

Overview

These training materials are intended to be used to train health care providers in Bladen, Nash, Onslow, Rockingham and Wayne counties in both large group training sessions and smaller in office in-services.

The goal of Young Moms Connect is to offer support to pregnant and/or parenting women ages 13-24 years with health maintenance, parenting skills and self-sufficiency.

This training manual provides trainers with the tools and materials necessary to train health care providers in one maternal-child health best practice area: Reproductive Life Planning.

How to use this Training Guide:

These training materials can be adapted for large trainings and smaller in-office in-services. The key content for both types of training is found on the PowerPoint slides and in the notes section of the slides. The other training methods listed in the “module at a glance” are optional as training time allows.

This Trainer’s Guide contains the following:

Purpose: A brief description of the overall goal for the module

Objectives: A list of stated expectations for training participants with regards to increased knowledge, change in attitude or skill competency

Pre-requisites: A list of basic knowledge and/or skills that training participants should have prior to the training

Materials: A list of tools or handouts that can be used for training participants during the training session

Advance Preparation: A list of tasks to be completed by the trainer prior to the training

Knowledge test/skills competency: A quiz and/or skills competency assessment to ensure module objectives were met.

Module at a Glance: A visual table for the trainer to use to quickly see an outline of key content and training delivery methods

Trainer & Participant Activities: Instructions, scripts and handouts to be used throughout the training at the discretion of the trainer. PowerPoint slides also refer to good times to use these activities.

Getting Started

Welcome

Welcome training participants. Introduce yourself, the Young Moms Connect Site Coordinator and any guest speakers. Thank training participants for coming. Enthusiasm is contagious. Tell participants that you are excited to work with them and that you are excited to learn from them as well as share some information. Tell participants that this is meant to be an interactive training and that questions and comments are welcome. We have as much to learn from one another as we do from the training content.

Ask the Young Moms Connect Site Coordinator to describe the basic mission and components of Young Moms Connect (or do this yourself if not available).

Young Moms Connect: Communities Supporting Young Families is a five county project funded through the N.C. Division of Public Health. Each funded county has a Community Advisory Council that will guide their county-specific project to implement an action plan that promotes integration, expansion and enhancement of services currently available to pregnant and/or parenting teens and women ages 13-24 years. Each county will integrate six identified Maternal and Child Health best (MCH) practices, implement or expand an evidence-based home visitation program, and create an integrated system of care. The Women's Health Branch of the N.C. Division of Public Health will provide trainings and coordinate a social marketing campaign related to the six MCH best practices.

Ice Breakers

Successful training days happen when participants feel comfortable, relaxed and have the desire to actively participate. Since this training is for various types of health care professionals it is important to “even the playing field” and do your best to make sure nurses and mid-level providers (nutritionists, health educators, social workers, etc.) feel comfortable actively participating with medical doctors.

Choose one of your own favorite ice breakers. Or, use one of the following suggestions:

In larger group trainings:

- Ask participants to interview each other for 2 minutes each and then have them introduce their new acquaintance to the large group. Be sure to ask them to include participants' names, profession, why they are attending today and most importantly....one thing they think they can do to help improve birth outcomes among young mothers in their county.

In smaller, in-service trainings where participants already know each other:

- Ask participants to go around and give their names, what job they currently have. Then ask them to think back to when they were 17 years old and share with the group what life was like for a pregnant teen then.

Parking Lot

Post a flip chart and tell training participants that any questions that arise throughout the training day that can't be answered today or that might be better addressed at a different part of the day will be "parked" in the parking lot. Be sure to revisit the parking lot at appropriate times throughout the training.

Agenda

Post on a flip chart the schedule for the day. This should include which modules you will be training on, time estimations for welcome, training periods, breaks and lunch, group activities and closure activities including any competency assessments.

Miscellaneous

Kindly ask participants to silence all cell phones and beepers. Point out restrooms (if necessary).

Reproductive Life Planning: A tool to improve the health and lives of pregnant and parenting teens

Purpose

Train providers on how to counsel patients using a Reproductive Life Plan (RLP) tool

Objectives

1. Increase knowledge about the key components of reproductive life planning
2. Understand how reproductive life planning relates to opportunistic preconception health counseling
3. Increase awareness about the importance of counseling all female patients of childbearing age about reproductive life planning
4. Improve reproductive life planning counseling skills
5. Learn strategies to improve reproductive life planning service delivery (within a practice or across agencies/partners)

Pre-requisites

- Basic knowledge of family planning counseling
- Basic skills in taking a health history

Materials

- Flipchart
- Trainer Activities:
 - Case Studies
 - Trainer Demonstrations
 - Role Play Instructions
 - Service Delivery Worksheet & Instructions
 - Self-Assessment Quiz & Answer Key
- Participant Handouts:
 - Role Playing Descriptions
 - Role Playing Checklist
 - Service Delivery Worksheet
 - Self-Assessment Quiz

Advance Preparation

- On flipchart paper, write out workshop objectives, parking lot, and agenda
- Make copies of trainer and participant handouts
- Choose which Activities you want to use for this particular audience/training
- Bring a binder for each training participant entitled “Training Materials & Toolkit”
- Make any logistical preparations necessary for the training day – facilities, meals, etc.

Knowledge test/skills competency

Use self-assessment quiz found in Trainer & Participant Handout sections of this guide and the “Training Materials & Tool Kit” binder for participants.

Module at a Glance

	Objective	Content	Time	Methods
INTRO			5 min	PP slides 1-7
Topic 1	1, 2	Key Components of RLP & Overview of its importance	15 min	PP slides 8-15
Topic 2	2, 3	Statistics/Facts about unintended pregnancies and birth outcomes	20 min	PP slides 16-37
Topic 3	4	Provider RLP counseling skills	30 min 15 min 15 min 45 min	PP slides 38-58 Trainer Demos Case Studies/Group process Role playing/counseling skills checklist
Topic 4	5	Improve practice and across agency RLP services	10 min 15 min	PP slide 59 Brainstorm/Service Delivery Improvement worksheet
SUMMARY			2 minutes	PP slide 60

Set-up plus presentation from PowerPoint is about 1.5 hours (or less depending on trainer preference). All the training activities are approximately 1.5 additional hours. Total training time with all activities = 3 hours.

Activities

1. Case Studies
2. Trainer Demonstrations
3. Role Plays
4. Service Delivery Assessment
5. Self-Assessment Quiz

Participant Handouts (copies also found in Training Materials & Tool Kit binders)

- Role Play Descriptions
- Role Play Checklist
- Service Delivery Worksheet
- Self-Assessment Quiz

1. Case Studies

Instructions

Read Case Studies aloud and ask the group the following questions. (Or, break participants into small groups, and give each group a copy of the case studies and ask them to talk through the questions. Ask for one volunteer to share main points with the large group at the end.)

Questions:

Should you offer this woman RLP counseling?

How could you start a conversation about RLP?

How would you assess her pregnancy risk? How would you share your assessment with her?

What would you recommend she does to address any health risks?

What would you recommend she does to proactively prepare herself?

Case Study 1:

An 18 year old African American, unmarried woman comes in to your practice for a chronic illness appointment. She has Type 2 diabetes and is overweight. She is sexually active and uses effective contraception. She goes to school full time and works part time. She does not have any children.

Case Study 2:

A 20 year old Latino engaged mother of a 1 year old son comes to your clinic for a pregnancy test. She is overweight but has no other health issues. She tells you that she hopes to get pregnant again soon and she has stopped using contraception. She nursed her baby for nine months. She is a stay at home mother.

Case Study 3:

A 19 year old Caucasian unmarried mother of a 6 week old comes to your facility for a postpartum visit. She is no longer in a relationship with the father of her baby. She quit smoking during the pregnancy and is struggling with cravings now that she is caring for a newborn and is struggling financially. She is not breastfeeding. She plans to return to work in two more weeks (part time).

Case Study 4:

A 23 year old unmarried African American mother of 2 (ages 3 and 1 year) comes in to your practice for a sick visit. She had postpartum depression after the birth of her second baby. She breastfed her babies for the first six weeks. She works full time.

Case Study 5:

A 24 year old Caucasian engaged woman comes to your practice for an annual exam. She had an abortion for an unintended pregnancy three years ago. She works full time. She would like to start a family after getting married.

2. Trainer Demonstrations

Instructions

One trainer will act as the Health Care Provider (HCP) and the other will act as a patient. The HCP will demonstrate using the 5 A's approach to Reproductive Life Planning. These are talking points, the trainers should add to the dialogue using their own ideas, preferences and experiences. The HCP should model a positive conversational tone, a non-judgmental attitude, and motivational concepts.

Use a Preconception Checklist (tool) and model how you would start a conversation about Reproductive Life planning. Give the woman appropriate brochures.

- Establish a rapport and ask open questions about her life and current life circumstances, particularly related to her goals for education, career and place of residence
- Ask about her current and future reproductive goals
- Discuss the importance of planning pregnancies and having a written plan
- Assess her risk factors, discuss her risk status
- Discuss protective factors, make a plan for protective treatments and/or behaviors

Trainer Demo #1:

- Patient is a 17 year old female
- HCP is a nurse at a school health clinic (visit to discuss herpes)

Trainer Demo #2:

- Patient is a 21 year old mother of a 1 year old.
- HCP is a Pediatrician (well check visit for child)

Trainer Demo #3:

- Patient is a 19 year old mother of a 6 week old
- HCP is a OB/GYN at a Maternity Care Center (postpartum visit)

Trainer Demo #4:

- Patient is a 23 year old mother of a 2 year old
- HCP is a Nurse Practitioner at a community clinic (sick visit for headaches)

Trainer Demo #5:

- Patient is a 18 year old mother of an 8 month old
- HCP is a physician in a private primary care physician's office

3. Role Plays

Instructions

Break participants into triads. Tell participants that one person will play the “provider,” the second person will play the “woman,” and the third person will be the “recorder.” The “recorder” should use the Role Play Checklist that accompanies this activity and is found in the Participant Training Materials & Tool Kit binder.

Tell participants that the character descriptions for the “women” are just a start and they should feel free to add to it as the role plays progress. Participants will switch roles after 5-15 minutes so everyone will have a turn in each role. After each role play the recorder and the “woman” will give the “provider” feedback. Explain that each role play takes place in a clinic or other health care setting.

When the role plays are finished, process the activity with the large group. Ask for volunteers to share some thing that they learned. Ask about which parts of the clinical visit were difficult and why.

Character descriptions

Woman #1: You are a 22 year old female with one child (age 2). You are in a relationship and sexually active, using contraception. You are obese and have high blood pressure. Your mom had two miscarriages and your sister had a premature baby who has developmental delays.

Woman #2: You are a 19 year old female with one child (6 mo.). You are no longer breastfeeding. You are sexually active, sometimes using contraception. You take medications for asthma and migraine headaches. You sometimes drink alcohol. You used to occasionally smoke marijuana while you were pregnant.

Woman #3: You are a 22 year old female. You are not in a relationship. You are taking a break from sex because you think your former boyfriend was unfaithful. You are overweight and your mom and sister have diabetes. You were treated for an STI three years ago.

Woman #4: You are an 18 year old woman in a relationship. You are sexually active and use contraception. You work in a nail salon. Before you were born, your mom had a baby who died at 8 months of age. You smoke socially.

Woman #5: You are a 16 year old female who is sexually active. You want to learn about other methods of contraception because you don't like the side effects of your method. You sometimes drink alcohol (binge drinking) and smoke. You also take prescription medication for acne. You are slightly overweight.

Role Play Checklist

Did the Provider.....	Yes	No	Comments
ASK if she....			
Is currently planning a pregnancy			
Would like to have a child (children) some day			
Is using a family planning method to prevent unintended pregnancies			
Has ever or is currently experiencing sexual or domestic violence			
Is currently engaging in any health risk behaviors			
Has any chronic conditions or infections, including STIs/HIV			
ADVISE about...			
Pregnancy risk, especially if not using a family planning method			
Adverse outcomes related to any risk behaviors, medical conditions/infections, or genetic conditions that could affect a potential pregnancy			
Healthy spacing of pregnancies (≥ 18 mo. & < 5 yrs.)			
Condom use to prevent STIs			
ASSESS the patient regarding...			
Her current level of acceptable pregnancy risk OR not being ambivalent about getting pregnant			
Her readiness to make a change and use a family planning method? Or more effective method?			
Her readiness to address identified risk behavior(s) or get care for chronic conditions			
ASSIST...			
Discuss family planning methods; offer Rx			
Promote long-acting reversible methods			
Refer to family planning clinic and/or primary care provider for management of chronic conditions and/or risk behaviors			
Refer to Quitline for tobacco use			
ARRANGE....			
Follow-up services as necessary			
Make appointments			
Help with transportation			

Comments:

4. Service Delivery Improvement Worksheet

Instructions

Ask participants to break into small groups and to answer the following questions about each clinical/counseling area.

	Assessing Patient Reproductive Goals	Assessing pre-pregnancy risk factors (preconception/interconception health)	Motivational counseling to promote healthy future pregnancies
Who is responsible for this in the practice? Where & when should RLP counseling take place? Can this role be expanded to others? What steps need to be taken to delegate and train others in this task?			
What tools are available? Do any of our current forms capture some or all of this information? How can we more fully assess this for our patients? Do we have any educational materials or self-assessment tools?			
What referral resources are available?			

5. Self-Assessment Quiz

Directions: Please circle the answer that you think is most correct for each question.

1. What are the three main components of preconception care?
 - (a) Protect, manage conditions, avoid teratogenic exposures
 - (b) Counsel, provide a plan, refer
 - (c) Ask, assess, arrange
 - (d) Screen, counsel, make a plan
2. Approximately what percentage of North Carolina pregnancies are unintended?
 - (a) 20%
 - (b) 40%
 - (c) 60%
 - (d) 80%
3. Teens account for 1 in ____ pregnancies in North Carolina annually?
 - (a) 3
 - (b) 4
 - (c) 6
 - (d) 8
4. The infant mortality rate for minority women in N. Carolina is ____ (per 1,000 live births)?
 - (a) 7.9
 - (b) 9.7
 - (c) 11.4
 - (d) 14.1
5. What percentage of all North Carolina births are preterm?
 - (a) 14%
 - (b) 12%
 - (c) 10%
 - (d) 8%
6. Abortion accounts for ____ of all North Carolina pregnancies?
 - (a) 9%
 - (b) 13%
 - (c) 17%
 - (d) 21%
7. What is the correct order of the 5 A's?
 - (a) Assist, Ask, Arrange, Advise, Assess
 - (b) Ask, Assess, Advise, Assist, Arrange
 - (c) Assess, Ask, Assist, Advise, Arrange
 - (d) Ask, Advise, Assess, Assist, Arrange

Self-Assessment Quiz Answer Key

1. A
2. B
3. C
4. D
5. A
6. C
7. D