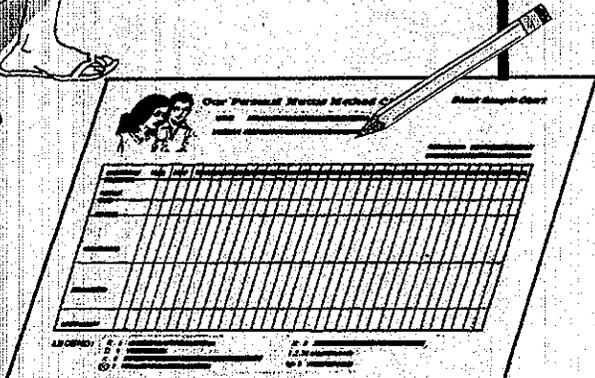
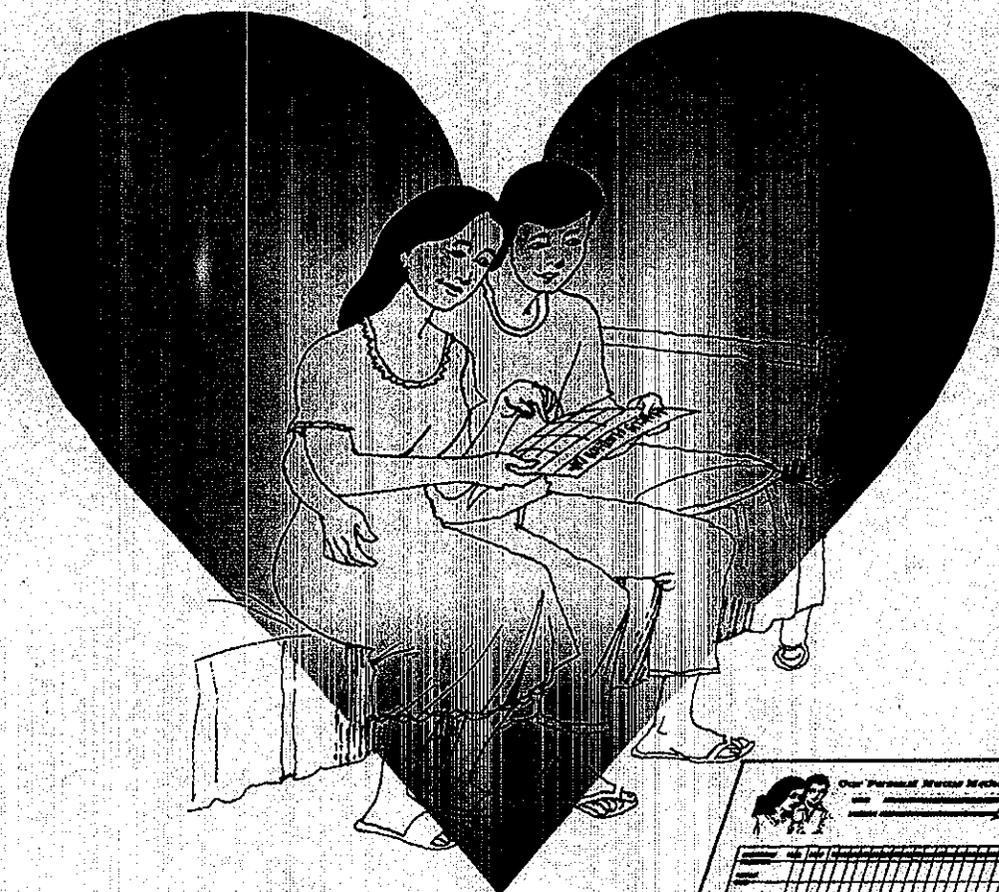


PNACN-760

CBT Guide on the Mucus Method of Natural Family Planning



Department of Health
Reproductive Health/Family Planning Service Philippines

Institute for Reproductive Health
Georgetown University Medical Center
Washington, D.C.

2000

A

COMPETENCY BASED TRAINING GUIDE ON THE MUCUS METHOD OF NATURAL FAMILY PLANNING

Department of Health
Reproductive Health/Family Planning Service
Philippines

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PREFACE

The Institute for Reproductive Health has a long-term interest in increasing provider capability in natural family planning (NFP). During the 1980s, when it was then known as the Institute for International Studies in Natural Family Planning, its staff developed a manual, *The Guide for Natural Family Planning Trainers*, for international training of trainers on NFP. The manual contributed to the training of over a hundred NFP service providers in more than a dozen countries.

In pursuing its interest, the Institute is pleased to support the development of a more complete training package on natural family planning for training of trainers and service providers. This training package includes four basic materials on the mucus method of natural family planning, namely: 1) *The CBT Guide*; 2) *The Flipchart*; 3) *The Reference Manual*; and 4) *The TOT Guide*. These materials are based on the Billings Method of John and Evelyn Billings. They were developed in collaboration with the Department of Health in the Philippines.

The training package reflects developments that have occurred in the training field since the earlier *Guide* was developed. Current thinking on good training and teaching methodology focuses on competency or skills-based approach to training service providers and teaching clients. Such approach is particularly appropriate for NFP because it is a skill and knowledge-based method of family planning. Built into the standard NFP instruction is the requirement that an NFP client must demonstrate **competence** in using the method before she is considered to be an autonomous user.

NFP is a good starting point for introducing service providers and clients to the broader perspectives of reproductive health. In practicing NFP, users learn to become aware of their body and the signs and symptoms of their fertility. NFP encourages the men to be involved in family planning and the couple to communicate about their mucus observations and fertility intentions. Body awareness, male involvement, couple communication and respect for individual, as well as couple and family needs provide some of the essential cornerstones of responsible reproductive health behavior.

The Institute for Reproductive Health is supported by a cooperative agreement with the United States Agency for International Development (USAID). The Institute is grateful to the Office of Population and USAID/Philippines for the encouragement and support provided to strengthening technical skills and capabilities in NFP.

Victoria Jennings, Ph.D.
Director
Institute for Reproductive Health

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Appendix G	Level 1 Course Evaluation Form
Appendix H	Level 2 Course Evaluation Form
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THE TRAINING DESIGN

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

Competency based training emphasizes learning by doing. It focuses on the specific knowledge and skills needed to carry out specified tasks or activities. In CBT training, 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.

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

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

The goals of this training are:

1. to provide the participants with knowledge and skills to bring a mucus method client to user autonomy.
2. to positively influence the participants' attitude toward natural family planning.
3. to provide the participants with knowledge and skills for evolving schemes to sustain the practice of NFP in their community.

The Mucus Method competency based training program has been designed in three parts:

- Level 1 - Service Providers observe and practice the skills for teaching clients.
- Level 2 - Providers are assessed on their competencies to deliver the method.
- Practicum- Following training, providers return to their workplaces and begin to practice what they have learned. A supervisor or preceptor will observe the service providers during this practicum and will provide feedback on the provider's work. Participants who demonstrate their competency in providing the mucus method will be certified as providers of the Mucus Method.

Specific Learning Objectives:

By the end of this training, the participants will be able to:

1. provide the client with a Fertility Orientation Session;
2. provide the client with the Initial Instructions for the mucus method;
3. review a completed client chart and apply mucus method rules to the chart;
4. monitor the client's use of the mucus method during menstrual cycle 1;
5. monitor the client's use of the mucus method during menstrual cycle 2;
6. monitor the client's use of the mucus method during menstrual cycle 3;
7. assess the client's ability to become an autonomous user of the mucus method;
8. demonstrate accurate reporting of mucus method users to FHSIS; and
9. determine three activities that will sustain the practice of natural family in the community.

THE CBT PACKAGE

The complete package includes four separate but interrelated materials: a CBT Guide, a flipchart, a reference manual, and a TOT Guide.

1. **The CBT Guide** -- is designed for use by BOTH the trainers who conduct the Mucus Method Training for service providers AS WELL As by the service providers in teaching the clients. The trainers and providers follow the content for each session and the teaching-learning activities. They are guided accordingly as to what materials to use whether the activity is within the training or is a session with a client.

An important tool that is part of the CBT Guide is a list of tasks for each client session. It is used as a guide by both the trainers during the training and by the providers while teaching the client. This is called the Teaching and Evaluation Guide (TEG).

2. **The Flipchart** - is designed as the basic visual aid for providers to use in teaching clients the Mucus Method. It also contains text to guide the provider for each visual.
3. **The Reference Manual** - is a comprehensive material that provides basic information about the Mucus Method of Natural Family Planning. It is a simplified narrative sourcebook that is for general use.
4. **The TOT Guide** - is a supplement to the CBT Guide for use by master trainers in conducting a Training of Trainers on the Mucus Method for Service Providers.



* When you see this owl icon go to your TOT Guide when conducting a TOT. Ignore this icon when you are conducting a Service Provider Training.

SCHEDULE FOR LEVEL I TRAINING

(specific time slots may vary)

DAY 1	TOPIC	ACTIVITY
8:00 - 8:20	Welcome/Introductions	Registration of Participants Welcome to Participants Trainer and Participant Introductions Distribution of CBT Guide
8:20 - 8:35	Pre-Course Questionnaire	Administration of Pre-Course Questionnaire
8:35 - 9:00	Overview on NFP Training	Lecture-Discussion Warm-up Activity
9:00 - 10:00	Fertility Orientation Session	Demo Role-play
10:00 - 10:15	MORNING BREAK	
10:15 - 11:15	Fertility Orientation Session	Supervised Practice Teaching
11:15 - 11:30	Fertility Orientation Session	Review of Session
11:30 - 12:00	Initial Instructions Sessions	Demo Role-play
12:00 - 1:00	LUNCH BREAK	
1:00 - 1:45	Initial Instructions Session	Supervised Practice Teaching
1:45 - 2:00	Initial Instructions Session	Review of Session
2:00 - 2:30	Cycle 1 Follow-up Session	Demo Role-play
2:30 - 2:45	AFTERNOON BREAK	
2:45 - 3:15	Cycle 1 Follow-up Session	Supervised Practice Teaching
3:15 - 4:00	Cycle 2 Follow-up Session	Demo Role-play
4:00 - 4:45	Cycle 2 Follow-up Session	Supervised Practice Teaching
4:45 - 5:00	Learning Journal and Closure for Day 1	Assignment on Learning Journal

DAY 2	TOPIC	ACTIVITY
8:00 - 8:30	Insights Learned from Day 1	Recap of Learning Journal Questions and Answers about Day 1 Activities
8:30 - 9:15	Cycle 3 Follow-up Session	Demo Role-play
9:15 - 9:45	Cycle 3 Follow-up Session	Supervised Practice Teaching
9:45 - 10:00	Cycle 3 Follow-up Session	Review of Session
10:00 - 10:15	<i>MORNING BREAK</i>	
10:15 - 11:00	Charting for Mucus Method	Conduct of Individual Charting Exercise
11:00 - 11:15	Mid-Course Questionnaire	Administration of Mid-Course Questionnaire
11:15 - 11:30	Level 1 Course Evaluation	Administration of Level 1 Course Evaluation
11:30 - 12:00	Preparation for Level 2	Discussion
12:00 - 1:00	<i>LUNCH BREAK</i>	

WELCOME/INTRODUCTIONS

8:00-8:20 am

Materials	<ol style="list-style-type: none"> 1. CBT Guide for distribution 2. Attendance Sheet - Appendix A or own format 3. Written out training objectives/schedules/service protocol on tear sheets
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CONTENT

ACTIVITY

<p>Registration of Participants</p> <p>Welcoming the Participants</p> <p>Trainer and Participant Introductions/Expectations</p> <p>Training Goals and Objectives/Design/Schedule</p> <p>The training is designed in three parts:</p> <ul style="list-style-type: none"> Level 1 – enables the participants to observe and practice client instruction for 1 ½ days Level 2 – is an assessment of the participants' competency in teaching the Mucus Method; also 1½ days Practicum – upon return to their workplace, service providers begin teaching but are certified after bringing some users to autonomous NFP practice 	<p><i>Register the participants' names and addresses in the Attendance Sheet (Appendix A).</i></p> <p><i>Welcome the participants to the training course.</i></p> <p><i>Introduce self and ask the participants to give their names and end-of-training expectations.</i></p> <p><i>Tie up the expectations with the training goals.</i></p> <p><i>Describe the training design.</i></p> <p><i>Go over training schedule with the participants.</i></p>
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CONTENT

ACTIVITY

<p>The CBT Guide</p> <p>The CBT Guide on the Mucus Method includes the content and activities for each training session in two columns. The right column specifies what needs to be done by the trainer while the left indicates what needs to be said. Each session has its own Teaching and Evaluation Guide (TEG) at the beginning. It comes with a set of materials to be used in the training and in the practicum.</p> <p>The Guide is designed mainly for the trainer's use during the service providers' training course. Service providers also use it as a guide in preparation for teaching the clients.</p> <p>The Table of Contents will familiarize you with the CBT Guide. Major sections of the Guide have been earmarked for easy reference.</p> <p>The CBT Package includes the CBT Guide, the Flipchart, the Reference Manual and the TOT Guide.</p>	<p><i>Give an overview of the contents and structure of the CBT Guide.</i></p>
--	--

ADMINISTERING THE PRE-COURSE QUESTIONNAIRE

8:20 – 8:35 am

Materials	<ol style="list-style-type: none">1. Pre-course questionnaire (Appendix B)2. Answer key to pre-course questionnaire
------------------	--

CONTENT

ACTIVITY

Pre-course Questionnaire	<i>Distribute the pre-course questionnaire (Appendix B). Participants answer it.</i>
Answers to Pre-course Questionnaire	<i>Using the key to the pre-course questionnaire, review the answers and tell the participants to check their answers.</i>
Points for Emphasis during Training based on Results of Pre-Course Questionnaire	<i>Based on the participants' answers, decide on what topics to emphasize during the training.</i>



Go to TOT page 7.

OVERVIEW ON NFP TRAINING

8:35-9:00 am

Materials	1. Mucus Method Basic Protocol for Service Providers
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CONTENT

ACTIVITY

<p>Mainstreaming natural family planning (NFP) means that NFP is being offered as a viable choice for clients who come to us for family planning. It means that when a client is interested in or chooses NFP as her method of choice, the service can be provided until she is a satisfied user.</p> <p>Suggestions for NFP Mainstreaming (coming from participants)</p> <p>Warm-up Activity</p> <p>For our warm-up activity, state your name and act out your favorite hobby. When it is the turn of the participant next to you, he/she should give the name and act out the hobby of the person(s) who preceded him/her before acting out his/her own hobby.</p> <p>Expected Lessons from Warm-up Activity</p> <p>The lessons of the activity that are shared are:</p> <ol style="list-style-type: none"> a) people remember more when they hear, see, and do something rather than when they just hear it; and b) repetition is helpful in learning, and reference points such as sequential order, familiar faces, humor, and fun facilitate the learning process. 	<p><i>Ask the participants:</i></p> <ol style="list-style-type: none"> a) <i>What is the demand for natural family planning?</i> b) <i>When you encounter a client asking about NFP, what do you do?</i> <p><i>Conduct a discussion on how NFP can be mainstreamed into the current health system. List suggestions on the board.</i></p> <p><i>Conduct warm-up activity. After all the participants have done their turn, ask them:</i></p> <ol style="list-style-type: none"> a) <i>Did you enjoy the activity?</i> b) <i>What helped us remember?</i> c) <i>What difficulties did we experience?</i> d) <i>What can we learn from this activity?</i> <p><i>Discuss the lessons from the warm-up activity.</i></p>
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CONTENT

ACTIVITY

<p>Competency Based Training (CBT)</p> <ul style="list-style-type: none"> • Competency based or skills based • Remember the warm-up activity – people learn by doing • Focuses on the specific knowledge and skills needed to carry out specific learning tasks based on observing and practicing the job skills that service providers need to master while being trained <p>Major Topics in the Training Course</p> <p>The major topics include:</p> <ul style="list-style-type: none"> • how to practice the Mucus Method; • how to involve the husband in practicing the Mucus Method; and • how to plan and determine activities that will sustain the Mucus Method practice in the community. <p>Training Structure and Methods</p> <p>This training is structured to simulate the interactions between the service provider and the client in delivering the Mucus Method of natural family planning. These interactions are called client contacts.</p> <p>The client contacts consist of the following:</p> <ul style="list-style-type: none"> • Fertility Orientation Session (FOS) and Initial Instructions (II) • Cycle 1 Follow-up • Cycle 2 Follow-up • Cycle 3 Follow-up <p>The Fertility Orientation Session (FOS) is intended for a general audience where potential clients for NFP are identified. The Initial Instructions (II) usually follows immediately. It is attended by those who wish to learn the Mucus Method. The Initial Instructions can be given to a group of clients or to one client at a time.</p>	<p><i>Explain what competency based training or CBT is.</i></p> <p><i>State the major topics in the training course.</i></p> <p><i>Describe how the training course is structured.</i></p> <p><i>Identify the four client contacts.</i></p>
---	---

CONTENT

ACTIVITY

<p>The TEG for each client contact is found at the beginning of each session guide to these client contacts.</p> <p>Mucus Method Basic Service Protocol</p> <p>The Service Protocol will help the participants understand more about providing service on the Mucus Method of natural family planning.</p> <p>Question and Answer about the Service Protocol</p>	<p><i>State where the TEG can be found in the CBT Guide.</i></p> <p><i>Tell the participants to read the "Mucus Method Basic Service Protocol" on the next page. Explain the importance of the Service Protocol to participants. Allot five minutes of reading time.</i></p> <p><i>After the participants have finished reading the Service Protocol, conduct question and answer period about the Protocol.</i></p>
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Go to TOT page 8.

Mucus Method Basic Service Protocol

This basic protocol for the Mucus Method (MM) has developed over the years from the experience of natural family planning (NFP) providers. Its purpose is to ensure that Mucus Method service follows certain key steps. The protocol has two main parts: (1) Method Delivery Guidelines and (2) Organizing for Sustainability. All service providers must undergo training on the Mucus Method to be able to provide the method to clients. The basic protocol focuses on the provision of the Mucus Method.

Part 1: Method Delivery Guidelines

Most clients require three menstrual cycles to learn to use the Mucus Method without assistance from the provider, that is, to become autonomous users. The method delivery guidelines outlined here recommend that the service provider should meet with the client at least four times during the first three cycles. However, additional follow-up sessions may be needed. This schedule is outlined in (A) below, "Mucus Method Client Contacts". When the client has mastered the method, the service provider or her supervisor validates this by administering the User Autonomy Checklist.

A) Mucus Method Client Contacts

Natural family planning service delivery focuses on client learning. The goal is that the client will learn the method and become an autonomous method user (one who uses the method without assistance from the service provider). For a client to learn the Mucus Method, the service provider will have a minimum of four client contacts, which address two main areas: (1) how to use the method and (2) how to creatively integrate use of the method with fertility intentions. Husbands or partners are welcomed at all of the client contacts, as partner involvement is crucial to long-term method success. **At least one of the client contacts should include the partner.**

The schedule for client contacts is:

1. Fertility Orientation Session (FOS) and the Initial Instructions
2. Cycle 1 Follow-up
3. Cycle 2 Follow-up
4. Cycle 3 Follow-up

Additional follow-ups may be necessary until the client can complete the User Autonomy Checklist.

B) User Autonomy Checklist

Once the client can complete the User Autonomy Checklist, the client becomes a "current user" of NFP. Current users do not need additional instruction in NFP. However, they are always welcome to return to the service provider for questions or additional information. Service providers should encourage current users to join or form a people's organization of autonomous users.

Service providers or their supervisors (if trained in NFP) should validate that all Mucus Method clients can complete the User Autonomy Checklist. To do this, the service provider asks the client to correctly provide the information to 10 questions as listed in the User Autonomy Checklist. The questions reflect the tasks that a client should be able to perform in the Mucus Method of natural family planning. If the client can correctly perform these 8 tasks, she has successfully completed the User Autonomy Checklist.

Typically validation is done at the end of the 3rd cycle. It may be done again later if the client is not able to correctly provide this information at the end of the 3rd cycle.

C) Recording and Reporting of Mucus Method Users

For clients receiving Mucus Method services, the service provider should complete the following FHSIS forms:

New Acceptor- A client becomes a "new acceptor" after attending the FOS and Initial Instructions, the first cycle follow-up, and the second cycle follow-up. Document a client as a "new acceptor" on the FHSIS form at the end of the second cycle follow-up visit.

Current User- A client become a "current user" once the client has achieved autonomy. Document a client as a "current user" on the FHSIS form after the service provider has verified that the client has correctly completed all the tasks on the User Autonomy Checklist. The client is typically documented as a current user at the 3rd cycle follow-up. This may be done later if the client can not complete the User Autonomy Checklist at the cycle 3 follow-up.

Part 2: Organizing for Sustainability

In addition to delivering the method to clients as outlined in Part 1 of this protocol, service providers play an important role ensuring that the services are sustained. This section of the protocol addresses the issue of organizing for sustainability. There are several ways that the service provider can help to ensure that Mucus Method services are offered in his/her community.

Service providers should do a minimum of three activities in order to sustain NFP services in their community.

FERTILITY ORIENTATION SESSION- INITIAL INSTRUCTIONS (FOS-II)

9:00 - 10:00 am Demo role-play
10:15 - 11:15 am Supervised practice teaching
11:15 - 11:30 am Review of session

	DURING SERVICE PROVIDERS' TRAINING	DURING CLIENT CONTACT SESSION
Materials	1. TEG-FOS 2. Katsa Visuals	1. TEG-FOS 2. Flipchart

TEG-FOS

TEACHING TASK	EVALUATION RATING (Please check)		
	S	U	NO
1. Ensure clients are registered (name and address).			
2. Ask what clients know about human fertility.			
3. Explain joint fertility using human fertility diagram.			
4. Describe male fertility using male fertility diagram.			
5. Describe female fertility using female fertility diagram.			
6. Describe the link between timing lovemaking and pregnancy using Joint Fertility Diagram.			
7. Define cycle and describe the phases of the cycle.			
8. Discuss analogy between planting season and a woman's fertility.			
9. Describe the characteristics and features of natural family planning.			
10. Explain how the Mucus Method can be used to plan for or avoid a pregnancy.			
11. Guide the client in a self-assessment of their ability to successfully use the mucus method.			
12. Explain the importance of keeping track of one's fertility in relation to fertility intentions.			
13. Ask eligible clients to stay on for Initial Instructions.			
14. Document client contact in Client Contact Record.			

Continue to next page

Rating Guide:

- | | | |
|----------------|-----------|--|
| Satisfactory | S | Performs the task <i>very well</i> (i.e., according to standard procedure). |
| Unsatisfactory | U | Performs the task <i>poorly</i> (i.e., not according to standard procedure). |
| Not Observed | NO | Does not perform the task at all. |

TEG-II

TEACHING TASK	EVALUATION RATING (Please check)		
	S	U	NO
15. Check client's experience and understanding of mucus, correct as needed.			
16. Discuss how the Mucus Method works to prevent/plan pregnancy.			
17. Explain the mechanics of observing and recording mucus.			
18. Demonstrate how client records observations by completing one cycle on a blank chart.			
19. Explain the menstrual phase and pre-ovulatory phases based on recordings in the demonstration chart.			
20. Explain the ovulatory phase and post-ovulatory phases based on recordings in the demonstration chart.			
21. Introduce the Mucus Method Rules and emphasize Peak Day Rule.			
22. Ask client to discuss the Mucus Method with partner.			
23. Explain the need to practice abstinence during the first cycle or until the Peak Day is identified by the provider.			
24. Motivate client to start observing immediately.			
25. Instruct client to begin recording on the first day of menstruation.			
26. Provide client with a blank chart.			
27. Schedule Cycle 1 Follow-up no later than the 3 rd week after the start of menstruation. Instruct client to bring her filled-up chart.			
28. Explain the schedule of the 4 client contacts.			
29. Document client contact in the Client Contact Record.			

Rating Guide:

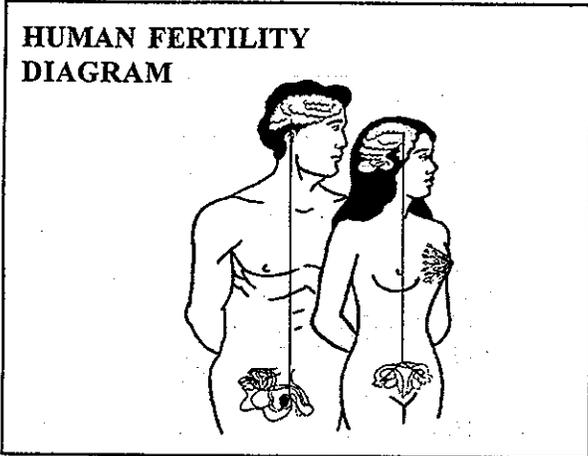
- Satisfactory **S** Performs the task *very well* (i.e., according to standard procedure).
 Unsatisfactory **U** Performs the task *poorly* (i.e., not according to standard procedure).
 Not Observed **NO** Does not perform the task at all.

TEG 1. Ensure clients are registered (name and address).

TEG 2. Ask what clients know about human fertility.

CONTENT

ACTIVITY

<p>HUMAN FERTILITY DIAGRAM</p>  <p>Awareness of the facts of human fertility can help a couple decide to use family planning, particularly the natural methods.</p> <p>Fertility is about having a baby. It involves certain parts of the body – the male and female reproductive organs. It also involves the brain.</p>	<p><i>Ask, "What do you know about fertility?"</i></p> <p><i>Based on feedback gathered from clients, clarify what fertility is. Point to reproductive organs on Human Fertility Diagram.</i></p>
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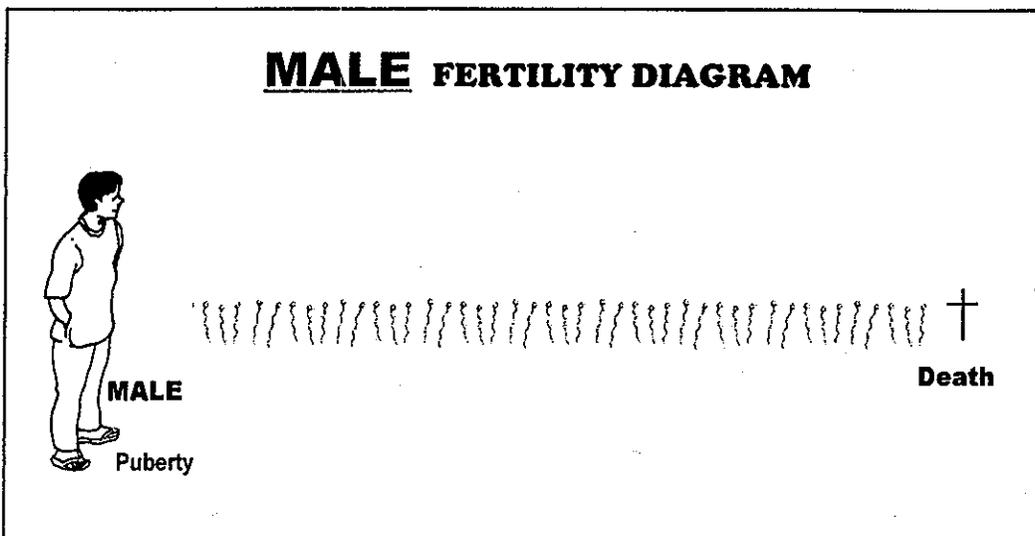
TEG 3. Explain joint fertility using Human Fertility Diagram.

<p>Joint Fertility</p> <p>Although it is the woman who becomes pregnant and goes through childbirth, fertility involves contributions from both the male and female. It is joint.</p> <p>Joint fertility involves the united and equal contribution of the male and female in the decision and ability to have a child.</p>	<p><i>Stress importance of looking at fertility as joint fertility.</i></p> <p><i>Define what joint fertility is.</i></p>
--	---

TEG 4. Describe male fertility using Male Fertility Diagram.

CONTENT

ACTIVITY



Male Fertility

A man is fertile everyday of his life starting from puberty.

This means he is able to get a woman pregnant.

In the conception of a child, the male contributes the sperm. The sperm can live five days inside the woman's body.

Male fertility ends at death.

Point to parts on the visual where appropriate.

Ask, "When does male fertility begin?"

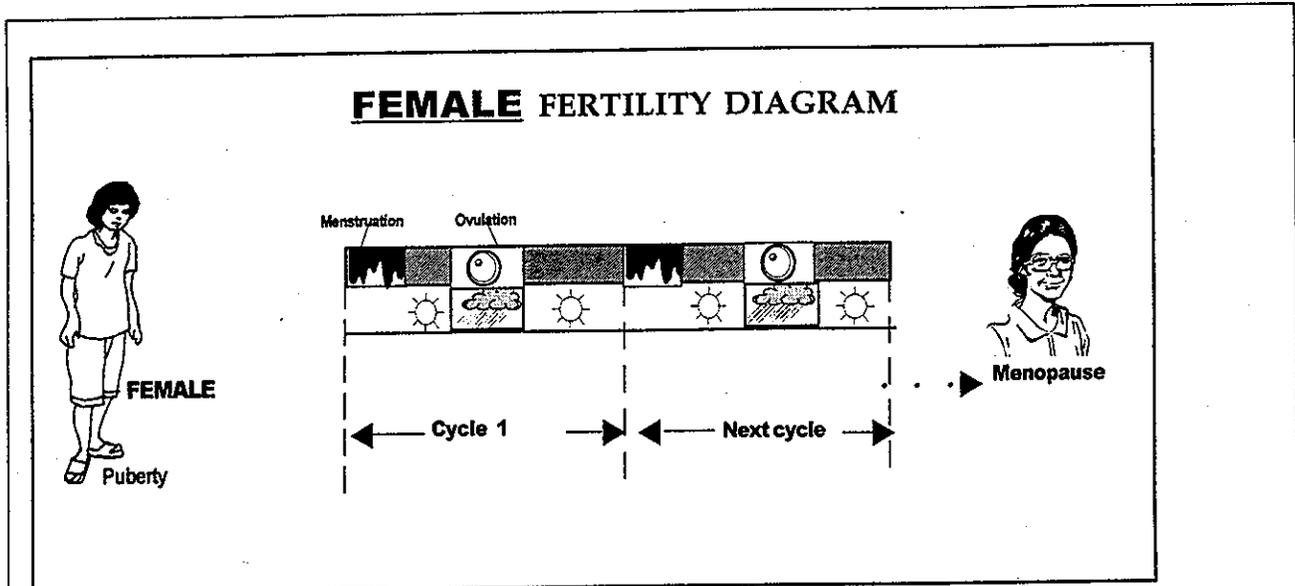
Stress the male contribution to joint fertility.

Ask, "When does male fertility end?"

TEG 5. Describe female fertility using Female Fertility Diagram.

CONTENT

ACTIVITY



Female Fertility

At puberty, a girl starts to menstruate. She is fertile from the onset of her first menses. This signals her readiness to bear a child.

This means she can get pregnant.

In the conception of a child, the female contributes the egg. An egg is released at ovulation, which occurs once during each menstrual cycle.

A woman is fertile for a few days a month **ONLY** when an egg is present.

Female fertility ends at menopause.

Point to parts on the visual where appropriate.

Ask, "When does female fertility start?"

Stress the female contribution to joint fertility.

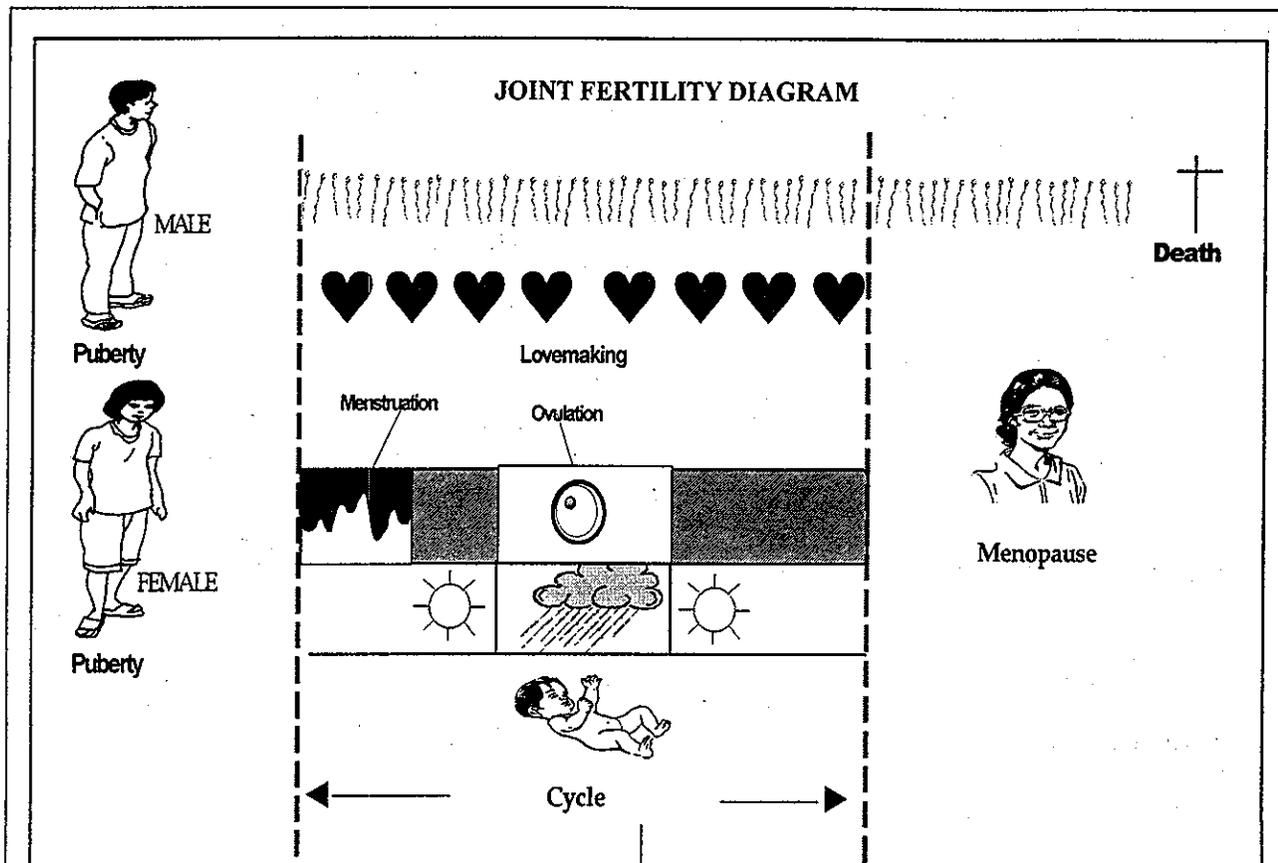
State when a woman is fertile.

Ask, "When does female fertility end?"

TEG 6. Describe the link between timing lovemaking and pregnancy using Joint Fertility Diagram.

CONTENT

ACTIVITY



Timing of Lovemaking and Fertility

The sperm and the egg meet through lovemaking or intercourse.

Lovemaking can occur anytime throughout the menstrual cycle.

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.

Ask, "How do the sperm and the egg meet?"

Ask, "When can lovemaking take place?" Point to part on the visual where lovemaking can occur.

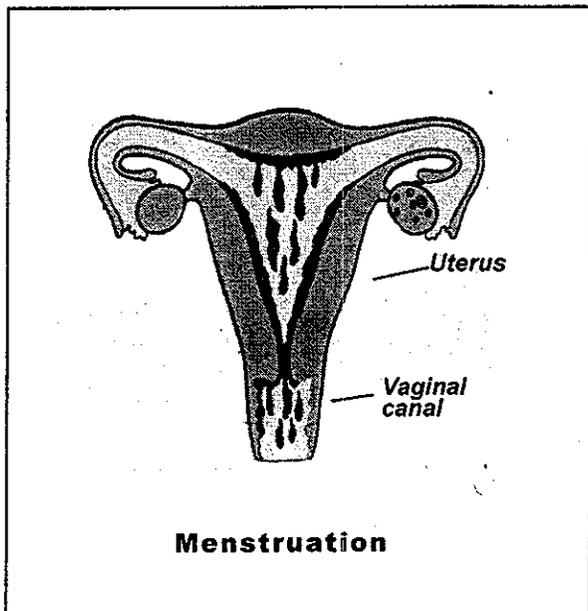
Stress that pregnancy results from lovemaking during fertile days only. Point to the part on the visual where there is both ovulation and heart symbol and the baby.

TEG 7. Define cycle and describe the phases of the cycle.

CONTENT

ACTIVITY

CONTENT	ACTIVITY
<p>MENSTRUAL CYCLE</p> <p>The menstrual cycle is the period from the first day of menstruation until the day before next menstruation.</p> <p>The first cycle ended on May 7. May 8 is the start of the next cycle.</p> <p>If we count the days from April 10 to May 7, which covers one menstrual cycle, then the cycle length is 28 days.</p> <p>The average cycle length is 23-35 days. Some women have shorter cycles while others have longer cycles. Having short or long cycle lengths is normal.</p> <p>The menstrual cycle has four phases: 1) menstrual phase; 2) pre-ovulatory phase; 3) ovulatory phase; and 4) post-ovulatory phase.</p>	<p><i>Ask, "What is a cycle?"</i></p> <p><i>Ask, "If one cycle started on April 10 and the next cycle started on May 8, when did the first cycle end?"</i></p> <p><i>Ask, "How long is the cycle in the given example?"</i></p> <p><i>Explain the different cycle lengths.</i></p> <p><i>Enumerate the four phases of the menstrual cycle.</i></p>

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

Ask, "Where does the cycle start?" Point to menstrual phase on the visual.

Ask, "What happens during menstruation?"

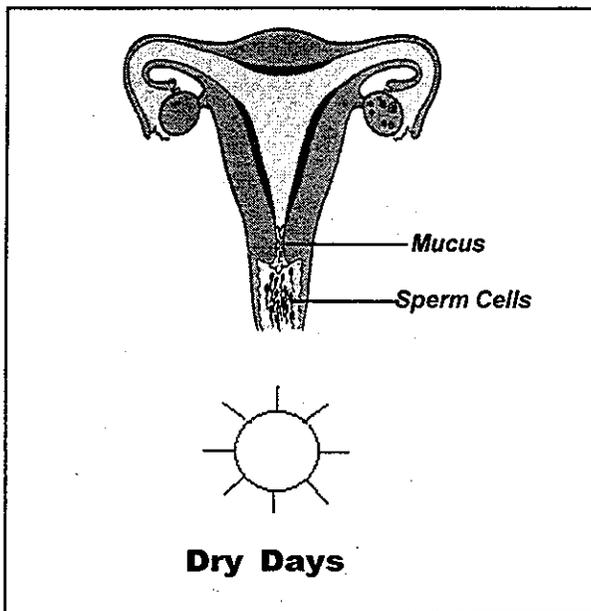
Ask, "Why is there bleeding?"

Describe the menstrual phase.

NOTE: Answer the questions if clients cannot answer them. Correct any misinformation if necessary.

CONTENT

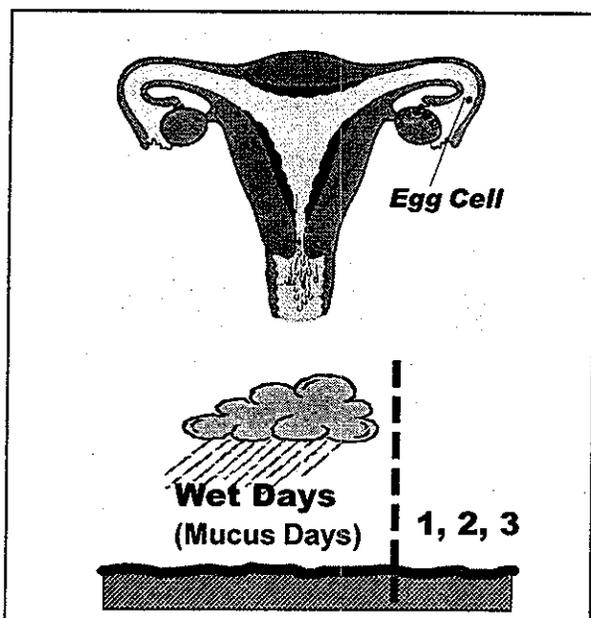
ACTIVITY



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 the menstrual bleeding stops.
- A woman experiences dry feeling and no mucus.
- The pre-ovulatory is a **relatively infertile** phase.

*Ask, "What do you notice in this drawing?"
Point to pre-ovulatory phase on the visual.*

CONTENT**ACTIVITY****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.
- The uterine lining continues to thicken.
- The mucus plug is gone.
- The mucus becomes watery, stretchy, slippery, and clear. It provides channels that helps the sperms swim to the egg.
- Mucus nourishes the sperms.
- It filters out abnormal sperms.
- The ovulatory phase is the fertile phase. A woman experiences wet feeling with watery, slippery, stretchy, and clear mucus.

In the illustration, there is no sperm and the woman cannot get pregnant.

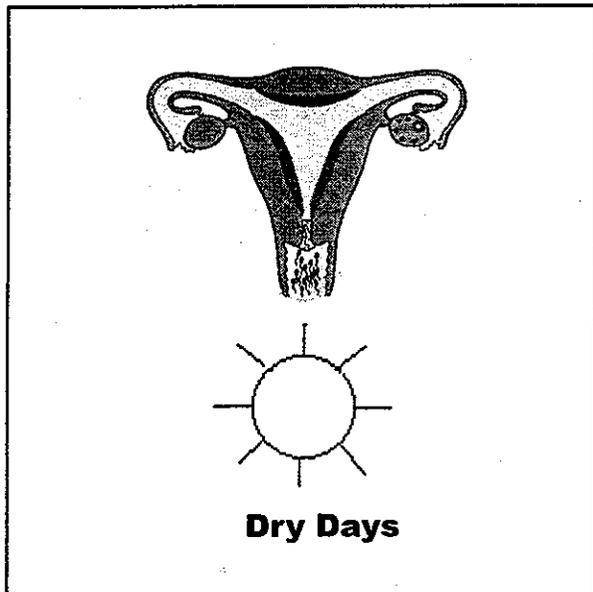
Introduce the third phase of the menstrual cycle.

Ask, "What do you notice in this drawing?" Point to ovulatory phase on the visual.

Describe the ovulatory phase.

Explain why pregnancy does not occur. Point to uterus showing no sperms present.

Ask, "What do you notice around this time of your cycle?" Focus on the woman experiences.

CONTENT**ACTIVITY****Post-Ovulatory Phase**

- No egg is present. If there is no meeting of egg and sperm, the egg cell deteriorates and is absorbed.
- Lining of the uterus has thickened.
- The mucus forms a plug again to prevent entry of sperms.
- The post-ovulatory phase covers about 10-16 days.
- Women experience dry feeling with no mucus at all if there is any mucus at all, it is sticky, cloudy, crumbly or pasty.
- Post-ovulatory phase is called **absolutely infertile** phase because there is no egg present. Furthermore, the mucus plug prevents the entry of sperm.
- Because there is no pregnancy, the woman will experience menstruation again and another cycle will begin.

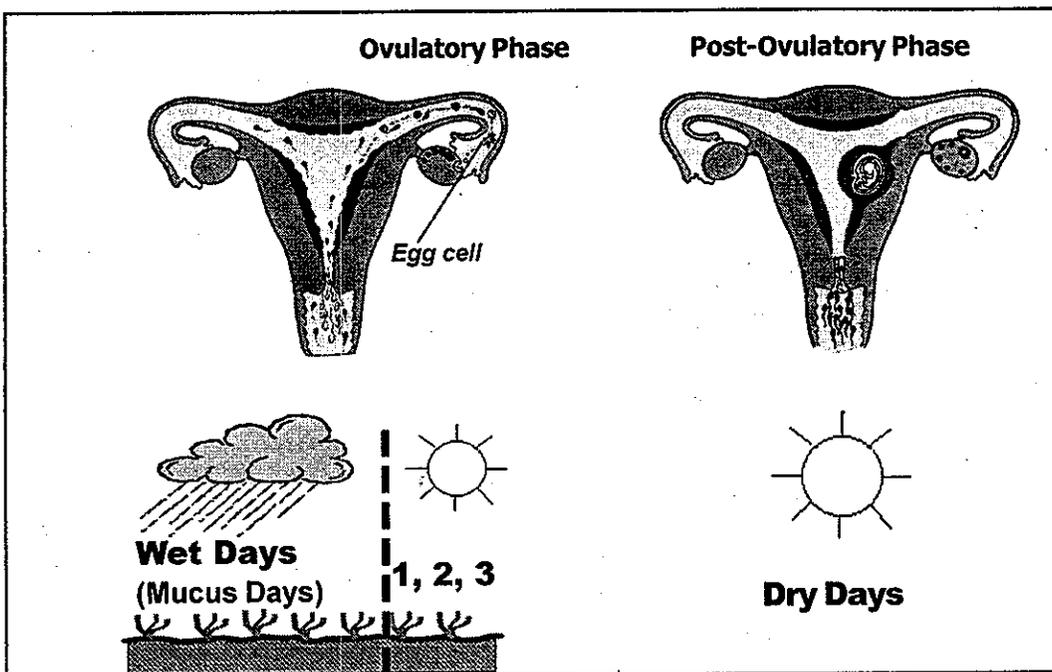
*Ask, "What do you notice in this drawing?"
Point to post-ovulatory phase on the visual.*

Describe the post-ovulatory phase.

Explain why the post-ovulatory phase is called absolutely infertile.

CONTENT

ACTIVITY



Sperms are present in this illustration of the woman's ovulatory and post-ovulatory phases. They can live up to five days inside the woman's body during her fertile time. If the sperm meets the egg, it may result in pregnancy. Because there is pregnancy, the woman will not experience menstruation. She will temporarily have no cycles.

Explain why a pregnancy occurs.

During training, pull down overlay on katsa visual to show how pregnancy occurs. Point to uterus showing sperms present.

During client contact session, turn next page on flipchart to show how pregnancy occurs. Point to uterus showing sperms present.

TEG 8. Discuss analogy between planting season and a woman's fertility.

CONTENT

ACTIVITY

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

Planting during dry season will not result in growth of the crop. Similarly, lovemaking during the 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 time will result in a pregnancy.

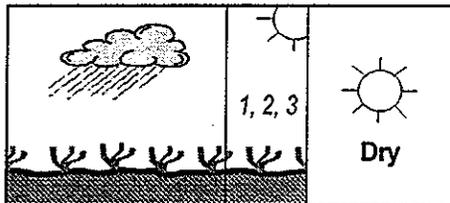
After the rain, when the sun comes out, only the topsoil is dry. The bottom soil remains wet. Similarly, in the mucus method, the **three days** after the **LAST** day of wetness are still considered **fertile days**. This is to give allowance for the lifespan of the egg cell.

Point to bottom of the visual where the planting seasons are illustrated. State the similarity between the planting season and the woman's fertile and infertile time.

Point to bottom of the ovulatory phase in the visual showing the sun and post-peak days 1, 2, and 3.

TEG 9. Describe the characteristics and features of NFP.

The MUCUS METHOD of Natural Family Planning



CHARACTERISTICS:

- observation and recording of mucus
- identifying fertile and infertile phases
- timing of lovemaking
- pregnancy does or doesn't occur

FEATURES:

- no drugs
- no injections
- no devices
- no operations

NATURAL FAMILY PLANNING (NFP)

Natural family planning methods enable a woman to observe and record her fertile and infertile time during her menstrual cycle.

Define what NFP is.

CONTENT

ACTIVITY

<p>She identifies her fertile or infertile time either by counting days or by observing and recording the signs and symptoms throughout her entire menstrual cycle.</p> <p>When a woman knows her fertile or infertile time, lovemaking can be timed so that pregnancy does or does not occur.</p> <p>Features of NFP</p> <p>With natural family planning, no drugs, no injections, no devices, and no operations are used.</p>	
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TEG 10. Explain how the Mucus Method can be used to plan for or avoid a pregnancy.

<p>How the Mucus Method Works</p> <p>With the Mucus Method, a couple can observe and record the woman's mucus during her cycle and identify the time when she is fertile or infertile. The couple can use this information to avoid or to achieve a pregnancy.</p> <p>During the woman's fertile time, she feels wet and sees slippery, stretchy, watery, clear mucus. The mucus nourishes and provides a channel for sperms to swim. If a sperm unites with the egg, pregnancy can occur.</p> <p>During the woman's infertile time, there is no egg. The mucus forms a plug that prevents sperms from entering. The woman feels dry. She sees no mucus or may see some sticky mucus but still feel dry.</p>	<p><i>Explain this.</i></p>
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TEG 11. Guide client in a self-assessment of their ability to successfully use the Mucus Method.

CONTENT

ACTIVITY

<p>These questions are important for couples to discuss when considering whether or not to use the Mucus Method.</p> <p>Any no answer indicates that the couple must decide whether they can overcome this obstacle.</p>	<p>Ask the client or couple (if husband is present) the following questions:</p> <ol style="list-style-type: none"> 1. Can you communicate about sexual matters? 2. Are you willing to observe, record, and interpret fertility signs and symptoms? 3. Are you willing and able to abstain from lovemaking during the woman's fertile time?
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TEG 12. Explain the importance of keeping track of one's fertility in relation to a couple's fertility intentions.

<div data-bbox="206 861 801 1249" data-label="Image"> </div> <p>Every couple faces three fertility intentions: 1) to have or not to have a child; 2) when they want to have a child; and 3) to have the desired number of children.</p> <p>A couple can use the Mucus Method to reach their fertility goals. These questions are also important to discuss whether or not they can use the Mucus Method. The couple must agree on their fertility intention and work together to use the Mucus Method to achieve them.</p>	<p>Ask the client/couple the following questions:</p> <ol style="list-style-type: none"> 1. How do you and your husband feel about having children now? 2. Do you want to have a child? 3. When do you want to have a child? 4. If yes, how many children would you like? 5. If no, how will you avoid a pregnancy?
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TEG 13. Ask eligible clients to stay on for Initial Instructions.



Go to TOT page 9.

TEG 14. Document client contact in Client Contact Record.

INITIAL INSTRUCTIONS (II)

- 11:30 am - 12:00 pm Demo role-play
- 1:00 - 1:45 pm Supervised practice teaching
- 1:45 - 2:00 pm Review of II

	DURING SERVICE PROVIDERS' TRAINING	DURING CLIENT CONTACT SESSION
Materials	<ol style="list-style-type: none"> 1. TEG-II 2. Blank Mucus Method Chart Make demo size - 1/2 manila paper 3. Initial Instructions Sample Chart (reference for filling up) 4. Visual Aid for Symbols 5. Visual Aid for MM Rules 	<ol style="list-style-type: none"> 1. TEG-II 2. Flipchart <ol style="list-style-type: none"> a) Observing the Mucus b) Recording Mucus Observations c) Guide for Recording Mucus Observations d) Blank Mucus Method Chart e) Initial Instructions Sample Chart f) Mucus Method Rules

TEG 15. Check client's experience and understanding of mucus, correct as needed.

CONTENT	ACTIVITY
	<i>Based on feedback gathered, correct any misconception about the Mucus Method during the time of ovulation.</i>

TEG 16. Discuss how the Mucus Method works to prevent/plan pregnancy

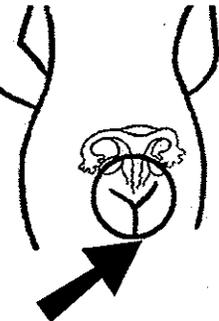
<p>The Mucus Method has been scientifically tested throughout the world and is endorsed by the World Health Organization (WHO). Properly used, it is as effective as the other modern methods of family planning.</p>	<p><i>Ask: "What comes to your mind when you experience mucus secretions?"</i></p> <p><i>Stress that the method has been scientifically tested.</i></p>
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CONTENT

ACTIVITY

<p>By observing changes in the mucus, the woman can learn when she is fertile or infertile. Together with her partner, she can use this information to time the lovemaking to plan for or avoid a pregnancy.</p>	<p><i>Re-state what the mucus method is and how it works.</i></p>
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TEG 17. Explain the mechanics of observing and recording mucus.

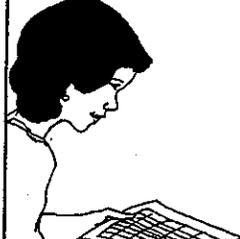
WHO	WHAT	WHERE	WHEN	HOW
 <p>Woman</p>	<ul style="list-style-type: none"> • What you feel (dry or wet) 		 <ul style="list-style-type: none"> • Everyday from first day of menstruation • Throughout day • Before or after urinating 	<ul style="list-style-type: none"> • Note if you feel wet or dry around vaginal area. • See if there is mucus in underwear. • Pass a tissue around vaginal area and see if there is mucus on tissue.

<p>Observing the Mucus</p> <p>Who? The woman</p> <p>What? 1. Sensation of wetness or dryness (what the woman feels)</p> <p> 2. Appearance of mucus (what woman sees)</p>	<p><i>Ask the client these five questions that guide the client in observing her mucus.</i></p>
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CONTENT

ACTIVITY

<p>Where?</p>	<p>Around vaginal area or "puwerta"</p>	
<p>When?</p>	<ol style="list-style-type: none"> 1. Everyday from first day of menstruation 2. Throughout the day - while standing, walking around, or going through daily chores 3. Before or after urinating 	
<p>How?</p>	<p>Woman asks herself, "What do I feel in my vaginal area?"</p> <p>Next, she checks if there is mucus in her underwear. If there is none, she passes a tissue around her vaginal area before urinating and asks herself, "What do I see?"</p> <p>There is no need to touch or inspect the mucus internally.</p>	<p><i>Ask client how she noticed her mucus in the past.</i></p>

WHO	WHAT	WHERE	WHEN	HOW
 <p>The couple</p>	 <ul style="list-style-type: none"> • What woman feels • What woman sees 	 <ul style="list-style-type: none"> • On Mucus Method chart 	 <ul style="list-style-type: none"> • End of day, before going to bed 	 <ul style="list-style-type: none"> • Write what you feel • Write what you see • Use chart symbols

RECORDING MUCUS OBSERVATIONS

It helps woman clearly see her fertile pattern and the days of her fertility. It enables her to practice the method correctly and enables the teacher to review her understanding.

State importance of recording mucus observations.

CONTENT

ACTIVITY

Five questions also guide the client in recording her mucus observations.

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

What? 1. What woman feels
2. What she sees

The woman should record the mucus that she observed in the evening because mucus is a more fertile sign than no mucus. She must record her most fertile observation of the day.

Where? On the blank Mucus Method chart.

When? At end of day, in the evening before going to sleep

How? Use symbols that represent what woman feels and sees

R - "Regla" or menstruation; spotting

D - Dry with no mucus

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

(X) - Peak day, LAST day of wetness, wet mucus

M - Dry with sticky, pasty or crumbly mucus

1, 2, 3 - Post-peak days

♥ - Lovemaking day

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? Why?" Explain answer to question.

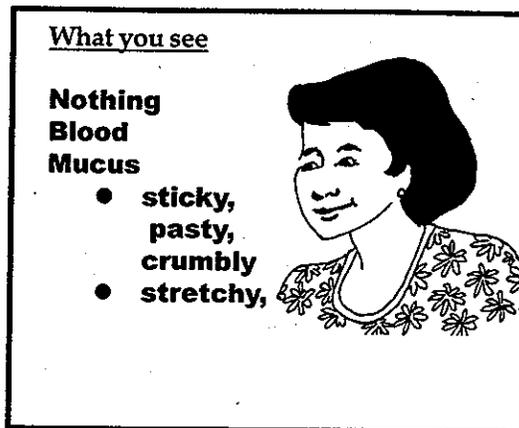
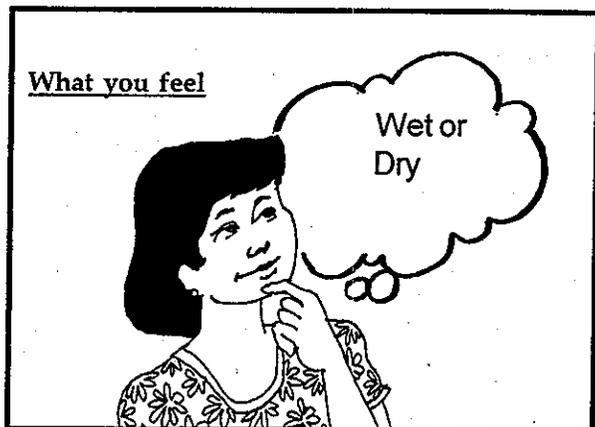
In summary, the mechanics for observing and recording are:

OBSERVING	QUESTION	RECORDING
Woman	WHO?	Couple
1. Feeling 2. Appearance of mucus	WHAT?	1. Feeling 2. Appearance of mucus
Vaginal area or "puwerta"	WHERE?	On Mucus Method chart
1. Everyday from first day of menstruation 2. Throughout the day 3. Before and after urinating	WHEN?	In the evening before going to sleep
Ask self: 1. What do I feel in my vaginal area? 2. What do I see in my underwear?	HOW?	Use chart symbols

TEG 18. Demonstrate how client records observations by completing one cycle on a blank chart.

CONTENT

ACTIVITY



Day by Day Charting

State what the Mucus Method chart contains as found on the next page.

Use the blank chart to demonstrate day by day charting. Complete an entire cycle on a chart using the Initial Instruction Sample Chart (see page 36) as a guide and asking questions to solicit information.

TEG 19. Explain the menstrual and pre-ovulatory phases based on recordings in the demonstration chart.

Identifying Menstrual Phase Based on Demonstration Chart

Menstrual Phase

She starts her observation on the first day of menstruation or April 18, 1999 in the demo chart. (see next page)
She feels wet.
She sees blood.

Point to Day 1 on the demonstration chart and ask:

When should a woman start to observe her mucus?

What does the client feel on Day 1?
What does the client see on Day 1?

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	33	34	35			
Month/ Date																																						
Symbol																																						
What I Feel																																						
What I See																																						
Lovemaking																																						

LEGEND:

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

- M** - Dry with sticky, pasty, or crumbly mucus
- 1,2,3** - Post peak days
- ♥** - Lovemaking

CONTENT**ACTIVITY**

<p>The woman no longer sees blood. She feels dry.</p> <p>In the demo chart, Cycle Days 1 to 5 or April 18 – 22, 1999 is the menstrual phase.</p> <p>Pre-Ovulatory Phase</p> <p>She feels dry. She sees no mucus. No, she would not expect dryness throughout the cycle. After dry days, she would see mucus.</p> <p>It is the pre-ovulatory phase. In the demo chart, the pre-ovulatory phase is from Cycle Days 6 to 10 or April 23 – 27, 1999.</p>	<p><i>At the end of menstruation, which is Day 6, ask:</i></p> <p><i>How do you know menstruation has stopped? What feeling does a woman have when her menstruation has finished?</i></p> <p><i>Add brackets to the demo chart to indicate the menstrual phase.</i></p> <p><i>While looking at the demo chart, ask: What does the client feel on Days 6 to 10? What does the client see on these days? Would the client expect dryness throughout her cycle? What would the client see after dry days?</i></p> <p><i>Add brackets to the demo chart to indicate the pre-ovulatory phase. Then ask:</i></p> <p><i>What is this phase? What days does the pre-ovulatory phase cover?</i></p>
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TEG 20. Explain the ovulatory and post-ovulatory phases based on recordings in the demonstration chart.

<p>Ovulatory Phase</p> <p>In the demo chart, the ovulatory phase covers Cycle Days 11 to 20 or April 28 – May 7, 1999.</p> <p>One of the significant changes in the menstrual cycle occurs during the ovulatory phase. There is a change from days of dryness and no mucus to days of wetness and mucus.</p> <p>The woman should be seeing the build-up of mucus in the ovulatory phase.</p> <p>She should watch out for the Peak Day or the LAST day of wetness. An X that is encircled marks the Peak Day.</p>	<p><i>Add brackets to indicate the ovulatory phase in the demo chart. State the cycle days that it covers.</i></p> <p><i>State the significant change that occurs in the ovulatory phase.</i></p> <p><i>Ask: "What should the client be seeing now during the ovulatory phase?"</i></p> <p><i>Tell client to watch out for the Peak Day or LAST day of wet mucus.</i></p>
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Initial Instructions
SAMPLE CHART

Our Personal Mucus Method Chart

Client Maria S. dela Cruz
Husband Juan T. dela Cruz

Month/Year: April/May 1999
Cycle Length: 31 days



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
Month/Date	Apr 18	19	20	21	22	23	24	25	26	27	28	29	30	May 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18				
Symbol	R	R	R	R	R	D	D	D	D	D	X	X	X	X	X	X	⊗	1 M	2 D	3 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	dry	wet	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	none	none	none	none	none	sticky cloudy	pasty	pasty	pasty	pasty	clear	stretchy clear	sticky	none																
Lovemaking																																			

- LEGEND:**
- R - "Regla" or menstruation; spotting
 - D - Dry, 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
 - ♥ - Lovemaking

CBT Guide on the Mucus Method

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CONTENT**ACTIVITY**

<p>3. Avoid lovemaking on all wet days and nights when a woman has wet feeling and/or wet mucus. (e.g., avoid lovemaking on April 28 to May 4 as shown in the demonstration chart or Initial Instructions Sample Chart.)</p> <p>4. Watch out for the LAST DAY OF WETNESS or wet mucus.</p> <p>5. Apply the Peak Day Rule: Count three days after the Peak Day. During Post-Peak days 1, 2, and 3, the woman will feel dry and see no mucus or sticky mucus, if any. On the 4th day after the Peak Day, resume lovemaking night or day, until the next menstruation without it resulting in a pregnancy.</p>	
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MUCUS METHOD RULES

To use the Mucus Method, the couple should follow certain rules if they want to postpone pregnancy.

1. Avoid lovemaking during menstruation.
2. Avoid lovemaking during the pre-ovulatory period or dry days following menstruation until the Early Days Rule is learned.
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, and 3, the woman will feel dry and see no mucus or sticky mucus, if any. On the 4th **DAY** after the Peak Day, resume lovemaking night or day until the next menstruation without it resulting in a pregnancy.

To successfully use the Mucus Method, both the woman and her husband should be involved.

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 provider. This helps them to understand their mucus pattern without other secretions and without risking pregnancy.

TEG 22. Ask client to discuss the Mucus Method with partner.

CONTENT

ACTIVITY

<p>To successfully use the Mucus Method, both the wife and her husband should be involved.</p>	<p><i>Stress importance of husband's involvement in the Mucus Method.</i></p>
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TEG 23. Explain the need to practice abstinence during the first cycle or until the Peak Day is identified by the provider.

<p>It is important for the couple to observe what the woman feels and to see the mucus for one complete menstrual cycle with NO lovemaking, or until the Peak Day Rule has been clearly defined by the service provider. This will help them to understand the woman's mucus pattern without confusing the mucus with other secretions and without risking pregnancy.</p> <p>Suggestions on What to Do to Avoid Lovemaking</p> <p>POSSIBLE ANSWERS FROM CLIENTS:</p> <ul style="list-style-type: none"> ● Watch television. ● Have a night out. ● Take a cold shower. ● Play a sport. ● Keep the children in bed with them. ● Have an intimate conversation. ● Achieve intimacy in creative ways. <p>Suggestions from couples on important factors during lovemaking time:</p> <ul style="list-style-type: none"> ● privacy ● caring touches ● giving and receiving pleasure. 	<p><i>Advise the client to explain to her husband why they should avoid lovemaking during the first cycle.</i></p> <p><i>Ask the client for suggestions on things to do instead of lovemaking during the waiting time.</i></p> <p><i>Ask the client: "What can you suggest to make lovemaking fulfilling during lovemaking days or during the woman's infertile time?"</i></p>
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TEG 24. Motivate client to start observing mucus immediately.

CONTENT	ACTIVITY
<p>Clients should start observing immediately.</p>	<p><i>How do you feel about beginning to observe your mucus? How will you observe?</i></p> <p><i>NOTE: Based on feedback, encourage the client to start observing.</i></p>

TEG 25. Instruct client to begin recording on the first day of menstruation.

<p>Using a blank Mucus Method chart, the client should start recording on the first day of her menstruation.</p>	<p><i>Tell client when to start recording her mucus observations.</i></p>
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TEG 26. Provide client with a blank chart.

TEG 27. Schedule Cycle 1 Follow-up no later than 3 weeks after the start of menstruation. Ask client to bring her filled-up chart.

<p>Client should come for the next visit no later than the 3rd week after the next menstrual period begins.</p> <p>For example, if we look at the demonstration chart or the Initial Instruction Sample Chart, the schedule of the client should be around June 8. This date will be entered in the Client Contact Record. This Client Contact Record will be used by the provider for one particular client until she becomes autonomous, or no longer needs to be followed up.</p>	<p><i>Discuss the schedule for next client contact bringing her filled-up chart..</i></p>
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TEG 28. Explain the schedule of the 4 client contacts.

<p>The service provider should meet with you three more times, specifically, once for each cycle for the next three cycles. The goal is that by the 3rd cycle, you can autonomously use the Mucus Method without needing the service provider.</p>	<p><i>Explain the importance of the four client contacts.</i></p>
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TEG 29. Document client contact in the client contact record



Go to TOT pages 10-11.

REVIEW OF FOS-II (see page 11)

CLIENT CONTACT RECORD FOR THE MUCUS METHOD

CLIENT _____
HUSBAND _____

CONTACT SESSION	DATE	ISSUES TO FOLLOW UP AT NEXT VISIT (Please check in box provided)
Fertility Orientation Session (FOS)		Comments:
Initial Instructions (II)		Comments:
Cycle 1 Follow-up		<input type="checkbox"/> Observing <input type="checkbox"/> Recording Comments:
Cycle 2 Follow-up		<input type="checkbox"/> Observing <input type="checkbox"/> Rules <input type="checkbox"/> Recording <input type="checkbox"/> Partner Involvement Others:
Cycle 3 Follow-up		<input type="checkbox"/> Observing <input type="checkbox"/> Rules <input type="checkbox"/> Recording <input type="checkbox"/> Partner Involvement Others:
Breastfeeding		Comments:
Other session (specify)		Comments:
DROP OUT Reason: <input type="checkbox"/> Another method <input type="checkbox"/> Change in residence <input type="checkbox"/> Pregnancy ___ Planned ___ Unplanned Other reason (specify)		

SERVICE PROVIDER:

Printed Name and Signature

Cycle 1 Follow-up

CYCLE 1 FOLLOW-UP

2:00 - 2:30 pm Demo role-play
 2:45 - 3:15 pm Supervised practice teaching

	DURING SERVICE PROVIDERS' TRAINING	DURING CLIENT CONTACT SESSION
Materials	1. TEG-CYCLE 1 2. Cycle 1 Sample Chart	1. TEG-CYCLE 1 2. Blank Mucus Method Chart 3. Client's Filled Up Cycle 1 Chart 4. Flipchart 5. Partner Involvement Exercise (in case partner is present, see appendix C.)

TEG-Cycle 1 Follow-up

	EVALUATION RATING (Please check)		
	S	U	NO
1. Take client's menstrual history.			
2. Ask the client to answer who, what, when, where, and how she observed her mucus.			
3. Ask the client to answer who, what, when, where, and how she recorded her mucus observations.			
4. Review client's Cycle 1 chart.			
5. Ask the client to state the Peak Day Rule.			
6. Ask the client to define and identify Peak Day in her Cycle 1 chart.			
7. Ask the client to identify the days in her Cycle 1 chart when it is possible to have lovemaking that will not lead to pregnancy.			
8. a. If client's husband is present at this contact, do partner involvement exercise. (See page 60 within Cycle 2).			
b. If husband has never been present, encourage the client to bring her husband to the next client contact session.			
9. Remind the client to avoid lovemaking during Cycle 1 if the Peak Day has not been identified.			

Rating Guide:

Satisfactory **S** Performs the task *very well* (i.e., according to standard procedure).
 Unsatisfactory **U** Performs the task *poorly* (i.e., not according to standard procedure).
 Not Observed **NO** Does not perform the task at all.

	EVALUATION RATING (Please check)		
	S	U	NO
10. Explain the importance of and the rationale for avoiding lovemaking during Cycle 1 and waiting for the infertile time if the Peak Day has not been identified by the Provider.			
11. Ask the client how she and her husband are communicating about and dealing with the fertile and infertile time.			
12. Discuss solutions to client's questions, concerns, and difficulties with learning the Mucus Method.			
13. Invite client to come to the next client contact.			
14. Distribute Cycle 2 blank Mucus Method chart to client and instruct her to fill it up, and bring it for the next client contact.			
15. Schedule next client contact in the Client Contact Record.			
16. Document client contact in Client Contact Record.			

Rating Guide:

- Satisfactory **S** Performs the task *very well* (i.e., according to standard procedure).
- Unsatisfactory **U** Performs the task *poorly* (i.e., not according to standard procedure).
- Not Observed **NO** Does not perform the task at all.

Cycle 1 Follow-up

TEG 1. Take client's menstrual history.

CONTENT	ACTIVITY
<p>A brief history of the client's menstrual period will identify what is "normal" for that client.</p> <p>I am in Day 19 of my cycle. The date is April 26.</p> <p>Consistent and accurate recording of mucus observations will guide you in using the mucus method successfully.</p>	<p><i>Ask the client:</i></p> <ul style="list-style-type: none"> • <i>What was the date of the period before your last one?</i> • <i>Does your period come every month?</i> • <i>Are there months with no menstruation?</i> • <i>What signs/symptoms do you notice which tell you about your menstrual cycle?</i> <p><i>Look at Cycle 1 Chart with client (see page 46) and ask:</i></p> <ol style="list-style-type: none"> a. <i>What day of the cycle are you in?</i> b. <i>What is the date?</i> <p><i>Stress why it is important to record mucus observations consistently and accurately.</i></p>

TEG 2. Ask the client to answer who, what, when, where, and how she observed her mucus.

Reviewing How Client Observed Her Mucus	
QUESTION	OBSERVING
Who?	The woman)
What?	1. What I feel – wet or dry 2. What I see – mucus
Where?	Around my vaginal area or <i>pwerta</i>
When?	1. Everyday starting from my first day of menstruation 2. Throughout the day 3. Before or after urinating
How?	I asked myself: 1. What do I feel in my vaginal area? 2. What do I see in my underwear?
	<p><i>Ask the client:</i></p> <ol style="list-style-type: none"> a) <i>Who made the observation?</i> b) <i>What did you observe?</i> c) <i>Which area of your body did you observe?</i> d) <i>When did you make your observation?</i> e) <i>How did you observe your mucus?</i>

TEG 3. Ask the client to answer who, what, when, where, and how she recorded her mucus observations

CONTENT	ACTIVITY
<p>Reviewing How Client Recorded Her Mucus Observations</p> <p>CLIENT ANSWERS THE QUESTIONS.</p> <p>OBSERVING RECORDING</p> <p>Who? Me and my husband (the couple)</p> <p>What? a) What I feel - wet or dry b) What I see - mucus</p> <p>Where? In our personal Mucus Method chart</p> <p>When? Before going to bed in the evening</p> <p>We recorded the mucus that I saw in the evening because mucus is a more fertile sign than no mucus. We should always record observations of my most fertile sign.</p> <p>How? By using the chart symbols in our Mucus Method chart</p>	<p><i>Ask the client:</i></p> <p>a) <i>Who did the recording?</i></p> <p>b) <i>What did you and your husband record?</i></p> <p>c) <i>Where did you and your husband record your mucus observations?</i></p> <p>d) <i>When did you and your husband record your mucus observations?</i></p> <p>e) <i>If you had no mucus in the morning and then noticed a small amount of mucus in the evening, what did you and your husband record?</i></p> <p>f) <i>How did you and your husband record your mucus observations?</i></p>

TEG 4. Review Client's Cycle 1 Chart.

<p>I am in the post-ovulatory phase. It is an infertile time.</p> <p>Menstrual Phase - Days 1-4 Pre-Ovulatory Phase - Day 5 Ovulatory Phase - Days 6-13 Post-Ovulatory Phase - Days 14-28</p> <p>Menstrual Phase - Mucus cannot be identified, may be considered fertile Pre-Ovulatory Phase - Relative infertile Ovulatory Phase - Fertile Post-Ovulatory Phase - Absolutely infertile</p>	<p><i>While looking at Cycle 1 Sample Chart, ask:</i></p> <p>a) <i>What phase are you currently in?</i> b) <i>Is this a fertile or infertile time?</i></p> <p>c) <i>Starting with the beginning of your cycle, what phases have you gone through so far?</i></p> <p>d) <i>Were there fertile or infertile phases?</i></p> <p>NOTE: <i>Correct client if she gives incorrect answer. Check also if the client's Cycle 1 Chart is properly filled up. Give feedback in charting of mucus observations where necessary.</i></p>
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Our Personal Mucus Method Chart

Client Maria S. dela Cruz
 Husband Juan T. dela Cruz

SAMPLE CHART

Use this sample chart during training.
 Use client's filled-up Cycle 1 chart during actual client contact..

Month/Year: April/May 1999
 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	
Month/Date	Apr 10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	May 1	2	3	4	5										
Symbol	R	R	R	R	D	X	X	X	X	(X)	1 M	2 M	3 M	D	D	D	D	D																		
What I Feel	wet	wet	wet	wet	dry	wet	wet	wet	wet	wet	dry	dry	dry	dry	dry	dry	dry	dry																		
What I See	blood	blood	blood	spotting	none	watery mucus	stretchy mucus	stretchy mucus	slippery	slippery	sticky	sticky	sticky	none	none	none	none	none																		
Lovemaking	NOTE: Ask client to put ♥ applying the Peak Day Rule.																																			

Note: Ask client to put ♥ applying the Peak Day Rule.

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

TEG 5. Ask the client to state the Peak Day Rule.

CONTENT	ACTIVITY
<p>The Peak Day Rule</p> <p>The Peak Day Rule is: Count 3 days after the Peak Day. During these Post-Peak Days 1, 2, and 3, a woman feels dry and sees no mucus or sticky, pasty, crumbly mucus, if any. On the 4th day after the Peak Day, the couple can resume lovemaking, day and night, until the next menstruation without it resulting in a pregnancy.</p>	<p><i>Ask the client: "What is the Peak Day Rule?"</i></p> <p><i>Note: Correct client if she gives incorrect answer.</i></p>

TEG 6. Ask the client to define and identify Peak Day in her Cycle 1 chart.

<p>What and When Is the Peak Day</p> <p>Peak day is the LAST day of wetness when the woman experiences wet feeling and/or observes wet mucus.</p> <p>The Peak Day in Cycle 1 is Cycle Day 10 or April 19.</p>	<p><i>While looking at client's Cycle 1 chart, ask:</i></p> <p>a) <i>What do you mean by Peak Day?</i></p> <p>b) <i>What date is your Peak Day in Cycle 1?</i></p>
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TEG 7. Ask the client to identify the days in her Cycle 1 chart when it is possible to have lovemaking that will not lead to pregnancy.

<p>We can have lovemaking starting from Day 14 or April 23 until the next menstruation.</p>	<p><i>Ask the client: "When can you and your husband have lovemaking without resulting in a pregnancy?"</i></p> <p><i>Ask client to mark the chart with lovemaking symbols [♥].</i></p>
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TEG 8 a. If client's husband is present at this contact, do partner involvement exercise.

<p>The husband's involvement is essential to the successful practice of the Mucus Method and its rules.</p>	<p><i>State that the involvement of both partners is important to the successful use of the Mucus Method.</i></p>
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Cycle 1 Follow-up

TEG 8 b. If husband has never been present, encourage the client to bring her husband to the next client contact session.

CONTENT

ACTIVITY

<p>The success of the Mucus Method depends largely on the involvement of the husband. It is important for you to bring your husband to the next client contact session.</p>	<p><i>Remind client to bring her husband to next client contact.</i></p>
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TEG 9. Remind the client to avoid lovemaking during Cycle 1 if the Peak Day has not been identified.

<p>When learning the Mucus Method, the client and her husband must avoid lovemaking during Cycle 1 or at least until the service provider has confirmed the post-ovulatory phase.</p>	<p><i>Advise the client to avoid lovemaking throughout Cycle 1 if the Peak Day has not been identified.</i></p>
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TEG 10. Explain the importance of and the rationale for avoiding lovemaking during Cycle 1 and waiting for the infertile time if the Peak Day has not been identified by the provider.

<p>It is important for the couple to feel and see the mucus for one complete cycle without lovemaking so that they can understand their mucus pattern without risking pregnancy.</p>	<p><i>Discuss why it is necessary for the couple to avoid lovemaking during Cycle 1 and wait for the infertile time.</i></p>
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TEG 11. Ask the client how she and her husband are communicating about and dealing with the fertile and infertile time.

<p>Successfully communicating about and dealing with the fertile and infertile times is a skill that will contribute to the couple's satisfaction with the Mucus Method.</p>	<p><i>Ask the client/couple:</i></p> <ul style="list-style-type: none"> <i>a) Do you and your husband communicate about your fertile and infertile times?</i> <i>b) How do you and your husband deal with the waiting time?</i> <p><i>State importance of communicating about and dealing with fertile and infertile times.</i></p> <p><i>Brainstorm solutions to any concerns expressed in communicating and dealing with the fertile and infertile times.</i></p>
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TEG 12. Discuss solutions to client's questions, concerns, and difficulties with learning the Mucus Method.

CONTENT

ACTIVITY

<p>Information alone is not sufficient for a client to successfully master NFP. It is equally important to find out the client's concern or difficulties in using the method and to brainstorm solutions to these.</p>	<p><i>Ask the client: "What question, concern, or difficulty do you have with the mucus method?"</i></p> <p><i>Brainstorm solutions to address the client's concerns.</i></p>
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TEG 13. Invite client to come to the next client contact.

<p>After Cycle-1 Follow-up session, the client should come for Cycle 2 Follow-up, so that she will learn more about the Mucus Method. If possible, she should bring her husband.</p>	<p><i>Ask client to come back for Cycle 2 Follow-up and to bring her husband.</i></p>
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TEG 14. Distribute Cycle 2 blank Mucus Method chart to client and instruct her to fill it up and bring it on the next client contact.

<p>The client should fill it up throughout her Cycle 2, starting on the first day of her menstruation for Cycle 2.</p>	<p><i>Tell the client to fill up her Cycle 2 Chart.</i></p>
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TEG 15. Schedule next client contact.

<p>The client should note the date for her Cycle 2 Follow-up session on the top right of her blank Mucus Method chart.</p>	<p><i>Tell client to write date on her Cycle 2 chart when she and if possible, her husband should come back for Cycle 2 Follow-up session.</i></p>
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TEG 16. Document client contact in Client Contact Record.

CYCLE 2 FOLLOW-UP

3:15 - 4:00 pm Demo role-play
 4:00 - 4:45 pm Supervised practice teaching

	DURING SERVICE PROVIDERS' TRAINING	DURING CLIENT CONTACT SESSION
Materials	1. TEG-CYCLE 2 2. Cycle 2 Sample Chart 3. Partner Involvement Exercise 4. FHSIS Form for "Acceptor" (Appendix C) Note: Assign 2 participants to play the role of a couple during demo-teaching.	1. TEG-CYCLE 2 2. Blank Mucus Method Chart 3. Client's Filled-Up Cycle 2 Chart 4. Partner Involvement Exercise 5. Client Contact Record 6. FHSIS Form for "Acceptor" (Appendix C)

TEG-Cycle 2 Follow-up

TEACHING TASK	EVALUATION RATING (Please check)		
	S	U	NO
1. Refer to Client Contact Record and follow up where the client is having difficulty in observing and recording mucus observations.			
2. Ask the client who, what, where, when and how she observed her mucus.			
3. Ask the client who, what, where, when and how she recorded her mucus observations.			
4. Review client's Cycle 1 and 2 charts. Fill up cycle length of cycle 1.			
5. Ask the client to define and identify Peak Day in her Cycle 2 chart.			
6. Ask the client to state the Peak Day Rule.			
7. Ask the client to apply the Peak Day Rule in her Cycle 2 Chart.			
8. Explain the Early Days Rule (EDR).			
9. Demonstrate the use of lovemaking symbols on the Mucus Method chart.			

Rating Guide:

- Satisfactory **S** Performs the task *very well* (i.e., according to standard procedure).
- Unsatisfactory **U** Performs the task *poorly* (i.e., not according to standard procedure).
- Not Observed **NO** Does not perform the task at all.

Cycle 2 Follow-up

TEACHING TASK	EVALUATION RATING		
	(Please check)		
	S	U	NO
10. Discuss solutions to client's questions, concerns, and difficulties in learning the Mucus Method.			
11 a. If client's husband is present at this contact, conduct partner involvement exercise.			
11 b. If husband has never been present, encourage the client to bring her husband to the next client contact session.			
12. Ask the client how she and her husband are communicating about and dealing with the fertile and infertile times.			
13. Distribute Cycle 3 blank Mucus Method chart.			
14. Tell client to start recording lovemaking on her Cycle 3 Chart following Early Days Rule.			
15. Schedule next client contact.			
16. Document client contact in the Client Contact Record.			
17. Register the client as a "New Acceptor" in the FHSIS form. Follow regular recording and reporting for family planning clients.			

Rating Guide:

- Satisfactory **S** Performs the task *very well* (i.e., according to standard procedure).
 Unsatisfactory **U** Performs the task *poorly* (i.e., not according to standard procedure).
 Not Observed **NO** Does not perform the task at all.

TEG 1. Refer to Client Contact Record and follow up where the client is having difficulty in observing and recording mucus observations.

CONTENT

ACTIVITY

<p>Client's Difficulties in Observing and Recording Mucus Observations</p>	<p><i>Ask the client:</i></p> <p>a) <i>What did you find difficult about observing your mucus in Cycle 1?</i></p> <p>b) <i>What did you find difficult about recording your mucus observations in Cycle 1?</i></p> <p><i>Resolve any difficulty of the client in observing mucus and recording observations.</i></p>
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TEG 2. Ask the client who, what, where, when and how she observed her mucus.

CONTENT	ACTIVITY
<p>Reviewing How Client Observed Her Mucus</p> <p>Who? The woman)</p> <p>What? 1. What I feel – wet or dry 2. What I see – mucus</p> <p>Where? Around my vaginal area or <i>pwerta</i></p> <p>When? 1. Everyday starting from my first day of menstruation 2. Throughout the day 3. Before or after urinating</p> <p>How? I asked myself: 1. What do I feel in my vaginal area? 2. What do I see in my underwear?</p>	<p><i>Ask the client:</i></p> <p>a) <i>Who made the observation?</i></p> <p>b) <i>What did you observe?</i></p> <p>c) <i>Which area of your body did you observe?</i></p> <p>d) <i>When did you make your observation?</i></p> <p>e) <i>How did you observe your mucus?</i></p>

TEG 3. Ask the client who, what, where, when and how she recorded her mucus observations.

<p>Reviewing How Client Recorded Her Mucus Observations</p> <p>Who? Me and my husband (the couple)</p> <p>What? a) What I feel - wet or dry b) What I see - mucus</p> <p>Where? In our personal Mucus Method chart</p> <p>When? Before going to bed in the evening</p> <p>We recorded the mucus that I saw in the evening because mucus is a more fertile sign than no mucus. We should always record observations of my most fertile sign.</p> <p>How? By using the chart symbols in our Mucus Method chart</p>	<p><i>Ask the client:</i></p> <p>a) <i>Who did the recording?</i></p> <p>b) <i>What did you and your husband record?</i></p> <p>c) <i>Where did you and your husband record your mucus observations?</i></p> <p>d) <i>When did you and your husband record your mucus observations?</i></p> <p>e) <i>If you had no mucus in the morning and then noticed a small amount of mucus in the evening, what did you and your husband record?</i></p> <p>f) <i>How did you and your husband record your mucus observations?</i></p>
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Cycle 2 Follow-up

TEG 4. Review Cycle 1 Chart; fill up cycle length.

CONTENT

ACTIVITY

	<p><i>Ask client to fill-up the cycle length of previous cycle chart.</i></p>
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TEG 5. Review client's Cycle 2 chart.

<p>I am in Day 19 of my Cycle 2. The date is May 23.</p> <p>I am in my post-ovulatory phase. It is an infertile time.</p> <p>Menstrual Phase - Days 1-4 Pre-Ovulatory Phase - Days 5-8 Ovulatory Phase - Days 9-17 Post-Ovulatory Phase - starting on Day 18 until the next menstruation.</p> <p>Menstrual Phase - Mucus cannot be identified, may be considered fertile Pre-Ovulatory Phase - Relatively infertile Ovulatory Phase - Fertile Post-Ovulatory Phase - Absolutely infertile</p>	<p><i>Looking at Client's Cycle 2 Chart, ask her:</i></p> <p>a) <i>What day of Cycle 2 are you in now?</i> b) <i>What is the date?</i></p> <p><i>Review chart to be sure the correct symbols were used.</i></p> <p>c) <i>What phase are you currently in?</i> d) <i>Is this a fertile or infertile time?</i></p> <p>e) <i>Starting with the beginning of your cycle 2, what phases have you gone through so far?</i></p> <p>f) <i>Were these fertile or infertile times?</i></p>
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TEG 6. Ask the client to define and identify Peak Day in her Cycle 2 chart.

<p>What and When Is the Peak Day</p> <p>Peak day is the LAST day of wetness when the woman experiences wet feeling and/or observes wet mucus.</p> <p>The Peak Day in Cycle 2 is Day 14 or May 18.</p>	<p><i>Ask the client:</i></p> <p>a) <i>How would you define the peak day?</i></p> <p>b) <i>When is your Peak Day based on your Cycle 2 Chart?</i></p> <p>NOTE: <i>Correct client if she gives any incorrect answer.</i></p>
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Our Personal Mucus Method Chart

Cycle 2
SAMPLE CHART

Client Maria S. dela Cruz

Husband Juan T. dela Cruz

*Use this sample chart during service providers training.
Use client's filled-up Cycle 2 chart during client contact.*

Month/Year: May/June 1999

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		
Month/ Date	May 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	June 1	2	3							
Symbol	R	R	R	R	D	D	D	D	X	X	X	X	X	X	1 D	2 D	3 D	D																			
What I Feel	wet	wet	wet	wet	dry	dry	dry	dry	wet	wet	wet	wet	wet	wet	dry	dry	dry	dry																			
What I See	blood	blood	blood	spotting	none	none	none	none	stretchy	stciky	stretchy	slippery mucus	slippery clear	slippery watery	none	none	none	none																			
Lovemaking																																					

NOTE: Service provider teaches Early Days Rule (EDR).

LEGEND:

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

- M - Dry with sticky, pasty, or crumbly mucus
- 1,2,3 - Post peak days
- ♥ - Lovemaking

Cycle 2 Follow-up

TEG 7. Ask the client to state the Peak Day Rule.

CONTENT	ACTIVITY
<p>The Peak Day Rule</p> <p>The Peak Day Rule is: Count 3 days after the Peak Day. During these Post-Peak Days 1, 2, and 3, a woman feels dry and sees no mucus or sticky mucus, if any. On the 4th day after the Peak Day, a couple can resume lovemaking, day and night, until the next menstruation without it resulting in a pregnancy.</p>	<p><i>Ask: "What is the Peak Day Rule?"</i></p> <p>NOTE: Correct client if she gives incorrect answer.</p>

TEG 8. Ask the client to apply the Peak Day Rule in her Cycle 2 Chart.

<p>Since the Peak Day is Cycle Day 14 or May 18, I will count 3 days after this date. I can have lovemaking starting on Day 18 or May 22, without the possibility of pregnancy until next menstruation.</p>	<p>a) <i>How would you apply the Peak Day rule to your Cycle 2 Chart?</i></p> <p>NOTE: Correct client if she gives incorrect answer.</p>
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TEG 9. Explain the Early Days Rule (EDR).

<p>The EARLY DAYS RULE states that: On dry days following menstruation, a couple can have lovemaking on alternate evenings only.</p> <p>The Early Days Rule applies only to women who have dry days after menstruation.</p> <p>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.</p>	<p><i>State the Early Days Rule.</i></p> <p><i>State who can apply the Early Days Rule.</i></p> <p><i>State when lovemaking can resume for women with no dry days after menstruation without it resulting in a pregnancy.</i></p>
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TEG 10. Demonstrate the use of lovemaking symbols on the Mucus Method chart.

CONTENT

ACTIVITY

<p>Marking the days when a couple has intercourse is a good way of keeping track of the learning situation. It also serves as a reminder of the Mucus Method rules.</p> <p>Looking again at Cycle 2 Sample Chart, we put lovemaking symbols starting on the 4th day after menstruation, which is Cycle Day 18 until next menstruation. Lovemaking without pregnancy is possible during these dry days or post-ovulatory phase.</p> <p>Apply the Early Days Rules (EDR). Resume lovemaking on alternate evenings of dry days after menstruation: Days 5 and 7, or 6 and 8.</p>	<p><i>Review what the Early Days Rule is.</i></p> <p><i>Point to the lovemaking symbols in pre-ovulatory phase on Cycle 2 Sample Chart and explain why they are placed there.</i></p> <p><i>Review the Peak Day Rule.</i></p> <p><i>Point to the lovemaking symbols in post-ovulatory phase and explain why they are put there.</i></p>
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Cycle 2 Follow-up

TEG 11. Discuss solutions to client's questions, concerns, and difficulties in learning the Mucus Method.

CONTENT	ACTIVITY
<p>Information alone is not sufficient for a client to successfully master NFP. It is equally important to find out the client's concern or difficulties in using the method and to discuss the solutions.</p>	<p><i>Ask: "What question, concern, or difficulty do you have about the Mucus Method?"</i></p> <p><i>Brainstorm solutions to address the client's concerns.</i></p>

TEG 12a. If client's husband is present at this contact, conduct partner involvement exercise.

<p>During the training, trainer demonstrates the partner involvement exercise. (See page 60)</p> <p>The husband's involvement is essential to the successful practice of the Mucus Method and its rules.</p>	<p><i>For the training, ask or assign volunteers to play the role of couple.</i></p>
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TEG 12b. If husband has never been present, encourage the client to bring her husband to the next client contact session.

<p>The client should bring the husband to next client contact.</p>	<p><i>Ask the client to have her husband with her on the next follow-up.</i></p>
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TEG 13. Ask the client how she and her husband are communicating about and dealing with the fertile and infertile times.

<p>Successfully communicating about and dealing with the fertile and infertile times is a skill that will contribute to the couple's satisfaction with the Mucus Method.</p>	<p><i>Ask the following:</i></p> <ul style="list-style-type: none"> <i>a) Do you and your husband communicate about your fertile and infertile times?</i> <i>b) How do you and your husband deal with the waiting time?</i> <p><i>Stress the importance of communicating about and dealing with fertile and infertile times.</i></p> <p><i>Brainstorm solutions to any concerns expressed.</i></p>
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TEG 14. Distribute Cycle 3 blank Mucus Method chart.

CONTENT	ACTIVITY
The client should fill up her Cycle 3 chart starting on the first day of her menstruation for Cycle 3.	<i>Tell the client to fill up her Cycle 3 Chart.</i>

TEG 15. Tell client to start recording lovemaking on her Cycle 3 Chart following Early Days Rule.

Marking days when the couple engaged in lovemaking will also help the service provider assess the client's progress in learning the method.	<i>Tell client to apply Early Days Rule if appropriate to her Cycle 3.</i>
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TEG 16. Schedule next client contact and note in Client Contact Record.

The client should list down the date on the top right of her blank Mucus Method chart when she and, if possible, her husband should come back for Cycle 3 Follow-up session.	<i>Tell client to write the date for her Cycle 3 Follow-up on her Cycle 3 chart</i>
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TEG 17. Document client contact in the Client Contact Record.

TEG 18. Register the client as a "New Acceptor" in the FHSIS form. (See Appendix C) Follow regular recording and reporting for all family planning clients.

PARTNER INVOLVEMENT EXERCISE

10-15 minutes

	DURING SERVICE PROVIDERS' TRAINING	DURING CLIENT CONTACT SESSION
Materials	Partner Involvement Exercise	Flipchart a) Partner Involvement b) Mucus Method Rules

Mechanics of Partner Involvement Exercise

1. The client's husband or partner is strongly encouraged to attend at least one of the four client contacts: a) fertility orientation and initial instructions session; b) Cycle 1 follow-up session; c) Cycle 2 follow-up session; d) Cycle 3 follow-up session.
2. Conduct the Partner Involvement Exercise only if the husband or partner is present during the client contact session for the first time.

CONTENT

ACTIVITY

<p>Importance of Partner Involvement</p> <p>Partner involvement in the mucus method is essential to successful practice.</p> <p>Mini-Fertility Orientation Session.</p> <p>This is because the man and the woman jointly contribute in making a baby. The man contributes the sperm and the woman the egg. During lovemaking, the sperm and the egg unite to form into a baby.</p>	<p><i>Explain the importance of partner involvement in the Mucus Method.</i></p> <p><i>Ask the client's husband or partner:</i></p> <p>a) <i>What have you heard about the Mucus Method?</i></p> <p>b) <i>What is your impression of the Mucus Method so far?</i></p> <p>c) <i>What new words have you picked up since learning about the Mucus Method?</i></p> <p><i>Relate partner involvement to the concept of joint fertility and to the phases of a woman's cycle.</i></p> <p><i>Conduct a mini-FOS:</i></p> <p>a) <i>Joint Fertility</i></p> <p>b) <i>Phases of the Menstrual Cycle</i></p>
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CONTENT

ACTIVITY

<p>Husband's/Partner's Impressions of the Mucus Method</p> <p>Fertility Intentions</p> <p>Both the husband and wife are involved in making decisions about whether to have a child or not, when to have the child, and how many children to have. As a couple, you must agree on your fertility intentions.</p> <p>The more that you and your husband discuss and agree upon your fertility goal, the more likely you will be able to achieve it.</p> <p>Once you agree on your fertility intention, you can work together to use the Mucus Method in achieving your fertility goal.</p> <p>Timing of Lovemaking</p> <p>The timing of lovemaking is crucial in the Mucus Method. It is related to the signs and symptoms of the woman's fertility. Observing and recording the woman's feelings and mucus during her menstrual cycle guides the couple in identifying her fertile and infertile times so that they can time their lovemaking to avoid or to achieve a pregnancy.</p>	<p><i>Based on feedback gathered from the husband, clarify any issue that is not clear about the Mucus Method. Correct misconceptions, if any, about the Mucus Method.</i></p> <p><i>Relate partner involvement to the couple's fertility intention or goal. Ask the couple:</i></p> <ul style="list-style-type: none"> <i>a) Do you want to have a child?</i> <i>b) When do you want to have a child?</i> <i>c) How many children do you like to have?</i> <i>d) How do you feel about having children?</i> <i>e) If you do not want to have a child yet, how will you prevent pregnancy?</i> <p><i>Stress the involvement of the couple in deciding on their fertility intention or goal.</i></p> <p><i>Explain the importance of the couple's jointly agreeing upon their fertility intention.</i></p> <p><i>Emphasize that the couple can work together to use the Mucus Method to achieve their fertility goal.</i></p> <p><i>Relate partner involvement to timing of lovemaking.</i></p>
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Partner Involvement Exercise

CONTENT

ACTIVITY

CONTENT	ACTIVITY
<p>Mucus Method Rules</p> <p>Lovemaking during a woman's fertile time leads to a pregnancy. Lovemaking during a woman's infertile time does not lead to a pregnancy.</p> <p>The Mucus Method rules indicate when the couple should time their lovemaking so that pregnancy does or does not occur.</p> <p>These are the Mucus Method rules:</p> <ol style="list-style-type: none">1. Avoid lovemaking during menstruation.2. Avoid lovemaking during the pre-ovulatory phase or dry days until the Early Days Rule is learned. The Early Days Rule states that a couple should resume lovemaking on alternate evenings only on dry days following menstruation.3. Avoid lovemaking on all wet days and nights when a woman has wet feeling and/or wet mucus.4. Watch out for the Peak Day or LAST DAY OF WETNESS.5. Apply the Peak Day Rule: Count three days after the Peak Day. On Peak Days 1, 2, and 3, the woman will feel dry and see no mucus or sticky mucus, if any. On the 4th day after the Peak Day, resume lovemaking day and night until the next menstruation, without it resulting in a pregnancy. <p>Partner involvement is important most especially during the "waiting" time or "fertile" time of the woman's cycle. The couple should discuss how to handle this "fertile" time. If the couple is able to successfully deal with the fertile and infertile times, then they would be satisfied with the practice of the Mucus Method.</p>	<p><i>Relate timing of lovemaking to the woman's fertile and infertile times.</i></p> <p><i>Relate timing of lovemaking to the Mucus Method rules. Write these rules on Manila paper for your visual aid.</i></p> <p><i>Review Mucus Method rules or ask the client to state the Mucus Method rules.</i></p> <p><i>Discuss the importance of partner involvement in the Mucus Method rules.</i></p>

CONTENT

ACTIVITY

Suggestions on How to Handle Waiting or Fertile Time

- a) Watch television.
- b) Have a night out.
- c) Take a cold shower.
- d) Play a sport.
- e) Keep the children in bed with couple.
- f) Have an intimate conversation.

Suggestions on How to Handle Lovemaking or Infertile Time

Preparation

- a) Arrange time alone.
- b) Try not to get too tired.
- c) Send children to bed early.
- d) Spend time getting clean and attractive.
- e) Do something special that your partner likes.

Actual Lovemaking

- a) Secure privacy.
- b) Communicate with each other to achieve mutual sexual satisfaction.
- c) Concentrate on giving and receiving pleasure.

Post-Lovemaking

- a) Thank partner.
- b) Evaluate the act (Was it good? okay?).
- c) Agree on next lovemaking.

Closing/Goodbye

Ask the couple: "What can you suggest doing to avoid lovemaking during the first cycle and during a woman's fertile time if pregnancy is to be avoided?" List the answers on the board.

Add other suggestions to the ideas given by the client and her husband or partner.

Ask the couple: "What can you suggest to make lovemaking most fulfilling during lovemaking days or during the woman's infertile time?"

Encourage the couple to remember any of these ideas that they like and to discuss them with one another.

Thank the couple for coming and encourage them both to return for the next client contact.



Go to TOT page 18.

LEARNING JOURNAL

4:45 5:00 pm

Material	Learning Journal
-----------------	------------------

CONTENT

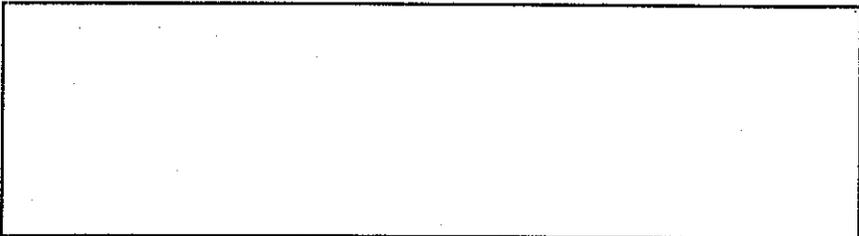
ACTIVITY

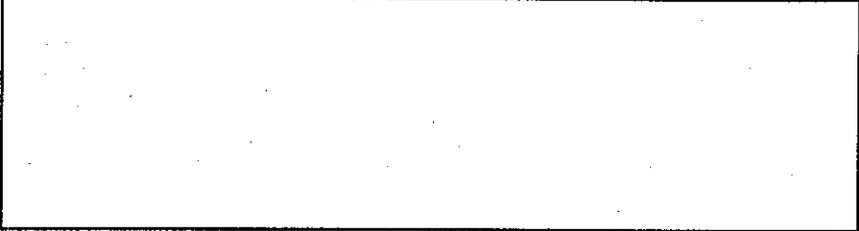
<p>Learning Journal</p> <p>We would like to solicit feedback from you as participants on what you have learned from Day 1 of Level 1 training. This will help the trainer in monitoring your progress in the training.</p> <p>The Learning Journal contains two questions:</p> <ol style="list-style-type: none">What are the three most significant learning insights that you gained from today's session?Why are these insights important? <p>Write about your insights in your Learning Journal. Bring back your completed Learning Journal tomorrow.</p> <p>CLOSURE</p> <p>Our session for tomorrow starts at 8:00 am.</p>	<p><i>Explain the purpose of the Learning Journal.</i></p> <p><i>Distribute the Learning Journal sheet, found on the next page, to participants and describe its content.</i></p> <p><i>Instruct participants to answer the Learning Journal in the evening and return it to the trainer the following day.</i></p> <p><i>State start time for next day's session.</i></p>
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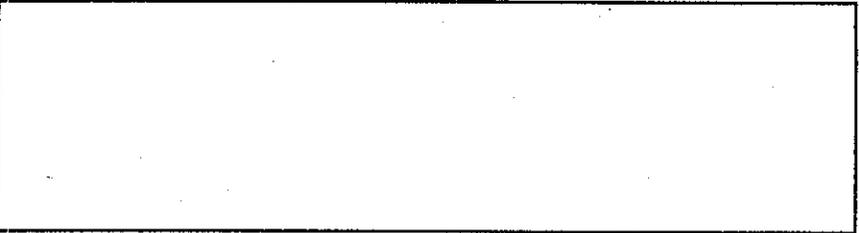
LEARNING JOURNAL
MUCUS METHOD OF NATURAL FAMILY PLANNING

Participant's Name _____ Date _____
Job Position _____
Office _____
Address _____

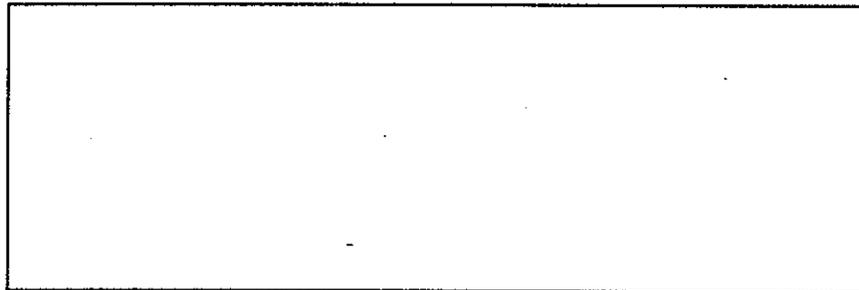
1. What are the three most significant learning insights that you gained from today's session?

Learning Insight 1: 

Learning Insight 2: 

Learning Insight 3: 

2. Why are these insights important?



INSIGHTS FROM DAY 1

8:00 - 8:30 am

Material	Participant's completed Learning Journals
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CONTENT

ACTIVITY

Recap of Learning Journal	<i>Call on several participants to share their insights from Day 1 based on their Learning Journal. Discuss these insights and relate to the Mucus Method.</i>
Questions from Day 1	<i>After the participants have finished sharing their insights, collect their learning journals.</i>
SCHEDULE FOR THE DAY	<i>Ask participants if they have any questions about Day 1. Discuss answers to these questions.</i>
Turn to page 5 of your Guide for today's schedule.	<i>Review the schedule for Day 2 of Level 1 training with participants.</i>

CYCLE 3 FOLLOW-UP

- 8:30 - 9:15 am Demo role-play
- 9:15 - 9:45 am Supervised practice teaching
- 9:45 - 10:00 am Review of session

	DURING SERVICE PROVIDERS' TRAINING	DURING CLIENT CONTACT SESSION
Materials	<ol style="list-style-type: none"> 1. TEG-CYCLE 3 2. Cycle 3 Sample Chart 3. User Autonomy Checklist 4. FHSIS form for "Current User" 	<ol style="list-style-type: none"> 1. TEG-CYCLE 3 2. Blank Mucus Method Chart 3. Client's Completed Cycle 3 Chart 4. Partner Involvement Exercise, if partner attends for the first time 5. User Autonomy Checklist 6. FHSIS form for "Current User" (Appendix D) 7. Client Contact Record

TEG-Cycle 3 Follow-up

TEACHING TASK	EVALUATION RATING (Please check)		
	S	U	NO
1. Refer to Client Contacts Record and follow up where the client is having difficulty in observing mucus and recording observations.			
2. Ask the client who, what, where, when and how she observed her mucus.			
3. Ask the client who, what, where, when and how she recorded her mucus observations.			
4. Review client's Cycle 2 and 3 charts. Ask client to fill up cycle length in cycle 2 chart.			
5. Ask the client to define and identify Peak Day in her Cycle 3 chart.			
6. Ask the client to explain the Peak Day Rule.			
7. Ask the client to apply the Peak Day Rule in her Cycle 3 Chart.			
8. Explain the Early Days Rule (EDR).			

Rating Guide:

- Satisfactory **S** Performs the task *very well* (i.e., according to standard procedure).
- Unsatisfactory **U** Performs the task *poorly* (i.e., not according to standard procedure).
- Not Observed **NO** Does not perform the task at all.

Cycle 3 Follow-Up

TEACHING TASK	EVALUATION RATING (Please check)		
	S	U	NO
9. Ask the client if she was fertile or infertile at each time of lovemaking in Cycle 3.			
10. Discuss solutions to client's questions, concerns, and difficulties in learning the Mucus Method.			
11. If client's husband is present at this contact for the first time, conduct partner involvement exercise.			
12. Evaluate client's autonomy on the use of the Mucus Method using the User Autonomy checklist.			
13. If the client satisfies all the criteria in the User Autonomy Checklist, record the client as a "current user" in FHSIS form.			
14. Discuss ways of sustaining the couple's practice of NFP.			
15. If the client is unable to meet all the criteria in the User Autonomy Checklist, schedule another visit.			
16. Document client contact in Client Contact Record.			
17. Provide the user with Autonomous Mucus Method Chart.			

Rating Guide:

- | | | |
|----------------|-----------|--|
| Satisfactory | S | Performs the task <i>very well</i> (i.e., according to standard procedure). |
| Unsatisfactory | U | Performs the task <i>poorly</i> (i.e., not according to standard procedure). |
| Not Observed | NO | Does not perform the task at all. |

TEG 1. Refer to Client Contact Record and follow up where the client is having difficulty in observing mucus and recording observations.

CONTENT

ACTIVITY

<p>Client's Difficulty in Observing and Recording Mucus Observations</p>	<p><i>Ask the client:</i></p> <p>a) <i>What did you find difficult about observing your mucus in Cycle 2?</i></p> <p>b) <i>What did you find difficult about recording your mucus observations in Cycle 2?</i></p> <p><i>Resolve any difficulty of the client in observing mucus and recording observations.</i></p>
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TEG 2. Ask the client who, what, where, when and how she observed her mucus.

<p>Reviewing How Client Observed Her Mucus</p> <p>Who? The woman)</p> <p>What? 1. What I feel – wet or dry 2. What I see – mucus</p> <p>Where? Around my vaginal area or <i>pwerta</i></p> <p>When? 1. Everyday starting from my first day of menstruation 2. Throughout the day 3. Before or after urinating</p> <p>How? I asked myself: 1. What do I feel in my vaginal area? 2. What do I see in my underwear?</p>	<p><i>Ask the client:</i></p> <p>a) <i>Who made the observation?</i></p> <p>b) <i>What did you observe?</i></p> <p>c) <i>Which area of your body did you observe?</i></p> <p>d) <i>When did you make your observation?</i></p> <p>e) <i>How did you observe your mucus?</i></p>
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TEG 3. Ask the client who, what, where, when and how she recorded her mucus observations.

<p>Reviewing How Client Recorded Her Mucus Observations</p> <p>Who? Me and my husband (the couple)</p> <p>What? a) What I feel - wet or dry b) What I see - mucus</p> <p>Where? In our personal Mucus Method chart</p> <p>When? Before going to bed in the evening</p>	<p><i>Ask the client:</i></p> <p>a) <i>Who did the recording?</i></p> <p>b) <i>What did you and your husband record?</i></p> <p>c) <i>Where did you and your husband record your mucus observations?</i></p> <p>d) <i>When did you and your husband record your mucus observations?</i></p>
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Cycle 3 Follow-Up

CONTENT

ACTIVITY

<p>We recorded the mucus that I saw in the evening because mucus is a more fertile sign than no mucus. We should always record observations of my most fertile sign.</p> <p>How? By using the chart symbols in our Mucus Method chart</p>	<p>e) <i>If you had no mucus in the morning and then noticed a small amount of mucus in the evening, what did you and your husband record?</i></p> <p>f) <i>How did you and your husband record your mucus observations?</i></p>
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TEG 4. Review client's Cycle 3 chart.

<p>I am in Day 28 of my cycle. The date is July 1.</p> <p>I am in my post-ovulatory phase. It is an infertile time.</p> <p>Menstrual Phase - Days 1-4 Pre-Ovulatory Phase - Days 5-8 Ovulatory Phase - Days 9-18 Post-Ovulatory Phase - Days 19 to 27</p> <p>Menstrual Phase - Fertile Pre-Ovulatory Phase - Relatively infertile Ovulatory Phase - Fertile Post-Ovulatory Phase - Absolutely infertile</p>	<p><i>While looking at Cycle 3 chart with client, ask the following:</i></p> <p>a) <i>What day of Cycle 2 are you in now?</i> b) <i>What is the date?</i></p> <p><i>Review chart to be sure the correct symbols were used.</i></p> <p>c) <i>What phase are you currently in?</i> d) <i>Is this a fertile or infertile time?</i></p> <p>e) <i>Starting with the beginning of your cycle 2, what phases have you gone through so far?</i></p> <p>f) <i>Were these fertile or infertile times?</i></p>
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TEG 5. Ask the client to define and identify Peak Day in her Cycle 3 chart.

<p>What and When the Peak Day Is</p> <p>Peak day is the LAST day of wetness where the woman experiences wet feeling and/or observes wet mucus.</p> <p>The Peak Day is Cycle Day 15 or June 18.</p>	<p><i>Ask client:</i></p> <p>a) <i>What is the Peak Day?</i></p> <p>b) <i>When is your Peak Day based on your Cycle 3 Chart?</i></p> <p>NOTE: <i>Correct client if she gives any incorrect answer.</i></p>
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Our Personal Mucus Method Chart

Cycle 3
SAMPLE CHART

Client Maria S. dela Cruz

Husband Juan T. dela Cruz

*Use this sample chart during service providers training.
Use client's filled-up Cycle 3 chart during client contact.*

Month/Year: June/July 1999

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
Month/Date	June															July																			
Month/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						
Symbol	R	R	R	R	D	D	D	D	X	X	X	X	X	X	⊗	1 M	2 M	3 M	M	M	M	M	M	M	M	M	M								
What I Feel	wet	wet	wet	wet	dry	dry	dry	dry	wet	wet	wet	wet	wet	wet	wet	dry																			
What I See	spotting	blood	blood	spotting	none	none	none	none	stretchy mucus	clear, slippery	stretchy mucus	slippery mucus	slippery mucus	slippery mucus	slippery mucus	sticky mucus																			
Lovemaking					♥		♥												♥	♥	♥	♥	♥	♥	♥	♥	♥								

LEGEND:

- R - "Regla" or menstruation; spotting
- D - Dry, 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
- ♥ - Lovemaking

Cycle 3 Follow-Up

TEG 6. Ask the client to explain the Peak Day Rule.

CONTENT	ACTIVITY
<p>The Peak Day Rule is: Count 3 days after the Peak Day. During these Post-Peak Days 1, 2, and 3, a woman feels dry and sees no mucus or sticky mucus, if any. On the 4th day after Day 15 which is Day 19 or June 21, a couple can resume lovemaking, day and night, until the next menstruation without it resulting in a pregnancy.</p>	<p>Ask: "What is the Peak Day Rule?"</p> <p>NOTE: Correct client if she gives incorrect answer.</p>

TEG 7. Ask the client to apply the Peak Day Rule in her Cycle 3 Chart.

<p>Since the Peak Day is Cycle Day 15 or June 17, I will count 3 days after this date, starting on the 4th day after Day 15, which is Day 19 or June 21, we couple can have lovemaking day and night until Day 27 or June 29 without the possibility of pregnancy.</p>	<p>Ask: "How would you apply the Peak Day rule to your Cycle 3 Chart?"</p> <p>NOTE: Correct client if she gives incorrect answer.</p>
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TEG 8. Explain the Early Days Rule (EDR).

<p>The EARLY DAYS RULE states that: On dry days following menstruation, a couple can have lovemaking on alternate evenings only.</p> <p>The Early Days Rule applies only to women who have dry days after menstruation.</p> <p>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.</p>	<p>State the Early Days Rule.</p> <p>State who can apply the Early Days Rule.</p> <p>Ask, "When would a woman not be able to apply the Early Days Rule?"</p> <p>NOTE: Correct client if she gives incorrect answer.</p>
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TEG 9. Ask the client if she was fertile or infertile at each time of lovemaking in Cycle 3.

CONTENT	ACTIVITY
<p>Lovemaking Symbol and Early Days Rule</p> <p>I was relatively infertile at the time of lovemaking on the evening of June 7. I was dry with no mucus on this day. Lovemaking at this time will not result in a pregnancy.</p> <p>I was also relatively infertile at the time of lovemaking on the evening of June 9. The Early Days Rule states that a couple should time their lovemaking on alternate evenings only on dry days following menstruation for it not to result in a pregnancy.</p> <p>Lovemaking Symbol and Peak Day Rule</p> <p>I was absolutely infertile at the time of lovemaking on Cycle Days 19 to 22 or June 21 to 24. The Peak Day Rule states that lovemaking can resume starting on the 4th day (Cycle Day 19 or June 21) after the Peak Day (Cycle Day 15 or June 17) until Day 27 or day before next menstruation.</p>	<p><i>While looking at Cycle 3 Sample Chart, point to the lovemaking symbols and ask:</i></p> <p>a) <i>Were you fertile or infertile at the time of lovemaking on Cycle Day 6 or June 8?</i></p> <p>b) <i>Were you fertile or infertile at the time of lovemaking on Cycle Day 8 or June 10?</i></p> <p>c) <i>Were you fertile or infertile at the time of lovemaking on Cycle Days 19 to 24 or June 21 to 24?</i></p> <p>NOTE: <i>Correct client if she gives incorrect answer.</i></p>

TEG 10. Discuss solutions to client's questions, concerns, and difficulties in learning the Mucus Method.

<p>Information alone is not sufficient for a client to successfully master NFP. It is equally important to find out the client's concern or difficulties in using the method and to discuss the solutions.</p>	<p><i>Ask: "What question, concern, or difficulty do you have about the Mucus Method?"</i></p> <p><i>Brainstorm solutions to address the client's concerns.</i></p>
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Cycle 3 Follow-Up

TEG 11 *If client's husband is present at this contact for the first time, conduct partner involvement exercise.*

CONTENT

ACTIVITY

<p>Partner Involvement Exercise</p> <p>The husband's involvement is essential to the successful practice of the Mucus Method and its rules.</p>	<p><i>Conduct partner involvement exercise (see page 60)</i></p> <p><i>Emphasize the importance of husband's involvement in the Mucus Method.</i></p>
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TEG 12. *Evaluate client's autonomy on the use of the Mucus Method using the User Autonomy Checklist.*

<p>User Autonomy Checklist for the Mucus Method</p> <p>The User Autonomy Checklist (see next page) is a form that the service provider should administer to the client as part of Cycle 3 Follow-up. It is a tool that will help assess if the client can use the Mucus Method autonomously or without assistance from the service provider. If the client is able to do so, then she becomes an autonomous user. The service provider will be able to record the number of autonomous users in the FHSIS form for "current users" (see Appendix D)</p> <p>The criteria for evaluating client's autonomy on the mucus method are stated in the question form. The questions describe 10 tasks that the client should be able to perform when using the Mucus Method.</p>	<p><i>Explain what is the user autonomy checklist for the mucus method.</i></p> <p><i>Tell participants to look at the User Autonomy Checklist on next page and review it with participants.</i></p>
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USER AUTONOMY CHECKLIST FOR THE MUCUS METHOD

CRITERIA	Date		Date ¹		Date ¹	
	Yes	No	Yes	No	Yes	No
1. Was the client able to clarify fertility intentions with partner?						
2. Was the client able to state how long her cycle was based on her chart?						
3. Was the client able to describe the length of her cycle (short, average, or long) based on her chart?						
4. Was the client able to identify the beginning of her fertile days based on her chart?						
5. Was the client able to identify the end of her fertile days based on her chart?						
6. Was the client able to describe her mucus pattern based on her chart?						
7. Was the client able to apply the Peak Day Rule based on her chart?						
8. Was the client able to apply the Early Days Rule based on her chart?						
9. Was the client able to explain the benefits or advantages of the Mucus Method of natural family planning?						
10. Was the client able to describe the strategy that she and her husband used to handle the waiting period during fertile time?						

If all criteria are met, sign your name and indicate date.

Service Provider's Printed Name and Signature

Date

¹ Use this column only if the client cannot meet the criteria on the first attempt. If criteria are not met, schedule another visit. Note the date of this visit in the "Date" column. Go through the checklist again and check whether the client is able to meet the criteria (Yes) or not (No). Repeat the process until the client can meet all the criteria.

Cycle 3 Follow-Up

CONTENT

ACTIVITY

How To Use the User Autonomy Checklist

Prior to filling up the User Autonomy Checklist, the service provider will ask the client the following specific questions:

1. What are your and your husband's fertility intentions?
2. How many days was your Cycle 3?
3. What kind of cycle length do you have for your Cycle 3 - short, average, or long?
4. What date did your fertile period start for Cycle 3?
5. What date did your fertile period end in Cycle 3?
6. Based on your Cycle 3 chart, what dates were your "wet" and "dry" days for Cycle 3? What type of mucus did you have on "wet" and "dry" days?
7. Based on your Cycle 3 chart, what date was your Peak Day?
Based on the Peak Day Rule, when can you start lovemaking that will not lead to a pregnancy?
What dates can you and your husband have lovemaking that will not result to a baby?
8. Based on your Cycle 3 chart, did you experience dry days following menstruation? If yes, on what dates did you have dry days following menstruation? If you apply the Early Days Rule to your Cycle 3 chart, on what date(s) can you and your husband have lovemaking that will not lead to a pregnancy?
9. What benefits or advantages did you get from using the Mucus Method in the last three menstrual cycles?
10. What did you and your husband/partner do to avoid lovemaking during your fertile time?

Explain how the service provider will use the User Autonomy Checklist (see page 75) in Cycle 3 Follow-up.

CONTENT

ACTIVITY

<p>Based on the client's assessment, fill up the User Autonomy Checklist. Check "Yes" if she was able to answer the questions correctly. On the other hand, check "No" answered incorrectly and schedule for another visit.</p> <p>Remind the client to come back on the scheduled date indicated in the User Autonomy Checklist. On this date, administer the User Autonomy Checklist again and check if the criteria are met. Repeat the process until the client is able to meet all criteria and becomes an autonomous user.</p>	<p><i>Explain how to evaluate if a client is an autonomous Mucus Method user or not.</i></p> <p><i>Explain the process the client will undergo if she is not yet an autonomous user.</i></p>
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TEG 13. If the client satisfies all the criteria in the User Autonomy Checklist, record the client as a "current user" in FSHSIS form.

<p>If the client meets all the criteria to qualify as "current user" of the Mucus Method, the service provider writes her name in the FHSIS Form.</p>	<p><i>After evaluating client's autonomy on the use of the Mucus Method, sign your name as service provider at the bottom of the User Autonomy Checklist.</i></p> <p><i>Enter the client's name as "current user" in the appropriate FHSIS form. (See Appendix D)</i></p>
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TEG 14. Discuss ways of sustaining the couple's practice of NFP.

<p>Some ways that NFP practice can be sustained by couples are:</p> <ul style="list-style-type: none"> ● joining an NFP People's Organization if there is one in the community ● meeting other NFP users in the community ● volunteering for NFP activities ● availing of NFP materials for follow-through reading ● keeping in touch with an NFP mentor. ● Integrating NFP in other existing services ● Holding NFP orientation sessions for LGU officials, hospitals, NGOs 	<p><i>Ask the client/couple what she/they can do to sustain their practice of NFP.</i></p>
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Cycle 3 Follow-Up

TEG 15. If the client is unable to meet all the criteria in the User Autonomy Checklist, schedule another visit.

CONTENT	ACTIVITY
<p>Scheduling Another Client Contact</p> <p>If the client does not meet all the criteria in the User Autonomy Checklist to qualify as "current user", the service provider should schedule another visit or client contact until the client becomes a "current user".</p>	<p><i>Enter the date of the next visit or client contact in the appropriate space on the User Autonomy Checklist.</i></p>

TEG 16. Document client contact in Client Contact Record.

TEG 17. Provide the user with autonomous mucus method chart.
(See Appendix E)

INDIVIDUAL CHARTING EXERCISES

10:15 - 11:00 am

Materials	<ol style="list-style-type: none"> 1. Practice Mucus Method chart 2. Answer key to practice chart
------------------	---

CONTENT

ACTIVITY

<p>Charting Exercise</p> <p>The practice chart contains daily observations of the woman's feelings and mucus secretion during her menstrual cycle. This exercise is designed to hone your skills in charting a client's feelings and mucus observations during her menstrual cycle. Once you acquire this skill, you can easily teach it to your clients.</p> <p>The participants work on their own and do the following with their chart:</p> <ol style="list-style-type: none"> 1. Indicate the month(s) covered by the client's cycle. 2. Indicate the cycle length or total number of days covered by the client's cycle. 3. Add the appropriate symbol for each day in the cycle. 4. Identify the menstrual phase by drawing a bracket. Label it as menstrual phase. 5. Draw a bracket to indicate the beginning and end of pre-ovulatory phase by drawing a bracket. Label it as the pre-ovulatory phase. 6. Identify the Peak Day. 7. Identify the Post-Peak days by drawing a bracket. Label it as Post-Peak days. 8. Identify the ovulatory phase. Label it as ovulatory phase. 9. Identify the post-ovulatory phase. Label it as post-ovulatory phase. 10. Add lovemaking symbol on all days available for lovemaking. 	<p><i>Distribute the practice Mucus Method charts found on the next pages. Tell participants to write their names on the practice charts.</i></p> <p><i>Let the participants do the charting exercise.</i></p> <p><i>Once the participants have completed the charting exercise, lead a question and answer session to review the correct answers. Use the answer key to the practice chart as guide.</i></p> <p><i>Repeat the same exercise with practice chart 2. Collect all the completed charts and keep them with mid-course questionnaire for level 2 training.</i></p>
--	--

Our Personal Mucus Method Chart

Practice Chart 1

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	33	34	35	
Month/Date	Apr 10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	May 1	2	3	4	5	6	7								
Symbol																																				
What I Feel	wet	wet	wet	wet	dry	dry	dry	dry	wet	wet	wet	wet	wet	wet	dry	dry	dry	dry	dry	dry	dry															
What I See	blood	blood	blood	spotting	none	none	none	none	stretchy	stretchy	stretchy	slippery	slippery clear	slippery watery	none	none	none	none	none	none	none															
Lovemaking																																				

LEGEND:

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



Our Personal Mucus Method Chart

Answer Key to Practice Chart 1

Client Maria S. dela Cruz
 Husband Juan T. dela Cruz

Month/Year: April/May 1999
 Cycle Length: 28 days

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	
Month/Date	Apr 10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	May 1	2	3	4	5	6	7								
Symbol	R	R	R	R	D	D	D	D	X	X	X	X	X	(X)	D	D	D	D	D	D	D	D	D	D	D	D	D	D								
What I Feel	wet	wet	wet	wet	dry	dry	dry	dry	wet	wet	wet	wet	wet	wet	dry	dry	dry	dry	dry	dry	dry	dry														
What I See	blood	blood	blood	spotting	none	none	none	none	stretchy	stretchy	stretchy	slippery	slippery clear	slippery watery	none	none	none	none	none	none	none															
Lovemaking						♥		♥											♥	♥	♥	♥	♥	♥	♥	♥	♥	♥								

Days available for lovemaking

LEGEND:

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



Our Personal Mucus Method Chart

Practice Chart 2

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	33	34	35		
Month/Date	Nov 18	19	20	21	22	23	24	25	26	27	28	29	Dec 30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18						
Symbol																																					
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	dry	dry				
What I See	blood	blood	blood	blood	blood	none	none	none	none	none	sticky cloudy	pasty	pasty	pasty	pasty	stringy	stringy	sticky	none																		
Lovemaking																																					

LEGEND:

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



Our Personal Mucus Method Chart

Answer Key to Practice Chart 2

Client _____

Husband _____

Month/Year: _____

Cycle Length: _____

Post-Peak Days

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	
Month/Date	Nov 18	19	20	21	22	23	24	25	26	27	28	29	30	Dec 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18					
Symbol	R	R	R	S	S	D	D	D	D	D	X	X	X	X	X	X	(X)	1 M	2 D	3 D		D	D	D	D	D	D	D	D	D	D	D	D			Correct 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	dry	dry	dry		
What I See	blood	blood	blood	blood	blood	none	none	none	none	none	sticky cloudy	pasty	pasty	pasty	pasty	stringy	stringy	sticky	none																	
Lovemaking							♥		♥												♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥	♥			

Days available for lovemaking

LEGEND:

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

**ADMINISTERING LEVEL 1
COURSE EVALUATION**

11:15 - 11:30 am

Material	Level 1 Course Evaluation (Appendix G)
-----------------	--

CONTENT

ACTIVITY

Level 1 Course Evaluation	<i>Distribute Level 1 Course Evaluation form (see Appendix G) to participants. Collect the forms when participants have completed answering them.</i>
----------------------------------	---

PREPARATION FOR LEVEL 2 TRAINING

Focus

Level 2 training focuses on the evaluation of the service provider's competency in the Mucus Method. Using the teaching and evaluation guide or TEG, the trainer evaluates the service provider to see if he/she can complete each task in the TEG at a satisfactory level.

Each service provider will teach **one** client contact: 1) FOS, 2) Initial Instructions, and 3) **any one** of the three cycle follow-ups with preference to either Cycle 2 or Cycle 3 Follow-up.

Time Allotment

Over the 1½ days for Level 2 training, 8 hours are allocated for evaluation. Each trainer will work with 4-5 service providers. The trainer will evaluate, at most, the competencies of **four** service providers. The trainer will spend 15 minutes giving feedback on the service provider's demonstration of competency in teaching the Mucus Method after everyone has finished.

Giving Feedback

The trainer may want to give feedback in the following manner:

1. Ask the group for feedback.
2. Praise the service provider for any outstanding teaching.
3. Comment on any areas where the service provider received an *Unsatisfactory (U)* or *Not Observed (NO)* rating.
4. Praise the service provider for any areas where competency was demonstrated satisfactorily.
5. Summarize by commenting on several areas to improve on.

At some point, the service provider should have the opportunity to review the trainer's comments on the teaching and evaluation guides.

Certification as Mucus Method Provider

The service providers should not be told whether they will be considered a certified provider of the Mucus Method in front of the group. This information should be provided in a one-on-one context. To be considered a certified provider of the Mucus Method, the service provider must achieve the following: 1) 85% or higher on the mid-course questionnaire when given at Level 2; 2) satisfactory completion ("S") of each task on the TEG, and 3) no more than 5 errors on each of practice charts completed during the charting exercise.



Go to TOT page 24.

The TEGs

The TEGs for FOS, II, Cycle 1 Follow-up, Cycle 2 Follow-up, and Cycle 3 Follow-up are important tools in CBT Mucus Method training.

For Level 2 training, the trainers will use them to evaluate the participants' competency in delivering the Mucus Method. The service providers will use the TEGs as their guide when demonstrating how to teach FOS, II, Cycle 2 follow-up, and Cycle 3 follow-up any one of the 4 client contacts.

The Training Schedule

Level 2 training lasts 1½ days. It is conducted mainly to evaluate the participants' competency in teaching the Mucus Method and to assess if the participants can be certified as providers of the Mucus Method.

SCHEDULE FOR LEVEL 2 - Competency Evaluation

DAY 1	TOPIC	ACTIVITY
1:00 - 3:00	Competency Study and Practice	Individual or study group
3:00 - 3:15	AFTERNOON BREAK	
3:15 - 4:15	Competency Evaluation: FOS	Demo teaching by one participant in small groups
4:15 - 5:15	Competency Evaluation: II	Demo teaching by one participant in small groups
5:15 - 5:30	Learning Journal	Overnight assignment
DAY 2		
8:00 - 8:30	Recap/Insights from Learning Journal	Discussion
8:30 - 10:00	Competency Evaluation: Cycle 2 (Including Partner Involvement)	Demo teaching by one participant in small groups
10:00 - 10:15	MORNING BREAK	
10:15 - 11:30	Competency Evaluation: Cycle 3 (Including User Autonomy Checklist)	Demo teaching by one participant in small groups
11:30 - 12:00	Individual Feedback Sessions	Trainer sits with individual participants for feedback on competency evaluation
12:00 - 1:00	LUNCH BREAK	
1:00 - 2:00	Individual Feedback Sessions, cont.	Trainer sits with individual participants for feedback on competency evaluation
2:00 - 2:30	Sustaining NFP Practice and Service	Discussion
2:30 - 3:00	Breastfeeding and Mucus Method	Lecture-discussion
3:00 - 3:30	Practicum Guidelines	Lecture-discussion
3:30 - 4:00	Planning	Small group discussion
4:00 - 4:30	Level 2 Course Evaluation	Administration of Level 2 course evaluation
4:30 - 5:00	Closing Rites	Distribution of certificates

COMPETENCY STUDY & PRACTICE

1:00 - 3:00 pm

Materials	<ol style="list-style-type: none"> 1. TEG-FOS 2. TEG-II 3. TEG- Cycle 1 Follow-up 4. TEG-Cycle 2 Follow-up including Partner Involvement Exercise 5. TEG-Cycle 3 including User Autonomy Checklist 6. Katsa Visuals 7. Blank Mucus Method Chart 8. Initial Instructions Sample Chart 9. Cycle 1, 2, and 3 Sample Charts
------------------	--

CONTENT

ACTIVITY

Study Practice and Preparation of All Visuals	<p><i>Tell participants they will be given 2 hours to practice teaching and to prepare their materials.</i></p> <p><i>Remind participants to study and prepare to teach all of the 4 client contacts individually or in small groups.</i></p>
--	---

COMPETENCY EVALUATION: FOS-II

3:15 - 4:15 FOS
4:15 - 5:15 II

Materials	<ol style="list-style-type: none"> 1. Guidelines 2. TEG-FOS 3. TEG-II 4. Katsa Visuals 5. Blank Mucus Method Chart 6. Initial Instructions Sample Chart
------------------	---

CONTENT

ACTIVITY

Ground Rules for Competency Evaluation	
<ol style="list-style-type: none"> 1. There will be no talking while another participant is being evaluated. 2. There will be time for comments after the demo-teaching. 	<p><i>Explain the ground rules for participation.</i></p>

CONTENT

ACTIVITY

Guidelines for Competency Evaluation

1. The participants will be grouped into 4's or 5's.
2. Demo-teaching is done by one participant in small groups.
3. Each participant will teach either FOS or II and either one of Cycle 2 or 3 Follow-up.
4. Each participant will draw lots on what client contact to teach just before the session.
5. The participant who picked FOS will teach first followed by those who picked II, Cycle 2 Follow-up and Cycle 3 Follow-up.
6. The participants and trainer will hold the TEGs during competency evaluation.
7. An area will be designated to each group to occupy during demo-teaching with competency evaluation.

Variation of the Procedure for Demo-Teaching with Competency Evaluation

The participants can use their creativity to add variation to their delivery of FOS, II and the cycle follow-up but still following the TEG.

To keep the members of the group from getting bored with listening to FOS, II and Cycle follow-up delivery, you may:

- a) add humor in between performing the tasks listed in the TEG;
- b) tell an anecdote related to NFP at the beginning or end of your delivery;
- c) keep a "surprise" in store for your group members;
- d) give a small reward or token to the participants or "clients" who have answered your questions correctly;
- e) play a quick game at the start or end of your delivery; or
- f) conduct an energizer in between performing the tasks in the TEG.

Discuss the guidelines for competency evaluation.

Clarify any question that the participant has regarding the guidelines.

To minimize redundancy or boredom during the demo-teaching with evaluation, encourage the participants to "spice up" their delivery by adding variations



Go to TOT page 28.

LEARNING JOURNAL

5:15 5:30 pm

Material	Learning Journal
-----------------	------------------

CONTENT

ACTIVITY

<p>Learning Journal</p> <p>We would like to solicit feedback from you as participants on what you have learned from Day 1 of Level 1 training. This will help the trainer in monitoring your progress in the training.</p> <p>The Learning Journal contains two questions:</p> <ol style="list-style-type: none">What are the three most significant learning insights that you gained from today's session?Why are these insights important? <p>Write about your insights in your Learning Journal. Bring back your completed Learning Journal tomorrow.</p> <p>CLOSURE</p> <p>Our session for tomorrow starts at 8:00 am.</p>	<p><i>Explain the purpose of the Learning Journal.</i></p> <p><i>Distribute the Learning Journal sheet, found on the next page, to participants and describe its content.</i></p> <p><i>Instruct participants to answer the Learning Journal in the evening and return it to the trainer the following day.</i></p> <p><i>State start time for next day's session.</i></p>
--	--

**LEARNING JOURNAL
MUCUS METHOD OF NATURAL FAMILY PLANNING**

Participant's Name _____

Date _____

Job Position _____

Office _____

Address _____

1. What are the three most significant learning insights that you gained from today's session?

Learning Insight 1:

Learning Insight 2:

Learning Insight 3:

2. Why are these insights important?

GUIDE TO INSIGHTS FROM DAY 1

8:00 - 8:30 am

Material	Participant's Completed Learning Journals
-----------------	---

CONTENT

ACTIVITY

Recap of Learning Journal	<i>Call on several participants to share their insights from Day 1 based on their Learning Journal. Discuss these insights and relate to the Mucus Method.</i>
Questions from Day 1	<i>After the participants have finished sharing their insights, collect their learning journals.</i> <i>Ask participants if they have any questions about Day 1. Discuss answers to these questions.</i>
Schedule for the Day Turn to page 5 of your Guide for today's schedule.	<i>Review the schedule for Day 2 of Level 1 training with participants.</i>

COMPETENCY EVALUATION: Cycle 2 & 3 Follow-up

8:30 - 10:00 am Cycle 2 Follow-up
10:15 - 11:30 am Cycle 3 Follow-up

Materials	<ol style="list-style-type: none"> 1. TEG-Cycle 2 Follow-up including Partner Involvement Exercise 2. TEG-Cycle 3 Follow-up including User Autonomy Checklist 3. Blank Mucus Method Chart 4. Cycles 2 and 3 Sample Charts
------------------	---

CONTENT

ACTIVITY

CONTENT	ACTIVITY
Competency Evaluation of Participants' Demo-Teaching for Cycle 2 Follow-up (including Partner Involvement Exercise) and Cycle 3 Follow-up (including User Autonomy Checklist)	<i>Follow the same activity as in Competency Evaluation: FOS-II on pages 89-90.</i>

INDIVIDUAL FEEDBACK SESSIONS

11:30 - 12:00 pm
1:00 - 2:00 pm

Materials	TEGs
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CONTENT

ACTIVITY

CONTENT	ACTIVITY
Feedback Sharing	<i>After the demo-teaching with competency evaluation, give verbal feedback to the group. Meet with the participants individually to give the written feedback. Also inform participants whether or not he/she has demonstrated competency and can be classified as "Certified Provider".</i>

CONTENT

ACTIVITY

5. improving one's skills as service provider by linking with a more experienced mentor or supervisor or by collaborating with other service providers; and
6. informing and involving local executives in NFP activities;
7. conducting NFP orientation sessions for clinic personnel, other service providers (NGO and public sector);
8. conducting FOS sessions as part of FP orientation sessions.

Service providers should do a minimum of **three** of the above activities in order to sustain NFP services in their community.

State that service providers should ensure that NFP practice is sustained in the community.

Point out that sustainability is so important that it is included in the Mucus Method Basic Protocol for Service Providers. Review Part II: Organizing for Sustainability .

BREASTFEEDING AND MUCUS METHOD**2:30-3:00 pm****Mucus Method Rules for Breastfeeding Mothers**

Breastfeeding mothers are protected from pregnancy when **ALL THREE** of the following conditions apply:

1. **The mother fully breastfeeds.** She does not supplement feedings and the time between feeds **does not exceed** 4 hours during the day and 6 hours at night.
2. **The mother's menses has not returned** (since the baby was born).
3. **The baby is six months or less.**

Once **ANY ONE** of these conditions no longer applies, the mother may follow these guidelines to use the Mucus Method:

1. Observe her secretions for two weeks, following the guidelines on observing and recording. (See pages 30-32 of the CBT Guide). The purpose of this is to determine her mucus pattern, if any.

This pattern may either be dry (NO mucus is seen or felt), OR she may feel dry but there is sticky pasty mucus that does not change in any way for 14 days. **Abstain during these two weeks.**

2. If either of these patterns continues, apply the **Early Days Rule (EDR)**. **Lovemaking is available on alternate evenings only.**
3. If there is a change in the mucus secretions from dry to wet, **abstain on all days of changes and 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.
4. When her cycles return for 2 to 3 times, she may apply the regular NFP rules (see page 38). The Peak Day Rule may then be applied.
5. See the sample chart on the next page.

IMPORTANT: THESE GUIDELINES ALSO APPLY FOR WOMEN WITH VERY LONG CYCLES.

Breastfeeding Chart

Medicine/ Fever/ Other Changes	Inter course	What you see (mucus)	What you feel	Symbol	Month/ Date	Day
		yellowish mucus	dry	M	May	1
		yellowish mucus	dry	M	May	2
		yellowish mucus	dry	M	May	3
		yellowish mucus	dry	M	May	4
		yellowish mucus	dry	M	May	5
		yellowish mucus	dry	M	May	6
		yellowish mucus	dry	M	May	7
		yellowish mucus	dry	M	May	8
		yellowish mucus	dry	M	May	9
		yellowish mucus	dry	M	May	10
		yellowish mucus	dry	M	May	11
		yellowish mucus	dry	M	May	12
		yellowish mucus	dry	M	May	13
		yellowish mucus	dry	M	May	14
		yellowish mucus	dry	M	May	15
		yellowish mucus	dry	M	May	16
		yellowish mucus	dry	M	May	17
		yellowish mucus	dry	M	May	18
		yellowish mucus	dry	M	May	19
		yellowish mucus	dry	M	May	20
		yellowish mucus	dry	M	May	21
		yellowish mucus	dry	M	May	22
		sticky white	wet	X	May	23
		sticky white	wet	X	May	24
		sticky white	wet	X	May	25
		none	dry	D	May	26
		none	dry	D	May	27
		none	dry	D	May	28
		yellowish mucus	dry	M	May	29
		yellowish mucus	dry	M	May	30
		yellowish mucus	dry	M	May	31
		none	dry	D	June	1
		none	dry	D	June	2
		none	dry	D	June	3
		whitish mucus	wet	X	June	4
		whitish mucus	wet	X	June	5
		yellowish mucus	dry	M	June	6
		yellowish mucus	dry	M	June	7
		yellowish mucus	dry	M	June	8
		yellowish mucus	dry	M	June	9
		yellowish mucus	dry	M	June	10
		yellowish mucus	dry	M	June	11
		yellowish mucus	dry	M	June	12
		yellowish mucus	dry	M	June	13

BIP
Abstain

♥
EDR

Change in BIP
Abstain

♥
EDR

Change in BIP
Abstain

♥
EDR

Month/Year: _____

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PRACTICUM GUIDELINES

3:00 am - 3:30 pm

The Practicum is an important step towards becoming a certified provider of the Mucus Method.

During the next three months after Level 2 training, you will be practicing teaching clients the Mucus Method. The goal is to bring **3 to 5** non-breastfeeding clients to autonomy. An NFP trained supervisor or preceptor will observe a minimum of **two** client contacts during the practicum.

As you begin teaching clients the Mucus Method, three resources that will be of great help are: 1) the flipchart; 2) the teaching and evaluation guides; 3) the reference manual; and 4) the visit from a supervisor or preceptor.

You are already familiar with the Teaching and Evaluation Guides and the Reference Manual on the Mucus Method. You should use the **Teaching and Evaluation Guides** and the flipchart as job aids while you are teaching clients. You should refer to the **Reference Manual** when you need additional information to conduct one of the tasks in the teaching and evaluation guide.

Your fourth resource is the supervisor or preceptor. Supervisors or preceptors are individuals who are trained in the Mucus Method. They will observe and evaluate your ability to conduct the client contacts. They will assist you in learning to teach the Mucus Method. They will answer your questions and clarify any information. The supervisors or preceptors are familiar with the Teaching and Evaluation Guides and the Level 1 training course you have attended.

A schedule will be set up to coordinate the visits between you and the supervisor or preceptor. The supervisor or preceptor observes your instruction during the two client contacts: (1) **Fertility Orientation and Initial Instructions session** and (2) **any one of the three cycle follow-ups**. They will use the Teaching and Evaluation Guide while observing you, give you feedback, and answer any of your questions after the client contact is completed.

In summary, the task to accomplish during your Practicum is to bring 3 to 5 non-breastfeeding clients to autonomy. Your supervisor or preceptor will observe a minimum of two client contacts, after which a service provider becomes a certified provider of the Mucus Method.



Go to TOT page 37.

PLANNING

3:30 - 4:00 pm

Material	Action Planning Exercise
-----------------	--------------------------

CONTENT

ACTIVITY

<p>Preparing Plan of Action to Sustain NFP Practice</p> <p>Making a plan of action helps identify activities that you can undertake to sustain NFP practice.</p>	<p><i>Discuss with participants the action planning exercise found on the next page.</i></p> <p><i>Ask the participants to fill up the plan of action sheet by groups or prepare their action plan on Manila paper.</i></p> <p><i>Collect the participants' action plans when they are done.</i></p>
---	--



Go to TOT page 38.

ACTION PLANNING EXERCISE

OBJECTIVE : To prepare a plan of action that service providers can implement to sustain the practice of NFP in the community.

INSTRUCTION : Divide yourselves into small groups of 4-5 members each. Discuss and fill up this form with your plan of action to sustain NFP practice in the community.

Group Members:

_____	_____
_____	_____
_____	_____

NFP PLAN OF ACTION FOR _____ (Area or Community)

FROM _____ TO _____ (Month/Year)

STRATEGY/ ACTIVITY	TARGET DATE	PERSONS INVOLVED	RESOURCES NEEDED	INDICATORS

ADMINISTERING LEVEL 2 COURSE EVALUATION

4:00 - 4:30 pm

Material	Level 2 Course Evaluation (Appendix H)
-----------------	--

CONTENT

ACTIVITY

Level 2 Course Evaluation	<i>Distribute Level 2 Course Evaluation form (see Appendix H) to participants. Collect the forms when participants have completed answering them.</i>
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CLOSING RITES

4:30 - 5:00 pm

Material	<i>Distribute Certificates to Participants (See Appendix I)</i>
-----------------	---

Note: Distribute certificates to participants

PREPARATION FOR PRACTICUM

11:30 am - 12:00 pm

Material	1. Practicum Guidelines
-----------------	-------------------------

CONTENT

ACTIVITY

<p>Preparation</p> <ol style="list-style-type: none">1. Requirement: must bring 3-5 non-breastfeeding clients to autonomy2. Visit from a preceptor3. Date of practicum4. Mechanism for interim communication between trainer and service providers5. Developing a personal plan of action for the practicum	<p><i>Review information noted in Items 1-4</i></p> <p><i>Review the Practicum Guidelines on page 99. Ask the participants to take 5 minutes and jot down a list of 3 things they will do once they return to their community in order to bring 3-5 clients to autonomy at the end of the 3-month practicum.</i></p>
--	--

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SCHEDULE FOR PRACTICUM

<i>MONTH</i>	<i>CLIENT CONTACT</i>	<i>ACTIVITY*</i>
First Month		
First week/ second week	Client Contact 1: Fertility Orientation Session Initial Instructions	Teach clients FOS and II
Third week	Client Contact 2: Cycle 1 Follow-up	Conduct Cycle 1 Follow-up session
Second Month	Client Contact 3: Cycle 2 Follow-up	Conduct Cycle 2 Follow-up session
Third Month	Client Contact 4: Cycle 3 Follow-up	Conduct Cycle 3 Follow-up session

* During the practicum, an experienced Mucus Method trainer, supervisor or preceptor will evaluate the service provider's competency in a **minimum of two out of four client contact sessions.**