NCMNH
NATIONAL COMMITTEE FOR MATERNAL & NEONATAL HEALTH

COUNSELING AND FAMILY PLANNING

Counseling

Introduction

What is COUNSELING?

Counseling is defined as, “face to face interpersonal communication, where one person helps the other to take a decision to solve or at least minimize a problem and then act on that decision.”

Counseling is a partnership of two or more knowledgeable individuals i.e. the Counselor and the Client(s) .In health related counseling, Health Care Provider (HCP) is the counselor who knows about health care issues. Women, men, family members or community groups are clients who know about their own health needs, problems and feelings.

For successful results the partners have to share their information, and work together to reach a goal. That is why it is called "Interpersonal Communication". Communication involves almost all our senses (seeing, hearing, touching, smelling, and sometimes even tasting)

In promotion of maternal and neo-natal health the purpose of this partnership is to help the individual/groups to make decisions about problems affecting the health of the woman during the entire maternity cycle and the health of the newborn. It will not be possible to solve all the problems through counseling but the partners can aim at minimizing theses problems.

1. **Types of Interpersonal Communication:**

1.1 Verbal:

It refers to the spoken words - it begins and ends with 'what we say. It is largely conscious action and can be controlled by an individual. It is basically speaking and hearing.

1.2 Non Verbal

It refers to actions of the counselor and the client with or without the spoken word. It is complex and often an unconscious action. It reveals to the others the feelings or conveys the unsaid message. It includes tone of voice, facial expression, eye contact, body posture, various gesture and physical appearance. These gestures are called, "body language

Generally verbal and non-verbal communication happens together and support or contradict each other. If the verbal and non-verbal messages do not match then usually the non-verbal message has stronger effect. ACTIONS SPEAK LOUDER THAN WORDS.

2. Types of Counseling in Maternal and Neonatal Health

• **Individual Counseling**: involves the provider and the client (client could be anyone who requires help and guidance).

• Couple **Counseling:** involves the provider and a couple (in case of matters related to RH and FP)

• Two **person counseling:** involves the provider, and two individuals seeking help for a problem affecting both of them e.g. a son/daughter and a parent or two close friends or mother-in-law and daughter-in-law.

3. Responsibilities of Partners in Counseling

Partners	Take/give /Use information	Demonstrate Trust
The Counselor	Take information from the client to evaluate her/his needs. Use this information to give accurate information according to client's needs. Help the client to apply this information to solve/minimize her/his problems	Ensure privacy and confidentiality Show understanding, respect and caring attitude.
The Client (s)	Offers information about her/his needs/problems. Answers questions about personal needs and health condition, as accurately as possible. Ask questions Makes sure that he/she understands the information and instructions	Asks the counselor for help if needed Express fears, concerns, preferences, expectations and wishes etc. Share confidential information related to the needs/problems.

Eleven Traits of an effective Counselor

The Counselor MUST:

1. Respect each client, irrespective of her / his age, sex, religion, marital status, ethnic background or sexual and reproductive health behavior.

2. Provide counseling in a quiet place, and with sufficient time to ensure client satisfaction.

3. Assure confidentiality.

4. Demonstrate a non-judgmental, accepting and caring attitude.

5. Use the language which, the client understands. Use of highly technical/medical technology can be confusing, misleading and at times even risky.

6. Use effective communication skills, including effective questioning, active listening, summarizing client's comments, repeating instructions etc. Ensure that verbal and nonverbal communication conveys the SAME message.

7. Avoid providing too much information at one time.

8. Give most important messages or instructions first. These should be brief, simple, specific and repeated (more than once) if necessary.

9. Use carefully selected visual /audiovisual aids/ printed material, if needed for clarification and better understanding or advocacy of maternal and newborn health.

10. Verify that the client has understood the decision(s) and the action(s).A final check or review of the counseling session is a good technique.

11. Accept her/his limitations and refer the client to the appropriate source of help when indications exist for a higher level of care.

The "GATHER" Approach

"GATHER" is a memory aide to help the health care providers to remember the six basic steps in the counseling process.

“**G" = Greet** -Welcome the client by a greeting, a smile, a sentence etc. offer a seat. If it is the first contact introduce yourself if you are busy tell the client that you will attend to her as soon as you can.

“A" = Ask- Obtain information about purpose of the visit. Get necessary details for determining needs or identifying the problem. Ensure privacy if the questions are of a private or delicate nature.

"**T" = Tell -Tell** client that you will try your best to help her. Explore with her various available choices for her problem (if more than one choice is available).

"H”:=Help: Help/guide client for a course of action including alternatives. e.g. In case of choosing a place for delivery of her baby her needs and preferences are to be considered; provide full detailed information on different options. Answer questions and help her make a suitable decision.

"E" = explain: - Why a certain action is needed. E.g. expressing the milk for engorged breasts. Address client's questions and concerns.

“R" = More than one action such as:

Repeat Instructions: Ask the client to repeat back instructions. If there is any confusion then go over the instructions once more.

Record: Document each visit. As soon as possible after client's visit, according to the routine of maintaining records.

Refer: Refer to the suitable health facility for services, which your setup cannot provide.

Return visit: Plan return visit if needed and make an appointment. Explain why she must keep the appointment

During the follow up visit the HCP should:

- Check about the implementation of the planned action
- Find out if there has been any positive change in the mother's situation since the last visit.
- Has any problem been at least minimized if not solved
- If action has not been taken by the mother, find out the reasons

Do not make the mother feel guilty if she has not taken any action to solve her problem (s). Analyze the situation and help the mother re plan. Some mothers only need more time

Return Visit- To come back for follow-up

Counseling is interpersonal communication. The outcome is a decision in which the client is involved. It is followed by action of the client and/or the counselor to meet client's needs.

Getting Information from the client

To get correct information from the client is very important for HCP. Therefore HCP is constantly asking questions. This requires special skill and sensitivity. She/he will have to master the Art of asking Questions.

The Art of Asking Questions:

There are 5 Types of questions. The type of question used will depend on the type of information required.

Types of Question:

Direct: used for routine information e.g. name, address, phone number etc.

Indirect: Used for getting information of very private or sensitive nature. E.g. HCP wants to know if the husband is working /earning. The question will be, "where does your husband work"

Closed ended: The questions which can be answered by a Yes or No. They do not give the women a chance to express her ideas, feelings act. e.g. "Is the baby all right?"

Open ended: Used to get the client to say something which tells the HCP about client's situation or feelings. "How is the baby doing" or "How do you feel about this?" or "What can I do to assist you?"

Probing: used when the HCP wants to get to the bottom of things or when the client is not sure of what she is saying or the client feels shy to discuss something.

“Where did you get this information?” or “When you say,’ you do not have enough milk’ what makes you think so?”

Example of closed and open ended Question

Closed Question	**Open Ended Question**
Did you give your milk to the baby soon after birth?	What was the first thing you fed your baby soon after birth?
Do you want to be delivered by a TBA?	Who would you like to have to deliver your baby?
Have you discussed delivery arrangements with your husband?	When will you discuss the delivery arrangement with your husband?
Do you know any family planning method?	Which methods of family planning do you know?
Do you know about danger signs in the new born baby?	What are the sign that tell you that the baby needs a doctor immediately?
Are you eating enough?	What do you eat for lunch and dinner?
Are you drinking enough water?	How many glasses of water and other drinks do you drink during the day?

Counseling is an important responsibility of every health care provider.

It is not limited to family planning

Family Planning

Family planning

1. Background

Globally, family planning is recognized as a key life saving intervention for mothers and their children (WHO 2012).

Many women and couples have attained their desired family size and would like to prevent future pregnancies. Ensuring that every woman has only the number of children she desires is an important means of decreasing maternal mortality. An analysis of health surveys from 27 countries found that 95% of women who are 0-12 months postpartum want to avoid a pregnancy in the next 24 months but 70% of them are not using any contraceptive (Ross&winfrey 2001).

Postpartum women have greatest unmet need for FP but they do not receive the services they need. According to PDHS 2012-13, the contraceptive prevalence rate (CPR) in Pakistan is only 35%. The unmet need is 20%. The survey also revealed that 41% of the women who have one living child want to have next birth within 2 years. While 39% of women with 2 living children want to postpone next birth for two or more years... The unmet need for family planning is the root cause for induced abortion which places the women at special risk of complications

The very high incidence of abortion in Pakistan is a clear indication of unwanted pregnancies. (Pop. Council 2002) Women in Pakistan usually seek abortion for variety of reasons. These include:

- For limiting family size (Using abortion as method of family planning)
- Delaying pregnancy (Using abortion as method of spacing pregnancies or limiting family size.)
- Contraceptive failure
- Lack of access to FP services
- Pregnancy as a result of rape
- Pregnancy out of wedlock

2. Role of maternity care providers in FP

Every maternity care provider is obliged to keep up dating her/his knowledge and skills for providing effective family planning. A comprehensive PPFP service starts with counseling in the ante-natal period and is an integral part of continuity of care for the woman and her baby through the entire maternity cycle and beyond.

The maternity care provider needs to assess the reproductive intentions of the couple. Information is provided to the couples about the health benefits of spaced pregnancies for the mother, the baby and the family. They are helped in the choice of a suitable method and provided services and guidance for the use of their chosen method.

For the pregnant women, family planning counseling should begin in the ante-natal period. It should be reinforced closer to EDD and during first stage of labour for immediate postpartum contraception. Women often do not return for post natal follow up and keep on postponing visiting FP clinic. They turn up with an unwanted pregnancy. That is why it is beneficial for the woman to make a contraceptive (preferably a long term one) available before she goes home after a delivery.

3. Role of Counseling in FP

Wherever culturally acceptable, couples should be counseled together. If not possible the same information must be provided to men also. Counseling for family planning addresses:

- Needs of those who wish to postpone the next pregnancy or limit their family size.
- Helps women/couples to choose the contraceptive they want to use.
- Access issues for procuring contraceptives
- Fears and concerns of the clients
- Misinformation and rumors about various contraceptives.
- The choices available so that the client becomes familiar with various Postpartum Family Planning (PPFP) methods.

In order to reduce risks of adverse maternal, prenatal and infant outcomes, the client should be informed that:

- After a live birth the minimum interval before attempting next pregnancy is at least 24 month.
- Lactation amenorrhea (LAM) works only when she meets certain criteria. Possibility of pregnancy, though not very common, is there.

In PPFP clinical safety is important. It means choice of the method according to the postnatal period and breastfeeding status of the mother.

For the use of contraception among women during the first year postpartum and beyond. There are various methods. Postpartum contraceptive options and timing recommended by WHO are:

4. Timing for initiating PPFP and modern methods of contraception (Figure 1)

4.1 Lactation amenorrhea (LAM) —Breast feeding women often do not get their periods for many months. It is called lactation amenorrhea. A woman who is exclusively breastfeeding can use the lactation amenorrhea as contraceptive method safely, provided she meets the LAM criteria.

❖ **LAM criteria are:**

- The baby is fully or nearly fully breast fed, and is fed often, day and night
- The mothers menstruation has not resumed
- The baby is less than 6 months.

If a mother chooses LAM, she should shift from LAM to another modern contraceptive method by the time the infant reaches 6 months of age, or sooner if LAM criteria are not met. She should be provided information in a timely manner to enable her to choose another modern contraceptive method**.**

4.2. Intra Uterine Contraceptive Device (IUCD)-

Copper bearing intrauterine contraceptive device is a long term method of contraception. It can be inserted:

- Within 10 minutes of placental expulsion
- During early postpartum up to 48 hours of delivery
- Any time after 4 weeks postpartum. (Interval insertion)
- Any time if the woman desires after ensuring that she is not pregnant. (Pregnancy test)

Advantages of immediate postpartum insertion are:

- Low risk of infection and perforation.
- Risk of expulsion lower for immediate than early postpartum insertion
- Woman goes home with protection for up to 12 years.

4.3. Condoms— All women, breastfeeding or not, can initiate use of condoms soon after birth, when the woman is comfortable to resume sexual intercourse

4.4 Tubal ligation—Female sterilization through tubal ligation (T L) can be performed immediately or up to 4 days after birth, or any time after 6 weeks postpartum.

The advantages of early postpartum TL are:

- ✓ Fallopian tubes can be easily located
- ✓ Low risk of infection if done within 48 hours postpartum

4.5 Hormonal methods

One hormone contraceptives (Progestin-Only Pills)

Breastfeeding women:

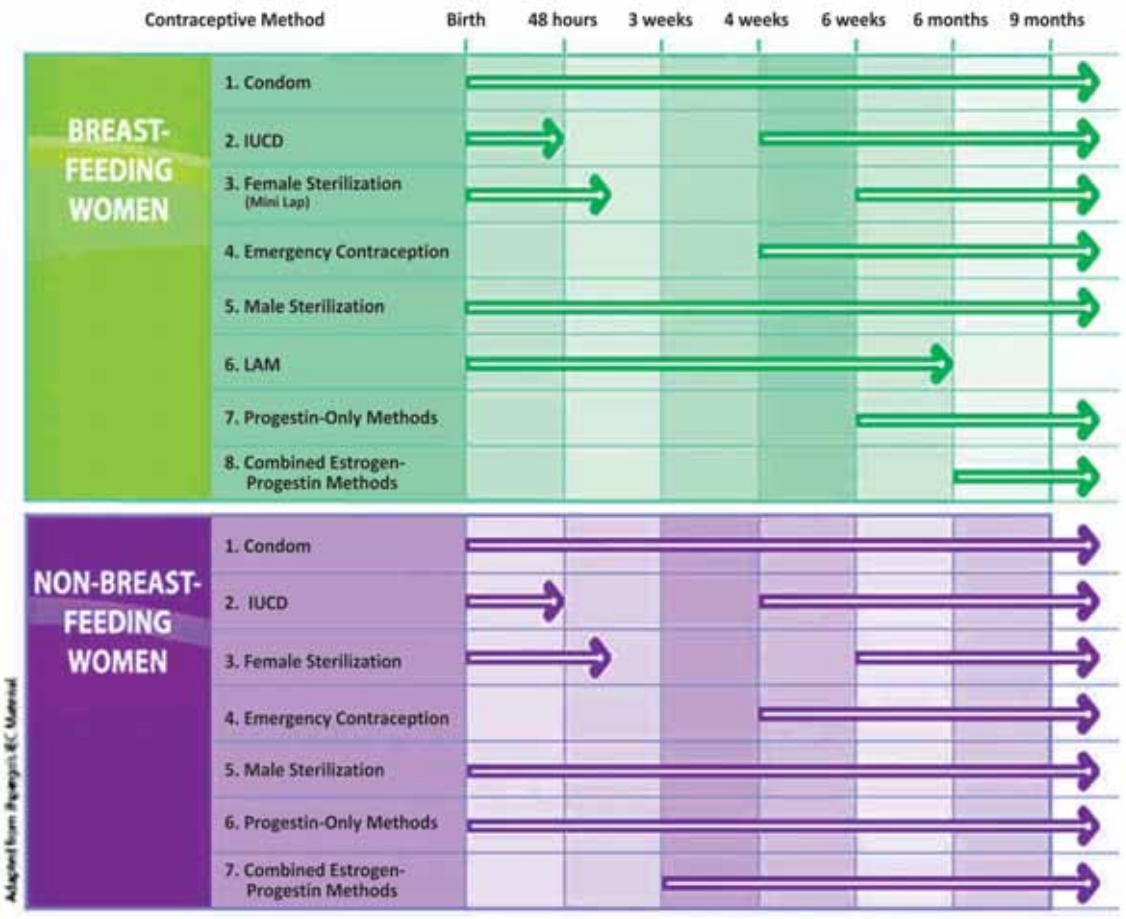
- ❖ All progestin-only methods i.e. pills, injections and implants can be initiated at **6 weeks** following birth, when lactation is well established
- ❖ Two Hormone Method (Combined oral contraceptive pills) Combined estrogen and progestin pills cannot be initiated until **6 months** after birth.

Non Breast feeding women

- ❖ All progestin-only methods can be initiated immediately after birth
- ❖ Combine oral contraceptive pills can be initiated starting at 3 weeks after birth

Figure 1 :

CONTRACEPTIVE METHODS FOR BIRTH SPACIG AFTER CHILD BIRTH



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Summary:

Maternity Care Providers (MCPs):

- ✓ Must keep their knowledge and skills updated about FP and PPFP.
- ✓ Polish their counseling skills. Family planning is not a curative health need for which each human being seeks professional help without much delay. FP is a preventive behavior which does not pressurize the women to act urgently. She keeps postponing acting. Only proper and regular counseling, tailored to individual client needs can convince them to pay serious attention and take timely action.
- ✓ Provide information about family planning to ALL their clients in reproductive age group
- ✓ Help the clients to choose a method of contraception suitable for their fertility regulation plans in consultation with their husbands.
- ✓ Motivate the pregnant and in labour women for immediate PPFP
- ✓ Ensure that after uterine evacuation the woman leaves with a contraceptive.
- ✓ Advocate continuously that, “Family planning saves lives.”