



ARAB REPUBLIC OF EGYPT
MINISTRY OF HEALTH AND POPULATION

POSTABORTION CARE TRAINING
COURSE FOR PRIMARY HEALTH CARE
FACILITIES

TRAINER'S GUIDE

Draft

November 2005



The CATALYST Consortium is a global reproductive health activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health, U.S. Agency for International Development (USAID). The Consortium is a partnership of five organizations: the Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia.



This publication was made possible through support provided by the Office of Population and Health, United States Agency for International Development, under the terms of contract No. HRN-A-00-00-00003-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the United States Agency for International Development.

Table of Contents

INTRODUCTION TO THE TRAINER'S GUIDE	۱
COURSE DESCRIPTION	۱
TRAINING SCHEDULE	۴
COURSE MATERIALS	۵
OPENING SESSION - INTRODUCTION TO POSTABORTION CARE SERVICES AT PHC LEVEL	۸
SESSION DYNAMICS	۸
SESSION TWO - POSTABORTION CONTRACEPTION	۱۱
SESSION DYNAMICS	۱۱
SESSION THREE - POSTABORTION REFERRAL	۱۵
SESSION DYNAMICS	۱۵
PRE/POST-TEST	۱۷
ANSWERS TO PRE/POST TEST	۲۱
POWERPOINT PRESENTATIONS	۲۲

Introduction to the Trainer's Guide

Health workers play a crucial role in preventing death and serious injury from complications of incomplete and septic abortion. The purpose of this training module is to prepare health workers to counsel women who come to a facility for treatment of an incomplete or septic abortion, and to assess and manage the complications of incomplete and septic abortions then refer patients to hospitals at the secondary health care level.

The *Trainers Guide* is a guide for conducting a postabortion care training course for physicians and nurses working in primary health care facilities. It contains all the necessary information to enable PHC health teams to provide postabortion care services that precede referral to a secondary level (stabilization, first aid, and counseling). The primary focus of this course is the treatment of life-threatening complications resulting from abortion.

The trainer should review the introductory material when planning the training session, and review the lesson plan prior to the session.

Each module contains the following sections:

- Introduction
- List of objectives
- Recommended time
- Trainer preparation
- Materials needed
- Trainee materials
- References for trainer

Note: If a data show is unavailable, the presentations may be made into overhead transparencies for use with an overhead projector.

Course Description

This one-day training course is designed to prepare participants (PHC physicians and nurses at MOHP facilities) to stabilize postabortion care patients and counsel them prior to referral to hospitals.

Course Goals

- To influence in a positive way the attitudes of participants towards PAC services
- To provide participants with the knowledge and skills needed to perform stabilization, first aid and counseling to postabortion patients
- To provide participants with the counseling skills needed for postabortion FP counseling

Specific Learning Objectives

At the end of the training, participants will be able to:

1. Explain the impact of unsafe abortion on maternal mortality and morbidity
2. Identify unwanted pregnancy as a major cause of unsafe abortion
3. Demonstrate sensitivity throughout the postabortion care process
4. Explain procedures and intervention needed to stabilize postabortion patients
5. Explain first aid procedures and intervention needed for postabortion patients
6. Discuss the key issues related to postabortion contraception
7. Provide family planning counseling to postabortion clients
8. Discuss the requirement of establishing referral systems for postabortion women

Training Methods

- Illustrated lectures and group discussion
- Role plays
- Guided clinical activities (performing FP counseling)

Participant Selection Criteria

Participants for this course should be physicians and nurses working in primary health care facilities, which provide stabilization, counseling and referral services for postabortion women. The facility should support provision of first aid and FP services.

Physicians and nurses should be knowledgeable and skilled in the following areas before beginning the manual vacuum aspiration (MVA) course:

For physicians

Knowledge

- Basic anatomy and physiology of the female reproductive system
- The evolution of pregnancy
- Basic assessment of vital signs
- Effectiveness, advantages, disadvantages, contraindications, risks and benefits of all locally available methods of family planning
- MOHP referral system

Skills

- Perform a general physical exam and take a medical history
- Conduct a thorough pelvic exam
- Counsel clients/patients

Attitude

- Positive attitude toward patients needing postabortion care
- Positive attitude toward educating and counseling postabortion patients/clients

For nurses

Knowledge

Should be knowledgeable and skilled in the following areas before beginning:

- The basic anatomy and physiology of the female reproductive system
- The evolution of pregnancy
- Communication with patients/clients
- Vitals signs
- Administration of medications
- Home visits

Attitude

- Positive attitude toward patients needing postabortion care
- Positive attitude toward educating and counseling patients/clients

Course Duration

- One training day - 6 training hours

Methods of Evaluation

- Pre test and post test
- Guide for observation of performance of provider of postabortion counseling

Training Schedule

Time	Contents
08:30 – 09:00	Registration
09:00 – 11:00	<ul style="list-style-type: none">• Opening and introduction• Pre-test• Stabilization and first aid of postabortion care patients as preparation for referral
11:00 – 11:30	Break
11:30 – 01:30	Family planning counseling for postabortion patients and clients
01:30 – 03:30	<ul style="list-style-type: none">• Referral for postabortion patients• Role of primary health care level in community awareness and mobilization• Post Test• Closing

Course Materials

Equipment needed for training

- Datashow or overhead projector
- Chalkboard or flipcharts and markers

Notes to the trainer

All effective training programs have certain characteristics in common which will help the trainees to learn, and will also provide a stimulating and satisfying training experience for the participants and the trainer. The following should be taken into consideration when planning the training session.

- The course content is based on attitudes, skills, and knowledge the trainee will need in the clinic to stabilize, counsel, and refer postabortion cases. In order to develop the necessary skills, the active participation of the trainees is necessary. This includes participation in discussions and practice in the classroom.
- Training should be tailored to meet the needs of the individuals. Participants should be encouraged to ask questions and discuss issues relevant to their particular clinical settings. The training should be flexible enough to address the needs of individuals when necessary. A pre-test can be helpful to determine whether or not the trainees have the necessary prerequisite skills. If they do not have the basic skills, these should be included in the training.
- Training must be well organized to avoid administrative problems and ensure that the training goes smoothly. The trainer should check the materials lists at the beginning of each session to be sure to have the supplies necessary for each session.
- The trainer's positive attitude toward the trainees is important in providing an encouraging and supportive learning environment.

During the training session:

The following are specific steps that can be incorporated into each training session to provide a structure for the session.

1. Begin each lesson by focusing the attention of the trainees on the topic in a way that will motivate the class to learn and help them remember. This can be done, for example, by introduction of the topic with a case history, an impressive statistic, an anecdote about a local problem or a way that services were improved, a memorable graphic or an illustration of the lesson.
2. Discuss the objectives of the lesson, or what you will expect the trainee to know or be able to do after the training. It is important to communicate the objectives to the trainee so that they will know what they are supposed to gain from the session. Trainees should also be encouraged to give suggestions of additional topics they wish to cover.
3. Make sure that trainees have the knowledge and skills that are essential to learning the new material that you are teaching. Also, make a transition from material or skills already covered to the new material. New skills and knowledge will be learned more easily when they are related to what the trainee already knows.
4. Present new material in a clear and organized fashion.

5. Use examples and demonstrations, which take into account local conditions.
6. Provide opportunities for practice, for example, clinical practice, exercises, role plays, pelvic model practice and discussion of case histories.
7. During class time and clinical session, be sure to give feedback, which will help improve the performance of the trainees, and enable them to see their progress.
8. Evaluate the trainees during the course and at the end of the course to be sure that the objectives have been accomplished.

Special Considerations for Each Training Method

Each of the modules contains an outline for teaching including the information to be covered and sample exercises, role plays, or case studies. However each trainer may wish to develop their own exercises or revise the ones offered. The following are special considerations for each of the teaching methods:

Lecture

Lecture can be an effective way of presenting information to a group. It is a good way to introduce a topic or show the main points. However, presenting information in a lecture format will not guarantee that the trainees will learn the material. It is important to incorporate class participation through discussions or exercises in between short lectures giving the important background information. Below are a few considerations, which can help to make a lecture more effective.

- Carefully plan and order the topics to include.
- State objectives at the beginning of the lecture.
- Use discussion and exercises along with lecture.
- Summarize what you have covered at the end of the lecture.
- Present materials visually whenever possible, using slides and/or handouts to illustrate facts and concepts.
- Use local examples whenever possible.
- Do not lecture about things that are better visually demonstrated, such as loading the syringe, or putting on gloves.

Group discussions

Large or small group discussions can be an effective way to talk through issues, identify problems, or practice skills. Discussions can provide for exchange of ideas and experiences. A large group discussion may consist of question-and-answer sessions where the participants ask questions and the trainer provides the answers, or the trainer may ask questions for the group to answer. Small group discussions can have the benefit of allowing more people to participate in the same amount of time.

The following considerations should be taken into account when planning group discussions.

- Structure the discussion by providing a specific topic, case study, questions to answer or an exercise.
- Small groups should have no more than 3-5 people in order to allow participation by all members.

- You may want to have the group pick a leader or you may need to provide leadership if a group is digressing from the topic.
- Have a summarizing or reporting session at the end.

Role play

Role plays consist of acting out real life situations and/or problems. Role plays are useful for applying the knowledge being taught, practicing skills, and generating material for discussion. They allow for practice in a safe setting. Trainees can explore ways of interacting or managing different situations, and may get feedback in important areas where they wouldn't normally receive feedback in the work setting. They can also have the opportunity to reverse roles and see problems from another perspective.

Role plays may be generated from a problem brought up in class or a concern expressed. You may also have a role play designed ahead of time and give each participant background data about the role play or a script to follow. You may break the class into small groups and have each group do the same role play and report findings back to the full class, or have one group do the role play in front of the full class. If you do the latter, ask for volunteers, and do not force anyone to take a part if they are uncomfortable.

When planning a role play:

1. Keep the group size small, 3-5 per group.
2. You may want to assign someone to be an observer of each small group, or have trainees write down their observations.
3. Make sure the purpose of the role play is clear to the participants.
4. If the role play demonstrates negative actions, be sure to redo it with positive ones.
5. Keep the role play simple and short.
6. You may want to interrupt the role play to discuss it when some useful material has been generated.
7. Allow plenty of time afterwards for discussion and guide the discussion to cover the important points.
8. Summarize what the group has learned at the end of the session.

Case studies

Case studies are useful for teaching problem-solving skills and case management skills, such as complications or cases that the trainees would not normally see. Case studies are drawn from real life situations and should be adapted when necessary to take into account local practices and conditions.

Case studies can be used before introducing a subject to get the trainees to start thinking about the topic, or they can be used afterwards to have the trainees practice what they are learning. You may discuss the case study in the large group or break into small groups and have them report back to the large group.

Opening Session - Introduction to Postabortion Care Services at PHC Level

Introduction

A number of issues must be considered in providing emergency postabortion care. Treatment may include stabilization and referral, oxygen, intravenous (IV) fluid replacement, blood transfusion, medicines (antibiotics, pain control, and tetanus toxoid). These topics are discussed below.

Objectives

After this module, participants will:

1. Know each other
2. Know their expectations
3. Have determined their needs through pre-test
4. Provide suggestions for effective course participation
5. Understand the goals, objectives, and agenda
6. Explain the impact of unsafe abortion on maternal mortality and morbidity
7. Explain procedures and intervention needed to stabilize postabortion patients
8. Explain first aid procedures and intervention needed in case of postabortion patients

References for trainer

- Trainee's handouts (English and Arabic versions)

Materials needed

- Handouts
- Marking pens
- Overhead projector
- Pre-test
- Flipcharts
- Pens and paper
- Session one presentation

Session Dynamics

Part 1: Introduction to the Training Course

Introduction (10 minutes)

Lecture

- Greet participants; introduce yourself and the participants
- Discuss the PHC PAC training course goals, and objectives

Expectations (10 minutes)

Brain Storming

- Ask the group to pair off
- Ask each pair to spend 5 minutes interviewing each other to answer the three questions
 1. What do you hope to accomplish during this course?
 2. Do you anticipate any difficulties during the course?
 3. How do you think this training will help you at work?
- Have each person present her/his partner's expectations to the group
- Write all participants' expectations in a flipchart paper so that you can refer to them throughout the course

Pre Test (10 minutes)

- Pass out copies of the pre-test
- Ask each trainee to complete the questionnaire
- Review the trainees' questionnaires

Part 2: The impact of unsafe abortion and postabortion complications on maternal mortality and morbidity

Lecture with discussions (20 minutes)

- Facilitator explains and discusses with the participants the rapid return of fertility after abortion and the chances for repeated abortions.
- Ask the participants the following questions:
 - ▶ When do postabortion women regain their fertility?
 - ▶ What is the definition of Maternal Mortality Ratio (MMR)?
 - ▶ To what extent does abortion and postabortion complication contribute to the MMR?
- Explain the impact of postabortion complication to the participants
- Summarize the discussion

Part 3: Emergency treatment for postabortion complications

Lecture with discussions (45 minutes)

Explain and discuss the following with the participants:

- Initial assessment

- Management of shock
- Management of vaginal bleeding

Part 4: General principles of emergency abortion care

 *Lecture with discussions (45 minutes)*

- Stabilization and referral
- Elements of emergency resuscitation / preparation for referral and transport
- Intravenous (IV) fluid replacement
- Administration of medicines

Session Two - Postabortion Contraception

Introduction

A woman's fertility returns almost immediately after an abortion. She must consider, therefore, whether or not she wants to become pregnant again soon.

Thus, the woman, and her partner if she desires, should receive counseling and information about her return to fertility and available contraceptive methods in order to prevent unwanted pregnancies.

Objectives

After this module, trainees will be able to:

1. Define postabortion contraception
2. Explain the GATHER approach to postabortion contraception counseling
3. Discuss the essential information for all postabortion clients
4. List postabortion contraceptive choices

Trainer Preparation

Materials needed

- PowerPoint presentation “Postabortion Family Planning and Counseling”
- Datashow or overhead

Trainee materials

- Participant's handout
- Role play scenarios

References for trainer

- Participant's handout
- Role play scenarios

Session Dynamics

Introduction to postabortion contraception

 *Lecture with discussion (45 minutes)*

- Provide lecture using PowerPoint presentation “Postabortion Family Planning and Counseling” to discuss:
 - ▶ The rapid return of fertility after abortion
 - ▶ Definition of postabortion contraception
 - ▶ Goals of postabortion contraception
 - ▶ Postabortion counseling
 - ▶ Elements of GATHER approach to counseling

 **Role play (45 minutes)**

Purpose of role play exercise: To provide an opportunity for the participant to practice her/his skills in the process and content of counseling, before working with actual clients.

Instructions

1. Every participant should be involved in the role play exercise, either as a player or as an observer.
2. Players should meet for 10 minutes before the role play to assign roles, decide and agree on the message or main point the role play is to make, who is going to play what role, what each player is going to say, etc.
3. Observers are requested to use the observation form to record their observations. The form is an aid to record observations in a systematic and objective manner and to facilitate concise discussion and feedback following the role plays.
4. While players are preparing, observers are requested to familiarize themselves with the observation form.
5. Suggested time limits (may be changed by trainer to meet the time available):
 - ▶ Instructions: 5 minutes
 - ▶ Player preparation time: 10 minutes
 - ▶ Role play presentation: 5-10 minutes
 - ▶ Feedback and analysis: 15-30 minutes
6. Divide trainees into 5 teams
7. Give each team one of the following scenarios to prepare a role play
8. After 10 minutes, have each team present the role play
9. Open discussion after each role play and comment on the performance of the group

Role Play #1

A 24 year-old woman with three children referred to you from the hospital after MVA of septic abortion. She wants to practice some method of family planning. She is not sure about having any more children. She has heard about the IUD from one of her friends. How will the clinician respond?

Role Play #2

A 20 year-old lactating woman, with a three month-old baby referred to you after treatment of septic abortion at the hospital. She wants to postpone her next pregnancy. Her sister uses the COC and likes that method very much. She says she wants to use the COC. How will the clinician respond?

Role Play #3

A couple in their mid-30s comes to see the clinician. The husband explains that his wife has suffered severe bleeding during the previous two weeks. He consulted an Ob/Gyn who performed D&C to manage postabortion complications.

The husband wants to have a male child while the wife wants to postpone her next pregnancy. How will the clinician respond?

Role Play #4

A postabortion woman, accompanied by the husband's mother, comes to see the clinician. The woman has three daughters and wants to postpone her next pregnancy for three years at least. The mother-in-law insists that they should have another child as soon as possible in order to try for a son. How will the clinician respond?

Role Play #5

A 32 year-old postabortion woman, referred to you from the hospital to begin using contraception. The referral letter documented that the woman, who was generally in good health, was admitted to the hospital and diagnosed with an incomplete abortion. Provide counseling to this client.

Observation of counseling

Counseling is done to explain the patient's physical condition to her, to inform her about contraceptive options, and to help her make an informed choice.

Please indicate if the counseling practices listed below are properly discussed using the following rating system.

1. Poor information/counseling skills infrequently performed
2. Adequate information/counseling skills sometimes performed
3. Good information/counseling skills routinely performed
4. N/A = Not observed, not applicable

Counseling Practice	Rating	Comments/Recommendations
General Conditions		
Greets client in a respectful manner		
Uses language the client can understand		
Communication between client and provider is interactive		
Creates a warm atmosphere		
Has a cordial and respectful attitude		
Discusses patient's fears, emotions, and feelings related to her situation		
Contraception		
Identifies the patient's intentions and desires		
Explains the range of methods offered in the clinic		
Learns the client's opinion about FP methods		
Encourages the client to ask questions		
Asks client information that will help determine suitability of the method (age, number of children, birth date of last child, whether she wishes to space or limit pregnancies)		
Asks if the client has a preferred method (If the client has a preferred method, asks what she knows about the method and if she wants to discuss other methods that may be suitable for her)		
Describes benefits and risks		
Discusses effectiveness		
Discusses risk factors for STD/HIV		
Uses visual aids (if available)		
Provides key information on method chosen <ul style="list-style-type: none"> • How to use • Signs to watch for • When to return 		
Gives accurate information when client expresses incomplete or incorrect information		
Tells client to return if s/he has any concerns		

Postabortion contraceptive choices

Lecture with discussion (30 minutes)

- Provide lecture using presentation to discuss:
 - ▶ Contraceptive options for postabortion non-lactating women
 - ▶ Contraceptive options for postabortion lactating women

Session Three - Postabortion Referral

Introduction

A postabortion care referral system is an essential component of postabortion care services and is a network among health care providers and facilities that makes emergency treatment more accessible more quickly to more women. A referral system offers women some degree of postabortion care at every level of the health care system, while linking the different levels through an established communication and transport system. In a well-designed referral system, postabortion care is decentralized as much as possible, with each level of care playing a specific role.

Objectives

After this module, trainees will be able to:

1. Define referral
2. List types of referral
3. Discuss setting up a referral system at community level as well as PHC level
4. Explain medical interventions for clients referred from the hospitals to the health units
5. Discuss the role of primary health care level in community awareness and mobilization

Trainer Preparation

Materials needed

- PowerPoint presentation "Referral"
- Datashow or overhead

Trainee materials

- Participant's handout

References for trainer

- Participant's handout

Session Dynamics

Introduction to postabortion referral

 *Lecture with discussion (10 minutes)*

- Definition of referral
- Types of referral

Setting up a referral system at community level as well as PHC level

Working groups (50 minutes)

- Divide trainees into two teams
- Ask group one to prepare description of referral at the community level and group two to prepare description of referral at the PHC level. The description must include:
 - ▶ Staff requirements
 - ▶ Emergency postabortion care provided
 - ▶ Facilities required
 - ▶ Equipment and supplies required
 - ▶ Family planning services offered
- After 20 minutes, have each team present the description
- Open discussion after each group and comment on the group presentations

Role of primary health care level in community awareness and mobilization

Lecture with discussion (30 minutes)

- Trainer explains and discusses with participants the following:
 - ▶ Community and service provider partnerships
 - ▶ Role of unit's health team

Post test and closing (30 minutes)

Pre/Post-Test

Instructions: Circle the letter(s) of the correct answer; indicate True or False in the space provided.

1. Which of the following contraceptive methods provide some protection against sexually transmitted diseases?
 - a. Breastfeeding/LAM
 - b. Female sterilization
 - c. Oral contraceptives
 - d. Condoms
 - e. Injectables
 - f. All of the above

2. Which of the following contraceptives may women use immediately following treatment of an incomplete abortion (assuming there are no contraindications or precautions to the use of the method)?
 - a. Oral contraceptives
 - b. Condoms
 - c. Injectables
 - d. The IUD
 - e. All of the above

3. Which of the following is not one of the elements of postabortion care?
 - a. Emergency treatment of incomplete abortion and potentially life-threatening complications
 - b. Community screening to detect and approach potential women
 - c. Postabortion family planning counseling and services
 - d. Links between postabortion emergency services and the reproductive health care system

4. Arrange chronologically treatment interventions for postabortion complications at the PHC:
 - a. Prompt referral and transfer if the woman requires treatment beyond the capability of the facility where she is seen
 - b. An initial assessment to confirm the presence of abortion complications
 - c. Medical evaluation (brief history, limited physical and pelvic examinations)

- d. Talking to the woman regarding her medical condition and the treatment plan

5. List the intra-abdominal injury symptoms and signs

Signs	Symptoms
_____	_____
_____	_____
_____	_____
_____	_____

6. Elements of postabortion emergency resuscitation/preparation for referral and transport includes the following steps except one, circle that one.

- a. Management of the airway and respiration
- b. Control of bleeding
- c. Referral to hospital
- d. Intravenous fluid replacement
- e. Control of pain

7. Antibiotics must be used in the following condition:

- a. In cases of septic abortion or intra-abdominal injury and uterine perforation.
- b. In all cases of incomplete abortion
- c. In all cases of abortion

8. The return to fertility following a first trimester abortion is:

- a. 2–3 weeks after the abortion
- b. 30 days after the abortion
- c. Following the first menstruation after the abortion
- d. All of the above
- e. None of the above

9. The following aspects must be taken into account to provide information on contraception for postabortion patients:
 - a. Reproductive risk
 - b. Effectiveness of method
 - c. Patient preference for a particular method
 - d. Availability of a wide range of contraceptive options
 - e. All of the above

10. The family planning counseling process may be described as:
 - a. A one-way communication process in which the provider asks the questions and the client answers them
 - b. A onetime process in which a client learns everything about the family planning methods
 - c. A process of interpersonal communication through which emotional support is given to the client to help her make a decision
 - d. An ongoing communication process that takes place at every health center and family planning service encounter

11. Which of the following are signs of infection following an unsafe abortion?
 - a. High blood pressure
 - b. Foul-smelling vaginal discharge
 - c. Chills, fever, sweats
 - d. Severe bleeding

12. A woman comes one week after treatment of an incomplete abortion, and on vaginal examination, has no infection. She requests to have an IUD inserted. The service provider should:
 - a. Tell her an IUD is not the method for her
 - b. Insert the IUD and give her an antibiotic
 - c. Not insert the IUD, wait for resolution of the infection (3 months), and suggest the use of another method during those 3 months
 - d. Tell her to return for IUD insertion during the next menstrual period

True or False

13. Following a first trimester abortion, a woman's fertility returns almost within three weeks. _____
14. A woman's chosen family planning method may be provided immediately following treatment of incomplete abortion or before discharge. _____
15. Postpartum IUD insertion poses greater risk of infection, bleeding, or perforation than IUDs inserted at other times if infection prevention practices are followed. _____

Answers to Pre/Post Test

1. d
2. e
3. a
4. b, d, c, a

5.

Signs	Symptoms
Distended abdomen Decreased bowel sounds Abdomen tense and hard Rebound tenderness	Nausea/vomiting Shoulder pain Fever Abdominal pain, cramping

6. c
7. a
8. a
9. e
10. c
11. b and c
12. c

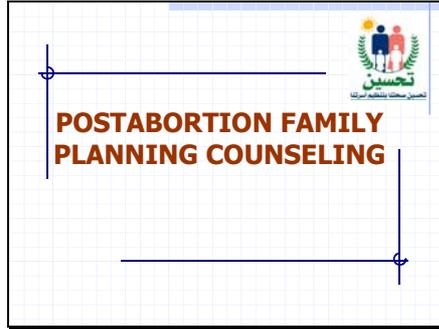
True or False

13. False
14. True
15. False

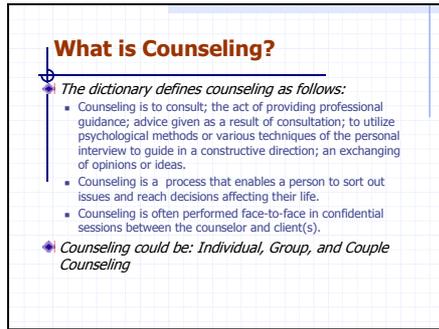
PowerPoint Presentations

1. Postabortion Family Planning and Counseling
2. Referral

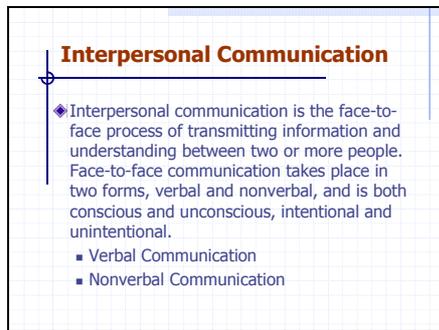
Slide 1



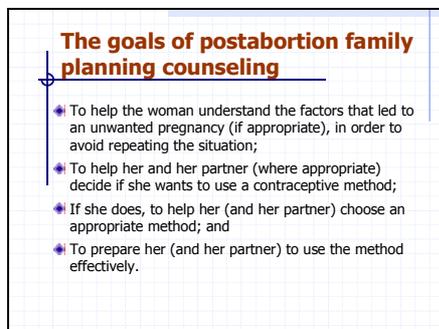
Slide 2



Slide 3



Slide 4



Slide 5

Free and informed choice

- ◆ Free and informed choice means that the client chooses a method voluntarily without coercion or pressure.
- ◆ It is based on a clear understanding of the benefits and limitations of the methods that are available.
- ◆ The client should understand that almost all methods can be used safely and effectively immediately after treatment of an incomplete abortion and that she can choose another method later if she wishes to change.

Slide 6

General Approach to Counseling

- ◆ Counseling is a two-way communication process
- ◆ Counseling is an ongoing process and must be part of every client-provider interaction in health care delivery.
- ◆ Counseling should take place in a private, quiet place.
- ◆ Confidentiality must be ensured, both in the process of counseling and the handling of client records.
- ◆ It is essential that counseling take place in a non-judgmental, accepting and caring atmosphere.

Slide 7

General Approach to Counseling (Cont.)

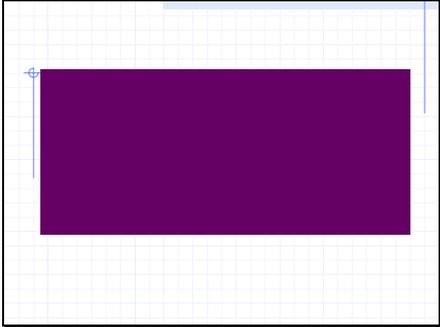
- ◆ The client should be able to understand the language the provider uses.
- ◆ Clinic staff must use good interpersonal communication skills, including the ability to question effectively, listen actively, summarize and paraphrase clients' comments or problems and adopt a non-judgmental, helpful manner.
- ◆ The client should not be overwhelmed with information.
- ◆ Use audiovisual aids and contraceptive samples
- ◆ Always verify that the client has understood what has been discussed.

Slide 8

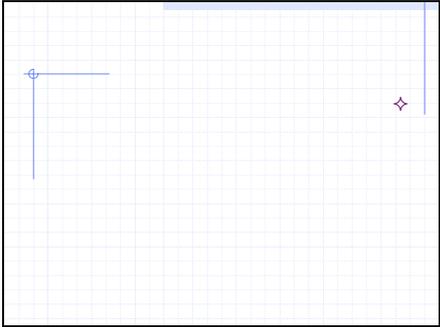
Specific Approach for Counteracting Rumors and Misinformation

- ◆ Always listen politely. Don't laugh.
- ◆ Define what a rumor or misconception is.
- ◆ Find out where the rumor came from and talk with the people who started it or repeated it.
- ◆ Explain the facts.
- ◆ Use strong scientific facts to counteract misinformation.
- ◆ Always tell the truth.
- ◆ Clarify information with the use of demonstrations and visual aids.
- ◆ Reassure the client by examining her and telling her your findings.

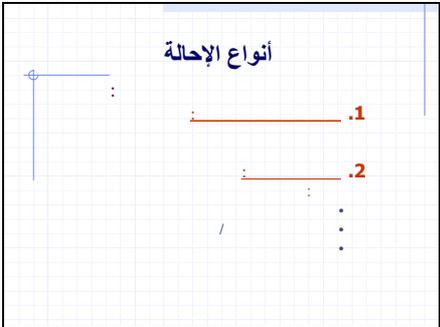
Slide 1



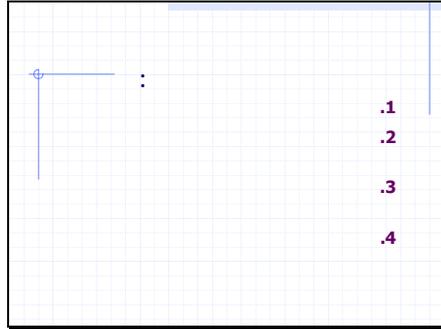
Slide 2



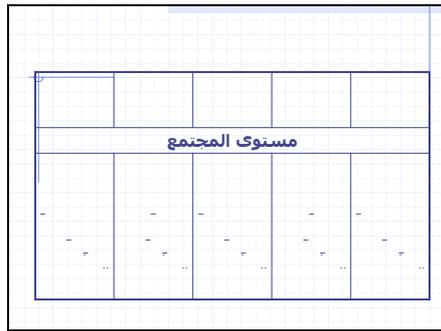
Slide 3



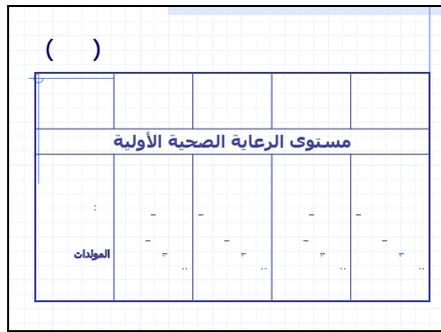
Slide 4



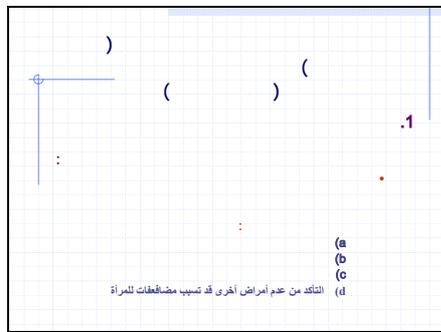
Slide 5



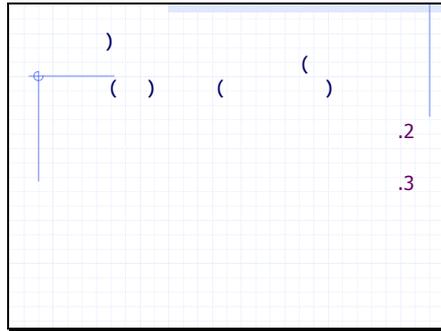
Slide 6



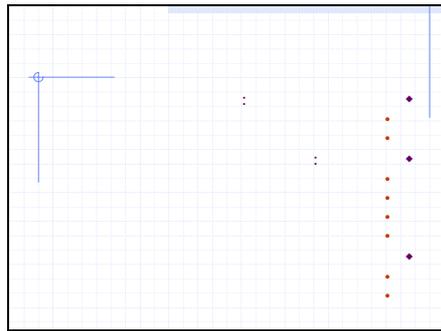
Slide 7



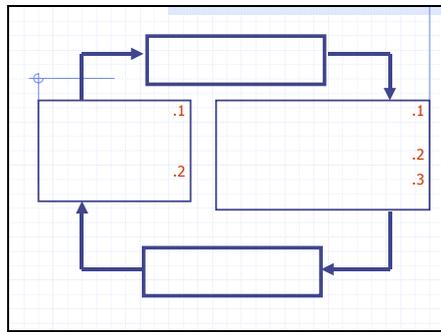
Slide 8



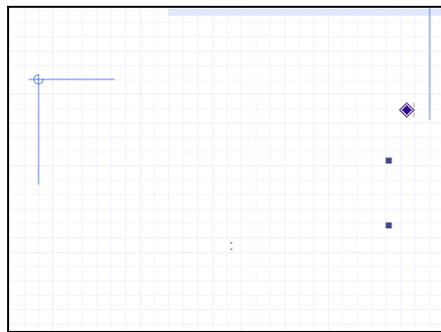
Slide 9



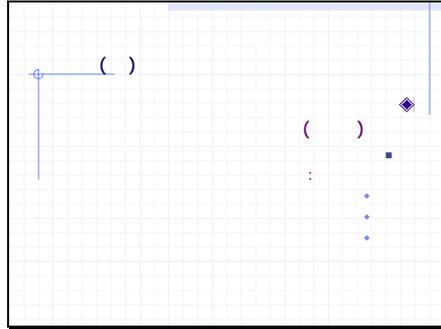
Slide 10



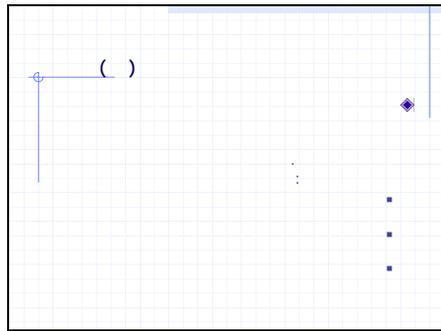
Slide 11



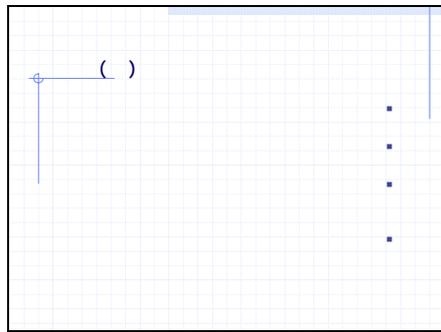
Slide 12



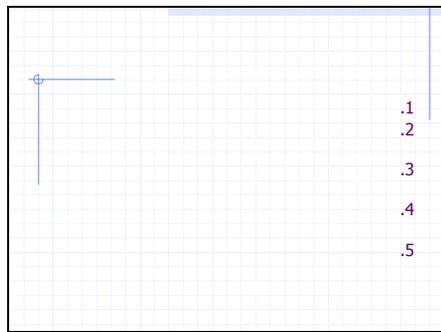
Slide 13



Slide 14



Slide 15



Slide 16

