If cycle is 42 days or over, have a pregnancy test. If the result is positive, refer for prenatal care; if negative, advise another method

Who Can Use SDM?

- Women whose menstrual cycle length is 26-32 days
- Women who are using family planning for the first time
- Couples who can communicate and abstain during fertile days
- Couples not at risk for STIs
- Contraceptive shifters may also use SDM provided the following criteria to qualify are met

The Different Tools for SDM Provision

- **Provider Calendar** – a 12-month calendar to help calculate the length of the woman's menstrual cycle. A provider must ask the client's previous menstrual cycle (PMP) and the last menstrual cycle (LMP). The provider will guide the client in calculating the PMP and the LMP.
- **CycleBeads™**
- **CycleBeads™ Cue Card** – this job aid reminds the provider of the key points to discuss when providing counseling

Menstrual Cycle Calculation Exercise:

Month	First Day of Menstruation	Cycle Length
January	27	
February	24	28
March	26	30
April	25	30
May	21	26

Special Cases

(Special Cases) Assessment Criteria for the woman

Postpartum and/or Breastfeeding

- monthly menstruation has returned
- has completed at least 3 menstrual cycles and the last cycle was within 26 and 32 days
- expects current cycle to be within 26 and 32 days

Powerpoint Slides (Module 6: The Standard Days Method)

(Special Cases) Assessment Criteria for the woman

Who recently used contraceptive pills

- menstrual cycles were within 26 and 32 days before pill use
- expects current cycle to be within 26 and 32 days

(Special Cases) Assessment Criteria for the woman

Who recently used Injectable

- 3 months have passed since last injection, menses have returned and last menstrual cycle was within 26 and 32 days

(Special Cases) Assessment Criteria for the woman

Who recently used IUD

- IUD has been removed
- menstrual cycle while using the IUD was within 26 and 32 days

Case Application

Tricia has been breastfeeding her daughter for the past 18 months. For the past year she had her menstruation every month, about the same time. Her last menstruation started November 5 and she expects her next period on the first week of December, probably the 2nd or 3rd.



Answer:

Tricia can use the SDM even if she is breastfeeding. She meets the criteria for breastfeeding mothers which is at least 4 menstrual periods and that her cycle was 26 – 32 days. Her expected current cycle is either 27 or 28 days, from Nov. 5 to either Dec. 2 or 3.



Case Application

Vina stopped using birth control pills 4 months ago. Her menstruation returned right away and seems to be normal just like it was before. The first day of her last menstrual period was October 25. She expects her next period on November 22. Her period before started September 25. She remembered this because it was her wedding anniversary. Today is October 29.



Powerpoint Slides (Module 6: The Standard Days Method)

Answer:

Vina can use the SDM because she meets the criteria for previous pill users, which is that her cycles were 26 to 32 days before she started taking the pill and that her current cycle is 26 to 32 days. Her last cycle was 30 days from Sept. 25 to Oct. 24, and she expects her cycle to be 30 to 31 days from October 25 to either Nov. 24 or 25.



Case Application

Today is August 25. Sheila would like to start on SDM use but her last Depo-injection was March 24 and was due for injection last June 24 but she did not have the shot. While using injectable her menses was lighter and sometimes she did not get her period.



Answer:

Although more than the required 3 months have passed since her scheduled injectable shot, Shiela cannot use the SDM yet because there is no information whether her menses have returned. She does not meet the criteria for injectable users to have the return of menses and if the cycle is between 26 to 32 days



Case Application

Aling Lora visited the clinic to find out if she can switch to SDM as a family planning method. She is on IUD use for almost a year now. She gets her monthly menses at exactly the same time every month at about 27 days interval from onset of her menses.



Answer:

Aling Lora can use the SDM because she meets the requirements for the cycle length. However, part of counseling may be to assess couple communication to practice abstinence during the white bead days



ADVANTAGES and DISADVANTAGES

Powerpoint Slides (Module 6: The Standard Days Method)

ADVANTAGES

1. With the Standard Days Method,
 - No Counting
 - No Charting
 - No Calculations
 - Beads are used for tracking fertile and infertile days of the cycle.

ADVANTAGES

2. Can be used either to avoid or achieve pregnancy;
3. No health related side effects associated with their use;
4. Very little cost
5. Provides opportunities for enhancing the couple's sexual life
6. Not dependent on medically-qualified personnel the technology can be transferred by a trained autonomous user
7. Once learned, may require no further help from health care providers.

DISADVANTAGES

1. Can be used only by women whose cycles are within 26-32 days
2. Can become unreliable for women who have conditions that change the length of the menstrual cycle

Confirm Client's Understanding

- Confirm understanding of the method using the following questions:
- Why do you plan to use the method? (Confirm fertility intention)
- What do you do when you get your menstrual bleed?
- When do you move the rubber ring?
- Do you move the rubber ring on days of menstrual bleeding?
- What do the brown beads mean? What do the white beads mean?

Confirm Client's Understanding

- How will you prevent pregnancy?
- What will you do if your partner wants to have intercourse on a white bead day?
- What should you do if you get your period before moving the band to the dark brown bead?
- What should you do if a day has passed since you moved the band to the black bead?
- How do you feel going home with this method?

Return Visit

- SDM counseling can generally be provided in one client visit. However, each program and provider may determine if a follow-up visit is required, and the client should be encouraged to return for additional information and services as appropriate.

Important:

- **Tell the client to return within 7 days** of her next menstrual period and ask her to bring her CycleBeads™, client card and if possible, her partner.
- Ask client to return to the clinic for any problems or warning signs that may come up.

In Summary: SDM

- ✓ Simple
- ✓ Natural
- ✓ Safe
- ✓ Effective
- ✓ Easy to use
- ✓ Modern method
- ✓ Promotes partner communication



Module 7(a)

The Lactational Amenorrhea Method



Objectives:

By the end of this module, the participants should be able to:

1. Define LAM
2. State the criteria for LAM
3. Enumerate the advantages and disadvantages of LAM
4. Explain the mechanism of action of LAM
5. Recognize the importance of LAM as a NFP method

The Lactational Amenorrhea Method

- Women who are fully or almost fully breastfeeding and have no menstruation yet can use Breastfeeding can be used as a family planning method within the six months after delivery

Lactational Amenorrhea Method

- The Lactational Amenorrhea Method (LAM) is a modern, temporary family planning method that has been developed as a tool to help support both breastfeeding and family planning use.
- It is based on the natural infertility resulting from certain patterns of breastfeeding.
- "Lactational" means related to breastfeeding;
- "Amenorrhea" means not having menstrual bleeding;
- "Method" means a technique for contraception.

Lactational Amenorrhea Method

L-actational

- exclusive or fully breastfeeding – no other liquid or solid food is given to infant except breast milk
- almost exclusive or almost fully breastfeeding – vitamins, a little of mineral water or juice may be given infrequently as possible in addition to breastfeeds
- feeding interval should not exceed four (4) hours during the day and six (6) hours at night

A-menorrhea

- woman's menstruation has not yet returned (this does not include the spotting that occurs 56 days post-partum)

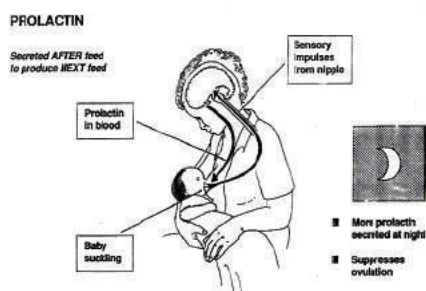
M-ethod

LAM has been proven to be more than 99.5% effective if woman meets the all criteria established for use of method.

Criteria to be considered when using LAM

- she is exclusively breastfeeding her infant
- she amenorrheic (i.e., her menstruation has not yet returned)
- her infant is less than 6 months old

Physiology of LAM



When can LAM be initiated?

- ... at any time during the first six months post-partum
 - the best time to start counseling a woman about LAM and other FP methods is during the antenatal period
- Can be started immediately post-partum
 - Always verify that she understands the criteria for LAM use

Advantages of LAM

- LAM is universally available to all postpartum breastfeeding women;
- LAM has been proven to be 99.5 % effective (perfect-use);
- The use of LAM does not require a physical examination;
- With LAM, protection from unplanned pregnancy begins immediately postpartum;
- There are no family planning commodities required while client is using LAM;
- The use of LAM contributes to improved maternal and child health and nutrition;
- LAM serves as a bridge to the use of other family planning methods; the use of LAM during the immediate postpartum allows a woman time to consider which long-term method is best for her

Disadvantages of LAM

- LAM is considered as a temporary, short-term method which is effective only for a maximum of six months
- If a mother and child are separated for extended periods of time because of work outside the home, LAM effectiveness may decrease
- Full or nearly full breastfeeding may be difficult to maintain for up to six months due to a variety of social circumstances
- Like all other NFP methods, LAM does not protect a client from STDs and HIV/AIDS

Again... again...

All of the criteria should be present in order for the method to be effective

- Fully or almost fully breastfeeding
 - Fully breastfeeding- nothing but mother's milk is given to infant
 - Almost fully breastfeeding – vitamins, mineral water are added but 90% feeds are breastfeeds
 - Feeding interval should not exceed 4 hours during the day and 6 hours during the night
- Menstruation has not returned yet.
- Baby is 6 months or below

Benefits



- Optimal breastfeeding practices include exclusive breastfeeding for the first six months and breastfeeding with appropriate complementary feeding for two years or more.
- LAM is a family planning method which supports improved breastfeeding, healthy child spacing, child survival, and women's health

Powerpoint Slides (Module 7b: Mucus Method for Breastfeeding Women)

Module 7b: MUCUS METHOD for BREASTFEEDING WOMEN

Natural Family Planning

Objectives

- At the end of the session, participants are able to:
 - Explain the Mucus Method for Breastfeeding Women or LAM Interface as a natural family planning method.
 - Provide instructions on the observations and recording of a breastfeeding woman's mucus changes.
 - Determine the fertile and infertile phases of the breastfeeding woman using a woman's completed MM for Breastfeeding Women chart.

Introduction

- The Mucus Method allows a breastfeeding woman to recognize her infertile period even if she is not ovulating.
- A woman who fully breastfeeds her baby, has not had her menses yet and her baby is 6 months old and below experience a physiological infertility. If any of the 3 conditions is absent, LAM is no longer applicable.
- The Mucus Method for Breastfeeding women or LAM Interface may be introduced to them.
- Effectivity Rate: 99%

BLANK BREASTFEEDING CHART

Blank Sample Chart

Client: _____
Husband: _____

Start of Previous Cycle: _____ Month/Year: _____
End of Previous Cycle: _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
Month																																								
Date																																								
Symbols																																								
What I Feel																																								
What I See																																								
Love-making																																								
Medicine/ Fever/ Other Changes																																								

COMPLETED BREASTFEEDING CHART

Chart 1

Client: _____
Husband: _____

Start of Previous Cycle: _____ Month/Year: _____ June - July 2008
End of Previous Cycle: _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
Month	Jan																																							
Date	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	
Symbols	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
What I Feel	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet	Wet		
What I See	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Sticky White	Sticky White	Sticky White	Sticky White	Sticky White	Sticky White	Sticky White	Sticky White	Sticky White	Sticky White	Sticky White	Sticky White	Sticky White	Sticky White	Sticky White	Sticky White	Sticky White	Sticky White	Sticky White	Sticky White	
Love-making																																								
Medicine/ Fever/ Other Changes																																								

Mechanism of Action

- Women who breastfeed usually exhibit a basic infertile pattern (BIP) of no mucus or sticky, pasty mucus with a feeling of dryness in the vaginal area.
- During the breastfeeding period, the woman may feel one or a few days of wetness with sticky mucus. This may herald impending ovulation.

Mechanism of Action

- Observation of these mucus changes and sensations in the vaginal area can help a woman avoid pregnancy.

Who can use the MM for Breastfeeding or LAM Interface?

- Breastfeeding women whose menses have not returned yet
- Women with long cycles
- Women willing to observe and record changes in their cervical mucus secretions and interpret the records

Who can use the MM for Breastfeeding or LAM Interface?

- Couples who can avoid sexual intercourse several consecutive days each cycle
- Couples who can communicate on the timing of their sexual intercourse
- Couples who are at low risk of STI/HIV-ADS

Guidelines for the Mucus Method for Breastfeeding Women or LAM Interface:

- 1) Observe secretions for two (2) weeks following guidelines of Mucus Method on observing and recording. The purpose of this is to determine the **basic infertile pattern (BIP)**.
- 2) The pattern may be either dry (NO mucus seen or felt) or dry but sticky, pasty mucus that does not change in any way for fourteen (14) days is seen.

Guidelines for Mucus Method for Breastfeeding Women

- 3) If either of these patterns continues, apply Early Days Rules (EDR). **Lovemaking is available on alternate evenings only.**
- 4) If there is a change in the mucus secretions from dry to wet, abstain on all days of mucus changes and on all days when wet mucus is seen or felt. **Then, wait and see, count one, two, three** more days after the changes end before applying EDR again. Do NOT apply the Peak Day Rule.

PRACTICUM

- Demo/role-play
- Practice Charting
- Chart Interpretation

Powerpoint Slides (Module 7b: Mucus Method for Breastfeeding Women)

PRACTICE BREASTFEEDING CHART

Chart 11

Client: _____
 Husband: _____
 Start of Previous Cycle: _____ Month/Year: _____
 End of Previous Cycle: _____ Cycle Length: _____

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40		
Month																																										
Days																																										
Symbols																																										
What I Feel	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	
What I See	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	
Lovemaking																																										
Medicine/ Fever/ Other Changes																																										

PRACTICE BREASTFEEDING CHART

Practice Answer Chart

Client: _____
 Husband: _____
 Start of Previous Cycle: _____ Month/Year: _____
 End of Previous Cycle: _____ Cycle Length: _____

December January 2007

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	
Month	Dec																																												
Date	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13					
Symbols	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
What I Feel	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	
What I See	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	Yellowish Mucus	
Lovemaking																																													
Medicine/ Fever/ Other Changes																																													

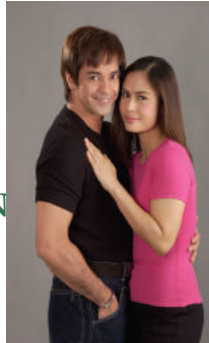
Advantages

- Like any other natural family planning method, the mucus method for breastfeeding women helps the woman become aware of her body and her own fertility.
- It allows the couple to reassess and re-evaluate their fertility goals.
- It provides a more meaningful interaction between the husband and the wife.
- Enhances the loving relationship of husband and wife by promoting couple communication.

Disadvantages

- Requires daily observation and recording of the cervical mucus.
- It is tedious because it entails the daily observing and recording of the mucus changes until ovulation returns.
- There may be long periods of abstinence especially when establishing the Basic Infertile Pattern.

Module 8: COUPLE COMMUNICATION



Objectives

At the end of the module, participants are able to:

- Explain the importance of couple communication in the practice of NFP
- Enumerate the values involved in couple communication for NFP use.

Couple Communication

- Communication is crucial in a couple's intention to plan their family naturally.
- Good communication allows couples to express their love and achieve intimacy without relying on external means.

Couple Communication

COUPLE COMMUNICATION = OPEN COMMUNICATION!

- To arrive at a decision, they have to openly communicate to express their feelings and aspirations for themselves and for their children and the whole family.

NFP Value Framework

- NFP based on responsible parenthood is rooted on the framework that a child is a gift, a responsibility.
- When parents take their responsibility, they show their love to their children who become a source of joy for them and the family.

NFP Value Framework

- The value framework for the NFP in the context of responsible parenthood starts with the **SELF**, moves toward **SPOUSE**, **CHILDREN**, and **COMMUNITY**.

Powerpoint Slides (Module 8: Couple Communication)

RESPONSIBILITY TO ONESELF

- Is expressed in the attainment and maintenance of:
 - self-worth
 - self-respect
 - healthy lifestyle
 - personal growth
 - spirituality



RESPONSIBILITY TO SPOUSE

- Companionship
- Love
- Attention
- Respect
- Fidelity
- Care of the home
- Physical intimacy/sex
- Open communication
- Time

Couple Dialogue

- Initial Choice of Method
- Continued Use of Method



RESPONSIBILITY TO CHILDREN

- Provision of basic need
- Spiritual guidance
- Relationship-building/social skill
- Love and care
- Time and space
- Open communication
- Response to individual needs at
- Particular stage of development

RESPONSIBILITY TO THE COMMUNITY

- Being a responsible/involved citizen
- Contributing to the community
- Modeling for the community



Managing Fertile/Infertile Days

- To attain what the couple has set as the family goal, they should work within an agreed value system common to both partners.
- Couples who value fertility as a gift to one another recognize the need to agree when to time lovemaking either to achieve or prevent pregnancy.

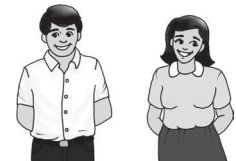
Managing Fertile/Infertile Days

- A couple's agreement to time lovemaking takes into consideration other values such as self-discipline, respect for each other, and honesty.
- This fosters positive communication between the couple.



Some Strategies

- Engaging in tiring physical activity
- Avoid going to bed and waking up at the same time
- Keep the children in bed with you
- Keep bedroom doors unlocked



Some Strategies



- Express love in creative way
- Avoid seductive clothes, looks, and touches
- Talk about problems and solutions
- Focus on the children as a couple

Benefits

- NFP can keep the couple's lovelife exciting, mainly because of the waiting time in anticipation of their next lovemaking.
- Popular advice given to couples who are not ready for a child is to make frequent use of the infertile days for intercourse, making it into an art.

Remember...

The measure of the partners' cooperation lies on their ability to abide by their agreement and their willingness to make a plan for their NFP practice.



Powerpoint Slides (Module 9: Counseling on Natural Family Planning)

Module 9: Counseling on Natural Family Planning



Objectives

At the end of the session, participants are able to:

- Define the counseling approach in providing Family Planning service;
- Identify personal qualities, skills and knowledge needed by a good counselor;
- Demonstrate the GATHER steps in counseling on NFP;
- Demonstrate correct use of Teaching and Evaluation Guides in Counseling on NFP.

Family Planning Counseling

- Interactive communication process between the health service provider and the client.
- Enables clients to make voluntary, informed decisions about their fertility plan.
- Gives the health provider time to counter fears and clear doubts of clients.

Counseling

- Enable clients to apply information to their particular circumstances and make informed choices.
- Involves two-way communication between client and counselor during which each spends time talking, listening, and asking questions.

Activities in Counseling

- **Information Giving** – provides facts that raise a person's awareness. Information a client receives determines his/her choice.



Activities in Counseling

- **Motivation** – aimed at influencing behavior in a particular direction.

Powerpoint Slides (Module 9: Counseling on Natural Family Planning)

Counseling

- **Counseling** – goes deeper into helping clients apply information to their particular circumstances
 - Helping Process
 - Uses interview as major tool
 - Main concern is for client to make sound and rational decision.
 - Unlike medical advice because it involves healthy individuals and does not prescribe a particular course of action.

Norms of a Counselor

- Providing a comfortable setting that ensures privacy and confidentiality
- Giving client full attention
- Placing the client's needs first
- Respecting the client's socio-economic status, educational level or religion
- Never making judgmental remarks about the client.

A Counseling Approach: GATHER

- G-reet
- A-sk
- T-ell
- H-elp
- E-xplain
- R-eturn

The GATHER Approach

- G-reet Clients (be friendly and helpful!)
 - Introduce yourself!
 - Establish rapport



The GATHER Approach

- A-sk or Assess Client's knowledge and reproductive intention
 - Open Questions
 - Closed Questions
 - Probing Questions

The GATHER Approach

- T-ell information on NFP methods
 - How NFP methods work
 - How reproduction happens
 - Benefits of NFP methods

The GATHER Approach

- H-elP Client in making a decision in the choice of NFP method
- Help in ensuring successful use of the chosen method – management of fertile and infertile days
 - Asking questions to know the client's feelings and preferences

The GATHER Approach

- E-xplain
 - Advantages/disadvantages
 - Importance of recording
 - Need for continued use of a method

The GATHER Approach

- R-eturn Visit
 - to complete a routine follow up
 - to ask questions
 - also includes Recording, Reporting and Referral when necessary

Module 10: MAINSTREAMING NFP

Objectives:

- **At the end of this module, the participants should be able to:**
Describe the indicators for the mainstreaming of NFP
Develop the action plan for mainstreaming NFP
Submit an action/re-entry plan on NFP for their respective organizations/areas.

Possible answers

- Couple know about it as a choice
- Misconceptions are corrected.
- More NFP users especially among those who are not using any FP method or are relying on ineffective traditional methods
- Providers have been trained and are providing counseling services on nfp
- Supplies are available
- Positive general attitude towards NFP

Components of the NFP protocol are:

Training

Service Delivery

Recording and Reporting

Promotions and Advocacy

Importance of recording and reporting:

- Legal document
- For continuity of service
- Basic for planning
- Tool for tracking progress of work

Reporting forms in government service:

- Target client list
- Family planning form 1
- FHSIS forms
- CDLMIS forms

Powerpoint Slides (Module 10: Mainstreaming Natural Family Planning)

- **NA** – New to the program, have not used any method before
- **Other acceptors** – clients that have used FP methods before and are shifting to NFP or changing clinic
- **Dropout** – anytime clients do not return on scheduled follow up or validated by staff
- **For LAM** – dropout if anyone of the criteria is absent.
- **SDM** – recorded as NA on the day client is give instruction and tool on SDM use

- **BBT/CM/STM** – recorded as NA or other acceptor as early as the second return visit after checking chart if client can follow charting instructions correctly. Service provider has the authority to decide whether or not client can be recorded already as NA. If after 3 or 4 return visits and the client cannot yet chart correctly, explain that she may not be able to use NFP successfully so offer other methods.
- **LAM** – one (1) month after delivery to be sure that the 3 criteria for LAM are in place.

Schedule of return visit after initial instruction:

- **SDM** – within 7 days of the next menstrual cycle
- **BBT** – when thermal shift has been identified
- **CM** – when peak day rule has been identified
- **STM** – when thermal shift and peak day rule have been identified whichever came later

Follow the formula

CU – CU beginning of month (which is the CU end of previous month) plus NA of previous month plus other acceptor of present month minus dropout of present month.

Flow of Reports

- End of month – midwife prepares report and submits to RHU within the first week of the following month (done monthly).
- RHU consolidates report quarterly and submits to PHO/CHO on the 2nd week of the 1st month of the month.
- PHO/CHO submits reports to the region on the 3rd week of the 1st month of the quarter.

Possible ways of sustaining the couples' practice and providers' service on NFP:

- Advocate for local leaders' support
- Information giving in groups, or one on one, husbands' sessions
- Setting up of NFP people's organizations for NFP couples
- NFP users' meetings in the community
- Ask them to volunteer for NFP activities

Possible ways of sustaining the couples’ practice and service on NFP:

- Availability of NFP follow-through reading
- Materials
- Integrating NFP in other existing services
- Involve them in mentoring new users of NFP
- Holding NFP orientation sessions for LGU officials, schools, hospitals, NGOs, Faith-based groups etc.

ALL NFP METHOD TRAINING ACTION PLAN FORM

NAME OF AGENCY _____
CITY/MUNICIPALITY _____
PROVINCE _____
PERIOD COVERED (Month/Year) From _____ to _____

Activity	Target Date	Persons Involved	Resources Needed	Indicators

Annex 1 - Participant Information Sheet

Training Date: _____

Training Venue: _____

Participant Information Sheet

Complete Name:	
Home Address:	
Telephone Number:	
Cell Phone Number:	
E-mail Address:	
Birth date:	
Agency/Office:	
Agency/Office Address:	
Telephone Number:	
Fax Number:	
Job Position :	
Training on RH/FP	
Area of Work where CBT-SDM will be useful	
Other Organizational Involvements (outside of work)	

NATURAL FAMILY PLANNING TRAINING FOR SERVICE PROVIDERS

PRE / POST Course Questionnaire

Instruction: On the space provided, write T if the statement is true and F if the statement is false.

- _____ 1. Respect for life is the will and ability of parents to respond to the needs and aspiration of the family.
- _____ 2. Responsible parents only want the best for themselves.
- _____ 3. The care for a child starts when the child is born.
- _____ 4. All pregnant women should prepare the Birth and Emergency Plan.
- _____ 5. The principal pillar of the Philippine Family Planning Program is Birth Spacing.
- _____ 6. A mature, viable egg is the ultimate indicator of male fertility.
- _____ 7. Human fertility involves the male and female reproductive organs as well as the brain.
- _____ 8. Knowing the facts of human fertility serves as the foundation of the practice of NFP.
- _____ 9. Knowledge of the phases of the menstrual cycle is important in the practice of NFP.
- _____ 10. The menstrual phase can be a fertile phase for some women.
- _____ 11. The ovulatory phase is an infertile phase.
- _____ 12. During the first trimester of pregnancy, the arms, hands, fingers, legs, feet and toes of the baby become fully formed.
- _____ 13. The temperature after ovulation is higher than before ovulation.
- _____ 14. The phase after ovulation is called relatively infertile phase.

Annex 2 - Pre/Post Course Questionnaire

- _____ 15. The increase in temperature due to ovulation can be detected even without a thermometer.
- _____ 16. To achieve pregnancy using the BBT, lovemaking should be timed preferable just before the thermal shift.
- _____ 17. Cervical mucus is necessary for the sperm's survival.
- _____ 18. The peak day in a woman's cycle is the last day of wetness.
- _____ 19. Women using hormonal contraceptives may shift to some NFP methods immediately.
- _____ 20. Lovemaking on alternate evenings during the ovulatory phase cannot lead to pregnancy.
- _____ 21. Studies have shown that the Sympto-Thermal Method is 99%.
- _____ 22. In the Sympto-T Method, the post-ovulatory phase is determined by following the infertile period as indicated by the thermal shift.
- _____ 23. In the Standard Days Method, cycle days 8 to 19 are identified as the woman's fertile period.
- _____ 24. The SDM can only be used by women whose cycles are within 26-32 days.
- _____ 25. Those who want to avoid pregnancy must abstain from intercourse on the white bead days.
- _____ 26. In LAM, the woman should be breastfeeding exclusively, her menses have not returned and her baby is less than 6 months old.
- _____ 27. In general, NFP methods have the additional advantage of protection from STDs and HIV/AIDS.
- _____ 28. The Mucus Method allows a breastfeeding women to recognize her infertile period even if she is not ovulating.

Annex 2 - Pre/Post Course Questionnaire

- _____ 29. During breastfeeding days, a feeling of wetness or changes in the mucus for one or a few days may be a sign of impending ovulation.
- _____ 30. In practicing LAM and Breastfeeding interface, the Basic Infertile Phase (BIP) of no mucus or unchanging dry or sticky mucus should be observed for 10 days.
- _____ 31. Decisions regarding birth spacing should be made by the woman/wife since she is the one who gets pregnant, gives birth and takes care of the child.
- _____ 32. The value framework for NFP in the context of responsible parenthood includes self discipline, couple communication, and concern for their children and the community.
- _____ 33. Couples who are birth spacing with the use of NFP are advised to make frequent use of infertile days for intercourse.
- _____ 34. Using the GATHER Counseling framework, assessment of the NFP client happens during the T/Telling step.
- _____ 35. During the A or assessment phase, the service provider helps the client identify possible problems and helps them think about possible solutions to the problems.
- _____ 36. The basic protocol of NFP service delivery uses the counseling approach.
- _____ 37. The NFP service protocol requires the presence of both husband and wife during the initial visit.
- _____ 38. In NFP, a client becomes a New Acceptor after attending the Fertility Awareness Session and Initial Instructions.
- _____ 39. Validation of a Mucus Method User's level of autonomy is done using the User Autonomy Checklist after the 4th cycle.
- _____ 40. SDM clients are recorded as New Acceptors when, after a thorough assessment and counseling, they acquire CycleBeads™ or its alternative.

Annex 2 - Pre/Post Course Questionnaire

Read each statement about a task that providers of the Natural Family Planning Methods perform. Decide how comfortable you feel about performing each task. Mark the box that best describes your comfort level.

How comfortable would you feel if:	Uncomfortable	Moderately Comfortable	Very Comfortable
1. You are asked to assess whether a woman and her husband can use an NFP method.			
2. You are to teach clients how to use an NFP method.			
3. You are to evaluate if the client learned the main points about the NFP method			
4. You are to talk about sex with your clients.			
5. You are to discuss ways of handling fertile and infertile days.			
6. You are to refer clients for other services (like family planning, substance abuse, etc.)			

Annex 3 - Pre/Post Course Questionnaire Answer Key

NATURAL FAMILY PLANNING TRAINING FOR SERVICE PROVIDERS

PRE / POST TEST ANSWER KEY

1. F, Responsible Parenthood
2. F
3. F, at conception
4. T
5. F, Responsible Parenthood
6. F, female fertility
7. T
8. T
9. T
10. T
11. F, fertile
12. T
13. T
14. F, absolutely infertile phase
15. F, it is a slight increase which can only be detected accurately with the use of a thermometer.
16. T
17. T
18. T
19. T
20. F
21. T
22. F, infertile period of the method that comes later (either thermal shift or peak day)
23. T
24. T
25. T
26. T
27. F, NFP does not protect client from STDs and HIV/AIDS
28. T
29. T
30. F, 14 days
31. F, should be couple's decision
32. T

Annex 3 - Pre/Post Course Questionnaire Answer Key

- 33. T
- 34. F, A – ask or assess
- 35. F, H – help
- 36. T
- 37. F, not required but encouraged
- 38. F (In CMM, there is the learning user stage, in SDM she must have the beads with her when she goes home.)
- 39. F, 3rd
- 40. T

BIRTH AND EMERGENCY PLAN

I know that any complication can develop during delivery.

I know that I should deliver my baby in a health facility.

I will be attended at delivery by _____ .
Name of doctor/nurse/midwife or others. Specify.

I plan to deliver at _____
Name of hospital/health center/clinic

This is a Philhealth accredited facility _____ Yes _____ No

The estimated cost of the maternity package in this facility is _____
(inclusive of newborn care).

The available transport is _____ .

I have contacted _____ to bring me to the
hospital/maternity clinic/health center.

I will be accompanied by _____
Name

_____ will take care for my children/
home while I am in a health facility.

In case of a need for blood transfusion, my possible donors are:

_____	_____
<small>Name</small>	<small>Address</small>

_____	_____
<small>Name</small>	<small>Address</small>

In case of complications, I will be referred right away to:

Contact person: _____

Address: _____

Tel. No. _____

Annex 5 - Human Fertility: Myth or Fact

STATEMENTS ON HUMAN FERTILITY	Myth or Fact?
A woman can get pregnant on any day of her cycle	
If men do not ejaculate, sperm will collect and lead to physical or mental disease.	
If a woman misses her period, this could mean that she is pregnant.	
Menstruation is the most important event in a woman's cycle of fertility.	
A man can get a woman pregnant with only one act of intercourse.	
Wet dreams happen naturally.	
Sperm cells deposited inside the woman's body die instantly all the time.	
Menstruation is dirty blood.	
Timing of sexual intercourse can be agreed on by both husband and wife.	
Intercourse during the woman's infertile days can lead to pregnancy.	
The brain is not involved in human reproduction.	
A baby can result from intercourse only during the woman's fertile days.	

Daily LEARNING JOURNAL

1. What were my most significant learnings for today?

2. How can I apply these in my personal life?

3. How can I apply these to my work?

Annex 7 - Couple Dialogue Script

COUPLE DIALOGUE SCRIPT

(Husband making amorous gestures)

Wife: *Hmmm...ano naman yan? Pwede ba, saka na yan?*

Husband: Ikaw naman...bakit, may dinaramdam ka ba?

Wife: *Wala naman. Kaya lang ayaw ko pang mabuntis. Wala pang dalawang taon si Baby. Di ba marami pa tayong gustong marating para sa atin, lalo na sa mga bata.*

Husband: Alam ko. Di ko nalilimutan ang mga pangarap natin.

Wife: *Yon naman pala. Eh di...diyeta muna.*

Husband: Pano naman ako. Puro kayod sa trabaho...diyeta pa.

Wife: *Pareho lang naman tayo, eh. Ramdam ko rin yang nararamdaman mo. (a little pause, then) Ano kaya kung magtanong tayo sa clinic tungkol sa family planning para malaman and dapat nating gawin?*

Husband: Buti pa nga. Okay ba kung bukas na bukas din ay magpunta tayo? Anong oras ba nagbubukas ang clinic?

Wife: *Maaga, mga alas-8 lang bukas na, kaya matulog ka na para magising nang maaga.*

Husband: Sige, pahalik na lang sweetheart. Pakikamot mo na rin ang likod ko hanggang makatulog ako.

Case for Counseling Demonstration

Monica is a 26-year-old mother of two boys. She is no longer breastfeeding. Her periods have been regular. She usually gets her periods every month. In the last two months she had gotten her periods every second week of the month. The date today is June 15. She had just gotten her period last June 12. She is within the seven days of her cycle. She and her husband have been using withdrawal since they got married. The couple agreed to not have another child yet. Monica wants to go back to work and her husband feels it would be difficult to have another child in these hard times. As a couple, they have quite an open communication; they are able to talk to each other about their family and their relationship. Her husband is open to the idea of finding a more reliable but safe method of natural family planning.

Annex 9 - Guidelines for Individual Competency Evaluation (ICE)

GUIDELINES FOR INDIVIDUAL COMPETENCY EVALUATION (ICE)

Instructions for ICE are given the night before. Participants are to study all the methods.

1. The participants are grouped into 4's or 5's.
2. Each group has one facilitator assigned to them.
3. Demo counseling is done by each participant in small groups.
4. Each participant will draw lots as to the module/method he/she will be teaching just before the ICE session.
5. Choices are Fertility Awareness, BBT, Mucus Method, SDM.
6. All methods will be demonstrated using the GATHER approach.
7. The counseling is done with the materials open for the participant's reference while teaching.
8. The participant demonstrating chooses another participant in the group to act as client.
9. The rest of the group and the facilitator observe and evaluate the participant using the Teaching and Evaluation Guide. (TEG)
10. Feedback is given by the observers to the participant right after his/her presentation.

Participants are given an additional hour before the ICE to study all the modules.

Variations in presenting:

1. Style of counseling can be serious, or light, or with some humor.
2. Telling an anecdote related to positive nfp use.
3. Have a surprise for your client.
4. Small reward for correct answers from the client.
5. Quick game or energizer during the session.

At the end of the ICE, each of the facilitators gives a feedback on general insights from the small group to maximize learnings in the plenary. It is not necessary to name names.




Action Plan Sheet
Time Period _____

Activity	Target Results	Indicators	Timetable	Resources Needed	Persons Responsible

Annex 11 - Training Evaluation Form

Training Evaluation Form

Please read each question and mark the box that best describes your impression of the training. Thank you.

			
	Very Satisfactory	Fair	Not Satisfactory
1. What is your overall impression of the training?			
2. How were the training activities?			
3. How were the handouts and reading materials?			
4. How useful were the job aids?			
What is your impression of the trainers?			
• Name _____			
• Name _____			
• Name _____			
5. How well did the training prepare you to counsel clients on NFP?			

Please write your answer to the questions below.

- 1. What was the most significant part of the training?**
- 2. What part of the training needed more improvement?**
- 3. What suggestions do you have for improving the training?**
- 4. Describe any additional training you need in order to counsel clients on NFP methods.**

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