

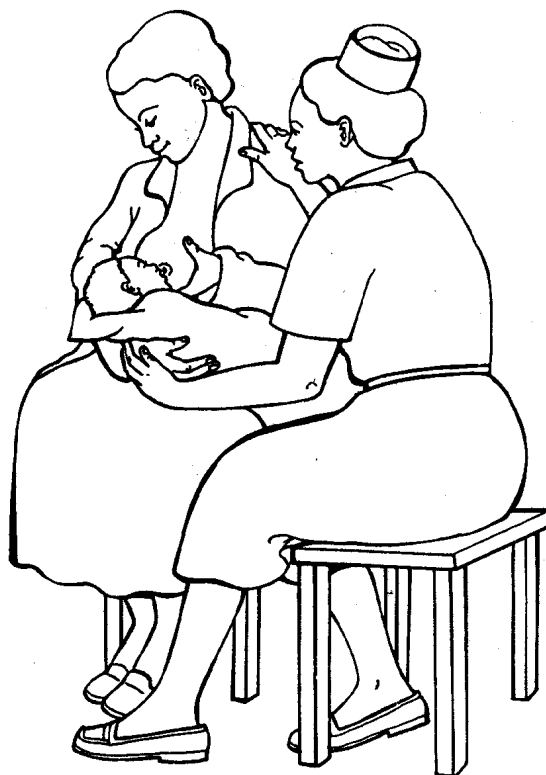
# **Breastfeeding counselling: A training course**

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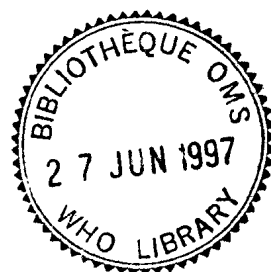
*Trainer's Guide*



**World Health  
Organization**



United Nations Children's Fund



# ***Breastfeeding counselling: A training course***

***Trainer's Guide***

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Total time for Sessions 1-33 (+ 2 videos)			36½ + 1 hr

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## INTRODUCTION

### **Why this course is needed**

Breastfeeding is fundamental to the health and development of children, and important for the health of their mothers.

The Programme for the Control of Diarrhoeal Diseases has long recognized the need for the promotion of exclusive breastfeeding in the first 4-6 months of life, and sustained breastfeeding together with adequate complementary foods up to 2 years of age or beyond, to reduce diarrhoeal morbidity and mortality.

Workers concerned with nutrition, and with maternal and child health, also recognize the importance of improved infant feeding practices. In 1991, UNICEF and WHO jointly launched the Baby Friendly Hospital Initiative, which aims to improve maternity services so that they protect, promote, and support breastfeeding, by putting into practice the "10 steps to successful breastfeeding". Many maternity facilities throughout the world are now striving to achieve "Baby Friendly" status.

The International Code of Marketing of Breastmilk Substitutes has been in place for more than a decade, and much effort to protect breastfeeding from commercial influences has followed. One requirement for being "Baby Friendly" is that a facility shall not accept or distribute free samples of infant formula.

However, even mothers who initiate breastfeeding satisfactorily, often start complementary feeds or stop breastfeeding within a few weeks of delivery. All health workers who care for women and children after the perinatal period have a key role to play in sustaining breastfeeding. Many health workers cannot fulfil this role effectively because they have not been trained to do so. Little time is assigned to breastfeeding counselling and support skills in the preservice curricula of either doctors, nurses or midwives.

Hence there is an urgent need to train all health workers who care for mothers and young children, in all countries, in the skills needed to both support and protect breastfeeding. The purpose of "Breastfeeding counselling: A training course" is to help to fill this gap. The materials are designed to make it possible for trainers with limited experience of teaching the subject to conduct up-to-date and effective courses.

The concept of 'counselling' is new, and the word can be difficult to translate. Some languages use the same word as 'advising'. However, counselling means more than simple advising. Often, when you advise people, you tell them what you think they should do. When you counsel a mother, you help her to decide what is best for her, and you help her to develop confidence. You listen to her, and to try to understand how she feels. This course aims to give health workers listening and confidence building skills, so that they can help mothers more effectively.

## THE COURSE AND THE MATERIALS

### Structure of the course

The course takes a total of 40 hours, which can be conducted consecutively in a working week, or which can be spread out in other ways. The course is divided into 33 Sessions of between 30 and 120 minutes each, using a variety of teaching methods, including lectures, demonstrations, clinical practice, and work in smaller groups with discussion, reading, role-play, and exercises. The shorter sessions are arranged around four 2-hour clinical practice sessions. Participants progressively develop their support and counselling skills in the classroom, and then practise them with mothers and babies in wards or clinics.

### Different kinds of session

#### *Lectures and demonstrations*

Seven sessions are lecture presentations, with slides or overhead transparencies, and four are demonstrations. Each of these should be conducted by one of the trainers, for the whole class together. The Course Director will assign the lectures and demonstrations to different trainers.

#### *Group work*

The main part of each clinical practice session, the sessions for practising history taking and counselling skills, and parts of three other sessions are conducted in small groups of 4-5 participants with one trainer. Each trainer is assigned to a group of 4-5 participants. The trainer has special responsibility for the participants in her group, and should follow their progress, and help them with difficulties.

Fourteen sessions are conducted in groups of 8-10 participants, each with two trainers. To make up the large groups, two of the smaller groups are combined. These sessions consist of a mixture of discussion, reading, demonstration, role-play, and exercises.

#### *Clinical practice*

There are four 2-hour clinical practice sessions. The whole class meets together for the first 20 minutes to prepare, and if possible for the last 20 minutes to discuss the session. For the clinical practice itself, participants work in their groups of 4-5 each with one trainer.

#### *Class discussion*

The session on the local breastfeeding situation is led by one trainer with the whole class together.

## **Forming groups**

As soon as possible after the introductory session, the Course Director with the help of one or two of the trainers decides how the groups will be composed.

If language and gender may be a problem, each group should have at least one person who can speak the local language, and at least one woman. It may be appropriate to balance professional groupings. Sometimes it is a good idea to make a participant who knows the others in the class responsible for arranging the groups according to these considerations. The names of the trainer and participants in each group are written on a flipchart or board, and posted up where participants can check which group they belong to.

## **Order of sessions**

The sessions are in a suggested sequence, but the order almost always needs to be adapted, for example, if mothers and babies are not available for clinical practice at the suggested times.

Most sessions can be moved, but it is necessary for some aspects of the sequence to be maintained. The main requirement is that you conduct the sessions which prepare participants for a particular clinical practice before that practice, (as indicated by the similar titles of class and clinical practice sessions). It is also important that Sessions 1-7 are completed before Clinical Practice 1, and that Session 10 'Positioning a baby at the breast' is held between Clinical Practice 1 and Clinical Practice 2.

Parts of some sessions are optional. The Course Director will decide whether or not to include these parts. Sessions 31, 32, and 33 are Additional Sessions. They are not part of the skills development sequence, so they can be arranged more flexibly, or fitted in at other times such as during the evening. These are key topics however, and it is strongly recommended that they are included in the course at some point.

## **The Trainer's Guide**

The Trainer's Guide contains what you, the trainer, need in order to lead participants through the course. The guide contains the information that you need, detailed instructions on how to teach each session, the exercises that participants will do, together with answers, and the summary sheets, forms, checklists and stories used during the practical sessions of the course. This is your most essential tool as a trainer on the course. Write your name on it as soon as you get it, and use it at all times. Add notes to it as you work. These notes will help you in future courses.



## Accompanying course materials

### *Overhead transparencies and 35mm slides*

Overheads and slides are provided for the lectures and for some other sessions, (see the list below). The figures for the overhead transparencies are also available in the form of a flipchart, which you can use to show to participants if facilities for projection are not available.

### *Participants' Manual*

A copy is provided for each participant. This contains:

- Summaries of key information from the lectures and other sessions
- Copies of the forms and checklists from the practical sessions
- The exercises which participants will do during the course, but without answers
- A glossary of the terms used in the materials
- A Clinical Practice Progress Form, which enables trainers to follow the progress of individual participants

The manual can be used for reference after the course, so it is not essential for participants to take detailed notes.

### *Answer Sheets*

These are provided separately, and they give answers to all the exercises. Give them to participants after they have worked through the exercises.

### *Forms and checklists*

Loose copies of the forms and checklists needed for clinical practice and counselling exercises are provided. These are:

- B-R-E-A-S-T-Feed Observation Form
- Breastfeeding History Form
- Listening and Learning Skills
- Confidence and Support Skills
- Counselling Skills Checklist
- Clinical Practice Discussion Checklist (for trainers only)
- Assessing and Changing Practices Form (for the final exercise)

The forms are printed on A4 sheets.

'Listening and Learning Skills', 'Confidence and Support Skills', and 'Counselling Skills Checklist' are all on one A4 card, to cut up as necessary.

### *Story cards*

Copies of the Histories and Counselling Stories are provided for the History Practice and Counselling Practice exercises.

### *Videotapes*

These are recommended as part of the course:

- *Helping a Mother to Breastfeed* (Royal College of Midwives, UK).
- *Feeding Low Birth Weight Babies* (UNICEF).

Other videos from UNICEF which may also be available, and which can be shown if time permits, for example, on a residential course, are:

*Breastfeeding: A Global Priority*  
*Breastfeeding Rediscovered*  
*Mother Kangaroo.*

## Reference materials

These are given to participants as part of the course materials:

- *Helping mothers to breastfeed* (Revised Edition, African Medical and Research Foundation, 1992, or an adapted version.)
- *Protecting Infant Health: A Health Workers Guide to the International Code of Marketing of Breastmilk Substitutes* (Updated 1993, IBFAN Penang).
- Annex to the Global Criteria for Baby Friendly Hospitals: Acceptable Medical Reasons for Supplementation
- Annex on Breastfeeding and Maternal Medication: Recommendations for drugs in the Essential Drugs List.
- *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services.* A joint WHO/UNICEF Statement, 1989.

It is recommended that the following are also available during the course:

- *Infant Feeding: The Physiological Basis*, Bulletin of the World Health Organization, supplement to volume 67, 1989.
- Copies of the WHO newsletter *Facts about infant feeding*.

## List of Overheads and Slides

(Total: 50 overhead transparencies; 50 35mm slides)

Session 1: 'Why breastfeeding is important'	Overheads 1/1 to 1/16
Session 3: 'How breastfeeding works'	Overheads 3/1 to 3/12
Session 5: 'Observing a breastfeed'	Slides 5/1 to 5/15
Session 8: 'Health care practices'	Slides 8/1 to 8/15
Session 11: 'Building confidence and giving support'	Overheads 11/1 to 11/6
Session 14: 'Breast conditions'	Slides 14/1 to 14/18
Session 26: 'Low-birth-weight and sick babies'	Overheads 26/1 to 26/6
Session 27: 'Increasing breastmilk and relactation'	Slides 27/1 and 27/2
Session 28: 'Sustaining breastfeeding'	Overheads 28/1 and 28/2
Session 31: 'Women's nutrition, health and fertility'	Overheads 31/1 to 31/8

## Training aids

For each course, it is necessary to have four life size baby dolls and four model breasts, so that there is one for each small working group. If dolls and breasts are not available, try to make them.

Here are instructions for one way to make them simply and out of readily available materials.

### HOW TO MAKE A MODEL DOLL

Find any large fruit or vegetable, a towel or other strong thick cloth, and some rubber bands or string.

Put the fruit or vegetable in the middle of the cloth, and tie the cloth around it to form the baby's 'neck' and 'head'.

Bunch the free part of the cloth together to form the baby's legs and arms, and tie them into shape.

If the cloth is rather thin, you may like to stuff some other cloth inside to give the doll more of a 'body'.

### HOW TO MAKE A MODEL BREAST

Use a pair of near skin-coloured socks, or stockings, or an old sweater or tee shirt. Make the cloth into a round bag shape, and stuff it with other cloth or foam rubber to make it breast shaped. Stitch a 'purse string' around a circle in the middle of the breast to make a nipple. Stuff the nipple with foam or cotton. Colour the areola with a felt pen. You can also push the nipple in, to make an 'inverted' nipple.

If you wish to show the inside structure of the breast, with the lactiferous sinuses, make the breast with two layers, for example with 2 socks. Sew the nipple in the outer layer, and draw the lactiferous sinuses and ducts on the inside layer, beneath the nipple. You can remove the outer layer with the nipple to reveal the inside structure.

## TEACHING THE COURSE

### Motivating and managing participants

- *Encourage interaction*

During the first day or two, interact at least once with every participant, and encourage them to interact with you. This will help them to overcome their shyness, and they will be more likely to interact with you for the remainder of the course.

Make an effort to learn participants' names early in the course, and use their names whenever it is appropriate. Use names when you ask participants to speak, or to answer questions, or when you refer to their comments, or thank them.

Be readily available at all times. Remain in the room, and look approachable. For example, do not read magazines or talk constantly with other trainers. Talk to participants rather than trainers during tea breaks, and be available after a session has finished.

Get to know the participants who will be in your group, and encourage them to come and talk to you at any time, to ask questions, or to discuss any difficulties, or even to tell you that they are interested and enjoying themselves.

- *Reinforce participants' efforts*

Take care not to seem threatening. These techniques may help:

- be careful not to use facial expressions or comments that could make participants feel ridiculed;
- sit or bend down to be on the same level as a participant whom you are talking to;
- do not be in a hurry, whether you are asking or answering questions;
- show interest in what participants say. For example, say: "That is a good question/suggestion."

Praise, or thank participants who make an effort. For example when they:

- try hard;
- ask for an explanation of a confusing point;
- do a good job on an exercise;
- participate in group discussion;
- help other participants (without distracting them by talking about something irrelevant).

You may notice that many of the counselling skills taught during the course are also important for communicating with participants. In particular you will find it helpful

to use appropriate non-verbal communication, to ask open questions, and to help them to feel confident in their work with mothers and babies.

- *Be aware of language difficulties*

Try to identify participants who have difficulty understanding or speaking the language in which the course is conducted. Speak slowly and clearly so that you can be more easily understood. Encourage participants in their efforts to communicate. If necessary, speak with a participant in her own language (or ask someone else to do so for you) to clarify a difficult point.

Discuss with the Course Director any language problems which seriously hinder the ability of a participant to understand the material. It may be possible to arrange help for the participant, or for her to do some of the exercises in a different way.

## Using your Trainer's Guide

### *Before you lead a session:*

- Look at your guide and read the 'Objectives' and the 'Session outline', to find out what kind of session it will be, and what your responsibilities are.
- Read the 'Preparation' box at the beginning of the text, so that you know what you have to do in advance to prepare for the session, and what training aids (and other kind of help) you need.
- Read through the text for the session, so that you are clear what you will have to do. The text includes detailed point by point instruction about how to conduct the session.

### *When you lead a session:*

**keep your guide with you and use it all the time.**

You do not need to try to memorize what you have to do. It is extremely difficult to do so. Use the guide as your session notes, and follow it carefully.

If using the whole guide is unacceptable, for example because it might make some participants think that you do not know the material, decide what to do.

For example, you might ask the Course Director to explain at the beginning of the course that this is the correct method for this kind of teaching, in the same way that participants need to use their manual. Alternatively, for the sessions that you lead, copy the necessary pages of the guide, to use as your notes during the session. This will not be so bulky or conspicuous as carrying the whole guide.

Remember that even the authors of the materials find it necessary to follow the guide when they teach the course. If they do not, they find it difficult to keep to the planned sequence of teaching, and they miss out important steps.

## Preparing to give a presentation

- *Study the material*

Before you give one of the lecture presentations, read the notes through carefully, and study the overheads or slides that go with it.

You do not have to give the lecture exactly as it is written. You should not read it out, unless you feel that there is no other way you can do it. However, it is important that you are thoroughly familiar with the contents of the lecture, and with the order of ideas in the presentation. This is necessary even if you are an experienced trainer, and knowledgeable about breastfeeding.

Go through the text, mark it and add your own notes to remind you about points to emphasize, or points of special local importance. Try to think of your own stories, and ways to present the information naturally in your own way.

Read the **Further information** sections. They give extra information about topics that are covered only briefly in the main text. You should not present them with the main presentation, but they may help to answer questions that arise in the course of discussion.

- *Prepare your slides or overheads*

Make sure that you have all the slides or overheads for the session, and arrange them in the correct order.

Shortly before the session, make sure that the audience will be able to see the images - that the room is dark enough, that the screen is well placed, and that the chairs are arranged appropriately. You do not have to accept the arrangements from the previous session - it can be an advantage to move an audience around, and present material in a new way. It may help to keep their attention.

## Giving a lecture

- *Talk in a natural and lively way*

- Present the information as in a conversation, instead of reading it.
- Speak clearly and try to vary the pitch and pace of your voice.
- Move around the room, and use natural hand gestures.

- *Explain the overheads and slides carefully*

Remember that overheads and slides do not do the teaching for you. They are *aids* to help you to teach and to help participants to learn. Do not expect participants to learn from them without your help.

Explain to the audience exactly what each picture shows, and tell them clearly the main points that they should learn from it. As you explain, point out on the overhead or slide where it shows what you are talking about, and draw the participants' attention to the appearances. Do not assume that they automatically see what you want them to look at.

With slides, point to the screen. With overhead transparencies, either point to the screen, or point out the place on the projector.

Remember to face the audience as you explain - do not keep looking at the screen yourself. Do not turn your back on the audience for more than a short time. Keep looking at them, and maintain eye contact, so that they feel that you are talking to them personally.

Be careful not to block participants' view of the screen. Either stand to the side, or sit down, and check that they can see clearly. Look out for participants bending to see the screen or demonstration because you are in the way. Stop and adjust your position before you continue.

When you are familiar with the material, and you have taught it a few times, you will be able to explain in your own way. You will be able to make it appropriate for the participants, and answer their questions in the way which is most helpful for them.

It is helpful sometimes when presenting slides or overheads to ask participants to come to the screen to point things out to the others. This technique is recommended for Session 5, 'Observing a breastfeed'.

- *Involve the audience*

You will have to give much of the information in lecture form. This is necessary to cover enough material in the limited time available.

However, it is also helpful during lectures and other sessions to ask questions, to check that participants understand, and to keep them thinking. This more interactive technique helps to keep participants interested and involved, and is usually a more effective way of learning. Ask open questions, (which you will have learned about in sessions on counselling skills) so that participants have to give an answer that is more than a "yes" or "no".

A number of questions are indicated in the text. They ask participants to make observations on a slide or transparency, and to think what it means. The questions are carefully chosen, so that participants should be able to decide the answer either by looking at the picture, or from their own experience, or from what has been covered previously in the course, without requiring new information that they may not have.

Sometimes you may want to give participants a hint to help them to answer. Sometimes asking the question again, in another way, can help. However, do not help them or give them the answer too quickly. It is important to wait, and to give them a genuine chance to think of the answer themselves. On the other hand, do not get involved in discussions which are distracting, and which waste a lot of time. Encourage participants to make a few suggestions; discuss their suggestions; and then continue with the session. You do not have to wait until they have given all the answers listed in the text. Notes are included with many of the questions to guide you.

Acknowledge all participants' responses, to encourage them to try again. Comment briefly on their answer, or say "Thank you", or "Yes". If participants give an incorrect answer, do not say "No - that is wrong!" or some may hesitate to make other suggestions. Accept all answers, and say something non-committal, such as "That is an interesting idea" or "I haven't heard that one before". Ask them to say more to clarify the idea, or say "What does anyone else think?" or ask for other suggestions. Make participants feel that it is good to make a suggestion, even if it is not the 'correct' answer.

When someone answers correctly, 'hold onto' their answer; expand it if necessary, and make sure that everyone else has understood.

Do not let several participants talk at once. If this occurs, stop the talkers, and given them an order to speak in. For example, say "Let's hear Mary's comment first, then Anastasia's, then Siti's". People will usually not interrupt if they know that they will have a turn to talk.

Do not let the same one or two people answer all the questions. If a talkative participant tries to answer several questions, ask her to wait for a minute, and turn or walk away from her. Try to encourage quieter participants to talk. Ask someone by name who has not spoken before to answer, or walk towards someone to focus attention on her, and make her feel that she is being asked to talk.

Thank participants whose answers are short and to the point.



## Preparing to give a demonstration

- *Study the instructions*

You should already have seen the demonstration in the preparatory course. Some time before you give the demonstration, read through the instructions carefully, so that you are familiar with them. This is necessary even if you have already seen someone else give the demonstration. Even if you have given the demonstration before yourself, it is a good idea to re-read the instructions, so that you do not forget any important steps.

- *Collect the equipment*

Make sure that you have the dolls or other equipment that you need. Prepare those things that you can make yourself (for example, a model breast).

- *Prepare your assistant*

You may need someone to help you to give the demonstration, for example, someone to pretend to be a mother. It is usually a good idea to ask a participant to help you. This can be a good learning experience for her. It increases her involvement, and helps her to learn about teaching methods.

Ask for help a day or two before a demonstration, so that helpers have time to prepare themselves. Discuss what you want them to do, and help them to practise.

- *Practise the demonstration*

Practise giving the demonstration, by yourself, with your assistant, or with another trainer, so that you know how long it takes, what can go wrong, and if there is anything else that you need, such as an extra table or chairs. This will make the demonstration much more convincing, and it is a good idea even if you have done it before.

## Giving the demonstration

- Make sure that all the equipment is ready and together, and prepare the place where you will give the demonstration. Arrange tables and chairs as you will need them.
- Make sure that you can use a board to write things up, or an overhead projector if you need to show a transparency as part of the demonstration, without having to rearrange everything.

- Demonstrate slowly, step-by-step, and make sure that the audience are able to see what you do. If necessary, ask them to move closer to you so that they can all see and hear clearly; or move closer to them, going to each part of the audience in turn.
- As you give the demonstration, take every opportunity to let participants handle and examine the equipment that you use, and themselves practise what you demonstrate. They will learn more if they try things out, than if they just see you doing them.

### **At the end of a lecture or demonstration**

Leave time for participants to ask questions, and do your best to answer them.

Ask participants to find the summary notes for the session in their manuals. Tell them the pages for the session. Ask them to read the notes later on the same day. Tell them about any recommended reading from the reference material (see sections listed at the end of relevant sessions).

### **Working in groups**

Working in groups makes it possible for the teaching to be more interactive and participatory, and it gives everybody more time to ask questions. Quieter participants have more chance to contribute.

Work in groups of 8-10 with two trainers consists mostly of discussions, reading, short demonstrations, role-play, and exercises.

The two trainers are likely to have different strengths, and can support and learn from each other. They should plan together how to conduct the session.

Work in groups of 4-5 with one trainer is mainly for the practice of skills, such as positioning a baby at the breast, history taking, and counselling. The smaller groups give everybody a chance to practise the skills.

**Read the specific instructions for the group sessions that you will lead, and plan how you will conduct them.**

#### ● *Conduct discussions*

Some discussions consist of simple questions which you ask the group, encouraging participants to suggest answers, and to give their ideas, in a way similar to that described for asking questions in lectures. It may help to write the main question, and the main points of answers on a flipchart.

Do not let a few more talkative participants dominate the discussion. If necessary, ask individuals in the group by name to suggest answers in turn. Encourage quieter members to say what they think, before you allow the talkative ones to speak.

To keep participants discussing the questions, from time to time summarise what has been said and restate the question in another way. When participants give an incomplete answer, ask them to try to clarify and complete what they are trying to say. Add any necessary explanation, and make sure that it is clear to all participants.

Give participants time to ask their own questions. Answer the questions willingly. Encourage participants to ask at the time that they have a question, and not to hold it for a later time. However, if they ask too many questions, and it interferes with the session, you may have to ask them to wait.

- *Develop lists and schema*

In some sessions, you and the participants together have to develop lists or schema for a topic, on boards or flipcharts.

Plan these lists and schema carefully. Make sure that you have enough flipcharts or sheets posted up. Plan the layout of the lists on each page, to make sure that you can fit the whole list onto one sheet.

- *Reading*

In some sessions, you ask participants to read a section of text to themselves. You then discuss the topic with them, to make sure that they understand what they have read. Later they practise using the information in an exercise.

If it is difficult for participants to absorb information when they read it to themselves, you can as an alternative ask them to read it aloud. Each participant takes it in turns to read one sentence or section of the text. You can discuss the ideas and ask questions after each point.

- *Give short demonstrations*

The group sessions include a number of short demonstrations of counselling techniques, and other skills. They do not need equipment other than dolls and model breasts, which should be available for every group.

Practise conducting these demonstrations. Make sure that you have a doll and a model breast available, if necessary. If you need a participant to help you, help her to prepare, and make sure that you give her a copy of what she has to say in advance.

- *Role-play*

Choose the players in advance, explain carefully what you want them to do, and give them written instructions to help them to remember what to do.

If you feel that participants are not ready to do role-plays themselves, do the role-play yourself with another trainer. This helps participants to understand what role-play is about, and they can see that making mistakes does not matter, so they may feel more confident to try themselves next time.

- *Exercises*

Some exercises are done by the whole group together. These take the form of a discussion.

A number of exercises are *individual written exercises*. This is an important way for individual participants to learn, and to find out for themselves what they are and are not clear about. It helps you to discover who easily understands what has been taught, and who needs more help. The participants who are most in need of help may not ask for it, and you may not discover who they are until they do these exercises. It also helps you to discover which topics are easy and which are difficult for the group.

For written exercises, participants stay in the groups of 8-10, but work by themselves. The two trainers circulate, and give individual feedback and personal attention to the participants as they do the exercises. Pay particular attention to the members of your own small group, but it is good if both trainers talk to all participants.

An alternative, if participants have difficulty writing the answers, is to discuss the answers to the questions in pairs, or in small groups of participants with one trainer. However, it is preferable if possible for each participant to try to answer the questions for herself.

### **Facilitating individual written exercises**

- *Explain how to do the exercise*

Tell participants which exercise to do, and on which page in their manuals they can find the exercise. Make sure that they have all found it.

Explain that they should read the questions, and write the answers in their manuals. They should use pencil, so that they can easily erase and correct their answer. Make sure that they have pencils and erasers to work with.

Ask them to read the instructions **How to do the exercise** and the **Example**. If you feel that it would be helpful, you can read the example aloud with the participants, and give them a chance to ask questions if they have not fully understood.

Explain that they should work at their own pace, and answer as many of the questions as they can. However, it is not essential to finish all the questions. You may wish to recommend a minimum number that they should try to complete. Let participants who work faster continue with all the questions, including the optional questions, if they can. Explain that the trainers will give individual feedback, and will help them as needed.

Try to arrange for participants to sit separately, so that they do not hear or see other peoples' answers.

When you are satisfied that participants know what to do, let them work by themselves for 5-10 minutes.

Then start circulating, looking over their shoulders to see how they are getting on. Talk to each participant individually, and as confidentially as possible. Try not to let other participants overhear what you are saying. Compare their answers with the suggested answers in your guide. Compliment them if they have answered satisfactorily. If an answer is incorrect, do not make them feel ridiculed. Ask them if they have any other ideas, and give them a chance to try to correct the answer. If they cannot do so, help them to decide the correct answer, and explain their mistake. Try not to give them the answer too easily.

With participants who find the exercises easy, you should be able to give them feedback quite quickly. Spend extra time with participants who are having difficulty, to make sure that they understand the essential points that the exercise illustrates. If a question causes difficulty for several participants, discuss it afterwards with the group together.

At the end of the session, give participants the Answer Sheet for the exercise. Suggest that they complete the questions that they have not finished in their own time, and correct their own answers. They should ask a trainer later if they do not understand any of the answers.

### **Conducting small group sessions**

The sessions in which participants practise their history-taking and counselling skills are conducted in small groups with 4-5 participants and one trainer.

Each trainer has a set of story cards, **History 1-5** for Session 18 and **Counselling Story 1-10** for Session 25. For each session, select the most appropriate stories, and

give one to each participant before the session so that they have time to study it. They should not show it to their colleagues.

During the session, participants work in pairs within the group to practise taking a history, or using the counselling skills. One of the pair plays the mother, following the story on her card. The other plays the counsellor, and uses the Breastfeeding History Form or the Counselling Skills Checklist. This is called 'pair practice'.

You follow from the Trainer's Guide, which contains both the story and short comments to help you to guide the participants and make sure that they learn what is intended. Guide the group to discuss the practice, and help the counsellor to improve her skills. Detailed instructions are given in the notes for the session.

### **Clinical practice**

Each trainer takes her group of 4-5 participants to a ward or clinic to practise with mothers and babies the skills that they have learnt in the previous sessions.

Use the **CLINICAL PRACTICE DISCUSSION CHECKLIST** to help you to discuss each mother and baby with the participants.

Follow the progress of each of the participants in your small group with the **CLINICAL PRACTICE PROGRESS FORM**. Each participant has a form, and she fills it in for each mother and baby that she sees. Check the form with the participant after Clinical Practice 2 and Clinical Practice 3, to see if she has seen mothers in a variety of different situations. If there are some important situations that she has not seen, try to help her to see them in Clinical Practice 4. Alternatively, arrange for her to practise counselling a mother in that situation in a role-play.

Detailed instructions are given with the notes for each clinical practice. The main instructions are with Clinical Practice 1.

#### **WHAT THE SIGNS USED IN THE GUIDE INDICATE**

- an instruction to you, the trainer.
- what you, the trainer, say to the participants.
- ☺ that you ask participants for their help.
- that you should write on a board or flipchart.
- a general instruction, for example how to do a task or a series of major points.