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the **ACQUIRE** project

# **THE POSTPARTUM INTRAUTERINE DEVICE**

## **Trainer's Manual**

**A Training Course for  
Service Providers**

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The ACQUIRE Project  
c/o EngenderHealth  
440 Ninth Avenue  
New York, NY 10001 U.S.A.  
Telephone: 212-561-8000  
Fax: 212-561-8067  
e-mail: [info@acquireproject.org](mailto:info@acquireproject.org)  
[www.acquireproject.org](http://www.acquireproject.org)

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# Introduction for the Trainers

*It is important for the trainer to be familiar with the contents of this section, as it will facilitate the implementation of the course.*

## Course Overview

### Course Purpose

This curriculum is a clinical course designed to train service providers who will insert the intrauterine device (IUD) during the postpartum period at their home institutions. This course emphasizes the information needed to provide safe and effective postpartum IUD services and provides for extensive practice time for skills-building. It assumes that the participants will bring clinical gynecologic (medical, obstetric, midwifery) skills, knowledge, appropriate attitudes, and self-motivation to the training.

This curriculum has been designed to be used by trainers who are skilled, experienced, and proficient postpartum IUD providers and who have previously conducted clinical skills training. While this curriculum contains information to guide the trainer during the course and to assist the trainer in making decisions that will enhance the learning experience, it is assumed that the trainer understands adult learning concepts, is experienced in a variety of training methodologies and approaches, and knows how to adapt the materials to meet the participants' needs.

## Training Package

This training package consists of:

- *The Postpartum Intrauterine Device: A Training Course for Service Providers: Trainer's Manual*
- *The Postpartum Intrauterine Device: A Training Course for Service Providers: Participant Handbook*

The Trainer's Manual and Participant Handbook are divided into 10 modules and a group of appendixes. The modules in the trainer's manual correspond to those in the participant handbook; however, the trainer's manual features the learning objectives for each session, the instructions for conducting the session, learning tools, and resources that trainers can use to support the session. Technical content is contained in the participant handbook; therefore, trainers will need to have a copy of each book to conduct the training successfully.

### Trainer's Manual

The first page of each module in the Trainer's Manual contains the following essential information:

- Learning objectives
- The estimated time required for the module
- A list of training materials and supplies
- A description of the advance preparation needed

The modules are divided into sessions, each covering an important idea, concept, or learning activity that is related to an objective. However, the module should be presented as one unit, with each session flowing into the next.

Each session includes:

- *Training Methodology*: This is the training approach or combination of approaches recommended for covering the content in the participant handbook. The sentences in italics contain information for the trainer that can make the methodologies more effective.
- *Training Steps*: These give the specific sequence of activities to follow in conducting the session.

### **Slides/Transparencies**

Throughout this course, different modules suggest utilizing a PowerPoint presentation. This curriculum contains selected illustrations and content from most modules, in the form of PowerPoint presentations (on the accompanying CD-ROM) or slides/transparency masters (in Appendix F).

However, trainers should avoid relying heavily on PowerPoint lectures. PowerPoint slides and transparencies are useful for illustrating content when needed. The participant handbook contains detailed information on postpartum use of the IUD, which should eliminate the need to create PowerPoint handouts and make large numbers of photocopies.

### **Reference Materials**

We recommend that you become familiar with a number of reference materials and use them as job aids during the training. These materials (which are listed below) are included in the CD-ROM for this curriculum:

- The Capacity Project. 2006. *IUD guidelines for family planning service programs: A problem solving reference manual*. Baltimore: JHPIEGO.
- EngenderHealth. 2000. *Infection prevention: A reference booklet for health care providers*. New York.
- EngenderHealth. 2003. *Infection prevention practices in emergency obstetric care*. New York.
- Salem, R. M. 2006. New attention to the IUD: Expanding women's contraceptive options to meet their needs. *Population Reports*, series B, no. 7. Baltimore: Johns Hopkins Bloomberg School of Public Health, The INFO Project.
- World Health Organization (WHO). 2004. *Medical eligibility criteria for contraceptive use, 3rd edition*. Geneva.
- WHO. 2004. *Selected practice recommendations for contraceptive use, 2nd edition*. Geneva.

### **Participant Handbook**

Each participant should receive a copy of the participant handbook, which includes all of the essential course content. This minimizes the need for the participants to take notes and allows them to give their full attention to the course. The trainer can make available other reference materials that provide additional information on specific issues.

## Advance Preparation

### Senior-/Management-Level Support

Ideally, facility administrators, policy makers, and supervisors should be oriented to the service system needs for providing postpartum IUD and the expectation that staff receiving this training will begin implementing postpartum IUD services. Through senior-level orientation, administrators and supervisors should be prepared to facilitate the necessary support for newly trained staff to function. Supervisors of clinical services may benefit from being trained in postpartum IUD skills, so they can actively provide posttraining follow-up and strengthen provider performance through coaching, when needed. Lastly, supervisors should be trained in facilitative supervision, to enhance their skills in maintaining quality reproductive health services.

### Participant Selection

The participants should be service providers who work in maternity care units (antenatal clinic, maternity ward, or postpartum ward). It is advisable to train an “institution team,” which should include at least one staff member responsible for family planning information-giving and counseling, the clinician who will perform the IUD insertions, and a site supervisor who can facilitate the process of starting services at their home institution. The clinician who will perform the IUD insertion should be the one who attends births and who already has a family planning service background. *These clinicians should already be experienced in inserting and removing IUDs among interval clients.* If participants do not have this experience, they will need basic IUD training prior to attending this training. All participants should have a desire to learn about postpartum IUD services and should be committed to providing this service as a family planning option after they complete the course. *Note:* If participants would like to learn more about the IUD and about interval and postabortion IUD insertion, refer them to: The Capacity Project. 2006. *IUD guidelines for family planning service programs: A problem solving reference manual.* Baltimore: JHPIEGO, which is included on the CD-ROM.

### Number of Participants

If institution teams are formed, these should not exceed a total of three persons per institution. During a training event, up to five institutions can be trained at the same time; this would translate to 15 participants per event. **It is important to remember that the number of clinicians participating in a course requiring hands-on practice should not exceed five.** Moreover, it is recommended that there be no more than five participants requiring clinical practice for one trainer, if client volume and space permit.

### Training Site Selection

The training site should be a health care facility satisfying the following criteria:

- The staff are involved in and supportive of family planning in general and postpartum family planning—and specifically of postpartum provision of the IUD.
- The IUD is offered as part of the regular family planning services.
- The staff are involved in and supportive of postpartum family planning in general.

- ☑ There is a sufficient number of clients for clinical practice for the planned number of clinical days and participants (i.e., the postpartum IUD is actively offered, with a sufficient volume of clients who request a postpartum IUD and are informed about their options).
- ☑ Service providers demonstrate competence in postpartum IUD skills and practice active management of the third stage of labor (AMTSL) according to international standards.
- ☑ Service providers demonstrate optimal postpartum IUD infection prevention practices, including having infection prevention supplies available.
- ☑ The administration and staff are receptive to training nurses and midwives as well as physicians in postpartum IUD skills.
- ☑ Antenatal care services actively create awareness about the postpartum IUD among other postpartum family planning methods.
- ☑ There is ongoing training of medical students, residents, and/or nurse-midwifery students.

### **Facility Requirements**

The facility requirements for performing training in postpartum IUD insertion are a delivery room (for postplacental insertions) or an examination room (for immediate postpartum insertions); additionally, if cesarean sections are provided, transcervical insertions can be performed. Facilities will need to have on hand the materials, supplies, and equipment required to insert the IUD and carry out infection prevention measures. (Module 6: Infection Prevention and Module 7: PPIUD Insertion Techniques provide more details.) Training sites should comply with these requirements, plus commit staff and time to counseling, to ensure that clients make an informed choice.

### **Training Site Preparation**

Local trainers and visiting trainers (i.e., master trainers, if that is the case) should visit the clinical training site in advance to check on the setting (i.e., the flow of activities, where supplies and equipment are stored, etc.) and to observe the quality of infection prevention practices.

### ***Issues to Address during Facility Visit before the Clinical Training***

1. Check that all supplies and equipment are in place in quantities sufficient for clients scheduled for the training event.
  - a. Ensure that there are enough IUDs for the scheduled clients.
  - b. Explore how and where the postpartum IUD instruments (or postpartum IUD kits) are processed after use to ensure that there is a sterile kit for each client.
2. Check that sufficient clients have been counseled during their antenatal visit about postpartum IUD use and about the training event.
3. Check that site staff will be present during the training, to help with the organization of the work and training, and that they agree on staff responsibilities and tasks to facilitate training.
4. Explore the availability of a space to practice with pelvic models, in case there is down time for the trainees between clients.
5. Make sure that there are IUDs and other supplies available with which to practice on the pelvic models (e.g., expired IUDs, gloves, nonsterilized instruments, etc).
6. Make sure that the site has a copy of the Postpartum IUD Clinical Skills Learning Guides and the Postpartum IUD Counseling Skills Learning Guides and that the site staff have been oriented to the standard steps.

7. Visit the insertion procedure area to check:
  - Where to wash hands (sink, soap) and dry hands (towels)
  - Where the sterilized IUD kits are placed for the insertion procedure
  - Where the infection prevention supplies, such as gloves, iodine, gauze, etc., are placed for easy access
  - Where the IUDs are kept and how to obtain supplies during the procedure
  - The functioning of the light source and what to do if the light goes off (use of a battery-powered torch or staff to hold a light [contingency plan])
  - The placement of the decontamination buckets
  - Where to dispose of waste such as gauze, packaging, and plastic pieces, including the inserter
  - Where additional sterilized equipment is stored and how to obtain additional specula, ring forceps, or other instruments, in case of need
8. Review how client records are kept and where each client should be recorded (e.g., procedure register).
9. Learn where:
  - The postdelivery ward is
  - Postinsertion client instruction is conducted
  - Clients wait
  - The clients' bathroom is located

Additionally, a facility supporting training should have a room that is large enough for the participants to meet comfortably in, as well as a delivery and procedure room large enough to hold staff, the trainer, the practicing participant, and approximately two observers.

## **Client Selection and Clients' Rights**

### ***Consent to Participate in the Training***

As with any medical service, the rights of the client are paramount and should be considered at all times throughout the training course. All clients must be adequately counseled, and each client must make an informed and voluntary decision to have an IUD inserted postpartum. In addition, *each client's permission must be obtained before a provider or participant observes, assists with, or performs any aspect of care related to postpartum IUD use.*

Clients who consent to participate in the training should be informed that they will receive care from a postpartum IUD trainer or from a participant under the direct supervision of a qualified trainer. Clients are within their rights to refuse care from a training participant. A client who refuses to grant permission, who appears uncomfortable about receiving services from a participant, or who appears to be uncomfortable about having participants present when the procedure is performed should not be denied services—nor should her procedure be postponed. The client should be reassured that she will not be denied services because of her refusal. If a client refuses to receive service from a training participant, the trainer or a qualified member of the training center staff should perform the procedure.

### **Confidentiality**

The client's right to confidential medical care must be observed. This is particularly difficult in a training situation, where participants may need to discuss the specifics of a particular case. It is important that discussions about clients be confined to rooms that afford the required privacy. Hallways, corridors, waiting areas, and other public areas are not appropriate venues for discussing clients.

### **Supplies and Equipment**

To conduct this training, trainers will need a copy of the Trainer's Manual and Participant Handbook for each trainer and one copy of the Participant Handbook for each participant. In addition, the trainer(s) should have access to hard copies of the documents included in Reference Materials section (page 2). Trainers should also have a means to present slides or transparencies, according to availability (e.g., an LCD projector or an overhead projector and transparencies).

Finally, to carry out effective training, trainers need to ensure that each participant has the following items:

- A pen or pencil
- Copies of the appendixes and any other reference or job aid available
- Anatomical diagrams and pamphlets appropriate for use with clients (see Module 4: Counseling and Informed Choice)
- Copies of the Postpartum IUD Clinical and Counseling Skills Learning Guides and Trainers' Checklists (Appendix A)
- Copies of the Sample Written Postinsertion Instructions for Clients (Appendix B)

Failure to make these resources available can comprise the quality of the trainees' learning experience.

In addition, the trainers will need the following:

- Flipchart paper, tape, and markers
- Samples of IUDs and other contraceptive methods
- Instruments and supplies needed for clinical practice, including supplies for infection prevention (see Module 6: Infection Prevention, Module 7: Postpartum IUD Insertion Techniques, and Module 8: Supervised Clinical Practice)

### **Training Design**

This course has been designed so that it can be used flexibly by trainers to accommodate different levels of participant experience, of client load, and of scheduling and available training time. The training package includes most of the training materials you will need, but *you should prepare your own course agenda and lesson plans as circumstances require.*

Before the training begins, trainers will need to determine which insertion techniques the participants will be more likely to be using once they return to their home institutions. The trainers should focus the participants' practice time on those techniques. (The theoretical training includes all insertion techniques, even if practice focuses on only one.)

The trainers should thoroughly review the training package and consider these key factors when adapting the course:

- This is a **competence-based training course**, meaning that the training focuses on facilitating the participants' learning of the skills, knowledge, and attitudes needed to perform specific procedures. The participants will not have successfully completed this course until the trainer evaluates their clinical performance with clients to be satisfactory, using the checklists. *Most of the time, the participants will need to do at least three procedures.*
- The participants' progress is measured against preestablished criteria (in this case, the Postpartum IUD Clinical Skills Checklist for Trainers or the Postpartum IUD Counseling Skills Checklist for Trainers). Participants are evaluated as *competent* when they **have acquired** the skills, knowledge, and attitudes needed to perform the correct procedural steps in the correct sequence.
- The prior experience and training of the participants will affect the course design. Providers experienced with IUDs may not require as much knowledge or skills training to learn about the postpartum IUD. **Health providers having no experience with the IUD are not eligible to participate in this course.**
- Trainers can provide the participants with the Participant Handbook in advance of the course. Lecture time can be saved if the trainees read the course material before attending the course. More time will then be available for practice and discussion, or the course time can be shortened (see the alternative to the five-day postpartum IUD training course, page 9).
- The trainers should use training methodologies that they feel comfortable with. Each module suggests training steps, but trainers should feel free to use other approaches that their experience indicates will be appropriate to the domain of learning/learning objectives (e.g., knowledge, skills, and attitudes).

## Developing a Training Agenda

The modules for this training are organized in a logical order, but the trainers may alter the order to suit the participants' training needs.

Each module contains suggestions to help the trainers conduct the activity as described or to organize a session plan for that module. Potential adaptations for different durations of training and types of participants appear as *training options*. When modifying a training agenda, trainers should consider some of the following factors:

- *Length of training:* Each postpartum IUD training course can last five days, or possibly three days, as described on page 9.
- *Client load and clinic schedule:* The participants' exposure to postpartum IUD procedures should be maximized. If postpartum IUD clients are scheduled in the mornings, plan to conduct your clinical observation and practice then, and use the afternoons to cover other material. It is possible that to increase the likelihood of performing postpartum IUD insertions on clients, participants attending this training should expect to be on call to the maternity ward to attend clients wanting the postpartum IUD and to gain clinical experience, in the event that the caseload during day and evening hours is not adequate. If there are too few clients to enable all of the participants to become competent in postpartum IUD insertion, the trainers may need to have some of the participants return to the training facility (or may arrange to visit the participants' facilities) for further supervised clinical practice after the training course. Alternatively, the training program can begin

with small training groups (e.g., three clinician participants), until client demand increases sufficiently to support a larger group.

- *Whether the participants have completed independent study:* If the participants have read the Participant Handbook before the course and have satisfied the precourse knowledge assessment requirement, the trainers may be able to shorten the classroom time.

### Session plan example:

#### Module 2: IUD Overview, Session B

##### Session Objectives:

- State the following information about the postpartum IUD:
  - How it works
  - Its effectiveness
  - Its characteristics
  - Recommended timings for insertion
  - New evidence for who can use the IUD

Time	Topic/Content	Methodology	Materials
15:15–15:45 30 mins.	IUD Update: <ul style="list-style-type: none"> <li>• How it works</li> <li>• Its effectiveness</li> <li>• Its characteristics</li> <li>• Timings for insertion</li> <li>• New evidence</li> </ul>	1. Introduce the content through an interactive presentation.	PowerPoint presentation Laptop LCD
	Benefits of Postpartum Family Planning	Small-group exercise: <ol style="list-style-type: none"> <li>1. Divide the group into small groups, provide instructions (as per handout), and allow for 10 minutes of discussion.</li> <li>2. Have each of the small groups report back.</li> <li>3. Make sure to complete ideas and to summarize.</li> </ol>	Handout Flipchart Markers

## Sample Five-Day Agenda for Postpartum IUD Training

	Day 1	Day 2	Day 3	Day 4	Day 5
Morning	Welcome	Where Are We?	Where Are We?	Where Are We?	Where Are We?
	<ul style="list-style-type: none"> <li>• Introduction</li> <li>• Goal/objectives</li> <li>• Norms</li> <li>• Precourse knowledge assessment</li> </ul>	Client assessment	Clinical practicum: Preclinical meeting	Clinical practicum: Preclinical meeting	Clinical practicum: Preclinical meeting
<b>BREAK</b>					
Morning	Overview	Infection prevention	Clinical practicum	Clinical practicum	Content review
<b>LUNCH</b>					
Afternoon	Postpartum anatomy	Insertion techniques	Clinical practicum: Postclinical meeting	Clinical practicum: Postclinical meeting	<ul style="list-style-type: none"> <li>• Postcourse knowledge assessment</li> <li>• Course evaluation</li> <li>• Closing</li> </ul>
<b>BREAK</b>					
Afternoon	Counseling	Model practice	Postinsertion follow-up	Management of side effects and complications	
	Reflections	Reflections	Reflections	Reflections	
Evening	Reading assignment	Reading assignment	Reading assignment		

### Special Note for Alternatives to a Five-Day Training

An alternative approach to the standard five-day postpartum IUD training may be considered, as follows:

- Focus training on a three-day time frame that requires the participants to commit to self-study to cover content ahead of the scheduled practicum time. The precourse knowledge assessment therefore should have 100% of the “must know” content as the passing standard to continue in the training.
- Conduct a one-day (Day 1) discussion group to cover content that is not readily understood and provide time for an instrument insertion demonstration and return demonstration by participants and for practice with models, using the clinical skills learning guides. At the same time, allow for counseling practice among the participants, using the counseling skills learning guides. Successful performance of the practice with models should move the participants to practice with clients.
- Days 2 and 3 would involve a clinical practicum at which the trainers and the participants perform postpartum IUD instrument insertions with clients.

## During the Training

A clinical training course like this one is different from classroom teaching. The emphasis during postpartum IUD training is on “doing”: demonstration/return demonstration, simulation or model practice, and supervised clinical practice.

Though this training course presents some didactic material, it need not always be covered using a lecture technique; more participatory methods, such as questioning, role plays, case studies, observation, and discussion, can be used. Since the training participants are a highly educated group, trainers can request that they cover the didactic material through independent reading. Though reading is not a participatory technique, it is a fast and efficient way to introduce new material, which can then be reinforced through learning exercises.

## Create a Positive Learning Environment

Many factors contribute to the success of a training course. The trainer can create a positive learning environment by:

- **Establishing mutually agreed-upon “ground rules”**
- **Respecting each participant:** Recognize the knowledge and skills that the participants bring to the workshop. Show respect by remembering and using the participants’ names, by encouraging the participants to contribute to discussions, and by requesting their feedback about the training schedule and logistics.
- **Giving frequent constructive feedback:** Constructive feedback increases people’s motivation—and with it, their learning ability. Whenever possible, recognize participants’ correct responses and actions by acknowledging them publicly: “Excellent answer!” “Great question!” “Good work!” Provide correction honestly in an appropriate setting, by inviting the participants to assess their performance and by engaging them in problem-solving the performance or learning challenge.
- **Making sure that the participants are comfortable:** The training room(s) should be quiet, well-lit, and well-ventilated, should be kept at a comfortable temperature, and should have comfortable seats. Breaks for rest and refreshment should be scheduled.
- **Keeping the participants involved:** Use training methods that increase participants’ involvement and that are appropriately matched to each domain of learning, such as questioning (knowledge), role plays (skills, knowledge, attitude), case studies (knowledge, skills), and discussions (knowledge).

## Evaluation/Monitoring of Learning

Evaluation is an important part of training. Evaluation gives participants feedback about what they have learned and helps trainers to determine the effectiveness of their teaching approaches. There are several evaluation options you can use before, during, and at the end of the postpartum IUD training. You can use one option or a combination of options.

### **Just before the Training**

You can assess the participants' needs and abilities by conducting a pretest (found in Appendix A: Postpartum IUD Knowledge Assessment Test).

Also, you can use a group discussion to assess the participants' knowledge and experience, by asking them:

- What experience do you have in inserting an IUD?
- Have you had any training in IUD insertion?
- Do you currently provide IUD services?
- If so, what IUDs do you provide?
- What experience do you have in inserting an IUD postpartum?
- What experience and training have you had in family planning service delivery?

Another method of assessment would be to use a self-assessment questionnaire that could be completed and submitted before the participants arrive for the training (ideal) or completed on the first day of training.

### **During the Training**

You can assess the participants' learning of concepts and content by asking questions of the individual participants and noting their responses during learning exercises, case studies, and discussions. Use the Postpartum IUD Clinical Skills Checklists for Trainers (Appendix A) during pelvic model practice and with clients, where indicated. Monitor and evaluate the participants' skills during each practice session (simulation and clinical).

### **At the End of the Training**

You can assess each participant's cumulative knowledge and skills by:

- Carrying out a final skills observation using the Postpartum IUD Clinical Skills Checklists for Trainers (Appendix A) with a client.
- Asking questions to test the participant's knowledge and comprehension.
- Having the participant complete a written test at the end of the course (the posttest, found in Appendix A: Postpartum IUD Knowledge Assessment Test).

### **After the Training**

You can also assess the outcomes or impact of the training course by carrying out a follow-up of how the participants apply the knowledge and skills taught during the training.

It is also important to have an end-of-course evaluation to look at the overall training process (didactic, clinical, and logistics) and results. Numerous training course evaluation forms are available; we refer trainers to any form they have previously used. (See Appendix G for some examples.)

### **After the Training: Posttraining Follow-Up**

Learning about postpartum IUD insertion does not end with the training. Though most of the participants will begin to gain competence in a new technique during the course, they will gain

proficiency as they practice postpartum IUD insertions over the next few months. *Competence* describes the state of having acquired the skills, knowledge, and attitudes needed to perform the procedure. *Proficiency* is the state of performing these skills with consistent correctness and ease. The latter stage might require more practice and time.

Some participants may encounter difficulties in initiating a postpartum IUD program at their facilities; others may need continued supervision before independently providing postpartum IUD services.

Therefore, posttraining follow-up is an important part of the learning experience and should be planned with each participant before the end of the training. Posttraining follow-up focuses on reinforcing the desired performance of newly acquired postpartum IUD skills, assisting new practitioners in planning and implementing postpartum IUD services, providing extended support to participants who have not yet achieved competence during the training period, assessing the new practitioners' proficiency, and facilitating problem solving in implementing postpartum IUD services.

### **Certification**

Certification of a participant's skill and ability to provide safe postpartum IUD services indicates that the participant has demonstrated the competence needed to perform this procedure independently. This certification of competence does not replace the credentialing authority of the Ministry of Health or any other licensing body.

# Module 1

## Introduction to the Postpartum IUD Training Course

### Trainer's Notes for Module 1

This module orients the participants to the content, logistics, and learning approaches of the postpartum IUD training. It also allows the trainer to assess the participants' level of experience with the IUD and their expectations for the training.

#### Training Time

1 hour

### Materials

- Workshop agenda
- Flipchart paper
- Markers
- Masking tape

### Advance Preparation

1. Prepare a workshop agenda and make a copy for each participant. The training sessions listed on the agenda should correspond with the names of the modules in this Trainer's Manual and in the Participant Handbook.
2. Prepare a piece of flipchart paper with the following questions:
  - What is your name and job title?
  - Where are you from?
  - What type of facility do you work at?
  - What kind of work do you do there?
  - How long have you worked at that facility?

## Module 1 Activities

### A. Welcome and Introduction of Trainers and Participants

#### *Training Methodology*

Discussion

#### *Training Steps*

1. Welcome the participant to the training.
2. Introduce yourself, the other training team members, and support staff.
3. Provide time for “Opening remarks” by senior management staff.
4. Ask the participants to introduce themselves and to answer the questions on the prepared flipchart.

### Participants' Expectations

#### *Training Methodology*

- Brainstorm
- Discussion

#### *Training Steps*

1. Explain that before discussing the details of the course, it is important to know what the participants expect to learn. This will enable you to adjust the workshop programs and activities as much as possible to meet the participants' needs.
2. Ask the participants:
  - \* What do you expect to learn in this training?
3. Write the participants' responses on a blank piece of flipchart paper.

### B. An Overview of the Training:

#### Training Purpose, Objectives, and Agenda

#### *Training Methodology*

PowerPoint presentation (slides 1.0–1.3)

#### *Training Steps*

1. Use the Module 1 PowerPoint slides to explain the purpose and objectives of the training.
2. Compare the objectives to the participants' expectations. Show the parallels between the objectives and their expectations, where they exist. Where expectations are not consistent with the objectives, acknowledge what the training will not be able to accomplish.
3. Give the participants a copy of the training agenda. Explain how the sessions will address their needs and expectations, as noted in the previous discussion.
4. If some of the participants' expectations and needs will *not* be met in the workshop, discuss other possible resources that may be able to help them address those needs.

### Training Materials and Other References

#### *Training Methodology*

Presentation

**Training Steps**

1. If you have not done so in advance of the training, give each participant a copy of the Participant Handbook. Explain that the Participant Handbook contains all of the technical content that is to be covered during this training. Show the participants that each module in the Participant Handbook corresponds with a workshop training session on the agenda.
2. Explain to the participants that the learning during the workshop will mostly be achieved through their own study of the modules. Tell them that this will require them to read modules in advance of sessions. Most of the theoretical sessions will be in the form of discussions and exercises based on the advance reading, rather than lectures. (The material for advance reading is listed under "Advance Preparation" on the first trainer's page of each module, as appropriate.)
3. Explain to the participants that in addition to the Participant Handbook, you will be distributing some additional reference materials (i.e., job aids and reading materials).

**Training Logistics****Training Methodology**

Presentation

**Training Steps**

1. Describe the logistical details of the training, such as the following (you may want to develop a participant handout that addresses these points):
  - Beginning and ending times for each day
  - Meals and other breaks
  - Smoking policies
  - Location for the clinical practicum session

**Important note:** Questions about and/or problems with travel arrangements, accommodations, per diems, and other financial matters, time off, special events, or reconfirmation of travel arrangements *should be handled by the appropriate administrative staff.*

**Training Norms****Training Methodology**

Discussion

**Training Steps**

1. Ask the participants what behaviors or rules they think are important to follow during this training. Write their responses on a piece of flipchart paper, and keep this flipchart posted during the training as a reminder. If there are no or few answers, probe the participants to elicit the following responses:
  - Treating clients with respect and courtesy
  - Maintaining confidentiality for all clients
  - Being punctual
  - Not interrupting when someone is speaking
  - Turning off cellular phones

## C. Evaluation and Posttraining Follow-Up

### *Training Methodology*

Presentation

### *Training Steps*

1. Inform the participants that there will be written precourse and postcourse knowledge assessments to determine their levels of knowledge at the beginning and at the end of the training. Explain that the trainers will use the results of the precourse assessment to adjust the content and length of the workshop sessions to best address the participants' needs; the postcourse knowledge assessment will indicate how well the training met those needs, including what areas may require posttraining support.
2. Explain that this is a **competence-based** course and that each participant's performance will be evaluated using the Postpartum IUD Clinical and Counseling Skills Trainers' Checklists (Appendix A), as appropriate. This evaluation will provide the basis for certification. (*You may refer the participants to "Evaluation of Clinical Performance" on pages 2–3 of the Participant Handbook.*)
3. **Note that learning about the postpartum IUD does not end with the workshop.** Posttraining follow-up activities involving the participants, their supervisors, and/or the trainers will help the participants to develop *proficiency* in this new technique.

Close the session by asking the participants if they have any additional questions about or comments on the content covered. If not, move on to the next session and facilitator. If they have any additional questions, discuss these if the subject is not to be covered later.

### **Trainer's Tip**

#### ***Additional Material to Be Covered***

In some instances, it might be appropriate or necessary to present some background information to the participants, such as information on family planning use at their facilities or in their region or country, or to share the results of any advance site evaluation visits. Present this material by means of a PowerPoint presentation and provide the participants with copies of the information for later use or reference.

# Module 2

## Postpartum IUD Overview

### Trainer's Notes for Module 2

This module covers the key points about the postpartum IUD: how the IUD works; the benefits of postpartum contraception services, including those involving the postpartum IUD; and the key components of the fundamentals of care. For participants having previous knowledge of or experience with using interval IUDs, this content will be useful for updating their basic knowledge with new evidence and the latest information included in the WHO Medical Eligibility Criteria. Depending on the participants' basic knowledge, you will need to choose the best training options to use.

### Objectives

By the end of the module, the participants will be able to:

- State the following information about the postpartum IUD:
  - How it works
  - Its effectiveness
  - Its characteristics
  - Recommended timings for insertion
  - New evidence for who can use the IUD
- Discuss the benefits to the woman of postpartum contraceptive methods, including the postpartum IUD
- Describe the key components of the fundamentals of care related to postpartum IUD service delivery

### Training Time

1 hour to 1 hour, 30 minutes, depending on the training option selected

### Materials

- Flipchart paper
- Small slips of paper
- Container or bag to hold slips of paper with exercise questions
- Salem, R. M. 2006. New attention to the IUD: Expanding women's contraceptive options to meet their needs, *Population Reports*, series B, no. 7 (included on the CD-ROM)
- Fundamentals of Care Resource Package (included on the CD-ROM)
- Handout on clients' rights and staff needs framework

### Advance Preparation

1. Make enough copies of the IUD issue of *Population Reports* so that one copy can be given to each participant.
2. Using Trainer's Resource 2.1 (page 23), prepare slips of paper with one question each. Prepare enough so that each participant is able to take one question.

3. Make enough copies of the handout on the clients' rights and staff needs framework.
4. Prepare a flipchart for showing family planning methods and the postpartum time period chart (see Trainer's Resource 2.2, page 25).
5. Obtain enough copies of the Fundamentals of Care Resource Package to distribute to the participants.

## Module 2 Activities

### A. Introduction

#### *Training Methodology*

Presentation

#### *Training Steps*

Present the purpose of the module and the objectives (slides 2.1–2.2).

### B. Postpartum Contraception, IUD Update, and the Postpartum IUD

#### *Training Methodology*

- PowerPoint presentation
- In-class reading/discussion

#### *Training Steps*

1. Introduce the content of Section B of the Participant Handbook, using a PowerPoint presentation (slides 2.3–2.4).
2. Ask the participants if they have any questions, and clarify as needed, reinforcing the key points about the postpartum IUD (in box, page 22).

#### *Training Options*

*The training option above is appropriate if the participants already have basic IUD information, in which case you simply need to review the concepts. In the event that the participants require a more in-depth review of IUD information, however, you should plan for any of the following training options; your selection should be informed by the amount of available time and the number of participants.*

#### **Option B1 Training Steps**

1. Distribute to each participant a copy of the *Population Reports* issue on the IUD (“New Attention to the IUD”).
2. Place the slips of paper containing questions into a bag.
3. Ask each participant to take one slip of paper. Once every participant has one, tell them that they should review Module 2 in their Participant Handbook and their copy of “New Attention to the IUD” to find the answer to the question.
4. Once they have found the information, they should prepare an answer to share with the group.
5. Allow the participants 10 minutes in class reading to find the information and prepare their answer.
6. Ask for volunteers to first read their question and then offer an answer, based on what they read in their reference materials (see Trainer’s Resource 2.1, answer key, page 26).
7. Add any additional information, if necessary.
8. Ask the participants if they have further questions; allow for an open discussion.

**Option B2 Training Steps (Useful with a Large Group)**

1. Divide the larger group into four smaller groups and distribute to each participant a copy of “New Attention to the IUD.”
2. Assign each group the following in-class reading from “New Attention to the IUD,” so they will be able to actively contribute to the discussion.
  - Group 1: The IUD: An Important Method with Potential, p. 3, Table 1, and p. 4
  - Group 2: Providing High-Quality IUD Services, p. 6; “Quick Look” box, p. 10
  - Group 3: Cost Effectiveness, p. 11; and “HIV box,” p. 21
  - Group 4: Minimizing the Risk of Infection, p. 22
3. Lead a discussion by asking Group 1 how the IUD works, what types of IUDs are available, what the effectiveness of the Copper-T 380A is, and what the characteristics of the IUD are.
4. Continue the discussion by asking Group 2 to list the newest guidance that reduces medical barriers to the use of IUD.
5. Ask Group 3 to explain the cost-effectiveness of the IUD for the client and for the program and to discuss the newest guidance on the use of the IUD by women living with HIV.
6. Complete the discussion by asking Group 4 to share the updated information on infection covered in their assigned reading.
7. Confirm or correct/elaborate, as necessary, for each of the groups and for the larger discussion. Refer the participants to the Participant Handbook content from pages 5 to 8.
8. Present PowerPoint slides 2.5–2.6, which contain content on “postpartum IUD insertion timing.”

*Note:* Regardless of the training option used, encourage the participants to read the complete *Population Reports* issue on the IUD. Also refer the participants to: The Capacity Project. 2006. *IUD guidelines for family planning service programs: A problem solving reference manual*. Baltimore: JHPIEGO (included on the CD-ROM).

**Key Points**

- The Copper-T 380A IUD prevents pregnancy by causing chemical changes in the uterus that make the sperm incapable of fertilizing an ovum, thereby inhibiting fertilization.
- The IUD may be inserted within 10 minutes after delivery of the placenta (postplacental) or within 48 hours of delivery (immediate postpartum).
- While spontaneous expulsion rates after postpartum IUD insertions appear higher than those reported after interval insertions, the benefits of providing highly effective contraception immediately after delivery often outweigh this disadvantage.
- Rates of perforation and infection for postpartum IUD use appear to be similar to those associated with interval insertion.
- Complaints about bleeding after postpartum IUD insertion are reported to be less than those for interval insertion.
- Postpartum IUD use does not interfere with lactation.
- Postpartum IUD use does not offer any protection against sexually transmitted infections (STIs), including HIV.

## C. Postpartum Contraception: Benefits and Methods

### Training Methodology

- Brainstorm
- Discussion

### Training Steps

1. Explain that presenting the postpartum IUD as a contraceptive option requires an understanding of the benefits of postpartum contraception in general, as well as knowledge of the other methods available to the client.
2. Ask the participants to brainstorm a list of the benefits for women to start contraceptive use immediately after delivery. Record their responses on a piece of flipchart paper and briefly discuss them.
3. Compare the participants' responses with the list on page 8 of the Participant Handbook, to make sure the list produced by the participants is complete.
4. When reviewing the benefits of postpartum contraception in general, emphasize the benefits of providing the IUD postpartum.
5. Ask the participants if they have any additional comments or questions.
6. Distribute Trainer's Resource 2.2.
7. Ask the participants to complete the chart. Allow five minutes for this activity.
8. Display the prepared flipchart showing family planning methods and the postpartum time period chart (Trainer's Resource 2.2).
9. Ask for volunteers to share what they have written on their handout, and complete the flipchart.
10. Compare the final version of the flipchart with the chart on page 9 of the Participant Handbook and discuss any differences between them. *Some of the contraceptive methods may be appropriate for postpartum use but are not available at the participants' work sites. If this is the case, discuss why.* Display Slide 2.7 from the PowerPoint presentation.

### Key Points

- The postpartum period is a convenient period in which to offer family planning methods to women or couples. Doing so minimizes costs to the client and to the program.
- Women want the option to access family planning during the postpartum period, but very often postpartum family planning is not available.

## D. Key Components of the Fundamentals of Care Related to Postpartum IUD Service Delivery

### Training Methodology

- Presentation
- Small-group work
- Discussion

**Training Steps**

1. Distribute the handout on the clients' rights and staff needs framework for quality services. Have the participants take turns in reading the content under each right or need. Display slides 2.8–2.9.
2. Ask the participants if they have any questions.
3. Lead a discussion by asking the participants how the clients' rights and staff needs framework would be applied to postpartum IUD services. Record the participants' responses on a blank piece of flipchart paper and compare them with the content on page 10 of the Participant Handbook.
4. Direct the participants to the material on the fundamentals of care (on pages 11–12 in their handbooks) and lead a discussion of the content, showing the link between the fundamentals of care and the clients' rights and staff needs framework. The fundamentals of care are the foundation elements for quality facility-based service delivery and are crucial for supporting quality postpartum IUD services.
5. Divide the participants into three groups, one for each fundamental of care, and ask each group to select a reporter. Each group should brainstorm about the conditions of the fundamentals of care in their facilities and as they relate to the postpartum IUD. Display Slide 2.10.
6. As the participants may not belong to the same facilities, they should agree on what two elements of the fundamentals of care are most in need of attention at their facilities.
7. Allow 10 minutes for small-group work.
8. Invite each group to present the results of their discussion.
9. Explain why the management of a successful postpartum IUD program requires the fundamentals of care to be addressed.
10. Distribute copies of the *Fundamentals of Care Resource Package* to each participant.

Close the session by asking the participants if they have any additional question about or comments on the content covered. If not, move on to the next session. If there are additional question, discuss them if the subject is not to be covered later.

**Key Points**

- The clients' rights and staff needs framework sets the performance standard for all levels of service managers, supervisors, and providers.
- The fundamentals of care lay the foundation for quality postpartum IUD service delivery.

## Trainer's Resource 2.1

### Grab Bag Questions

1. According to new evidence, how does the copper IUD prevent pregnancy?  
\_\_\_\_\_.
2. How many types of IUD are available for family planning programs?
3. Expulsion rates for IUDs inserted postpartum are unrelated to the provider's level of experience. True or false?
4. The IUD is highly effective; if 1,000 women used the copper IUD, how many women would become pregnant in the first year? \_\_\_\_\_
5. List five characteristics of the IUD.
6. Offering postpartum IUD services is cost-effective for family planning programs as well as for clients. True or false?
7. Updated evidence from the World Health Organization (WHO) indicates that the IUD can be used by women who are HIV-positive. True or false?
8. Updated evidence from WHO indicates that nulliparous women can use an IUD. True or false?
9. Updated evidence from WHO indicates that the IUD can be used by women who have had pelvic inflammatory disease in the past. True or false?
10. What are the five time periods in which an IUD can be inserted?
11. Rates of expulsion for the postpartum IUD appear to be slightly higher than for interval insertion, but the benefits of providing this highly effective method immediately often outweigh the disadvantages. True or false?
12. Women who have AIDS can never use the IUD. True or false?
13. For how many years can the Copper-T 380A be effective in preventing pregnancy?  
\_\_\_\_\_

## **Trainer's Resource 2.1**

### **Answers to Grab Bag Questions**

1. According to new evidence, how does the copper IUD prevent pregnancy?  
**by causing chemical changes in the uterus that make the sperm unable to fertilize the egg**
2. How many types of IUD are available for family planning programs?  
**Two—TCu 380 A, Multiload**
3. Expulsion rates for IUDs inserted postpartum are unrelated to the provider's level of experience.  
True or false?
4. The IUD is highly effective; if 1,000 women used the copper IUD, how many women would become pregnant in the first year? **3–8**
5. List five characteristics of the IUD. Possible answers include:  
**Highly effective**  
**Long-acting, therefore convenient for long-term contraceptive use**  
**Quickly reversible**  
**Convenient to use, nothing to do at intercourse once the IUD is in place**  
**With copper IUDs, increased bleeding is common.**  
**Uncommon side effects/complications include expulsion and perforation of the uterus.**
6. Offering postpartum IUD services is cost-effective for family planning programs as well as for clients. **True** or false?
7. Updated evidence from WHO indicates that the IUD can be used by women who are HIV-positive.  
**True** or false?
8. Updated evidence from WHO indicates that nulliparous women can use an IUD. **True** or false?
9. Updated evidence from WHO indicates that the IUD can be used by women who have had pelvic inflammatory disease in the past. **True** or false?
10. What are the five time periods in which an IUD can be inserted?  
**Postplacentally (10 minutes after delivery of placenta)**  
**Within 48 hours of delivery**  
**Transcesarean**  
**Postabortion**  
**Interval (from four weeks postpartum onward)**
11. Rates of expulsion for the postpartum IUD appear to be slightly higher than for interval insertion, but the benefits of providing this highly effective method immediately often outweigh the disadvantages. **True** or false?
12. Women who have AIDS can never use the IUD. True or **false**?
13. For how many years can the Copper-T 380A be effective in preventing pregnancy? **12 years.**

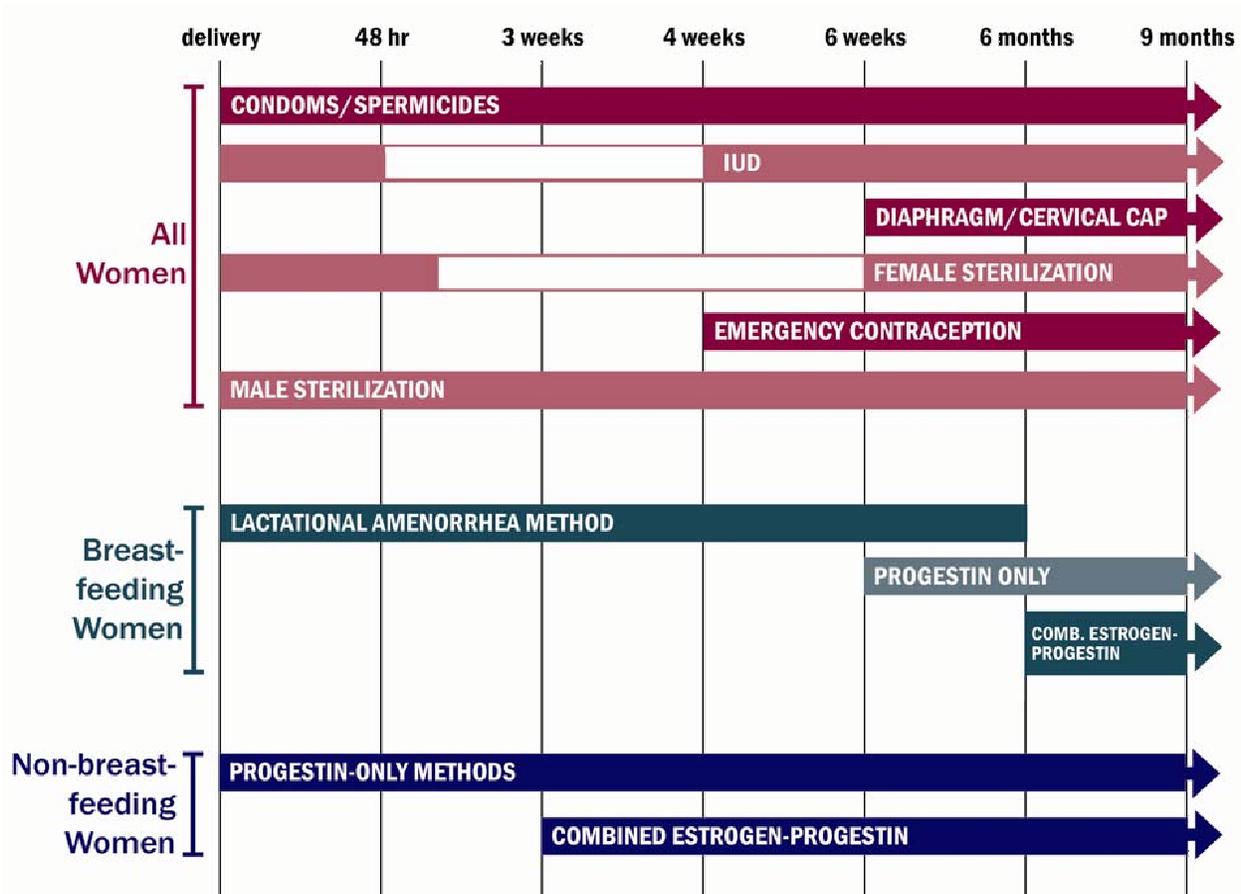
**Trainer's Resource 2.2**  
**Family Planning Methods and**  
**Their Use during the Postpartum Period**

	<b>Delivery</b>	<b>Up to 48 hours postpartum</b>	<b>4–6 weeks postpartum</b>	<b>6 months postpartum</b>	<b>9 months postpartum</b>
Breastfeeding women					
Nonbreastfeeding women					

## Trainer's Resource 2.2

### Answer Key

#### Family Planning Methods Appropriate for Postpartum Use



Source: ACCESS-FP. 2006. *Postpartum contraception: family planning methods and birth spacing after childbirth*. PowerPoint presentation at MAQ Mini-University, Washington, DC, November 14, 2006. Accessed at [www.accessohealth.org/toolres/pdfs/ACCESSFP\\_ppcontraceptionPPT.pdf](http://www.accessohealth.org/toolres/pdfs/ACCESSFP_ppcontraceptionPPT.pdf).

## Participant Handout: Clients' Rights and Staff Needs Framework

**Information:** Clients have a right to accurate, appropriate, understandable, and unambiguous information related to reproductive health and sexuality, and to health overall. Information and materials for clients need to be available in all parts of the health care facility.

**Access to services:** Clients have a right to services that are affordable, are available at convenient times and places, are fully accessible with no physical barriers, and have no inappropriate eligibility requirements or social barriers, including discrimination based on sex, age, marital status, fertility, nationality or ethnicity, social class, religion, or sexual orientation.

**Informed choice:** Clients have a right to make a voluntary, well-considered decision that is based on options, information, and understanding. The informed choice process is a continuum that begins in the community, where people get information even before they come to a facility for services. It is the service provider's responsibility either to confirm that a client has an informed choice or to help the client reach an informed choice.

**Safe services:** Clients have a right to safe services, which require skilled providers, attention to infection prevention, and appropriate and effective medical practices. Safe services also mean proper use of service-delivery guidelines, quality assurance mechanisms within the facility, counseling and instructions for clients, and recognition and management of complications related to medical and surgical procedures.

**Privacy and confidentiality:** Clients have a right to privacy and confidentiality during the delivery of services. This includes privacy and confidentiality during counseling, physical examinations and clinical procedures, as well as in the staff's handling of clients' medical records and other personal information.

**Dignity, comfort, and expression of opinion:** All clients have the right to be treated with respect and consideration. Service providers need to ensure that clients are as comfortable as possible during procedures. Clients should be encouraged to express their views freely, even when their views differ from those of service providers.

**Continuity of care:** All clients have a right to continuity of services, supplies, referrals and follow-up necessary to maintaining their health.

**Facilitative supervision and management:** Health care staff function best in a supportive work environment in which supervisors and managers encourage quality improvement and value staff. Such supervision enables staff to perform their tasks well and thus better meet the needs of their clients. Staff need to have clear job expectations, receive feedback, and feel motivated.

**Information, training, and development:** Health care staff need knowledge, skills and ongoing training and professional development opportunities to remain up-to-date in their field and to continuously improve the quality of services they deliver.

**Supplies, equipment, and infrastructure:** Health care staff need reliable, sufficient inventories of supplies, instruments and working equipment, as well as the infrastructure necessary to ensure the uninterrupted delivery of high-quality services.

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*Adapted from:* Huezco, C., and Diaz, S. 1993. Quality of care in family planning: Clients' rights and providers' needs. *Advances in Contraception* 9(2):129–139; and International Planned Parenthood Federation (IPPF). 1993. *The rights of the client*. Poster. London.



# Module 3

## Postpartum Anatomy and Physiology

### Trainer's Notes for Module 3

This module reviews postpartum anatomy and physiology and the implications for IUD insertion. It also covers the anatomic and physiological differences between postpartum women and nonpregnant women.

### Objectives

By the end of the module, the participants will be able to:

- Describe the changes that occur in the uterus and cervix during the postpartum period
- Describe the key aspects of postpartum anatomy and physiology that pertain to proper postpartum IUD insertion
- Describe the key anatomic and physiological differences between postpartum women and nonpregnant women
- Explain why the immediate postpartum period is the most appropriate time for postpartum IUD insertion (as opposed to the period between 48 hours and four weeks postpartum)

### Training Time

30 minutes

## Module 3 Activities

### A. Introduction

#### *Training Methodology*

Presentation

#### *Training Steps*

1. Display slides 3.1–3.2, and present the objectives of this module.

### B. Knowledge Review and Discussion of Postpartum Changes in the Uterus and Cervix

#### *Training Methodology*

Self-assessment matching exercise

#### *Training Steps*

1. Refer the participants to the self-assessment matching exercise on page 13 in the Participant Handbook (see page 31 in this manual for a copy). This activity allows the participants to assess their level of knowledge about postpartum anatomy and physiology.
2. Ask the participants to take no more than 10 minutes to match each term on the left side of the page with the correct descriptive phrase on the right side of the page.
3. When the participants have completed the exercise, ask volunteers to take turns giving the answers. If the participants are reluctant to answer, ask them to find the answers in their handbooks and read these to the group. (An answer key is provided below the chart in this manual.)
4. Lead a discussion elaborating on the postpartum changes that take place in the uterus and cervix, with particular emphasis on the changes that affect postpartum IUD use.
5. During the discussion, display slides 3.3 and 3.4 to help the participants visualize the postpartum changes to the pelvic structure.
6. Close the session by highlighting the points in the “Key Points” box on page 33, and by presenting slides 3.5–3.6.

### C. Key Differences between the Postpartum and the Nonpregnant Uterus and Cervix

#### *Training Methodology*

- Advance reading
- Discussion

#### *Training Steps*

1. Lead a discussion comparing the key differences between the nonpregnant uterus and cervix and the postpartum uterus and cervix, as presented on page 16 of the Participant Handbook.

## Self-Assessment Tool

*Instructions:* Match each term on the left side of the page with the correct descriptive phrase on the right side of the page.

Term	Description
1. Postpartum contraction of the lower part of the uterus	a. A hollow organ with its inner walls spread apart
2. Involution	b. Intrapelvic
3. The nonpregnant uterus	c. The anatomic change that can cause a provider inserting an IUD to mistakenly believe that the fundus has been reached and that the IUD is being properly placed at the fundus when it is not
4. The anatomical location of the nonpregnant uterus	d. The rapid process by which the immediate postpartum uterus (weighing approximately 1 kg) decreases in size so that one week later it weighs about 500 g, by the end of the second week it decreases to 300 g, and soon it decreases to 100 g or less
5. Postpartum lochia and uterine contractions	e. Dilated and flabby; the outer margin is usually lacerated, especially laterally
6. The condition of the cervix following delivery of the placenta	g. A small and firm organ with inner walls that touch each other
7. The postpartum uterus	h. May cause IUD side effects to be less noticeable to clients

*Answer Key:* 1. c 2. d 3. g 4. b 5. h 6. e 7. a

**Trainer's Tip**

*Note:* The differences between postpartum and nonpregnant anatomy and physiology of the uterus and cervix have implications for postpartum IUD insertion. Since many of the participants will have had experience with interval IUD insertion, it is especially important to be sure that they are aware of the differences in technique for postpartum IUD insertion, based on anatomical and physiological differences. Be sure to present the Key Points at the end of the session.

**D. Postplacental and Immediate Postpartum Periods:  
Appropriate Times for IUD Insertion****Training Methodology**

- Advance reading
- Discussion

**Training Steps**

1. Review the definitions for postplacental, immediate postpartum, and transcervical IUD insertion introduced in Module 2.

*Postplacental IUD insertion is done within 10 minutes after expulsion of the placenta following a vaginal delivery. Immediate postpartum IUD insertion is done after the postplacental period, but within 48 hours of delivery. Transcervical IUD insertion is when the insertion takes place following a cesarean delivery, before the uterus incision is sutured.*

2. To guide the discussion, ask the participants the following questions and then briefly discuss their responses (see the Participant Handbook for the answers to these questions):

**Discussion Questions**

- \* Why do you think the postplacental and immediate postpartum periods are recommended for IUD insertion?
- \* Why do you think the delayed puerperal period (from 48 hours to four weeks after delivery) is not recommended?

**Answers should include the following points:**

- It is fairly easy to use ring forceps to pass the IUD into the uterine cavity, since the cervix is already dilated.
- After 48 hours, insertion with ring forceps becomes more difficult, as the cervix begins to close. In addition, since the uterine walls are soft and more easily perforated by an IUD inserter, client safety cannot be ensured during the period 48 hours to four weeks postpartum.

Close the session by asking the participants if they have any additional questions or comments about the content covered. If not, move on to the next session. If they have any additional questions, discuss these if the subject is not to be covered later.

### **Key Points**

- Manual insertion postplacentally is possible because the cervix is open and limp, and this allows for the passage of the hand and placement of the IUD high in the fundus.
- Insertion with an instrument continues to be possible for up to 48 hours postpartum; after this moment, the cervix is not open far enough to allow an easy, pain-free instrument insertion.
- Using an inserter is dangerous because of the risk of uterine perforation.
- In the immediate postpartum woman, the lower uterine segment is contracted. This anatomic change may cause a provider to mistakenly believe that he or she has already reached the fundus when inserting an IUD and that the IUD is being properly placed at the fundus when it is not. Inserting the IUD in this incorrect position may result in expulsion of the IUD.



# Module 4

## Counseling and Informed Choice for Postpartum IUD Use

### Trainer's Notes for Module 4

This module reviews informed choice and family planning counseling (more specifically, counseling for postpartum contraceptive use), with an emphasis on postpartum IUD use. Even when the provider conducts only part of the counseling, he or she is ultimately responsible for ensuring that a client has been adequately counseled and has made an informed choice *before the method is provided*. The provider must also review postinsertion instructions with the client to ensure that she knows what to expect and what to do in case of complications and for follow-up.

This module presents an opportunity for the participants to reflect on the aspects that are different in postpartum IUD counseling and focus on these aspects during role plays. The trainers need to emphasize throughout the session and training that ensuring informed choice is a particular challenge in postpartum IUD service delivery. It is important to encourage the participants to reflect on the quality of the counseling in their programs, including whether truly informed choice is offered, not just information-giving or motivation.

Note that this module provides a brief review of important issues in family planning counseling, with an emphasis on postpartum IUD-related issues. EngenderHealth recommends extensive training for staff who have primary responsibility for counseling.

### Objectives

By the end of the module, the participants will be able to:

- Define informed choice
- List particular challenges to ensuring informed choice in postpartum IUD service delivery
- Define client-provider interactions and the role of counseling
- Describe important characteristics of family planning counseling, including special features of counseling for postpartum family planning and how to overcome the constraints associated with it
- Explain the provider's role and responsibilities in counseling postpartum IUD clients
- Demonstrate basic counseling steps for providers to follow when confirming informed choice for the postpartum IUD

### Training Time

2 hours

**Trainer's Tip**

For two hours, ensure that you use no more than one hour for the sections and another hour for the role plays (which need at least one hour). Also, encourage the participants to continue to practice additional role plays in the evening.

**Material**

- Appendix A: Postpartum IUD Counseling Skills Learning Guide
- Samples of the CopperT 380A and other methods to use during role play, plus anatomical diagrams and/or pamphlets appropriate for use with clients to help explain how the IUD works
- Flipchart paper

**Advance Preparation**

1. Assign the entire module for advance reading by the participants.
2. Become familiar with the REDI framework, which is explained in: The ACQUIRE Project. 2008. *Counseling for effective use of family planning*. New York: The ACQUIRE Project/EngenderHealth.
3. Select two role plays (see Activity G) to conduct during the training. (The participants can practice doing others on their own time or as homework in the evening, or you can do them with the group later in the training, if time permits)

## Module 4 Activities

### A. Introduction

#### Training Methodology

PowerPoint presentation (slides 4.1–4.3)

#### Training Steps

1. Begin the PowerPoint presentation for this session, and present the objectives of the session.
2. Explain that providers are ultimately responsible for the entire service provided. Therefore, they need to ensure both that a client receiving postpartum IUD services has been properly counseled before IUD insertion and that she understands what she needs to do for follow-up.

### B. Definition of Informed Choice and Challenges to Informed Choice

#### Training Methodology

Discussion

#### Training Steps

1. Present the definition of *informed choice* (from page 19 of the Participant Handbook) and emphasize that informed choice is vital to successful contraceptive use, as well as to program success. Discuss the following statement:

*Clients who are not allowed to make a choice or who are not adequately informed are more likely to become dissatisfied with their method, more likely to discontinue using that method, and less likely to go back to the service site for follow-up visits or for other services. Overall prevalence rates for a program can also suffer, as members of the community learn by word of mouth about some clients' negative experiences.*

2. Note that, in spite of good intentions to ensure informed choice for clients, many service-delivery systems and providers do not do so, for a variety of reasons. Ask the participants the following question and write their responses on a piece of flipchart paper:
  - \* What are the barriers that compromise informed choice in your program?
3. Review the barriers listed in the Participant Handbook (page 20) and discuss those that were not mentioned by the participants, to ensure that the participants did not overlook barriers in their programs.
4. *Briefly* discuss possible ways to remove these barriers.

#### Training Option

Use PowerPoint slides 4.4–4.6 (or transparencies) to present the information on informed choice, and lead a discussion.

## C. Client-Provider Interaction and Family Planning Counseling

### Training Methodology

- Lecture and discussion

### Training Steps

1. Ask the participants to define *client-provider interaction*. (A definition is presented on pages 20–21 of the Participant Handbook.)
2. Ask the participants to define *family planning counseling* (“the process by which a health care worker uses two-way communication to help clients make voluntary, informed, and well-considered decisions about reproductive health and fertility, including contraception, as well as to help clients learn to use contraception correctly”).

*Please note that the participants may not be providing much counseling in their work. However, as service providers, they are responsible for ensuring that clients have received proper counseling before they receive services. In addition, providers sometimes supervise staff who are responsible for counseling. Therefore, this information is important background for the participants. More active participation in practicing counseling steps will come later in this module.*

3. Then emphasize the importance of counseling for informed choice and ask the participants to state the objectives of counseling.
4. Explain that counseling is very different from *information-giving* (which is when the counselor provides information but does not try to facilitate the client’s decision making or help the client think through the implications of the decisions) and from *motivation* (which is when the client receives information that focuses not on the client’s needs and preferences, but on the program’s goals). It is important to keep these important distinctions in mind to ensure quality in postpartum IUD service delivery.
5. Ask the participants to state the goals of family planning counseling and ensure that they have covered the five goals suggested in Section C (page 20) of the Participant Handbook.
6. Briefly review the characteristics of good family planning counseling (see pages 20–21 of the Participant Handbook).
7. Use slides 4.7–4.8 to summarize the discussion.

## D. Counseling for Postpartum Contraception: Special Issues for Clients and Providers

### Training Methodology

- Discussion
- PowerPoint presentation

### Training Steps

1. Ask the participants about the particular needs and issues they have observed among their pregnant and postpartum clients and compare the issues they raise with those given in Section D (pages 21–22) of the Participant Handbook.
2. Briefly discuss each point, and display Slide 4.9.
3. Emphasize that, from the provider’s perspective, the counseling techniques used for postpartum women are the same as those used for any other woman, but the special needs and issues of postpartum women present challenges.

4. Refer the participants to the chart under *Special Issues: The Provider's Perspective* in the Participant Handbook (page 22) and review the constraints associated with the timing, linkages, and staffing aspects of counseling for postpartum family planning.
5. Ask the participants to suggest ways to overcome the constraints.
6. Relate the participants' answers to the content of Slide 4.10.

## E. Counseling for Postpartum IUD Clients

### *Training Methodology*

Discussion

### *Training Steps*

1. Emphasize that the various challenges related to timing and constraints may preclude postplacental or transcervical postpartum IUD insertion, but that immediate postpartum IUD insertion within 48 hours can be done more easily, even with existing constraints.
2. Review with the participants the particular information (presented in Section E in the Participant Handbook, page 23) that must always be provided to postpartum IUD clients.
3. Present the *Learning Guide for Postpartum IUD Counseling Skills* and review how it can be used (as indicated on the learning guide). Display Slide 4.11.

## F. The Provider's Responsibilities in Counseling

### *Training Methodology*

- Discussion
- Short role play

### *Training Steps*

1. Explain that counseling is a process in which many different types of health workers and professionals can play important roles.
2. Ask the participants:
  - \* Who do you think should provide counseling?
3. Discuss their responses briefly.
4. Ask the participants:
  - \* What is the counseling role of the provider who inserts the postpartum IUD?
5. Accept several of the participant's responses, then emphasize that the provider is ultimately the person responsible for ascertaining or ensuring that the client has received adequate counseling before postpartum IUD insertion and that she knows what to do for follow-up and in case of complications.
6. Refer to Section F in the Participant Handbook (pages 23–25) and carefully review the provider's responsibilities.
7. Divide the participants into groups of three, and explain that they will role-play each scenario below. The groups should focus on making their role play as realistic as possible in terms of time spent. Each scenario is a snapshot of a counseling session or service, so no greeting, introduction, etc., should be role-played.
  - **Scenario 1:** Prior to inserting the IUD immediately postpartum
  - **Scenario 2:** Before and during postpartum insertion of the IUD
  - **Scenario 3:** After the postpartum insertion of the IUD

## G. Role Plays of Counseling Situations

### Training Methodology

Role plays

#### Training Steps

1. Explain that this section of the training provides the participants with an opportunity to practice counseling steps and to apply the information they have learned so far. *A variety of “client” roles are provided (in Section G of the Participant Handbook, pages 25–26). Choose those that are most appropriate for the situations that the participants are likely to encounter, or create your own scenarios based on the culture and local situation. Select two role plays for this session; the others can be done by the participants on their own time or later in the workshop, if time permits.*
2. Announce that in the first role play, one participant will play the role of the “client,” and you will play the “provider” who is about to insert an IUD postpartum.
3. Instruct the participant who is playing the client that the “provider” must ask appropriate questions to ensure that the “client” has made an informed, voluntary choice. Keeping this in mind, the participant should give feedback to the “provider” at the end of the first role play. Use the *Learning Guide for Postpartum IUD Counseling Skills* as a reference.
4. End the role play when the provider is—i.e., you are—satisfied that it is okay to insert the IUD (or not!), and discuss the role play. *In discussing each role play with all of the participants, ask the two questions below.*
  - \* How effective was the provider in ensuring that the client had made an informed, voluntary choice?
  - \* What could the provider have done differently? Ask the participant to give you feedback on your performance as the provider.
5. For the second role play, ask one volunteer participant to play the “client” and another volunteer to play the “provider.”
6. After the role play is complete, lead a discussion to provide feedback to the participants on their roles.
7. Conduct enough role plays for participants to demonstrate facility and confidence with IUD content and counseling skills.
8. Summarize the session by asking the participants:
  - \* What did you learn by playing the role of the “provider”? The “client”?
  - \* What did you learn by giving/receiving feedback?

#### Points to Be Raised during Role-Play Discussions

*Client No. 1:* Mrs. A is a very knowledgeable client and has experience with two methods. During the group education session, she should have learned about side effects of the postpartum IUD and the fact that the method is intended to be used for at least a few years. If not, provide that information now. If she still wants a postpartum IUD, she is a very good candidate and only needs the client history and physical exam to be completed before insertion (see Module 5: Client Assessment).

*Client No. 2:* Mrs. B presents two problems for informed choice: She has little previous knowledge about family planning, and the nurse is coercing her to use a method, which should **never** happen. First, the provider must reassure her that she *can* leave the hospital with no family planning method and that she should only use a postpartum IUD, or any method, if it is her own free choice. Second, he should find out if she wants to know about family planning at this time and, if so, provide or arrange for counseling to explain about the different methods.

*Client No. 3:* Mrs. C needs to know that, whether she has a postpartum IUD inserted or not, there will be extra bleeding and spotting for some time after delivery. The provider can ask if it would help if he or she talks to her husband or if the couple could come for counseling together. If there is not enough time for Mrs. C to become comfortable with the idea of the side effects, another method should be recommended. (Remember, abstinence and the lactational amenorrhea method should be considered as methods. Make sure that she has information on all methods and knows that she is always welcome to come back for a modern method of family planning when she is ready.)

*Client No. 4:* In this role play, Mrs. D is in active labor. Make sure that the participants play their “roles” appropriately. The provider should not provide any counseling during labor, so given the frequency of contractions, it will be difficult for the provider to confirm what Mrs. D does or does not know about the postpartum IUD. Thus, she is obviously *not* a candidate for postplacental IUD insertion. The provider should tell Mrs. D that they will discuss the postpartum IUD later and that she can still have it inserted then if she really wants it.

*Client No. 5:* Given the young age, high parity, and unmarried status of Miss E, the provider needs to obtain some information about her partner. This is a very delicate matter: It would be unkind and disrespectful to assume that Miss E has multiple partners, but if she is not willing to discuss her partner, it may indicate that she is at high risk for sexually transmitted infections, and thus unsuitable for postpartum IUD use. If she will not talk about her partner, the provider should take an educational approach and explain the importance of not being exposed to sexual infections if one is using an IUD. Her thoughts about using other methods can be further explored, in case she would consider a different one. The provider might ask if she would be more comfortable discussing this issue with someone else.

*Client No. 6:* Women can check for the strings if they want to, but it is not required, so not wanting to touch oneself should not be a barrier to IUD use. The provider can explore Mrs. F's reasons for choosing the postpartum IUD to ensure that this is an acceptable method to her. If she continues to be interested in the postpartum IUD, the importance of follow-up visits should be emphasized, so that a clinician can check for the strings.

Close the session by asking the participants if they have any additional questions about or comments on the content covered. If not, move on to the next session. If they have any additional questions, discuss them if the subject is not to be covered later.



# Module 5

## Client Assessment for Postpartum IUD Use

### Trainer's Notes for Module 5

This module covers client assessment, which includes taking the client's medical and obstetric history, assessing her risk for sexually transmitted infections (STIs), performing a physical examination, and comparing the findings to the postpartum IUD medical eligibility criteria.

### Objectives

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

- State the information that needs to be obtained from a medical history and physical exam, as appropriate, for a client wanting the postpartum IUD
- Perform an STI risk assessment and manage any problems appropriately, if necessary.
- State the medical eligibility criteria for postpartum IUD insertion

### Training Time

1 hour

### Materials

- Appendix C: Excerpts from World Health Organization (WHO). 2004. *Medical eligibility criteria for contraceptive use, 3rd edition*. Geneva.
- Appendix D: When Is a Woman at Very High Individual Risk of Gonorrhea or Chlamydia?
- Salem, R. M. 2006. New attention to the IUD: Expanding women's contraceptive options to meet their needs. *Population Reports*, series B, no. 7. Baltimore: Johns Hopkins Bloomberg School of Public Health, The INFO Project.
- WHO. 2004. *Selected practice recommendations for contraceptive use, 2nd edition*. Geneva.

### Advance Preparation

Assign the entire module, plus Appendixes C and D, for advance reading by the participants.

## Module 5 Activities

### A. Introduction

#### *Training Methodology*

Presentation (PowerPoint slides 5.1–5.2)

#### *Training Steps*

1. Present the objectives of this module.

### B. Overview of Client Assessment

#### *Training Methodology*

- Advance reading
- Question and answer
- Discussion

#### *Training Steps*

1. Begin the discussion by reviewing with the participants the importance of and the rationale for conducting a thorough client assessment.

*Answers may include:*

- To assess the client's general health situation and postpartum progress
- To ensure the client's safety
- To identify if the client is suited for postpartum IUD insertion

### C. Client History: General Medical, Obstetric, and Gynecologic History

#### *Training Methodology*

- Advance reading
- Question and answer

#### *Training Steps*

1. Review the components of a client assessment (provided on page 27 of the Participant Handbook) and briefly discuss how each component (the medical history, an STI risk assessment, and a physical examination) contributes to the overall clinical evaluation.
2. Ask the participants the following questions:

- \* What relevant information should be obtained from the client history for a woman wanting a postpartum IUD?

*Answers may include:*

- Antenatal and intrapartum course
- Delivery outcomes
- Assessment of any preexisting condition that could outweigh the advantages of using the IUD
- Duration of ruptured membranes
- If told she had an infection, reassessment of the risk for STIs and evaluation of possibility of exposure to STIs and HIV

- Confirmation of the client's desire for postpartum IUD insertion
- Confirmation of the client's understanding of possible side effects and of the client's access to follow-up care

*Remind the participants:* In addition, validate and/or fill in the client's history by reviewing the client record, with attention to her antenatal and intrapartum course (e.g., STI or HIV history, and management, if diagnosed; and obstetric complications, such as hemorrhage, sepsis, or genital trauma).

- \* What relevant information should be obtained from the physical examination for the woman wanting a postpartum IUD?

*Answers may include:*

- Assessment of the degree of contraction of the uterus
- Assessment of bleeding within normal limits
- Whether temperature is normal
- Whether there is evidence of infection

## D. Client History: Infection Risk Assessment

### *Training Methodology*

- Advance reading
- Question and answer
- Discussion

### *Training Steps*

1. Ask the participant to define *reproductive tract infection (RTI)* and *sexually transmitted infection (STI)*. (See page 28 in the Participant Handbook.) Emphasize to the participants that the distinction between RTIs and STIs can be important for clients, since it may be easier for them to discuss such infections if they understand that not all RTIs are transmitted sexually.
2. Review the STI risk assessment content with participants by asking:
  - \* Why is assessing a client's risk for STIs important for postpartum IUD candidates?
  - \* How do you assess postpartum clients for STI risk?
3. Highlight with the participants that as with any client-provider interaction, during an STI risk assessment, the provider's questions and responses to a client's answers must be respectful and appropriate. The client may be uncomfortable or embarrassed about these issues, which can make it difficult for the provider to ask these questions and for the client to answer them. Refer the participants to page 183 in Appendix D of the Participant Handbook ("*When is a woman at very high individual risk of gonorrhea or chlamydia?*") for illustrative sensitive questions.
4. If there are indications that a client may be at high individual risk for STI, apply the SOAP process (discussed in Module 10).

## E. Client History: Other Medical Categories

### *Training Methodology*

- Participant reading
- Question and answer
- Discussion

**Training Steps**

1. Alert the participants to the clinical conditions that predispose women to infection during the postpartum period and to the recommendation for postponing IUD insertion.
2. Refer them to Section E in their Participant Handbooks (pages 29–30), asking the participants to take turns in reading aloud, and lead a discussion.

**F. Physical Examination****Training Methodology**

- Advance reading
- Discussion

**Training Steps**

1. Continue the discussion by asking the participants to list the important steps to be performed during the physical exam prior to either a postplacental or immediate postpartum IUD insertion.
2. Highlight the following:
  - If the client was assessed during antenatal care, she may not need another complete physical; the provider may simply need to conduct an abdominal and pelvic exam to assess the beginning of uterine involution through appropriate uterine contraction and amount of bleeding.
  - The client's cervix and vagina should be carefully inspected for injury.
3. Ask the participants if they have any questions.

**G. Medical Eligibility Criteria for Postpartum or Postabortion IUD Insertion****Training Methodology**

- Advance reading
- Question and answer
- Discussion
- Individual exercise

**Training Steps**

1. Give a brief orientation to the WHO Medical Eligibility Criteria, including the history of the criteria, and an explanation of the four categories. Refer the participants to WHO's *Medical Eligibility Criteria for Contraceptive use, 3rd Edition*, and *Selected Practice Recommendations for Contraceptive Use, 2nd Edition*, for details on the different categories.
2. Ask the participants to turn to Appendix C. Review one page of the tables together. (5 minutes total)
3. Refer the participants to the table on page 10 of "New Attention to the IUD."
4. Draw the participants' attention to the WHO medical eligibility criteria for initiation or continuation of copper IUD use.
5. Together with the participants, read page 31 in the Participant Handbook (Section G. Medical Eligibility Criteria for Postpartum IUD Insertion). Clarify, as necessary.
6. Ask the participants if they have any questions.
7. *Individual Exercise:*
  - a. Distribute Trainer's Resource 5.1 (page 48).
  - b. Ask the participants to take 5–10 minutes to complete the chart.

- c. Reconvene the group and ask for volunteers to share their answers, one at a time.
- d. Reinforce and/or clarify the participants' questions or difficulties with the WHO positions.
- e. Distribute Trainer's Resource 5.1a (page 49), which includes the answers and the rationales for the answers.

## **H. Client Assessment: Case Studies**

### ***Training Methodology***

Case studies

### ***Training Steps***

1. Discuss each case study one at a time. Ask the participants to apply what they have learned about client assessment and eligibility criteria for the postpartum IUD to determine whether the client in each situation is a candidate for postpartum IUD insertion, and why or why not. (Case studies and suggested responses are given in Trainer's Resource 5.2, pages 50–51.)

### ***Training Option for Large Groups***

### ***Training Methodology***

Small-group discussion

### ***Training Steps***

1. Divide the large group into small “institutional” groups (i.e., form small groups with participants coming from the same facility), distribute the case studies, and allow 5 minutes for group discussions.
2. Ask a reporter to present his or her group's decision and to justify that decision.
3. Ask for comments from the overall group, and clarify as appropriate.

Close the session by asking the participants if they have any additional questions or comments on the content covered. If not, move to the next session. If they have any additional question, discuss these if the subject is not to be covered later.

### **Key Points**

- An effective client assessment addresses client safety and considers the client's general health as well as her family planning needs.
- The risk that a woman will develop PID following IUD insertion is very low, and when postinsertion PID occurs, it is always in the first 20 days following the insertion.
- Use of the IUD is not known to increase the risk that a woman will acquire an HIV infection or to speed progression toward AIDS among HIV-positive women. Initiation of IUD use is not recommended for women with AIDS unless they are doing clinically well on antiretroviral therapy.

## Trainer's Resource 5.1

### Exercise: Quick Reference Medical Eligibility Criteria Chart for the Postpartum IUD

Recent evidence shows that the IUD is safe for use in the presence of a number of conditions that were formerly considered “contraindicated.” However, there are a few conditions that pose some health risks, and in these cases the method should not be used.

*Instructions:* Below is a chart listing the conditions requiring consideration in postpartum use of the IUD. For each condition, place a tick mark (✓) in the appropriate column and give your reason in the space provided.

Woman's condition	Give	Do not give	Reason/comment
Between 49 hours and four weeks postpartum			
HIV-positive			
Younger than 20 years of age			
Rupture of membranes 36 hours before delivery			
Postpartum hemorrhage			
History of PID			
Extensive genital trauma or lacerations			

## Trainer's Resource 5.1a

### Answer Key

#### Exercise: Quick Reference Medical Eligibility Criteria Chart for the Postpartum IUD

Woman's condition	Give	Do not give	Reason/comment
Between 49 hours and four weeks postpartum		✓	Category 3, increased risk of perforation, refer for interval insertion.
HIV-positive	✓		Category 2; no evidence of increased risk of complications or infection-related complications; not associated with increased risk of HIV transmission to sexual partners.
Younger than 20 years of age	✓		Category 2; may be at increased risk of STI due to sexual behavior in younger age-groups.
Rupture of membranes 36 hours before delivery		✓	Category 3 for postpartum IUD insertion: Insertion of an IUD in the presence of infection and factors facilitating sepsis may substantially worsen the woman's condition, refer for interval insertion.
Postpartum hemorrhage		✓	Category 3 for postpartum IUD insertion: Postpartum hemorrhage needs to be controlled prior to IUD insertion. Refer for interval insertion.
History of PID	✓		Category 1 (with subsequent pregnancy) or Category 2 (without subsequent pregnancy); therefore, can use after being successfully treated and if there is no current risk of STIs.
Extensive genital trauma or lacerations		✓	Category 3 for postpartum IUD insertion: Risk of infection increased, refer for interval insertion.

## Trainers' Resource 5.2

### Case Studies and Suggested Responses

#### Case Study No. 1

The client has a normal medical history and physical exam. The client denies having sexual partner(s) other than her husband, but she does not know if he has other partners. The couple have used the condom sporadically over the years.

*Suggested Response: Unknown risk for STIs requires further consideration for IUD use. A thorough assessment of the client's actual STI risk is important, and exploration of whether her husband would be willing to be included in postpartum family planning counseling and/or would be willing to use condoms on a consistent basis is warranted.*

#### Case Study No. 2

A client had a hemoglobin of 8 g/dl<sup>1</sup> just before delivery, and there is no history of hemoglobin levels during pregnancy.

*Suggested Response: Anemia is of concern for IUD use, but the advantages of using the method outweigh the risks. A woman with an IUD could have increased blood loss because of the IUD, but women with severe anemia should avoid pregnancy. One management option may include giving the client an IUD, having her take iron supplements, and having her hemoglobin levels monitored regularly.*

#### Case Study No. 3

A client requests a postpartum IUD after receiving antenatal family planning counseling. Forty hours before delivery, her membranes rupture. At delivery, the baby is fine, and the mother has a low-grade fever.

*Suggested Response: The client is at risk for a postpartum infection and is therefore not a candidate for a postplacental IUD insertion. If, when she is reassessed later, her fever is gone and her overall condition is good, she may be determined to be a candidate for an immediate postpartum IUD insertion.*

#### Case Study No. 4

A client who requested a postpartum IUD during antenatal care presents at the maternity in active labor. At admission, her blood pressure is 180/104, she has edema of the face and hands, her deep-tendon reflexes are brisk, and she has proteinuria. During the course of her labor, she is safely managed for severe pre-eclampsia; following delivery, mother and baby are doing well. Her condition is slowly stabilized. The client is now 36 hours postpartum and is anxious to receive the IUD before she leaves the hospital.

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<sup>1</sup> **Note to trainers:** Review and update to the local accepted figures.

**Suggested Response:** *The client can be given the IUD within the first 48 hours. Given her severe pre-eclampsia and her desire for receiving the IUD before she is discharged, it is vital for her to be protected from subsequent pregnancy in the next 3–5 years (healthy timing and spacing of pregnancy). Hypertension is not a contraindication for the use of the IUD. If the client's condition is stable, she can receive the IUD within the recommended time frame.*

### **Case Study No. 5**

A client who has been receiving antiretroviral therapy (ART) for two years and has been participating in the program for preventing mother-to-child transmission of HIV (PMTCT) is in active labor with her fifth child (her fourth child is 10 years old). Although the client does not want to have any more children and has received family planning counseling during her ART and PMTCT care visits over time, she is fearful of tubal ligation and would prefer to have an IUD inserted after delivery, since “it will last a long time.” The client is likely to deliver within the next hour.

**Suggested Response:** *The IUD is an appropriate method for use by a woman living with HIV, receiving ART, and doing well. The client desires a long-term method as an alternative to tubal ligation; therefore, the IUD is an appropriate long-acting option and does not interact with ART. The IUD should be inserted immediately postplacentally.*



# Module 6

## Infection Prevention

### Trainer's Notes for Module 6

This module highlights the infection prevention practices used in providing safe postpartum IUD services. It does not provide an entire infection prevention course, but assumes that the participants have other opportunities to study in depth or refresh their infection prevention practices.

### Objectives

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

- Review key terms related to infection prevention
- Define the provider's role in infection prevention for postpartum IUD insertion (including oversight of other staff)
- Describe the importance of infection prevention, including the potential consequences of poor infection prevention practices
- Describe infection prevention procedures particularly important to postpartum IUD insertion

### Training Time

2 hours, 30 minutes

### Materials

- EngenderHealth. 2001. *Infection prevention multimedia package*. New York.
- Slips of paper
- Envelopes
- Sweets (as prizes for the scramble steps exercise)
- Trainer's Resource 6.1

### Advance Preparation

1. Preview the infection prevention video segments from the CD-ROM and study the reference booklet content that accompanies it.
2. Assign for advance reading the entire module.
3. Prepare for the scramble steps exercise: Prepare slips of paper with individual steps for instrument processing. Do not write the *number* of the step on the paper. Make two sets of these steps and put each set in an envelope. Place pieces of tape at two locations around the room; the participants will use this tape to attach the steps to the wall.

Carefully review this module after you have become familiar with the participants' backgrounds and the results of the precourse knowledge assessment. Based on their needs, you may skip or spend more time than recommended on some sessions.

## Module 6 Activities

### A. Introduction

#### *Training Methodology*

Presentation (PowerPoint slides 6.1–6.2)

#### *Training Steps*

Present the objectives of this module.

### B. Definitions

#### *Training Methodology*

Fill-in exercise

#### *Training Steps*

1. Review basic infection prevention content, asking the participants to complete the fill-in exercise on pages 33–34 of the Participant Handbook. Instruct the participants to write in the correct term in the space in front of the description or definition on page 34. Allow 15 minutes for this exercise.

#### **Trainer's Tip**

*Note:* This exercise is both a “self-assessment test” for the module and an “ice breaker” for the topic of infection prevention. It is commonly found that participants know much less about infection prevention than they think they do. Thus, this exercise may show the participants that they in fact could learn a lot about this topic, and it may also increase their interest in the material.

2. Ask for volunteers to share their answers, and correct and clarify the responses, as necessary. (*See answer key below.*)
3. Ask the participants what this exercise indicates to them, in terms of their level of knowledge regarding infection prevention.

#### **Answer Key**

1. aseptic technique
2. decontamination
3. cleaning
4. antiseptic
5. gluteraldehyde
6. disinfection
7. high-level disinfection
8. standard precautions
9. chlorine solution
10. disinfectant
11. sterilization

## **C. The Importance of Infection Prevention**

### ***Training Methodology***

- Advance reading
- Discussion

### ***Training Steps***

1. State that infection prevention practices also ensure clients' rights. Ask the participants to discuss which clients' rights infection prevention practices are related to. Answers may include:
  - Safety—Infection prevention practices ensure protection against disease-causing organisms for both clients and staff.
  - Dignity, comfort, and expression of opinion—Adherence to infection prevention practices prevents infections and associated pain, thereby ensuring client comfort.
2. Emphasize that everyone (clients, community, and staff) benefits from adherence to infection prevention practices. Point out that although the infection rate associated with postpartum IUD insertion is generally low, fatal infections can develop if correct infection prevention practices are not followed. Additionally, since clients and staff may not have any signs or symptoms of infections that they are carrying, it is important for the health of all staff to strictly adhere to infection prevention practices.

## **D. Stopping the Transmission of Infection**

### ***Training Methodology***

Group exercise

### ***Training Steps***

1. Divide the participants into two groups (one group representing nurses and midwives, the other group representing physicians).
2. Instruct each group to:
  - Generate a list of behaviors or practices that you can perform to ensure that staff and clients are protected from the risk of infection
  - Take 10 minutes to discuss and 5 minutes to record the results of the discussion on a piece of flipchart paper
  - Have each group select a reporter to report the results back to the larger group.
3. Reconvene the groups and have each report (5 minutes) and discuss the content of their lists; if there are similarities on the second group's list, focus on items that are additive to the first group's list.

**Trainer's Tip**

*Note:* The list should include the following items:

- Correct handwashing
- Correct use of antiseptics
- Correct and appropriate use of gloves
- Correct donning of sterile gloves
- Correct wearing of sterile and protective garments
- Correct decontamination of used gloves before disposal
- Correct decontamination of used instruments
- Correct processing of instruments by high-level disinfection or sterilization
- Correct disposal of contaminated waste

**E. The Provider's Role in Infection Prevention****Training Methodology**

- Reading
- Discussion

**Training Steps**

1. Direct the participants to open their handbooks to Section E: The Provider's Role in Infection Prevention (page 36).
2. Ask them to take five minutes to read this section.
3. Then lead a five-minute discussion by asking the following questions:
  - \* Do you have written guidelines at your site for infection prevention practices?
  - \* What is the impact of having (or not having) guidelines?
  - \* Does your facility have the supplies, equipment, and infrastructure for appropriate infection prevention practices?
  - \* What is the impact of problems with these items?
4. Summarize this section by reinforcing that it is every provider's responsibility to practice appropriate infection prevention.

**Key Points**

- As a member of a team providing postpartum IUD services, you are responsible for the safety of the client and of colleagues, including ensuring that appropriate infection prevention practices are followed in your setting.
- Poor or inconsistent infection prevention practices in postpartum IUD services can result in exposure to and infection with HIV, hepatitis, staphylococcus, and streptococcus among both clients and staff.
- Standard precautions need to be followed consistently.

- Health care providers play an important role in strengthening infection prevention practices by refreshing basic understanding of infection transmission and correct infection prevention procedures and by ensuring that all staff carry out infection prevention practices according to set standards, that staff needing training receive it, that staff are kept current on changes in infection prevention practices, and that required supplies and equipment are available for staff to carry out infection prevention practices correctly.

## F. Infection Prevention Practices Important to Postpartum IUD Insertion

### *Training Methodology*

- Advance reading
- Question and answer
- Viewing of CD-ROM
- Discussion
- Simulation practice

### *Training Steps*

1. Ask the participants to list the infection prevention practices that are crucial to postpartum IUD services and write their responses on a blank piece of flipchart paper. Responses should include the following:
  - Handwashing
  - Gloving
  - Aseptic technique
  - Use of antiseptics
  - Use of disinfectants
  - Instrument processing and storage
  - Housekeeping and waste disposal.
2. Ask the participants to describe how to perform handwashing.
3. Play the CD-ROM segment on handwashing and ask the participants to state the degree to which their description of handwashing matches that shown on the CD.
4. Review with the participants when hands should be washed. Have the participants confirm the correctness of answers by finding the answers on page 36 in their Participant Handbook.
5. Ask the participants what kinds of gloves are needed for postpartum IUD insertion.
6. Ask the participants to name the antiseptic solutions appropriate for use with postpartum IUD insertion. Their answers should include iodophors (e.g., povidone iodine) and chlorhexidine gluconate (marketed as Hibiclens or Savlon).
7. Ask the participants what specific use instructions must be followed to ensure effective use of iodophors. Their answers should include:
  - The provider must allow 1–2 minutes to pass after applying iodophors before proceeding with the procedure, as iodophors need up to two minutes of contact time to release the free iodine.
8. Highlight that when manual postplacental placement is being considered, the provider and support staff must adhere to correct sterile gloving. Since this training does not focus on manual placement skills, direct the participants to the gloving instructions in the *Infection Prevention Reference Booklet* (pages 11–13) so they can read it and practice on their own.

## **G. Processing of Equipment and Instruments**

### ***Training Methodology***

- Advance reading of the infection prevention reference booklet (page 25) and Section G of the Participant Handbook
- Scramble steps exercise

### ***Training Steps***

1. Divide the participants into two smaller groups and give each group an envelope with the steps of instrument processing written on individual slips of paper.
2. Identify two locations where the groups will post their slips of paper, using pieces of tape placed at each location.
3. Instruct the groups that they are to work together to arrange the steps in the correct order and display them on the wall. The first group to complete the display with the correct sequence will win a prize (usually sweets).
4. Allow the groups to work, and take note of the first group to finish; allow the other group to finish, and then ask the group that finished first to present. While all of the participants are standing around the cards on the wall, distribute prizes (if the first group is correct).
5. If the first group to finish is incorrect, ask for a volunteer participant to explain the correct sequence. The trainer should comment and correct, as appropriate.
6. Check the second group's work; if it is correct, distribute the prizes. If it is incorrect, once again, ask for a volunteer participant to explain.
7. Refer the participants to their handbooks and to page 25 in the infection prevention reference booklet.

## **H. Housekeeping, Safe Environment, and Waste Disposal**

### ***Training Methodology***

Exercise

### ***Training Steps***

1. Present the information on housekeeping, safe environment, and waste disposal included in the Participant Handbook, and lead a discussion of this information.
2. Distribute the true/false exercise sheet (Trainer's Resource 6.1) to the participants.
3. Direct the participants to complete the questions, allowing 10 minutes.
4. Reconvene the group and ask the participants to take turns giving the answers.
5. Confirm the answers or correct them, as necessary.

Close the session by asking the participants if they have any additional question or comments on the content covered. If not, move on to the next session. If they have any additional questions, discuss them, if the subject is not to be covered later.

## Trainer's Resource 6.1

### True/False Exercise

*Instructions:* Read each statement. If the statement is correct, circle "true"; if the statement is incorrect, circle "false."

Statement	True	False
1. When inserting an IUD postplacentally, put on a new pair of sterile gloves.	True	False
2. If the IUD is to be inserted following the delivery of the placenta, it is not necessary to swab the vagina and cervix with antiseptic before passing the IUD-loaded ring forceps into the uterine fundus.	True	False
3. During transcervical placement of the IUD, clean the uterus by removing any blood, clots, or other tissue.	True	False
4. During immediate postpartum insertion of the IUD, apply antiseptic solution liberally (at least two times) to the vagina and cervix.	True	False
5. When processing instruments used in postpartum IUD insertion, decontaminate, clean, rinse, and air dry them; instruments need only be high-level disinfected, since giving birth is not a sterile procedure.	True	False
6. When using the "no touch" technique to insert the IUD into the uterus, if the IUD is removed back through the cervix, it cannot be reinserted through the cervix once again.	True	False
7. In postpartum IUD insertion, it is especially important to decontaminate and clean the procedure room between clients, because there may be more blood with postpartum IUD insertion than with interval IUD insertion.	True	False
8. After each postpartum IUD insertion procedure, wipe down the procedure table, the floor around the table, the instrument stands, and other potentially contaminated areas (such as light switches and countertops) with a 0.5% chlorine solution.	True	False
9. Supplies and waste from a postpartum IUD insertion procedure are safe to handle.	True	False

## Trainer's Resource 6.1a

### Answer Key

*Instructions:* Read each statement. If the statement is correct, circle "true"; if the statement is incorrect, circle "false."

Statement	True	False
1. When inserting an IUD postplacentally, put on a new pair of sterile gloves.	True	False
2. If the IUD is to be inserted following the delivery of the placenta, it is not necessary to swab the vagina and cervix with antiseptic before passing the IUD-loaded ring forceps into the uterine fundus.	True	False
3. During transcervical placement of the IUD, clean the uterus by removing any blood, clots, or other tissue.	True	False
4. During immediate postpartum insertion of the IUD, apply antiseptic solution liberally (at least two times) to the vagina and cervix.	True	False
5. When processing instruments used in postpartum IUD insertion, decontaminate, clean, rinse, and air dry them; instruments need only be high-level disinfected, since giving birth is not a sterile procedure.	True	False
6. When using the "no touch" technique to insert the IUD into the uterus, if the IUD is removed back through the cervix, it cannot be reinserted through the cervix once again.	True	False
7. In postpartum IUD insertion, it is especially important to decontaminate and clean the procedure room between clients, because there may be more blood with postpartum IUD insertion than with interval IUD insertion.	True	False
8. After each postpartum IUD insertion procedure, wipe down the procedure table, the floor around the table, the instrument stands, and other potentially contaminated areas (such as light switches and countertops) with a 0.5% chlorine solution.	True	False
9. Supplies and waste from a postpartum IUD insertion procedure are safe to handle.	True	False

# Module 7

## Postpartum IUD Insertion Techniques

### Trainer's Notes for Module 7

This module covers the various types of postpartum IUD insertion techniques and when they are used. It also explains how the techniques differ in terms of timing.

### Objectives

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

- Understand which insertion technique is appropriate to the various times at which an IUD can be inserted postpartum
- Describe the approach for each postpartum insertion technique
- List the factors to consider while selecting an insertion technique
- Discuss key considerations related to insertion techniques and active management of the third stage of labor
- Present the different insertion techniques, following the steps in the learning guide

### Training Time

1 hour (*Note:* This training time could vary, depending on how many insertion techniques need to be discussed in detail.)

### Materials

- Nonsterile postpartum IUD insertion instruments (Kelly placental forceps, bivalve speculum or vaginal retractor, ring forceps, gloves, etc.)
- Zoe<sup>®</sup> model with large uterus in place and opened cervix attached
- Expired Copper-T 380A IUDs
- Copies of Appendix E: Active Management of the Third Stage of Labor Fact Sheet and Poster
- Postpartum IUD Clinical Skills Learning Guides (Appendix A)
- Sample Written Postinsertion Instructions for Clients (Appendix B)
- Matching exercise (Trainer's Resource 7.1)
- PowerPoint slides

### Advance Preparation

1. Assign the entire module, plus Appendixes A and B, for advance reading by the participants.
2. Make a copy for each participant of the matching exercise (page 66).
3. Make one copy per participant of each learning guide.

## Module 7 Activities

### A. Introduction

#### *Training Methodology*

Presentation (PowerPoint slides 7.1–7.2)

#### *Training Steps*

1. Present the objectives of this module.

### B. Insertion Times and Techniques

#### *Training Methodology*

- Advance reading
- Question and answer
- Matching exercise
- PowerPoint presentation

#### *Training Steps*

1. Based on the content in the Participant Handbook, instruct the participants to complete the matching exercise in Trainer's Resource 7.1.
2. Allow 10 minutes for the participants to complete this exercise.
3. Ask for volunteers to share their matched answers. During the answer session, invite the participants to ask questions, to address misconceptions and concerns related to the various techniques of postpartum IUD insertion.
4. Summarize, using PowerPoint slides 7.3–7.6.

### C. Choice of the Timing and Technique of IUD Insertion

#### *Training Methodology*

- Advance reading
- Discussion

#### *Training Steps*

1. Refer the participants to their handbooks and review the considerations about postplacental versus immediate postpartum insertion and manual versus forceps postplacental insertion techniques (pages 42–43).
2. Emphasize these points:
  - Postplacental IUD insertion with forceps is preferable to manual placement, for the following reasons:
    - It is more comfortable for the client.
    - Aseptic technique is easier to maintain, since long sterile gloves are hard to obtain and may be very costly for the service site.
    - Forceps insertion seems to ensure fundal placement of the IUD, with minimal risk of dislodgement when the forceps are withdrawn.
  - For providers considering manual postpartum placement of the IUD, the following criteria must be met:

- Long sterile gloves are used for insertion, *or* regular-length sterile gloves are worn *along with* water-impermeable gown sleeves.
- Women are under epidural anesthesia (where available) that has already taken effect.
- Confirm or correct participants' answers and elaborate on the key points from the Participant Handbook.

## **D. Steps before Insertion**

### ***Training Methodology***

Presentation

### ***Training Steps***

1. Direct the participants to page 43 in their handbooks ("Steps before Insertion").
2. Ask the participants if, as a result of the advance reading of this content, they have questions, and answer them, as necessary.
3. Explore with the participants whether they are following the World Health Organization (WHO) recommendations contained in the Joint Statement of the Management of the Third Stage of Labor to Prevent Postpartum Hemorrhage (which can be downloaded from [www.pphprevention.org/files/FIGO-ICM\\_Statement\\_November2006\\_Final.pdf](http://www.pphprevention.org/files/FIGO-ICM_Statement_November2006_Final.pdf)). If participants are practicing active management of the third stage of labor (AMTSL), review with them the recommended steps, to ensure that their practice conforms to international standards (see Appendix E: Active Management of the Third Stage of Labor Fact Sheet).
4. If the participants are not practicing AMTSL, spend some time reviewing the recommendations and the steps of AMTSL (Slide 7.7).
5. Find out if the AMTSL steps are posted in the delivery areas of the participants' facilities; if not, share with them the POPPHI poster (Appendix E), discuss the need to post it in visible areas of the delivery area, and discuss with supervisors the need for refresher training, to ensure that their practices are consistent with and in line with the WHO recommendations.
6. Reinforce the need for appropriate client assessment and counseling prior to postpartum IUD insertion (Slide 7.8).
7. Discuss the points included in the Participant Handbook under the section "Attention," page 44 (Slide 7.9).

## **E. Equipment for Postpartum IUD Insertion**

### ***Training Methodology***

- Advance reading
- Discussion

### ***Training Steps***

1. Direct the participants' attention to Equipment for Postpartum IUD Insertion (pages 44–45 in their handbooks) and review the equipment, instruments, and supplies necessary for providing postplacental/forceps, postplacental/manual, transcesarean, and immediate postpartum IUD insertions (slides 7.10–7.12).
2. While describing the instruments required for postpartum IUD insertion, explain the correct order in which the instruments should be placed on the auxiliary table and note that this will facilitate insertion (see Slide 7.13).

3. Ask the participants about the availability of these items at their sites and suggest that upon reporting back to work, they can use these lists in discussions with their supervisors before beginning postpartum IUD services.

**Trainer's Tip**

*Note:* The one item that usually is not available in the delivery ward is the Kelly placental forceps. It is necessary that site supervisors take the appropriate measures to acquire them. In the event this is not possible or it is difficult, a long ringed forceps can be used.

4. Ask the participants to work in their institution teams, provide each group with a kit of instruments, and allow them to practice how to hold the IUD with the ringed forceps and how to organize their instrument tray. Correct their arrangements, as necessary. Highlight why it is important to have the instruments and supplies in the appropriate order.

**F. Insertion Techniques****Training Methodology**

- Advance reading
- Presentation
- Discussion

**Training Steps**

1. Distribute the postpartum IUD clinical skills learning guides (Appendix A). These guides may be new to some of the providers. Explain how the learning guides are to be used and pass them around so that the participants can familiarize themselves with them. The participants will have a chance to use the guides during practice with the models (slides 7.14–7.15).
2. With the support of slides 7.16–7.17 and a set of postpartum IUD instruments and expired IUDs, present the tasks and steps of the procedures for the three means of postpartum IUD insertion:
  - Forceps insertion
  - Manual insertion
  - Transcervical insertion
3. Refer to the related illustrations in the Participant Handbook to help the participants visualize the IUD-holding forceps for the forceps insertion and the IUD-holding hand for each of the manual and transcervical insertion techniques.
4. Review the insertion process, following the learning guides, to make sure that the participants understand the steps and to answer any questions that they may have.
5. Ask the participant to follow along by reading the corresponding sections of the Postpartum IUD Clinical Skills Learning Guides.

**G. Steps after All Insertions and H. Hints****Training Methodology**

- Advance reading
- Discussion

**Training Steps**

Review points G: “Steps after All Insertions” and H: “Hints” (pages 52–53 in the Participant Handbook) and lead a discussion about them.

Close the session by asking the participants if they have any additional questions or comments on the content covered. If not, move on to the next session. If they have any additional questions, discuss them if the subject is not to be covered later.

**Key Points*****For Postplacental Insertion***

- Manual examination of the uterus is not recommended before postpartum IUD insertion, except when obstetric situations require it (such as a retained placenta or retained membranes).
- Use either ring or Kelly placental forceps for forceps insertion, depending on the size of the uterus. *The Kelly forceps are recommended because they are more effective in placing the IUD at the uterine fundus.*

***For Immediate Postpartum Insertion***

- Long forceps such as the Kelly placental forceps are the preferred instrument for immediate postpartum IUD insertion. However, if the Kelly forceps are not available, other long forceps can be used.

## Trainer's Resource 7.1

### Matching Exercise

*Instructions:* Write the letter that matches the terminology for the timing of postpartum IUD insertion in Column B in the blank alongside the name of the postpartum IUD insertion approach in Column A.

Column A	Column B
1. ____ Interval	a. The IUD is placed in the uterus through the uterine incision following delivery of the placenta.
2. ____ Postabortion (first trimester)	b. The IUD is inserted into the uterine cavity using Kelly or ring forceps within 10 minutes of placental delivery.
3. ____ Postabortion (second trimester)	c. The IUD is inserted into the uterine cavity using Kelly or ring forceps within the first 48 hours after delivery.
4. ____ Postplacental	d. The IUD is inserted into the uterine cavity at any time that the woman is not pregnant, from four weeks postpartum onward, using a tenaculum, sound, and IUD inserter with the "withdrawal" technique.
5. ____ Transcesarean	e. The IUD is inserted into the uterine cavity immediately following evacuation of the uterus in the absence of sepsis, using the interval insertion technique.
6. ____ Immediate postpartum	f. The IUD is inserted into the uterine cavity following uterine evacuation, using Kelly or ring forceps.
7. ____ Insertion technique that increases risk of uterine perforation	g. The IUD is inserted into the uterine cavity after placental delivery, using an IUD inserter with the withdrawal technique.

*Answer Key:* 1. d 2. e 3. f 4. b 5. a 6. c 7. g

# Module 8

## Supervised Clinical Practice

### Trainer's Notes for Module 8

This module provides the information and skills practice necessary for the participants to perform postpartum IUD insertion correctly, safely, and effectively, including appropriate client assessment and counseling.

### Objectives

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

- Demonstrate correct client assessment procedures for postpartum IUD insertion
- Demonstrate appropriate client-provider interaction during the clinical procedure
- Demonstrate the use of correct infection prevention techniques before, during, and after postpartum IUD insertion
- Competently perform all of the tasks and steps in at least three postpartum IUD insertions, as described in the Postpartum IUD Clinical Skills Checklists (Appendix A)
- In each postpartum IUD procedure performed, demonstrate the provision of postinsertion instructions to the client, as described in the Postpartum IUD Clinical Skills Checklists (Appendix A) and the Sample Written Postinsertion Instructions for Clients (Appendix B)

### Training Time

5–10 hours for clinical practice

### Materials

- Postpartum IUD Clinical Skills Checklists (Appendix A)
- Instruments and supplies needed for clinical and model practice
- Supplies to practice effective infection prevention
- Copies of the Sample Written Postinsertion Instructions for Clients (Appendix B)
- Zoe<sup>®</sup> postpartum models and postpartum uterus model

### Advance Preparation

1. Coordinate clinical training sessions with the clinic staff and make transportation and logistical arrangements, if necessary.
2. Schedule sufficient clinical sessions based on the number of participants and their skill levels, as well as the number of available clients.
3. Arrange for translation for client assessment and postinsertion instructions if a participant does not speak the same language as the client. (As trainer, you can also do the translation.)
4. Assign the module for advance reading by the participants.

## Module 8 Activities

### A. Introduction

#### *Training Methodology*

Presentation (PowerPoint slides 8.1–8.2)

#### *Training Steps*

1. Present the objectives of this module.

#### **Trainer's Tip**

*Note:* Before the training begins, you will need to determine which insertion techniques the participants are likely to use at their home institutions. The participants should devote their practice time to those techniques. However, EngenderHealth recommends that the forceps insertion technique be performed either postplacentally or in the immediate postpartum period, for all of the reasons cited in Module 7. While the training should theoretically include all of the insertion techniques, to the degree possible, the practice session should focus on forceps techniques for postplacental and immediate postpartum insertions. As trainers, make every effort to create practicum experiences that include transcesarean placement of the IUD.

Each participant whose skills have been evaluated as satisfactory on the pelvic model can progress to the postpartum IUD clinical practicum, under trainer supervision. **Participants are not to perform postpartum IUD insertions with clients until they have been evaluated as satisfactory using the Clinical Skills and Counseling Skills Checklists for Trainers.**

Before going to the clinical phase of the training, review with the participants these two critical points:

- Every step of the postpartum IUD procedure should be done slowly and gently, to ensure both accuracy of technique and client comfort.
- Client safety is of the utmost importance. The trainer will be expected to step in during the insertion procedure if there is any indication that client safety is being inadvertently compromised.

During the clinical practice, the following tasks should be performed by the trainer:

- Demonstrating postpartum IUD insertion procedures (depending upon the techniques the participants are likely to use at their home institutions)
- Supervising the participants **at all times** while they perform postpartum IUD insertions
- Evaluating the performance of each participant, using the appropriate Postpartum IUD Clinical Skills Checklist for Trainers (Appendix A)
- Conducting *preclinical practicum meetings* with each participant, using their own skills learning guide, to focus each practicum session on the participant's learning needs.
- Additionally, conducting *postclinical practicum meetings* with each participant, to facilitate self-assessment of their clinical performance using the skills learning guides, provide **constructive feedback**, and monitor the progress of their skills performance. (During the preclinical and post-clinical meetings, you and the participants are expected to develop problem-solving approaches

together. Alternatively, individual meetings between you and the participant can be held after each case for performance review. Then postclinical practicum meetings may be held as a group session guided by questions provided in Section F of this module.)

- During the supervised practicum, giving each participant the support they need to perform a safe and correct IUD insertion. (When guiding or correcting a participant, do so in a manner that will not increase the client's anxiety. At times during the procedure, you might need to assist by placing your hand on the participant's, helping him or her to hold the instruments at the correct angle. If a participant's performance is not adequate, be prepared to take over the procedure. If this happens, instruct the participant to assist you or to observe.)
- Helping the participants gain practice in doing preprocedure tasks, such as counseling and assessing the client, and giving postinsertion instructions to the client (see Module 4: Counseling and Module 5: Client Assessment), so they have experience with all aspects of service delivery. (At all times, the participants should be expected to demonstrate correct infection prevention practices. The participants may also return to model practice to refine or strengthen hand skills. If possible, demonstrate and arrange for the participants to practice transcervical insertion.)
- Dividing the participants into small groups, to maximize the practice experience. (Each group can observe and practice the different elements of care: client assessment, client-provider interaction, and the procedure. Some of these activities may not take place in the same ward; however, one trainer should be with the participants at all times, to guide the practice.)
- Arranging for the participants to be on call to the maternity ward to attend clients wanting the postpartum IUD, to increase the likelihood that they will be able to perform postpartum IUD insertions on clients (in the event that the caseload during daytime and evening hours is not adequate)
- Arranging a return visit to the training facility after the workshop for those participants who require further practice, if there are still not enough postpartum IUD clients to provide the participants with sufficient experience to achieve competence during the training

## **B. Guidelines for Clinical Observation and Practice**

### ***Training Methodology***

Discussion

### ***Training Steps***

1. Review with the participants the guidelines for clinical observation and practice that appear on pages 55–56 of the Participant Handbook, and present Slide 8.3. Discuss any additional guidelines that their facilities might require.

### **Trainer's Tip**

The primary concern during clinical observation is the client's safety and comfort. To ensure good quality of care, including the client's safety and comfort, be sure to limit the number of participant observers. Generally, no more than two or three observers should be in the room.

During clinical observation, point out to the participant the key aspects of the procedure, being sensitive to the fact that the client is awake and listening to the discussion.

### **C. Client Assessment, Client-Provider Interaction, and Infection Prevention Highlights**

#### ***Training Methodology***

- Advance reading
- Question and answer
- Discussion

#### ***Training Steps***

1. Review the client-provider interaction highlights presented on page 56 of the Participant Handbook.
2. Ask one or two of the participants to briefly recap Module 5: Client Assessment, since they will be expected to perform a complete or partial assessment.
3. Review the infection prevention highlights presented on pages 56–57 of the Participant Handbook.
4. Allow for participants' questions, and clarify as necessary.
5. Share the logistical arrangements for the clinical practicum. If the group will be divided into teams, post the team assignments.

### **D. Overview of the Postpartum IUD Technique**

#### ***Training Methodology***

- Presentation
- Demonstration
- Return demonstration
- Discussion

#### ***Training Steps***

1. Present an overview of the insertion technique that you will teach (not all of the information related to all of the techniques presented in Module 7).
2. Lead a discussion identifying the important points addressed (e.g., how to handle difficult insertions as a result of a well-contracted uterus, how to make sure the fundus has been reached, how to appropriately visualize the cervix, etc.)

### **E. Demonstration and Pelvic Model Practice**

#### ***Training Methodology***

- Presentation
- Demonstration
- Return demonstration
- Discussion

#### ***Training Steps***

1. Demonstrate the insertion technique on a pelvic model, with instructions to the participants to follow along using the postpartum IUD clinical skills learning guide. Allow time for questions and clarifications as you go.

2. Demonstrate the complete forceps technique on the pelvic model, showing the hand positions and the sequential steps of the forceps insertion, while having one volunteer participant read the steps from the learning guide.
3. Ask a volunteer participant to return the demonstration by doing the procedure while another participant reads the steps from the learning guide. Correct or support the volunteer, as necessary.
4. Arrange one practice station for each “institutional team” (that is, the clinician accompanied by the nurse and the supervisor).
5. At each station, one participant should play the client role, while the clinician practices the insertion and client-provider interaction. Meanwhile, the third member of the group reads the learning guide. Participants should apply here the counseling skills learned in Module 4.
6. Assign one co-trainer to each practice station.
7. Co-trainers should correct, support, and offer tips to the participants, as necessary.
8. Allow the participants to practice on the pelvic models, again using the clinical and counseling skills learning guides,

Once the participants are competent in practicing with the pelvic models, move on to clinical practice on clients.

*Note:* Each technique should be introduced; however, the focus of this practical training should be on the forceps insertion technique.

## **F. Supervised Clinical Practice**

### ***Training Methodology***

- Demonstration
- Return demonstration
- Model practice (continuing)
- Clinical observation and practice

### ***Trainer's Notes***

During supervised clinical practice, provide each participant with the guidance needed to do a postpartum IUD insertion safely and effectively. When guiding or correcting a participant, do so in a manner that will not increase the client's anxiety. If a participant is having significant problems inserting the IUD or if his or her performance is not adequate, be prepared to take over the procedure. If this happens, instruct the participant either to assist you or to observe. Be supportive and provide the participant with one-on-one training, if needed.

Clinical practice training should be tailored to the needs of each individual participant. For example, after observing a procedure, an experienced provider may be ready to perform an insertion immediately. However, other participants may need to observe more cases. Likewise, the number of procedures of each technique that each participant must perform before achieving competence will vary according to the participant's skill and experience. Some experienced doctors may be competent after performing only a few procedures, while others may need to perform more.

If participants indicate a desire to revise the insertion techniques based on their experience, explain to them that these standardized techniques have been found to be successful internationally and are the techniques to be used during this training.

Each day, after clinical observation and practice, plan time for group discussion:

- Ask the participants if they have any questions.
- Ask the participants who inserted IUDs to describe their experiences, including their difficulties and successes. Give them feedback, highlighting the positive aspects, but also addressing the mistakes.
- Point out how aseptic technique was maintained during the procedure.
- Discuss the techniques that were used to support the client during the procedure.

### **Trainer's Tip**

*Note:* Group discussion of the clinical sessions does not take the place of constructive feedback and individual clinical practicum meetings both before and after the sessions. Participants have a right to privacy and confidentiality during their learning experience.

## **G. Evaluation of Clinical Skills**

Evaluation is ongoing throughout the clinical practice. As you observe each participant, evaluate each insertion using the appropriate Postpartum IUD Clinical Skills Checklist for Trainers (Appendix A) and provide constructive feedback, engaging the participant in a self-assessment of his or her performance using the appropriate checklist immediately following each insertion.

Close the session by asking the participants if they have any additional questions or comments about the content covered. If not, move on to the next session. If they have any additional questions, discuss these if the subject is not to be covered later.

# Module 9

## Postinsertion Care

### Trainer's Notes for Module 9

This module prepares providers of postpartum IUD services to give clients postinsertion instructions for the successful and safe use of this method.

### Objectives

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

- List the key components of immediate postinsertion care
- Explain key messages that should be covered with clients following postpartum IUD insertion, to ensure the successful and safe use of the method
- State the timing for the first follow-up visit for a woman receiving an IUD postpartum
- Explain the early warning signs that IUD clients should look for as indicators that they should return for medical management
- List the key components of the first routine postpartum IUD follow-up visit and subsequent visits

### Training Time

45 minutes

### Materials

- Copies of the Sample Written Postinsertion Instructions for Clients (Appendix B)
- Flipchart paper

### Advance Preparation

Print group tasks on a piece of flipchart paper for the follow-up visit exercise (Activity C).

## Module 9 Activities

### A. Introduction

#### *Training Methodology*

Presentation (PowerPoint slides 9.1–9.2)

#### *Training Steps*

Present the objectives of this module.

### B. Immediate Postinsertion Care

#### *Training Methodology*

Lecture

#### *Training Steps*

1. Ask the participants to open their handbooks to page 59 and read the signs to observe after a postpartum IUD insertion.
2. Lead a discussion about the main points related to standard postpartum care instructions and warning signs and the instructions and warning signs related to the postpartum IUD.

### C. First Routine and Subsequent Postpartum Follow-Up Visits

#### *Training Methodology*

Group exercise

#### *Training Steps*

1. Introduce this content by highlighting to the participants that the postpartum IUD client's first follow-up visit can be scheduled between three and six weeks postpartum, when the customary postpartum examination is performed. Quality of care will not be compromised if a subsequent follow-up visit is not scheduled, but the client should be urged to return if she experiences any IUD warning signs, has unacceptable side effects, desires to become pregnant, or wishes to change her family planning method. If the facility wishes to follow up clients using the IUD, annual visits may be scheduled (slides 9.3–9.5).

#### **Trainer's Tip**

*Note:* The group exercise is designed to cover the last four learning objectives. Content in the Participant Handbook provides the answers for the groups' tasks. When discussing the group work, refer the participants to their handbooks to reinforce the information.

2. Divide the larger group into two smaller groups.
3. Assign Group 1 to the first postpartum IUD follow-up visit and Group 2 to the subsequent IUD follow-up visit.
4. Display the prepared flipchart outlining the groups' tasks. Group tasks for each assigned follow-up visit should include the following:
  - List the information that you will obtain from the client during history-taking.

- Describe what physical examination you will perform and the reasons.
  - List the client information and instructions that you will give after performing the history and physical.
  - Explain the client management you would suggest if the client has been experiencing any side effect.
  - List the information you should review with clients during follow.
  - Suggest the chart format for reporting (Trainer's Resource 9.1, page 76).
5. Instruct the groups to identify one person to record the results of their discussion on a piece of flipchart paper and another member to be the reporter who will present the results to the larger group.
  6. Allow 20 minutes for the group work and for the groups to write their work outcomes on blank pieces of flipchart paper.
  7. Reconvene the groups and have each group present their work, followed by a discussion.
  8. Confirm all correct information, and correct or elaborate on each group's work, as indicated.
  9. Answer the participants' questions, as necessary.
  10. Refer the participants to their handbook to review the content of this section.

Close the session by asking the participants if they have any additional questions or comments about the content covered. If not, move on to the next session. If they have any additional questions, discuss these if the subject is not to be covered later.

**Trainer's Resource 9.1**  
**Postpartum IUD Follow-Up Visit Chart**

<b>History to Be Taken</b>	<b>Physical Examination</b>	<b>Client Information/ Instructions</b>

# Module 10

## Prevention and Management of Side Effects and Complications

### Trainer's Notes for Module 10

This module covers the routine assessment and management of side effects and complications and the prevention of complications.

If the participants have experience in providing routine IUD follow-up care and in managing IUD side effects and complications, this module can be used to update their knowledge. Side effects and complications associated with IUD use are no different whether the IUD is inserted during the postpartum or the interval period.

### Objectives

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

- Distinguish between *side effects* and *complications*
- List common side effects and possible complications of postpartum IUD use
- State how to prevent insertion-related complications
- Describe the clinical management of the most common side effects
- Describe the management of a client presenting with warning signs of potential IUD-related complications

### Materials

Flipchart paper

### Training Time

1 hour

### Advance Preparation

Assign the entire module for advance reading by the participants.

## Module 10 Activities

### A. Introduction

#### *Training Methodology*

Presentation (PowerPoint slides 10.1–10.2)

#### *Training Step*

Present the objectives of this module.

### B. Side Effects and Complications

#### *Training Methodology*

- Advance reading
- Question and answer
- Presentation (PowerPoint slides 10.3–10.6)

#### *Training Steps*

1. Begin covering this content by asking the participants:
  - \* What side effects and complications may be associated with postpartum IUD use?
  - \* What are the warning signs suggestive of IUD-related complications?
  - \* How can complications such as expulsion, perforation, and pelvic infection be prevented?
  - \* How can a provider determine if a client is experiencing a side effect or a complication?
2. Reinforce the features that distinguish a *side effect* (e.g., an unintended outcome of a procedure, contraceptive, or medication that does not require extensive attention and management) and a *complication* (e.g., an unexpected outcome that requires intervention or management beyond what is normally provided) (slides 10.3–10.4).
3. Confirm or correct answers, referring the participants to the related content in their handbooks.
4. Present the content on the side effects of the IUD during and following postpartum insertion, on the management of difficult insertions, and on the prevention of insertion complications. Engage the participants by asking them: How can complications related to postpartum IUD insertion be prevented? Acknowledge the participants' answers and emphasize that since the risk of perforation is somewhat higher with the soft, postpartum uterus, techniques to stabilize the uterus during insertion (such as by placing one hand on the abdomen to hold the uterus) can help prevent this complication. Strict adherence to infection prevention practices will help prevent pelvic infection at the time of insertion. Also, ensuring fundal placement of the IUD with the ring forceps can help minimize expulsion. Allow for participants' questions throughout the presentation.
5. Tell the participants that although this training focuses on postpartum IUD insertion, it also provides them with an opportunity to be updated on the management of IUD-related side effects and complications, based on the WHO's Recommended Selected Practices from 2004. As a result, time will be devoted to becoming familiar with these new case management recommendations.
6. Ask the participants to list common side effects of IUD use and common complications associated with the IUD. Record the participants' responses on a blank piece of flipchart paper and identify those conditions that will be presented from the content. If there are other conditions on the participants' list, determine if the condition(s) are genuinely associated with the IUD; if they are not, address the participants' misconceptions. If conditions associated with IUD use are not

included on the list, arrange time to cover these issues during the remainder of the training (slides 10.5–10.6).

## **C. Management of Side Effects and Complications**

### ***Training Methodology***

- Advance reading
- Presentation
- Case studies

### ***Training Steps***

1. Explain that this section will focus on updated recommendations for the management of IUD-related side effects and complications. Reassure the participants that the management resources in their handbooks cover most of the common side effects and complications, but that the classroom activities will be geared toward new guidance provided by WHO in 2004.
2. Present the content on the management process (i) to provide a foundation for the case study exercises and (ii) to encourage providers to systematically manage client complaints. This client management method is called **SOAP** (see Trainer Resource 10.1a, page 82).
3. Lead the participants through the example to illustrate how the SOAP process works. See Trainer Resource 10.1b (page 83). If this management approach is familiar to the participants, omit the example and move directly to the case studies.
4. Divide the participants into three groups and instruct the participants to read the case studies presented in the Participant Handbook (page 65), as follows: Group 1 to Case 1; Group 2 to Case 2; and Group 3 to Case 3.
5. Instruct the participants to use the SOAP approach in managing the case; write the management on a blank piece of flipchart paper; and ask each group to select a recorder and a reporter.
6. Allow 20 minutes for group work.
7. Reconvene the groups and invite Groups 2, 3, and 1 to present their work.
8. Confirm and/or correct their management ideas based on content from the WHO Selected Recommended Practices (see Trainer's Resource 10.2, pages 85–90).

### **Case Study Situations**

**Case 1:** Mercy comes for her first postpartum IUD follow-up visit four weeks after delivery. She reports not having any problems with the IUD; she denies having any cramping, pain, spotting, or bleeding. Mercy's menses have not returned, and she is exclusively breastfeeding. On examination, you do not see the IUD strings. How will you manage this case?

**Case 2:** Three months postpartum, Evelyn returns for her first postpartum IUD follow-up visit. (Evelyn was not able to return for the first scheduled follow-up visit at six weeks postpartum.) Evelyn presents complaining of lower abdominal pain during intercourse. A physical examination, including a speculum exam, does not reveal any other signs. Strings are visible through the cervix with an appropriate length. How will you manage this case?

**Case 3:** Agnes had an IUD inserted before discharge from the facility where she delivered a still-born. Agnes comes to the facility today, three months postpartum, complaining of heavy bleeding

for seven days with her first postpartum period and of heavy but slightly shorter bleeding in her most recent period. She has not had spotting between the two periods and has had no cramping or pain. How will you manage this case?

## **D. Management of a Client Presenting with IUD Warning Signs**

### ***Training Methodology***

Discussion

### ***Training Steps***

1. Direct the participants to the IUD Side Effects and Complications Management chart (see Trainers' Resource 10.2 and Participant Handbook, pages 67–72) and ask them to identify the complication that each symptom on the early IUD warning signs is related to.
2. Ask for volunteers to identify the conditions related to the warning signs and to read how the condition is to be managed.
3. Continue asking for volunteers until the five warning signs have all been managed.
4. Allow for the participants to ask questions, and clarify or elaborate, as needed.

Close the session by asking the participants if they have any additional questions or comments about the content covered.

## Guidance for Case Studies

The discussion should at least include the differential diagnoses listed for each case, as presented below, as well as the appropriate management suggestions from this module.

### Case 1

A client comes for her first follow-up visit four weeks after delivery. On speculum examination, the IUD strings are not visible.

*Differential diagnoses:*

- A. The strings have not yet descended (normal).
- B. The IUD has been expelled.
- C. The strings are in the cervical canal.

### Case 2

Three months postpartum, a client returns for her first follow-up visit. (She did not return for a six-week postpartum visit.) She presents with lower abdominal pain during intercourse.

*Differential diagnoses:*

- A. Infection (possibly PID)
- B. Positional pain with intercourse (normal)
- C. Pregnancy
- D. Delivery-associated trauma

### Case 3

The client returns at three months postpartum and complains of heavy bleeding for the past two months.

*Differential diagnoses:*

- A. New bleeding pattern, within normal limits for Copper-T 380A user
- B. Infection
- C. Uterine fibroids
- D. Pregnancy
- E. Dysfunctional uterine bleeding

## Trainer's Resource 10.1a

**SOAP** stands for:

- S** – Subjective
- O** – Objective
- A** – Assessment
- P** – Plan

**Subjective:** Collect information on the situation from the client (through history-taking or counseling).

**Objective:** Collect information on the situation from physical examination, investigation, and/or observation.

**Assessment:** Review subjective and objective information and make conclusion/diagnosis or differential diagnosis.

**Plan:** Determine the strategy or actions needed to resolve the situation (e.g., treatment, change of method, counseling, reinstruction, or referral); share your plan with the client for her input. Remember to evaluate the client's understanding before she leaves the facility; arrange for a follow-up visit.

## Trainer's Resource 10.1b

### Example of Applying the SOAP Process

A client complains of cramping for two months since the IUD was inserted before her postpartum discharge from the facility. She has no other complaints and would like to continue with this method.

<p><b>Subjective:</b></p>	<p>Determine from the client if the cramping is associated with menses (if menses has returned); <b>ask her:</b></p> <ul style="list-style-type: none"> <li>• When did the cramping start?</li> <li>• For how long has it continued?</li> <li>• Has she used anything to relieve the cramps? If so, what were the results?</li> <li>• Has she resumed sexual intercourse? Has she had any pain with intercourse? Has there been any change in vaginal discharge since she resumed intercourse? Has she used a condom with intercourse?</li> <li>• Has she experienced any signs of pregnancy?</li> </ul>
<p><b>Objective:</b></p>	<p>Based on the subjective findings:</p> <ul style="list-style-type: none"> <li>• Determine whether the client has an infection, may be pregnant, or has expelled or is in the process of expelling the IUD. This can be done by performing a pelvic examination looking for presence of abnormal discharge at the cervix; by assessing the pain associated with bimanual examination that moves the cervix; by looking for cervical changes suggestive of pregnancy; and by checking for the presence of IUD strings at the cervix.</li> <li>• Sound the uterus to verify the presence of the IUD if the strings are not visible at the cervix.</li> </ul>
<p><b>Assessment:</b></p>	<p>Based on subjective and objective information gathered above, the client:</p> <ol style="list-style-type: none"> <li>1. Has an infection; <b>OR</b></li> <li>2. Has expelled the IUD; <b>OR</b></li> <li>3. Is pregnant; <b>OR</b></li> <li>4. Does not have an infection and is experiencing a common side effect of IUD use.</li> </ol>

*continued*

### Example of Applying the SOAP Process (*continued*)

<p><b>Plan:</b></p>	<p>Inform the client about the findings and reassure her about the course of management.</p> <p><i>If there is an infection, then:</i></p> <ul style="list-style-type: none"> <li>• Begin recommended antibiotic treatment without removing the IUD</li> <li>• Provide condoms and recommend that the woman's partner be evaluated for infection</li> <li>• Evaluate the client's understanding and give her an appointment date.</li> </ul> <p><i>If the client is pregnant, then:</i></p> <ul style="list-style-type: none"> <li>• Remove the IUD</li> <li>• Refer the client for antenatal care, and stress the importance of antenatal care</li> <li>• Document client management on the referral form</li> </ul> <p><i>If the IUD has been expelled, then:</i></p> <ul style="list-style-type: none"> <li>• Rule out pregnancy</li> <li>• Verify if the client wishes to have another IUD inserted—if so, insert a new IUD; if not, counsel the client to use some other family planning method</li> </ul> <p><i>If the client has been cramping as a side effect of early IUD use, then:</i></p> <ul style="list-style-type: none"> <li>• Offer her a nonsteroidal antiinflammatory (NSAID) pain reliever to manage the cramps</li> <li>• Inform the client that cramps may be persist during the first 3–6 months and may be experienced with menses (when the menses returns) and can be managed with NSAIDs</li> </ul>
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## Trainer’s Resource 10.2

### Management of IUD-Related Side Effects and Complications

Complaint/ Condition	Management	Comments
<p><b>Spotting/bleeding during first three months</b></p>	<p>Rule out uterine pregnancy or ectopic pregnancy; infection; and IUD expulsion.</p> <p>If the client desires treatment, a short course of nonsteroidal antiinflammatory drugs (NSAIDs) (e.g., ibuprofen) may be given <i>during the days of bleeding</i>.</p> <ul style="list-style-type: none"> <li>☞ Offer an NSAID such as ibuprofen 200–400 mg three times daily for three days</li> <li>☞ Remind the client that menstrual changes will resolve after the first few months.</li> </ul> <p>If the woman presents with persistent spotting and bleeding, exclude gynecologic problems, as indicated by history and physical assessment. If a gynecologic problem is identified, treat the condition or refer for care.</p> <p>If no gynecologic problems are found, and she finds the bleeding unacceptable, remove the IUD and help her choose another method.</p>	<p>Spotting or light bleeding is common during the first 3–6 months of use of a copper-bearing IUD. It is not harmful and usually decreases over time.</p> <p><i>Note 1:</i> Changes in menstrual bleeding patterns—increased in amount, duration, and cramping—are the most common side effect for copper IUDs. These symptoms usually resolve spontaneously. Up to 50% of women using IUDs will discontinue use within five years; the most common reasons for discontinuation are unacceptable bleeding and pain.</p> <p><i>Note 2:</i> If increased flow or duration of bleeding occurs, the quantity of blood lost <b>rarely</b> is enough to cause anemia.</p>
<p><b>Heavy bleeding</b></p>	<p>Exclude gynecologic problems, as indicated by history and physical assessment. If a gynecologic problem is identified, treat the condition or refer the client for care.</p>	<p>Heavier and longer menstrual bleeding is common during the first 3–6 months of use of a copper-bearing IUD. Usually, this is not harmful, and bleeding usually becomes lighter over time.</p>

*continued*

### Management of IUD-Related Side Effects and Complications (*continued*)

Complaint/ Condition	Management	Comments
<p><b>Heavy bleeding (<i>continued</i>)</b></p>	<p>The following treatment may be offered during the days of menstrual bleeding:</p> <ul style="list-style-type: none"> <li>☞ NSAIDs</li> <li>☞ Tranexamic acid (a hemostatic agent)</li> </ul> <p><i>Aspirin should NOT be used.</i></p> <p>If the bleeding continues to be very heavy or prolonged, especially if there are clinical signs of anemia, or if the woman finds the bleeding to be unacceptable, remove the IUD and help her choose another method.</p> <p>To prevent anemia, provide an iron supplement and/or encourage her to consume foods containing iron.</p>	<p><b>However</b>, if bleeding lasts twice as long or is twice as heavy as usual, it is a warning sign indicating a need to return to the facility for immediate care.</p> <p>It is not known what the mechanisms underlying IUD-associated bleeding abnormalities are.</p>
<p><b>Cramping</b></p>	<p>Rule out: pregnancy; ectopic pregnancy; infection; and IUD expulsion.</p> <p>If none of the above,</p> <ul style="list-style-type: none"> <li>☞ Offer NSAID such as Ibuprofen 200–400 mg every 4–6 hours immediately before and during menses to help relieve the discomfort.</li> <li>☞ Remind the client that menstrual changes will resolve themselves after the first few months.</li> </ul>	<p><b>Note:</b> If cramping is stronger than usual, it might be due to impending expulsion.</p> <p>Expulsion of an IUD occurs in approximately one in 20 women, is most common in the first three months after insertion, and often occurs during menstruation. Other symptoms associated with expulsion include irregular bleeding, pain with intercourse, unusual vaginal discharge, postcoital bleeding, and delayed menses.</p>

*continued*

**Management of IUD-Related Side Effects and Complications (continued)**

Complaint/ Condition	Management	Comments
<p><b>Missing strings/threads</b></p>	<p><b>At first postinsertion visit:</b>                      The strings may not have descended yet. If the client is otherwise well, has experienced no cramping or bleeding, and has not felt the IUD or observed it to have been expelled, then:</p> <ul style="list-style-type: none"> <li>☞ <i>If the client is breastfeeding:</i> Provide her with an appointment in four weeks; if at that time the strings have not come out, see point 2, below.</li> <li>☞ <i>If the client is not breastfeeding:</i> Provide her with an alternative contraceptive method (like oral contraceptives or condoms).</li> <li>☞ Ask the client to return in four weeks; if at that time the strings have not come out, see point 2, below.</li> </ul> <p><b>At any other visit:</b></p> <ol style="list-style-type: none"> <li>1. Rule out pregnancy.</li> <li>2. Try to locate string; probe the cervical canal using narrow forceps (e.g., alligator or Bozeman) and gently draw the string out, if it is located.</li> <li>3. If the strings are located but cannot be retrieved and the client wants the IUD removed, remove the IUD with alligator forceps or any other retrieval instrument.</li> <li>4. If the strings are located but cannot be retrieved and the client wants to keep the IUD, reinforce information about what to do in the event of an expulsion.</li> <li>5. If the strings cannot be located, use a uterine sound to check whether the IUD is in place.</li> </ol>	<p>Note: Missing strings may be due to expulsion, to uterine perforation, or to ascent for no known reason.</p>

*continued*

### Management of IUD-Related Side Effects and Complications (continued)

Complaint/ Condition	Management	Comments
<p><b>Missing strings/threads (continued)</b></p>	<p>6. If the strings cannot be located after checking with a sound, perform an ultrasound or X-ray to determine whether the IUD has been expelled. <i>Provide back-up contraception if the procedure cannot be done immediately.</i></p> <p><b>if the IUD has been expelled:</b></p> <ol style="list-style-type: none"> <li>1. Offer emergency contraception, if appropriate</li> <li>2. Discuss method options, including another IUD</li> </ol>	
<p><b>Pregnancy</b></p>	<ul style="list-style-type: none"> <li>☞ Rule out ectopic pregnancy.</li> <li>☞ Explain to the client that she is at an increased risk of first- and second-trimester miscarriage (including potentially life-threatening septic miscarriage) and of preterm delivery if the IUD is left in place. The removal of the copper-bearing IUD reduces these risks, although the procedure itself entails a small risk of miscarriage.</li> <li>☞ If the client does not want to continue the pregnancy, counsel her accordingly.</li> <li>☞ If the client wishes to continue the pregnancy, reinforce to her the increased risks of first- and second-trimester miscarriage and of preterm delivery if the copper-bearing IUD is left in place. Advise the client to seek care promptly if she has heavy bleeding, cramping, pain, abnormal vaginal discharge, or fever.</li> <li>☞ Proceed with the IUD removal</li> </ul> <p><b>if the IUD strings are visible or can be retrieved safely from the cervical canal, then:</b></p> <ul style="list-style-type: none"> <li>☞ Advise the client that it is best to remove the IUD.</li> </ul>	<p>Note: The overall risk of ectopic pregnancy while using the IUD is very low (1 in 1,000 over 5 years).</p>

*continued*

**Management of IUD-Related Side Effects and Complications (continued)**

Complaint/ Condition	Management	Comments
<p><b>Pregnancy (continued)</b></p>	<ul style="list-style-type: none"> <li>☞ If the IUD is to be removed, remove it by pulling on the strings gently.</li> <li>☞ Explain to the client that she should return promptly if she has heavy bleeding, cramping, pain, abnormal vaginal discharge, or fever.</li> <li>☞ If she chooses to keep the IUD, advise the client to seek care promptly if she has heavy bleeding, cramping, pain, abnormal vaginal discharge, or fever.</li> </ul> <p><b>If the IUD strings are not visible and cannot be safely retrieved from the cervical canal, then:</b></p> <ul style="list-style-type: none"> <li>☞ Where available, perform ultrasound to locate the device. If no IUD is found, the device has been expelled.</li> <li>☞ If ultrasound is not possible or if the IUD has been found to be inside the uterus on ultrasound, review the risks with the client and advise her to seek care promptly if she has heavy bleeding, cramping, pain, abnormal vaginal discharge, or fever. Monitor closely.</li> </ul>	
<p><b>PID</b></p> <ul style="list-style-type: none"> <li>• Symptoms mild or vague</li> <li>• Purulent vaginal discharge, abdominal or pelvic pain, pain with sexual intercourse, and fever.</li> </ul>	<p>Treat using appropriate antibiotics.</p> <ul style="list-style-type: none"> <li>☞ If the client does not want to keep the IUD, remove it after antibiotic treatment has been started.</li> <li>☞ If the IUD is removed, offer the client emergency contraceptive pills, if appropriate, and/or counsel her for other contraceptive options.</li> </ul>	<p>There is no need to remove the IUD if the client wishes to continue to use it.</p> <p>Note: Removing the IUD provides no additional benefit once PID is being treated with appropriate antibiotics.</p>

*continued*

### Management of IUD-Related Side Effects and Complications (*continued*)

Complaint/ Condition	Management	Comments
<p><b>PID (<i>continued</i>)</b> Treat in the presence of uterine, adnexal, or cervical motion tenderness. Other diagnostic criteria include:</p> <ul style="list-style-type: none"> <li>• Oral temperature &gt;38.3C</li> <li>• Abnormal cervical or vaginal discharge</li> <li>• Presence of white blood count or wet mount</li> <li>• Elevated erythrocyte sedimentation rate</li> <li>• Lab documentation of gonorrheal or chlamydial infection (if available)</li> </ul>	<ul style="list-style-type: none"> <li>☞ If the infection does not improve (within 72 hours), remove the IUD and continue antibiotics. If the IUD is not removed, antibiotics should also be continued. In both circumstances, monitor the client's health closely.</li> <li>☞ Provide comprehensive management for sexually transmitted infections, including counseling about condom use (dual method use).</li> </ul>	

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# Appendix A

## Postpartum IUD Assessment Tools

This appendix contains the following assessment tools:

- Postpartum IUD Knowledge Assessment Test
- Postpartum IUD Clinical Skills Learning Guides for Copper-T 380A
  - For postplacental forceps insertion
  - For immediate postpartum forceps insertion
  - For manual insertion
  - For transcervical insertion
- Postpartum IUD Clinical Skills Checklists for Trainers
  - For postplacental forceps insertion
  - For immediate postpartum forceps insertion
  - For manual insertion
  - For transcervical insertion
- Postpartum IUD Counseling Skills Learning Guides
- Postpartum IUD Counseling Skills Checklists for Trainers



# Postpartum IUD Knowledge Assessment Test

Decide whether each of the following statements is T (true) or F (false). Write your answer in the space provided for each statement.

## Postpartum IUD Overview

1. \_\_\_\_\_ Postpartum contraception helps couples practice healthy spacing of pregnancies.
2. \_\_\_\_\_ The most appropriate timing for postpartum IUD insertion is between 48 hours and four weeks postpartum.
3. \_\_\_\_\_ Complaints about bleeding after postpartum IUD insertion are reported to be less than those for interval insertion.

## Postpartum Anatomy and Physiology

4. \_\_\_\_\_ Immediately after the placenta is expelled, the cervix and lower uterine segment are collapsed and limp.
5. \_\_\_\_\_ The immediate postpartum uterus is a smooth cavity with narrow apposition of the anterior and posterior walls, each of which is 4–5 cm thick.
6. \_\_\_\_\_ In the immediate postpartum woman, the lower uterine segment is contracted, and slight pressure with the forceps is needed to move the IUD to the fundus.

## Counseling and Informed Choice

7. \_\_\_\_\_ An IUD should not be inserted postpartum if the client has not been counseled.
8. \_\_\_\_\_ The best time to counsel a client for postpartum family planning is immediately following delivery.
9. \_\_\_\_\_ It is important to inform clients that during the first follow-up visit, the possibility of “missing strings” is higher for postpartum IUD insertion than for interval IUD insertion.

## Client Assessment

10. \_\_\_\_\_ A general medical and obstetric history, a sexually transmitted infection (STI) risk assessment; and a confirmation of marital status are essential components of a client history for a postpartum IUD candidate.
11. \_\_\_\_\_ Prolonged rupture of membranes or prolonged labor could increase the risk of infection; the provision of an IUD postpartum might need to be postponed.

12. \_\_\_\_\_ If a complete client history has been taken, the provider does not need to perform a postdelivery physical exam before the IUD is inserted postpartum.

### **Infection Prevention**

13. \_\_\_\_\_ The best way to prevent infections at a health facility is by following standard precautions.
14. \_\_\_\_\_ Decontamination and cleaning of the table top are necessary at the end of each day, not in between clients.
15. \_\_\_\_\_ When using the “no-touch” technique, if the IUD is inserted into the uterus and then removed back through the cervix, it cannot be reinserted through the cervix once again.

### **Postpartum IUD Insertion Techniques**

16. \_\_\_\_\_ Postplacental insertion should take place within 10 minutes after expulsion of the placenta following a vaginal delivery.
17. \_\_\_\_\_ There is the same probability of IUD expulsion after a ringed forceps postplacental insertion as after a ringed forceps immediate postpartum insertion.
18. \_\_\_\_\_ A forceps insertion could be easier to perform in client whose uterus has contracted due to the active management of the third stage of labor.
19. \_\_\_\_\_ Anesthesia in addition to that which is given during delivery is required for postpartum IUD insertion.

### **Postpartum IUD Follow-Up**

20. \_\_\_\_\_ Pain with intercourse is a common side effect of postpartum IUD insertion.
21. \_\_\_\_\_ Regardless of the reason, if the client requests it, the IUD should be removed.
22. \_\_\_\_\_ If the IUD strings are not visible at the first routine follow-up visit after a postpartum insertion, expulsion has definitely occurred.

### **Prevention and Management of Side Effects and Complications**

23. \_\_\_\_\_ Bleeding and cramping side effects may not be attributed by the client to the postpartum IUD, since these are characteristic of the uterus's postpartum involution.
24. \_\_\_\_\_ The risk of expulsion after postpartum IUD insertion is minimal.
25. \_\_\_\_\_ Sometimes during the first postpartum IUD postinsertion visit, the strings may have not yet descended.

# Postpartum IUD Knowledge Assessment Test

## Answers

### Postpartum IUD Overview

1. T
2. F
3. T

### Postpartum Anatomy and Physiology

4. T
5. T
6. T

### Counseling and Informed Choice

7. T
8. F
9. T

### Client Assessment

10. F
11. T
12. F

### Infection Prevention

13. T
14. F
15. T

### Postpartum IUD Insertion Techniques

16. T
17. F
18. T
19. F

### Postpartum IUD Follow-Up

20. F
21. T
22. F

### Prevention and Management of Side Effects and Complications

23. T
24. F
25. T



# Postpartum IUD Clinical Skills Learning Guide

## For Postplacental Forceps Insertion

This is a learning tool for postpartum IUD trainees. The trainee uses the learning guide as a tool to rate his or her performance of each step, and even as a job aid upon returning to the workplace. The learning guide should be used to assess practice on clients as well as on the Zoë pelvic model. (Mark the top of the column accordingly—M for the Zoë Pelvic Model and C for client practice.) In addition to use by trainees, trainers/supervisors/peers can use the learning guide to observe and help trainees develop skills as part of training. *This learning guide presupposes that clients have been counseled.*

To provide quality postpartum IUD insertion, trainees need to perform each step correctly. Critical steps are in **bold**, and trainees need to make sure that they cover all of the components within these steps and in proper sequence. **All critical steps (in bold) must be performed satisfactorily and in the correct sequence for a trainee to be considered competent to provide postpartum IUD services.** (However, trainees should continue to improve until they achieve a score of 2 in each step.)

**For postplacental IUD insertions, the provider attending the delivery must be a provider trained in postpartum IUD insertion. The help of an assistant is needed for this technique; the steps performed by the assistant are in *Italics*.**

### Use the following rating scale:

- 2 Competently performed:** Step performed correctly in proper sequence
- 1 Needs improvement:** Step performed correctly but out of sequence
- 0 Not done or done incorrectly:** Step omitted or not performed correctly

Clinical Skills		Cases (M for model or C for client)				
Task/Steps						
<b>Preinsertion Medical Assessment—Performed before delivery</b>						
1. Greet the client, introduce yourself, and confirm that the client has request a postpartum IUD during her antenatal care.						
2. Ask the client if she still wants the IUD inserted.						
3. Review with the client the information in her record, with attention to her antenatal course. Ensure that she has been appropriately counseled for IUD insertion; ask the client what questions she has about the IUD or about the insertion.						
4. Review the general medical and obstetric history with the client, ensure that she is not at high individual risk for sexually transmitted infections (STIs). Record that the IUD is an appropriate choice for this client.						
5. Check for obstetric events related to the present delivery that would indicate the IUD should not be used: <ul style="list-style-type: none"> <li>• Prolonged rupture of membranes (&gt;24 hours)</li> <li>• Prolonged labor (&gt;24 hours)</li> <li>• Fever (&gt;38°C or 100.4°F)</li> <li>• Intrapartum hemorrhage</li> <li>• Extensive genital trauma</li> </ul>						
6. Explain to the client what you will do next and also that you will explain each step throughout, so as to avoid surprising her. Ask her to relax by taking deep breaths. Ask the client if she has any questions.						
<b>Preinsertion Tasks—In the delivery room</b>						
7. Ensure that supplies and equipment needed for postpartum IUD insertion are available in the delivery room, along with delivery-related supplies and equipment.						
8. Prepare to attend the delivery (at the appropriate time): <ul style="list-style-type: none"> <li>• Wash your hands (surgical scrub)</li> <li>• Put on a sterile gown and gloves</li> </ul>						

*continued*

Clinical Skills		Cases (M for model or C for client)			
Task/Steps					
<p>9. <b>Attend the delivery and actively manage the third stage of labor:</b></p> <ul style="list-style-type: none"> <li>• Give oxytocin 10 units intramuscularly within one minute of childbirth.</li> <li>• Deliver the placenta by controlled traction on the umbilical cord and counterpressure to the uterus.</li> <li>• Massage the uterus through the abdomen after delivery of the placenta.</li> </ul>					
10. Proceed if everything is normal.					
11. Explain to the client what you are doing at each step; remind her to relax by taking deep breaths.					
12. <b>Palpate the uterus to evaluate the height of the fundus and the size and degree of contraction of the uterus; massage the uterus if necessary.</b>					
13. Remove the gloves and gown.					
14. <b>Wash your hands thoroughly with soap and water and dry them with a clean, dry cloth (or air dry).</b>					
15. <b>Put new sterile gloves on both hands.</b>					
16. <i>Assistant gently cleans the external genital area with a clean cloth and antiseptic solution.</i>					
17. Place a new clean drape over the client’s abdomen and underneath her buttocks.					
18. <b>Arrange the instruments and supplies on a sterile tray or a draped area without touching the parts of the instruments that will go into the uterus.</b>					
19. <i>Assistant pours antiseptic solution into a cup and opens the gauze package.</i>					
<b>Pelvic Examination</b>					
20. Ask the assistant to position the light source.					
21. Ensure that the client’s buttocks are at the very edge of the table.					
22. Inspect the external genitalia.					

*continued*

Clinical Skills					
Task/Steps	Cases (M for model or C for client)				
23. Moisten the valve with the antiseptic solution.					
24. <b>Insert the valve gently:</b> Spread the labia with two fingers and then insert the valve, starting obliquely and then rotating it clockwise to the horizontal position. <ul style="list-style-type: none"> <li>• Gently maneuver to be able to inspect the cervix and the vagina to check for tears.</li> <li>• Continue if there is no bleeding from cervical or vaginal tears or from an episiotomy. (If an episiotomy was performed and or tears occurred, these should be repaired after the IUD is inserted.)</li> </ul> <p>Note: if bleeding is significant, IUD insertion should be postponed; an immediate forceps insertion can be performed later.</p>					
<b>Insertion Tasks</b>					
25. If the exam results are normal, tell the client that she is ready for the IUD insertion; ask her if she has any questions.					
26. <b>Clean the cervix and the vagina with antiseptic solution two times using two gauzes, and allow some time for the solution to act.</b>					
27. While holding the valve with one hand and ring forceps with the other hand, with palms turned upward, gently grasp the anterior lips of the cervix, with the forceps at the one side of the cervix. <p>Note: Do not lock the forceps beyond the first notch. Do not use a toothed tenaculum.</p>					
28. <i>At this moment, assistant opens the IUD package for you to load the forceps. The package is opened only half way, allowing you to use the Kelly forceps to enter and grasp the IUD without taking the IUD out of the package.</i>					
29. <i>Assistant places the half-open package on the sterile tray for you to reach it.</i>					
30. <b>Grasp the IUD with the Kelly placental forceps (or with a second pair of standard ringed forceps). The IUD should be held by its vertical arm; the horizontal arm of the IUD should be slightly out of the ring in the same direction as the rings and slightly to the side.</b> Offset the IUD toward the inner curve of the Kelly forceps—not the outer curve. This					

continued

Clinical Skills		Cases (M for model or C for client)				
Task/Steps						
<p>will facilitate the liberation of the IUD in the fundus, decreasing the risk of pulling it out while removing the forceps.                      Note: If you are using Kelly forceps, you must maintain constant pressure on the forceps, as these forceps do not have a catch and could allow the IUD to drop or move. The IUD is kept in place by your holding the forceps.</p>						
<p>31. Assistant holds the valve, while you hold the IUD-loaded forceps with the dominant hand and the cervix-holding forceps with the other hand.</p>						
<p>32. Exert gentle traction toward you on the cervix-holding forceps.</p>						
<p>33. <b>Insert the forceps, passing the IUD through the cervix, following a plane that is perpendicular to the plane of the woman’s back and into the lower uterine cavity. Avoid touching the walls of the vagina with the IUD.</b>                      Note: Perform IUD insertion while seated. Standing tends to make you direct the IUD-holding forceps too posteriorly.</p>						
<p>34. The assistant removes the valve.</p>						
<p>35. <b>Release the hand that is holding the cervix-holding forceps; move the hand to the abdomen, placing it on top of the uterine fundus.</b></p>						
<p>36. With the abdominal hand, <b>stabilize the uterus with firm downward pressure through the abdominal wall.</b> This prevents the uterus from moving upward in the abdomen as the IUD is pushed up.</p>						
<p>37. <b>Move the IUD-holding forceps in an upward motion all the way toward the fundus (directed toward the umbilicus).</b></p>						
<p>38. If you meet resistance, slightly withdraw the forceps and redirect the forceps more anteriorly toward the abdominal wall, while moving your wrist slightly down.                      Note: If the client has delivered vaginally after a previous cesarean delivery, take care to avoid placing the IUD through any defect in the previous incision by maintaining your ring forceps pressed against the posterior uterine wall.</p>						

*continued*

Clinical Skills		Cases (M for model or C for client)			
Task/Steps					
39. Stand and confirm with the abdominal hand that the tips of the forceps reach the fundus.					
40. At this point, turn the forceps 45° to the right to position the IUD horizontally in the highest part of the fundus.					
41. By opening the forceps, release the IUD.					
42. Slowly remove the forceps from the uterine cavity, keeping it slightly open, and keeping it to the side following the lateral uterus wall as the forceps are pulled out in the opposite direction.					
43. Gently push down the introitus with two fingers and visualize the interior of the vagina. Note: Sometimes, when the uterus is well-contracted and small, the strings can be seen through the cervix. If this is the case, do not do anything. In the event of a large uterus, as per your assessment at the beginning of the procedure, if you see the strings, this will be an indication that the IUD has not reached the fundus. In this situation, you should remove the IUD and attempt a new insertion with new sterile forceps and a new sterile IUD (no-touch technique) for correct placement.					
44. Remove the cervix-holding forceps from the anterior lip of the cervix.					
45. Examine the cervix and vagina. Repair any tears and the episiotomy, if necessary.					
46. Gently remove all instruments used and place them in 0.5% chlorine decontamination solution.					
47. Allow the client to rest for a few minutes; help her off the table when she feels ready. (Hint: The postinsertion tasks can be performed while she is resting.)					
<b>Postinsertion Tasks</b>					
48. Dispose of waste materials such as cotton balls or gauze by placing them in a leakproof container or plastic bag.					
49. Immerse both gloved hands in 0.5% chlorine decontamination solution. Remove gloves by turning them inside out, and place them in a leakproof container or plastic bag.					

continued

Clinical Skills	
Task/Steps	Cases (M for model or C for client)
50. Wash your hands thoroughly with soap and water and dry them with a clean, dry cloth or air dry them.	
51. Provide postinsertion instructions. Remind the client to check for expulsion and review warning signs.	
52. Complete the IUD card, client record, and IUD register/log (as applicable).	
53. <i>After the client has left, the assistant, wearing utility gloves, cleans the examination table with the 0.5% chlorine decontamination solution.</i>	



# Postpartum IUD Clinical Skills Learning Guide

## For Immediate Postpartum Forceps Insertion

This is a learning tool for postpartum IUD trainees. The trainee uses the learning guide as a tool to rate his or her performance of each step, and even as a job aid upon returning to the workplace. The learning guide should be used to assess practice on clients as well as on the Zoë pelvic model. (Mark the top of the column accordingly—M for the Zoë Pelvic Model and C for client practice). In addition to use by trainees, trainers/supervisors/peers can use the learning guide to observe and help trainees develop skills as part of training. *This learning guide presupposes that clients have been counseled.*

To provide quality postpartum IUD insertion, trainees need to perform each step correctly. Critical steps are in **bold**, and trainees need to make sure that they cover all of the components within these steps and in proper sequence. **All critical steps (in bold) must be performed satisfactorily and in the correct sequence for a trainee to be considered competent to provide postpartum IUD services.** (However, trainees should continue to improve until they achieve a score of 2 in each step.)

**The help of an assistant is needed for this technique; the steps performed by the assistant are in *Italics*.**

### Use the following rating scale:

- 2 Competently performed:** Step performed correctly in proper sequence
- 1 Needs improvement:** Step performed correctly but out of sequence
- 0 Not done or done incorrectly:** Step omitted or not performed correctly

Clinical Skills		Cases (M for model or C for client)			
Task/Steps					
<b>Preinsertion Medical Assessment</b>					
1. Greet the client politely, introduce yourself, and ensure privacy for IUD insertion.					
2. Ask the client if she still wants the IUD inserted.					
3. Review with the client the information in her record, with attention to her antenatal and intrapartum course. Ensure that she has been appropriately counseled for IUD insertion; ask the client what questions she has about the IUD or about the insertion.					
4. Review her general medical and obstetric history with the client. Ask for and record the following information to confirm that the IUD is an appropriate choice for the client and to ensure that she is not at high individual risk for sexually transmitted infections (STIs), and confirm that there are no delivery-related conditions that would indicate the IUD should not be used: <ul style="list-style-type: none"> <li>• Prolonged rupture of membranes (&gt;24 hours)</li> <li>• Prolonged labor (&gt;24 hours)</li> <li>• Postpartum fever (&gt;38°C or 100.4°F) or other signs of abdominal or pelvic infection</li> <li>• Unexplained vaginal bleeding before evaluation</li> <li>• Gestational trophoblastic disease (benign or malignant)</li> <li>• Postpartum hemorrhage</li> <li>• Extensive genital trauma</li> </ul>					
5. Explain to the client that you will do a vaginal exam and insert the IUD if all is normal, and also that you will explain each step throughout, so as to avoid surprising her. Explain that clients often experience cramping and some discomfort. Ask her to relax by taking deep breaths. Ask the client if she has any questions.					
<b>Preinsertion Tasks</b>					
6. Ensure that needed supplies and equipment are available in the procedure room.					
7. Confirm that the client has recently emptied her bladder.					
8. Help the client onto the examination table.					

*continued*

Clinical Skills		Cases (M for model or C for client)			
Task/Steps					
9. <b>Palpate the uterus to evaluate the height of the fundus and the size and degree of contraction of the uterus; massage the uterus if necessary.</b> Client should have active management of the third stage of labor.					
10. <b>Wash your hands thoroughly with soap and water and dry them with a clean, dry cloth (or air dry).</b>					
11. <b>Put new sterile gloves on both hands.</b>					
12. <i>Assistant gently cleans the external genital area with a clean cloth and antiseptic solution.</i>					
13. Place a clean drape over the client’s abdomen and underneath her buttocks.					
14. <b>Arrange the instruments and supplies on a sterile tray or a draped area without touching the parts of the instruments that will go into the uterus.</b>					
15. <i>Assistant pours antiseptic solution into a cup and opens the gauze package.</i>					
<b>Pelvic Examination</b>					
16. Ask the assistant to position the light source.					
17. Ensure that the client’s buttocks are at the very edge of the table.					
18. Inspect the external genitalia.					
19. Moisten the valve with the antiseptic solution.					
20. <b>Insert the valve gently:</b> Spread the labia with two fingers and then insert the valve, starting obliquely and then rotating it clockwise to the horizontal position. <ul style="list-style-type: none"> <li>• Gently maneuver to be able to inspect the cervix and the vagina; continue if findings are normal.</li> </ul>					
<b>Insertion Tasks</b>					
21. If the exam results are normal, tell the client that she is ready for the IUD insertion; ask her if she has any questions.					

*continued*

Clinical Skills		Cases (M for model or C for client)				
Task/Steps						
22. <b>Clean the cervix and the vagina with antiseptic solution two times using two gauzes, and allow some time for the solution to act.</b>						
23. While holding the valve with one hand and ring forceps with the other hand, with palms turned upward, gently grasp the anterior lips of the cervix, with the forceps at the one side of the cervix. Note: Do not lock the forceps beyond the first notch. Do not use a toothed tenaculum.						
24. <i>At this moment, the assistant opens the IUD package for you to load the forceps. The package is opened only half way, allowing you to use the Kelly forceps to enter and grasp the IUD without taking the IUD out of the package.</i>						
25. <i>Assistant places the half-open package on the sterile tray for you to reach it.</i>						
26. <b>Grasp the IUD with the Kelly placental forceps (or with a second pair of standard ring forceps). The IUD should be held by its vertical arm; the horizontal arm of the IUD should be slightly out of the ring in the same direction as the rings and slightly to the side.</b> Offset the IUD toward the inner curve of the Kelly forceps—not the outer curve. This will facilitate the liberation of the IUD in the fundus, decreasing the risk of pulling it out while removing the forceps. Note: If you are using Kelly forceps, you must maintain constant pressure on the forceps, as these forceps do not have a catch and could allow the IUD to drop or move. The IUD is kept in place by your holding the forceps.						
27. <i>Assistant holds the valve, while you hold the IUD-loaded forceps with the dominant hand and the cervix-holding forceps with the other hand.</i>						
28. <b>Exert gentle traction toward you on the cervix-holding forceps.</b>						
29. <b>Insert the forceps, passing the IUD through the cervix, following a plane that is perpendicular to the plane of the woman's back and into the lower uterine cavity. Avoid touching the walls of the vagina with the IUD.</b> Note: Perform IUD insertion while seated. Standing tends to make you direct the IUD-holding forceps too posteriorly.						

continued

Clinical Skills		Cases (M for model or C for client)				
Task/Steps						
30. The assistant removes the valve.						
31. Release the hand that is holding the cervix-holding forceps; move the hand to the abdomen, placing it on top of the uterine fundus.						
32. With the abdominal hand, stabilize the uterus with firm downward pressure through the abdominal wall. This prevents the uterus from moving upward in the abdomen as the IUD is pushed up.						
33. Move the IUD-holding forceps in an upward motion all the way toward the fundus (directed toward the umbilicus). Remember that the lower uterine segment may be contracted, and therefore some slight pressure may be necessary to advance the IUD and achieve fundal placement. Note: If the client has delivered vaginally after a previous cesarean delivery, take care to avoid placing the IUD through any defect in the previous incision by maintaining your ring forceps pressed against the posterior uterine wall.						
34. Stand and confirm with the abdominal hand that the tips of the forceps reach the fundus.						
35. At this point, turn the forceps 45° to the right to position the IUD horizontally in the highest part of the fundus.						
36. By opening the forceps, release the IUD.						
37. Slowly remove the forceps from the uterine cavity, keeping them slightly open and keeping them to the side following the lateral uterus wall as the forceps are pulled out in the opposite direction.						
38. Gently push down the introitus with two fingers and visualize the interior of the vagina. Note: Sometimes, when the uterus is well-contracted or small, the strings can be seen through the cervix. If this is the case, do not do anything. In the event of a large uterus, as per your assessment at the beginning of the procedure, if you see the strings, this will be an indication that the IUD has not reached the fundus.						

*continued*

Clinical Skills		Cases (M for model or C for client)					
Task/Steps							
39. Remove the cervix-holding forceps from the anterior lip of the cervix.							
40. Examine the cervix and vagina.							
41. Place all used instruments in 0.5% chlorine decontamination solution.							
42. Allow the client to rest for a few minutes; help her off the table when she feels ready. (Hint: The postinsertion tasks can be performed while she is resting.)							
<b>Postinsertion Tasks</b>							
43. Dispose of waste materials such as cotton balls or gauze by placing them in a leakproof container or plastic bag.							
44. <b>Immerse both gloved hands in 0.5% chlorine decontamination solution.</b> Remove gloves by turning them inside out, and place them in a leakproof container or plastic bag.							
45. Wash your hands thoroughly with soap and water and dry them with a clean, dry cloth (or air dry them).							
46. Provide postinsertion instructions. Remind the client to check for expulsion and review warning signs.							
47. Complete the IUD card, client record, and IUD register/log (as applicable).							
48. <i>After the client has left, the assistant, wearing utility gloves, cleans the examination table with the 0.5% chlorine decontamination solution.</i>							

# Postpartum IUD Clinical Skills Learning Guide

## For Postplacental Manual Insertion

This is a learning tool for postpartum IUD trainees. The trainee uses the learning guide as a tool to rate his or her performance of each step, and even as a job aid upon returning to the workplace. The learning guide should be used to assess practice on clients as well as on the Zoë pelvic model. (Mark the top of the column accordingly—M for the Zoë Pelvic Model and C for client practice). In addition to use by trainees, trainers/supervisors/peers can use the learning guide to observe and help trainees develop skills as part of training. *This learning guide presupposes that clients have been counseled.*

To provide quality postpartum IUD insertion, trainees need to perform each step correctly. Critical steps are in **bold**, and trainees need to make sure that they cover all of the components within these steps and in proper sequence. **All critical steps (in bold) must be performed satisfactorily and in the correct sequence for a trainee to be considered competent to provide postpartum IUD services.** (However, trainees should continue to improve until they achieve a score of 2 in each step.)

**For postplacental insertions, the provider attending the delivery must be trained in postpartum IUD insertion. The help of an assistant is needed for this technique; the steps performed by the assistant are in *Italics*.**

### Use the following rating scale:

- 2 Competently performed:** Step performed correctly in proper sequence
- 1 Needs improvement:** Step performed correctly but out of sequence
- 0 Not done or done incorrectly:** Step omitted or not performed correctly

Clinical Skills		Cases (M for model or C for client)				
Task/Steps						
<b>Preinsertion Medical Assessment—Performed before delivery</b>						
1. Greet client, introduce yourself, and confirm that the client has requested a postpartum IUD during her antenatal care.						
2. Ask the client if she still wants the IUD inserted.						
3. Review with the client the information in her record, with attention to antenatal course. Ensure that she has been appropriately counseled for IUD insertion; ask the client what questions she has about the IUD or about the insertion.						
4. Review her general medical and obstetric history with the client, ensure that she is not at high individual risk for sexually transmitted infection (STIs). Record that the IUD is an appropriate choice for this client.						
5. Check for obstetric events related to the present delivery that would indicate the IUD should not be used: <ul style="list-style-type: none"> <li>• Prolonged rupture of membranes (&gt;24 hours)</li> <li>• Prolonged labor (&gt;24 hours)</li> <li>• Fever (&gt;38°C or 100.4°F)</li> <li>• Intrapartum hemorrhage</li> <li>• Extensive genital trauma</li> </ul>						
6. Explain to the client what you will do next and also that you will explain each step throughout, so as to avoid surprising her. Ask her to relax by taking deep breaths. Ask the client if she has any questions.						
<b>Preinsertion Tasks—At the delivery room</b>						
7. Ensure that supplies and equipment needed for postpartum IUD insertion are available in the delivery room, along with delivery-related supplies and equipment.						
8. Prepare to attend the delivery (at the appropriate time): <ul style="list-style-type: none"> <li>• Wash your hands (surgical scrub)</li> <li>• Put on a sterile gown and gloves</li> </ul>						

*continued*

Clinical Skills		Cases (M for model or C for client)			
Task/Steps					
<p><b>9. Attend the delivery and actively manage the third stage of labor (AMSTL):</b></p> <ul style="list-style-type: none"> <li>• Give oxytocin 10 units intramuscularly within one minute of childbirth</li> <li>• Deliver the placenta by controlled traction on the umbilical cord and counter pressure to the uterus</li> <li>• Massage the uterus through the abdomen after delivery of the placenta</li> </ul>					
10. Proceed if everything is normal.					
11. Explain to the client what you are doing at each step; remind her to relax by taking deep breaths.					
12. <b>Palpate the uterus to evaluate the height of the fundus and the size and degree of contraction of the uterus; massage the uterus if necessary.</b>					
13. Remove the gloves and gown.					
14. <b>Wash your hands thoroughly with soap and water and dry them with a clean, dry cloth (or air dry them).</b>					
15. <b>Place new sterile gloves on both hands and put on a clean gown.</b> (You need to have a long-sleeve, sterile pair of gloves or standard gloves with water-impermeable gown.)					
16. <i>Assistant gently cleans the external genital area with a clean cloth and antiseptic solution.</i>					
17. Place a new clean sterile drape over the client’s abdomen and underneath her buttocks.					
18. <b>Arrange the instruments and supplies on a sterile tray or a draped area without touching the parts of the instruments that will go into the uterus.</b>					
19. <i>Assistant pours antiseptic solution into a cup and opens a gauze package.</i>					
<b>Pelvic Examination</b>					
20. Ask the assistant to position the light.					
21. Ensure that the client’s buttocks are at the very edge of the table.					
22. Inspect the external genitalia.					

*continued*

Clinical Skills		Cases (M for model or C for client)			
Task/Steps					
23. Moisten the valve with the antiseptic solution.					
24. <b>Insert the valve gently:</b> Spread the labia with two fingers and then insert the valve, starting obliquely and then rotating it clockwise to the horizontal position. <ul style="list-style-type: none"> <li>• Gently maneuver to be able to inspect the cervix and the vagina to check for tears.</li> <li>• Continue if there is no bleeding from cervical or vaginal tears or from an episiotomy. (If an episiotomy was performed and/or tears occurred, these should be repaired after the IUD is inserted.)</li> </ul> <p>Note: If bleeding is significant, IUD insertion should be postponed; an immediate forceps insertion can be performed later.</p>					
Insertion Tasks					
25. If the exam results are normal, tell the client that she is ready for the IUD insertion; ask her if she has any questions.					
26. <b>Clean the cervix and the vagina with antiseptic solution two times using two gauzes, and wait two minutes for the solution to act.</b>					
27. Remove the valve.					
28. <b>Hold the IUD by gripping the vertical rod between the index and middle fingers of your dominant hand.</b>					
29. <b>Slowly open the introitus with two fingers of the other hand, gently pushing the posterior wall downward.</b>					
30. <b>Slowly insert your IUD-holding hand into the vagina and through the cervix into the uterus, in the direction of the abdominal wall.</b>					
31. Remove the forceps that are holding the cervix.					
32. <b>Put your other hand on the abdomen to hold the uterus.</b>					

*continued*

Clinical Skills		Cases (M for model or C for client)			
Task/Steps					
33. Stabilizing the uterus by downward pressure, prevent it from going higher in the abdomen, as you insert the IUD-holding hand.					
34. Confirm, by palpation with the abdominal hand, that the fundus has been reached.					
35. Once the fundus has been reached, turn the IUD-holding hand 45° to the right to position the IUD horizontally and place it in the fundus.					
36. Slowly remove your hand from the uterus. Take particular care not to dislodge the IUD as the hand is removed.					
37. Gently push down the introitus with two fingers and visualize the interior of the vagina. <i>Note:</i> Sometimes, when the uterus is well-contracted and small, the strings can be seen through the cervix. If this is the case, do not do anything. In the event of a large uterus, as per your assessment at the beginning of the procedure, if you see the strings, this will be an indication that the IUD has not reached the fundus. In this situation, you should remove the IUD and attempt a new insertion with new sterile forceps and a new sterile IUD (no-touch technique) for correct placement.					
38. Examine the cervix and vagina. Repair any tears and the episiotomy, if necessary.					
39. Allow the client to rest for a few minutes; help her off the table when she feels ready ( <i>Hint:</i> The postinsertion tasks can be performed while she is resting.)					
<b>Postinsertion Tasks</b>					
40. Dispose of waste materials such as cotton balls or gauze by placing them in a leakproof container or plastic bag.					
41. Immerse both gloved hands in 0.5% chlorine decontamination solution. Remove gloves by turning them inside out, and place them in a leakproof container or plastic bag.					
42. Wash your hands thoroughly with soap and water and dry them with a clean, dry cloth (or air dry them).					

*continued*

<b>Clinical Skills</b>	
<b>Task/Steps</b>	<b>Cases (M for model or C for client)</b>
43. Provide postinsertion instructions. Remind the client to check for expulsion and review warning signs.	
44. Complete the IUD card, client record, and IUD register/log (as applicable).	
45. <i>After the client has left, the assistant, wearing utility gloves, cleans the examination table with the 0.5% chlorine decontamination solution.</i>	

# Postpartum IUD Clinical Skills Learning Guide

## For Transcervical Insertion

This is a learning tool for postpartum IUD trainees. The trainee uses the learning guide as a tool to rate his or her performance of each step, and even as a job aid upon returning to the workplace. The learning guide should be used to assess practice on clients. In addition to use by trainees, trainers/supervisors/peers can use the learning guide to observe and help trainees develop skills as part of training. *This learning guide presupposes that clients have been counseled.*

To provide quality postpartum IUD insertion, trainees need to perform each step correctly. Critical steps are in **bold**, and trainees need to make sure that they cover all of the components within these steps and in proper sequence. **All critical steps (in bold) must be performed satisfactorily and in the correct sequence for a trainee to be considered competent to provide IUD services.** (However, trainees should continue to improve until they achieve a score of 2 in each step.)

**This learning guide only includes the tasks and steps related to the IUD insertion during a cesarean section delivery. It does not cover any of the tasks and steps related to cesarean section. It refers only to the steps performed by the IUD provider.**

### Use the following rating scale:

- 2 Competently performed:** Step performed correctly in proper sequence
- 1 Needs improvement:** Step performed correctly but out of sequence
- 0 Not done or done incorrectly:** Step omitted or not performed correctly

Clinical Skills		Cases (M for model or C for client)			
Task/Steps					
<b>Preinsertion Medical Assessment—Performed before delivery</b>					
1. Greet the client, introduce yourself, and confirm that the client has requested a postpartum IUD during her antenatal care.					
2. Ask the client if she still wants the IUD inserted.					
3. Review with the client the information in her record, with attention to her antenatal course. Ensure that she has been appropriately counseled for IUD insertion; ask the client what questions she has about the IUD or about the insertion.					
4. Review her general medical and obstetric history with the client, and ensure that she is not at high individual risk for sexually transmitted infections (STIs). Record that the IUD is an appropriate choice for this client.					
5. Check for obstetric events related to the present delivery that would indicate the IUD should not be used: <ul style="list-style-type: none"> <li>• Prolonged rupture of membranes (&gt;24 hours)</li> <li>• Prolonged labor (&gt;24 hours)</li> <li>• Fever (&gt;38°C or 100.4°F)</li> <li>• Intrapartum hemorrhage</li> <li>• Extensive genital trauma</li> </ul>					
<b>Preinsertion Tasks—During the cesarean delivery</b>					
6. Perform cesarean section and deliver baby, as per international and local guidelines.					
7. <b>Actively manage the third stage of labor:</b> <ul style="list-style-type: none"> <li>• Give oxytocin 10 units intramuscularly within one minute of childbirth</li> <li>• Deliver the placenta by controlled traction on the umbilical cord and counterpressure to the uterus</li> <li>• <b>Massage the fundal uterus</b></li> </ul>					
8. Control bleeding of incision, as per international and local guidelines.					

*continued*

Clinical Skills		Cases (M for model or C for client)
Task/Steps		
<b>Insertion Tasks</b>		
9. <b>Slowly insert your IUD-holding hand through the incision into the fundus of the uterus.</b>		
10. <b>Make sure to place the IUD high in the fundus.</b>		
11. <b>Carefully release the IUD.</b>		
12. Before suturing the uterine incision, place the strings in the lower uterine segment near the internal cervical os.		
13. Do not pass the strings through the cervix, because this increases the risk of infection.		
14. Suture the uterine incision, avoiding incorporating the IUD strings into the closure.		
<b>Postinsertion Tasks</b>		
15. Make sure to register the IUD insertion in the client’s record.		
16. Complete the IUD card and IUD register/log (as applicable).		
17. Before the client is discharged, make sure to include IUD-related postinsertion instructions.		
18. Remind the client to check for expulsion and review warning signs.		



## Postpartum IUD Clinical Skills Checklist for Trainers

### For Postplacental Forceps Insertion

This checklist is to be used by trainers to assess trainees' competency. The checklist should be used to assess practice on clients as well as on the Zoë pelvic model. (Mark the top of the column accordingly—M for the Zoë pelvic model and C for client practice). **Use one checklist per participant.**

To provide quality postpartum IUD insertion, trainees need to perform each step correctly. This checklist includes all of the steps of the procedure, and all of the **critical steps** are shown in **bold; the critical steps must be performed satisfactorily and in the correct sequence for a trainee to be considered competent to provide IUD services.** During the final assessment of a participant's performance, the trainer should focus on the correct performance of the critical steps. If a participant does not performed all of the critical steps in a satisfactory manner, he or she cannot be considered certified. Conversely, the participant does not need to perform **all** of the noncritical steps to be considered competent. However, trainees should continue to improve until they achieve a score of 2 in all steps; at that point, they will be proficient, a level of competency usually attained through continuous practice at their home facility.

**Use the following rating scale:**

- 2 Competently performed:** Step performed correctly in proper sequence
- 1 Needs improvement:** Step performed correctly but out of sequence
- 0 Not done or done incorrectly:** Step omitted or not performed correctly

Clinical Skills		Cases (M for model or C for client)				
Task/Steps						
<b>Preinsertion Medical Assessment—Performed before delivery</b>						
1. Greet the client, introduce yourself, and confirm that the client has request a postpartum IUD during her antenatal care.						
2. Ask the client if she still wants the IUD inserted.						
3. Review with the client the information in her record, with attention to her antenatal course. Ensure that she has been appropriately counseled for IUD insertion; ask the client what questions she has about the IUD or about the insertion.						
4. Review her general medical and obstetric history with the client, and ensure that she is not at high individual risk for sexually transmitted infections (STIs). Record that the IUD is an appropriate choice for this client.						
5. Check for obstetric events related to the present delivery that would indicate the IUD should not be used: <ul style="list-style-type: none"> <li>• Prolonged rupture of membranes (&gt;24 hours)</li> <li>• Prolonged labor (&gt;24 hours)</li> <li>• Fever (&gt;38°C or 100.4°F)</li> <li>• Intrapartum hemorrhage</li> <li>• Extensive genital trauma</li> </ul>						
6. Explain to the client what you will do next and that you will explain each step throughout, so as to avoid surprising her. Ask her to relax by taking deep breaths. Ask the client if she has questions.						
<b>Preinsertion Tasks—In the delivery room</b>						
7. Ensure that supplies and equipment needed for postpartum IUD insertion are available in the delivery room, along with delivery-related supplies and equipment,						

*continued*

Clinical Skills		Cases (M for model or C for client)			
Task/Steps					
8. Prepare to attend the delivery (at the appropriate time):					
<ul style="list-style-type: none"> <li>• Wash your hands (surgical scrub)</li> <li>• Put on a sterile gown and gloves</li> </ul>					
9. <b>Attend the delivery and actively manage the third stage of labor:</b>					
<ul style="list-style-type: none"> <li>• Give oxytocin 10 units intramuscularly within one minute of childbirth</li> <li>• Deliver the placenta by controlled traction on the umbilical cord and counterpressure to the uterus</li> <li>• Massage the uterus through the abdomen after delivery of the placenta</li> </ul>					
10. Proceed if everything is normal.					
11. Explain to the client what you are doing at each step; remind her to relax by taking deep breaths.					
12. <b>Palpate the uterus to evaluate the height of the fundus and the size and degree of contraction of the uterus; massage if necessary.</b>					
13. Remove the gloves and gown.					
14. <b>Wash your hands thoroughly with soap and water and dry them with a clean, dry cloth (or air dry them).</b>					
15. <b>Put new sterile gloves on both hands.</b>					
16. <i>Assistant gently cleans the external genital area with a clean cloth and antiseptic solution.</i>					
17. Place a new clean drape over the client’s abdomen and underneath her buttocks.					
18. <b>Arrange the instruments and supplies on a sterile tray or a draped area without touching the parts of the instruments that will go into the uterus.</b>					
19. <i>Assistant pours antiseptic solution into a cup and opens the gauze package.</i>					
<b>Pelvic Examination</b>					
20. Ask the assistant to position the light source.					

*continued*

Clinical Skills		Cases (M for model or C for client)			
Task/Steps					
21. Ensure that the client's buttocks are at the very edge of the table.					
22. Inspect the external genitalia.					
23. Moisten the valve with the antiseptic solution.					
24. <b>Insert the valve gently:</b> Spread the labia with two fingers and then insert the valve, starting obliquely and then rotating it clockwise to the horizontal position. <ul style="list-style-type: none"> <li>• Gently maneuver to be able to inspect the cervix and the vagina to check for tears.</li> <li>• Continue if there is no bleeding from cervical or vaginal tears or from an episiotomy. (If an episiotomy was performed and/or tears occurred, these should be repaired after the IUD is inserted.)</li> </ul> <p>Note: If bleeding is significant, IUD insertion should be postponed; an immediate forceps insertion can be performed later.</p>					
<b>Insertion Tasks</b>					
25. If the exam results are normal, tell the client that she is ready for the IUD insertion; ask her if she has any questions.					
26. <b>Clean the cervix and the vagina with antiseptic solution two times using two gauzes, and allow some time for the solution to act.</b>					
27. While holding the valve with one hand and ring forceps with the other hand, with palms turned upward, gently grasp the anterior lips of the cervix, with the forceps at the one side of the cervix. <p>Note: Do not lock the forceps beyond the first notch. Do not use a toothed tenaculum.</p>					
28. <i>At this moment, assistant opens the IUD package for you to load the forceps. The package is opened only half way, allowing you to use the Kelly forceps to enter and grasp the IUD without taking the IUD out of the package.</i>					
29. <i>Assistant places the half-open package on the sterile tray for you to reach it.</i>					

*continued*

Clinical Skills		Cases (M for model or C for client)				
Task/Steps						
<p>30. <b>Grasp the IUD with the Kelly placental forceps (or with a second pair of standard ring forceps). The IUD should be held by its vertical arm; the horizontal arm of the IUD should be slightly out of the ring in the same direction as the rings and slightly to the side.</b> Offset the IUD toward the inner curve of the Kelly forceps—not the outer curve. This will facilitate the liberation of the IUD in the fundus, decreasing the risk of pulling it out while removing the forceps.                      Note: If you are using Kelly forceps, you must maintain constant pressure on the forceps, as these forceps do not have a catch and the IUD could drop or move. The IUD is kept in place by your holding the forceps.</p>						
<p>31. <b>Assistant holds the valve, while you hold the IUD-loaded forceps with the dominant hand and the cervix-holding forceps with the other hand.</b></p>						
<p>32. <b>Exert gentle traction toward you on the cervix-holding forceps.</b></p>						
<p>33. <b>Insert the forceps, passing the IUD through the cervix, following a plane that is perpendicular to the plane of the woman’s back and into the lower uterine cavity. Avoid touching the walls of the vagina with the IUD.</b>                      Note: Perform IUD insertion while seated. Standing tends to make you direct the IUD-holding forceps too posteriorly.</p>						
<p>34. <b>Assistant removes the valve.</b></p>						
<p>35. <b>Release the hand that is holding the cervix-holding forceps; move the hand to the abdomen, placing it on top of the uterine fundus.</b></p>						
<p>36. <b>With the abdominal hand, stabilize the uterus with firm downward pressure through the abdominal wall.</b> This prevents the uterus from moving upward in the abdomen as the IUD is pushed up.</p>						
<p>37. <b>Move the IUD-holding forceps in an upward motion all the way toward the fundus (directed toward the umbilicus).</b></p>						

*continued*

Clinical Skills		Cases (M for model or C for client)				
Task/Steps						
38. If you meet resistance, slightly withdraw the forceps and redirect the forceps more anteriorly toward the abdominal wall, while moving your wrist slightly down. Note: If the client has delivered vaginally after a previous cesarean delivery, take care to avoid placing the IUD through any defect in the previous incision by maintaining your ring forceps pressure against the posterior uterine wall.						
39. <b>Stand and confirm with the abdominal hand that the tips of the forceps reach the fundus.</b>						
40. <b>At this point, turn the forceps 45° to the right to position the IUD horizontally in the highest part of the fundus.</b>						
41. <b>By opening the forceps, release the IUD.</b>						
42. <b>Slowly remove the forceps from the uterine cavity, keeping it slightly open, and keeping it to the side following the lateral uterus wall as the forceps are pulled out in opposite direction.</b>						
43. Gently push down the introitus with two fingers and visualize the interior of the vagina. Note: Sometimes, when the uterus is well-contracted and small, the strings can be seen through the cervix. If this is the case, do not do anything. In the event of a large uterus, as per your assessment at the beginning of the procedure, if you see the strings, this will be an indication that the IUD has not reached the fundus. In this situation, you should remove the IUD and attempt a new insertion with new sterile forceps and new sterile IUD (no-touch technique) for correct placement.						
44. Remove the cervix-holding forceps from the anterior lip of the cervix.						
45. Examine the cervix and vagina. Repair any tears and the episiotomy, if necessary.						
46. Gently remove all instruments used and place them in 0.5% chlorine decontamination solution.						
47. Allow the client to rest for a few minutes; help her off the table when she feels ready. (Hint: The postinsertion tasks can be performed while she is resting.)						

*continued*

<b>Clinical Skills</b>					
<b>Task/Steps</b>	<b>Cases (M for model or C for client)</b>				
<b>Postinsertion Tasks</b>					
48. Dispose of waste materials such as cotton balls or gauze by placing them in a leakproof container or plastic bag.					
49. <b>Immerse both gloved hands in 0.5% chlorine decontamination solution.</b> Remove gloves by turning them inside out, and place them in a leakproof container or plastic bag.					
50. Wash your hands thoroughly with soap and water and dry them with a clean, dry cloth (or air dry them).					
51. Provide postinsertion instructions. Remind the client to check for expulsion and review warning signs.					
52. Complete the IUD card, client record, and IUD register/log (as applicable).					
53. <i>After the client has left, the assistant, wearing utility gloves, cleans the examination table with the 0.5% chlorine decontamination solution.</i>					
<b>Total</b>					
Model practice satisfactory	Yes _____	No _____	Clinical practice grade _____		
Competent in postpartum IUD insertion	_____	_____	Not yet competent in postpartum IUD insertion _____		
<b>Comments/Action Plan</b>					
_____ Could become competent with additional experience (3–6 cases) supervised by clinical trainer or experienced service provider					
_____ Routine follow-up visit in 3–6 months					
_____ Other (specify)					
Trainer’s Name					Date
Trainer’s Signature					



## Postpartum IUD Clinical Skills Checklist for Trainers

### For Immediate Postpartum Forceps Insertion

This checklist is to be used by trainers to assess trainees' competency. The checklist should be used to assess practice on clients as well as on the Zoë pelvic model. (Mark the top of the column accordingly—M for the Zoë Pelvic Model and C for client practice.) **Use one checklist per participant.**

To provide quality postpartum IUD insertion, trainees need to perform each step correctly. This checklist includes all of the steps of the procedure, and all of the **critical steps** are shown in **bold; the critical steps must be performed satisfactorily and in the correct sequence for a trainee to be considered competent to provide IUD services.** During the final assessment of a participant's performance, the trainer should focus on the correct performance of the critical steps. If a participant does not performed all of the critical steps in a satisfactory manner, he or she cannot be consider certified. Conversely the participant does not need to perform **all** of the noncritical steps to be considered competent. However, trainees should continue to improve until they achieve a score of 2 in all steps; at that point, they will be proficient, a level of competency usually attained through continuous practice at their home facility.

**Use the following rating scale:**

- 2 Competently performed:** Step performed correctly in proper sequence
- 1 Needs improvement:** Step performed correctly but out of sequence
- 0 Not done or done incorrectly:** Step omitted or not performed correctly

Clinical Skills		Cases (M for model or C for client)			
Task/Steps					
<b>Preinsertion Medical Assessment</b>					
1. Greet client politely, introduce oneself and ensure privacy for IUD insertion.					
2. Ask client if she still wants the IUD inserted.					
3. Review with client information in her record with attention to antenatal and intrapartum course. Ensure that she has been appropriately counseled for IUD insertion; ask client what questions she has about the IUD or the insertion.					
4. Review general medical and obstetric history with client. Ask for and record the following information to confirm that the IUD is an appropriate choice for the client and ensure is not at high individual risk for STIs, confirm there are not delivery related conditions where the IUD should not be used: <ul style="list-style-type: none"> <li>• Prolonged rupture of membranes (&gt;24 hours)</li> <li>• Prolonged labor (&gt;24 hours)</li> <li>• Postpartum fever (&gt;38°C or 100.4°F) or other signs of abdominal or pelvis infection</li> <li>• Unexplained vaginal bleeding before evaluation.</li> <li>• Gestational trophoblastic disease (benign or malignant)</li> <li>• Postpartum hemorrhage</li> <li>• Extensive genital trauma</li> </ul>					
5. Explain to client that you will do a vaginal exam and insert the IUD if all is normal and also that you will explain each step throughout in order to avoid surprising her. Explain that clients often experience cramping and some discomfort. Ask her to relax by taking deep breaths. Ask client if she has questions.					
<b>Preinsertion Tasks</b>					
6. Ensure that needed supplies and equipment are available in the procedure room.					
7. Confirm that the client has recently emptied her bladder.					
8. Help the client onto the examination table.					

*continued*

Clinical Skills		Cases (M for model or C for client)			
Task/Steps					
9. Palpate the uterus to evaluate the height of the fundus, size and contraction of the uterus, massage if necessary. Client should have AMTSL.					
10. Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry.					
11. Put new sterile gloves on both hands.					
12. Gently clean the external genital area with a clean cloth and antiseptic solution.					
13. Place clean drape over the client’s abdomen and underneath her buttocks.					
14. Arrange instruments and supplies on a sterile tray or draped area without touching the parts of the instruments that will go into the uterus.					
15. Assistant pours antiseptic solution in a cup, open gauze package.					
<b>Pelvic Examination</b>					
16. Ask assistant to position light source.					
17. Ensure that client’s buttocks are at the very edge of the table.					
18. Inspect external genitalia.					
19. Moisten the valve with the antiseptic solution.					
20. <b>Insert the valve gently</b> by spreading the labia with two fingers and then inserting starting obliquely and then rotating it clockwise to the horizontal position: <ul style="list-style-type: none"> <li>• Gently maneuver to inspect the cervix and the vagina, continue if findings are normal.</li> </ul>					
<b>Insertion Tasks</b>					
21. If exam is normal, tell the client that she is ready for the IUD insertion; ask her if she has any questions.					
22. <b>Clean the cervix and the vagina with antiseptic solution 2 times using 2 gauzes, and wait allow some time for the solution to act.</b>					

*continued*

Clinical Skills		Cases (M for model or C for client)				
Task/Steps						
23. While holding the valve with one hand and ring forceps with the other hand, with palms turned upwards, gently grasp the anterior lips of the cervix with the forceps at the one side of the cervix. Note: Do not lock the forceps beyond the first notch. Do not use a toothed tenaculum.						
24. Assistant at this moment opens the IUD package for you to load the forceps. The package is opened only half way, allowing the Kelly forceps to enter and grasp the IUD without taking the IUD out of the package.						
25. Assistant places the half open package on the sterile tray for you to reach it.						
26. <b>Grasp the IUD with the Kelly placental forceps or with a second pair of standard ring forceps. The IUD should be held by its vertical arm; the horizontal arm of the IUD should be slightly out of the ring in the same direction of the rings and slightly sided.</b> Offset the IUD toward the inner curve of the Kelly forceps—not the outer curve. This will facilitate the liberation of the IUD in the fundus, decreasing the risk of pulling it out will removing the forceps. Note: If you are using Kelly forceps, you must maintain constant pressure on the forceps, as these forceps do not have a catch and the IUD could drop or move. The IUD is kept in place by your holding the forceps						
27. Assistant holds the valve while you hold the IUD-loaded forceps with dominant hand and the cervix-holding forceps with the other hand.						
28. <b>Exert gentle traction towards you on the cervix-holding forceps.</b>						
29. <b>Insert the forceps passing the IUD through the cervix, following a plane that is perpendicular to the plane of the woman's back and into the lower uterine cavity. Avoid touching the walls of the vagina with the IUD.</b> Note: Perform insertion while seated. Standing tends to make you direct the IUD-holding forceps too posteriorly						
30. The assistant removes the valve.						

continued

Clinical Skills		Cases (M for model or C for client)				
Task/Steps						
31. <b>Release the hand that is holding the cervix-holding forceps; move the hand to the abdomen placing it on top of the uterine fundus.</b>						
32. <b>With the abdominal hand, stabilize the uterus with firm downward pressure through the abdominal wall.</b> This prevents the uterus from moving upward in the abdomen as the IUD is pushed up.						
33. <b>Move the IUD-holding forceps IUD in an upward motion all the way toward the fundus (directed towards the umbilicus). Remember that the lower uterine segment may be contracted and therefore some slight pressure may be necessary to advance the IUD and achieve fundal placement.</b> <i>Note:</i> If the client has delivered vaginally after a previous cesarean delivery, take care to avoid placing the IUD through any defect in the previous incision by maintaining your ring forceps pressured against the posterior uterine wall.						
34. <b>Stand and confirm with the abdominal hand that the tips of the forceps reach the fundus.</b>						
35. <b>At this point turn the forceps 45° to the right to position the IUD horizontally in the highest of the fundus.</b>						
36. <b>By opening the forceps, release the IUD.</b>						
37. <b>Slowly remove the forceps from the uterine cavity, keeping them slightly open and keeping them to the side following the lateral uterus wall as the forceps is pulled out in opposite direction.</b>						
38. Gently push down the introitus with two fingers and visualize the interior of the vagina. <i>Note:</i> Sometimes, when the uterus is well contracted or small, the strings can be seen through the cervix. If this is the case, don’t do anything. In the event of a large uterus, as per your assessment at the beginning of the procedure, if you see the strings, this will be an indication that the IUD has not reach the fundus.						
39. Remove the cervix-holding forceps from the anterior lip of the cervix.						

*continued*

Clinical Skills		Cases (M for model or C for client)			
Task/Steps					
40. Examine the cervix and vagina.					
41. Place all used instruments in 0.5% chlorine decontamination solution.					
42. Allow the client to rest few minutes; help her off the table when she feels ready ( <i>Hint: The postinsertion tasks can be performed while she is resting</i> ).					
<b>Postinsertion Tasks</b>					
43. Dispose of waste materials such as cotton balls or gauze by placing them in a leakproof container or plastic bag.					
44. <b>Immerse both gloved hands in 0.5% chlorine decontamination solution.</b> Remove gloves by turning them inside out, place them in a leakproof container or plastic bag.					
45. Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry.					
46. Provide postinsertion instructions. Remind client to check for expulsion and review warning signs.					
47. Complete the IUD card, client record and IUD register/log (as applicable).					
48. <i>After the client has left, wear utility gloves and clean the examination table with the 0.5% chlorine decontamination solution.</i>					
<b>Total</b>					

*continued*

Model practice satisfactory	Yes _____ No _____	Clinical practice grade _____
Competent in postpartum IUD insertion	_____	Not yet competent in postpartum IUD insertion _____
<b>Comments/Action Plan</b>		
_____ Could become competent with additional experience (3–6 cases) supervised by clinical trainer or experienced service provider		
_____ Routine follow-up visit in 3–6 months		
_____ Other (specify)		
Trainer’s Name		Date
Trainer’s Signature		



# Postpartum IUD Clinical Skills Checklist for Trainers

## For Postplacental Manual Insertion

This checklist is to be used by trainers to assess trainees' competency. The checklist should be used to assess practice on clients as well as on the Zoë pelvic model. (Mark the top of the column accordingly—M for the Zoë Pelvic Model and C for client practice.) **Use one checklist per participant.**

To provide quality postpartum IUD insertion, trainees need to perform each step correctly. This checklist includes all of the steps of the procedure, and all of the **critical steps** are shown in **bold; the critical steps must be performed satisfactorily and in the correct sequence for a trainee to be considered competent to provide IUD services.** During the final assessment of a participant's performance the trainer should focus on the correct performance of the critical steps. If a participant does not performed all of the critical steps in a satisfactory manner, he or she cannot be consider certified. Conversely, the participant does not need to perform **all** of the noncritical steps to be considered competent. However, trainees should continue to improve until they achieve a score of 2 in all steps; at that point, they will be proficient, a level of competency usually attained through continuous practice at their home facility.

**Use the following rating scale:**

- 2 Competently performed:** Step performed correctly in proper sequence
- 1 Needs improvement:** Step performed correctly but out of sequence
- 0 Not done or done incorrectly:** Step omitted or not performed correctly

Clinical Skills		Cases (M for model or C for client)			
Task/Steps					
<b>Preinsertion Medical Assessment—Performed before delivery</b>					
1. Greet client, introduce oneself and confirm client has requested a postpartum IUD during her antenatal care.					
2. Ask client if she still wants the IUD inserted.					
3. Review with client information in her record with attention to antenatal course. Ensure that she has been appropriately counseled for IUD insertion; ask client what questions she has about the IUD or the insertion.					
4. Review general medical and obstetric history with client, ensure that the client is not at high individual risk for STIs. Record that the IUD is an appropriate choice for the client.					
5. Check for obstetrical events related to present delivery where the IUD should not be used: <ul style="list-style-type: none"> <li>• Prolonged rupture of membranes (&gt;24 hours)</li> <li>• Prolonged labor (&gt;24 hours)</li> <li>• Fever (&gt;38°C or 100.4°F)</li> <li>• Intrapartum hemorrhage</li> <li>• Extensive genital trauma</li> </ul>					
6. Explain to client what you will do next and also that you will explain each step throughout in order to avoid surprising her. Ask her to relax by taking deep breaths. Ask client if she has questions.					
<b>Preinsertion Tasks—At the delivery room</b>					
7. Ensure that needed supplies and equipment for postpartum IUD insertion are available in the delivery room, along with delivery supplies and equipment.					
8. Prepare to attend the delivery (at the appropriate time): <ul style="list-style-type: none"> <li>• Wash hands (surgical scrub)</li> <li>• Put sterile gown and gloves</li> </ul>					

*continued*

Clinical Skills		Cases (M for model or C for client)			
Task/Steps					
<p>9. <b>Attend delivery and actively manage the third stage of labor (AMSTL):</b></p> <ul style="list-style-type: none"> <li>• Give oxytocin 10 units intramuscularly within 1 minute of childbirth</li> <li>• Deliver the placenta by controlled traction on the umbilical cord and counter pressure to the uterus</li> <li>• Massage the uterus through the abdomen after delivery of the placenta</li> </ul>					
10. Proceed if everything is normal.					
11. Explain to client what you are doing at each step; remind her to relax by taking deep breaths.					
12. <b>Palpate the uterus to evaluate the height of the fundus, size and contraction of the uterus, massage if necessary.</b>					
13. Remove gloves and gown.					
14. <b>Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry.</b>					
15. <b>Put new sterile gloves on both hands and a clean gown.</b> (You need to have a long-sleeve sterile pair of gloves or standard gloves WITH water-impermeable gown.)					
16. <i>Assistant gently cleans the external genital area with a clean cloth and antiseptic solution.</i>					
17. Place new clean sterile drape over the client’s abdomen and underneath her buttocks.					
18. <b>Arrange instruments and supplies on a sterile tray or draped area without touching the parts of the instruments that will go into the uterus.</b>					
19. <i>Assistant pours antiseptic solution in a cup, opens gauze package.</i>					
<b>Pelvic Examination</b>					
20. Ask assistant to position light.					
21. Ensure that client’s buttocks are at the very edge of the table.					
22. Inspect external genitalia.					
23. Moisten the valve with the antiseptic solution.					

*continued*

Clinical Skills		Cases (M for model or C for client)				
Task/Steps						
<p>24. <b>Insert the valve</b> gently by spreading the labia with two fingers and then inserting, starting obliquely and then rotating it clockwise to the horizontal position:</p> <ul style="list-style-type: none"> <li>• Gently maneuver to be able to inspect the cervix and the vagina to check for tears.</li> <li>• Continue if there is no bleeding from cervical or vaginal tears or from an episiotomy—if it was performed, these should be repaired after the IUD is inserted.</li> </ul> <p>Note: If bleeding is significant, the insertion should be postponed and an immediate forceps insertion can be performed later.</p>						
<b>Insertion Tasks</b>						
25. If exam is normal, tell the client that she is ready for the IUD insertion; ask her if she has any questions.						
26. <b>Clean the cervix and the vagina with antiseptic solution 2 times using 2 gauzes, and wait 2 minutes for the solution to act.</b>						
27. Remove the valve.						
28. <b>Hold the IUD by gripping the vertical rod between the index and middle fingers of your dominant hand.</b>						
29. <b>Slowly open the introitus with two fingers of other hand, gently pushing the posterior wall downward.</b>						
30. <b>Slowly insert your IUD-holding hand into the vagina and through the cervix into the uterus, in the direction of the abdominal wall.</b>						
31. Remove the forceps used to hold the cervix open.						
32. <b>Put your other hand on the abdomen to hold the uterus.</b>						
33. <b>Stabilize the uterus by downward pressure to prevent it from going up higher in the abdomen, as you insert the IUD-holding hand.</b>						

*continued*

Clinical Skills		Cases (M for model or C for client)			
Task/Steps					
34. Confirm, by palpation with the abdominal hand, that the fundus has been reached.					
35. Once the fundus has been reached, turn the IUD-holding hand 45° to the right to position the IUD horizontally and place it in the fundus.					
36. Slowly remove hand from the uterus. Take particular care not to dislodge the IUD as the hand is removed.					
37. Gently push down the introitus with two fingers and visualize the interior of the vagina. <i>Note:</i> Sometimes, when the uterus is well contracted and small, the strings can be seen through the cervix. If this is the case, do not do anything. In the event of a large uterus, as per your assessment at the beginning of the procedure, if you see the strings, this will be an indication that the IUD has not reach the fundus; in this situation, the provider should remove the IUD and attempt a new insertion with new sterile forceps and new sterile IUD (no-touch technique) for correct placement.					
38. Examine the cervix and vagina. Repair tears and episiotomy if necessary.					
39. Allow the client to rest for a few minutes; help her off the table when she feels ready. ( <i>Hint:</i> The postinsertion tasks can be performed while she is resting.)					
<b>Postinsertion Tasks</b>					
40. Dispose of waste materials such as cotton balls or gauze by placing them in a leakproof container or plastic bag.					
41. Immerse both gloved hands in 0.5% chlorine decontamination solution. Remove gloves by turning them inside out, and place them in a leakproof container or plastic bag.					
42. Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry.					
43. Provide postinsertion instructions. Remind client to check for expulsion and review warning signs.					
44. Complete the IUD card, client record and IUD register/log (as applicable).					

*continued*

Clinical Skills					
Task/Steps	Cases (M for model or C for client)				
45. After the client has left, wear utility gloves and clean the examination table with the 0.5% chlorine decontamination solution.					
<b>Total</b>					
Model practice satisfactory	Yes _____	No _____	Clinical practice grade _____		
Competent in postpartum IUD insertion	_____	_____	Not yet competent in postpartum IUD insertion _____		
<b>Comments/Action Plan</b>					
_____ Could become competent with additional experience (3–6 cases) supervised by clinical trainer or experienced service provider					
_____ Routine follow-up visit in 3–6 months					
_____ Other (specify)					
Trainer's Name				Date	
Trainer's Signature					

## Postpartum IUD Clinical Skills Checklist for Trainers

### For Transcervical Insertion

This checklist is to be used by trainers to assess trainees' competency. The checklist should be used to assess practice on clients as well as on the Zoë pelvic model. (Mark the top of the column accordingly—M for the Zoë Pelvic Model and C for client practice.) **Use one checklist per participant.**

To provide quality postpartum IUD insertion, trainees need to perform each step correctly. This checklist includes all of the steps of the insertion procedure, and all of the **critical steps** are shown in **bold; the critical steps must be performed satisfactorily and in the correct sequence for a trainee to be considered competent to provide IUD services.** During the final assessment of a participant's performance, the trainer should focus on the correct performance of the critical steps. If a participant does not performed all of the critical steps in a satisfactory manner, he or she cannot be considered certified. Conversely, the participant does not need to perform **all** of the noncritical steps to be considered competent. However, trainees should continue to improve until they achieve a score of 2 in all steps; at that point, they will be proficient, a level of competency usually attained through continuous practice at their home facility.

*This checklist does not include the tasks and steps of performing a cesarean section.*

**Use the following rating scale:**

- 2 Competently performed:** Step performed correctly in proper sequence
- 1 Needs improvement:** Step performed correctly but out of sequence
- 0 Not done or done incorrectly:** Step omitted or not performed correctly

Clinical Skills		Cases (M for model or C for client)				
Task/Steps						
<b>Preinsertion Medical Assessment—Performed before delivery</b>						
1. Greet the client, introduce yourself and confirm that the client has requested a postpartum IUD during her antenatal care.						
2. Ask the client if she still wants the IUD inserted.						
3. Review with the client the information in her record, with attention to her antenatal course. Ensure that she has been appropriately counseled for IUD insertion; ask the client what questions she has about the IUD or about the insertion.						
4. Review her general medical and obstetric history with the client, and ensure that she is not at high individual risk for sexually transmitted infections (STIs). Record that the IUD is an appropriate choice for this client.						
5. Check for obstetric events related to the present delivery that would indicate the IUD should not be used: <ul style="list-style-type: none"> <li>• Prolonged rupture of membranes (&gt;24 hours)</li> <li>• Prolonged labor (&gt;24 hours)</li> <li>• Fever (&gt;38°C or 100.4°F)</li> <li>• Intrapartum hemorrhage</li> <li>• Extensive genital trauma</li> </ul>						
<b>Preinsertion Tasks—During the Cesarean section</b>						
6. Perform the cesarean section and deliver the baby, as per international and local guidelines.						
7. <b>Actively manage the third stage of labor:</b> <ul style="list-style-type: none"> <li>• Give oxytocin 10 units intramuscularly within one minute of childbirth</li> <li>• Deliver the placenta by controlled traction on the umbilical cord and counter pressure to the uterus</li> <li>• <b>Massage the fundal uterus</b></li> </ul>						
8. Control bleeding of incision, as per international and local guidelines.						

*continued*

<b>Clinical Skills</b>		<b>Cases (M for model or C for client)</b>
<b>Task/Steps</b>		
<b>Insertion Tasks</b>		
9. <b>Slowly insert your IUD-holding hand into the incision into the fundus of the uterus.</b>		
10. <b>Make sure to place the IUD high in the fundus.</b>		
11. <b>Carefully release the IUD.</b>		
12. Before suturing the uterine incision, place the strings in the lower uterine segment near the internal cervical os.		
13. Do not pass the strings through the cervix, as this increases the risk of infection.		
14. Suture the uterine incision, avoiding incorporating the IUD strings into the closure.		
<b>Postinsertion Tasks</b>		
15. Register the IUD insertion in the client’s record.		
16. Complete the IUD card and IUD register/log (as applicable).		
17. Before discharge, make sure to include IUD-related postinsertion instructions.		
18. Remind the client to check for expulsion and review the warning signs.		
<b>Total</b>		

*continued*

Model practice satisfactory	Yes _____ No _____	Clinical practice grade _____
Competent in postpartum IUD insertion	_____	Not yet competent in postpartum IUD insertion _____
<b>Comments/Action Plan</b>		
_____ Could become competent with additional experience (3–6 cases) supervised by clinical trainer or experienced service provider		
_____ Routine follow-up visit in 3–6 months		
_____ Other (specify)		
Trainer’s Name	Date	
Trainer’s Signature		

# Postpartum IUD Counseling Skills Learning Guides

## Insertion

This is a learning tool for PPIUD insertion counseling. To provide quality counseling, counselors need to address and perform each step well. Trainees can use the learning guide to rate each step, or even as a job aid upon their return to the workplace after participating in postpartum IUD training. All steps must be performed satisfactorily to ensure good postpartum IUD counseling. If not, further practice and improvement are needed. The areas in *italics* relate particularly to postpartum IUD counseling; those not in italics are part of recommended IUD counseling in general. Critical steps are in **bold**, and trainees need to make sure that they cover all of the components within these steps and in proper sequence.

Trainers/supervisors/peers can use the learning guide to observe and help trainees develop skills as part of the postpartum IUD training. The providers can also share this learning tool with counselors in their workplace to help set expectations for postpartum IUD counseling. **The counseling session below presupposes that the client already expressed interest in the IUD and/or postpartum IUD insertion (i.e., she has already received information on all available methods).** This counseling should preferably take place during antenatal care, but it could take place in the facility where the delivery takes place for immediate postpartum insertion within 48 hours after delivery.

### Use the following rating scale:

- 2 Competently performed:** Step performed correctly
- 1 Needs improvement:** Step performed partially or incorrectly
- 0 Step omitted:** Step not done

Counseling Skills		Cases				
Components and Steps						
<b>Preinsertion Counseling Using the REDI Framework</b>						
<b>Rapport Building</b>						
1. Greet the client politely, introduce yourself, and offer the client a seat.						
2. Ensure privacy without interruptions throughout the counseling session.						
3. Ask the client's name, age, and contact information. (Document this and subsequent information collected in the client's record, as required.)						
4. Explain the need to ask personal and sometimes sensitive questions of all clients to help them select a safe and appropriate family planning (FP) method based on their individual needs, while assuring the client of confidentiality.						
<b>Exploration</b>						
5. Ask the client to tell about past FP use, and explore what the client knows about FP methods, her satisfaction with method(s), and what makes her interested in the IUD and/or postpartum IUD insertion.						
6. <b>Explore the client's reproductive goals and history:</b> <ul style="list-style-type: none"> <li>• Pregnancy history and outcome, ages of children</li> <li>• Whether she wants more children and, if yes, when, to explore the nature of contraceptive protection desired (duration, effectiveness, etc.)</li> </ul>						
7. <b>Explore the client's plans for breastfeeding her baby, including use of the lactational amenorrhea method.</b>						
8. <b>Focus on the IUD:</b> Explore what the client already knows, fill in knowledge gaps, and correct misperceptions, ensuring that the client understands the advantages and disadvantages of the IUD: <ul style="list-style-type: none"> <li>• Effectiveness</li> <li>• Use of method—insertion procedure</li> <li>• How the IUD works</li> </ul>						

continued

Counseling Skills		Cases			
Components and Steps					
<ul style="list-style-type: none"> <li>• <b>Postpartum IUD options as appropriate for the client’s situation: postplacental insertion within 10 minutes, immediate postpartum insertion within 48 hours of delivery, interval insertion after four weeks, or transcervical</b></li> <li>• <b>Follow-up required for postpartum IUD use and the client’s access to such services</b></li> <li>• IUD and/or <b>postpartum IUD side effects vs. postnatal recovery</b></li> <li>• Benefits, risks, and possible complications</li> </ul>					
9. Show a sample of the IUD and encourage the client to touch it; provide brochures or other printed information as you provide information, and ask what questions the client has.					
10. <b>Explore the client’s circumstances and relationships:</b> <ul style="list-style-type: none"> <li>• Partner/husband/family involvement and support for postpartum IUD/contraceptive use</li> <li>• Other factors that may influence postpartum IUD use, including access to a health facility for follow-up care</li> <li>• Past and current experience with violence and/or rape</li> </ul>					
11. Explore issues related to sexuality, as appropriate: <ul style="list-style-type: none"> <li>• Questions/concerns/problems that the client has about sexual relations/practices, including problems related to possible side effects, such as longer and more frequent bleeding</li> <li>• Possible customs related to abstinence after delivery and when the client plans to resume sexual relations</li> </ul>					
12. <b>Explain that the IUD does not protect against sexually transmitted infections (STIs) and HIV</b> , and explore the client’s knowledge about STIs/HIV, including prevention; fill in knowledge gaps; ask the client about condom use or other safe sex practices, and what questions the client might have.					
13. <b>Explore the client’s history of STIs/HIV</b> and explain prevention of mother-to-child transmission of HIV (PMTCT): <ul style="list-style-type: none"> <li>• Any current unusual vaginal discharge, pain with sex, or lower abdominal pain</li> <li>• History of STIs within the last three months</li> <li>• More than one sexual partner within the last three months (either partner)</li> </ul>					

*continued*

Counseling Skills					
Components and Steps			Cases		
<ul style="list-style-type: none"> <li>• Partner’s STI history or presence of current penile discharge in partner</li> <li>• HIV status of client and partner, if known (for referral to PMTCT services, including special counseling for serodiscordant couples)</li> </ul>					
<p>14. <b>Screen the client for possible medical conditions</b> by asking her whether she has any health concerns, including known or suspected health problems, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Cancer of the genital tract, trophoblastic disease</li> <li>• Bleeding/spotting between periods or after sex</li> <li>• Severe anemia</li> <li>• Possible allergies</li> </ul>					
<p>15. Ask the client to describe her periods before her pregnancy (how long they were, how much bleeding there was, how much pain/cramping she had).</p>					
Decision Making (based on information exchange above)					
<p>16. <b>Help the client reconfirm her selection of the IUD and/or postpartum IUD use</b>, and assess whether her decision can actually be carried out (given her relationship with her husband/partner, her family situation, her economic situation); encourage her to ask questions for clarification, and determine her preferred timing for IUD insertion (postplacental insertion vs. insertion within 48 hours vs. after four weeks postdelivery).</p>					
<p>17. Help the client think through how she and her partner would react or feel if she were to experience common <b>side effects</b>, considering their possible impact on sexual relations, religious practice, or family life. (Focus on increased/longer/irregular bleeding and spotting, cramping.)</p>					
<p>18. Help the client to:</p> <ul style="list-style-type: none"> <li>• Assess her individual risk for STIs/HIV</li> <li>• Decide if she needs to take action to reduce her risk, considering the lack of protection provided by the IUD, and to think through the need for dual method use, including condom use</li> </ul>					

*continued*

Counseling Skills		Cases			
Components and Steps					
<b>Implementation (ensure client’s understanding by having her repeat or explain)</b>					
19. <b>For antenatal clients selecting postplacental (or transcesarean) or immediate postpartum insertion within 48 hours, focus on:</b>	<ul style="list-style-type: none"> <li>• What the client needs to do to obtain the method when she arrives at the facility for delivery</li> <li>• <b>Explaining the relevant insertion procedure</b></li> </ul>				
20.	<p>Address the following issues during FP counseling (during antenatal care or before insertion):</p> <ul style="list-style-type: none"> <li>• Freedom to switch methods if/when her needs and preferences change</li> <li>• What she can do if faced with side effects (use of analgesic—i.e. NSAID—for cramping/pain)</li> <li>• Need to return in case of warning signs</li> <li>• If she is at high individual risk for STIs/HIV, possible concerns about condom use, such as partner reaction (demonstrate and have client demonstrate condom use)</li> <li>• Possible problems with partner or family; development of strategies; practice and role play communication and negotiations, as needed</li> <li>• Issues related to violence, if this seems to be a concern for the client (refer if applicable/possible)</li> <li>• What happens during IUD insertion and how to relax during insertion</li> <li>• <b>Follow-up postpartum IUD care</b></li> </ul>				
<b>Postinsertion Instructions</b>					
21.	<p><b>Ensure that the client understands her postinsertion instructions:</b></p> <ul style="list-style-type: none"> <li>• Tell the client what type of IUD she had inserted and provide her with a card showing the type of IUD and the date of insertion.</li> <li>• Review IUD-related side effects vs. those related to postnatal recovery, and what to do about side effects.</li> <li>• Tell the client when to return for an IUD checkup (do postnatal care at the same time, if possible) or give her a follow-up appointment, emphasizing that she should come back any time she has a concern or experiences warning signs.</li> <li>• Review the warning signs for the IUD.</li> </ul>				

*continued*

<b>Counseling Skills</b>	
<b>Components and Steps</b>	<b>Cases</b>
<ul style="list-style-type: none"> <li>• Review how to check her underpants/pad for expulsion and what to do in case of expulsion, considering whether the client is fully breastfeeding or not.</li> <li>• Explain when and how to check strings (if she wants to).</li> <li>• Assure the client that the IUD does not affect breastmilk/breastfeeding.</li> <li>• Review when the client can safely resume sexual relations after delivery.</li> <li>• Give the client written postinsertion instructions.</li> </ul>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 45%;"></div> </div>

# Postpartum IUD Counseling Skills Learning Guide

## Follow-up after Postpartum IUD Insertion

This is a learning tool for counseling training in postpartum IUD follow-up. To provide quality postpartum IUD counseling, trainees need to address and perform each step well. Trainees can use the learning guide to rate each step, or even as a job aid upon their return to the workplace. All steps must be performed satisfactorily for a trainee to be considered a competent IUD counselor. If not, further practice and improvement are needed. The areas in *italics* need particular attention for postpartum IUD clients—areas that are not in italics are recommended practices for IUD follow-up in general. Critical steps are in **bold**, and trainees need to make sure they cover all of those components within these steps and in proper sequence.

Trainers/supervisors/peers can use the learning guide to observe and help trainees develop skills as part of training. For subsequent follow-up visits, the learning guide for the interval IUD should be used.

### Use the following rating scale:

- 2 Competently performed:** Step performed correctly
- 1 Needs improvement:** Step performed partially or incorrectly
- 0 Step omitted:** Step not done

Counseling and Clinical Skills				
Components and Steps				Cases
<b>Postpartum IUD: First Follow-up Visit</b>				
<b>Rapport Building</b>				
<b>All Clients</b>				
1. Greet the client politely, to maintain a good client-provider interaction (offer her a seat, and ensure her privacy throughout visit).				
2. Identify the purpose of her visit and remind the client that you need to ask all clients personal and sometimes sensitive questions, but that what she says will remain confidential.				
<b>Exploration</b>				
<b>All Clients</b>				
3. Ask the client: <ul style="list-style-type: none"> <li>• <b>What questions, concerns, or problems might she have about the IUD, about her recovery, and about her health after delivery?</b></li> <li>• <b>What questions, concerns, or problems might she have about changes in her medical history or circumstances since delivery?</b></li> <li>• <b>What questions or concerns might she have about possible problems with breastfeeding (if applicable)?</b></li> </ul> Document her responses and any other information from the session, as required.				
4. Ask the client if she has resumed sexual relations. If she has, ask whether she has changed partner (or had any new partners) and whether she has any concerns that she might be exposed to sexually transmitted infections (STIs) and HIV through her partner(s); ask about dual method use. (For return clients with no problems, proceed to decision-making; for return clients with problems, continue below.)				

*continued*

<b>Counseling and Clinical Skills</b>	
<b>Components and Steps</b>	<b>Cases</b>
<p><b>Return Clients with Problems</b></p> <p>5. Explore in depth with the client her reasons for dissatisfaction or the problems that she faces and encourage the client to ask questions. Issues may include the following:</p> <ul style="list-style-type: none"> <li>• <b>If symptoms are part of postnatal recovery, manage and explain these as applicable.</b></li> <li>• <b>If the string is missing or the string length has changed, explain the need for examination and counsel her based on the results.</b></li> <li>• <b>If there is possible IUD expulsion, explain her options.</b></li> <li>• If she is experiencing side effects, discuss what she has done/what can be done to manage them; if the side effects are severe and there is nothing else to try, discuss removal.</li> <li>• If she is experiencing a lack of partner or family support for using the IUD and other presures to remove the IUD, discuss possible communications strategies that she could try to continue using the IUD.</li> <li>• If a client who may want or need to have the IUD removed, screen and counsel the client so that she is able to make an informed choice about a new contraceptive method.</li> </ul>	
<b>Decision-Making</b>	
<b>All Clients</b>	
<p>6. Help the client assess her individual risk for STIs/HIV and consider her possible need for protection. <i>Then go to the appropriate client categories below:</i></p>	
<b>Client Wants to Continue with the IUD</b>	
<b>Return Client with No Problems/Satisfied Client:</b>	
<p>7. Help the client identify what services she needs during this return visit (for example, a regular well-woman visit) and discuss with her what she should do if she were to experience problems. <i>(Then go to “All Clients” under Implementation.)</i></p>	
<b>Return Client with Problems/Dissatisfied Client:</b>	
<p>8. <b>If she still desires good protection against pregnancy, help the client continue with the IUD,</b> making this decision based on correct information and a careful and realistic assessment of her own and her partner’s preferences and other circumstances, to ensure that she is able to implement her decision.</p>	

*continued*

Counseling and Clinical Skills		
Components and Steps	Cases	
<p><b>Return Client Who Has Expelled the IUD</b></p> <p>9. Assist the client to reconfirm her decision to continue IUD use; explain reinsertion.</p>		
<p><b>Client Wants the IUD Removed</b></p>		
<p><b>Return Client with Side Effects or Client Who Is Dissatisfied</b></p> <p>10. <b>If she still desires good protection against pregnancy, help the client make the decision to remove the IUD and use a different method</b>, based on correct information and a careful and realistic assessment of her own and her partner's preferences and other circumstances, to ensure that she is able to implement her decision. (Then go to "All clients" under Implementation.)</p>		
<p>11. <b>If the client suspects pregnancy, help her accept that removal of the IUD is needed.</b> (Then go to "All clients" under Implementation.)</p>		
<b>Implementation</b>		
<b>All Clients</b>		
12. Address issues such as partner or family collaboration that are important for successful implementation of client's plan; develop and practice communication and strategies as needed, including conducting a condom demonstration.		
13. Describe needed follow-up, referral, or subsequent schedule for regular visits. (For clients who are having the IUD removed, go to "Client wants the IUD removed.")		
14. Ask a client who is continuing with the IUD or who is getting a new contraceptive method to tell you how to use the method and when to return in case of side effects or complications.		
15. Provide messages (as per protocol) related to recommended birth spacing, breastfeeding, nutrition for breastfeeding mothers, and other positive health behaviors.		
<b>Client Wants the IUD Removed</b>		
16. Explain IUD removal, counsel the client on other suitable methods, and respond to her questions.		

## Postpartum IUD Counseling Skills Checklist for Trainers

### Insertion

This checklist is to be used by trainers to assess trainees' counseling skills competency. **Use one checklist per participant.**

The areas in *italics* need particular attention for postpartum IUD clients—areas that are not in italics are recommended practice for IUD follow-up in general.

During the final assessment of a participant's performance, the trainer should focus on the correct performance of the **all of the critical steps**. The critical steps are in **bold**. If a participant does not perform all of the critical steps satisfactorily, he or she cannot be considered certified. Trainees should continue to improve until they achieve a score of 2 in all steps; at that point, they will be proficient, a level of competency usually attained through continuous practice at their home facility.

#### **Use the following rating scale:**

- 2 Competently performed:** Step performed correctly
- 1 Needs improvement:** Step performed partially or incorrectly
- 0 Step omitted:** Step not done

Counseling Skills						
Components and Steps		Cases				
<b>Preinsertion Counseling Using the REDI Framework</b>						
<b>Rapport Building</b>						
1. Greet the client politely, introduce yourself, and offer the client a seat.						
2. Ensure privacy without interruptions throughout the counseling session.						
3. Ask the client's name, age, and contact information. (Document this and subsequent information in the client's record, as required.)						
4. Explain the need to ask personal and sometimes sensitive questions of all clients to help them select a safe and appropriate family planning (FP) method based on their individual needs, while assuring the client of confidentiality.						
<b>Exploration</b>						
5. Ask the client to tell about past FP use, and explore what the client knows about FP methods, her satisfaction with method(s), and what makes her interested in the IUD and/or postpartum IUD insertion.						
6. Explore the client's reproductive goals and history: <ul style="list-style-type: none"> <li>• Pregnancy history and outcome, ages of children</li> <li>• Whether she wants more children and, if yes, when, to explore the nature of contraceptive protection desired (duration, effectiveness, etc.)</li> </ul>						
7. Explore the client's plans for breastfeeding her baby, including use of the lactational amenorrhea method.						
8. Focus on the IUD: Explore what the client already knows, fill in knowledge gaps, and correct misperceptions, ensuring that the client understands the advantages and disadvantages of the IUD: <ul style="list-style-type: none"> <li>• Effectiveness</li> <li>• Use of method—insertion procedure</li> <li>• How the IUD works</li> </ul>						

continued

<b>Counseling Skills</b>						
<b>Components and Steps</b>	<b>Cases</b>					
<ul style="list-style-type: none"> <li>• Postpartum IUD options as appropriate for the client’s situation: postplacental insertion within 10 minutes, immediate postpartum insertion within 48 hours of delivery, interval insertion after four weeks, or transcervical</li> <li>• Follow-up required for postpartum IUD use and the client’s access to such services</li> <li>• IUD and/or postpartum IUD side effects vs. postnatal recovery</li> <li>• Benefits, risks, and possible complications</li> </ul>						
<p>9. Show a sample of the IUD and encourage the client to touch it; provide brochures or other printed information as you provide information, and ask what questions the client has.</p>						
<p>10. Explore the client’s circumstances and relationships:</p> <ul style="list-style-type: none"> <li>• Partner/husband/family involvement and support for postpartum IUD/contraceptive use</li> <li>• Other factors that may influence postpartum IUD use, including access to a health facility for follow-up care</li> <li>• Past and current experience with violence and/or rape</li> </ul>						
<p>11. Explore issues related to sexuality, as appropriate:</p> <ul style="list-style-type: none"> <li>• Questions/concerns/problems that the client has about sexual relations/practices, including problems related to possible side effects, such as longer and more frequent bleeding</li> <li>• Possible customs related to abstinence after delivery and when the client plans to resume sexual relations</li> </ul>						
<p>12. Explain that the IUD does not protect against sexually transmitted infections (STIs) and HIV, and explore the client’s knowledge about STIs/HIV, including prevention; fill in knowledge gaps; ask the client about condom use or other safe sex practices, and what questions the client might have.</p>						
<p>13. Explore the client’s history of STIs/HIV and explain prevention of mother-to-child transmission of HIV (PMTCT):</p> <ul style="list-style-type: none"> <li>• Any current unusual vaginal discharge, pain with sex, or lower abdominal pain</li> <li>• History of STIs within the last three months</li> <li>• More than one sexual partner within the last three months (either partner)</li> </ul>						

*continued*

Counseling Skills					
Components and Steps			Cases		
<ul style="list-style-type: none"> <li>Partner's STI history, or presence of current penile discharge in partner</li> <li>HIV status of client and partner, if known (for referral to PMTCT services, including special counseling for serodiscordant couples)</li> </ul>					
<p>14. Screen the client for possible medical conditions by asking her whether she has any health concerns, including known or suspected health problems, including but not limited to:</p> <ul style="list-style-type: none"> <li>Cancer of the genital tract, trophoblastic disease</li> <li>Bleeding/spotting between periods or after sex</li> <li>Severe anemia</li> <li>Possible allergies</li> </ul>					
<p>15. Ask the client to describe her periods before her pregnancy (how long they were, how much bleeding there was, how much pain/cramping she had).</p>					
<b>Decision-Making (based on information exchange above)</b>					
<p>16. Help the client reconfirm her selection of the IUD and/or postpartum IUD use and assess whether her decision can actually be carried out (given her relationship with her husband/partner, her family situation, her economic situation); encourage her to ask questions for clarification, and determine her preferred timing for IUD insertion (postplacental insertion vs. insertion within 48 hours vs. after four weeks postdelivery).</p>					
<p>17. Help the client think through how she and her partner would react or feel if she were to experience common side effects, considering their possible impact on sexual relations, religious practice, or family life. (Focus on increased/longer/irregular bleeding and spotting, cramping.)</p>					
<p>18. Help the client to:</p> <ul style="list-style-type: none"> <li>Assess her individual risk for STIs/HIV</li> <li>Decide if she needs to take action to reduce her risk, considering the lack of protection provided by the IUD, and to think through the need for dual method use, including condom use</li> </ul>					

continued

<b>Counseling Skills</b>					
<b>Components and Steps</b>		<b>Cases</b>			
<b>Implementation (ensure client’s understanding by having her repeat or explain)</b>					
<p>19. For antenatal clients selecting postplacental (or transcervical) or immediate postpartum insertion within 48 hours, focus on:</p> <ul style="list-style-type: none"> <li>• What the client needs to do to obtain the method when she arrives at the facility for delivery</li> <li>• Explaining the relevant insertion procedure</li> </ul>					
<p>20. Address the following issues during FP counseling (during antenatal care or before insertion):</p> <ul style="list-style-type: none"> <li>• Freedom to switch methods if/when her needs and preferences change</li> <li>• What she can do if faced with side effects (use of analgesic—i.e. NSAID—for cramping/pain)</li> <li>• Need to return in case of warning signs</li> <li>• If she is at high individual risk for STIs/HIV, possible concerns about condom use, such as partner reaction. (Demonstrate and have client demonstrate condom use.)</li> <li>• Possible problems with partner or family; development of strategies; practice and role play communication and negotiations, as needed</li> <li>• Issues related to violence, if this seems to be a concern for the client (refer if applicable/possible)</li> <li>• What happens during IUD insertion and how to relax during insertion</li> <li>• Follow-up postpartum IUD care</li> </ul>					
<b>Postinsertion Instructions</b>					
<p>21. Ensure that the client understands her postinsertion instructions:</p> <ul style="list-style-type: none"> <li>• Tell the client what type of IUD she had inserted and provide her with a card showing the type of IUD and the date of insertion.</li> <li>• Review IUD-related side effects vs. those related to postnatal recovery, and what to do about side effects.</li> <li>• Tell the client when to return for an IUD check-up (do postnatal care at the same time, if possible) or give her a follow-up appointment, emphasizing that she should come back any time she has a concern or experiences warning signs.</li> </ul>					

*continued*

Counseling Skills					
Components and Steps	Cases				
<ul style="list-style-type: none"> <li>• Review the warning signs for the IUD.</li> <li>• Review how to check her underpants/pad for expulsion and what to do in case of expulsion, considering whether the client is fully breastfeeding or not.</li> <li>• Explain when and how to check strings (if she wants to).</li> <li>• Assure the client that the IUD does not affect breastmilk/breastfeeding.</li> <li>• Review when the client can safely resume sexual relations after delivery.</li> <li>• Give the client written postinsertion instructions.</li> </ul>					
<b>Total</b>					

Model practice satisfactory	Yes _____	No _____	Clinical practice grade	_____
Competent in postpartum IUD insertion	_____			
<b>Comments/Action Plan</b>				
_____ Could become competent with additional experience (3–6 cases) supervised by clinical trainer or experienced service provider				
_____ Routine follow-up visit in 3–6 months				
_____ Other (specify)				
Trainer’s Name			Date	
Trainer’s Signature				

## Postpartum IUD Counseling Skills Checklist for Trainers

### Follow-up after Postpartum IUD Insertion

This checklist is to be used by trainers to assess trainees' counseling skills competency. **Use one checklist per participant.**

The areas in *italics* need particular attention for PPIUD clients; areas that are not in italics are recommended practice for IUD follow-up in general.

During the final assessment of a participant's performance, the trainer should focus on the correct performance of the **all of the critical steps**. The critical steps are in **bold**. If a participant does not perform all of the critical steps satisfactorily, he or she cannot be considered certified. Trainees should continue to improve until they achieve a score of 2 in all steps; at that point, they will be proficient, a level of competency usually attained through continuous practice.

#### **Use the following rating scale:**

- 2 Competently performed:** Step performed correctly
- 1 Needs improvement:** Step performed partially or incorrectly
- 0 Step omitted:** Step not done

Counseling and Clinical Skills		Cases			
Components and Steps					
<b>First Follow-up Visit</b>					
<b>Rapport Building</b>					
<b>All Clients</b>					
	1. Greet the client politely, to maintain a good client-provider interaction (offer her a seat, and ensure her privacy throughout the visit).				
	2. Identify the purpose of her visit and remind the client that you need to ask all clients personal and sometimes sensitive questions, but that what she says will remain confidential.				
<b>Exploration</b>					
<b>All Clients</b>					
	3. Ask the client: <ul style="list-style-type: none"> <li>• <b>What questions, concerns, or problems might she have about the IUD, about her recovery, and about her health after delivery?</b></li> <li>• <b>What questions, concerns, or problems might she have about changes in her medical history or circumstances since delivery?</b></li> <li>• <b>What questions or concerns might she have about possible problems with breastfeeding (if applicable)?</b></li> </ul> Document this and other information from the session as required				
	4. Ask the client if she has resumed sexual relations. If she has, ask whether she has changed partners (or had any new partners) and whether she has any concerns that she might be exposed to sexually transmitted infections (STIs) or HIV through her partner(s); ask about dual method use. (For return clients with no problems, proceed to decision making; for return clients with problems, continue below.)				
<b>Return Clients with Problems</b>					
	5. <b>Explore in depth with the client her reasons for dissatisfaction</b> or the problems that she faces, and encourage the client to ask questions. Issues may include the following:				

continued

Counseling and Clinical Skills			
Components and Steps		Cases	
<ul style="list-style-type: none"> <li>• <b>If symptoms are part of postnatal recovery, manage and explain these as applicable.</b></li> <li>• <b>If the string is missing or the string length has changed, explain the need for examination and counsel her based on the results.</b></li> <li>• <b>If there is possible IUD expulsion, explain her options.</b></li> <li>• If she is experiencing side effects, discuss what she has done/what can be done to manage them; if the side effects are severe and there is nothing else to try, discuss removal.</li> <li>• If she is experiencing a lack of partner or family support for using the IUD and other presures to remove the IUD, discuss possible communications strategies that she could try to continue using the IUD.</li> <li>• If a client who may want or need to have the IUD removed, screen and counsel the client so that she is able to make an informed choice about a new contraceptive method.</li> </ul>			
<b>Decision-Making</b>			
<b>All Clients</b>			
6. Help the client assess her individual risk for STIs/HIV and consider her possible need for protection. <i>Then go to the appropriate client categories below:</i>			
<b>Client Wants to Continue with the IUD</b>			
<b>Return Client with No Problems/Satisfied Client</b>			
7. Help the client identify what services she needs during this return visit (for example, a regular well-woman visit) and discuss with her what she should do if she were to experience problems. <i>(Then go to “All Clients” under Implementation.)</i>			
<b>Return Client with Problems/Dissatisfied Client</b>			
8. <b>If she still desires good protection against pregnancy, help the client continue with the IUD</b> , making this decision based on correct information and a careful and realistic assessment of her own and her partner’s preferences and other circumstances, to ensure that she is able to implement her decision.			
<b>Return Client Who Has Expelled the IUD</b>			
9. Assist the client to reconfirm her decision to continue IUD use; explain reinsertion.			

*continued*

<b>Counseling and Clinical Skills</b>	
<b>Components and Steps</b>	<b>Cases</b>
<b>Client Wants the IUD Removed</b>	
<b>Return Client with Side Effects or Client Who Is Dissatisfied</b>	
10. <b>If she still desires good protection against pregnancy, help the client make the decision to remove the IUD and use a different method,</b> based on correct information and a careful and realistic assessment of her own and her partner’s preferences and other circumstances, to ensure that she is able to implement her decision. <i>(Then go to “All clients” under Implementation.)</i>	
11. <b>If the client suspects pregnancy, help her accept that removal of the IUD is needed.</b> <i>(Then go to “All clients” under Implementation.)</i>	
<b>Implementation</b>	
<b>All Clients</b>	
12. Address issues such as partner or family collaboration that are important for successful implementation of client’s plan; develop and practice communication and strategies as needed, including conducting a condom demonstration.	
13. Describe needed follow-up, referral, or subsequent schedule for regular visits. (For clients who are having the IUD removed, go to “Client wants the IUD removed.”)	
14. Ask a client who is continuing with the IUD or who is getting a new contraceptive method to tell you how to use the method and when to return in case of side effects or complications.	
15. <i>Provide messages (as per protocol) related to recommended birth spacing, breastfeeding, nutrition for breastfeeding mothers, and other positive health behaviors.</i>	
<b>Client Wants the IUD Removed</b>	
16. Explain IUD removal, counsel the client on other suitable methods, and respond to her questions.	

*continued*

Model practice satisfactory	Yes _____ No _____	Clinical practice grade _____
Competent in postpartum IUD insertion	_____	Not yet competent in postpartum IUD insertion _____
<b>Comments/Action Plan</b>		
_____ Could become competent with additional experience (3–6 cases) supervised by clinical trainer or experienced service provider		
_____ Routine follow-up visit in 3–6 months		
_____ Other (specify)		
Trainer’s Name		Date
Trainer’s Signature		



# **Appendix B**

## **Sample Written Postinsertion Instructions for Clients**



**Client's name:** \_\_\_\_\_ **Record number:** \_\_\_\_\_

**Date of IUD insertion:** \_\_\_\_\_

Here is some information about your IUD:

- The name of your IUD is the *Copper T 380A*.
- The Copper T 380A protects from pregnancy for 12 years. You should have the IUD removed or changed after 12 years. If you choose to, you can have the IUD taken out at any time. A health care worker should take it out. Do not take it out yourself.
- Now that you have an IUD, you can still breastfeed your baby. The IUD will not affect the breast milk or the baby in any way.
- When their periods return, some women may have more cramping, heavier bleeding during their periods, longer periods, or spotting or bleeding between periods. These side effects usually go away after a few months of IUD use.

Please follow these instructions for the safe use of your IUD:

- You will have a check-up three to six weeks after you had your baby. At that time, the IUD will also be checked. A health provider will check for the strings protruding through the cervix.
- IUDs sometimes come out. This is most likely to happen in the first weeks after insertion. Watch for this by checking your pads/clothes for the IUD during menses. If you think that the IUD has come out, return to the clinic. Use another contraceptive method in the meantime (e.g., breastfeed fully, use condoms).
- The IUD will not protect you or your partner against HIV infection and other sexually transmitted infections (STIs). Aside from abstinence, the condom is the most effective method of protection against HIV and other STIs. Return to the clinic or an STI clinic if you think there is any chance you may have been exposed to HIV or another STI so you can be examined, treated, and/or referred for treatment and for counseling and testing.

If you desire to, you can check the strings. This is how to do it:

1. Wash your hands with soap and water.
2. Sit in a squatting position, or stand with one foot up on a step or ledge.
3. Gently insert your finger into your vagina. Feel for the cervix. It feels firm, like the tip of your nose.
4. Feel for the strings, but do not pull the strings.

You can return to the clinic at **any time if you have any questions or worries about the IUD.**

**Return to the clinic if you have any of these warning signs:**

- You have a late period or other signs of pregnancy.
- You have severe cramping that does not decrease over time or with medications.
- You have severe pain in your belly.
- You have pain during intercourse.
- You have unusual discharge from your vagina beyond six weeks after delivery.
- You have bleeding or spotting between periods or after intercourse.
- You can feel the IUD or the strings become longer.

Clinic address: \_\_\_\_\_



# **Appendix C**

## **World Health Organization Medical Eligibility Criteria—IUD Excerpts**



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## Interpreting the Medical Eligibility Criteria for the IUD

The medical eligibility criteria presented in this Appendix were developed by the World Health Organization (WHO) as part of a systematic process of discussion and review. (Readers should consult the complete document, at [www.who.int/reproductive-health/publications/mec/mec.pdf](http://www.who.int/reproductive-health/publications/mec/mec.pdf).)

Each condition listed on the following pages was defined as representing either an individual's characteristics (e.g., age, history of pregnancy) or a known preexisting medical/pathological condition (e.g., diabetes, hypertension). It is expected that national and institutional health and service delivery environments will decide the most suitable means for screening for conditions according to their public health importance. Client history will often be the most appropriate approach.

The conditions affecting eligibility for the use of each contraceptive method were classified under one of the following four categories:

1. **A condition for which there is no restriction for the use of the contraceptive method.**
2. **A condition where the advantages of using the method generally outweigh the theoretical or proven risks.**
3. **A condition where the theoretical or proven risks usually outweigh the advantages of using the method.**
4. **A condition which represents an unacceptable health risk if the contraceptive method is used.**

Using the categories in practice Categories 1 and 4 are self-explanatory. Classification of a method/condition as category 2 indicates the method can generally be used, but careful follow-up may be required. However, provision of a method to a woman with a condition classified as category 3 requires careful clinical judgment and access to clinical services; for such a woman, the severity of the condition and the availability, practicality, and acceptability of alternative methods should be taken into account. For a method/condition classified as category 3, use of that method is not usually recommended unless other more appropriate methods are not available or acceptable. Careful follow-up will be required.

Where resources for clinical judgment are limited, such as in community-based services, the four-category classification framework can be simplified into two categories. With this simplification, a classification of Category 3 indicates that a woman is not medically eligible to use the method.

Category	With clinical judgment	With limited clinical judgment
1	Use method in any circumstances	Yes (Use the method)
2	Generally use the method	
3	Use of method not usually recommended unless other more appropriate methods are not available or not acceptable	No (Do not use the method)
4	Method not to be used	



## INTRAUTERINE DEVICES

Cu-IUD = Copper-bearing IUD

LNG-IUD = Levonorgestrel-releasing IUD (20 µg /24hours)

INTRAUTERINE DEVICES (IUDs)	IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.		
CONDITION	CATEGORY I=Initiation, C=Continuation		CLARIFICATIONS/EVIDENCE
	Cu-IUD	LNG-IUD	
<b>PERSONAL CHARACTERISTICS AND REPRODUCTIVE HISTORY</b>			
<b>PREGNANCY</b>	4	4	<b>Clarification:</b> The IUD is not indicated during pregnancy and should not be used because of the risk of serious pelvic infection and septic spontaneous abortion.
<b>AGE*</b>			
a) Menarche to < 20 years	2	2	
b) ≥ 20 years	1	1	
<b>PARITY*</b>			
a) Nulliparous	2	2	<b>Evidence:</b> There are conflicting data regarding whether IUD use is associated with infertility among nulliparous women, although recent, well-conducted studies suggest no increased risk. <sup>1-9</sup>
b) Parous	1	1	
<b>POSTPARTUM*</b> (breastfeeding or non-breastfeeding, including post-caesarean section)			
a) < 48 hours	2	3	<b>Evidence:</b> There was some increase in expulsion rates with delayed postpartum insertion compared to immediate insertion and with immediate postpartum insertion compared to interval insertion. <sup>10-16</sup>
b) 48 hours to < 4 weeks	3	3	
c) ≥ 4 weeks	1	1	
d) Puerperal sepsis	4	4	

\* See also additional comments at end of table

INTRAUTERINE DEVICES (IUDs)	<b>IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.</b>		
CONDITION	CATEGORY I=Initiation, C=Continuation		CLARIFICATIONS/EVIDENCE
	Cu-IUD	LNG-IUD	
<b>POST-ABORTION*</b> a) First trimester  b) Second trimester c) Immediate post-septic abortion	1  2 4	1  2 4	<b>Clarification:</b> IUDs can be inserted immediately after first-trimester, spontaneous or induced abortion. <b>Evidence:</b> There was no difference in risk of complications for immediate versus delayed insertion of an IUD after abortion. Expulsion was greater when an IUD was inserted following a second-trimester abortion versus following a first-trimester abortion. There were no differences in safety or expulsions for post-abortion insertion of an LNG-IUD compared with Cu-IUD. <sup>17-30</sup>
<b>PAST ECTOPIC PREGNANCY*</b>	1	1	
<b>HISTORY OF PELVIC SURGERY</b> (see postpartum, including caesarean section)	1	1	
<b>SMOKING</b> a) Age < 35 years b) Age ≥ 35 years (i) < 15 cigarettes/day (ii) ≥ 15 cigarettes/day	1  1 1	1  1 1	
<b>OBESITY</b> ≥ 30 kg/m <sup>2</sup> body mass index (BMI)	1	1	
<b>BLOOD PRESSURE MEASUREMENT UNAVAILABLE</b>	NA	NA	<b>Clarification:</b> While a blood pressure measurement may be appropriate for good preventative health care, it is not materially related to safe and effective IUD use. Women should not be denied use of IUDs simply because their blood pressure cannot be measured.

\* See also additional comments at end of table

<b>INTRAUTERINE DEVICES (IUDs)</b>	<b>IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.</b>		
<b>CONDITION</b>	<b>CATEGORY</b> I=Initiation, C=Continuation		<b>CLARIFICATIONS/EVIDENCE</b>
	<b>Cu-IUD</b>	<b>LNG-IUD</b>	
<b>CARDIOVASCULAR DISEASE</b>			
<b>MULTIPLE RISK FACTORS FOR ARTERIAL CARDIOVASCULAR DISEASE</b> (such as older age, smoking, diabetes and hypertension)	1	2	
<b>HYPERTENSION*</b>			
For all categories of hypertension, classifications are based on the assumption that no other risk factors for cardiovascular disease exist. When multiple risk factors do exist, risk of cardiovascular disease may increase substantially. A single reading of blood pressure level is not sufficient to classify a woman as hypertensive.			
a) History of hypertension where blood pressure CANNOT be evaluated (including hypertension in pregnancy)	1	2	
b) Adequately controlled hypertension where blood pressure CAN be evaluated	1	1	
c) Elevated blood pressure levels (properly taken measurements)			
(i) systolic 140-159 or diastolic 90-99	1	1	
(ii) systolic $\geq$ 160 or diastolic $\geq$ 100	1	2	
d) Vascular disease	1	2	
<b>HISTORY OF HIGH BLOOD PRESSURE DURING PREGNANCY</b> (where current blood pressure is measurable and normal)	1	1	

\* See also additional comments at end of table

INTRAUTERINE DEVICES (IUDs)	<b>IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.</b>						
CONDITION	CATEGORY I=Initiation, C=Continuation		CLARIFICATIONS/EVIDENCE				
	Cu-IUD	LNG-IUD					
<b>DEEP VENOUS THROMBOSIS (DVT)/ PULMONARY EMBOLISM (PE)*</b>  a) History of DVT/PE b) Current DVT/PE c) Family history of DVT/PE (first-degree relatives) d) Major surgery (i) with prolonged immobilization (ii) without prolonged immobilization e) Minor surgery without immobilization	1  1  1  1  1  1	2  3  1  2  1  1					
<b>KNOWN THROMBOGENIC MUTATIONS</b> (e.g., Factor V Leiden; Prothrombin mutation; Protein S, Protein C, and Antithrombin deficiencies)	1	2	<b>Clarification:</b> Routine screening is not appropriate because of the rarity of the conditions and the high cost of screening.				
<b>SUPERFICIAL VENOUS THROMBOSIS</b>  a) Varicose veins b) Superficial thrombophlebitis	1  1	1  1					
<b>CURRENT AND HISTORY OF ISCHAEMIC HEART DISEASE*</b>	1	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">I</td> <td style="width: 50%;">C</td> </tr> <tr> <td>2</td> <td>3</td> </tr> </table>	I	C	2	3	
I	C						
2	3						
<b>STROKE*</b> (history of cerebrovascular accident)	1	2					

\* See also additional comments at end of table

<b>INTRAUTERINE DEVICES (IUDs)</b>	<b>IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.</b>		
<b>CONDITION</b>	<b>CATEGORY</b> I=Initiation, C=Continuation		<b>CLARIFICATIONS/EVIDENCE</b>
	<b>Cu-IUD</b>	<b>LNG-IUD</b>	
<b>KNOWN HYPERLIPIDAEMIAS</b>	1	2	<b>Clarification:</b> Routine screening is not appropriate because of the rarity of the conditions and the high cost of screening.
<b>VALVULAR HEART DISEASE</b>			
a) Uncomplicated	1	1	<b>Clarification:</b> Prophylactic antibiotics to prevent endocarditis are advised for insertion.
b) Complicated (pulmonary hypertension, risk of atrial fibrillation, history of subacute bacterial endocarditis)	2	2	
<b>NEUROLOGIC CONDITIONS</b>			
<b>HEADACHES*</b>		I   C	<b>Clarification:</b> Any new headaches or marked changes in headaches should be evaluated.
a) Non-migrainous (mild or severe)	1	1   1	
b) Migraine			
(i) without aura			
Age < 35	1	2   2	
Age ≥ 35	1	2   2	
(ii) with aura, at any age	1	2   3	
<b>EPILEPSY</b>	1	1	
<b>DEPRESSIVE DISORDERS</b>			
<b>DEPRESSIVE DISORDERS</b>	1	1	<b>Clarification:</b> The classification is based on data for women with selected depressive disorders. No data on bipolar disorder or postpartum depression were available. There is a potential for drug interactions between certain antidepressant medications and hormonal contraceptives.

\* See also additional comments at end of table

INTRAUTERINE DEVICES (IUDs)	<b>IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.</b>			
CONDITION	CATEGORY I=Initiation, C=Continuation		CLARIFICATIONS/EVIDENCE	
	Cu-IUD	LNG-IUD		
<b>REPRODUCTIVE TRACT INFECTIONS AND DISORDERS</b>				
<b>VAGINAL BLEEDING PATTERNS*</b>  a) Irregular pattern <i>without</i> heavy bleeding  b) Heavy or prolonged bleeding (includes regular and irregular patterns)	1  2	I C 1 1 1 2	<b>Clarification:</b> Unusually heavy bleeding should raise the suspicion of a serious underlying condition. <b>Evidence:</b> Among women with heavy or prolonged bleeding, LNG-IUDs were beneficial in treating menorrhagia. <sup>31-35</sup>	
<b>UNEXPLAINED VAGINAL BLEEDING</b> (suspicion for serious condition)  Before evaluation	I C 4 2	I C 4 2	<b>Clarification:</b> If pregnancy or an underlying pathological condition (such as pelvic malignancy) is suspected, it must be evaluated and the category adjusted after evaluation. There is no need to remove the IUD before evaluation.	
<b>ENDOMETRIOSIS*</b>	2	1	<b>Evidence:</b> LNG-IUD use among women with endometriosis decreased dysmenorrhoea and pelvic pain. <sup>36, 37</sup>	
<b>BENIGN OVARIAN TUMOURS</b> (including cysts)	1	1		
<b>SEVERE DYSMENORRHOEA*</b>	2	1		
<b>TROPHOBLAST DISEASE*</b>  a) Benign gestational trophoblastic disease  b) Malignant gestational trophoblastic disease	3  4	3  4		
<b>CERVICAL ECTROPION</b>	1	1		
<b>CERVICAL INTRAEPITHELIAL NEOPLASIA (CIN)*</b>	1	2		
<b>CERVICAL CANCER*</b> (awaiting treatment)	I C 4 2	I C 4 2		

\* See also additional comments at end of table

INTRAUTERINE DEVICES (IUDs)	<b>IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.</b>			
CONDITION	CATEGORY I=Initiation, C=Continuation		CLARIFICATIONS/EVIDENCE	
	Cu-IUD	LNG-IUD		
<b>BREAST DISEASE*</b> a) Undiagnosed mass b) Benign breast disease c) Family history of cancer d) Breast cancer: (i) current (ii) past and no evidence of current disease for 5 years	1	2	1	1
	1	1	1	1
	1	1	1	4
	1	3		
<b>ENDOMETRIAL CANCER*</b>	I	C	I	C
	4	2	4	2
<b>OVARIAN CANCER*</b>	3	2	3	2
<b>UTERINE FIBROIDS*</b>	1	1		
a) Without distortion of the uterine cavity	1	1		
b) With distortion of the uterine cavity	4	4		
<b>ANATOMICAL ABNORMALITIES*</b>	4	4		
a) Distorted uterine cavity (any congenital or acquired uterine abnormality distorting the uterine cavity in a manner that is incompatible with IUD insertion)	4	4		
b) Other abnormalities (including cervical stenosis or cervical lacerations) not distorting the uterine cavity or interfering with IUD insertion	2	2		

\* See also additional comments at end of table

INTRAUTERINE DEVICES (IUDs)	IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.				
CONDITION	CATEGORY I=Initiation, C=Continuation		CLARIFICATIONS/EVIDENCE		
	Cu-IUD	LNG-IUD			
<b>PELVIC INFLAMMATORY DISEASE (PID)*</b>  a) Past PID (assuming no known current risk factors for STIs) (i) with subsequent pregnancy (ii) without subsequent pregnancy b) PID - current	I	C	I	C	<p><b>Clarification for continuation:</b> Treat the PID using appropriate antibiotics. There is usually no need for removal of the IUD if the client wishes to continue its use. (See <i>Selected Practice Recommendations for Contraceptive Use</i>. WHO: Geneva, 2002). Continued use of an IUD depends on the woman's informed choice and her current risk factors for STIs and PID.</p> <p><b>Evidence:</b> Among IUD users treated for PID, there was no difference in clinical course if the IUD was removed or left in place.<sup>45-47</sup></p>
	1	1	1	1	
	2	2	2	2	
	4	2	4	2	
<b>STIs*</b>  a) Current purulent cervicitis or chlamydial infection or gonorrhoea           b) Other STIs (excluding HIV and hepatitis)  c) Vaginitis (including trichomonas vaginalis and bacterial vaginosis)	I	C	I	C	<p><b>Clarification for continuation:</b> Treat the STI using appropriate antibiotics. There is usually no need for removal of the IUD if the client wishes to continue its use. Continued use of an IUD depends on the woman's informed choice and her current risk factors for STIs and PID.</p> <p><b>Evidence:</b> There is no evidence regarding whether IUD insertion among women with STIs increases the risk of PID compared with no IUD insertion. Among women who have an IUD inserted, the absolute risk of subsequent PID was low among women with STI at the time of insertion but greater than among women with no STI at the time of IUD insertion.<sup>48-54</sup></p>
	4	2	4	2	
	2	2	2	2	
	2	2	2	2	

\* See also additional comments at end of table

<b>INTRAUTERINE DEVICES (IUDs)</b>	<b>IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.</b>				
<b>CONDITION</b>	<b>CATEGORY</b> I=Initiation, C=Continuation		<b>CLARIFICATIONS/EVIDENCE</b>		
	<b>Cu-IUD</b>	<b>LNG-IUD</b>			
<b>STIs (Cont'd)</b>					
d) Increased risk of STIs	2/3	2	2/3	2	<p><b>Clarification for initiation:</b> If a woman has a very high individual likelihood of exposure to gonorrhoea or chlamydial infection, the condition is a Category 3.</p> <p><b>Evidence:</b> Using an algorithm to classify STI risk status among IUD users, one study reported that 11% of high STI-risk women experienced IUD-related complications compared with 5% of those not classified as high risk.<sup>50</sup></p>
<b>HIV/AIDS</b>					
<b>HIGH RISK OF HIV*</b>	I	C	I	C	
	2	2	2	2	<b>Evidence:</b> Among women at risk of HIV, copper IUD use did not increase risk of HIV acquisition. <sup>55-65</sup>
<b>HIV-INFECTED</b>	2	2	2	2	<b>Evidence:</b> Among IUD users, there is limited evidence showing no increased risk of overall complications or infection-related complications when comparing HIV-infected women with non-infected women. Furthermore, IUD use among HIV-infected women was not associated with increased risk of transmission to sexual partners. <sup>55, 66-69</sup>
<b>AIDS</b>	3	2	3	2	<b>Clarification for continuation:</b> IUD users with AIDS should be closely monitored for pelvic infection.
Clinically well on ARV therapy	2	2	2	2	
<b>OTHER INFECTIONS</b>					
<b>SCHISTOSOMIASIS</b>					
a) Uncomplicated	1		1		
b) Fibrosis of the liver (if severe, see cirrhosis)	1		1		
<b>TUBERCULOSIS*</b>					
a) Non-pelvic	I	C	I	C	
b) Known pelvic	4	3	4	3	

\* See also additional comments at end of table

<b>INTRAUTERINE DEVICES (IUDs)</b>	<b>IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.</b>		
<b>CONDITION</b>	<b>CATEGORY</b> I=Initiation, C=Continuation		<b>CLARIFICATIONS/EVIDENCE</b>
	<b>Cu-IUD</b>	<b>LNG-IUD</b>	
<b>MALARIA</b>	1	1	
<b>ENDOCRINE CONDITIONS</b>			
<b>DIABETES*</b>			
a) History of gestational disease	1	1	
b) Non-vascular disease			
(i) non-insulin dependent	1	2	
(ii) insulin dependent	1	2	
c) Nephropathy/ retinopathy/ neuropathy	1	2	
d) Other vascular disease or diabetes of >20 years' duration	1	2	
<b>THYROID DISORDERS</b>			
a) Simple goitre	1	1	
b) Hyperthyroid	1	1	
c) Hypothyroid	1	1	
<b>GASTROINTESTINAL CONDITIONS</b>			
<b>GALL-BLADDER DISEASE</b>			
a) Symptomatic			
(i) treated by cholecystectomy	1	2	
(ii) medically treated	1	2	
(iii) current	1	2	
b) Asymptomatic	1	2	
<b>HISTORY OF CHOLESTASIS*</b>			
a) Pregnancy-related	1	1	
b) Past COC-related	1	2	

\* See also additional comments at end of table

INTRAUTERINE DEVICES (IUDs)	IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.		
CONDITION	CATEGORY I=Initiation, C=Continuation		CLARIFICATIONS/EVIDENCE
	Cu-IUD	LNG-IUD	
<b>VIRAL HEPATITIS*</b> a) Active b) Carrier	1 1	3 1	
<b>CIRRHOSIS*</b> a) Mild (compensated) b) Severe (decompensated)	1 1	2 3	
<b>LIVER TUMOURS*</b> a) Benign (adenoma) b) Malignant (hepatoma)	1 1	3 3	
<b>ANAEMIAS</b>			
<b>THALASSAEMIA*</b>	2	1	
<b>SICKLE CELL DISEASE*</b>	2	1	
<b>IRON-DEFICIENCY ANAEMIA*</b>	2	1	
<b>DRUG INTERACTIONS</b>			
<b>DRUGS WHICH AFFECT LIVER ENZYMES</b> a) Rifampicin b) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	1 1	1 1	<b>Evidence:</b> One study found that rifabutin, which is in the same class of drugs as rifampicin, has no impact on the effectiveness of LNG-IUD. <sup>70</sup>
<b>ANTIBIOTICS</b> (excluding rifampicin) a) Griseofulvin b) Other antibiotics	1 1 1	1 1 1	

\* See also additional comments at end of table

<b>INTRAUTERINE DEVICES (IUDs)</b>	<b>IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.</b>			
<b>CONDITION</b>	<b>CATEGORY</b> I=Initiation, C=Continuation		<b>CLARIFICATIONS/EVIDENCE</b>	
	<b>Cu-IUD</b>	<b>LNG-IUD</b>		
<b>ANTIRETROVIRAL THERAPY</b>	I	C	I	C
	2/3	2	2/3	2
				<b>Clarification:</b> There is no known drug interaction between ARV therapy and IUD use. However, AIDS as a condition is classified as Category 3 for insertion and Category 2 for continuation unless the woman is clinically well on ARV therapy in which case, both insertion and continuation are classified as Category 2. (See AIDS condition above.)

### Additional comments

#### AGE

**Menarche to < 20 years:** There is concern both about the risk of expulsion due to nulliparity and risk of STIs due to sexual behaviour in younger age groups.

#### PARITY

**Nulliparous:** Nulliparity is related to an increased risk of expulsion.

#### POSTPARTUM

**< 48 hours, 48 hours to < 4 weeks, ≥ 4 weeks:** Concern that the neonate may be at risk due to exposure to steroid hormones with LNG-IUD use during the first 6 weeks postpartum is the same as for other POCs.

**Puerperal sepsis:** Insertion of an IUD may substantially worsen the condition.

#### POST-ABORTION

**Immediate post-septic abortion:** Insertion of an IUD may substantially worsen the condition.

#### PAST ECTOPIC PREGNANCY

The absolute risk of ectopic pregnancy is extremely low due to the high effectiveness of IUDs. However, when a woman becomes pregnant during IUD use, the relative likelihood of ectopic pregnancy is greatly increased.

#### HYPERTENSION

There is theoretical concern about the effect of LNG on lipids. There is no restriction for copper IUDs.

#### DEEP VENOUS THROMBOSIS (DVT)/ PULMONARY EMBOLISM (PE)

Some progestogens may increase the risk of venous thrombosis, although this increase is substantially less than for COCs.

#### CURRENT AND HISTORY OF ISCHAEMIC HEART DISEASE

There is theoretical concern about the effect of LNG on lipids. There is no restriction for copper IUDs.

#### STROKE

There is theoretical concern about the effect of LNG on lipids. There is no restriction for copper IUDs.

**Additional comments (cont.)****HEADACHES**

Aura is a specific focal neurologic symptom. For more information on this and other diagnostic criteria, see: Headache Classification Subcommittee of the International Headache Society. The International Classification of Headache Disorders, 2<sup>nd</sup> Edition. Cephalalgia. 2004; 24 (Suppl 1): 1- 150.

[http://216.25.100.131/ihscommon/guidelines/pdfs/ihc\\_II\\_main\\_no\\_print.pdf](http://216.25.100.131/ihscommon/guidelines/pdfs/ihc_II_main_no_print.pdf)

**VAGINAL BLEEDING PATTERNS**

LNG-IUD use frequently causes changes in menstrual bleeding patterns. Over time, LNG-IUD users are more likely than non-users to become amenorrhoeic, thus LNG-IUDs are sometimes used as a treatment to correct heavy bleeding.

**ENDOMETRIOSIS**

Copper IUD use may worsen dysmenorrhoea associated with the condition.

**SEVERE DYSMENORRHOEA**

Dysmenorrhoea may intensify with copper IUD use. LNG-IUD use has been associated with reduction of dysmenorrhoea.

**TROPHOBLAST DISEASE**

There is an increased risk of perforation since the treatment for the condition may require multiple uterine curettages.

**CERVICAL INTRAEPITHELIAL NEOPLASIA (CIN)**

There is some theoretical concern that LNG-IUDs may enhance progression of CIN.

**CERVICAL CANCER (awaiting treatment)**

There is concern about the increased risk of infection and bleeding at insertion. The IUD will likely need to be removed at the time of treatment but, until then, the woman is at risk of pregnancy.

**BREAST DISEASE**

**Breast cancer:** Breast cancer is a hormonally sensitive tumour. Concerns about progression of the disease may be less with LNG-IUDs than with COCs or higher-dose POCs.

**ENDOMETRIAL CANCER**

There is concern about the increased risk of infection, perforation and bleeding at insertion. The IUD will likely need to be removed at the time of treatment but, until then, the woman is at risk of pregnancy.

**OVARIAN CANCER**

The IUD will likely need to be removed at the time of treatment but, until then, the woman is at risk of pregnancy.

**UTERINE FIBROIDS**

**Without distortion of the uterine cavity:** Women with heavy or prolonged bleeding should be assigned the category for that condition.

**With distortion of the uterine cavity:** Pre-existing uterine fibroids that distort the uterine cavity may be incompatible with insertion and proper placement of the IUD.

**ANATOMICAL ABNORMALITIES**

**Distorted uterine cavity:** In the presence of an anatomic abnormality that distorts the uterine cavity, proper IUD placement may not be possible.

**PELVIC INFLAMMATORY DISEASE (PID)**

IUDs do not protect against STI/HIV/PID. In women at low risk of STIs, IUD insertion poses little risk of PID. Current risk of STIs and desire for future pregnancy are relevant considerations.

**STIs**

IUDs do not protect against STI/HIV/PID. Among women with chlamydial infection or gonorrhoea, the potential increased risk of PID with IUD insertions should be avoided. The concern is less for other STIs.

**HIGH RISK OF HIV**

IUDs do not protect against STI/HIV/PID.

**TUBERCULOSIS**

**Known pelvic:** Insertion of an IUD may substantially worsen known the condition.

**Additional comments (cont.)****DIABETES**

Whether the amount of LNG released by the IUD may slightly influence carbohydrate and lipid metabolism is unclear. Some progestogens may increase the risk of thrombosis, although this increase is substantially less than for COCs.

**HISTORY OF CHOLESTASIS**

There is concern that a history of COC-related cholestasis may predict subsequent cholestasis with LNG use. Whether there is any risk with use of an LNG-IUD is unclear.

**VIRAL HEPATITIS**

**Active:** POCs are metabolized by the liver and their use may adversely affect women whose liver function is compromised. This concern is similar to, but less than, that with COCs.

**CIRRHOSIS**

POCs are metabolized by the liver and their use may adversely affect women whose liver function is compromised. This concern is similar to, but less than, that with COCs.

**LIVER TUMOURS**

POCs are metabolized by the liver and their use may adversely affect women whose liver function is compromised. In addition, POC use may enhance the growth of tumours. This concern is similar to, but less than, that with COCs.

**THALASSAEMIA**

There is concern about an increased risk of blood loss with copper IUDs.

**SICKLE CELL DISEASE**

There is concern about an increased risk of blood loss with copper IUDs.

**IRON-DEFICIENCY ANAEMIA**

There is concern about an increased risk of blood loss with copper IUDs.

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## **Appendix D**

**When Is a Woman at Very  
High Individual Risk of  
Gonorrhea or Chlamydia?**



## When Is a Woman at Very High Individual Risk of Gonorrhea or Chlamydia?

For IUD insertion, the World Health Organization (WHO) Medical Eligibility Criteria state that for a woman with a “very high individual likelihood of exposure to gonorrhea or chlamydial infection, the condition is a Category 3.”<sup>1</sup> This statement was specifically written to ensure that the individual woman’s case is evaluated before a decision is made. The bar was deliberately placed at “very high” because even in populations where the prevalence of gonorrhea or chlamydia is as high as 10%, the risk of clinical pelvic inflammatory disease attributable to the IUD is still relatively low.

Still, this presents the challenge of defining the concept of “very high individual risk” and putting the definition into operation at the program level. A number of studies have been conducted to identify good determiners of risk, and some of these have been reasonably successful. However, indicators that are good predictors of infection at one site may not necessarily be as good at other sites. So there is no single algorithm to apply in all situations, and there is no clear approach to this question.

Nevertheless, in keeping with the standard of “very high individual risk,” some questions generally elicit answers that have a reasonable positive predictive value.<sup>2</sup> For example, if the answer to a question is yes, at least in some settings, there is some reasonable likelihood the client will indeed have gonorrhea or chlamydia. This is the most reasonable available approach for using client history, even though collectively the questions may not be very “sensitive” (i.e., they may not identify the majority of women who have gonorrhea or chlamydia).

Such illustrative questions include:

- Within the last three months, have you been told you have a sexually transmitted infection (STI)?
- Within the last three months, have you had more than one sexual partner?
- Do you think your partner has had another sexual partner within the last three months?
- Within the last three months, has your partner been told he has an STI or has he had any penile discharge?
- Do you believe you are at high risk of an STI?

*Source:* This appendix is adapted from Maximizing Access and Quality (MAQ) Initiative. No date. *IUD toolkit*. Baltimore: INFO Project. Accessed at: [www.maqweb.org/iudtoolkit/gen\\_info/index.shtml/](http://www.maqweb.org/iudtoolkit/gen_info/index.shtml/).

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<sup>1</sup> Category 3 indicates that the method is usually not recommended unless other, more appropriate methods are not available or not acceptable. The risks of using the method usually outweigh the advantages, but if the client does use the method, careful follow-up will be required. For more information, see WHO, 2007.

<sup>2</sup> Positive predictive value reflects the proportion of clients who have a positive test result and who truly have the disease in question. A test with a high positive predictive value indicates that the patient who has a positive test result probably has the disease.



# **Appendix E**

## **Active Management of the Third Stage of Labor—Resources**



## Active Management of the Third Stage of Labor Fact Sheet

# FACT SHEET

### Active Management of the Third Stage of Labor for Prevention of Postpartum Hemorrhage: A Fact Sheet for Policy Makers and Program Managers

#### WHAT?

Active management of the third stage of labor (AMTSL) includes three steps:

1. Administration of a uterotonic drug (oxytocin, 10 IU injection, is the drug of choice)
2. Controlled cord traction
3. Uterine massage after delivery of placenta

#### WHY?

Every year, there are 14 million cases of postpartum hemorrhage (PPH), or excessive bleeding that occurs after childbirth. PPH accounts for approximately 25% of maternal deaths worldwide<sup>1</sup> and for up to 60% of deaths in some countries.<sup>2</sup> PPH also causes significant long-term morbidity.<sup>3</sup> Research has validated AMSTL as a best practice that reduces:

- The incidence of PPH from uterine atony (i.e., the failure of the uterus to contract after delivery) by up to 60%<sup>4</sup>
- The need for blood transfusion (with medical risks, hospital stay, and attendant costs)<sup>5</sup>
- Ultimately, death and ill health from PPH<sup>3</sup>

#### *Active management of the third stage of labor is:*

- A safe, cost-effective, and sustainable intervention
- More humane and ethical than having to deal with the complications of PPH, especially for women who already may be anemic or malnourished<sup>2</sup>
- A practice that can save facilities money, according to studies conducted in Guatemala, Vietnam, and Zambia<sup>6,7</sup>
- A way to increase the effectiveness and economic impact of maternal and child health programs
- A practice that has been adopted by many types of providers, after relatively short training sessions that include practical experience

#### WHEN?

AMTSL should be offered to every woman, at every birth, by every provider, because:

- The vast majority of cases of PPH cannot be predicted in advance,<sup>2</sup> but they can be prevented with AMTSL.
- The health status of many women is compromised by anemia at the time of delivery, making even a small amount of blood loss dangerous, so reducing blood loss at birth could be life-saving.

#### WHAT can be done to increase the use of active management of the third stage of labor?

##### *Advocacy:*

- Create policy support for the routine use of AMTSL as one of the most effective interventions to prevent PPH—the major killer of women in childbirth—and save women's lives.
- Introduce international research findings and guidelines into national policy dialogue and development—e.g., the International Confederation of Midwives (ICM)/ International Federation of Gynecology and Obstetrics (FIGO) joint statement on AMTSL<sup>8</sup> and the World Health Organization (WHO) guideline.<sup>9</sup>
- Promote community- and facility-based commitment for routine availability and use of AMTSL for all women during childbirth.
- Partner with regional task forces, civil society, and professional associations to promote local commitment.
- Collaborate with the U.S. Agency for International Development (USAID), WHO, United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), and other donors and cooperating agencies to gain support for including AMTSL at all levels and integrating it into service-delivery guidelines.

**Training:**

- Include AMTSL in appropriate preservice and in-service curricula and trainings.
- Provide support for training (e.g., through audiovisuals, anatomic models, reference materials, job aids, and training supplies).
- Carry out training follow-up, monitoring, and supervision.
- Confirm authorization and legal authority of provider cadres who can deliver AMTSL and related services, including injections. (Consider facility and community level.)
- Integrate AMTSL into comprehensive safe motherhood training programs. (Skills training in AMTSL alone is possible when a comprehensive training is not possible or was recently completed.)

**Service delivery:**

- Ensure adequate infrastructure, labor/delivery space, and utilities (e.g., running water, toilets, and electrical power), if possible.
- Support training using job aids, supervision, and monitoring.
- Make available logistics system support (e.g., cold or cool chain with light protection for drug commodities and appropriate packaging and dosage for prophylaxis and treatment, including oxytocin and/or ergometrine or syntometrine, on the Essential Drugs List).
- Support cross-cutting issues (e.g., quality improvement, infection prevention, and access to skilled assistance at delivery).
- Provide supplies (e.g., oxytocin, needles, and syringes).

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**USAID**  
FROM THE AMERICAN PEOPLE

RTI International PATH EngenderHealth  
International Confederation of Midwives  
International Federation of Gynecology and Obstetrics (FIGO)



**POPPHI**  
Prevention of Postpartum Hemorrhage Initiative

## Active Management of the Third Stage of Labor Poster

# Active Management of the Third Stage of Labor (AMTSL)

Offer to every woman...

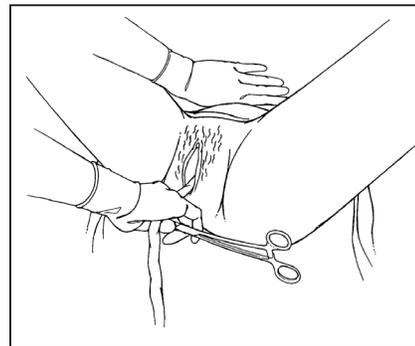
**1**

Give oxytocin within 1 minute of childbirth.



**2**

Deliver the placenta by controlled traction on the umbilical cord and counter-pressure to the uterus.



**3**

Massage the uterus through the abdomen after delivery of the placenta.



**!**

During recovery, palpate the uterus through the abdomen every 15 minutes for two hours to make sure it is firm and monitor the amount of vaginal bleeding.

...at every birth,  
by every skilled provider.



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RTI International PATH EngenderHealth  
International Confederation of Midwives JHPIEGO  
International Federation of Gynecology and Obstetrics (FIGO)



**POPHHI**  
Prevention of Postpartum Hemorrhage Initiative



**Appendix F**  
**Transparency Masters**



# The Postpartum Intrauterine Device



# Module 1



## Introduction to the Postpartum IUD Training Course



Slide 1.1

## Course Purpose



The purpose of this course is to train providers to offer safe, effective postpartum IUD services.

## Objectives

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

- Offer postpartum IUD services at their facilities
- Use safe postpartum IUD insertion techniques
- Know the key elements of counseling for postpartum IUD clients
- Describe the different elements of safe postpartum IUD services, such as:
  - Client assessment
  - Infection prevention practices
  - Postinsertion follow-up
  - Prevention and management of side effects and complications

# Module 2



## Postpartum IUD Overview



Slide 2.1

# Objectives



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

- State the following information about the postpartum IUD:
  - How it works
  - Its effectiveness
  - Its characteristics
  - Recommended timings for insertion
  - New evidence about who can use the IUD
- Discuss the benefits to the woman of postpartum contraceptive methods, including the IUD
- Describe the key components of the Fundamentals of Care related to postpartum IUD service delivery

# IUD Update



- How the IUD works
- Types of IUD
- Effectiveness
- Characteristics
- Cost-effectiveness

# The IUD and Sexually Transmitted Infections

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## New Evidence

- IUD and Pelvic Inflammatory Disease
- IUD and Infertility
- IUD and HIV

# Timing of Postpartum IUD Insertion

- **Postpartum:** a general term for insertion after delivery, but within 48 hours
  - **Postplacental:** within 10 minutes after expulsion of the placenta following a vaginal delivery
  - **Immediate postpartum insertion:** after the postplacental period, but within 48 hours of delivery and before the client leaves the hospital
  - **Transcesarean:** following a cesarean delivery, before the uterus is sutured

## Timing of Postpartum IUD Insertion (cont.)

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- **Postabortion:** insertion following an induced abortion
- **Interval:** insertion at any time more than four weeks after delivery

*Note:* IUD insertion between 48 hours and four weeks postpartum is not recommended.

# Benefits of Postpartum Contraception

- Convenient
- Safe
- Meets women's needs
- Promotes healthy mothers and babies
- Helps space pregnancies
- Access to services
- Is cost-effective
- Prevents lost opportunities

## Rights of the Client



- Information
- Access to services
- Informed choice
- Safe services
- Privacy and confidentiality
- Dignity, comfort, expression of opinion
- Continuity of care

# Needs of Providers



- Facilitative supervision and management
- Information, training, and development
- Supplies, equipment, and infrastructure

## The Fundamentals of Care



- Informed and voluntary choice
- Safety for clinical techniques and procedures
- Ongoing quality improvement and management

# Module 3



## Postpartum Anatomy and Physiology



**Slide 3.1**

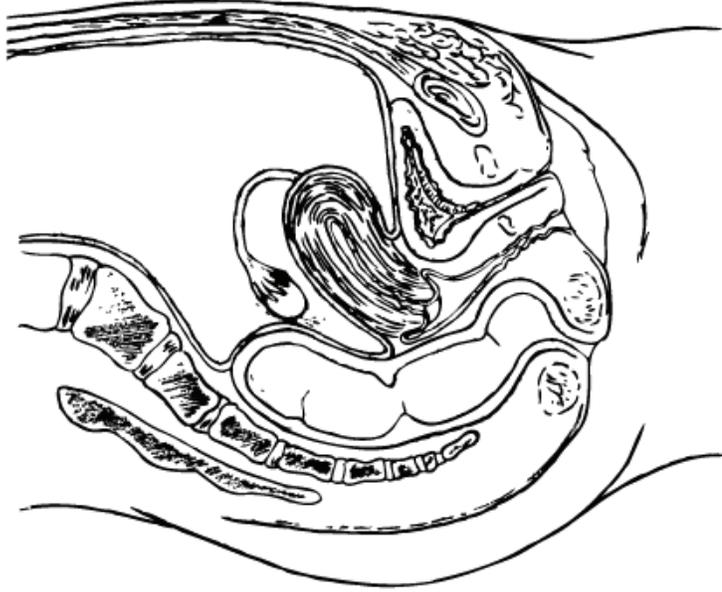
## Objectives



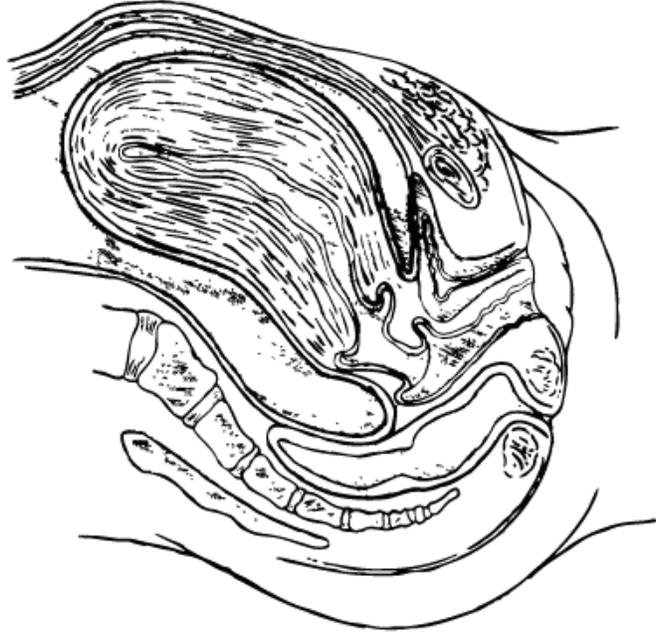
By the end of this course, participants will be able to:

- Describe the changes that occur in the uterus and cervix during the postpartum period
- Describe the key aspects of postpartum anatomy and physiology that pertain to proper postpartum IUD insertion
- Describe the key differences between postpartum and nonpregnant anatomy and physiology
- Explain why the immediate postpartum period is the most appropriate time for postpartum IUD insertion

## Figure 3.1: Normal Nonpregnant Uterus (Side View)



## Figure 3.2: Immediate Postpartum Uterus



## Key Anatomic Points Affecting Postpartum IUD Insertion

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- Postplacental manual insertion is possible because the cervix is open and limp, and it allows for the passage of the hand and placement of the IUD high in the fundus.
- Insertion with an instrument continues to be possible for up to 48 hours postpartum. After this point, the cervix will not be open enough for an painless and easy instrumented insertion.

## Key Anatomic Points Affecting Postpartum IUD Insertion (cont.)

- In the immediate postpartum period, a woman's lower uterine segment is contracted. This anatomical change may cause a provider to mistakenly believe that he or she has already reached the fundus when inserting an IUD and that the IUD is being properly placed at the fundus when it is not. The provider needs to exert *slight* pressure to move the IUD past the lower uterine segment.
- Inserting the IUD in this incorrect position may result in an expulsion.

# Module 4



## Counseling and Informed Choice for Postpartum IUD Insertion



Slide 4.1

## Objectives



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

- Define *informed choice*
- Describe particular challenges to ensuring informed choice in postpartum IUD service delivery and possible ways to overcome challenges in your programs
- Define client-provider interactions and the role of counseling

## Objectives (cont.)



- Describe important characteristics of family planning for counseling, including special features of counseling for postpartum family planning and how to overcome the constraints associated with it
- Explain the provider's role and responsibilities in counseling postpartum IUD clients
- Demonstrate basic counseling steps for providers to follow when confirming informed choice for postpartum IUD clients

## Informed Choice

Informed choice is the voluntary decision by the client about whether or not to use a contraceptive method or undergo a particular procedure.

It is based on:

- The client's full understanding of the method or procedure, including:
  - Characteristics
  - Actions (how it works)
  - Possible risks
  - Side effects
- Availability of different methods



Informed choice is important to the client's successful adoption and use of contraception, as well as to programmatic success.



Slide 4.5

## Situations and Practices That Compromise Informed Choice

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- Insufficient contraceptive choice and inadequate method mix
- Medical barriers and provider bias
- Absence of information and counseling and good linkages
- Lack of trained providers
- Other barriers

# Definitions



- **Client-provider interaction:** all verbal and nonverbal communications between providers or health workers and clients
- **Family planning counseling:** the process by which a health care worker uses two-way communication to help the client make voluntary, informed, and well-considered decisions about reproductive health and fertility, including contraception, and to help the client use contraception correctly

## Goals of Counseling

1. To help the client make a voluntary, informed, and well-considered choice that meets her needs, whatever that choice may be
2. To enable the client to use the method correctly
3. To prepare the client for the procedure and help her be comfortable during the procedure
4. To review what the client can expect with the use of the method or after the procedure (possible side effects and how to manage them, return and follow-up care)
5. To increase client satisfaction

## Pregnant and Postpartum Women: Special Counseling Issues



1. Sometimes they have little interest in discussing contraception.
2. Their main concern is the health of the baby or their own health.
3. They worry about possible effects of contraceptives on breast milk.
4. They experience stress (psychological, physical, and other).
5. They are concerned about sexuality, but are frequently reluctant to discuss it.
6. They may follow local customs in terms of postpartum sexual relations or abstinence.

## Counseling and the Provider's Responsibilities

Many different members of the staff may be involved in the counseling process, but the provider is ultimately responsible for:

- Ensuring that the client has received high-quality counseling before the postpartum IUD insertion
- Ensuring the comfort of the client during the insertion procedure
- Ensuring that the client knows about warning signs and needed follow-up

# The Learning Guide for Postpartum IUD Counseling Skills

- Recommended counseling practices for all IUD clients
- Highlights additional/special issues for postpartum IUD clients
- When providers are not responsible for all of the counseling, identifies and ensures that specific steps are done:
  - Prior to IUD insertion
  - Before and during postpartum IUD insertion
  - After IUD insertion
  - At first follow-up after postpartum IUD insertion

# Module 5



## Client Assessment for Postpartum IUD Use



Slide 5.1

# Objectives



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

- State the information to be obtained from a medical history and physical exam as appropriate for a client wanting the postpartum IUD.
- Perform an STI risk assessment and manage the situation appropriately.
- State the medical eligibility criteria for postpartum IUD insertion

# Module 6



## Infection Prevention



Slide 6.1

# Objectives



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

- Review key terms related to infection prevention.
- Define the provider's role in infection prevention for postpartum IUD provision (including oversight of other staff).
- Describe the importance of infection prevention, including the potential consequences of poor infection prevention practices.
- Describe infection prevention procedures particularly important to postpartum IUD insertion.

# Module 7



## Postpartum IUD Insertion Techniques



Slide 7.1

# Objectives



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

- Match the technique that is appropriate to the timing of the postpartum IUD insertion.
- Describe the approach of each postpartum insertion technique.
- List factors to consider while selecting the insertion techniques
- Discuss key considerations related to insertion techniques and active management of third stage of labor.
- Present the different insertion techniques, following the steps in the Learning Guide.

## Times and Techniques



Postpartum is a general term for an IUD insertion that takes place **within 48 hours after delivery.**

- The insertion itself can be performed **postplacentally** or **immediately postpartum.**

## Times and Techniques (cont.)

---

- **Immediate postpartum** is when the insertion is done after the postplacental period, but within 48 hours of a vaginal delivery.

*The insertion technique used for immediate postpartum is the technique using a ringed forceps.*

## Times and Techniques (cont.)

---

- **Postplacental insertion** is when the IUD is inserted within 10 minutes after the expulsion of the placenta following a vaginal delivery.

*The insertion technique that can be used for postplacental insertion involves use of a ringed forceps or manual insertion.*

## Times and Techniques (cont.)

---

- **Transcesarean** is when the insertion takes place following a cesarean delivery, before the uterus incision is sutured.

*For transcesarean insertion, as the uterus is open, the IUD can be placed with the fingers or with any grasping instrument in the uterus fundus.*

## Steps before Insertion



**Associated with the delivery:**

### *Active management of the third stage of labor*

consists of three steps:

1. Give oxytocin 10 units intramuscularly within one minute of childbirth.
2. Deliver the placenta by controlled traction on the umbilical cord and counterpressure to the uterus.
3. Massage the uterus through the abdomen after delivery of the placenta.

## Steps before Insertion (cont.)

---

Associated with postpartum IUD insertion:

- Ensure appropriate counseling
- Perform client assessment

## Attention:



1. Do not routinely perform a manual examination of the uterus before postpartum IUD insertion.
2. Do not provide special or additional anesthesia beyond what is given during delivery.
3. Do not use prophylactic antibiotics for postpartum IUD insertion, as they are not needed.

# Equipment for Postpartum IUD Insertion

## Forceps Insertion

- Vaginal retractor or valve or Sims speculum (for visualization of the cervix)
- Sterile gloves
- Ring forceps to grasp the cervix
- **Kelly placental forceps curved 12°** (if not available, you will need a second long ring forceps)
- Gauze
- Antiseptic solutions
- Sterile drapes to cover the client

## Equipment for Postpartum IUD Insertion (cont.)

### Manual Insertion

- Vaginal retractor or valve or Sims speculum (for visualization of the cervix)
- Sterile long sleeve gloves or standard sterile gloves **combined with water-impermeable sterile gown**
- Ring forceps to grasp the cervix
- Gauze
- Antiseptic solutions
- Sterile drapes to cover the client

# Equipment for Postpartum IUD Insertion (cont.)

## Transcervical

- Sterile gloves
- Ring forceps
- Gauze

## The Learning Guide for Postpartum IUD Clinical Skills



- Recommended clinical practices for all postpartum IUD insertions
- Detailed breakdown in tasks and steps of the technique, for easy comprehension and learning
- Highlights critical steps within the technique
- Highlights special issues for postpartum IUD insertion

## The Learning Guide for Postpartum IUD Clinical Skills (*cont.*)

- Breakdown of Tasks:
  - Preinsertion Medical Assessment
  - Preinsertion Tasks
  - Pelvic Examination
  - Insertion Tasks
  - Postinsertion Tasks



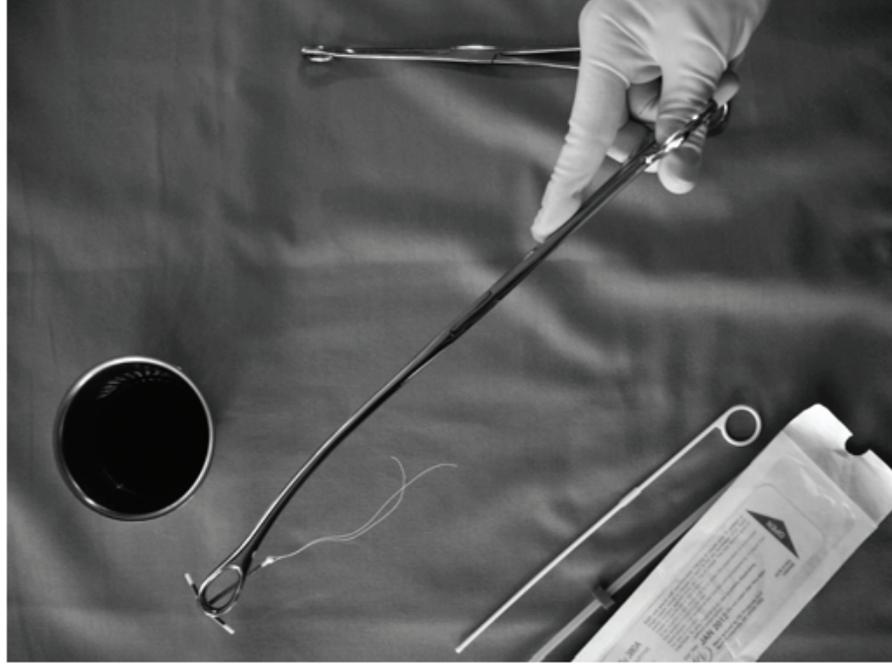
**Figure 7.2: Grasping the IUD inside the Package**



**Figure 7.3: Appropriate Holding of the IUD inside the Package**



## Figure 7.4: Appropriate Direction of IUD and Placement of the Strings



## Figure 7.5: Position of the IUD as It Is Held to Enter the Vagina



*Note:* The vaginal valve is not shown in the illustration.

**Figure 7.6: The Vaginal Valve Is Removed and the Forceps Holding the IUD Are Pushed into the Vagina**



## Figure 7.7: The Forceps and IUD Reach the Uterine Fundus



**Figure 7.8: Placement of Hand on Abdomen to Confirm That Forceps Holding the IUD Have Reached the Uterine Fundus**



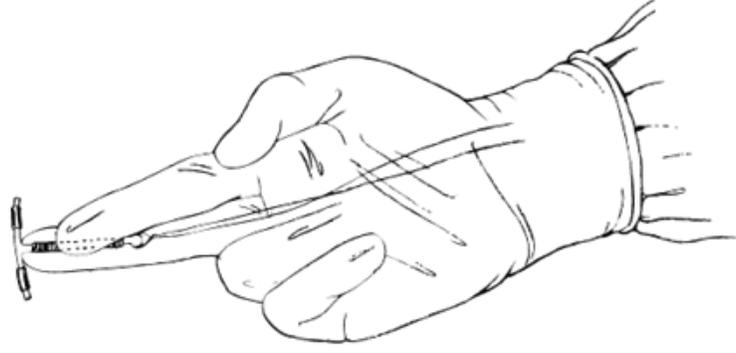
*Note:* The forceps holding the cervix are not shown.

## Figure 7.9: The Forceps Holding the IUD Are Turned 45° to the Right



*Note:* The forceps holding the cervix are not shown, to allow for a clear view of the rotation of the forceps holding the IUD.

# Figure 7.10: The IUD Held Appropriately, between the Index Finger and the Middle Finger.



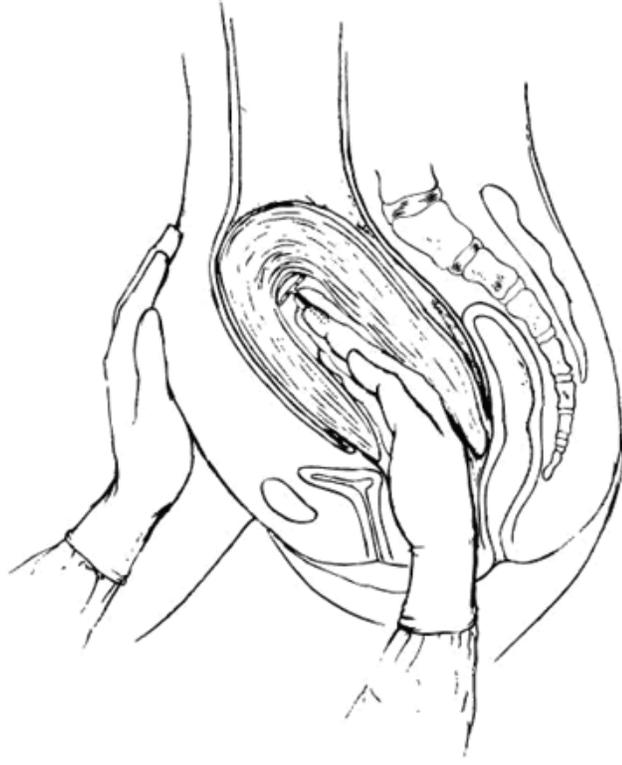
# Figure 7.11: Position of the Hand to Enter the Vagina



## Figure 7.12: The Hand Holding the IUD Enters the Vagina



# Figure 7.13: Placement of the IUD at the Uterine Fundus



# Module 8



## Supervised Practice



Slide 8.1

# Objectives

- By the end of this course, participants will be able to:
- Demonstrate the correct client assessment procedures for postpartum IUD insertion.
  - Demonstrate appropriate client-provider interaction during the clinical procedure.
  - Demonstrate the use of correct infection prevention techniques before, during, and after postpartum IUD insertion.
  - Competently perform all of the tasks and steps in at least three postpartum IUD insertions, as described in the Postpartum IUD Clinical Skills Learning Guides.
  - Demonstrate giving the client postinsertion instructions, as described in the Postpartum IUD Clinical Skills Checklists and the Sample Written Postinsertion Instructions for Clients, for each postpartum IUD procedure performed.

# In Supervised Practice



**The most important concerns during clinical observation and practice are:**

- Ensuring the client's comfort
- Providing a safe, effective procedure

# Module 9



## Postpartum IUD Postinsertion Care



Slide 9.1

# Objectives



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

- List the key components of immediate postinsertion care.
- Explain the key messages that should be covered with clients following postpartum IUD insertion for successful and safe use of the method.
- State the timing for the first follow-up visit for a woman receiving an IUD postpartum.
- Explain the early IUD warning signs that clients should know for them to return for medical management.
- List the key components of the first routine postpartum IUD follow-up visit and subsequent visits.

# Postinsertion Care



Key components of immediate postinsertion care:

- Bed rest for a few hours, as per postpartum condition
- Observation of bleeding and cramping
- Observation of uterine contraction

# Postinsertion Care



## Postinsertion Instructions

- Type of IUD inserted
- Duration of effectiveness
- No effect on breastmilk and breastfeeding
- Resumption of sexual intercourse
- Possibility that the IUD may be expelled
- Appearance of the IUD strings in the vagina, and ability to have the strings shortened at a follow-up visit

## Postinsertion Instructions



Explain to the client:

- Use of condoms for protection against HIV infection and other STIs
- Warning signs for possible complications
- Where to seek help if a problem occurs
- Having the IUD removed if the client changes her mind
- When and where to return for routine follow-up and removal

# Module 10



## Prevention and Management of Side Effects and Complications



Slide 10.1

## Objectives



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

- Distinguish between *side effects* and *complications*.
- List common side effects and possible complications of postpartum IUD use.
- State how to prevent insertion-related complications.
- Describe clinical management of the most common side effects.
- Describe the management of the client presenting with warning signs of potential IUD-related complications.

## Side Effect



A consequence of a procedure, contraceptive method, or medication other than what was intended. A side effect does not require exceptional intervention, but it may require attention and management.

# Complication



An unexpected condition that requires intervention or management beyond what was planned or what is normally provided.

## Possible Postpartum IUD–Related Complications



### Insertion-related:

- Uterine perforation
- Cervical perforation
- Severe pain
- Vasovagal reaction (rare)

## Possible Postpartum IUD–Related Complications (cont.)

- Postinsertion:
- Bleeding
  - Cramping
  - Infection
  - Expulsion
  - Missing strings
  - Intra- and extrauterine pregnancy
  - Spotting or bleeding between periods
  - Heavier menstrual periods
  - Partner complaints about strings

# **Appendix G**

## **Sample End-of-Training Evaluation**



Training Name: \_\_\_\_\_

Training Dates: \_\_\_\_\_ to \_\_\_\_\_

**Instructions:** Please answer the questions, as directed, to best reflect your assessment of the training course. Your response will assist in determining what modifications should be made to strengthen the course.

A. Please circle the number that best reflects your assessment of the training course, using the rating scale given below.

<b>5—Excellent</b>	<b>4—Very Good</b>	<b>3—Average</b>	<b>2—Poor</b>	<b>1—Unacceptable</b>	
1. Achievement of course objectives	5	4	3	2	1
2. Achievement of personal expectations	5	4	3	2	1
3. Relevance of course to your work	5	4	3	2	1
4. Usefulness of training materials	5	4	3	2	1
5. Organization of the course	5	4	3	2	1
6. Training facilities	5	4	3	2	1
7. Administrative support	5	4	3	2	1
8. Travel arrangements	5	4	3	2	1
9. Financial arrangements	5	4	3	2	1
10. Hotel accommodations	5	4	3	2	1

B. Course length: \_\_\_\_\_ Too long      \_\_\_\_\_ Too short      \_\_\_\_\_ Just right

C. What topics covered in this course do you think will be most useful to you in your work?

D. On which topics would you have liked more information or preferred to spend more time?

E. On which topics would you have liked less information or preferred to spend less time?

Additional Comments

Thank you for your assistance in improving this training.





**EngenderHealth**  
440 Ninth Avenue  
New York, NY 10001  
Telephone: 212-561-8000  
Fax: 212-561-8067  
e-mail: [info@engenderhealth.org](mailto:info@engenderhealth.org)  
[www.engenderhealth.org](http://www.engenderhealth.org)

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