सत्यमेव जयते

IUCD Reference Manual for AYUSH Doctors

January 2014

Family Planning Division
Ministry of Health and Family Welfare
Government of India

NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

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2014

Ministry of Health & Family Welfare

Government of India, Nirman Bhawan, New Delhi-110011

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Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

Dated: 30th December, 2013

PREFACE

It gives me immense pleasure to introduce this "**Reference Manual on IUCD for AYUSH Doctors**" (except yoga and naturopathy providers). Government of India has been continually focussing on increasing the reach of family planning methods to the community.

With the advent of NRHM, there has been a rapid induction of AYUSH doctors who are now the first point of contact at many public health facilities. AYUSH doctors are thus well placed to provide family planning services including IUCD insertions. A policy decision has now been taken by Government of India to allow AYUSH doctors (except Yoga and Naturopathy providers) to provide IUCD insertion services after receiving training as prescribed by Govt. of India.

I congratulate the Family planning Division for bringing out this reference manual for AYUSH doctors so that they are imparted quality training in IUCD insertions and are able to contribute effectively to the national family planning programme.

(Anuradha Gupta)

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FOREWORD

The GoI has recently allowed the AYUSH doctors (except Yoga and Naturopathy providers) to insert IUCD at public health facilities, after being trained as per guidelines issued by GoI. This is an attempt to reduce the gap of trained and confident providers, capable of providing quality IUCD insertion services.

It has been envisaged that since AYUSH doctors are the first port of call in primary level health care facilities, it will be more beneficial to the community if they are able to provide family planning counselling and IUCD insertion services to clients.

In keeping with this paradigm shift, the Family Planning Division has designed this **"Reference Manual on IUCD for AYUSH Doctors"**. I hope this manual is found useful by the trainees, the trainers as well as the programme managers in scaling up the IUCD services across the country. I congratulate the Family Planning Division on their efforts to put together this manual and wish them all success in this new initiative.

(Dr. Rakesh Kumar)

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ACKNOWLEDGEMENT

India's family planning programme has been evolving since the 1950s. Though India was the first country in the world to launch a family planning programme, it still faces the gigantic task of meeting the unmet need of 21.3% of its eligible couples, out of which 37% is contributed by unmet need for spacing.

The alternative training methodology for IUCD was introduced in 2007 and a huge number of doctors and nurses have been trained on IUCD insertion since then. However, the IUCD insertion performance has remained low at almost 55 Lakh insertions each year. It was being felt that there is an urgent need to have confident providers in the vicinity of clients so that they can access and utilize the services. To cater to this, AYUSH doctors (except Yoga and Naturopathy providers) have now been authorised to insert IUCDs after receiving training for it. Hence the Family Planning Division has come up with this "Reference Manual on IUCD for AYUSH Doctors" which can be used by trainees, trainers as well as programme managers.

This manual has been made possible with constant support from Ms. Anuradha Gupta, Additional Secretary and Mission Director (NRHM) and encouragement from Dr. Rakesh Kumar, Joint Secretary (RCH).

My gratitude to the members of the experts' committee who took time out of their busy schedules and provided insight and experience. Appreciation is due to my colleagues Dr. Teja Ram, Deputy Commissioner (FP), Dr. Mithila Dayanithi, Dr. Pragati Singh, Ms. Shobhana Singh, Ms. Renuka Patnaik, Ms. Mrunal Pandit, and especially Dr. Nimisha Goel for preparation of this manual. I also thank Jhpiego for formatting and designing and PSI for printing this manual.

It is hoped that this manual facilitates the state and district health programme managers and trainers in planning training programs and provision of services at all levels of the primary health care system.

Dr. S. K. Sikdar

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ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
AMTSL	Active Management of Third Stage of Labor
ANC	Antenatal care
ANM	Auxiliary Nurse Midwife
BPM	Beats per Minute
CBC	Complete Blood Count
CMO	Chief Medical Officer
CuT	Copper T
Cu IUCD	Copper Intrauterine Contraceptive Device
DHS	Demographic and Health Survey
DLHS	District Level Household Survey
DQAC	District Quality Assurance Committee
FP	Family Planning
GOI	Government of India
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
HLD	High Level Disinfection
IEC	Information Education and Communication
IIPS	International Institute for Population Sciences, Mumbai
IP	Infection Prevention
IUCD	Intra Uterine Contraceptive Device
LAM	Lactational Amenorrhea Method
LHV	Lady Health Visitor
MEC	Medical Eligibility Criteria
MTP	Medical Termination of Pregnancy

MO	Medical Officer
NSV	No-Scalpel Vasectomy
OCP	Oral Contraceptive Pill
OT	Operation Theatre
PID	Pelvic Inflammatory Disease
PNC	Postnatal Care
PPFP	Postpartum Family Planning
PPIUCD	Postpartum Intra Uterine Contraceptive Device
RHS	Regional Health Survey
RMNCH+A	Reproductive, Maternal, Neonatal, Child & Adolescent Health
ROM	Rupture of Membranes
RTI	Reproductive Tract Infection
SN	Staff Nurse
SQAC	State Quality Assurance Committee
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
WHO	World Health Organization

CHAPTER 1

INTRODUCTION

1.1 Background

India's population of over 1.2 billion is slated to overtake China as the world's most populous country, in less than one and a half decade. This population size is more than the population of USA, Brazil, Bangladesh, Pakistan, Indonesia and Japan put together. Family planning is important not only for population stabilization, but it has been increasingly realized that family planning is central to improve maternal and newborn survival and health. Even though, India has made considerable progress in reducing maternal mortality ratio, it still contributes 20% of maternal deaths worldwide, according to a 2012 report of World Bank, UNFPA, WHO. Family planning can avert more than 30% of maternal deaths and 10% of child mortality if couples spaced their pregnancies more than 2 years apart (Cleland J et al, 2006). In 1951, India was the world's first nation when Government of India (GoI) launched a Family Planning Programme. Over the years India's family planning programme has evolved with the shift in focus from population control to more critical issues of saving the lives and improving the health of mothers and newborns. Ensuring healthy timing and spacing of pregnancies is now considered the most important intervention for reproductive, maternal, neonatal, child and adolescent health (RMNCH+A).This has renewed the emphasis on spacing methods of family planning. Use of reversible or spacing methods of contraceptive can save women's lives and improve their health by the reduction of unwanted, closely spaced and mistimed pregnancies, avoiding many high risk pregnancies and chances of abortions, many of which may be unsafe.

Significantly increased institutional deliveries in India provide an opportune time for offering postpartum family planning services to the women, who have just delivered at health facilities and want to prevent unintended pregnancies or delay having more children. Moreover, unmet need for family planning is very high in the postpartum period.

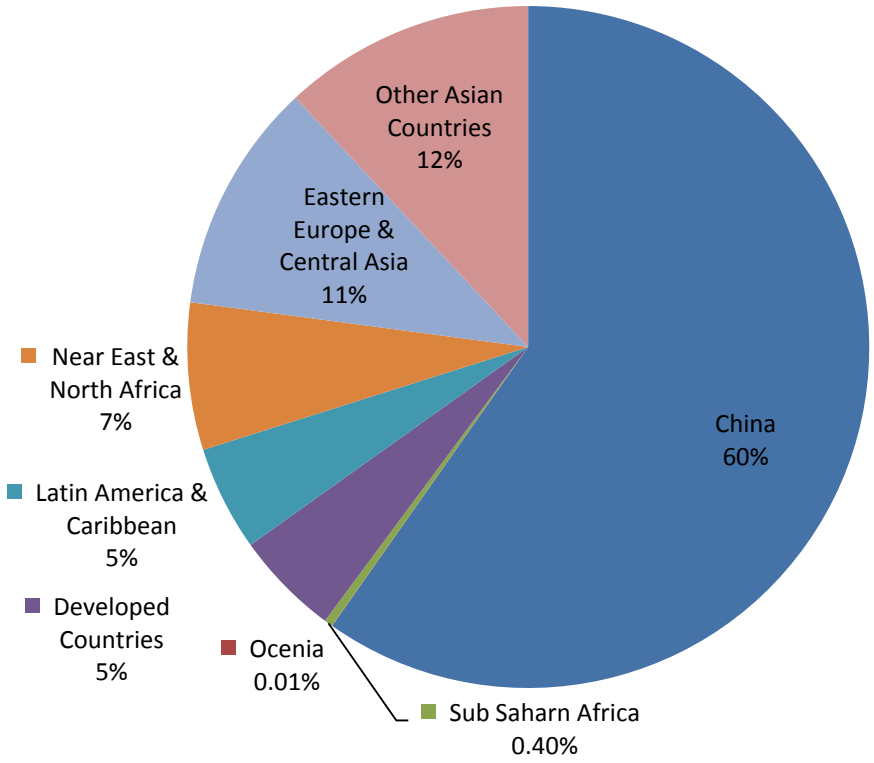
Intrauterine contraceptive device (IUCD) provides very effective, safe, and long-term—yet reversible—protection from pregnancy. IUCD is one of the most cost-effective contraceptive methods because modern IUCDs can be used safely for many years (for 10 years for the Cu IUCD 380 A, and for 5 years for Cu IUCD 375). A woman can start using Cu IUCD anytime, even when it is reasonably certain that she is not pregnant. Postpartum women who breastfeed their infants can also use Cu IUCD safely, as it does not interfere with breastfeeding. Postpartum IUCD can be inserted immediately after vaginal delivery, during caesarean section and up to 48 hours after birth, before women get discharged from the health facilities.

1.2 Global IUCD Usage

Recent global estimates suggest that almost one in five married contraceptive users is currently using an IUCD because it:

- Offers highly effective, long-term protection against pregnancy, with prompt return to fertility upon removal and
- Is convenient—does not require daily action on the part of the user, or repeated clinic visits for supplies (Rivera et al. 2006).

Fig 1.1 Global use of IUCDs among Women of Reproductive Age



Reference: Data Sources: World Bank, DHS, RHS, United Nations, US Census Bureau's International Database, and other nationally representative surveys (Source: Population Reports, 2006)

The large majority of married IUCD users worldwide—60%, or almost 92 million—live in China. The IUCD is popular in a few other Asian countries, including Mongolia, North Korea, Taiwan, and Vietnam; in Cuba and Mexico; and in several countries of the Near East and North Africa. Among developed countries, the IUCD is the most popular method in Eastern Europe, Central Asia, Finland and Norway.

1.3 IUCD Use in National Family Planning Programme in India

IUCD in the form of Lippe's Loop was introduced in the National Family Welfare Programme of the Government of India (GOI) in 1965. Based on the results of clinical trials conducted by the Indian Council of Medical Research (ICMR) in 1972, Copper T 200 B was introduced in the programme in 1975. In 1997, ICMR conducted a comparative study between CuT 200B and IUCD 380 A based on which Cu IUCD 380 A was introduced in 2002, replacing CuT 200B in the programme.

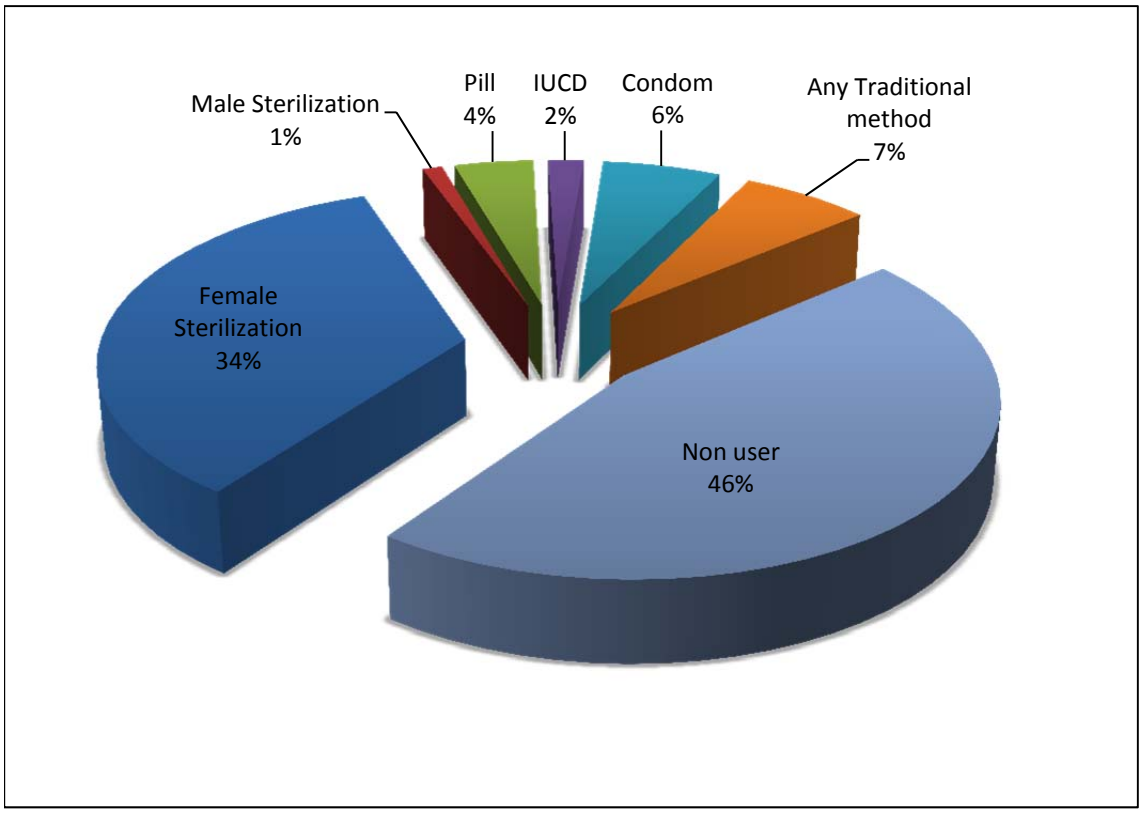
In 2010, postpartum IUCD (PPIUCD) service was introduced in public health facilities with high case-load of deliveries which are being scaled up in a phased manner throughout the country.

In 2012, the Cu IUCD 375 was introduced into the GoI programme, so that women may choose between Cu IUCD 380 A with a lifetime of 10 years and Cu IUCD 375 with a lifetime of 5 years.

In India it has been seen that the use of IUCD among married women of reproductive age has remained static at 2% from the year 1992-93 (NFHS 1) till the last DLHS-3 survey (2007-2008), even though there has been an overall increase in use of contraceptive methods to 54%. Despite the fact that the IUCD is one of the most effective, reversible and safe contraceptive methods and is offered through the government free of cost, it still remains largely underutilized.

Fig 1.2 IUCD Usage in India versus other methods

Source: DLHS -3 (2007-2008), IIPS, Mumbai



One of the main reasons that IUCD is under-utilized in India is that many health service providers and potential clients lack accurate, up to date information about it. It is often found that the advantages are understated and the disadvantages exaggerated with the proliferation of many misconceptions in the community and among the providers. The high discontinuation rate is due to problems related to provider's knowledge and skills leading to improper selection of clients, not following recommended steps of insertion, poor counselling and lack of follow up, all resulting in poor quality of services.

1.4 Purpose of this manual

This manual seeks to ensure that all eligible AYUSH providers have the latest information on Cu IUCDs and enable them to provide high quality services that are safe and client centered. Antenatal care visits and increased institutional deliveries are the opportunities to provide counselling to pregnant women and IUCD services to women in postpartum period. It is an attempt to revitalize the training aspect of IUCD services with a long-term plan of repositioning the IUCD in its rightful place in India's Family Welfare Programme as an important spacing method.

1.5. Target Audience

This training manual is meant for developing the knowledge and skills of the AYUSH Doctors (except Yoga and Naturopathy providers) to provide quality Family Planning counselling and IUCD insertion services and thereby increase its acceptability by eligible couples. This will help to improve the continuation rates and lead to client satisfaction. This manual will not only help in developing the knowledge and skills of service providers in providing quality interval IUCD and postpartum IUCD services, but will also empower the programme managers in scaling up IUCD services in their districts or states.

CHAPTER 2

OVERVIEW OF IUCD

2.1 Basic Information on IUCD

The copper bearing intrauterine contraceptive device (Cu IUCD) is a small, flexible plastic frame containing copper, which a specifically trained provider inserts into a woman's uterus. IUCD provides very effective, safe, and long-term, yet reversible protection from pregnancy.

Currently there are 2 types of Cu IUCDs available under the national programme–

1. Cu IUCD 380 A, which is effective up to 10 years
2. Cu IUCD 375, which is effective up to 5 years

Cu IUCD 380 A and Cu IUCD 375

Fig. 2.1
Cu IUCD 380 A

Fig. 2.2
Cu IUCD 375

Fig. 2.3 Parts of Cu IUCD 380 A

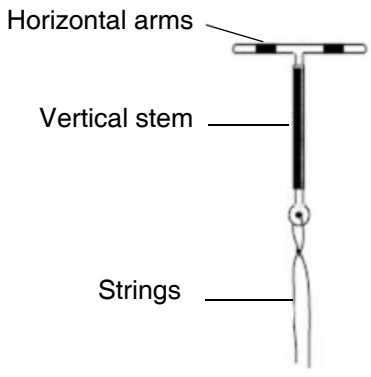


Fig. 2.4 Cu IUCD 380 A (Inside the uterus)

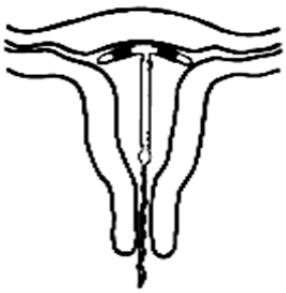


Fig. 2.5 Copper IUCD 375

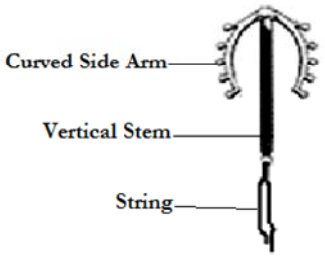


Fig. 2.6 Copper IUCD 375 (Inside the uterus)

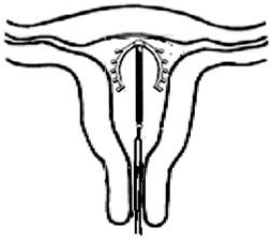
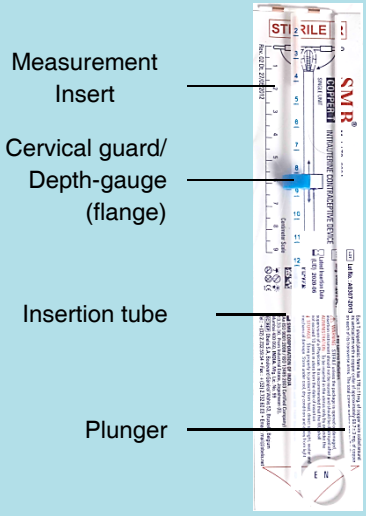
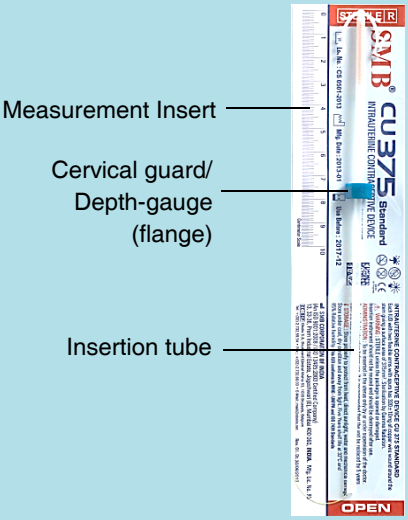


Table: Comparative Features of Cu IUCD 380A and Cu IUCD 375

Feature	Cu IUCD 380 A	Cu IUCD 375
Cu IUCD inside a sterile packet		
Shape	T shaped device	Inverted U shaped flexible arm
Material	Polyethylene impregnated with barium sulphate	Polyethylene impregnated with barium sulphate
Dimensions	3.6 cm long and 3.2 cm wide	3.5 cm long and 1.8 cm wide and 5 stubs on each side on the "U"
Copper bands/ Wire	Vertical stem and horizontal arms are wound with copper wire	Only vertical stem is wound with copper wire
Surface Area of Copper	380 sq. mm	375 sq. mm
Material of strings	Thin polyethylene strings	Monofilament nylon threads
Colour of string	White	Fluorescent Green
Effectiveness duration	**10 years** from the day of insertion	**5 years** from the day of insertion

Feature	Cu IUCD 380 A	Cu IUCD 375
Content in the sterile packet	1. Cu IUCD 380 A 2. **Insertion tube** – Clear tube to guide the loaded IUCD through the cervical os into the uterus 3. **Cervical guard/depth gauge** on insertion tube – To set the appropriate measurement of the insertion tube corresponding to the length of uterus and to ensure that the arms of the T unfold in the proper direction (horizontal plane) when they are released from the insertion tube. 4. **Measurement insert -** It is used to set the blue length gauge to the appropriate measurement, obtained by sounding the uterus. 5. **Plunger rod –** White rod, which is put inside the insertion tube containing loaded IUCD and the tip of the rod remains just below the IUCD. The rod is held stationary while the insertion tube is pulled back to release the IUCD into the uterus (withdrawal technique)	1. Cu IUCD 375 2. **Insertion tube –** Clear tube to guide the IUCD thorough the cervical os into the uterus 3. **Cervical guard/depth gauge** on insertion tube – To set the appropriate measurement of the insertion tube corresponding to the length of uterus and to ensure that the IUCD is inserted as high in the fundus as possible without perforating the uterine wall. 4. **Measurement insert** – It is used to set the blue length gauge to the appropriate measurement, obtained by sounding the uterus.

2.2. Mechanism of Action

Copper-bearing IUCDs (Cu IUCD 380 A and Cu IUCD 375) have same mechanism of action and they act primarily by:

- **Preventing fertilization** (Rivera et al. 1999) as the copper ions decrease sperm motility and function by altering the uterine and tubal fluid environment, thus preventing sperm from reaching the fallopian tubes and fertilizing the egg
- **Preventing implantation** as it stimulates foreign body reaction in the endometrium that releases macrophages

2.3. Contraceptive Effectiveness

The IUCD is effective as soon as it is inserted. The IUCD is one of the most effective and long-lasting contraceptive methods. IUCD is comparable to female sterilization and male sterilization in contraceptive effectiveness.

The failure (pregnancy) rate associated with IUCD is:

- Less than 1% in the first year of use. This means less than 1 pregnancy per 100 women in the first year of use (6 to 8 pregnancies per 1000 women)
- A very small risk of pregnancy remains beyond the first year of use and continues as long as the woman is using the IUCD

2.4. Effective Lifespan

- The Cu IUCD 380A is effective for 10 years and Cu IUCD 375 is effective for 5 years of continuous use

2.5. Removal or Replacement

- The Cu IUCD should be replaced or removed no later than the full lifespan of IUCD (10 years in case of IUCD 380 A and 5 years in case of IUCD 375), from the date of insertion
- The device can be removed any time when the client wants, before completion of the total duration

A word about shelf life

It is important to note that the expiry date on the IUCD package refers only to the shelf life of the sterility of the package and not to the contraceptive effectiveness of the IUCD itself. This means that even if an IUCD is inserted on the day before the expiry date (provided the package is not torn or damaged), it is still effective for the full lifespan of contraceptive efficacy – a full 10 years in case of Cu IUCD 380 A and a full 5 years in case of Cu IUCD 375. After the expiry date, the IUCD package should be discarded.

A word about tarnishing

Sometimes the copper on copper-bearing IUCDs tarnishes (i.e., the colour darkens), causing concern among providers about the safety and effectiveness of the affected IUCD. All available evidences suggest that tarnished IUCDs are safe and effective and can be inserted and used in the same way as untarnished IUCDs. Therefore, unless the IUCD package is torn or opened (or the shelf life has expired), a tarnished IUCD is still sterile, safe to use and effective.

2.6. Return to Fertility

A woman's fertility returns promptly after an IUCD is removed (Andersson et al. 1992; Belhadj et al. 1986). This message should be made very clear to clients having an IUCD removed i.e. they should have another IUCD inserted immediately after removal (if desired and appropriate) or immediately start another contraceptive method unless they want to get pregnant**.**

2.7. Advantages of Cu IUCD

- Offers long term, highly effective reversible protection against pregnancy
- Is effective immediately after insertion
- Suitable for use by most women
- Can be used as an emergency contraceptive if inserted within five days of the first act of unprotected sexual intercourse
- It can be replaced, without any gap, as many times as she desires, during her reproductive life
- Does not require daily attention from the user or special attention before sexual intercourse.
- Insertion is one time procedure and is cost effective
- Can be used by lactating women
- Does not interact with any medicines the client may be taking
- Fertility returns promptly on removal

2.8. Limitations

- Pelvic examination before IUCD insertion is mandatory which is not so for other spacing methods
- Requires a skilled provider for insertion and removal of the device
- Does not protect against STIs/ HIV
- Cannot be inserted in women with active RTI/STI

2.9. Side Effects

Side effects of IUCD may be unpleasant but are not harmful and in most women these subside or resolve within a few months after insertion. Some women may experience the following:

- Menstrual changes: There may be increase in the duration/amount of menstrual bleeding or spotting or light bleeding during the first few days or months after insertion. These usually subside with symptomatic treatment
- Discomfort or cramps during insertion and for the next few days which subsides in due course

2.10. Potential Health Risks

Potential health risks which are uncommon or rare, are:

- Spontaneous expulsion occurs in about 2-8 % clients (Trieman et al 1995) and is most likely to occur during the first three months after insertion, and during menstrual periods.
- If pregnancy occurs with the IUCD in situ, there is a risk of spontaneous abortion, sepsis and ectopic pregnancy; however, IUCD is not reported to be having any adverse effects on the fetus.
- Infection following insertion is less than 1%. This minimal risk is highest during the first 20 days after insertion, and is because of poor infection prevention practices, rather than the device itself. (Hatcher et al 2004)
- Uterine perforation during insertion is a rare complication which occurs in 0.5 - 1.5 per 1000 insertions and is associated with the level of provider's skill and experience (Trieman et al 1995). Most perforations are silent and may go undetected (Penny et al 2004)

CHAPTER 3

OVERVIEW OF POSTPARTUM FAMILY PLANNING AND POSTPARTUM IUCD

3.1 Postpartum Period

The postpartum period has traditionally been understood as the first six weeks after the birth of a child, as by then, the woman's body has largely returned to its pre-pregnancy state. However there is a need to focus on the "extended postpartum period" i.e., the first 12 months after birth.

Programmatically it is convenient to further define the time periods as the interventions and issues vary during the period of first 6 weeks and beyond up to one year after childbirth.

1. **Immediate Postpartum - Postplacental and within 48 hours after delivery**

   The immediate postpartum period is an ideal time to educate and counsel a woman on exclusive breastfeeding as a contraceptive method. Counselling on future fertility, birth spacing or limiting intentions, and provision of appropriate family planning methods like IUCD, sterilization should also be provided in this period.

2. **Early Postpartum - up to 7days**

   Postpartum Sterilization can be performed within this time period. Messages on Lactational Amenorrhea Method (LAM) should be reinforced.

3. **Extended Postpartum - 6 weeks to 1 year**

   Spacing methods like IUCD and other methods as per the Medical Eligibility Criteria (MEC) can be provided. Laparoscopic/minilap tubal ligation can also be performed during this period.

3.2 Rationale for Postpartum IUCD as a Postpartum Family Planning method

1) **Ensuring healthy spacing between births**

- A baby born after a short birth interval has increased chances of:
  - being born pre-term
  - being small for gestational age
  - death during newborn period or childhood
- A woman who becomes pregnant too quickly following a previous birth or spontaneous or induced abortion faces higher risks of:
  - anaemia
  - abortion
  - premature rupture of membranes
  - maternal mortality

- Approximately 61% of births in India occur within 36 months of previous births. This means the birth to pregnancy intervals in 61% of births are shorter than the recommended birth to pregnancy interval.

Recommendation for spacing after a live birth

After a live birth, the recommended interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, perinatal and infant outcomes.

Recommendation for spacing after a miscarriage or induced abortion

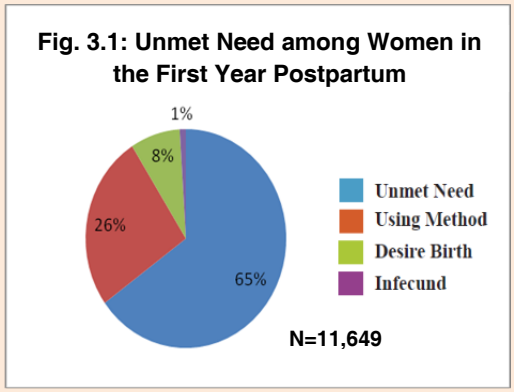
After a miscarriage or induced abortion, the recommended minimum interval to next pregnancy is at least 6 months in order to reduce risks of adverse maternal and perinatal outcomes.

Source: World Health Organization, 2006 Report of a WHO Technical Consultation on Birth Spacing

2) High unmet need for birth spacing

- In India, 65% of women in the first year postpartum have an unmet need for family planning (Figure 3.1), but only 26% of women are using any method of family planning during the first year postpartum.

Fig. 3.1: Unmet Need among Women in the First Year Postpartum



Source: USAID/ACCESS. 2009. Family Planning Needs during the Extended Postpartum Period in India

3) Vulnerability to return of fertility

- Return to fertility after delivery or abortion is very unpredictable and differs from one woman to other. A woman will ovulate before she begins regularly menstruating again. The chance of woman's fertility returning before menstruation resumes, increases as the postpartum period increases (Kennedy and Tussel, 2004)
- If a woman or a couple does not practice family planning after delivery or an abortion, then they are at risk of unwanted pregnancy.

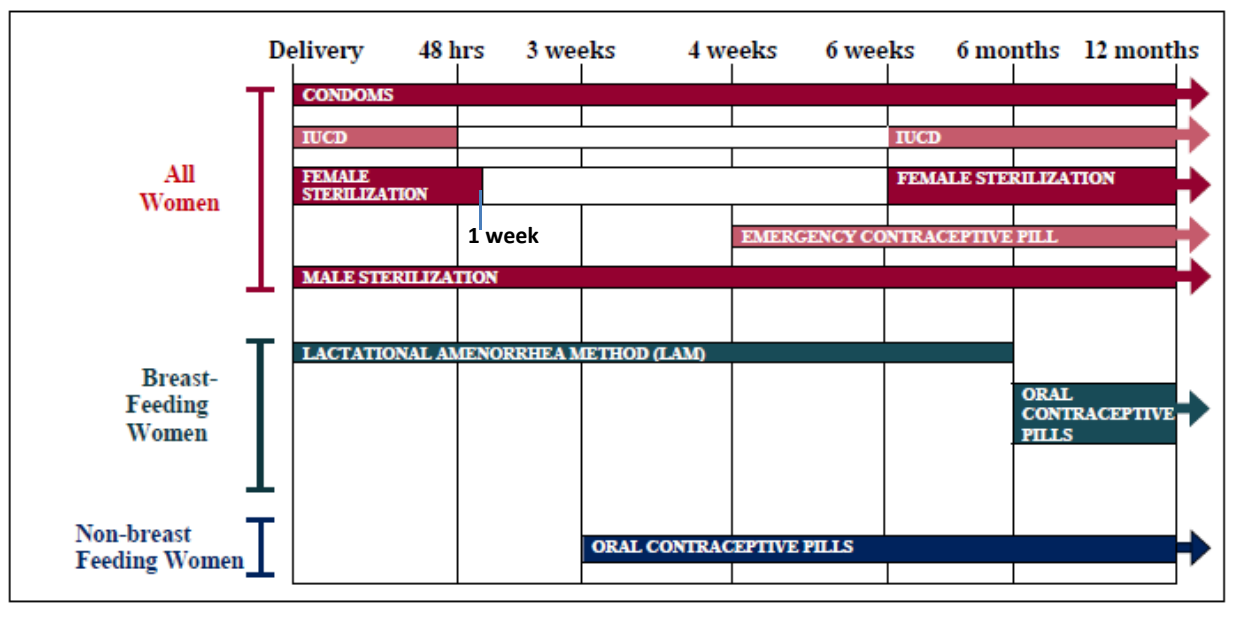
4) Receptivity to accept family planning method is high

Women are highly motivated and receptive to accept family planning (FP) methods during the postpartum period. Demographic and Health Surveys show that 40% of women in the first year postpartum intend to use FP method but are not doing so (unmet need).

5) Increased access to services

Institutional deliveries have increased significantly all across the country, thereby creating opportunities for providing quality postpartum family planning services. Home-visits made by ANMs and ASHAs and antenatal and postnatal clinics at facilities at the community level have increased the opportunity for providing correct health messages related to postpartum family planning and healthy timing and spacing of pregnancies to women and for follow-up of clients.

3.3 Timing of Initiation of FP Methods Postpartum



3.4 Postpartum IUCD (PPIUCD)

Service Delivery Guidelines

1. Both Cu IUCD 380 A and Cu IUCD 375 are approved for PPIUCD insertion
2. Every woman must be counselled on the FP options available for her in the post-partum period. If she chooses PPIUCD, then she should be counselled regarding advantages, limitations, effectiveness and side effects related to IUCD.
3. The provider must explain the procedure for insertion and/or removal of the PPIUCD.
4. Woman must be screened as per WHO Medical Eligibility Criteria (MEC).
5. The PPIUCD must be inserted only by a service provider who has been trained to competency in PPIUCD service provision according to national standards, as the technique of PPIUCD insertion is different from interval IUCD insertion.
6. The provider must insert the IUCD using a PPIUCD insertion forceps and should take care to follow all recommended clinical and infection prevention measures for successful insertion.

7. The provider must maintain records regarding PPIUCD insertions and follow-up visits as per protocol.
8. Woman must be followed up by a provider oriented to PPIUCD services.

Timing of PPIUCD insertion

The correct timings of insertion are:

- **Postpartum**:
  - **Postplacental:** Insertion within 10 minutes after expulsion of the placenta following a vaginal delivery, on the same delivery table.
  - **Intracesarean:** Insertion that takes place during a cesarean delivery, after removal of the placenta and before closure of the uterine incision.
  - **Within 48 hours after delivery:** Insertion within 48 hours of delivery.
- **Postabortion and post medical termination of pregnancy:** Insertion following an abortion, if there is no infection, bleeding or any other contraindications.
- **Extended Postpartum/Interval:** Insertion any time after 6 weeks postpartum. Here the technique of insertion will be same as that of interval IUCD insertion.

The IUCD should NOT be inserted from 48 hours to 6 weeks following delivery because there is an increased risk of infection and expulsion.

Mode of action, effectiveness and side effects of PPIUCD are the same as that of interval IUCD

Advantages

The specific advantages of an IUCD placed in the postpartum period include:

Advantages for the woman:

- Convenient; saves time and additional visit
- Safe because it is certain that she is not pregnant at the time of insertion
- High motivation (woman and family) for a reliable birth spacing method
- Has no risk of uterine perforation because of the thick wall of the uterus
- Reduced perception of initial side effects (bleeding and cramping) due to presence of normal puerperal changes which will mask the side effects
- Reduced chance of heavy bleeding, especially among lactational amenorrhea method (LAM) users, since they are experiencing amenorrhea
- No effect on amount or quality of breast milk
- The woman has an effective method for contraception before discharge from hospital

Advantages for the service provider or the service delivery site:

- Certainty that the woman is not pregnant.
- Saves time as performed on the same delivery table for post placental/intracesarean insertions. Additional evaluations and separate clinical procedure is not required.
- Need for minimal additional instruments, supplies and equipment.
- Convenience for clinical staff; helps relieve overcrowded outpatient facilities thus allowing more women to be served.

Limitations

The specific limitations of an IUCD inserted in the postpartum period include:

- Relatively higher risk of spontaneous expulsion, as compared to interval IUCD. The skilled clinicians with right technique of insertion are associated with lower expulsion rates.
- Perforation of the uterus while placing a PPIUCD immediately after delivery of placenta, during cesarean section or during the first 48 hours postpartum is unlikely because of the thickness of the uterine wall in the postpartum period. No such cases are reported in the literature.
- The other limitations of the PPIUCD are the same as the interval IUCD.

CHAPTER 4

COUNSELLING

Counselling is defined as a helping process where a person (skilled service provider/counsellor) explicitly and purposefully gives his/her time, attention and skills to assist a client to explore their situation, identify and act upon solutions within the limitations of their given environment.

Counselling is a very essential component of our Family Welfare Services and could concern individuals, couples, families and groups. Here the service provider helps ensure that the clients make free, informed and well-considered decision about their own contraceptive practices, child bearing and spacing.

4.1 Six Principles of Good Counselling

1. **Treat each client well**. All clients deserve respect, whatever their age, marital status, ethnic group, sex, or sexual and reproductive health behaviour. Maintain privacy and confidentiality in one to one counselling.
2. **Interact**. Each client is a different person. Ask questions, listen, and respond to each client's own needs, concerns, and situation.
3. **Give the right amount of information**—enough for the client to make informed choices but not so much that the client is overloaded. An **informed choice is a client's thoughtful decision based on accurate understanding of the full range of options and their possible results.**
4. **Tailor and personalize information**. Give clients the specific information that they need and want, and help clients see what the information means to them.
5. Unless a valid medical reason prevents it, **provide the family planning method that the client wants.**
6. **Help clients remember instructions**

4.2 Counselling vs. Motivation

A motivator highlights just the advantages and thus makes the decision for the client while a counsellor would talk of both advantages and disadvantages and thus facilitates decision making by the client.

4.3 The Counselling Process

Counselling is not an isolated event but an ongoing process that should be part of every interaction with the client. Family Planning counselling can be divided into three phases:

- **General family planning counselling** (during the initial contact with the client): the client is provided basic information on a range of methods, any mistaken beliefs or myths about specific family planning methods are cleared up and client is assisted in choosing a method that is appropriate for her or couple.
- **Method-specific counselling** (prior to and immediately following provision of the method chosen): the client is provided more detailed information about the method, as well as instructions on how to use it safely and effectively; and client is told when to return for follow-up, and is asked to repeat key information.
- **Follow-up counselling** (during return visits): the client's satisfaction with the method is assessed, and any problems or concerns are discussed. This is the opportunity to encourage the client for continued use of the chosen method, unless problems exist.

Steps in Family Planning Counselling: The GATHER Approach

The GATHER technique is used to organize the elements of the counselling process. This acronym is designed to help staff remember 6 basic steps for an effective family planning counselling session. Counselling should be tailored to the woman's individual needs and circumstances and thus a provider need to use the GATHER approach sensitively so that it is appropriate to each client's need.

GATHER means:
G **Greet** the client respectfully
A **Ask** them about their family planning needs
T **Tell** them about different contraceptive options and methods
H **Help** them to make decisions about choices of methods
E **Explain** and demonstrate how to use the methods
R **Return/refer**; schedule and carry out a return visit and follow up

The GATHER technique is outlined in Table 4.1. Points that are specific to or especially relevant to potential IUCD clients are highlighted.

Table 4.1: GATHER Technique

Tip: Use support materials such as diagrams, brochures, and actual samples of different methods to emphasize and illustrate points. Encourage the woman to handle the materials. Handling a sample IUCD may be especially important, as many women may be surprised to see how small it is.

STEPS	POINTS OF DISCUSSION/ACTIVITIES
GREET the woman	▪ Greet the woman with warmth and respect; and ask about the purpose of visit ▪ Make sure she understands that you are here to help her choose a family planning method that is right for her (not choose one for her) ▪ Assure her that the meeting will be confidential and she can speak openly about some private/personal matters so that you can help
ASK her about herself/Assess	▪ Ask about any previous experiences with family planning (methods used, reason for discontinuing, etc.) ▪ Assess partner/family attitudes about family planning (whether she has discussed this with them, whether they are supportive, etc.) ▪ Ask about her reproductive goals (how many children she wants, desire for birth spacing, desire for long term protection against conception etc.) ▪ Ask about her need for protection against STIs ▪ Ask whether she is interested in a particular family planning method Important: Explain that all sexually active persons should consider their individual risk for HIV and other STIs, and whether they should use condoms, alone or along with another method, for protection.
TELL her about family planning	▪ Provide general information about different family planning methods, focussing on the method in which the woman is interested (if any). Information covered may include: – Effectiveness of the method – Mechanism of action – Health benefits and potential risks – Side effects – Protection from HIV and other STIs – Cost and convenience and accessibility /availability of supplies needed ▪ Correct any misconceptions and concerns the woman may have about the method (s) she is considering For guidance on correcting common misconceptions about IUCD, see **Annexure 1**

STEPS	POINTS OF DISCUSSION/ACTIVITIES
HELP her select the method	▪ Help the woman choose a method. **Do not decide for her.** ▪ Assess her knowledge about the selected method by having her repeat key details back to you, and by asking her questions. For potential IUCD users, it is especially important that they understand that: o Menstrual bleeding pattern changes are a common side effect associated with the method o The IUCD offers no protection against HIV or other STIs; clients who are at risk should also use condoms for protection ▪ Potential IUCD users should know that this will involve a pelvic examination for screening and will involve a minor procedure to insert the IUCD into her uterus ▪ Immediately before the IUCD insertion procedure, the client should receive pre-insertion counselling and screening ▪ Encourage her to ask questions and state any remaining concerns about the selected method
EXPLAIN how to use the method	▪ Immediately after the IUCD is inserted the client should receive post insertion instructions ▪ Explain what to do if she experiences any problems or side effects, and provide any other basic information needed. ▪ Provide information on warning signs that indicate the need to return to the clinic immediately ▪ IUCD users should have a routine check-up after their first menstruation (in 3 to 6 weeks) in case of interval IUCD and after 6 weeks in case of PPIUCD ▪ Ensure that the client has understood all the information and reassure her
RETURN VISIT/REFER	▪ Assess client satisfaction ▪ Check for concerns or problems. For IUCD users, emphasis is placed on menstrual bleeding changes, use of condoms to protect against STIs, and warning signs ▪ Tell them that they will also have a pelvic examination to check for infection and expulsion in the first follow-up visit ▪ Reinforce client instructions for use of the selected method ▪ Provide appropriate follow–up for any problems identified ▪ Refer woman if needed

4.4 Counselling on Postpartum Family Planning (PPFP) and PPIUCD

Key Messages for PPFP Counselling

- Importance of initiating a family planning method soon after childbirth, spontaneous or induced abortion for maintaining healthy spacing of at least 3 years between two children.
- Fertility may return within four to six weeks for women who are not exclusively breastfeeding and as early as 10-14 days after an abortion.
- Women who are practising LAM should change to another family planning method before the baby is six months old.

Counselling on PPFP and PPIUCD should be done with the woman, and if she prefers, with her husband and/or mother-in-law.

Timing of Counselling for PPFP and PPIUCD

1. During antenatal visits:

   - Women should be ideally counselled in the antenatal period for PPIUCD insertion.

     A woman's choice of Family Planning method should be noted clearly on her antenatal card or record. The stamp or specific notation in the ANC record (Figure 3.1) will enable the delivery room staff, to be prepared for providing the method immediately following delivery of the placenta.

Fig. 3.1 Prototype of Stamp to be put on ANC Card

FP OPTIONS

☐ OCPs	☐ PPIUCD
☐ Tubal Ligation	☐ Vasectomy
☐ Condoms	☐ Interval IUCD
☐ LAM	

   - The labor room staff should check the ANC card for this information when the woman presents for delivery.

2. During admission, early labor and prior to scheduled cesarean section:

If not counselled during antenatal period, the woman has to be given information about postpartum family planning including PPIUCD as per her need. Those who express interest in the PPIUCD should be provided specific information.

If a woman presents in early labor (she is relatively comfortable, with infrequent contractions, and able to concentrate on the information being provided), she can be counselled for PPIUCD.

Woman, who arrives to the hospital for a scheduled cesarean section, can be counselled prior to the operation about Intra-cesarean IUCD insertion

3. On the first day of postpartum period:

For woman who could not be counselled prior to delivery, she can receive counselling on the first postpartum day.

A woman should NOT be counselled for the first time about PPIUCD during active labor as she may not be able to make an informed choice due to stress of labor.

Post Insertion Counselling

Following insertion of the IUCD, reinforce the key messages related to PPIUCD and inform the woman regarding follow-up visits. A follow up card providing all relevant instructions may be given to her on discharge from the facility.

- Points to be stressed are importance of exclusive breastfeeding and assurance that the IUCD does not affect breastfeeding
- To return after six weeks for IUCD/Postnatal Care (PNC)/newborn check-up
- To come back any time if she has any concern or experiences any warning sign or if the IUCD is expelled

Follow-Up Care and Counselling

Follow-up care of the PPIUCD acceptor is very important to ensure client satisfaction and continuation of the accepted method. A woman should come for check-up at 6 weeks and thereafter as and when necessary. If the woman lives far from the facility where the PPIUCD was inserted, telephonic follow-up or follow-up through ANM/ASHA, can be possible.

While counselling clients, the provider should follow the steps mentioned in Postpartum IUCD Counselling Checklist (**Annexure 7**).

CHAPTER 5

MEDICAL ELIGIBILITY CRITERIA (MEC) (ADAPTED FROM WHO MEC, 4TH EDITION, 2009)

The WHO Medical Eligibility Criteria form the scientific foundation for client assessment regarding family planning methods. It gives detailed guidance regarding whether a woman with a certain condition can safely use a given method of family planning. The MEC has four categories:

Category 1: A condition for which there is no restriction for the use of the contraceptive method. Safely use.

Category 2: A condition where the advantages of using the method generally outweigh the theoretical or proven risks. Generally use.

Category 3: A condition where the theoretical or proven risks usually outweigh the advantages of using the method. Generally do not use.

Category 4: A condition which represents an unacceptable health risk if the contraceptive method is used. Do not use.

This has been adapted and modified according to the Indian situation, based on the skills, knowledge and availability of resources in our health delivery system. The modified four category system is placed below.

Category 1: Gives the eligibility conditions for insertion by AYUSH doctors (except Yoga & Naturopathy providers), nursing personnel and MBBS medical officers.

Category 2: Gives the eligibility criteria for insertion by MBBS medical officers.

Category 3: Gives the eligibility criteria for insertion by Gynaecologist.

Category 4: Conditions which are absolutely contraindicated for insertion of IUCD.

Medical Eligibility Criteria (MEC) Wheel for Contraceptive Use – India (2010) is available. This is a very useful job-aid, which tells family planning providers if a woman presenting with a known medical or physical condition is able to use various contraceptive methods safely and effectively. This wheel contains medical eligibility criteria for starting use of selected contraceptive methods. Ministry of Health and Family Welfare, Government of India, has adapted the wheel from WHO MEC wheel for contraceptive use (2008 update), with contributions of technical experts from AIIMS, ICMR, WHO and other organizations..

MEC Categories for IUCD

The categories which have been adapted as per the Indian scenario are as follows:

Characteristics and conditions listed below are in WHO Eligibility Criteria Category 1 and 2[1]. Women with characteristics and conditions in WHO category 2 can also use this method. With

[1] AYUSH doctors can provide IUCD only to Category 1 clients.

proper counselling, women of any age or number of children can use IUCD. (Age less than 20 and having no children are characteristics in WHO Eligibility Criteria Category 2).

CATEGORY 1 and 2 CONDITIONS FOR USE of the IUCD	
CATEGORY 1 CONDITIONS Use the method in any circumstance	**CATEGORY 2 CONDITIONS** Generally use the method
♦ Anytime during menstrual period after reasonably excluding pregnancy ♦ Postpartum less than 48 hours ♦ Age: greater than 20 years ♦ Parity 1 or more ♦ Irregular menstrual bleeding (metrorrhagia) without heavy menstrual bleeding ♦ Women having lactational amenorrhea after reasonably excluding pregnancy ♦ Immediately following first trimester abortion ♦ More than 6 weeks postpartum period ♦ Benign ovarian tumours (or cysts) or uterine fibroids that do not distort the uterine cavity ♦ Genital infections with mild non-purulent discharge (insert and treat) ♦ History of ectopic pregnancy ♦ History of pelvic inflammatory disease (PID) with subsequent pregnancy (assuming there are no current risks of STIs) ♦ Cigarette smoking ♦ Obesity ♦ Cardiovascular disease risk factors ♦ Hypertension or history of hypertension ♦ Thromboembolic disease (past or current) ♦ Hyperlipidemias ♦ Uncomplicated valvular heart disease ♦ Headaches (any type)	♦ Age: menarche to <20 years ♦ Nulliparity ♦ Immediately following a second trimester abortion, provided there is no evidence of infection ♦ Anatomical abnormalities of the reproductive tract that do not distort the uterine cavity in a way that might interfere with IUCD insertion or placement (cervical stenosis) ♦ Genital infections with severe non-purulent discharge ♦ Complicated valvular heart disease (Note: Use antibiotic prophylaxis prior to insertion) ♦ Immunosuppressive therapy ♦ History of pelvic inflammatory disease (without subsequent pregnancy) ♦ High risk of HIV ♦ Women who are HIV infected and on antiretroviral therapy ♦ Anaemia (thalassemia or iron-deficiency) ♦ First and second degree uterine prolapse ♦ Rectovaginal fistula

♦ Epilepsy ♦ Depression ♦ Benign ovarian tumours ♦ Cervical intraepithelial neoplasia ♦ Benign breast disease or breast cancer ♦ Women taking antibiotics or anticonvulsants ♦ Thyroid, liver or gallbladder disease or diabetes ♦ Malaria ♦ Non-pelvic tuberculosis ♦ Previous pelvic surgery, including previous cesarean section ♦ As emergency contraception (within 5 days of unprotected intercourse)	

CATEGORY 3 and 4 CONDITIONS FOR USE of the IUCD	
CATEGORY 3 CONDITIONS Generally, do not use the method unless other more appropriate methods are not available or acceptable	**CATEGORY 4 CONDITIONS** Do not use the method
♦ Heavy/prolonged or painful menstrual bleeding, endometriosis, severe dysmenorrhea ♦ AIDS, but no antiretroviral therapy or access to care ♦ High individual risk of chlamydia and gonococcal infection (partner has current purulent discharge or STI) ♦ Ovarian cancer ♦ Benign trophoblastic disease ♦ Lupus with severe thrombocytopenia ♦ Third degree uterine prolapse ♦ Vesicovaginal fistula	♦ Pregnancy (known or suspected) ♦ Unexplained vaginal bleeding ♦ Current PID, Gonorrhea, or Chlamydia ♦ Acute purulent (pus-like) discharge ♦ Distorted uterine cavity ♦ Malignant trophoblastic disease ♦ Known pelvic tuberculosis ♦ Genital tract cancer (cervical or endometrial)

MEC Categories for PPIUCD

Medical eligibility criteria for the PPIUCD services can be grouped as follows:

CATEGORY 1:

- Postplacental, postpartum <48 hours or during cesarean section
- >Six weeks postpartum

CATEGORY 2: no conditions

CATEGORY 3:

- Between 48 hours and 6 weeks postpartum
- Chorioamnionitis
- Prolonged rupture of membranes (ROM) >18 hours

CATEGORY 4:

- Puerperal sepsis
- Unresolved postpartum hemorrhage

Diagnosis of Chorioamnionitis

Chorioamnionitis is an intra-amniotic infection of the foetal membranes and amniotic liquor prior to or during labor which is characterized by:

- Temperature ≥ 38°c
- Abdominal pain

PLUS one of the following:

- Tender uterus
- Leaking of foul smelling amniotic fluid
- Foetal tachycardia (>160 BPM)

Unresolved Postpartum Haemorrhage

The attention and priority should be on addressing the cause of the bleeding and achieving hemodynamic stability rather than inserting the IUCD.

Once the haemorrhage is controlled, and the woman is stable, the IUCD can be inserted at that time or can be inserted the following day.

The IUCD should be inserted prior to starting the repair of the multiple lacerations of the vagina or episiotomy.

CHAPTER 6

CLIENT ASSESSMENT

Careful client assessment is necessary to provide quality IUCD services. This chapter focuses on identifying characteristics and conditions that may affect a woman's eligibility for IUCD use.

Key objectives of assessment of potential IUCD clients are to:

- Ensure that the woman is not pregnant
- Identify other characteristics or conditions that may affect her eligibility for IUCD use
- Identify any other problems that may require further assessment or treatment

6.1 Client Assessment for Interval IUCD

History

History should be taken very carefully and should include the following:

Contraceptive history:

- Past experience with family planning
- Desire for spacing or limiting
- Previous use of Copper IUCD and any side effects experienced

Menstrual history:

- Date of last menstrual period; Periods — regular or irregular, flow excessive or normal/painful or not
- Bleeding/spotting between periods or after intercourse

Obstetric history:

- Number of deliveries and number of abortions/Medical Termination of Pregnancy
- History of ectopic pregnancy, vesicular mole
- Recent history of postpartum/post-abortion infections
- Details of breast-feeding

Reproductive/ sexual history:

- History of pelvic infections or sexually transmitted diseases (abnormal vaginal discharge, lower abdominal pain)
- History of pelvic tuberculosis and genital tract cancer

Medical history (general):

- History of any medical illness and abdominal /pelvic surgery

If history of any category 4 condition is present, do not insert the IUCD. If history of any category 3 or category 2 conditions is present, the case should be referred to a Gynaecologist or a Medical Officer respectively.

Physical Examination

After history taking, conduct a focussed physical examination that should include:

General and systemic examination

- Check for pallor, pulse rate and blood pressure (pulse rate and blood pressure are preferable, but not mandatory in client assessment for IUCD)
- Check for lower abdominal tenderness and masses

Pelvic examination

- External genitalia examination
- Bimanual pelvic examination
- Speculum examination of the vagina and cervix (for PPIUCD, look for genital lacerations)

NOTE: Normally, a speculum examination is completed before the bimanual examination. However, in most IUCD clients, this would mean two speculum insertions (one for the speculum examination; another, after the bimanual examination, for IUCD insertion), which can be unpleasant for the woman. The following guidelines have been developed especially for the IUCD client:

- **If findings from the history and visual inspection are normal (infection is not suspected), perform the bimanual examination first and the speculum examination second;** then, with the speculum still in place, proceed directly to sounding the uterus and IUCD insertion.
- **If findings from the history or visual inspection are not normal** (infection is suspected), perform the **speculum examination first and the bimanual examination second.** Proceed to sounding the uterus and IUCD insertion only if indicated.

External genitalia examination:

Inspect the external genitalia: labia majora, minora and introitus for redness, patches, ulcer, growth, warts, swelling and discharge.

Do not insert IUCD in presence of infection. Refer to Medical Officer or a Gynaecologist.

Bimanual pelvic examination (Annexure 5):

Perform bimanual pelvic examination as follows:-

- Separate the labia.
- Introduce two fingers of the right hand into the vagina and put the other hand on the abdomen above the pubic symphysis.
- Using the two fingers in the vagina, follow the anterior vaginal mucosa into the anterior fornix and locate the cervix.
- Feel the cervix for consistency, mobility, tenderness on movement, irregular or hard areas on the cervix and any bleeding to touch.

Do not insert

- **If the movement of the cervix is painful, as it is indicative of PID**

OR

- **If the cervix is not mobile or hard or bleeds to touch, it may be indicative of cervical pathology.**

In such cases refer to Medical Officer or Gynaecologist

- Using the fingers placed on the lower abdomen; gently apply pressure downward above the pubic symphysis to steady the pelvic organs. Place the fingers in vagina anterior to the cervix and feel the uterus between the fingers of both hands as shown in Fig 5. If the uterus is anteverted (lies anterior to the cervix), the entire uterus will be felt between both the hands. If the uterus is not palpated anteriorly, then the uterus may be retroverted.

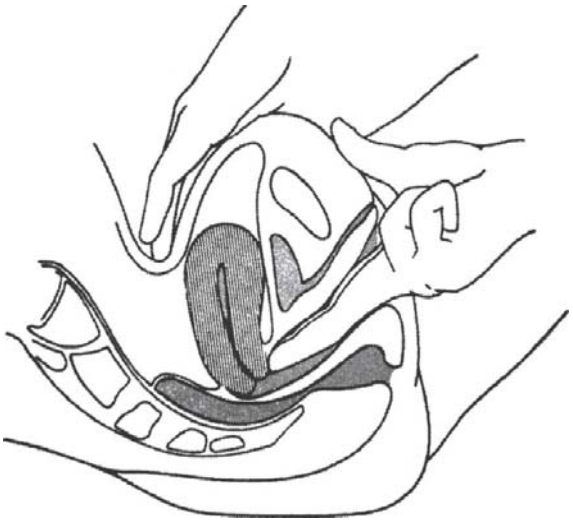


Fig. 5 Bimanual examination for anteverted uterus

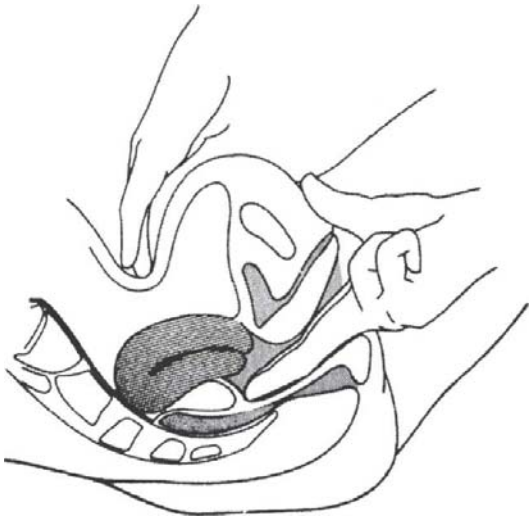


Fig. 6 Bimanual examination in case of retroverted uterus

- If the uterus is not felt anteriorly, then place the fingers in the vagina posterior to the cervix as shown in Fig 6. A retroverted uterus is readily felt in the posterior fornix. In such cases, the cervix usually points forwards.
- Continue the pelvic examination to determine the size, shape, consistency and mobility of the uterus.

Do not insert the IUCD

- **If the uterus is enlarged**

OR

- **You cannot ascertain the size of the uterus, irregular, soft or not mobile as it may be due to pregnancy or some pathology.**

Refer to Medical Officer or a Gynaecologist

Feel the adnexa in the lateral fornices both right and left for ovary and fallopian tube as follows:

Move the fingers over the abdomen to one side of the uterus and both the fingers in the vagina to the lateral fornix on the same side. Press the adnexa towards the **fingers and with the fingers in the vagina gently feel for any mass or thickening** or tenderness along the side of the uterus. Repeat the same on the other side. Check for mass or tenderness in the posterior fornix (behind the uterus)

Do not insert the IUCD

- **If there is any tenderness or mass in the adnexa as it is indicative of PID.**
- **Refer to Medical Officer or a Gynaecologist**

- If not proceeding to insert IUCD, put the speculum into 0.5% chlorine solution for decontamination for 10 minutes. Also wash the gloved hand in the 0.5% Chlorine solution before removing the gloves, leaving them in the same solution. Wash hands after removing the gloves.

Speculum examination (Annexure 5):

Do a speculum examination as follows:

- Clean the introitus with antiseptic solution.
- Separate the labia and insert Sim's or Cusco's speculum so that the blade/s slip into the vaginal canal. When the blades are halfway, turn them to the horizontal position. In case of Cusco's speculum, gently open the blade/s to find the cervix, taking care not to injure any tissue. In case of Sim's speculum, use the anterior vaginal wall retractor to visualize the cervix. **The AYUSH doctor can seek help from paramedical female staff in case s/he is using the Sim's speculum.** Apply little downward pressure on the posterior (lower vaginal) wall and gently move the speculum further closer to the cervix. The view is as given in Fig 7.

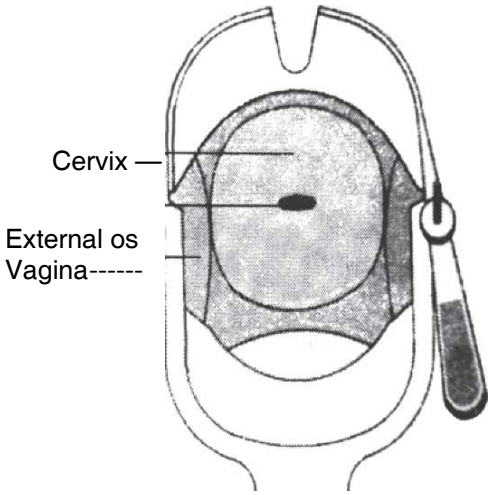


Fig. 7 View on speculum examination

- Inspect the vagina and cervix for ulcer, abnormal discharge, cysts, polyp, growth, any cervical stenosis or bleeding sites.

Do not insert the IUCD if any of the above is present. Refer to Medical Officer or a Gynaecologist. Counsel as in Annexure 4

- Remove the speculum by turning the blades obliquely (close the speculum first in case of Cusco's) and keep in the sterile kidney tray.

Record:

Record the findings in the IUCD case record, register and follow-up card.

Steps of Screening Clients Who Want to Initiate Use of the Copper

First, be reasonably sure that the client is not pregnant. If she is not menstruating at the time of her visit, ask the client questions 1–6. As soon as the client answers **YES** to ***any question,*** stop, and follow instructions below.

Yes	1. Have you had a baby in the last 4 weeks?	**No**
Yes	2. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?	**No**
Yes	3. Have you abstained from sexual intercourse since your last menstrual period or delivery?	**No**
Yes	4. Did your last menstrual period start within the past 12 days?	**No**
Yes	5. Have you had a miscarriage or abortion in the last 7 days?	**No**
Yes	6. Have you been using a reliable contraceptive method consistently and correctly?	**No**

If the client answered **YES** to ***any one of questions 1–6*** and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. Proceed to questions 7–13. However, if she answers **YES** to ***question 1,*** the insertion should be delayed until 6 weeks after delivery. Ask her to come back at that time.

If the client answered **NO** to ***all of questions 1–6,*** pregnancy cannot be ruled out. The client should await menses or use a pregnancy test.

To determine if the client is medically eligible to use an IUD, ask questions 7–13. As soon as the client answers **YES** to ***any question,*** stop, and follow instructions below.

No	7. Do you have bleeding between menstrual periods that is unusual for you, or bleeding after intercourse (sex)?	**Yes**
No	8. Have you been told that you have any type of cancer in your genital organs, trophoblastic disease, or pelvic tuberculosis?	**Yes**
No	9. Within the last 3 months, have you had more than one sexual partner?	**Yes**
No	10. Within the last 3 months, do you think your partner has had another sexual partner?	**Yes**
No	11. Within the last 3 months, have you been told you have an STI?	**Yes**
No	12. Within the last 3 months, has your partner been told that he has an STI or do you know if he has had any symptoms – for example, penile discharge?	**Yes**
No	13. Are you HIV-positive and have you developed AIDS?	**Yes**

If the client answered **NO** to ***all of Questions 7–13,*** proceed with the **PELVIC EXAM**.

During the pelvic exam, the provider should determine the answers to questions 14–20.

If the client answered **YES** to ***question 7 or 8,*** an IUD cannot be inserted. Further evaluation of the condition is required.
If the client answered **YES** to ***any of questions 9–12,*** she is not a good candidate for an IUD unless chlamydia and/or gonorrhea infection can be reliably ruled out.
If she answered **YES** to the ***second part of question 13*** and is not currently taking ARV drugs, IUD insertion is not usually recommended. If she is doing clinically well on ARVs, the IUD may generally be inserted. HIV-positive women without AIDS also generally can initiate IUD use.

No	14. Is there any type of ulcer on the vulva, vagina, or cervix?	**Yes**
No	15. Does the client feel pain in her lower abdomen when you move the cervix?	**Yes**
No	16. Is there adnexa tenderness?	**Yes**
No	17. Is there purulent cervical discharge?	**Yes**
No	18. Does the cervix bleed easily when touched?	**Yes**
No	19. Is there an anatomical abnormality of the uterine cavity that will not allow appropriate IUD insertion?	**Yes**
No	20. Were you unable to determine the size and/or position of the uterus?	**Yes**

If the answer to ***all of questions 14–20*** is **NO**, you may insert the IUD.

If the answer to ***any of questions 14–20*** is **YES**, the IUD cannot be inserted without further evaluation. See explanations for more instructions.

Explanations of the questions of screening for IUCD

1. **Have you given birth within the last 4 weeks?**

   If a woman has given birth within last 4 weeks and she has no signs and symptoms of pregnancy, it means that she is not pregnant. There is an increased risk of perforating the uterus when IUCDs are inserted after 48 hours and up to 6 weeks postpartum. Women who answered "yes" to this question only should wait until 6 weeks after delivery to have an IUCD inserted.

2. **Do you have bleeding between menstrual periods that is unusual for you, or bleeding after intercourse (sex)?**

   If yes, underlying pathological condition, such as genital malignancy (cancer), or infection must be ruled out before an IUCD can be inserted. If necessary, woman should be referred to a higher-level provider or specialist for evaluation. Counsel her about other contraceptive options available and provide condoms to use in the meantime.

3. **Have you been told that you have any type of cancer in your genital organs, trophoblastic disease, or pelvic tuberculosis?**

   If yes, an IUCD cannot be inserted because there is an increased risk of infection, perforation, or bleeding. Counsel her about other contraceptive options and provide another method of her choice.

4. **Within the last 3 months, have you had more than one sexual partner or been told you have an STI?**

5. **Within the last 3 months, has your partner been told that he has an STI or do you know if he has any symptoms, for example, penile discharge?**

6. **Do you think your partner has had more than one sexual partner within the last 3 months?**

   If yes to any of the above questions, an IUCD cannot be inserted until you ensure the client does not have chlamydia, gonorrhea, PID. Counsel and provide condoms with offer protection from pregnancy and STIs or any other method for prevention of pregnancy.

7. **Are you HIV-positive and have you developed AIDS?**

   This is a two-part question - both parts need to be asked together and the answer "yes" must apply to both parts. There is concern that HIV-positive women who have developed AIDS may be at increased risk of STIs and PID because of a suppressed immune system. IUCD use may further increase this risk. However, HIV-positive women without AIDS can be appropriate candidates for IUCD insertion. Also, women with AIDS who are doing clinically well on antiretroviral therapy can be appropriate candidates for the IUCD.

8. **Is there any type of ulcer on the vulva, vagina, or cervix?**

   Genital ulcers or lesions may indicate a current STI. While ulcerative STI is not a contraindication for IUCD insertion, it indicates that the woman is at high individual risk of STIs in general, in which case IUCDs are not generally recommended. Diagnosis should be established and treatment provided as needed. An IUCD still can be inserted if co-infection with gonorrhea and chlamydia are ruled out.

9. **Does the client feel pain in her lower abdomen when you move the cervix?**

   If yes, IUCD cannot be inserted as the client may have PID. Provide treatment for PID. Provide and counsel client to use condoms.

10. **Is there adnexa tenderness?**

    If yes, IUCD cannot be inserted. Adnexa tenderness or/and adnexa mass may be a symptom of a malignancy or PID. Diagnosis and treatment should be provided as appropriate. If necessary, referral should be made to a higher-level provider or specialist.

11. **Is there a purulent cervical discharge?**

    If yes, IUCD cannot be inserted. Purulent cervical discharge is a sign of cervicitis and possibly PID. Treatment should be provided as appropriate. If necessary, referral should be made to a higher-level provider or specialist. Counsel the client about condom use.

12. **Does the cervix bleed easily when touched?**

    If yes, IUCD cannot be inserted as the client may have cervicitis or cervical cancer. Treatment should be provided as appropriate. If necessary, referral should be made to a higher-level provider or specialist. If, through appropriate additional evaluation beyond the checklist, these conditions may be excluded, then the woman can receive the IUCD.

13. **Is there an anatomical abnormality of the uterine cavity that will not allow appropriate IUCD insertion?**

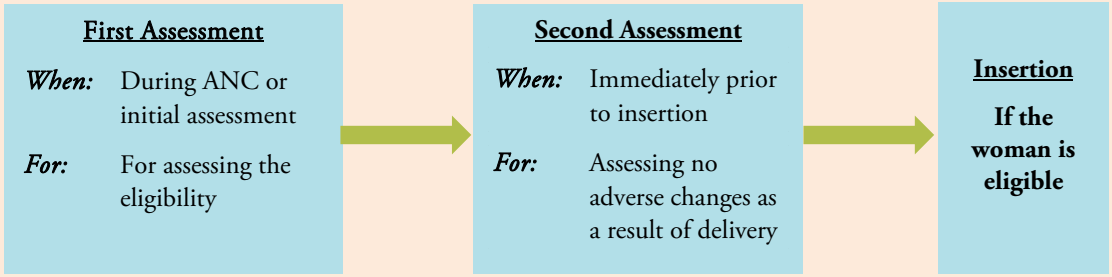
    If there is an anatomical abnormality that distorts the uterine cavity, proper IUCD placement may not be possible.

14. **Are you unable to determine the size and/or position of the uterus?**

    Determining size and position of the uterus is essential prior to IUCD insertion to ensure high fundal placement of the IUCD and to minimize the risk of perforation

6.2 Client Assessment for PPIUCD

Assessment of women for provision of immediate PPIUCD services should be done in **two phases.** The first assessment is a general review of the woman's medical history and eligibility for the method. A second assessment is done immediately prior to insertion (during cesarean, following delivery of the placenta or within 48 hours after birth) to assess those criteria which may have changed as a result of the delivery.



First Assessment

A first assessment should be carried out with the pregnant woman during antenatal care and it must include assessment for the following conditions, listed in the Medical Eligibility Criteria and relevant to PPIUCD services,

- Known distorted uterine cavity (uterine septum, fibroid uterus, etc.)
- Acute purulent discharge
- High individual likelihood of exposure to Gonorrhoea or Chlamydia
- Malignant or benign trophoblastic disease
- Suffering from AIDS and neither clinically well nor on antiretroviral therapy

For those women who present to the facility for delivery care, and who have not had a prior assessment, the clinician must use her/his clinical judgment about the likelihood of contraindications to use. **In the situation where a woman has just experienced a normal, vertex, full-term vaginal delivery, it is reasonable to assume that she is eligible for PPIUCD.**

Refer to the Medical Eligibility Criteria table in chapter 5 for details.

Second Assessment

A second assessment should be done immediately prior to insertion by the person who will insert the IUCD.

The purpose of the second assessment is to ensure that the process of labor has not created any clinical situation which may be a contraindication for insertion of the immediate PPIUCD and to rule out the following conditions:

- Chorioamnionitis
- Postpartum endometritis/metritis or puerperal sepsis

- More than 18 hours from rupture of membranes to delivery of the baby
- Unresolved postpartum hemorrhage
- Extensive genital trauma

If her clinical condition makes the IUCD unsuitable for her at this time, the reason should be explained to her and she should be offered another method of postpartum family planning. If she prefers IUCD, she may be informed that it can be provided to her after six weeks when she comes for post natal visit.

CHAPTER 7

INSERTION AND REMOVAL

7.1 Background

IUCD insertion and removal procedures are simple and need to be learnt properly. There are several, discrete steps to be performed in a specific sequence, as detailed in this chapter. These steps must be integrated with the appropriate infection prevention and counselling measures to help ensure the safety and well-being of the woman.

Key objectives of IUCD insertion and removal services are to:

- Perform IUCD insertion and removal procedures properly in a manner that is safe and as comfortable as possible for the woman
- Provide the woman with information she needs to ensure safe and effective use of the IUCD (or to discontinue the method/switch to another method, if appropriate)

7.2 Interval IUCD Insertion

7.2.1 Timing of the Insertion

- Anytime during the menstrual cycle provided the service provider is reasonably sure that woman is not pregnant.
- More than 6 weeks postpartum.
- Concurrently with 1st trimester medical termination of pregnancy, if no infection is present.
- Immediately after spontaneous/medical/second trimester abortion, if no infection is present.
- In a woman with lactational amenorrhea, provided pregnancy can be ruled out.
- Within 5 days of unprotected sex as an emergency contraception.

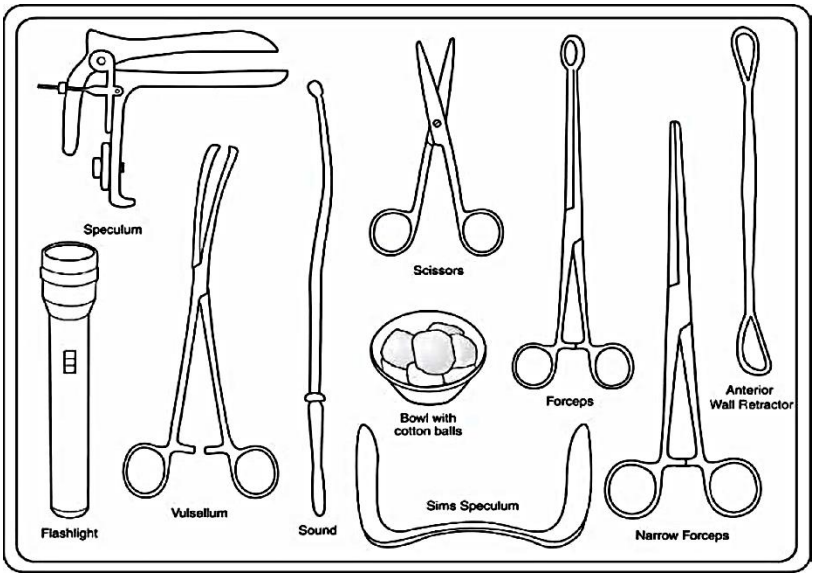
7.2.2 Requirements

Clinics/centers will need to have the following facilities, equipment and supplies for IUCD service:

- **Place/furniture:**
  - Space to maintain privacy
  - Table for IUCD insertion
  - Linen/cloth to cover the woman's pelvic area
  - Adequate light source
  - Water for washing

- **Equipment & supplies:**
  - Copper IUCD insertion kit, which includes the following:
    1. Stainless steel tray with cover (12”×8”×2”)
    2. Small bowl for antiseptic solution
    3. Kidney tray
    4. Sim’s or Cusco’s vaginal speculum-large, medium, small
    5. Anterior vaginal wall retractor (If Sim’s speculum is used)
    6. Sponge holding forceps
    7. Volsellum forceps curved/tenaculum
    8. Uterine sound
    9. Mayo scissors
    10. Long artery straight forceps (for IUCD removal)
    11. Gloves (high-level disinfected/sterile surgical gloves or examination gloves)
    12. Dry sterile cotton swabs
  - Sterile Cheatle’s forceps in a sterile container
  - Antiseptic solution (chlorhexidine or povidone iodine)
  - Torch
  - IUCD (in an unopened, undamaged, sterile package and the date of expiry is not over)
- **I.P. equipment:**
  - Plastic bucket/tub for decontamination
  - Bleaching powder
  - Utility gloves
  - Autoclave/boiler/container with lid for boiling
  - Soap
  - Leak proof, colour coded, covered container for disposables

Fig. 7.1 Basic Minimum Instruments for IUCD insertion



Place of Insertion

IUCD could be inserted at sub center, primary health center, and community health center or hospital facility by a trained health care provider.

Appropriate Setting for IUCD services

An examination room in an outpatient clinic or a minor surgery room in a hospital is a suitable setting for IUCD insertion or removal. If possible, the room should be located away from heavily used areas of the facility, offer privacy, and:

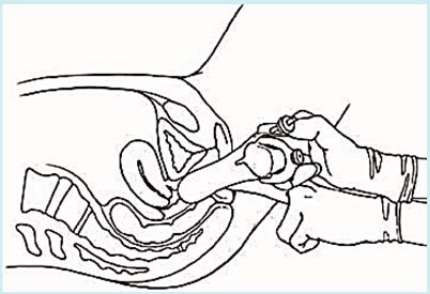
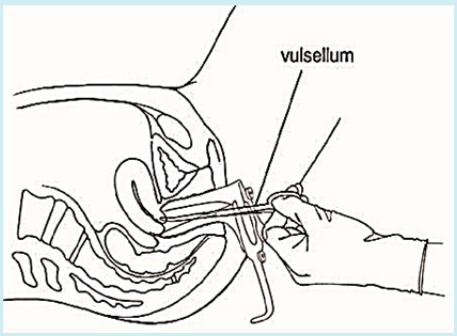
- Have an examination or procedure table with a washable surface
- Be adequately lit and well-ventilated (with tight-fitting screens on any open windows)
- Be clean, orderly, free of dust and insects
- Have tile or concrete floors to facilitate cleaning
- Provide leak-proof colour coded containers (with tight-fitting lids) lined with plastic bags for disposal of contaminated waste items
- Have nearby hand washing facilities, including a supply of clean water (i.e., clear, not cloudy or with sediment)

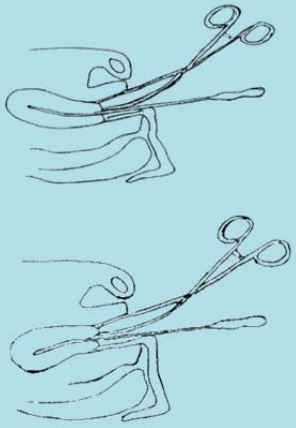
Appropriate Attire for Clients and Staff

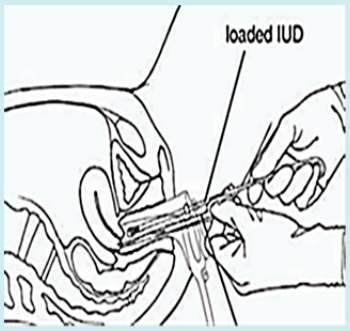
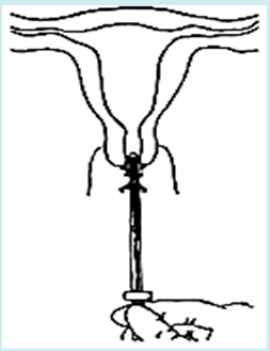
IUCD insertion and removal are minor procedures, therefore:

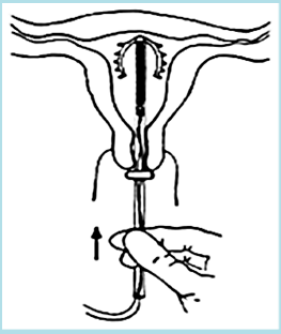
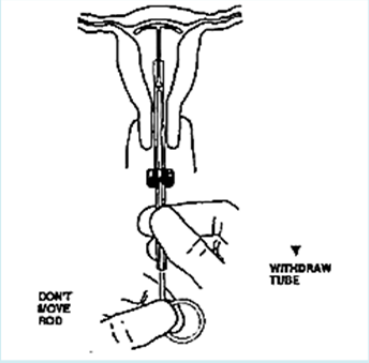
- Clients can wear their own clothing
- It is preferable, but not mandatory for staff members to wear a cap, mask, or gown

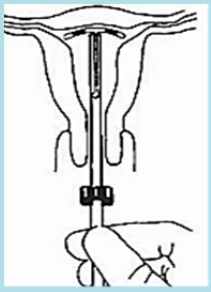
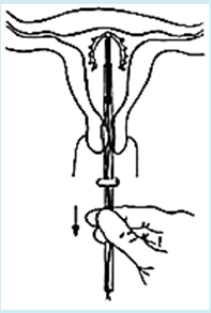
7.2.3 Steps for IUCD Insertion

Step I: Prepare the client	▪ Give the woman a brief overview of the procedure, encourage her to ask questions, and provide reassurance as needed. ▪ Remind her to let you know if she feels any pain. ▪ Confirm that the woman has undergone appropriate counselling and assessment to ensure she is eligible for IUCD insertion at this time. ▪ Conduct the physical examination as already explained in Chapter 6 and if the client is eligible for the use of copper IUCD. Using gentle, "no-touch" (aseptic) technique throughout, perform the subsequent steps:
Step 2: Insert a high level disinfected/sterile speculum to visualize the cervix	▪ Keeping the already inserted high-level disinfected (or sterile) speculum in the vagina to visualize the cervix. If cervix bleeds easily on touch or purulent vaginal discharge is seen or any other abnormal signs found the IUCD should not be inserted 
Step 3: Cleanse the cervix and vagina with an appropriate antiseptic	▪ Thoroughly apply an appropriate antiseptic (e.g., povidone iodine or chlorhexidine) two or more times to the cervix and vagina starting with the cervical os. ▪ If povidone iodine is used, ensure that the woman is not allergic to iodine and wait 2 minutes for the solution to act.
Step 4: Grasp the anterior lip of cervix with HLD/ sterile volsellum and apply gentle traction	▪ Gently grasp the anterior lip of cervix with the high-level disinfected/sterile volsellum and apply gentle traction (i.e., pull gently) ▪ This will help straighten the cervical canal for easier insertion of the IUCD ▪ Close the volsellum only to the first notch to minimize discomfort 

Step 5. Insert the high-level disinfected/sterile uterine sound	▪ While maintaining gentle traction on the volsellum, carefully insert the tip of the uterine sound into the cervical os. ▪ Hold the sound between the finger and thumb, the curve of the sound facing upward in case of anteverted uterus ▪ Hold the sound between the finger and thumb, the curve of the sound facing backwards in case of retroverted uterus ▪ Be careful not to touch walls of vagina or the speculum blades with the tip of the sound 
Step 6. Advance the sound into the uterine cavity, and STOP when a slight resistance is felt	▪ Advance the sound carefully and gently into the uterine cavity at the appropriate angle (based on your assessment of the position of the uterus during bimanual examination). ▪ Continue to pull steadily downward and outward on the volsellum, which should enable the sound to pass through the os more easily ▪ Do not attempt to dilate the cervix ▪ If the woman begins to show signs of fainting, STOP advancing the sound into the uterine cavity. ▪ When you feel a slight resistance, STOP advancing the sound into the uterine cavity. (A slight resistance indicates that the tip of the sound has reached the fundus). ▪ Do not use force at any stage of this procedure ▪ If a sudden loss of resistance is felt, the uterine length is greater than expected, or the woman is experiencing unexplained pain, STOP advancing the sound into the uterine cavity.
Step 7. Determine the angle/direction of the uterine cavity	▪ Determine the angle /direction of the uterine cavity and also rule out any obstruction in the cervical canal. ▪ Gently remove the sound ▪ Do not pass the sound into the uterus more than once
Step 8. Determine the length of the uterus	▪ Determine the length of the uterus by noting the level of mucus or wetness on the sound. ▪ The average uterus is between 6 and 8 cm in length. ▪ If the uterus is less than 6.5 cm in length, the woman may be at increased risk for IUCD expulsion.

<table>
<tr><td>Step 9. Loading the IUCD in its Sterile Package</td><td>Loading required in Cu IUCD 380 A (Refer instructions for loading given in section- 7.2.4)</td><td>Loading not required in Cu IUCD 375 In case of Cu IUCD 375, there is no plunger. Only the length of the gauge has to be set.</td></tr>
<tr><td>Step 10. Keep the client comfortable</td><td colspan="2">Keep communicating with the client to keep her comfortable</td></tr>
<tr><td>Step11. Apply gentle traction on the cervix with the volsellum</td><td colspan="2">▪ Hold the loaded IUCD with one hand behind the blue length gauge ensuring that the gauge is in the horizontal position
▪ Grasping the volsellum (still in place after sounding the uterus) with the other hand and gently pull outwards and downward. (This will help straighten the cervical canal for easier insertion of the IUCD).</td></tr>
<tr><td>Step 12. Insert the loaded IUCD</td><td>Cu IUCD 380 A
▪ Carefully insert the loaded IUCD into the vaginal canal
▪ Gently push it through the cervical os and into the uterine cavity at the appropriate angle (based on your assessment of the position of the uterus when sounding the uterus).
Be careful not to touch the walls of the vagina or the speculum blades with the tip of the loaded IUCD.
 
</td><td>Cu IUCD 375
▪ Carefully insert the already loaded IUCD (holding the string and the inserter tube) into the vaginal canal,
▪ Gently push it through the cervical os into the uterine cavity at the appropriate angle (based on your assessment of the position of the uterus when sounding the uterus).
▪ Be careful not to touch the walls of the vagina or the speculum blades with the tip of the Cu IUCD 375.
 
▪ During insertion, the flexible arms of the IUCD will fold inward, accommodating the shape of the cervical canal</td></tr>
<tr><td>Step 13. Gently advance the loaded IUCD into the uterine cavity</td><td>▪ Gently advance the loaded IUCD into the uterine cavity
▪ STOP when the blue length-gauge comes in contact with the cervix or</td><td>▪ Gently advance the Cu IUCD 375 into the uterine cavity
▪ STOP when the cervical guard comes in contact with the cervix or</td></tr>
</table>

	slight resistance is felt ▪ Be sure that the cervical guard is still in the horizontal position ▪ Do not pass the Cu IUCD 380 A into the uterus more than once	slight resistance is felt  ▪ Be sure that the cervical guard is still in the horizontal position.
Step 14. Release of IUCD arms in the uterine cavity	▪ While holding the volsellum and plunger rod stationary ▪ Withdraw the insertion tube downwards (with your free hand) until it touches the circular thumb grip of the white plunger rod. This will release the IUCD arms in the woman's uterus  ▪ This is the withdrawal technique to minimize perforation ▪ Remove the white plunger rod, while holding the insertion tube stationary ▪ The plunger should be removed before the insertion tube is pulled out, otherwise the threads may be caught between the tube and the plunger resulting in downward displacement or expulsion of the IUCD from the uterus	▪ The arms spring back into shape once it passes through the os in to the uterine cavity.

Step 15. Ensure that the arms of the T are as high as possible in the uterus	▪ Gently push insertion tube once the plunger rod has been removed ▪ Very gently and carefully push the insertion tube upward again, toward the fundus of the uterus, until you feel a slight resistance 	
Step16. Removal of the insertion tube	▪ Continuing to hold and apply gentle downward traction to the volsellum ▪ Remove the insertion tube from the cervical canal	▪ Continuing to hold and apply gentle downward traction to the volsellum ▪ Remove the insertion tube from the cervical canal ▪ Do not pass the Cu IUCD 375 into the uterus more than once 
Step 17. Use high-level disinfected (or sterile) sharp scissors to cut the IUCD strings at 3 to 4 cm of length	▪ Partially withdraw the insertion tube from the cervical canal until the strings can be seen extending from the cervical os ▪ Use sharp scissors to cut the strings at 3 to 4 cm from the cervical opening	
Step 18. Removal of the volsellum	▪ Gently remove the volsellum with open ends and place it in 0.5% chlorine solution for 10 minutes for decontamination	
Step 19. Examine the woman's cervix for bleeding	▪ If there is bleeding where the cervix was being held by the volsellum, use high-level disinfected /sterile forceps to place a cotton (or gauze) swab on the affected tissue ▪ Apply gentle pressure for 30 to 60 seconds and ensure that the cotton is removed after the bleeding stops	
Step 20. Removal of the speculum	▪ Gently remove the speculum and place it in 0.5% chlorine solution for 10 minutes for decontamination	
Step 21. Allow the woman to rest	▪ Advise the woman to remain on the examination table for 5-10 minutes since occasionally a fainting spell may occur on getting down from the table immediately after insertion ▪ Begin performing the post-insertion steps while she is resting	

7.2.4 Instructions for Loading Cu IUCD 380 A inside the Sterile Package

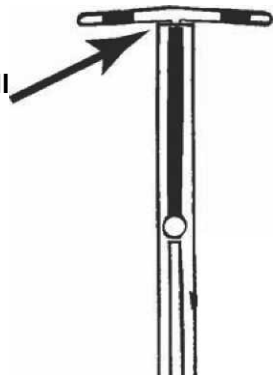
Do **not** open the IUCD's sterile package or load it (as instructed below) until the final decision to insert an IUCD has been made (i.e., until after the pelvic examination, including both bimanual and speculum exams, has been performed). In addition, do not bend the "arms" of the "T" into the insertion **tube more** than 5 minutes before the IUCD is to be introduced into the uterus

While performing the following steps, do not allow any part of the IUCD or the IUCD insertion assembly to touch any non-sterile surfaces (e.g., your hands, the table) that may contaminate it:

STEP 1: Adjust the contents of the package

- Ensure that the vertical stem of the T is fully inside the insertion tube (Figure 8).
- Ensure that the other end of the insertion tube (farthest from the IUCD) is close to the sealed end of the package.

Fig 8: Vertical Stem of T full inside Insertion Tube



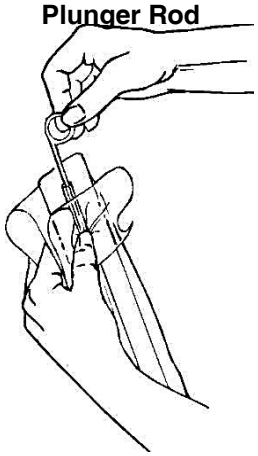
STEP 2: Partially open the package:

- Place the package on a clean, hard, flat surface with the clear plastic side up.
- Pull up on the clear plastic cover from the end that is farthest from the IUCD (marked OPEN).
- Keep pulling the plastic cover until the package is open approximately half way to the blue length-gauge.

STEP 3: Place the white plunger rod in the clear insertion tube:

- Pick up the package, holding the open end up toward the ceiling so that the contents do not fall out.
- Starting at the open end of the package, fold the clear plastic cover and white backing "flaps" away from each other (as shown in Figure 9).
- Using your free hand, grasp the white plunger rod (behind the measurement insert) by the circular thumb grip and remove it from the package.

Fig 9. Placing White Plunger Rod



Do not touch the tip of the white plunger rod or brush it against another surface, as this will cause it to lose its sterility.

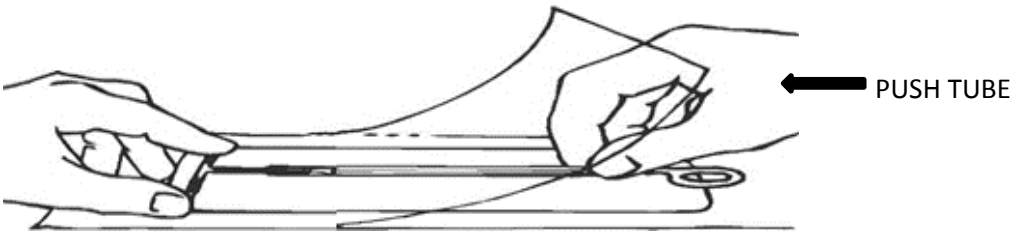
- Place the plunger rod inside the insertion tube and gently push until the tip of the rod almost touches the bottom of the T.

STEP 4: Bend the "arms" of the "T" downward:

Do not bend the arms of the T into the insertion tube for more than 5 minutes before it is introduced into the uterus.

- Release the white backing flap so that it is flat again, and place the package back on the clean, hard, flat surface with the clear plastic side up.
- Through the clear plastic cover, place your thumb and index finger over the tips of the horizontal arms of the T to stabilize the IUCD (Figure 10).

Fig 10: Positioning IUCD and Bending Arms of T



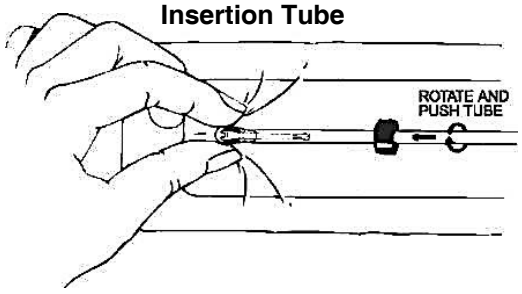
- At the open end of the package, use your free hand to push the measurement insert so that it slides underneath the IUCD and stops at the sealed end of the package.
- Still holding the tips of the arms of the T, use your free hand to grasp the insertion tube and gently push it against the T (Figure 10, solid arrow). This pressure will cause the arms to begin bending downward, toward the stem of the T (as shown on the measurement insert).
- Finish bending the arms of the T by bringing your thumb and index finger together, and continuing to push against the T with the insertion tube.

STEP 5: Pull the insertion tube away from folded arms of the T: When the arms of the T are folded down enough to touch the sides of the insertion tube, pull the insertion tube out from between the arms.

STEP 6: Push the folded arms of the T into the insertion tube:

- Gently push and rotate the insertion tube back over the **tips** of the folded arms of the T, so that both tips are caught inside the insertion tube. (As you maneuver the tips of the arms into the opening of the tube, it may help slightly elevate the other end of the tube.)

Fig 11: Inserting Folded IUCD Arms into Insertion Tube



- Push the folded arms of the IUCD into the insertion tube only as far as necessary to keep them fixed in the tube (Figure 11). Do not try to push the copper bands on the arms into the insertion tube, as they will not fit.

STEP 7: Set the blue length-gauge to the appropriate measurement: With the loaded IUCD still in the partially unopened package, set the blue length-gauge to the corresponding measurement obtained from sounding the uterus:

- Move the length-gauge so that it's inside edge (the edge closest to the IUCD) is aligned with the appropriate centimeter mark on the measurement insert (e.g., 6 cm, 7.5 cm, 8 cm).
- Press down on the length-gauge with the thumb and index finger of one hand to keep it in place, while sliding the insertion tube with your other hand until the tip of the IUCD (the top of the folded T) aligns with the tip in the diagram on the measurement insert. This is the "0" centimeter mark.
- Ensure that the distance between tip of the IUCD and the inside edge of the length-gauge is equal to the length of the uterus as determined by uterine sounding.

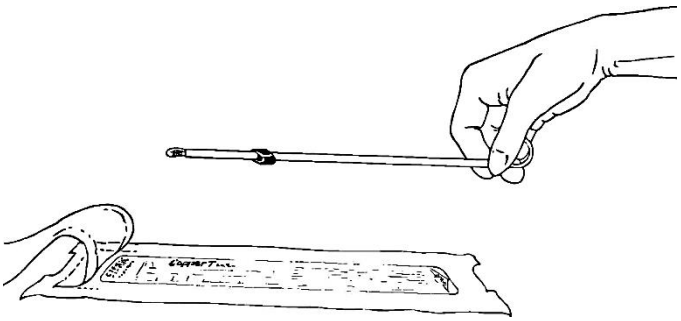
STEP 8: Align the length-gauge and the folded arms of the T so that they are both in a "horizontal" position (i.e., flat against the measurement insert).

STEP 9: Remove the loaded IUCD from the package:

- Finish peeling back the clear plastic cover from the white backing in one brisk, continuous movement with one hand, while holding the insertion assembly down against the white backing on the table (at the open end of the package) with the other hand.
- Lift the loaded IUCD from the packaging, keeping it level so that the T and white plunger rod do not fall out (Figure 12). **Be careful not to push the white rod toward the T, as this will release the IUCD from the insertion tube.**

You are now ready to insert the IUCD. Do not let the IUCD or IUCD insertion assembly touch any non-sterile surfaces that may contaminate it.

Fig 12: IUCD fully loaded in insertion tube



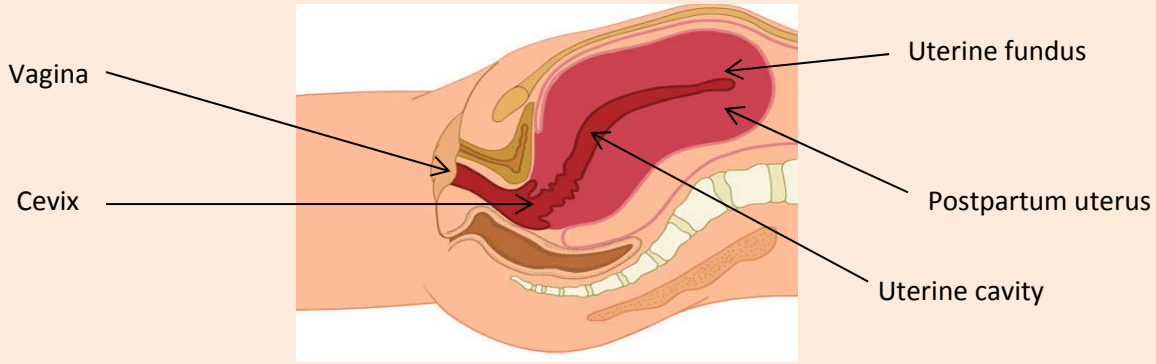
7.3 PPIUCD Insertion

The technique for PPIUCD insertion is different from the technique of the interval IUCD. This is due to the changes in the cervix and uterus after birth.

Between 48 hours and 6 weeks after birth, perhaps because the uterus is softer and more vascular than in its non-pregnant state, an increase in the perforation and overall complication rate like infection, has been observed. IUCD insertion therefore is not recommended during this period.

Women, who return for postpartum care at 6 weeks or later, can receive the IUCD. After 6 weeks of childbirth, the technique of insertion and the related precautions are the same as for interval IUCD insertion which has been described above.

Fig. 13 Anatomy of postpartum uterus



7.3.1 Changes in the Uterus

- Immediately after expulsion of the placenta, the fundus or top of the uterus is just below the umbilicus. It weighs about 1 kg and is approximately the size of a five month pregnancy. It can be palpated easily through the abdominal wall.
- The anterior and posterior walls of the body of the uterus are close together, each wall is about four to five centimeters in thickness.
- The lower part of the uterus (also called the lower uterine segment) is stretched thin and is extremely floppy adding to the marked mobility of the body of the uterus which is usually tilted forward.
- This disparity in consistency and weight between the heavy and thickened body of the uterus and the stretched and folded lower uterine segment contributes to the extreme curvature that can be noted upon manual exploration or bimanual examination. (See Figure 7.1).
- Immediately following delivery and active management of third stage of labor, the uterus contracts and is slightly tilted forwards in the lower abdominal cavity.
- As shown in Figure 13, the axis of the uterine cavity is at about a right angle to the axis of the postpartum vagina. During instrumental insertion of the immediate PPIUCD, this sharp angle

can make insertion difficult and can result in a false belief that the provider has reached the fundus.

- Over the next 48 hours, the uterus remains approximately the same size and consistency.
- Within two weeks however the uterus cannot be felt above the pubic bone as it has almost completely descended into the pelvis. The lower uterine segment can no longer be appreciated, and the uterine cavity straightens and shrinks.
- During the process of involution, the uterus normally regains its previous nonpregnant size within five to six weeks postpartum.

7.3.2 Changes in the Cervix

- Immediately after completion of the third stage of labor, the cervix and lower uterine segment are thin, collapsed and flabby.
- The outer margins of the cervix are often lacerated, and the cervix is extremely soft.
- The cervical opening contracts slowly and for a few days after delivery, it readily admits at least two fingers.
- By the end of the first week however the cervical canal has re-formed with progressive narrowing of the cervical opening and thickening of the cervical walls.
- At the completion of involution, the cervix is firm and tightly closed while retaining permanent changes that characterize a parous cervix.

7.3.3 Importance of Proper Insertion Technique of PPIUCD

For the first 48 hours after birth, the length of the uterus is almost 30 cm. This makes successful fundal placement of the IUCD with a typical interval IUCD inserter tube difficult, as the length of the tube is not sufficient. Instead, a long PPIUCD insertion forceps with a fenestrated end is used for insertion of the PPIUCD to ensure the placement of IUCD at the fundus. Negotiation of the "bend" where the uterine body flops over the lower uterine segment is a common challenge during insertion.

- A common error in insertion technique is to mistake the back or posterior wall of the uterus for the fundus.
- Careful confirmation of fundal placement by manual palpation minimizes the risk of this error which can lead to an increased risk of expulsion.

Between 48 hours and 6 weeks after birth, perhaps because the uterus is softer and more vascular than in its non-pregnant state, an increase in the perforation and overall complication rate like infection, has been observed. IUCD insertion therefore is not recommended during this period.

Interval insertion using no-touch technique and the traditional inserter tube assembly is recommended for all insertions starting **at six weeks after birth** when the uterus has returned to its pre-pregnant state.

7.3.4 Types of PPIUCD Insertion

1. **Postplacental:** Postplacental insertion of the IUCD is done immediately following delivery of the placenta, typically within 10 minutes.

   The woman is not yet shifted from the delivery table. The insertion takes place immediately following active management of third stage labor and the delivery of the placenta.

   Postplacental insertion can be done by:

   Using PPIUCD insertion forceps: the IUCD is held in a suitably long forceps without a lock (eg. PPIUCD Insertion forceps). The instrument is inserted up to the fundus of the uterus, and the IUCD is released.

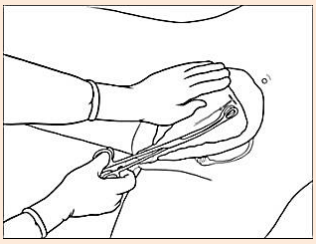


Fig 14: Postplacental insertion

2. **Intracesarean:** the IUCD is introduced through the uterine incision during a caesaren section and placed at the uterine fundus. **This is not to be attempted by AYUSH doctors.**
3. **Postpartum within 48 hours:** the IUCD is inserted within 48 hours following the birth of the baby. The trained provider can insert the IUCD in a procedure or examination room in the postpartum ward using PPIUCD insertion forceps.
4. **Extended postpartum/Interval IUCD**: women who return for postpartum care at 6 weeks or later, can receive the IUCD. The technique of insertion and the related precautions are the same as for interval IUCD insertion.

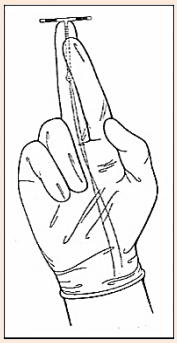


Fig. 15: Intracesarean insertion

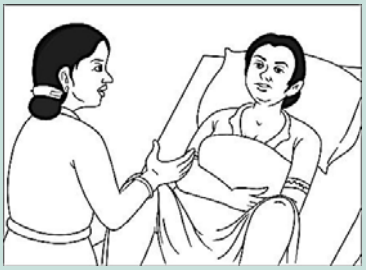
7.3.5 PPIUCD Insertion and Active Management of Third Stage Labor (AMTSL)

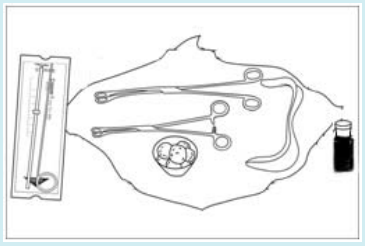
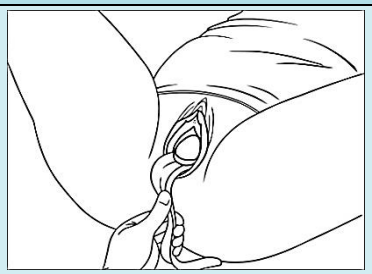
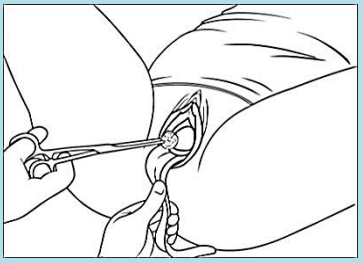
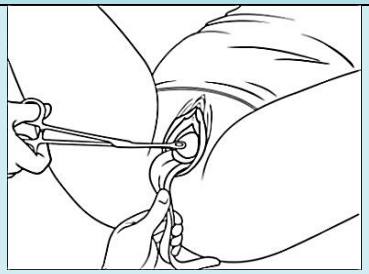
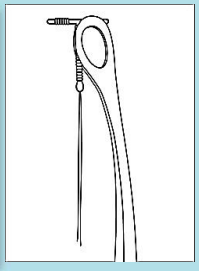
- Insertion of an IUCD postpartum should not interfere with the routine intrapartum and postpartum management protocol.
- Life-threatening medical conditions such as postpartum hemorrhage and pre-eclampsia/eclampsia should be treated as per national guidelines on priority.
- Administration of a uterotonic, controlled cord traction, and uterine massage for active manangement of third stage of labor does not increase the subsequent risk of expulsion of the PPIUCD nor does it make the PPIUCD insertion more difficult.
- No aspect of AMTSL should be modified to accommodate PPIUCD insertion.

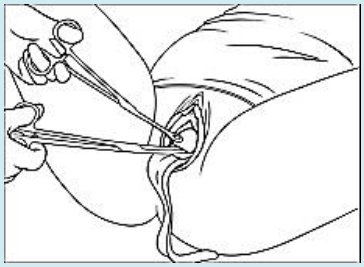
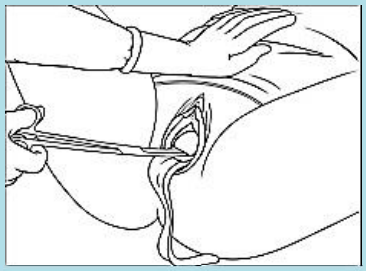
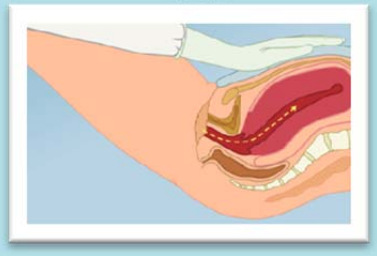
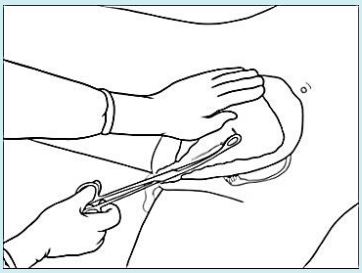
7.3.6 Instruments and Supplies Needed for PPIUCD Insertion

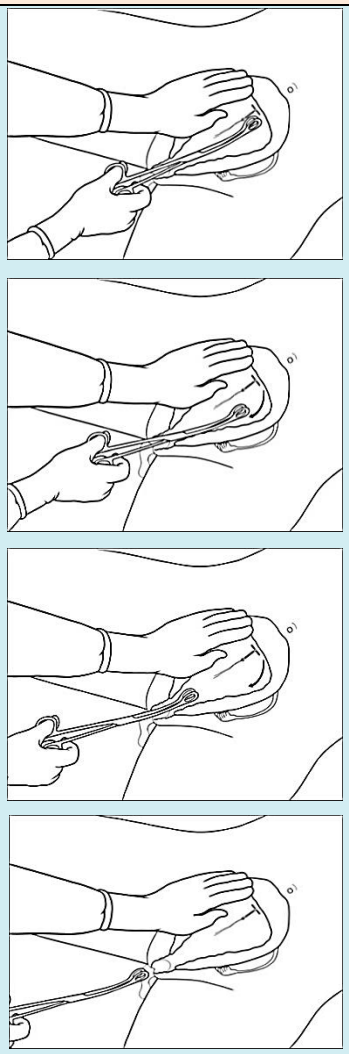
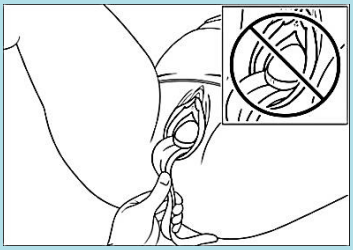
Insertion Technique		Instruments and Supplies
Postplacental and Postpartum Insertion within 48 hours of delivery	1.	Flat surface for placing the instruments
	2.	Light source
	3.	HLD or sterile vaginal speculum (Sim's or other vaginal speculum)
	4.	HLD or sterile ring forceps or sponge-holding forceps
	5.	HLD or sterile PPIUCD insertion forceps
	6.	Bowl for cotton swabs
	7.	Sterile Cotton swabs
	8.	Povidone iodine or chlorhexidine
	9.	HLD or sterile gloves (if the same provider, who did the delivery, is inserting the IUCD, the same gloves may be worn)
	10.	Copper IUCD in a sterile package
Intracesarean Insertion	11.	Copper IUCD, which has been opened onto the sterile field

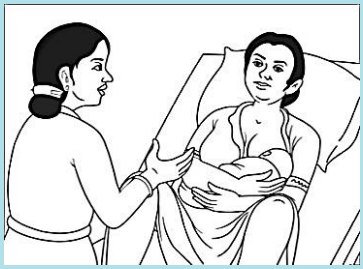
7.3.7 Steps of Postplacental Insertion

S.No	Steps for PPIUCD insertion (Refer to Annexure 8)
1.	Check woman's record to ensure that she is an appropriate client for IUCD and she has given her consent. To screen for PPIUCD pre-insertion, rule out conditions which prevent insertion of IUCD like: ▪ Rupture of membranes for more than 18 hours ▪ Chorioamnionitis ▪ Unresolved postpartum hemorrhage
2.	Confirm that HLD/sterile instruments, supplies and light source are available in the labor room. Talk to the woman with kindness and respect. Confirm with the woman whether she still wants IUCD. Explain that you will insert the IUCD following delivery of the placenta. Answer any questions she might have. 
3.	Perform hand hygiene and put on HLD or sterile gloves.

4.	Arrange instruments and supplies on sterile tray or draped area.	
5.	Inspect perineum, labia and vaginal walls for lacerations. If lacerations are not bleeding heavily, insert the IUCD and repair if needed.	
6.	Gently visualize cervix by inserting a Sim's speculum in the vagina and depressing the posterior wall of the vagina.	
7.	Gently clean cervix with antiseptic solution two times using two separate cotton swabs with Povidone Iodine or Chlorhexidine. Wait for two minutes to allow the antiseptic to work.	
8.	Gently grasp the anterior lip of the cervix with the ring (or sponge holding) forceps up to the first lock. (The same ring (or sponge holding) forceps that was used to clean the cervix can be used).	
9.	Grasp IUCD with PPIUCD insertion forceps in the sterile package using a no-touch technique as noted in Figure. It should be held just on the edge of the PPIUCD insertion forceps so that it can be easily released from the instrument when opened.	 

10.	Apply gentle traction on the anterior lip of the cervix using the ring (sponge holding) forceps and insert IUCD into lower uterine cavity. Avoid touching the walls of vagina. The provider passes the PPIUCD insertion forceps with the IUCD carefully into the lower uterine cavity.	
11.	Once the PPIUCD insertion forceps is in the lower uterine cavity, remove the ring (or sponge holding) forceps that is holding the anterior lip of the cervix. Move the left hand to the woman's abdomen and push the entire uterus superiorly (upward). This is to straighten out the angle between the vagina and the uterus, so that the instrument can easily move upward toward the uterine fundus.	 
12.	Gently move PPIUCD insertion forceps upward towards the fundus following the curve of the uterine cavity. The provider should take care not to apply excessive force. If the uterus is not pushed upward, the angle between the cervix and the uterus may not allow the instrument to advance smoothly. The provider should always keep the instrument closed so that the IUCD is not dropped accidentally in the mid-portion of the uterine cavity.	
13.	Confirm that the end of PPIUCD insertion forceps has reached the fundus and tilt the forceps slightly inwards. When it reaches the uterine fundus, the provider will feel resistance and will also feel the thrust of the instrument at the fundus of the uterus with her left hand which is placed on the abdomen.	

14.	Open PPIUCD insertion forceps and release the IUCD at the fundus. Sweep PPIUCD insertion forceps to side wall of the uterus. Stabilize uterus (using base of hand against lower part of body of uterus). Slowly remove PPIUCD insertion forceps from uterine cavity, keeping it slightly open. Take particular care not to dislodge the IUCD while the forceps are removed. Stabilize the uterus until the PPIUCD insertion forceps are completely out of the uterus. To help prevent the IUCD being drawn downward in the uterus, the instrument is swept to the right to ensure that the instrument is away from the IUCD. Then the instrument is slowly withdrawn, keeping it slightly open at all times. If the instrument closes and catches the strings of the IUCD, it can accidentally pull the IUCD down from its fundal position, increasing the risk of expulsion. Counter traction is applied to stabilize the uterus while the instrument is being withdrawn and until it is completely out of the uterus. 
15.	Examine the cervix to ensure there is no bleeding. If IUCD is seen protruding from cervix, remove and reinsert. It is important to check that the IUCD is not visible at the cervical os. If it is visible, or if the strings appear to be very long, then the IUCD has not been adequately placed at the fundus and the chance of spontaneous expulsion is higher. If it appears that the IUCD is not placed high enough, the provider can use the same forceps to remove the IUCD and reinsert the same IUCD using aseptic procedures (this should be attempted only once more). If however, the IUCD has been contaminated, discard it and use a new IUCD. 
16.	Remove all instruments used and place them in 0.5% chlorine solution for 10 minutes for decontamination.

17.	Allow the woman to rest for few minutes. Support the initiation of routine postpartum care, including immediate breastfeeding. The woman should rest on the table for few minutes following the insertion procedure. The provider should reassure her that the insertion was done smoothly and that she now has an effective, safe and reliable long term spacing method of contraception.
18.	Immerse both gloved hands in 0.5% chlorine solution. Remove gloves by turning them inside out and disposing of them. Perform hand hygiene. All infection prevention steps should be followed as per standard infection prevention procedures and facility protocol for waste management.
19.	Provide the woman with post insertion instructions. ▪ Provide IUCD client card showing type of IUCD and date of insertion. ▪ Inform her about the IUCD side effects and normal postpartum symptoms. ▪ Tell the woman when to return for IUCD follow-up/PNC/ newborn checkup.  ▪ Emphasize that she should come back any time she has a concern or experiences any warning signs. ▪ Inform her about the warning signs regarding IUCD. ▪ Explain how to check for expulsion and what to do in case of expulsion. ▪ Assure the woman that the IUCD will not affect breastfeeding and breast milk. ▪ Ensure that the woman understands the post-insertion instructions. ▪ Give written post-insertion instructions. These instructions should be reinforced again by the staff of the postpartum unit and repeated to the woman, and if possible with her family.
20.	Record information regarding the PPIUCD insertion in the woman's chart or record and in the PPIUCD register kept at the facility.

7.3.8 Postpartum Insertion of the IUCD within 48 Hours of Delivery

There are few notable differences between postplacental insertion and postpartum insertion within 48 hours. Refer to Annexure 8 for checklist for within 48 hours postpartum insertion of the IUCD.

- The provider should ensure that the woman's understanding about the PPIUCD is adequate.
- Make sure that there is adequate hygiene and her bladder is empty.
- Once the woman is on the procedure table the provider should do an abdominal examination to check the level of the uterus and to be certain there is good uterine tone.
- Perform appropriate hand hygiene and use a new pair of sterile or high level disinfected gloves.
- Insert the IUCD using the PPIUCD insertion forceps. Even if the level of uterus has come down due to rapid involution, the insertion with PPIUCD forceps is easier because the curve of the

forceps helps in negotiating through the angle of the lower uterine segment and reaching the fundus of the uterus.

- The provider must ensure that the IUCD is placed at the uterine fundus and should visually examine the cervix following insertion. In some cases the strings may be visible within the cervical canal due to the rapid involution of the uterus. If the strings seem inappropriately long, the provider should consider whether the IUCD has actually rested at the uterine fundus. If there is doubt, it is better to remove the IUCD and tried **only once** more for fundal placement. In postplacental insertion, if string is visible, only one more attempt i.e., reinsert the same IUCD using the same forceps if not contaminated, with all aseptic precautions, may be allowed for fundal placement. If the IUCD has been contaminated, discard it and use a new IUCD.

7.3.9 Intra-caesarean Insertion of IUCD

Women who present to the hospital for scheduled caesarean section, or who require a caesarean section prior to the onset of labor, can be counselled about the insertion of the PPIUCD. Because they are not in active labor, they may be able to clearly consider the decision to use an IUCD.

7.3.10 Tips for Reducing Spontaneous Expulsion

✓ Right time

Post-placental and intra-caesarean insertions have lowest expulsion rates

✓ Right technique

- Elevate the uterus
- Place IUCD at the fundus
- Sweep instrument to the side of the uterine cavity
- Keep placental forceps closed while going in and open while coming out of the uterine cavity

✓ Right instrument

- Use an instrument that is long enough to reach the fundus – PPIUCD insertion forceps

7.3.11 Post-insertion Care

Post-insertion care at the health facility:

- The client should be advised to report any increase in more than expected vaginal bleeding or uterine cramping.
- Vaginal hemorrhage related to uterine atony should be managed as per standard procedure with uterine massage and uterotonics as necessary (Note, PPIUCD does not increase the risk of uterine atony.)
- If severe uterine cramping occurs and persists after PPIUCD insertion, a speculum or bimanual exam should be performed to check for partial or complete expulsion.
- If the woman complains of fever, a full clinical evaluation needs to be done and in the presence of endometritis, an accepted antibiotic regimen should be used for treatment. See the management of infection in association with the PPIUCD.

Post-insertion Instructions to the woman:

- There may be vaginal bleeding or spotting or cramping for initial few days/weeks after insertion. These symptoms are normally experienced by the woman in the postpartum period. Advise ibuprofen, paracetamol or other analgesic as needed.
- Spontaneous expulsion can happen in some cases, and is most likely to occur during the first three months postpartum. Be observant whether the IUCD comes out. If it does, come to the health facility for reinsertion or another contraceptive.
- At 6 weeks postpartum, the IUCD strings can be felt by some women. It is not necessary for her to check the strings. She may come to the health facility if she has any concern about the strings.
- Remember IUCD does not protect against STIs and HIV. Resume intercourse at any time she feels ready
- Return for removal of the IUCD at any time she wants a pregnancy and she will have almost immediate return of fertility.

Before discharge, the following warning signs should be highlighted and the client should be encouraged to call or come to the facility immediately for assessment:

- Heavy vaginal bleeding
- Severe lower abdominal discomfort
- Fever and not feeling well
- Unusual vaginal discharge
- Suspected expulsion: can either feel IUCD in the vagina or has seen it expelled from the vagina
- Any other problems or questions she has related to IUCD

Give a card to the client with the following information in writing:

- Type of IUCD inserted
- Date of IUCD insertion
- Month and year when IUCD will need to be removed or replaced
- Date of postpartum follow-up visit
- Where to go or call if she has problems or questions about her IUCD

7.4. IUCD Removal

IUCD removal is usually an uncomplicated and relatively painless routine procedure. Unless an IUCD is removed for a medical reason or because the woman wishes to discontinue the method, a new IUCD can be inserted immediately after removing the old one, if she so desires. Appropriate assessment and care, before and after the procedure, depend on the reason for IUCD removal, and whether the woman is having another IUCD inserted or is starting a different method. Note also that pre-procedure preparations and post-procedure processing steps are essentially the same as for IUCD insertion, and are not repeated here.

7.4.1 Indications for IUCD removal

- **Wants another child-** Provide information on antenatal care, care during pregnancy, labor and delivery.
- **IUCD to be replaced** (i.e., at the end of its effective life of 5 years (Cu IUCD 375) and 10 years (Cu IUCD 380 A) or before if she desires) Ensure that she has undergone appropriate assessment to determine whether she is eligible for IUCD reinsertion at this time.
- **Medical reasons** (e.g., pregnancy, heavy menstrual bleeding). Refer to a gynaecologist for management of pregnancy with IUCD, heavy bleeding or any other condition as the situation warrants.
- **Starting a different method A**sk when her LMP began. This will help her choose an appropriate back-up method.
- **Menopause**
- **Evidence of IUCD displacement**
- **Personal reasons** (offers no reason at all)- The woman has a right to discontinue the method at any time, regardless of the reason.

Ensure that she understands the following key points about having her IUCD removed, as appropriate:

"She can get pregnant again immediately after IUCD removal."

"If she does not want to become pregnant, she should immediately have another IUCD inserted or start another contraceptive method."

"No rest period is needed between IUCDs."

7.4.2 Equipment and supplies

- All the equipment and supplies as used for insertion
- Straight artery forceps

7.4.3 Steps for IUCD Removal

Using gentle, "no-touch" (aseptic) technique throughout, perform the following steps to remove IUCD:

STEP 1: Prepare the client:

- Give the woman a brief overview of the procedure, encourage her to ask questions, and provide reassurance as needed.
- Remind her to let you know if she feels any pain.

STEP 2: Put new examination/ high-level disinfected gloves on both hands.

STEP 3: Insert a high-level disinfected (or sterile) speculum and visualize the cervix and the IUCD strings.

- If the strings cannot be seen, manage as Missing Strings (Refer to chapter 9).

STEP 4: Cleanse the cervix and vagina with an appropriate antiseptic:

Thoroughly apply an appropriate antiseptic (e.g., povidone iodine or chlorhexidine) two or more times to the cervix (wiping from inside the os outward) and vagina. If povidone iodine is used, ensure that the woman is not allergic to iodine and wait 2 minutes for the solution to act.

In case Cu IUCD is being removed, apply a HLD (or sterile) volsellum to the cervix to straighten out the uterine axis. This will help prevent the IUCD arms from breaking as they pass through the os.

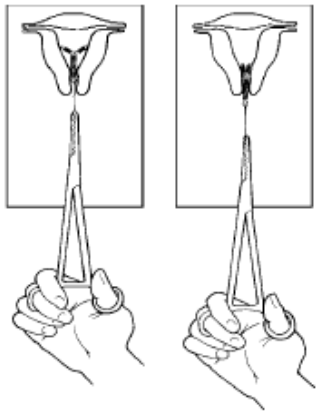
STEP 5: Alert the woman before you remove the IUCD:

- Ask her to take slow, deep breaths and relax
- Inform her that she may feel some discomfort and cramping, which is normal

Do not use force at any stage of this procedure

STEP 6: Grasp the IUCD strings and apply gentle traction:

- Grasp the strings of the IUCD with a high-level disinfected (or sterile) straight artery forceps (Figure 7.2*). It is important to grasp the strings as close to the cervical os as possible.*
- Apply steady but gentle traction, gently pulling the strings toward you with the forceps (Figure 7.2, Right panel). (The device can usually be removed without difficulty.)



If the strings break off, but the IUCD is visible, grasp the device with the forceps and remove it.

If removal is difficult, do not use excessive force and refer to medical officer or specialist. See the textbox written below for guidance on managing this problem.

Guidelines for difficult IUCD removals

If you have partially removed the IUCD but have difficulty drawing it through the cervical canal:

- Attempt a gentle, slow twisting of the IUCD while gently pulling
- Continue as long as the woman remains comfortable

If the IUCD can still not be removed, refer the woman to a specially trained provider who can dilate the cervix.

If there seems to be a sharp angle between the uterus and cervix:

- Place a high-level disinfected (or sterile) volsellum on the cervix, and apply gentle traction downward and outward
- Attempt a gentle, slow twisting of the IUCD while gently pulling
- Continue as long as the woman remains comfortable

If the IUCD can still not be removed, refer the woman to a specially trained provider.

STEP 7: Show the IUCD to the woman

STEP 8: Insert a new IUCD, if the woman so desires and there are no contraindications to continued use. If she is not having a new IUCD inserted, gently remove the speculum and place it in 0.5% chlorine solution for 10 minutes for decontamination.

7.4.4 Post Removal counselling

- Ask the woman how she is feeling, and whether she is experiencing any of the following symptoms:

  Nausea, Mild-to-Moderate lower abdominal pain/cramping, dizziness or fainting (rare)
  If the woman is experiencing any of these symptoms, provide reassurance and allow her to remain on the examination table to rest until she feels better.

  Important: Although most women will not experience problems after IUCD removal, all women should remain at the clinic for 15 to 30 minutes as a precaution.

- If the woman is starting a new contraceptive method, it should be provided now—along with a back-up method if needed (Textbox)

Guidelines for switching to another contraceptive method and need for back up methods*

- If a woman is switching to Combined Oral Contraceptives (OCP s) and:
  - The IUCD is being removed within 5 days her LMP started; no back up method is needed.
  - The IUCD is being removed at any other time, and:

    (a) She has been sexually active in this menstrual cycle, delay IUCD removal until her next period.

    (b) She has not been sexually active in this menstrual cycle, provide a back-up method for her to use for the first 7 days after starting the OCP s.*
- If the woman is switching to any other method, and:
  - The IUCD is being removed within 7 days since her LMP started; no back up method is needed. The IUCD can be removed at this time.
  - If it is more than 7 days since her LMP started, and:

    (a) She has been sexually active in this menstrual cycle, delay IUCD removal until her next period.

    (b) She has not been sexually active in this menstrual cycle, provide a back-up method* for her to use for the first 7 days after starting the new method.

*Back-up methods include abstinence and condoms. If possible, give condoms to the woman. Note that the IUCD can be left in place as the back-up method and removed during the next period.

CHAPTER 8

INFECTION PREVENTION

8.1 Background

The consistent use of recommended infection prevention practices is another critical component of quality health services, as well as a basic right of every patient, client, or staff member in a health care setting.

It is mandatory to practice appropriate infection prevention procedures at all times with all clients to decrease the risk of transmission of infection including Human immunodeficiency virus (HIV), Hepatitis C (HCV), and Hepatitis B (HBV).

Key objectives of infection prevention in providing IUCD services are to:

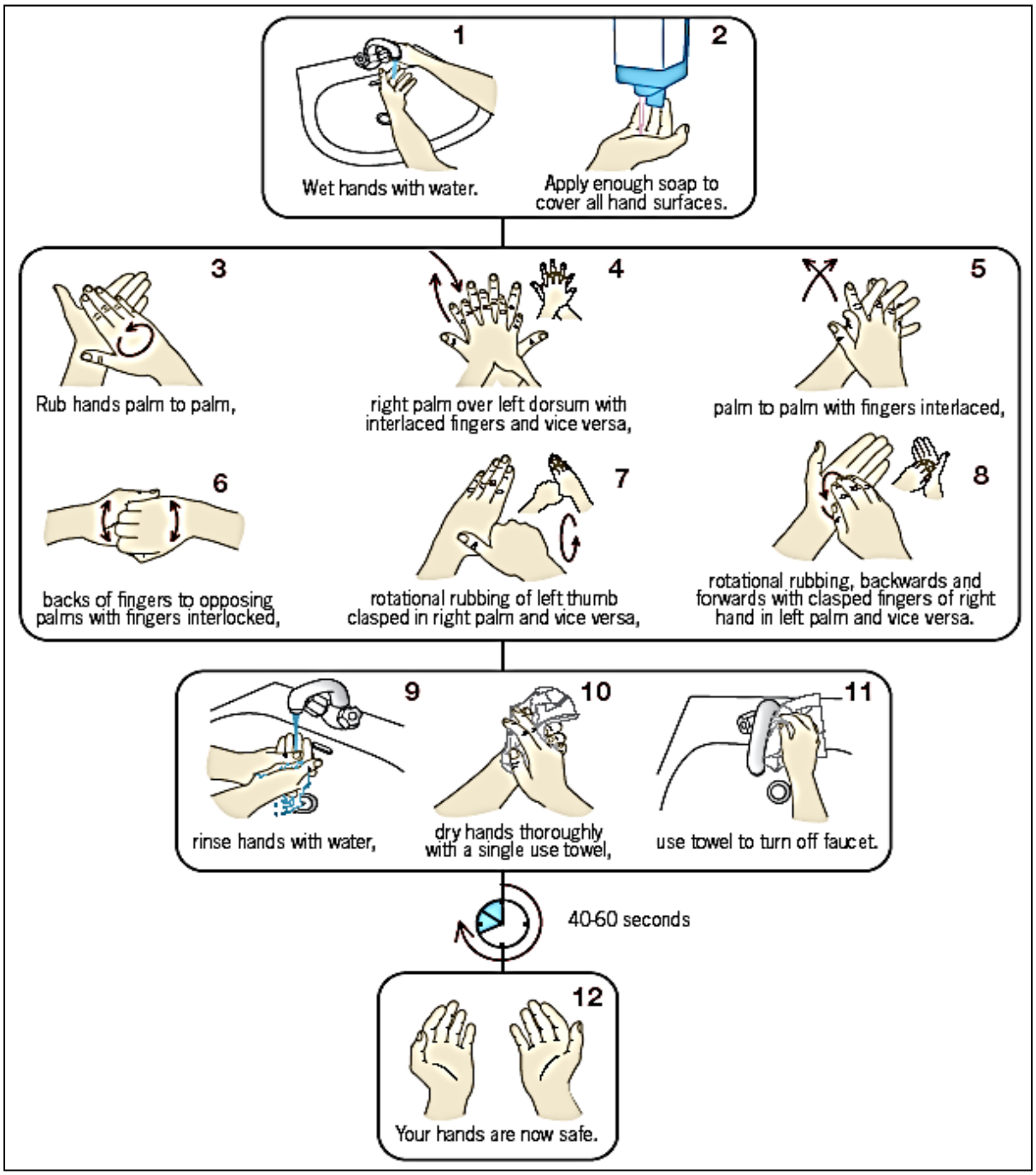
- Reduce the risk of infection due to IUCD insertion
- Reduce the risk of disease transmission to IUCD clients and potential IUCD clients
- Protect health care workers at all levels—from physicians and nurses to housekeeping staff—from getting infection.

8.2 Standard Universal Precautions of Infection Prevention

1. Hand washing:

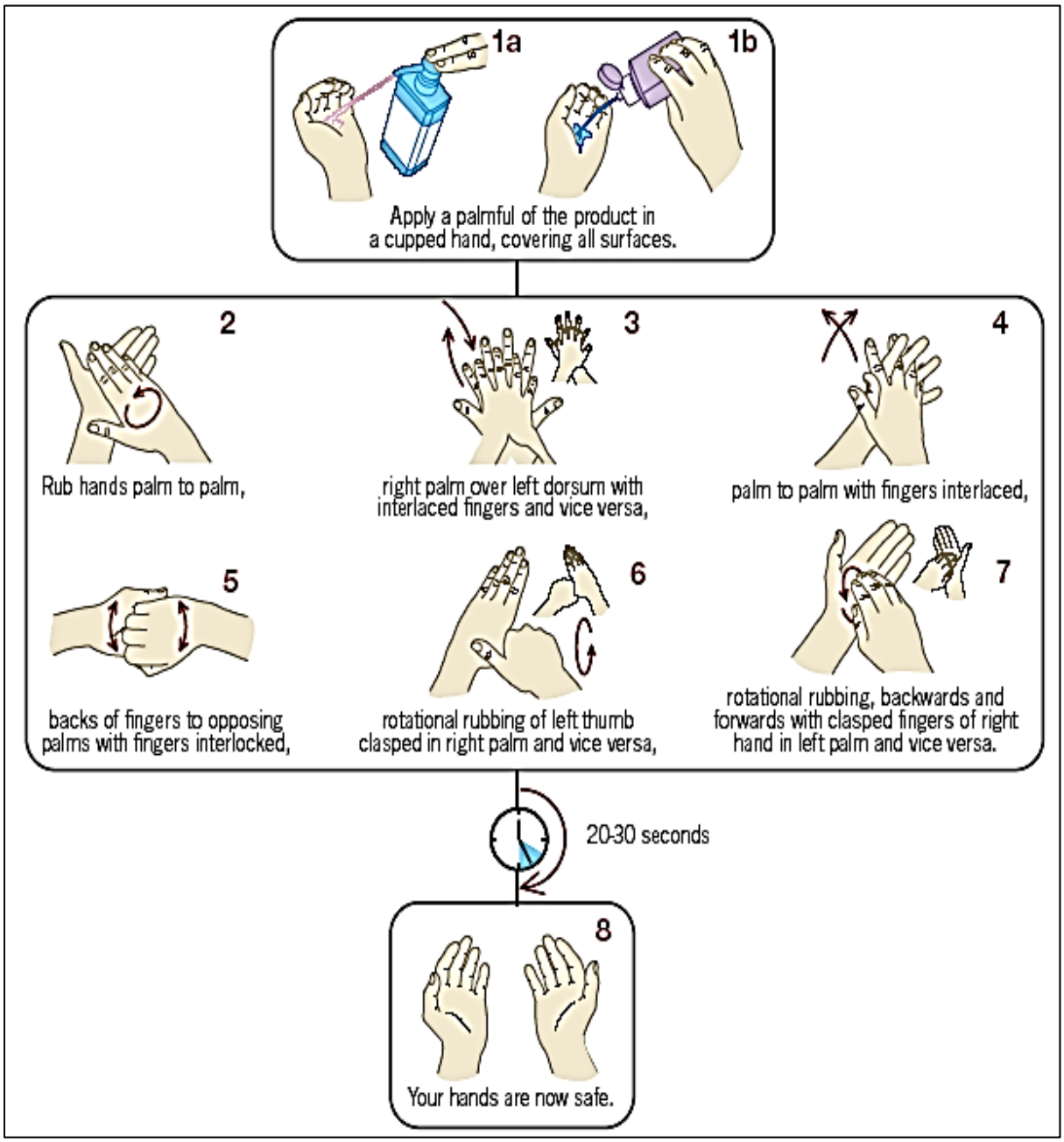
- Wash hands with soap and water or an appropriate alcohol-based hand rub before performing IUCD insertions and after the procedure.
- Hands should be dried with a clean personal towel or air-dried. Towel should not be shared.

Hand washing with soap and water



Adapted from *WHO guidelines on hand hygiene in health care (advanced draft): A summary,* World Alliance for Patient Safety, World Health Organization, 2005

Hand washing using alcohol based hand-rub



Adapted from *WHO guidelines on hand hygiene in health care (advanced draft): A summary,* World Alliance for Patient Safety, World Health Organization, 2005

2. Using protective attire:

- Wear gloves on both hands before touching anything such as lower genital tract skin and mucous membranes, blood or other body fluids such as urine or faeces, vaginal secretions, soiled instruments, and contaminated waste materials or while performing invasive procedures.

- Use protective eye shields, face masks and aprons if splashes and spills of blood or other body fluids are possible (e.g. during the procedure itself or when cleaning instruments and other items).

3. Safe work practices and maintaining asepsis:

- Before IUCD insertion, apply a water-based antiseptic to the cervix and vagina two or more times.
- Use aseptic/no-touch technique during every IUCD insertion.
- Use only sterile IUCDs that are in intact and undamaged sterile packages and are not beyond expiry date.
- New or clean or sterile or HLD gloves; and sterile or HLD instruments should be used throughout the procedure.
- The IUCD should not touch the perineum, the vaginal walls or any other non-sterile surface that may contaminate it before placement in the uterus.

Ideally the IUCD or the uterine sound should not be passed through the cervical os more than once. However, if the strings are visible after removing the forceps during post placental PPIUCD insertion, which indicates that IUCD is placed lower than the fundus or displaced while removing the forceps, then the IUCD may be removed and tried only once more for fundal placement. In post placental insertion, if string is visible, only one more attempt may be allowed for fundal placement. If the IUCD has been contaminated, discard it and use a new IUCD.

4. Maintain environmental cleanliness:

- While still wearing gloves and protective attire, wipe all large surfaces (e.g., procedure table, instrument stand) that could have been contaminated by blood or other body fluids with a 0.5% chlorine solution.

5. Processing of instruments and other items: This includes the following four steps:

Step I: Decontamination

This is a critical step to help prevent transmission of Hepatitis B virus (HBV), Hepatitis C virus (HCV) and HIV to health facility staff. It should be done before the staff is allowed to handle or clean instruments.

- **Immediately after use**, ensure that all instruments are fully immersed in open position in a plastic container filled with 0.5% chlorine solution, for 10 minutes. If the instruments are not to be cleaned (refer to Step 2: Cleaning and Rinsing) immediately after decontamination, rinse them with water and dry them with a clean towel to minimize possible corrosion of the instruments due to chlorine.
- Briefly immerse both gloved hands in the bucket containing the 0.5% chlorine solution and then carefully remove them by turning them inside out. Leave them in the 0.5% chlorine solution for 10 minutes.

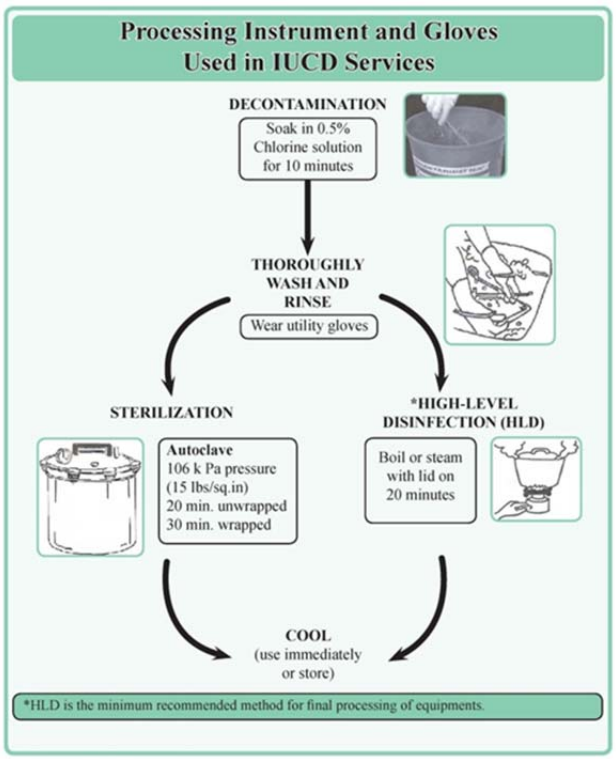
Preparation of 0.5% Chlorine solution using 30% bleaching powder

Mix 15 gms (3 levelled teaspoons) of commercially available bleaching powder in one litre of tap water or make a paste of 15 gms of bleaching powder with very little water in a cup and then pour and mix the paste in one litre of water. Stir well. The solution needs to be changed once in 24 hours or whenever it becomes cloudy or milky white or red in colour.

As one litre 0.5% chlorine solution may not be sufficient for immersing the long instruments and tray with cover, use same proportion to prepare more 0.5% chlorine solution as per requirement.

Step II: Cleaning and Rinsing: After decontaminating instruments:

- Thoroughly scrub them under the surface of the solution of detergent and water in a basin with a soft brush (e.g., a tooth brush). Pay special attention to teeth, joints, and screws, where organic material may collect.
- After cleaning, rinse items well to remove all detergent (This step is important because some detergents can leave a residue that interferes with the action of chemical disinfectants used for HLD/sterilization in step III).
- After rinsing, air dry or dry items with a clean towel and proceed for sterilization. Drying is not required before HLD.



Step III

A: High Level Disinfection (HLD) (Accepted for IUCD services if sterilization services are not available)

After decontaminating and cleaning the instruments and surgical gloves, high-level disinfection can be done using one of the following processes:

3 A.1. HLD by boiling:

- Fully immerse items in water in a covered container /sterilizer and heat.
- Bring water to a rolling/bubbling boil, and then boil for **20 minutes**. Do not add any instrument or water after boiling begins.
- Remove items using high-level disinfected forceps, and place in a high-level disinfected container.

- Allow items to cool and air dry.
- Use objects immediately or store them in a covered airtight, dry high level disinfected container for up to 7 days. If stored in an ordinary covered HLD container, it should be used only up to 24 hours.

3 A.2. HLD by chemical method:

- Fully immerse items in an appropriate high-level disinfectant (i.e., 2% glutaraldehyde or 0.1% chlorine solution prepared in boiled water).
- Soak them for 20 minutes. Do not add any instrument in between.
- Remove items using high-level disinfected or sterile forceps or gloves.
- Rinse items at least three times with boiled and cooled water, so as to remove all chemical.
- Place them in a high-level disinfected container and air dry.
- Use objects immediately or up to 24 hours, store them in a covered airtight, dry high level disinfected container for up to 7 days.

B: Sterilization

3 B.1. Sterilization by steam:

- After decontaminating, cleaning, rinsing and drying instruments, sterilize them by autoclaving at 15 lbs/sq inch pressure for 20 minutes if unwrapped and 30 minutes if wrapped.
- Sterilized packs can be used up to one week, if kept dry and intact and drum is not opened.
- Once drum is opened, use instruments upto 24 hours only.

3 B.2. Sterilization by chemical method

- Decontaminated, cleaned and dried items are put in 2% glutaraldehyde solution for at least 8 to 10 hours.
- Items such as scissors and forceps should be put into the solution in an open position.
- Do not add or remove any items once timing starts.
- Items should be rinsed well with sterile water (not boiled water), air-dried and stored in a covered sterile container for up to seven days. (Sterile water can be prepared by autoclaving water for 20 minutes at 15 lbs/sq inch in an autoclave).

Step IV: Storage:

- Use high-level disinfected or sterilized instruments and gloves immediately, or store them for up to 1 week in a high-level disinfected or sterilized air tight container accordingly with a tight-fitting cover.
- If lid is opened then repeat the sterilization procedure after 24 hours for reusing items

6. Waste disposal:

- After completing a procedure (e.g., IUCD insertion), and while still wearing gloves, dispose of **contaminated waste** (e.g., gauze, cotton, disposable gloves) in a properly marked leak-proof container (with a tight-fitting lid) or plastic bag.
- Segregate the waste in a proper container. Safely dispose of waste materials as per biomedical waste guidelines.
- The waste should be disposed of properly either by burial or burning as per GOI 2011 guidelines. Burning should preferably be done in an incinerator as opposed to open burning. If burning is not possible, waste should be put in a pit and buried but never be thrown out side or left in open pits.
- For general uncontaminated waste that is to be picked up by the municipalities, these should be contained in closed containers prior to removal.

About antiseptics

An antiseptic is a chemical agent used to reduce the number of microorganisms on skin and mucous membranes without causing damage or irritation. Antiseptics are used for:

- Skin, cervical or vaginal preparation before a clinical procedure/surgical scrub
- Handwashing in high risk situations, such as before an invasive procedure or contact with a client at high risk of infection (e.g., a newborn or immunocompromised client)

Antiseptics like povidone iodine, chlorhexidine and spirit **are not meant to be used on inanimate objects**.

About disinfectants

Disinfectants are used to kill microorganisms on inanimate objects; they should not be used on skin or mucous membranes, like glutaraldehyde, chlorine solution.

8.3 Specific Infection Prevention Tips for IUCD Insertion or Removal

8.3.1 Before IUCD Insertion or Removal (as Applicable)

- Ensure that the IUCD package is unopened and undamaged. The IUCD package should not be opened until the final decision to insert the IUCD has been made.
- Do not shave her genital area, genital hair may be clipped if required.
- Place a dry, clean cloth between her genital area and the surface of the examination table.
- Wash hands thoroughly with soap and water; dry them with a clean, dry cloth or allow them to air dry.
- Put new/clean examination gloves or high-level disinfected (or sterile) surgical gloves on both hands.

- For postpartum insertion within 48 hours of delivery, wash or have the woman wash her perineal area with water before preparing the vagina and cervix. If immediately after delivery, in the absence of frank fecal contamination, cleaning the perineal area gently with a sterile gauze or towel is sufficient.

8.3.2 During IUCD Insertion or Removal (as applicable)

- Before sounding the uterus and inserting the IUCD (after performing the speculum examination, with the speculum still in place), thoroughly apply a **water-based** antiseptic (2.5% povidone iodine or chlorhexidine) two or more times to the cervix and vagina before beginning the procedure. Cleanse from the inside of the cervical os outward.

  If povidone iodine is used, allow 2 minutes before proceeding. Iodophors such as povidone iodine require contact time to act.

  Do not use alcohol or sprit. Alcohol is painful for woman and also dries and damages the mucous membranes, which may support the infection process.

- Load the IUCD in its sterile package.
- Throughout the procedure, use the "no-touch" technique to reduce the risk of contaminating the uterine cavity. Using the "no-touch" technique during IUCD insertion means that the uterine sound and the loaded IUCD:
  - Are not allowed to touch the vaginal walls or the blades of the speculum (or any other non-sterile surface that may contaminate them); and
  - Are not passed through the cervical os more than once. However, in postplacental insertion, if string is visible, only one more attempt i.e., reinsert the same IUCD using the same forceps if not contaminated, with all aseptic precautions, may be allowed for fundal placement. If the IUCD has been contaminated, discard it and use a new IUCD.

8.3.3 After IUCD Insertion or Removal

- Process the gloves and instruments for decontamination and disposal as discussed earlier.

CHAPTER 9

MANAGEMENT OF POTENTIAL PROBLEMS

Most of the IUCD insertion-related complications can be prevented by careful screening of clients, strict adherence to correct infection prevention techniques and meticulous attention to standard insertion technique.

For management of problems, AYUSH practitioners should consult or refer the case to MBBS Medical Officer or Gynaecologist.

9.1 Problems at the time of insertion

1. Client Discomfort or pain (applicable for interval IUCD and PPIUCD)

Possible Signs/Symptoms

- A moderate amount of discomfort /pain associated with intrauterine placement of the IUCD is common during interval and postpartum insertion regardless of timing after delivery or technique.

Management

- Reassure the client that a moderate amount of discomfort is associated with insertion and continue communicating with the client during the procedure.
- Perform the procedure as gently and as quickly as possible.

2. Improper Placement of the IUCD (applicable for interval IUCD and PPIUCD)

Possible Signs/Symptoms

- IUCD can be visualized in the cervix or upper vagina after placement.
- In PPIUCD insertion, the length of the string visible in the vagina is not consistent with fundal positioning.

Management

- In case of interval IUCD, remove the displaced IUCD using HLD or sterile forceps and insert a new one.
- In PPIUCD, using an HLD or sterile forceps, remove the IUCD and reinsert the same IUCD if not contaminated, with all aseptic precautions. If the IUCD has been contaminated, discard it and use a new IUCD and fresh set of instruments.

3. Uterine Perforation

Uterine perforations occur very rarely and mostly are result of poor insertion technique during IUCD insertion. It could be detected during the insertion procedure or much later after the procedure.

There have been no reported cases of uterine perforation while placing the PPIUCD in any of the literature`. However, if it occurs, the basic steps for managing a uterine perforation are the same as that of regular IUCD insertion.

Signs and symptoms

During insertion procedure

- Sudden loss of resistance to the inserting instrument(uterine sound or IUCD insertion device) during insertion
- Unexplained pain
- Uterine depth greater than expected from uterine sound (during IUCD insertion)

Management

If suspected during insertion, stop the procedure immediately and gently remove the instruments and IUCD, stabilize the client and REFER to a gynaecologist or higher center.

Detected after insertion procedure:

- Unexplained abdominal pain
- Missing threads
- Confirmed by USG/X ray

Management

Stabilise the client and refer to a gynaecologist or higher centre.

4. Cervical Laceration (applicable for PPIUCD)

Possible Signs/Symptoms
Excessive vaginal bleeding

Management

If laceration is seen, repair as needed depending on size of laceration and amount of bleeding or refer.

9.2 Problems Encountered after IUCD Insertion

9.2.1 Change in Menstrual Bleeding Patterns (applicable for interval IUCD)

Change in menstrual bleeding pattern is a common side effect among users of copper-bearing IUCDs. These changes are usually not harmful to the woman and diminish or disappear within the first few months after IUCD insertion. If, however, these symptoms are severe, persistent, or accompanied by certain other signs/symptoms, they require special follow-up.

Possible Signs/Symptoms:

- Increase in amount of menstrual bleeding
- Increase in duration of menstrual bleeding
- Spotting/light bleeding between periods

Management in case of interval IUCD:

Manage as appropriate based on findings:

- If bleeding is mildly increased after insertion, reassure the client and give iron and folic acid tabs and review after one month.
- If her menstrual bleeding **lasts twice as long / is twice as heavy than usual**, then in addition to IFA give: Haemostatic drugs and NSAIDs, like Mefenamic Acid or Ibuprofen (400mg x TDS) and REFER to specialist for further evaluation and treatment- Ref: WHO Manual
- In case of spotting, treat as above.
- REFER -If her menstrual bleeding changes have continued beyond 3 to 6 months after IUCD insertion and a gynecologic problem is suspected.

PPIUCD

Possible Signs/Symptoms:

Increase in amount and duration of menstrual bleeding more than what is usually expected in the postpartum period or intermenstrual bleeding.

- Management in case of PPIUCD:
  - Determine severity of symptoms: how much more bleeding than usual; how long have symptoms lasted; when did the symptoms start; are they accompanied by other symptoms (e.g., pain, fever); how well is the woman tolerating them?
  - If symptoms are mild and consistent with postpartum uterine involution, reassure.
  - If bleeding is persistently heavy and prolonged or associated with clinical or laboratory signs consistent with severe anaemia, offer iron replacement therapy and consider removal with the patient's consent.
  - If client desires treatment, offer a short course of non-steroidal anti-inflammatory drugs (NSAIDs) during bleeding for a period of three to five days.
  - If client finds bleeding unacceptable, remove IUCD and counsel her regarding alternative methods of family planning.
  - Where appropriate, refer to a qualified gynaecologist to rule out other gynaecologic pathology and pregnancy.

9.2.2 Cramping and Pain (applicable for interval IUCD and PPIUCD)

Increased cramping or pain associated with menstruation is another common side effect among users of copper-bearing IUCDs. Special follow-up is needed, however, if these symptoms are bothersome, severe, or associated with other signs/symptoms that suggest they are not related to menstruation.

Conduct appropriate assessment (including pelvic examination) to identify or rule out other possible causes of the symptoms, such as
- infection,
- partial IUCD expulsion,
- uterine perforation, and
- pregnancy/ectopic pregnancy

When other possible causes of the symptoms are ruled out, manage as appropriate based on findings.

Management - If cramping or pain, provide reassurance and supportive treatment with NSAIDs immediately before and during menstruation to help reduce symptoms.

If it still persists, REFER the client to rule out organic cause.

In PPIUCD, mild intermittent cramping may occur in the first few weeks after IUCD insertion but is generally masked by the usual cramping associated with uterine involution postpartum (after pains).

- If these symptoms are bothersome, severe, or associated with other signs/symptoms that suggest they are not related to menstruation appropriately refer or conduct appropriate assessment (including pelvic examination) to identify or rule out other possible causes of the symptoms, such as infection, partial IUCD expulsion, uterine perforation, and pregnancy/ectopic pregnancy.
- When other possible causes of the symptoms are ruled out, manage as appropriate based on findings. If cramping or pain, provide reassurance and recommend Paracetamol (500 mg every 4—6 hours) or another NSAID immediately before and during menstruation to help reduce symptoms. If it still persists, remove the IUCD.
- In PPIUCD, if symptoms and physical findings are mild and consistent with postpartum uterine involution, reassure.

9.2.3 Infection (applicable for interval IUCD and PPIUCD)

Possible Signs/Symptoms:
- Lower abdominal pain
- Painful intercourse
- Postcoital, intermenstrual or contact bleeding
- Pain associated with periods (especially if this symptom was absent during the first few months after IUCD insertion but developed later)
- Bleeding between periods once resumption of normal monthly periods has occurred postpartum

- Abnormal vaginal discharge
- Painful urination (dysuria)
- Fever
- Nausea and vomiting

According to the latest research, the risk of infection after IUCD insertion, while very low (<1%), is highest within the first 20 days after insertion, and is related to either insertion technique (due to lack of proper infection prevention practices) or pre-existing infection rather than to the IUCD itself.
It is important to note that a pelvic infection does not necessarily develop into PID (PID refers to any infection that ascends into the woman's uterus and fallopian tubes), and that it is caused due to infection with Gonorrhoea or Chlamydia, not due to IUCD. However, because PID can lead to infertility and other serious problems, and because diagnosis of PID can be difficult, providers should treat all suspected cases.

Management: REFER to Medical Officer/ Gynaecologist.

9.2.4 IUCD String Problems (applicable for both interval IUCD and PPIUCD)

Missing, shorter, or longer strings may indicate a variety of problems, including:

- IUCD expulsion
- malposition
- uterine perforation
- may not indicate a problem at all. Sometimes, for example, the IUCD strings may curl up into the cervical canal and uterine cavity for no known reason.

Strings that are too short or too long may bother the woman's partner during sexual intercourse. Guidance for following up on all these potential problems is provided below.

Longer strings

Possible Signs/Symptoms:

- Protruding beyond the vaginal orifice
- Problem to partner during coitus

Examination shows that strings are longer with IUCD in place.

Management: Cut the strings short.

Missing strings (or shorter):

Most commonly due to curling up of thread in vaginal canal.

For missing strings of interval IUCD:

Management:

Rule out pregnancy by:

- History
- Urine Pregnancy Test

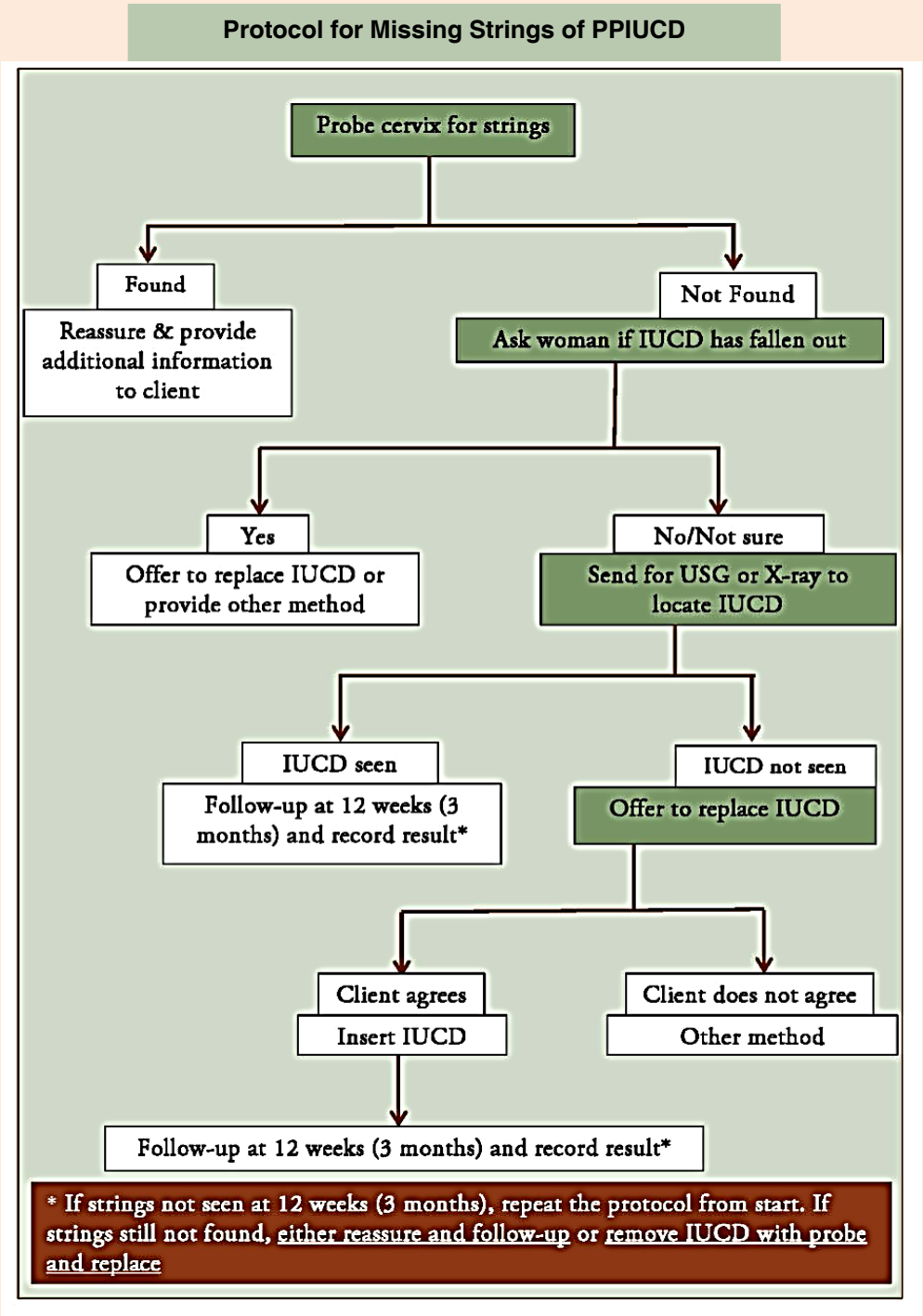
Management:

Once pregnancy has been ruled out gently probe the cervical canal for strings, using a high-level disinfected (or sterile) long artery forceps/ swab sticks/ cytobrush to gently draw them out into the vaginal canal. **If not successful, REFER the client.**

- If the strings are located and drawn out, and the woman wants to keep the IUCD, leave it in place (provided it seems properly placed).
- If the strings are located and drawn out, and the woman does not want to keep the IUCD, remove the IUCD.
- If the strings are not located in the cervical canal (or cannot be drawn out), and the woman does not want to keep the IUCD, REFER her for IUCD removal by a specially trained provider.

For missing strings of PPIUCD

In PPIUCD, the strings usually come down in 6 weeks, when involution of uterus is complete. However, if the strings are not visible protruding from the cervix on P/S exam of a woman after 6 weeks of delivery, the following protocol should be used.



In post caesarean PPIUCD cases with missing strings – REFER to gynaecologist

9.2.5 Expulsion of IUCD (Partial or Complete, applicable for interval IUCD and PPIUCD)

Partial or complete IUCD expulsion can occur silently or may be associated with other signs/symptoms.

Expulsions in PPIUCD can be minimized by:

- Inserting IUCD within 10 minutes after delivery of the placenta
- Placing IUCD sufficiently high at the uterine fundus with the help of long PPIUCD insertion forceps
- Insertion done by a provider specially trained on PPIUCD insertion technique

Possible Signs/Symptoms

- New onset of irregular bleeding and/or cramping
- Expelled IUCD seen (complete expulsion)
- IUCD felt/seen in the vaginal canal (partial expulsion)
- Missed menstrual period (see below for pregnancy with an IUCD in place)
- Missing or longer strings

Management

- If complete expulsion of the IUCD is confirmed (e.g., seen by the woman, confirmed by X-ray or ultrasound): insert IUCD if desired after assessing the client for excluding pregnancy and infection or counsel for another family planning method.
- If partial IUCD expulsion is confirmed (e.g., felt/seen by the woman or clinician): remove the IUCD by gentle traction, if not possible, refer/higher centre. Provide another IUCD if desired and appropriate (not pregnant or infected) or counsel for another family planning method.
- If the IUCD appears to be embedded in the cervical canal and cannot be easily removed by the standard technique, REFER the woman for IUCD removal to a specialist.

9.2.6 Pregnancy with an IUCD in Place (applicable for both interval IUCD and PPIUCD)

While the IUCD is one of the most effective forms of reversible contraception, failures can occur. Approximately one-third of IUCD related pregnancies are due to undetected partial or complete expulsion of the IUCD.

Possible Signs/Symptoms

- Delayed or Missed menstrual period
- Other signs/symptoms of pregnancy
- Missing strings
- Strings which are shorter or longer than expected

Management

Confirm pregnancy by urine pregnancy test and REFER to gynaecologist

CHAPTER 10

FOLLOW-UP CARE

Follow-up care after interval IUCD and PPIUCD is a vital component for ensuring client satisfaction and quality of care. It is the responsibility of the service provider to provide regular and need based follow-up care and manage any problems experienced by the client or observed during assessment.

Key Objectives:

- Assess the woman's overall satisfaction with the IUCD and address any questions or concerns she may have
- Identify and manage potential problems
- Reinforce key messages

10.1 Routine Follow up Visits after Interval IUCD Insertion

10.1.1 Follow-up Visits

The recommended follow up schedule is first visit after one month, preferably after next menstrual period. Subsequent visits after 3 months and 6 months. Unscheduled visits as and when required. (Annexure 9-Client Card)

Health personnel of the area should make a home visit in case the client has not come for the first follow up visit within 1 week of scheduled date.

Follow up home visits can be done by ANM supported by ASHA or AWW.

10.1.2 Follow-up Care

The basic components of routine follow-up care are essentially the same for new and continuing users. Some components, however, may be more important for new users, such as:

- Assessing for menstrual changes (most common side effect of IUCD use), which often subside within a few months of insertion.
- Assessing for infection, which is uncommon but most likely to occur in the first 20 days after IUCD insertion; and
- Checking for IUCD expulsion, which is very uncommon but most likely to occur within the first few months after insertion.
- In addition for a continuing user, on the other hand, it may be more critical to assess for significant changes since her last visit, such as in her overall health, reproductive goals, or individual risk for HIV and other STIs.

10.1.3 Routine Follow-Up Assessment

History

- Assess the woman's overall satisfaction with the method, and check for problems.
- Assess for common side effects (e.g., an increase in the amount or duration of menstrual bleeding, increase in pain/cramping with period, or spotting/light bleeding between periods).
- Screen for **warning signs (PAINS):**
  P: Period related problems or pregnancy symptoms
  A: Abdominal pain or pain during intercourse
  I: Infections or unusual vaginal discharge
  N: Not feeling well, fever, chills
  S: String problems
- Ask whether IUCD is expelled.
- Ask whether she has been using condoms for protection against STIs, as needed.

Physical Examination

- For the **first routine checkup,** perform a pelvic examination to ensure that the IUCD is still in place and check for signs of infection.
- For all **other return visits,** perform a pelvic examination as indicated (i.e., if infection is suspected).

10.2 Routine Follow-up Visits after PPIUCD Insertion

After PPIUCD insertion, a woman should be advised to return to the clinic for routine postpartum care at 6th week as per guidelines, unless she has serious problems which require emergency services. Routine PPIUCD followup care should be integrated with standard postpartum services.

The woman is also encouraged to return anytime if she is experiencing problems, if she wants the IUCD removed, or for any reason she feels that she needs to consult a health provider.

If the woman lives far from the health facility where the postpartum IUCD was inserted, she should be counselled and supported by ANM, ASHA to attend the nearby health facility for follow-up care.

In addition to the usual elements of the postpartum check-up, the following activities are to be performed:

- Ask the client about her satisfaction with the method
- Conduct a pelvic examination to examine the visibility of the strings and to cut them if the woman finds them uncomfortable. Also to rule out conditions like STI or PID, pregnancy, expulsion of IUCD
- Reinforce the messages on warning signs and spontaneous expulsion of IUCD during the first few months
- If the immediate PPIUCD has been expelled, offer the client another contraceptive method or plan to insert another IUCD as for the interval procedure if she wishes
- Encourage use of condoms for STI protection, as appropriate
- If the PPIUCD is in place and the client has no problems, no other follow-up visits are required. Clients should be advised to return for removal as desired or at the end of the recommended period
- If the client is not satisfied or has any of the following problems, IUCD may be removed in the similar way as for the interval IUCD:
  - Partial expulsion
  - Puerperal sepsis
  - Perforation of the uterine wall
  - Persistent uterine cramping of unknown origin

CHAPTER 11

QUALITY ASSURANCE FOR IUCD SERVICES

Quality of care refers to the way in which individuals and couples are treated by the health care system providing services. The objective of this chapter is to provide service providers and clinic managers with basic information and tools on how to improve quality of health services.

11.1 Standards for Quality IUCD Services

The key areas to be addressed and the standards for measuring the performance for IUCD services for achieving quality in IUCD services are given below:

S. No	Key Areas	Performance standards
1	Human and Physical Resources	♦ Availability of trained providers for IUCD and other FP services (24X7 Availability of trained providers for PPIUCD services). ♦ Availability of trained personnel for counselling services. ♦ The clinic has adequate clean space for providing the services ♦ The clinic has an area where counselling can be done in privacy ♦ The clinic has instruments and equipment to provide IUCD services ♦ The clinic has sufficient supplies of IUCDs ♦ The clinic has Infection Prevention supplies and record keeping and reporting materials to provide family planning services ♦ The clinic has source of running water and adequate light(minimum of a three cell torch) ♦ Good storage principles are applied to contraceptives, essential drugs and medical supplies
2	Client focused IEC materials for Family Planning	♦ The clinic has informational posters or panels on the family planning services and postpartum family planning services offered and clinic timing ♦ There is information on client's rights regarding family planning ♦ The clinic has flip charts/ IEC material and samples of family planning methods for counselling
3	Management Systems	♦ There are written routine protocols/ instructions for the delivery of Family planning services. ♦ Screening and client cards are available. ♦ The clinic has GoI prescribed FP client record system registers ♦ The records are reviewed and analyzed regularly
4	Infection Prevention practices	♦ There is clean running water available in the clinic (tap or a tank with tap) ♦ Facility for hand hygiene is readily available

		♦ The availability and use of antiseptics for skin and/or mucous membranes are as per the standards ♦ The processing of instruments and other articles (immediately after use and before cleaning) is performed according to the standards ♦ The waste disposal system is according to standards
Family Planning Services		
5	FP Counselling	♦ There is a dedicated private space for counselling, which is in the vicinity of ANC and Immunization Clinics. ♦ All women coming for ANC, Immunization of children and postnatal visits, are routed through the counsellor. ♦ The counsellor uses job-aids, BCC material etc. for counselling ♦ The provider gives information about all the contraceptive methods available in the clinic, with benefits and limitation, and confirms the woman's choice ♦ The provider rules out pregnancy
6	Providing IUCD to a New Client	The provider ♦ assesses the woman's eligibility to use the IUCD ♦ explains about the warning signs with the IUCD ♦ performs the pre insertion tasks and inserts the IUCD as per guidelines ♦ advises for the return and/or follow up visits
7	Follow up Visit and Management of IUCD side effects and problems	The provider ♦ verifies the woman's satisfaction with the IUCD ♦ identifies and manages the side effects or problems with the IUCD and refers if required
8	IUCD Removal	The provider prepares for the procedure ♦ identifies and documents the reasons for removal in the GoI prescribed format. ♦ removes the IUCD following the standard procedure guidelines ♦ performs the post removal tasks and counselling on other family planning methods

The above section has outlined 8 key areas and some standards under each key area, which will guide effective delivery of services.

11.2 Standards for Quality PPIUCD Services

- Provision of PPIUCD services requires careful coordination and collaboration of antenatal, intra-partum and postnatal care services in the facility.
- It is important that all personnel of the obstetric/maternity care team are oriented to PPIUCD service provision and that counselling messages are uniform and consistent right from the antenatal care clinic to the labour room, postpartum ward and family planning clinic.

S. No.	Key Area	Performance Standards
1	Initial Client Assessment and Counselling During Antenatal Care	♦ The provider uses recommended counselling techniques. ♦ Provider/counsellor provides information on all benefits of pregnancy spacing and explores woman's knowledge about family planning methods. ♦ The provider/counsellor targets information-giving to the woman's interest and needs if the woman has a method/or several methods in mind. ♦ The provider does a brief screening assessment and determines that the IUCD is an appropriate method for this woman. ♦ Provider gives method-specific information about the IUCD. ♦ Provider makes a notation (with a stamp for ANC card) which alerts other care providers that the woman has chosen postpartum insertion of the IUCD. ♦ All women coming for ANC are routed through the FP counsellor and the counselling corner is close to the ANC Clinic.
2	IUCD Counselling and Client Assessment During Labor or Immediate Postpartum Period	♦ The provider re-confirms with the woman in labour and the postpartum woman that she has chosen the IUCD for postpartum FP. ♦ The provider counsels and screens a client not identified for the postpartum IUCD during ANC. ♦ The provider ensures the IUCD is an appropriate postpartum contraceptive method for a woman in labour/ postpartum woman.
3	IUCD Service Provision	♦ The provider completes all pre-insertion tasks for post-placental, postpartum or intra-caesarean IUCD insertion. ♦ The provider uses the correct technique for post-placental, postpartum and intra-caesarean insertion of IUCD ♦ Post procedure infection prevention tasks and instrument processing are correctly carried out. ♦ The provider provides post insertion instructions to the client.
4	Client Follow Up	♦ Every PPIUCD client is advised for coming for follow up after six weeks of insertion. a. When a client comes for follow-up, the provider: b. Asks the client about her satisfaction with the method

		c. Conduct a pelvic examination to examine the visibility of the strings and to cut them if the woman finds them uncomfortable d. Asks for any complications, including: o Puerperal sepsis o Perforation of the uterine wall o Partial expulsion o Persistent uterine cramping of unknown origin (If the client is not satisfied or has any of the above problems, IUCD may be removed) ♦ Follow Up findings are documented on GoI prescribed format.
5	Management and Record Keeping	♦ The provider records relevant information about the services provided in the patient's chart. ♦ The provider records relevant information about the services provided in the register. ♦ The facility has adequate supplies and materials for postpartum family planning. ♦ The provider(s) have the required qualifications. ♦ There is an organized facility-wide system in place to ensure that every postpartum woman is counselled and offered postpartum family planning.

CHAPTER 12

INCREASING ACCESSIBLITY AND AVAILABILITY OF IUCD SERVICES

12.1 Integrate FP and IUCD services with other health services

Unmet need for FP should be addressed by making the information and services available to all potential clients, like clients in ANC clinics, labor wards, postpartum wards, MTP clinics, immunization clinics; and the eligible couples in the community can be reached by ASHAs and ANMs.

12.2 Make IUCD services easily available to women

To ensure IUCD services are available to clients, whenever they require, any gaps in manpower, material or equipment or IEC should be eliminated.

12.3 Provide two options of Cu IUCDs (Cu IUCD 380A and Cu IUCD 375)

Choices between both Cu IUCDs need to be offered to clients, who are interested to get IUCD or PPIUCD inserted. Providing two options for Cu IUCD, instead of one is likely to increase chances of overall acceptance of IUCD.

12.4 Increasing Demand for FP and IUCD Services

- Client information material on FP and IUCD should be distributed and posters on FP and IUCD should be displayed at proper places to increase awareness.
- Whenever ASHAs or ANMs make home-visits or come in contact with eligible couples or women in the community for any purpose (ANC, Postnatal visit, social marketing), the information on IUCD (and PPIUCD, in case of pregnant women) and other FP methods should also be provided to them. ASHA may escort or refer the woman to appropriate health facility for further information and services, if woman is interested for IUCD.

Guidelines for Training

(Five-days' Course)

COMPETENCY BASED TRAINING ON IUCD FOR AYUSH SERVICE PROVIDERS

INTRODUCTION

This IUCD clinical training course is designed for service providers (AYUSH providers). The course provides essential knowledge and builds competency in providing quality IUCD services. Training emphasizes doing, not just knowing, and uses competency-based evaluation of performance

- This course is based on competency-based training (CBT) approach.
- It is based on adult learning principles, which means that it is interactive, relevant, and practical in which the trainer facilitates the learning experience rather than serves in the more traditional role of an instructor or lecturer.
- It involves use of behavior modelling to facilitate learning in a standardized way of performing a skill or activity.
- Evaluation is based on how well the participant performs the procedure or activity, not just on how much has been learned.
- It relies on the use of anatomic models and other training aids (i.e., it is humanistic) to enable participants to practice repeatedly the standardized way of performing the skill or activity before working with clients. Thus, by the time the trainer evaluates each participant's performance using the skills checklist, every participant should be able to perform every skill or activity competently. This is the ultimate measure of training.

COURSE DESCRIPTION

This 5-day clinical training course is designed to prepare the participant to counsel individuals concerning the use of IUCDs and PPIUCDs as a contraceptive method and to become competent in inserting and removing the Cu IUCD 380 A and Cu IUCD 375 in interval and within 48 hours of postpartum period. This course will also enable participants to manage side effects and other potential problems associated with the use of IUCDs as well as ensure appropriate referrals for situations that need greater skill or specialised care.

Course Goals

- To influence in a positive way the attitudes of the participant toward the benefits and appropriate use of IUCD and PPIUCD
- To provide the participant with the knowledge and skills necessary to provide interval IUCD services
- To provide the participant with the knowledge and skills necessary to provide postpartum IUCD services

Participant's Learning Objectives

By the end of the training course, the participant will be able to:

- Demonstrate appropriate counselling and assessment of women for family planning in general and IUCD in particular.
- Perform insertion of interval IUCD.
- Demonstrate appropriate counselling and assessment of antenatal women for postpartum family planning in general and immediate postpartum IUCD in particular.
- Demonstrate appropriate counselling and screening of women in labor/immediate postpartum for insertion of the IUCD.
- Perform postplacental and postpartum insertion of the IUCD.
- Demonstrate appropriate infection prevention practices related to IUCD service provision.
- Describe the follow-up care of IUCD and PPIUCD client.

Training/Learning Approach and Methodology

All training activities in this course will be conducted in an interactive, participatory manner using the training package (given below) appropriately as suggested in the course outline. To accomplish this, the trainer will have to change roles throughout the course. For example, the trainer is an instructor when presenting a classroom demonstration; a facilitator when conducting small group discussions or using role plays; and shifts to the role of coach when helping participants practice a procedure. Finally, when objectively assessing performance, the trainer serves as an evaluator**.** Following training techniques will be used in this 5 days training course:

- Interactive presentations and group discussion
- Individual and group exercises
- Role plays
- Simulated practice with anatomic (pelvic) models
- Guided clinical activities (counselling and IUCD insertion)

Training Package

- The **reference manual** contains the 'need to know' and 'how to do' information and techniques essential to provide quality IUCD services. This is designed to provide all of the essential information needed to conduct the course in a logical manner. It serves as the "text" for the participants and the "reference source" for the trainer. It also contains all counselling and clinical skills checklists needed during the course. Performance standards for management of interval IUCD and postpartum IUCD Clinical Services are also included in the reference manual.
- Interval and postpartum IUCD insertion kit (equipment and supplies) and IUCDs (Cu IUCD 380A & Cu IUCD 375) in sterile packages

- **Anatomic models** that allow practising interval and postpartum IUCD insertion
- **Well-designed teaching aids and audiovisual materials**, such as insertion video; anatomic models; and other training aids such as power point presentations.
- **Competency-based performance evaluation** through checklists

Assessment of Training

- **Participants' Knowledge and Skills**
  - Pre and Midcourse Knowledge Assessment
  - Skill checklists for interval and postpartum IUCD services, which includes counselling, screening by history, per speculum and per vaginal examination, insertion and infection prevention measures
- **Course Evaluation**
  - Course evaluation (to be completed by each participant)

Course Duration

Five days with practice of skills on models and clients. It is essential that the training site is an established interval IUCD and postpartum IUCD service delivery site, so that clients are available during the training course to enable each participant practice clinical skills on at least one client of interval IUCD and one client of postpartum IUCD during the course.

Suggested Course Composition

- About 10 participants in one batch depending upon the IUCD and PPIUCD client load at the training site.
- The participants will be AYUSH doctors (except Yoga and Naturopathy providers)
- At least 2 clinical trainers per course will conduct the training.

Outcome of the training

This clinical training course is designed to produce qualified service providers capable of providing interval and postpartum IUCD services to women. Qualification is a statement by the trainers that the participant has met the requirements of the course in knowledge, skills, and practice. Qualification does not imply certification. Personnel can be certified only by an authorized organization designated by the Ministry of Health and Family Welfare (MoHFW).

Qualification is based on the participant's achievement in three areas:

- **Knowledge**: A score of at least 80% on the Midcourse Knowledge Assessment
- **Skills**: Satisfactory performance of interval and postpartum IUCD counselling and clinical skills

- **Practice**: Demonstrated ability to provide interval and postpartum IUCD services in the clinical setting

The evaluation methods used in the course are described briefly below:

- **Midcourse Knowledge Assessment**. This knowledge assessment will be given to all the participants when all subject areas have been presented. A score of 80% or more correct Facts indicates mastery of the theoretical material presented in the reference manual. For those scoring less than 80% on their first attempt, the clinical trainer should review the results with the participant individually and provide guidance on using the reference manual to learn the required information.
- **Provision of Services (Practice).** During the course, it is the clinical trainer's responsibility to observe each participant's overall performance in providing IUCD services. This provides a key opportunity to observe the impact on clients of the participant's attitude, a critical component of high-quality IUCD service delivery. Only by doing this, can the clinical trainer assess the way the participant uses what s/he has learned.
- **Counselling and Clinical Skills Checklists**. The clinical trainer will use the checklists to evaluate each participant as s/he counsels clients and inserts IUCDs or removes IUCDs with clients. Evaluation of the counselling and clinical skills of each participant may be done with clients; however, it may be accomplished at any time during the course through observation of the participants during the provision of clinical services. The development of counselling and clinical skills will be tracked during the course.
- **Post training follow-up at worksite**. It is recommended that, within one to two months of qualification, the participants need to be observed and assessed working in their facility by a course trainer or skilled provider using the same counselling and clinical skills checklists. This post-course assessment is important for several reasons.
  - First, it not only gives the newly trained providers direct feedback on her/his performance, but also provides the opportunity to discuss any startup problems or constraints to service delivery (e.g., lack of instruments, supplies or support staff).
  - Second, and equally important, it provides the training center, via the clinical trainer, key information on the adequacy of the training and its appropriateness to local conditions. Without this type of feedback, training easily can become routine, stagnant and irrelevant to service delivery needs.

PLANNING FOR THE TRAINING

Participant Selection Criteria

Participants for this course should be clinicians AYUSH providers (except Naturopathy and Yoga), who are:

- Working in a health care facility and actively engaged in providing women's health services including antenatal care, labor and childbirth, and postpartum care, including family planning
- Already trained in Skilled Birth Attendance (SBA) as per GoI guidelines.
- Willing to update their knowledge, acquire the skills and attitude essential to provide interval and postpartum IUCD services

Organising Clinical Training

The team responsible for training must plan and budget for the training as follows:

Guidelines for training of Health care Providers on IUCD

- **Designation of the Training Centres-** The states should aim at developing at least 1 Clinical Training Centre (based in District/ Sub-district facilities providing RCH services) per district based on the following:
  1. The centre should have a training room with adequate seating capacity and audio-visual learning aids
  2. Adjoining health care facilities which have facility for IUCD insertion (for interval IUCD) and adequate load of deliveries (for PPIUCD insertion). The facilities, which will be used as clinical training sites should establish or already have established interval IUCD services and PPIUCD services, so that clients for interval IUCD and PPIUCD services at these sites are available during training.
- **Designation of the trainers-** Medical officer (MBBS) or SN providing IUCD insertion services and providing PPIUCD services for concerned sessions who have been trained as per GOI protocols of interval and PPIUCD services
- **Training Duration-** 5 working days
- **Number of Trainees-** Maximum 10 trainees per training batch according to the client load in the training centre to offer a chance to all the participants to perform IUCD insertions on clients.

  The districts should plan for intensive IEC activities for a week prior to the training to increase the number of clients in context of voluntarism and informed choice

- **Qualification of Trainees-** AYUSH providers (Ayurveda, Homeopathy, Unani and Siddha) except Naturopathy and Yoga.

- **Key Contents of the training:**
  - Overview of family planning services under Public Health Care system
  - Pre and Post procedure counselling
  - Eligibility/ Clinical assessment including per vaginum (P/V)and per speculum(P/S) examination and selection of clients
  - Clinical Procedures as per standards: Infection Prevention, Insertion/removal of interval IUCD, Insertion/removal of PPIUCD, management of potential side effects and complications including referrals
  - Issuing IUCD Client Card
  - Post insertion follow-up
  - Other programme management components like IEC / BCC activities, management/maintenance of equipment and Health Management Information System (HMIS)

- **Number of Cases to be performed by the trainee-**
  - Perform at least 5 P/V & P/S examinations as per standard
  - Perform at least 5 insertions each of Interval IUCD and PPIUCD on Zoe's model
  - Observe at least 2 cases each of Interval IUCD insertion and PPIUCD insertion in clients
  - Perform successfully at least 1 Interval IUCD insertion and 1 PPIUCD insertion in client under supervision

- **Participation Certification-** Trainer must evaluate the trainee using a checklist while observing the trainee perform IUCD insertion and a certificate of participation to be issued after successful completion of full course of training.

- **Preparing the training plan**

S. No	Activities	Responsible Agency/Person
1	**Identification and designation of Training Centers**	
	State Training Centre/s	State Quality Assurance Committee (SQAC)/ Director, Family Welfare (DFW)
	District Training Centre/s	District Quality Assurance Committee (DQAC) / District Chief Medical Officer (CMO)
2	**Identification and designation of Trainer/s**	
	State Trainer/s	SQAC/DFW
	District Trainer/s	DQAC/CMO

S. No	Activities	Responsible Agency/Person
3	Assessing training load	DFW / DCMO / District Training Coordinator
4	Drawing up training calendar	DFW / CMO / District Training Coordinator
5	Selection and nomination of trainees for training	CMO / District Training Coordinator
6	Organization and management of trainings	District Training Coordinator
7	Certification of successful trainees	District Trainer/s
8	Quality assurance of trainings	District Training Coordinator and Trainer/s
9	Post training support and follow-up	District Training Coordinator/ CMO
10	Empanelment of trained & certified trainees	DQAC/CMO

♦ Arrangement of Facilities

The Training site should have:

i. **Classroom Training Facility** – May be a classroom or meeting room or conference or seminar room, which can accommodate 12 persons (10 participants + 2 trainers) and has space for at least 2 skill stations. Lights, fans and electricity back up should be available in the class-room

Clinical skill practice station

The trainer needs to set-up at least 2 clinical skill stations for interval IUCD and clinical skill stations for PPIUCD and the stations are used for multiple activities including:

- Demonstration of interval IUCD and PPIUCD insertion techniques – where participants are introduced to the proper technique while following the checklist
- Models practice for interval IUCD and PPIUCD Services – when participants work in groups and get to practice the clinical skills of interval or PPIUCD insertion while being coached by their trainers.

Table: Items Required for Interval IUCD Insertion at Each Skill Station

Model	Training Aid
♦ Zoe model for interval IUCD insertion ♦ Handheld uterine model ♦ Towel to cover Zoe	♦ Illustration of tap for handwashing, on a flip chart
Instrument & Supplies	IP Equipment
1. Stainless steel tray with cover (12"×8"×2") 2. Small bowl for antiseptic solution 3. Kidney tray 4. Sim's/Cusco's vaginal speculum-large, medium, small 5. Anterior vaginal wall retractor (If Sim's speculum is used) 6. Sponge holding forceps 7. Volsellum forceps curved/ tenaculum 8. Uterine sound 9. Mayo scissors 10. Long artery straight forceps (for IUCD removal) 11. Gloves (high-level disinfected surgical gloves or examination gloves) 12. Dry and sterile cotton swabs 13. Cheatle's forceps with container 14. Antiseptic solution (chlorhexidine or povidone iodine) 15. Torch 16. IUCDs	1. Plastic bucket for decontamination 2. Bleaching powder 3. Utility gloves 4. Leak proof, colour coded, covered container for disposables

Table: Items Required for PPIUCD Insertion at Each Skill Station

MODEL:	**TRAINING AID:**
▪ Zoe model with postpartum attachment ▪ Towel to cover Zoe	▪ Illustration of tap for hand washing, on a flip chart
EQUIPMENT: Instruments: 1. Ring or sponge holding forceps (1) 2. PPIUCD insertion forceps (1) 3. Sim's Speculum 4. Bowl for betadine	**SUPPLIES:** 1. Dry and sterile Cotton balls 2. Betadine solution 3. Gloves 4. Buckets 1 labelled "Waste" 1 labelled "0.5% Chlorine"

ii. **Clinical Practice Facility with Clients –** Health center/hospital with enough caseload of clients for interval IUCD and delivery or postpartum IUCD, so that each participant gets clients for interval IUCD insertion and PPIUCD insertion under supervision.

iii. **Toilet Facilities near classroom**

Accommodation - For participants and sometimes for the trainers to be arranged in the hostel or nearby hotels as per budget allocation.

TRAINING COURSE SCHEDULE

TRAINING COURSE SCHEDULE (5 DAYS COURSE)		
Day 1	Day 2	Day 3
Morning 9 AM – 1 PM	Morning 9 AM – 1 PM	Morning 9 AM – 1 PM
Opening ▪ Welcome ▪ Participant expectations **Objectives and Course Materials** ▪ Goal and objectives ▪ Review of course schedule **Precourse Knowledge Assessment** **Interactive Presentation** ▪ Brief overview of female anatomy ▪ IUCD use in India & ▪ Overview of Copper IUCD **Tea Break** ▪ Overview of postpartum family planning and PPIUCD **Interactive Presentation** ▪ Counselling	**Agenda, Warm Up and Recap of Day 1** **Interactive Lecture** ▪ MEC and client assessment **Exercise** ▪ Client assessment for IUCD and PPIUCD **Interactive Presentation & Demonstration** ▪ Infection prevention **Exercises** ▪ Identify the IP steps in IUCD insertion checklist **Tea Break** **Demonstration of Interval IUCD Insertion in Client and Skill Practice of Interval IUCD Insertion on Models**	**Agenda, Warm Up and Recap of Day 2** **Guided Clinical Practice**—Provide counselling, IP, and IUCD services in the clinic with supervision or classroom practice. **Tea Break** **Review of Clinical Practice**
Lunch	Lunch	Lunch

TRAINING COURSE SCHEDULE (5 DAYS COURSE)		
Day 1	**Day 2**	**Day 3**
Afternoon 2PM – 5:00PM	**Afternoon 2PM – 5:00PM**	**Afternoon 2PM – 5:00 PM**
Role Play ▪ Demonstration and practice of FP counselling **Demonstration** ▪ P/V and P/S examination ▪ Insertion & removal techniques of interval IUCD (video and on models) **Participants Practice** ▪ P/V and P/S examination ▪ Loading of Cu IUCD 380 A inside the sterile packet **Tea Break** **Discussion on the care of models** **Home Assignment and Review of the Day**	**Interactive Presentation** ▪ Management of Potential Problems; Follow-up Care **Discussion** ▪ Maintenance of FP, IUCD registers; Monthly reporting **Tea Break** **Demonstration of Interval IUCD Insertion in Client and Skill Practice of Interval IUCD Insertion on Models** **Review of the Day**	**Guided Clinical Practice**—Provide counselling, IP, and IUCD services in the clinic with supervision or classroom practice. **Review of Clinical Practice** **Tea Break** **Assessment of participants on counselling and interval IUCD insertion skills on model**
Assignment: Read Chapters 1-4	**Assignment:** Read Chapter 5-8	**Assignment:** Prepare for mid-course assessment

Note: (1) Though demonstration of insertion (IUCD and PPIUCD) in clients and guided clinical practice are mentioned on specific days and sessions, whenever client is available for IUCD and PPIUCD, the participants should be taken in small groups to the respective site of insertion, so that the participants can observe or insert under supervision of trainer/trained provider.
(2) P/S and P/V examination competence of participants must be ensured before proceeding to clinical practice for IUCD insertion.

TRAINING COURSE SCHEDULE (5 DAYS COURSE)	
Day 4	**Day 5**
Morning 9 AM – 1 PM	**Morning 9 AM – 1 PM**
Agenda, Warm Up and Recap of Day 3 **Interactive Session** What is different about PPIUCD? **Demonstration** ▪ Insertion of PPIUCD (Video and on model) **Skill Practice:** ▪ PPIUCD insertion on model **Role Play:** ▪ Practice counselling for postpartum FP and postpartum IUCD **Tea Break** **Demonstration of PPIUCD insertion :** ▪ Insertion of postplacental, immediate postpartum IUCD: In labor room & postpartum ward	**Agenda, Warm Up and Recap of Day 4** **Guided Clinical Practice** Provide counselling, IP, and PPIUCD services (in ANC clinic, labor room and postpartum ward/exam room, with supervision or classroom practice as appropriate **Tea Break** **Feedback on mid-course assessment** **Review of Performance Standards for IUCD and PPIUCD Services** **Discussion** ▪ PPFP/PPIUCD record-keeping in respective registers ▪ PPFP/PPIUCD monthly reporting
Lunch	**Lunch**
Afternoon 2 PM – 5:00 PM	**Afternoon 2 PM – 5:00 PM**
Mid-course knowledge assessment **Skill practice of PPIUCD insertion on model** **Tea Break** **Guided Clinical Practice** ▪ Provide counselling, IP, and PPIUCD services (in ANC clinic, labor room and postpartum ward/exam room, with supervision or classroom practice as appropriate)	**Presentation/Discussion** ▪ Plan of action for providing/improving IUCD services at the respective facility ▪ Plan of action for initiating PPIUCD services at the respective facilities **Tea Break** **Continue clinical practice on models/clients** **Course Evaluation** **Course Closing and Certification**
Assignment: Review of checklists for PPFP/ PPIUCD counselling and PPIUCD insertion	**Assignment:** Be a competent IUCD and PPIUCD provider

COURSE OUTLINE (SESSION PLANS)

The course outline presented here is a model plan of the training to be delivered. For each topic, there are suggestions regarding appropriate training/learning methods and needed resources and materials. The trainer may develop other practice activities and prepare case studies, role plays or other learning situations, as needed.

Day 1

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
Session 1: Day 1, Morning			
30 minutes	**Activity:** Welcome participants Facilitate introductions of participants Explore participants' expectations for the course	Open course with a word of welcome by organizers, lead trainers, etc. Facilitate the introductions of all participants and trainers. Explore participants' expectations for the course. Allow participants to freely explore their expectations. In the next session on review of the course objectives, address which expectations can be met and which cannot be met.	Prepared welcome sign Flipchart and markers Name badges
20 minutes	**Activity:** Review course goal and objectives Review the course schedule and components of the training package	Review the course goals and objectives; the course design and expected outcomes; Review the course schedule, including starting and ending times and times for breaks and lunch; Review the materials to be used in the course and ensure that participants understand the use of the different materials.	▪ Flipchart with Course Objectives ▪ Copies of course schedule, one for each participant ▪ Full set of the training package for each participant: o Reference Manual o Video o Job-aids and IEC material
40 minutes	**Activity:** Assess participants' precourse knowledge.	Distribute the Precourse Knowledge Assessment sheet to each participant. Assign a number to each participant and ask them to write the number on the Precourse Knowledge Assessment sheet and remember the number till the end of	▪ Copies of Precourse Knowledge Assessment Sheets one for each participant

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
		the training. Ask them to answer each question. Ask the participants to give the assessment sheet over when finished. Allow 30 minutes for the Precourse Knowledge Assessment. Immediately review the correct Facts—do not spend a long amount of time on any questions, but assure the participants that the material will be covered during the course. Have participants grade the papers while the trainer reviews the correct answers with them and collect the papers after reviewing all the answers. Use the answer sheets to prepare the Pre-course Knowledge Matrix and then return the sheets.	▪ Small pieces of paper with numbers
40 minutes	**Presentation/Discussion:** IUCD use globally and in India and Overview of Copper IUCD	Use the powerpoint slides to present information Ask questions to the participants and engage them in the discussion on the updated information on IUCD	▪ Power point slides on: IUCD use globally, in India and Overview of Copper IUCD ▪ LCD projector, laptop, screen for throughout the training
40 minutes	**Presentation/Discussion:** ▪ Overview of postpartum family planning and PPIUCD	Use the powerpoint slides to present information on the impact of pregnancy spacing on maternal, newborn and child health, rationale for postpartum family planning, time of initiation of different FP methods in postpartum period. Postpartum IUCD – Policy, Standards, Timing, Advantages and Limitations Ask questions to the participants and engage them in the presentation of the information.	Power Point slides on: Overview of postpartum family planning and PPIUCD
15 minutes	**Activity:** Review Pre-course	While one trainer is presenting the above presentation, another trainer should fill out the Pre-course Knowledge	One copy Pre-course Knowledge Matrix

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
	Knowledge Matrix.	Matrix, calculate the total marks and score percentage received by each participant. This is then presented to the participants to demonstrate where attention is needed.	
40 minutes	**Presentation/Discussion:** ▪ Counselling	Use the powerpoint slides to review the basic principles of counselling. Ensure that participants understand the difference between counselling, health education and motivation, GATHER approach. Key points about PPFP and PPIUCD counselling	Power Point slides on: ▪ Counselling ▪ PPFP/PPIUCD counselling
Session 2: Day 1, Afternoon			
60 minutes	**Role Play (Demonstration and participant practice)**: ▪ FP counselling	Introduce the counselling section of the IUCD checklist and demonstrate the FP counselling skills through role-play in front of all the participants. Ask participants to observe the role-play through checklist and after the role-play, facilitate a discussion about what was done well, what was not done and what could be done differently. Have participants break into groups of three persons each. Make copies of the role plays and give them to each group at least 3 role plays each depending upon the batch size and time available. Ask them to read the role plays on counselling allotted to them. Ask them to practice counselling using these role plays. One participant is the counsellor, one participant is the client, and one participant is the observer. Have them use the counselling section of IUCD checklist to review the important steps in counselling. Have them take turns different role plays, each time having the participants assume different roles of counsellor, client and observer. Trainer observes and uses the counselling checklist to ensure that the counselling approach and technical	▪ Copies of Counselling Role Plays ▪ Counselling Checklist and Reference Manual ▪ Counselling Role Plays Answer Key

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
		information discussed in the role plays is accurate.	
90 minutes	**Video show and demonstration on model** ▪ Anatomy of Female Reproductive system ▪ P/V and P/S examination ▪ Technique of insertion of interval IUCD (with Cu IUCD 380 A and Cu IUCD 375) **Exercise:** ▪ Participants practice of loading Cu IUCD 380 A inside the sterile packet	First show slides or video of anatomy of female reproductive system as well as P/V and P/S examination Then show the video of interval IUCD insertion with Cu IUCD 380 A and Cu IUCD 375 Prepare 2 skill stations with everything needed for interval IUCD insertion and removal. Gather participants around the skill stations in two groups. Two trainers, one on each skill station will make the demonstration. Ask the participants observing the demo to use their skills checklists to follow along. Conduct a demonstration of the proper technique for insertion. Demonstrate interval IUCD insertion with Cu IUCD 380 A and then demonstrate steps of interval IUCD insertion with Cu IUCD 375. Discuss and review step by step the technique for Cu IUCD 380 A insertion and Cu IUCD 375 insertions using checklists. Ask questions to the participants and assess their understanding of the steps and differences in two techniques. Remind participants that they will have an opportunity to practice these skills with support from the trainers at the skill practice and assessment stations and will be assessed for competency throughout the course. Ask participants to practice in pairs the loading of Cu IUCD 380 A inside the sterile packets.	▪ Screen, LCD, Female reproductive system ,P/S, P/V ,interval IUCD insertion videos on CD, loudspeaker and power supply ▪ Zoe pelvic model and handheld uterine model, Checklists for P/S, P/V; IUCD insertion/removal kit, linens to cover the Zoe models, IP supplies, and copies of checklists for IUCD (Cu 380 A and Cu 375) counselling and insertion skills ▪ Packets of Cu 380 A and Cu 375 for participants practice
15 minutes	**Discussion :** ▪ Care of Zoe models	Discuss with participants how to take care of Zoe models: ▪ During practice of clinical skills: Dos and Don'ts ▪ After practice of all participants, how to pack the Zoe	Zoe models, its parts, talcum powder, linens and bag for each Zoe model.

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
		model	
15 minutes	**Review of the day** **Home assignments:** ▪ Read chapters 1-4 and interval IUCD counselling and insertion checklists from reference manual ▪ Carry your Cu IUCD 380 A packet with you if anyone wants to do further practice of loading of IUCD inside the sterile packet	Review and recap day's activities. Give participants the assignment for reviewing at home and practising loading.	Reference Manual and Cu IUCD 380 A packet

Day 2

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
Session 3: Day 2, Morning			
20 minutes	**Agenda, Warm-up, Recap of day 1**	Have a warm-up activity to create a positive learning climate. Recap previous day's learning. Review agenda of the day	Agenda of the day on a flip chart
40 minutes	**Interactive Presentation and Exercise on use of MEC wheel** ▪ Medical Eligibility Criteria (MEC) and client assessment	Present the information using the powerpoint presentation. Explain the difference between "continuation" and "initiation" of IUCD and how medical eligibility criteria are used for continuation and initiation of IUCD. Provide brief overview of the conditions in each category. Distribute the MEC wheel of GoI to all participants. Demonstrate how to use the MEC. Facilitate exercise: Name conditions from the wheel and ask participants to use the wheel to determine if client with this condition can use IUCD or not. To summarize, tell the participants that they can refer to the MEC table during their clinical practice. The purpose of the MEC is to assist the provider make decisions about client's eligibility for IUCD based on her medical condition. Introduce the screening of client checklist for use of IUCD. Ask questions to participants and discuss the logic for the steps/questions of screening checklist.	▪ MEC wheel for each participant ▪ Powerpoint slides ▪ Screening checklist for use of IUCD for each participant
30 minutes	**Exercise No. 1:** ▪ Client assessment for IUCD and PPIUCD	Break participants into 2 groups and ask them to open the charts on Medical Eligibility Criteria for IUCD and PPIUCD in Reference Manual. Give the groups 10–15 minutes to fill in the blank charts	▪ Reference Manual ▪ Copies of blank charts with conditions mentioned in the first column

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
		with conditions mentioned in the first column. Ask them to provide a reason why they would insert or not insert the IUCD in each condition. Ask the first team to present their Facts for first half conditions. Engage the second team in the discussion. Do they agree or disagree? Then have the second team present their Facts for remaining conditions. . Review the Pre-Insertion Screening Job Aid as a tool for helping ensure that clients are screened prior to insertion.	▪ Pre-insertion screening job-aid for PPIUCD ▪ Checklists for P/S and P/V examination
40 minutes	**Interactive presentation, Demonstration** ▪ Infection prevention for IUCD services	Use the powerpoint slides to discuss the general concepts of infection prevention as they relate to provision of IUCD services. Demonstrate handwashing, wearing gloves, preparation of 0.5% chlorine solution, decontamination of instruments and cleaning. Ask participants to practice in pairs handwashing, wearing gloves and preparation of 0.5% chlorine solution End the topic by reviewing infection prevention measures for IUCD insertion and removal.	▪ Soap and water in a bucket with tap or mug ▪ Plastic tub, plastic spoon and bleaching powder/liquid bleach
20 minutes	**Exercise No. 2** ▪ Identify the IP steps from interval IUCD checklist	Ask participants to open the checklist of interval IUCD insertion and identify the steps which are for infection prevention.	▪ IUCD insertion checklists in the Reference Manual
90 minutes	**Guided clinical practice** ▪ Participants practice of interval IUCD	Divide participants into two groups to practice interval IUCD insertion on Zoe model in two skill-stations. Coordinate with the providers of the training site to arrange	▪ 2 skill stations with Zoe models, instruments and equipment for insertion

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
	insertion on Zoe model **Demonstration of interval IUCD insertion on client by clinical trainer or a trained provider of the training site**	for interval IUCD clients. Whenever client is available, take the small groups one at a time to demonstrate interval IUCD insertion in client. Ensure that all participants observed the insertion in client. If more clients are available, allow those selected participants to insert in clients under supervision of clinical trainer/trained provider of the site, who have mastered the insertion steps on Zoe. Other participants will observe the insertion in client and then practice the skills on Zoe to be ready for insertion in next client. Tea should be served while participants practice on Zoe model in classroom.	▪ Cu IUCD 380 A and Cu IUCD 375 packets in adequate quantities for participants practice ▪ Clients for interval IUCD insertion ▪ Checklists for P/S and P/V examination ▪ IUCD insertion checklists
Session 4: Day 2, Afternoon			
40 minutes	**Interactive Presentation** ▪ Management of potential problems, follow-up care	Use the powerpoint slides to present and discuss the management of side effects and complications	▪ Powerpoint slides on management of potential problems ▪ Powerpoint slides on follow-up care
30 minutes	**Display of registers and discussion** ▪ Register to note down records of interval IUCD insertion and details of follow-up of cases ▪ Filling up of monthly reports	Stress the importance of maintaining records accurately in the given format. Show the register or register format and discuss how to keep the records of IUCD clients and follow-up clients. Discuss the monthly reporting format for regular reporting to the concerned authority.	▪ IUCD insertion register ▪ IUCD follow-up register ▪ Monthly reporting format

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
90 minutes	**Guided clinical practice** ▪ Participants practice of interval IUCD insertion on Zoe model **Demonstration of interval IUCD insertion on client by clinical trainer or a trained provider of the training site**	Divide participants into two groups to practice interval IUCD insertion on Zoe model in two skill-stations. Coordinate with the providers of the training site to arrange for interval IUCD clients. Whenever client is available, take the small groups one at a time to demonstrate interval IUCD insertion in client. Ensure that all participants observed the insertion in client. If all participants have observed initial insertion in clients by trainer or trained provider of the site, allow those selected participants to insert in clients under supervision of clinical trainer/trained provider of the site, who have mastered the insertion steps on Zoe. Other participants in the small group will observe the insertion in client and then practice the skills more on Zoe to be ready for insertion, when next clients are available. Tea should be served while participants practice on Zoe model in classroom	▪ 2 skill stations with Zoe models, instruments and equipment for insertion ▪ Cu IUCD 380 A and Cu IUCD 375 packets in adequate quantities for participants practice ▪ Clients for interval IUCD insertion ▪ IUCD insertion checklists
15 minutes	**Review of the day** **Home assignments:** ▪ Read chapters 5-10	Review and recap day's activities. Give participants the assignment for reading chapters 5-10 at home	Reference Manual

Day 3

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
Session 5: Day 3, Morning			
20 minutes	**Agenda, Warm-up, Recap of day 2**	▪ Recap previous day's learning in the form of a game ▪ Review agenda of the day	▪ Materials for recap game ▪ Agenda of the day on a flip chart
180 minutes	**Guided clinical practice** ▪ Counselling and clinical practice for IUCD services	Prior arrangement should be done for clinic visit of all participants. This includes information to the concerned management/head of the relevant clinical units about the training, participants purpose and schedule of visit to the clinic. Introduce the participants to the clinic staff and tell participants that they should respect the clinic staff at all time. Review the clients' rights and participants should respect clients' rights at all the times. Divide the participants in the small groups to observe and perform following functions under guidance of clinical trainer/trained provider of the site each of the following, with permission from clients: i. Family planning group education ii. Family planning counselling including counselling for IUCD iii. IUCD insertion and removal including IP practices After 55 minutes the groups will rotate, so that each group get the chance for each of the above functions. Have a tea break after returning from the clinic	▪ Checklists for interval IUCD (Cu IUCD 380 A and Cu IUCD 375) insertion
20 minutes	**Activity**	Lead discussion to provide participants the chance to share	▪ Checklists for interval IUCD

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
	▪ Review of clinic practice	their experiences of clinic visit. Ask questions like, which skills are to standards as they have been learning during the course? What steps could be done differently? What did they learn that can be used at their sites?	(Cu IUCD 380 A and Cu IUCD 375) insertion
Session 6: Day 3, Afternoon			
80 minutes	**Skill Assessment** ▪ Assessment of participants' skills on counselling including IUCD counselling and clinical skill of interval IUCD insertion.	Assess the counselling and clinical skills of individual participants. Those who are assessed as competent on models should continue to practice with those who need more practice to be competent in assessment. Remember that the assessment should be repeated for those participants, who are found non-competent in first assessment. They should be guided to do more practice on Zoe and then second assessment should be done for them.	▪ Checklists for interval IUCD (Cu IUCD 380 A and Cu IUCD 375) insertion
15 minutes	**Review of the day** **Home assignments:** ▪ Prepare for mid-course knowledge assessment	Review and recap day's activities. Ask participants to review the chapters of Reference Manual at home and prepare for mid-course knowledge assessment to be held on next day.	

Day 4

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
Session 7: Day 4, Morning			
20 minutes	**Agenda, Warm-up, Recap of day 3**	Have a warm-up activity to create a positive learning climate. Recap previous day's learning. Review agenda of the day	Agenda of the day on a flip chart
60 minutes	**Interactive session** What is different in PPIUCD? **Video show and demonstration on model** ▪ Technique of insertion of postpartum IUCD (with Cu IUCD 380 A and Cu IUCD 375)	First show slides that highlight the differences between interval and PPIUCD Then show the video of PPIUCD insertion with Cu IUCD 380 A and Cu IUCD 375. Stress that for PPIUCD, the technique of insertion is different from interval IUCD, but the technique of PPIUCD insertions are same for Cu IUCD 380 A and Cu IUCD 375 Prepare 2 skill stations with everything needed for PPIUCD insertion. Gather participants around the skill stations in two groups. Two trainers, one on each skill station will make the demonstration. Ask the participants observing the demo to use their PPIUCD skills checklists to follow along. Conduct a demonstration of the proper technique for insertion. Discuss and review step by step the technique for PPIUCD insertion using checklists. Ask questions to the participants and assess their understanding of the steps and differences in techniques of interval IUCD and PPIUCD insertions. Remind participants that they will have an opportunity to practice these skills with support from the trainers at the	▪ Screen, LCD, PPIUCD insertion video on CD, loudspeaker and power supply ▪ Zoe pelvic model with postpartum attachments, PPIUCD insertion kit, linens to cover the Zoe models, IP supplies, and copies of checklists for PPIUCD insertion skills (postplacental and within 48 hours) ▪ Packets of Cu IUCD 380 A and Cu IUCD 375 for participants practice

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
		skill practice and assessment stations and will be assessed for competency.	
90 minutes	**Skill Practice** ▪ Practice of PPFP/ PPIUCD counselling through role-play ▪ Practice of PPIUCD insertion on Zoe model (with postpartum accessories attached)	Introduce the checklists for PPFP/PPIUCD counselling and when should PPFP/PPIUCD counselling take place (ANC OPD, Early labor and postpartum ward) Divide participants in 3 small groups. Prepare 2 skill stations with everything needed for all 2 clinical insertion techniques of PPIUCD. Ask one group to practice counselling of PPFP and PPIUCD and other 2 groups will be in 2 separate skill-stations. Each group will be in counselling/each skill station for 30 minutes. The groups will be rotated after each 30 minutes. So, each group will get 30 minutes to practice PPFP/PPIUCD counselling, 30 minutes in one skill station and another 30 minutes in the second skill station (total 60 minutes in PPIUCD insertion skill stations) Use the counselling and clinical skills checklists to guide practice. Allow participants to practice the postplacental insertion and within 48 hours postpartum insertion on the model. Tea should be served during practice session.	▪ Fully equipped skill-stations for postplacental and within 48 hours PPIUCD insertions ▪ Copies of PPFP/PPIUCD counselling checklists ▪ Copies of PPIUCD insertion checklists
60 minutes	**Demonstration of PPIUCD insertion in client**	Divide the participants into two teams with 5-6 participants per team. Each team will have one trainer. Participants with their trainer in small teams will go to the Labor and Delivery room for experience with post placental- and within 48 hours PPIUCD insertion. If there are no clients ready for insertion at this time take the	▪ PPFP/PPIUCD counselling checklists ▪ PPIUCD insertion checklists ▪ Clients for PPIUCD

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
		participants to the early labor and postpartum ward and allow them to provide counselling to clients about the PPIUCD. The trainers should be aware of the volume and distribution of services. If there are several clients that are appropriate for PPIUCD insertion, the trainer should allow the participants who have become competent on Zoe model, to insert PPIUCD under trainer's supervision and guidance.	
Session 8: Day 4, Afternoon			
40 minutes	**Activity:** Assess participants' mid-course knowledge.	Distribute the mid-course Knowledge Assessment sheet to each participant. Ask them to write the same number on the mid0course answer sheet, which they have received and written during Precourse Knowledge Assessment. Ask them to answer each question. Ask the participants to give the assessment sheet over when finished. Allow 30 minutes for the Mid-course Knowledge Assessment. Immediately review the correct Facts.—do not spend a long amount of time on any questions, but assure the participants that the material will be covered during the course. Have participants grade the papers while the trainer reviews the correct answers with them and collect the papers after reviewing all the answers. Use the answer sheets to prepare the Mid-course Knowledge Matrix and then return the sheets.	▪ Copies of Mid-course Knowledge Assessment Sheets one for each participant ▪ Mid-course knowledge matrix sheet
60 minutes	**Skill Practice**	Allow participants (divided in 2 small groups) to practice	▪ PPIUCD insertion

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
	▪ Practice of PPIUCD insertion on Zoe model (with postpartum accessories attached)	the postplacental insertion and within 48 hours postpartum IUCD insertion on the models in the two skill stations. Inform participants that when they become competent on the skill and ready for assessment, should perform the skill in front of trainer, so that trainer can assess the skills. Tea should be served during practice session.	checklists
60 minutes	**Guided Clinical Practice** ▪ Counselling and PPIUCD insertion in clients	Divide the participants into two teams with 5-6 participants per team. Each team will have one trainer. Participants with their trainer in small teams will go to the Labor and Delivery room for experience with postplacental and within 48 hours postpartum insertion of the IUCD. If there are no clients ready for insertion at this time take the participants to the early labor and postpartum ward and allow them to provide counselling to clients about the PPIUCD. The trainers should be aware of the volume and distribution of services. If there are several clients that are appropriate for PPIUCD insertion, the trainer should allow the participants who have become competent on Zoe model, to insert PPIUCD under trainer's supervision and guidance. Show how to record the information in the register after insertion.	▪ PPFP/PPIUCD counselling checklists ▪ PPIUCD insertion checklists ▪ Clients for PPIUCD
20 minutes	**Review of Clinical Practice**	Lead discussion to provide participants the chance to share their experiences of clinic visit. Ask questions like, which skills are performed to standards as they have been learning during the course? What steps could be done differently? What did they learn that can be used at their sites?	▪ Checklists for PPIUCD insertion

Day 5

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
Session 9: Day 5, Morning			
20 minutes	**Agenda, Warm-up, Recap of day 3**	Have a warm-up activity to create a positive learning climate. Review agenda of the day	Agenda of the day on a flip chart
120 minutes	**Guided Clinical Practice**	Divide the participants into two 2 teams. One team will go to the ANC clinic and provide counselling about PPFP options, including PPIUCD, to antenatal clients. The other team will go to the Labor and Delivery room for experience with postplacental and within 48 hours postpartum insertion of IUCD. If there are no clients ready for insertion at this time, take the participants to the postpartum ward and allow them to provide counselling to postpartum clients about the PPIUCD. The trainers should review the participants' skill and be aware of the volume and distribution of services. If there are several clients that are appropriate for PPIUCD insertion, the trainer should call the participants from the ANC clinic to come to the L&D room for clinical experience.	▪ PPIUCD checklists ▪ PPIUCD clients
40 minutes	**Activity:** ▪ Feedback on mid-course assessment and clarification of doubts	Present the result of mid-course assessment in the following form: o Highest score obtained o Lowest score obtained o No. of participants scored more than 80% o No. of participants scored less than 80% Discuss the right answers of the assessment questions, for which some participants given incorrect Facts.	▪ Knowledge assessment matrix of mid-course

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
		Ensure that the participants who got less than 80%, understand the right answers (with logic) of the questions for which they have given wrong facts	
30 minutes	**Review of Performance Standards of IUCD and PPIUCD**	Review the performance standards of IUCD and PPIUCD services from the reference manual.	▪ Chapter 11 on performance standards in the reference manual
30 minutes	**Discussion** ▪ Initiation of IUCD and PPIUCD services by participants at their work-sites ▪ PPIUCD record keeping and monthly reporting	Discuss how the participants will initiate the services or join the group providing IUCD and PPIUCD services at their work place. Discuss maintaining infection prevention practices and correct technique as critical components to the success of the programme. Stress the importance of maintaining records of their services regularly and accurately on the suggested insertion register format. Discuss the importance of follow-up of clients after 1 month (interval IUCD) or 6 weeks (PPIUCD) and to record the findings and data on the suggested follow-up register format. The facilitator should discuss the format of PPIUCD registers, reporting format for regular reporting to the higher authorities.	▪ PPIUCD insertion register format ▪ PPIUCD follow-up register format ▪ PPIUCD monthly reporting format
Session 10: Day 5, Afternoon			
45 minutes	**Activity:** ▪ Develop personal action plan for	Have participants write their individual plans on 2 sheet of paper from their notepads in 30 minutes One sheet will have the individual action plan for providing	▪ Formats for individual action-plans

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
	providing IUCD services at work-site ▪ Develop personal action plan for initiation of PPIUCD services at the work-site or joining the group, who provide PPIUCD services at the work-site	IUCD services at work-site, in the given format. Another sheet will have the individual action plan for initiation of PPIUCD services at the work-site or joining the group, who provide PPIUCD services at the work-site, in the given format. Group similar action plans together and provide feedback on important steps/tasks the participants need to do to start providing quality services at their work-sites.	
90 minutes	**Skill Assessment** ▪ PPFP/PPIUCD counselling ▪ PPIUCD insertion on Zoe model (with postpartum accessories attached)	Allow participants (divided in 2 small groups) to come to the respective group-facilitator one by one and perform counselling through role-play (considering the trainer as client) and PPIUCD insertion on Zoe. Assess performance of individual participants using checklists and provide feedback. After two trainers complete the individual assessment, discuss the overall performance of the group in the skill-assessment.	▪ PPFP/PPIUCD counselling checklists ▪ PPIUCD insertion checklists
20 minutes	**Course Evaluation**	Explain that the feedback of participants on the course evaluation form is very important and it will help in improving quality of future training on IUCD and PPIUCD. Have participants fill-out and submit the curse evaluation forms.	▪ Copies of course evaluation form for all participants
25minutes	**Course Closing and Certification**	Closing remarks by training organizers Distribute certificate to participants	▪ Certificates for participants

ANNEXURES

Clarifying the Misconceptions Regarding IUCD

The following are some of the more common misconceptions about the IUCD:

Misconception: The IUCD might travel through the woman's body, maybe to her heart or her brain.

Fact: Explain that the IUCD usually stays in the uterus until it is removed. If it does come out by itself, it comes out through the vagina. In the rare event that the IUCD perforates the uterus (travels through the wall of the uterus) it will remain in the abdomen.

Misconception: IUCDs prevent pregnancy by causing abortion.

Fact: Explain that studies show that copper IUCDs works by preventing sperm from fertilizing a woman's egg, rather than by destroying a fertilized egg.

Misconception: The IUCD causes discomfort during sex for both the woman and her husband.

Fact: Explain that because the IUCD is located in the uterus, not the vaginal canal, neither the woman nor her partner will feel it during sex. It is possible that the partner will feel the strings, but this can be easily corrected if it becomes a problem.

Misconception: The IUCD may rust inside the woman's body.

Fact: Explain to the woman that the IUCD will not rust inside her body, even after many years.

Misconception: IUCD increases the risk of pregnancy outside uterus (ectopic pregnancy).

Fact: The IUCD reduces the risk of ectopic pregnancy by preventing pregnancy. Because IUCDs are so effective at preventing pregnancy, they also offer excellent protection against ectopic pregnancy. Women who use Cu IUCDs are 91% less likely than women using no contraception to have an ectopic pregnancy (Sivin 1991).

Misconception: IUCD increases the risk of infection or causes PID, and it needs to be removed to treat PID.

Fact: Documented evidences reveal that infection or PID among IUCD users is rare (ARHP2004; Grimes 2000). Women who have a history of PID can generally use the IUCD (the advantages generally outweigh the risks), provided their current risk for STIs is low.

Misconception: IUCD causes infertility.

Fact: Infertility caused by tubal damage is associated not with IUCD use, but with Chlamydia (current infection or—as indicated by the presence of antibodies—past infection) (Hubacher et al. 2001). Moreover, there is an immediate return to fertility after an IUCD has been removed (Belhadj et al. 1986). In one study, 100% of women who desired pregnancy (97 of 97) conceived within 39 Months of IUCD removal (Skjeldestad and Bratt 1988).

Misconception: IUCD *is* un*suitable* for use in women who do not have children (nulliparous women).

Fact: Nulliparous women can generally use the IUCD (the advantages generally outweigh the risks). However, expulsion rates tend to be slightly higher in nulliparous women compared to parous women (Grimes 2004).

Misconception: IUCD *cannot be* safely used by HIV-infected women who are clinically well.

Fact: HIV-infected women who are clinically well can generally use the IUCD (the advantages generally outweigh the risks). A large study in Nairobi showed that HIV-infected women had no significant increase in the risk of complications, including infection in early months, than HIV negative women (Sinei et al. 2001). In another study of HIV-infected and HIV-negative IUCD users with a low risk of STI, no differences were found in overall or infection-related complications between the two groups (Sinei et al. 1998).

Misconception: The IUCD interferes with ARV therapy

Fact: Women who have AIDS, are on ARV therapy, and are clinically well can generally use the IUCD (advantages generally outweigh the risks). Because it is a non-hormonal family planning method, the IUCD is not affected by liver enzymes and will not interfere with or be affected by ARV therapy (ARHP 2004; Hatcher et al.2004).

Misconception: The IUCD may cause cancer

Fact: The IUCD cannot cause cancer. If the IUCD caused cancer, it would have been discovered long ago. Studies have found IUCD use reduces the risk of endometrial cancer. The IUCD may also offer women protection against cervical cancer, according to a new study published in The Lancet.

Misconception: The IUCD may cause birth defects in next baby

Fact: IUCD use neither causes multiple pregnancies after removal nor increases the risk of birth defects, whether the pregnancy occurs with the IUCD in place, or after removal. In the rare event that a client becomes pregnant with an IUCD in situ, there is no evidence of increased risk of fetal malformations.

STEPS IN PROCESSING INSTRUMENTS AND OTHER ITEMS USED IN IUCD SERVICES[2]

INSTRUMENTS/ ITEM	DECONTAMINATION	CLEANING	HLD	STERILIZATION
	Is the first step in handling dirty instruments; Reduces risk of HBV and HIV transmission	**Removes all visible blood, body fluids, and dirt.**	**Recommended method of final-processing; destroys all viruses, bacteria, parasites, fungi, and some endospores.**	**Alternative method of final-processing; destroys all microorganisms including endospores.**
Examination table top and other large surface areas	Wipe off with 0.5% chlorine solution	Wash with soap and water if organic material remains after decontamination	Not necessary	Not necessary
Surgical gloves	Soak in 0.5% chlorine solution for 10 minutes. If disposable, dispose of in the proper waste container.	If gloves to be reused, wash with soap and water. Rinse with clean water and check for holes. If to be sterilized, dry inside out (air or towel dry) and package	Steam for 20 minutes and allow to air dry in steamer for 4-6 hours.	Autoclave at 121°C (250°F) and 106 kPa (15 lbs/in^2) for 20 minutes Do not use for 24-48 hours
Instruments used for IUCD insertion or removal (e.g., speculum, volselum, forceps, uterine sound,	Soak in 0.5% chlorine solution for 10 minutes in an open position before cleaning. Rinse or wash immediately.	Using a brush, wash with detergent and water. Rinse with clean water. If they will be sterilized, air or towel dry and package.	▪ Steam or boil for 20 minutes. ▪ Chemically high-level disinfect by soaking for 20 minutes. Rinse well	Autoclave at 121°C (250°F) and 106 kPa (15 lbs/in^2) for 20 minutes (30 minutes if wrapped).

2Adapted from: Perkins 1983

INSTRUMENTS/ ITEM	DECONTAMINATION	CLEANING	HLD	STERILIZATION
sponge holder or ring forceps, PPIUCD insertion forceps, bowl)			with boiled water and air dry before use or storage.	
Storage containers for instruments	Soak in 0.5% chlorine solution for 10 minutes before cleaning. Rinse or wash immediately.	Wash with detergent and water. Rinse with clean water, air or towel dry.	Boil container and lid for 20 minutes. If container is too large: ▪ Fill container with 0.5% chlorine solution and soak for 20 minutes. ▪ Rinse with water that has been boiled for 20 minutes and air dry before use.	Autoclave at 121°C (250°F) and 106 kPa (15 lbs/in^2) for 20 minutes (30 minutes if wrapped).

Textbox 1: Formula for Making 0.5% Chlorine Solution from Dry Powder

- Check concentration (% concentrate) of the powder you are using.
- Determine grams bleach needed using the formula below.

$$\text{Grams/Liter} = \left[\frac{\%\ \text{Dilute}}{\%\ \text{Concentrate}}\right] \times 1000$$

- Mix measured amount of bleach powder with 1 liter of water.

Example: Make a dilute chlorine-releasing solution (0.5%) from a concentrated powder (35%).

STEP 1: Calculate grams/liter: $\left[\frac{0.5\%}{35\%}\right] \times 1000 = 14.2\ g/L$

STEP 2: Add 14.2 grams (14 g) to one liter of water. This is equal to approximately 3 level teaspoons of powder.

Textbox 2: Formula for Making 0.5% Chlorine Solution from Liquid Bleach

- Chlorine content in liquid bleach is available in different concentrations. Check concentration (% concentrate) of the liquid bleach
- Determine parts of water needed for each part of liquid bleach to make a 0.5 percent chlorine solution by using the following formula:
  [% chlorine in liquid bleach divided by 0.5%] minus 1 = parts of water for each part bleach]
  Note: "Parts" can be used for any unit of measure (e.g., ounce, liter, or gallon) and do not have to represent a defined unit of measure (e.g., pitcher or container).

Example: To make a 0.5 percent chlorine solution from a 3.5 percent chlorine concentrate, use one part chlorine and 6 parts water:

[3.5% divided by 0.5%] minus 1 = [7] minus 1 = 6 parts water for each part chlorine

CHECKLIST: FAMILY PLANNING COUNSELLING

(To be used for practising and assessment of the FP counselling skill)

This checklist is for counselling woman/couple at any time on various methods of family planning.

Place a "✓" in case box if step/task is performed **satisfactorily**, an "**X**" if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step or task not performed by participant during evaluation by trainer

Participant _____ **Date Observed** _____

CHECKLIST FOR FAMILY PLANNING COUNSELLING (Some of the following steps/tasks should be performed simultaneously)					
STEP/TASK	CASES				
PREPARATION FOR COUNSELLING					
1. Ensures room/counselling corner is well lit and there is availability of chairs and table.					
2. Prepares equipment and supplies.					
3. Ensures availability of writing materials (eg., client file, daily activity register, follow-up cards, FP job-aids, client education material, flip book).					
4. Ensures privacy.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
GENERAL COUNSELLING SKILLS					
5. Greets the woman with respect and kindness. Introduces self.					
6. Confirms woman's name, address and obtains other required information.					
7. Offers the woman a place to sit. Ensures her comfort.					
8. Asks the woman the purpose of her visit. Reassures the woman that the information in the counselling session will be confidential.					
9. Tells the woman what is going to be done and encourages her to ask questions. Responds to the woman's questions/concerns.					
10. Asks the woman does she want more children.					

CHECKLIST FOR FAMILY PLANNING COUNSELLING (Some of the following steps/tasks should be performed simultaneously)					
STEP/TASK	CASES				
11. Uses body language to show interest in and concern for the woman.					
12. Asks open ended questions appropriately and with respect. Elicits more than "yes" and "no" answers.					
13. Uses language that the woman can understand.					
14. Appropriately uses visual aids, such as posters, flipbook, drawings, samples of methods and anatomic models.					
15. Discusses the health benefits to mother and baby of waiting at least two years after the birth of her last baby before she tries to conceive again.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
SPECIFIC FAMILY PLANNING COUNSELLING					
16. Asks the woman if she has a method in mind or has she used a contraceptive in the past.					
17. Did she have any problems with that method or does she have any questions or concerns about that method?					
18. Discuss with the woman the benefits of healthy timing and spacing of pregnancy.					
19. Ask the woman if her husband will contribute by using family planning method such as condoms					
20. Asks the woman if she is currently breastfeeding.					
21. Is she practising LAM, having amenorrhoea and baby <6 months					
22. Ask the woman when the first day of her last menses was and are her periods regular					
23. Asks the woman if she has any history of medical problems ((irregular vaginal bleeding, unusual vaginal discharge-, pelvic pain, TB, seizures-convulsions, irregular vaginal bleeding, liver disease, unusual vaginal discharge and pelvic pain, clotting disorder, breast or genital cancer).).					
24. Assesses the woman's risk for STIs and HIV/AIDS, as appropriate.					

CHECKLIST FOR FAMILY PLANNING COUNSELLING (Some of the following steps/tasks should be performed simultaneously)					
STEP/TASK	CASES				
25. Briefly provides general information about each contraceptive method that is appropriate for that woman based on her Facts to questions 16-24: ▪ How to use the method ▪ Effectiveness ▪ Common side effects ▪ Need for protection against STIs including HIV/AIDS					
26. Clarifies any misinformation the woman may have about family planning methods.					
27. Asks which method interests the woman. Helps the woman choose a method.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
METHOD-SPECIFIC COUNSELLING – once the woman has chosen a method					
28. Performs a physical assessment that is appropriate for the method chosen, if indicated, refers the woman for evaluation. (BP for hormonal methods, pelvic examination for IUCD and female sterilization)					
29. Ensures there are no medical conditions that are category 3 or 4 and contraindicate the use of the chosen method. ▪ If necessary, helps the woman to find a more suitable method					
30. Tells the woman about the family planning method she has chosen: ▪ Type ▪ How to take/use it, and what to do if she is late/forgets taking her method ▪ How does it work ▪ Effectiveness ▪ Advantages and non-contraceptive benefits ▪ Disadvantages ▪ Common side effects ▪ Danger signs and where to go if she experiences any					
31. Provides the method of choice if available or refers woman to the nearest health facility where it is available.					

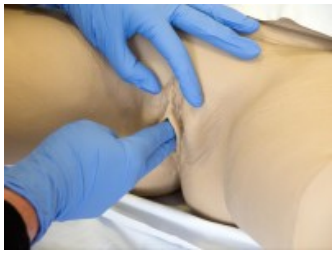
CHECKLIST FOR FAMILY PLANNING COUNSELLING (Some of the following steps/tasks should be performed simultaneously)					
STEP/TASK	CASES				
32. Asks the woman to repeat the instructions about her chosen method of contraception: ▪ How to use the method of contraception ▪ Side effects ▪ When to return to the health facility					
33. Educates the woman about prevention of STIs and HIV/AIDS. Provides her with condoms if she is at risk and counsels her to take treatment with her partner.					
34. Asks if the woman has any questions or concerns. Listens attentively, addresses her questions and concerns.					
35. Schedules the follow-up visit. Encourages the woman to return to the health facility at any time if necessary.					
36. Records the relevant information in the woman's chart.					
37. Thanks the woman politely, says goodbye and encourages her to return to the clinic if she has any questions or concerns.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
FOLLOW-UP COUNSELLING					
1. Greets the woman with respect and kindness. Introduces self.					
2. Confirms the woman's name, address and obtains other required information.					
3. Asks the woman the purpose of her visit.					
4. Reviews her record/chart.					
5. Checks whether the woman is satisfied with her family planning method and is still using it. Asks if she has any questions, concerns, or problems with the method.					
6. Explores changes in the woman's health status or lifestyle that may mean she needs a different family planning method.					
7. Reassures the woman about side effects she is having and refers them for treatment if necessary.					
8. Asks the woman if she has any questions. Listens to her attentively and responds to her questions or concerns.					
9. Refers to the doctor for any physical examination if necessary.					

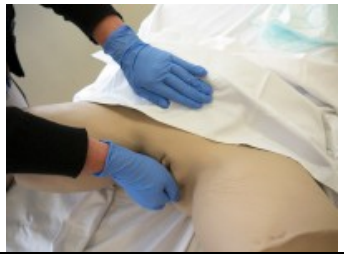
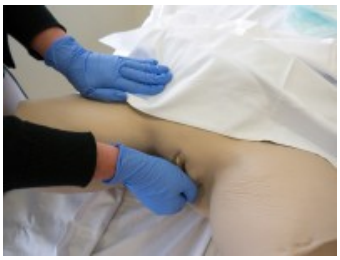
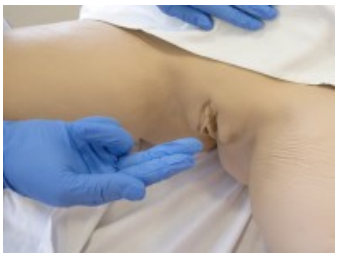
CHECKLIST FOR FAMILY PLANNING COUNSELLING (Some of the following steps/tasks should be performed simultaneously)					
STEP/TASK	CASES				
10. Provides the woman with her contraceptive method (e.g. the pill, condoms, etc.).					
11. Schedules return visit as necessary and tells her. Thanks her politely and says goodbye. ▪ Records information in her chart					

P/S AND P/V CHECKLIST

Per Vaginum, Bimanual and Per Speculum Examination

Step/Task	Cases				
1. Introduces self to the client, explains what s/he would like to do and obtains consent. Explains should the client feel little, if any, discomfort and that the examination will be over fairly quickly.					
2. Asks client to pass urine to empty the urinary bladder and rinse perianal area before the procedure.					
3. Ensures privacy and confidentiality of the examination. Assures the client that a female attendant will be present, in case a male service provider is doing the examination					
4. Asks the client to expose from the waist down and to lie down on examination table on her back with knees and hips flexed and thighs apart as much as possible					
5. Drapes the client appropriately for pelvic examination					
6. Examines the abdomen for any scar or any previous surgery marks					
7. Palpates the abdomen for any abdominal mass, tenderness or any other abnormality and ensures that the bladder is empty.					
8. Washes hands thoroughly with soap and water and dries them with clean and dry cloth/air dries					
9. Opens the sterile instrument tray without touching the instruments					
10. Using sterile pick up /Cheatle's forceps arranges the instruments and supplies on the instrument tray, being careful not to touch any part of the instruments that will go into vagina or uterus.					
11. Puts new clean or HLD or sterile disposable or reusable examination gloves on both hands.					
12. Inspects the external genitalia and urethral opening:-					

Step/Task	Cases				
▪ Checks for ulcer, lesion and sores ▪ Checks for swollen groin lymph nodes ▪ Palpates Bartholin's glands, checking for tenderness and discharge					
13. Lubricates the right index and middle fingers(Savlon or sterile water can be used)					
14. Exposes the introitus by separating Labia majora with the thumb and index finger of gloved left hand. 					
15. Gently introduces gloved lubricated right index and middle fingers in to the vagina.					
16. Right thumb is abducted to allow maximum use of length of index and middle fingers and ring and little fingers flexed to the palm.					
17. Asks the client to cough to identify urinary incontinence; asks the client to bear down to identify uterine prolapse.					
18. Palpates the vaginal wall while advancing the fingers ▪ Palpates anterior, posterior and both lateral walls to rule out any bulging due to pelvic swelling					
19. Checks for Cervical Abnormality ▪ Locates cervix with pulps of fingers ▪ Assesses mobility by moving cervix gently ▪ Palpates the fornices to rule out tenderness or swelling.					
20. Performs bimanual examination to determine size, shape, consistency, mobility, tenderness and position of the uterus ▪ Places palmar surface of free hand on the anterior abdominal wall approx. 4cm above the Pubic symphysis ▪ Attempts to capture the uterus between opposing fingers by using inner fingers to elevate the Cervix and uterus in the direction					

Step/Task	Cases				
of external hand while simultaneously pressing the external fingers in the direction of inner fingers. 					
21. Checks for enlargement and tenderness of the Adnexa: ▪ Places the fingers of free hand on iliac fossa, while readjusting the vaginal fingers, into lateral fornix  ▪ Feels for the adnexal structures as they slip between the examiner's fingers.					
22. Checks gloved fingers for any discharge or blood 					
23. Performs Speculum examination of vagina and cervix (Applies lubricating jelly or savlon on the tip of the instrument which is to be inserted in the vagina)					
24. Separates the Labia majora with left hand and Inserts the lubricated end of the Sim's speculum/closed Cusco's speculum into the vagina gently and rotates it until the blades are horizontal and pointing towards slightly posterior direction					
25. Opens the blades of the Cusco's speculum until the cervix comes into view, secures speculum at this point and tightens the screw.					

Step/Task	Cases				
26. Checks the cervix and cervical os for: ▪ ulcers, lesions and sores ▪ r purulent discharge, bleeding, erosions and stenosis					
27. Wipes off the discharge with sterile cotton swab if it is obstructing the view of cervix.					
28. Removes the speculum ▪ Cusco's speculum –relaxes the screw and rotates the instrument in vertical direction and then removes it gently ▪ Sim's Speculum- Rotates the instrument vertically and then removes it.					
29. Immerses the speculum in 0.5% chlorine solution immediately after removing from client and leaves it there for ten minutes.					
30. Dips the gloved hands in 0.5% chlorine solution and removes them by inside out. Leaves them in the solution for 10 minutes.					

CHECKLIST: IUCD COUNSELLING AND CLINICAL SKILLS (FOR INTERVAL IUCD INSERTION)

(To be used for practising and assessment of IUCD counselling and interval IUCD insertion skills with Cu IUCD 380 A or Cu IUCD 375)

Place a "✓" in case box if step/task is performed **satisfactorily**, an "**X**" if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step or task not performed by participant during evaluation by trainer

*** (Tasks marked with stars are critical and need to be done according to standards).**

Participant _____ **Date Observed** _____

CHECKLIST FOR IUCD COUNSELLING AND CLINICAL SKILLS (Cu IUCD 380 A and Cu IUCD 375)					
STEP/TASK	CASES				
METHOD-SPECIFIC COUNSELLING					
1. *Once the woman has chosen to use the IUCD, assesses her knowledge of the method.					
2. *Ensures that she knows that menstrual changes are a common side effect among IUCD users, and that the IUCD does not protect against STIs.					
3. Describe the medical assessment required before IUCD insertion, as well as the procedures for IUCD insertion and removal.					
4. Encourages her to ask questions. Provide additional information and reassurance as needed.					
IUCD INSERTION					
Client Assessment (To confirm that the woman is eligible for copper IUCD)					
1. Reviews the client's medical and reproductive history.					
2. Ensures that equipment and supplies are available and ready to use.					
3. *Makes the client empty her bladder and wash her perineal area.					
4. Tells the client what is going to be done, and ask her if she has any questions.					
5. Washes hands thoroughly and dry them.					
6. *Palpates the abdomen.					

CHECKLIST FOR IUCD COUNSELLING AND CLINICAL SKILLS (Cu IUCD 380 A and Cu IUCD 375)						
STEP/TASK		CASES				
7. *Washes hands thoroughly and dry them again.						
8. *Puts sterile or HLD gloves on both hands.						
9. *Inspects the external genitalia.						
Note: ▪ **If findings are normal, performs the bimanual exam first** and the speculum exam second. ▪ **If there are potential problems, performs the speculum exam first** and a bimanual exam second.						
10. *Performs a **bimanual exam** (see **Note** above).						
11. *Performs a **speculum exam** (see **Note** above). (**Note:** If laboratory testing is indicated and available, take samples now).						
Pre insertion and Insertion Steps (Using aseptic, "no touch" technique throughout)						
1. Provides an overview of the insertion procedure. Reminds her to let know if she feels any pain.						
2. *Gently inserts the HLD (or sterile) speculum to visualize the cervix (if not already done), and cleanses the cervical os and vaginal wall with antiseptic.						
3. *Gently grasps the cervix with an HLD (or sterile) tenaculum/volsellum and apply gentle traction.						
4. *Inserts the HLD (or sterile) sound using the "no touch" technique.						
With Cu IUCD 380A	**With Cu IUCD 375**					
5. *Loads the IUCD in its sterile package.	5. *Grasps the insertion tube and the IUCD string together at the lower end of the tube.					
6. *Sets the blue depth-gauge to the measurement of the uterus.	6. *Moves the cervical guard to the measurement of the uterus.					
7. *Carefully inserts the loaded IUCD, and release it into the uterus using the "withdrawal" technique. Removes the plunger rod.	7. *Gently advances the loaded IUCD into the uterine cavity until the cervical guard touches cervix or a **slight resistance** is felt.					
8. *Gently pushes the insertion tube upward again until you feel a **slight resistance**.	8. *Continuing to apply gentle downward traction to the tenaculum/volsellum, removes the inserter tube from the cervical canal.					
9. *Partially withdraws the insertion tube until the IUCD strings can be seen.	9. *Partially withdraws the insertion tube from the cervical canal until the string can be					

CHECKLIST FOR IUCD COUNSELLING AND CLINICAL SKILLS (Cu IUCD 380 A and Cu IUCD 375)						
STEP/TASK		CASES				
	seen extending from the cervical os.					
10. *Uses HLD (or sterile) sharp Mayo scissors to cut the IUCD strings to 3–4 cm length.						
11. *Gently removes the tenaculum/volsellum and speculum and place in 0.5% chlorine solution for 10 minutes for decontamination.						
12. Examines the cervix for bleeding.						
13. Asks how the client is feeling and begins performing the post insertion steps.						
Post insertion Steps						
1. *Before removing the gloves, places all used instruments in 0.5% chlorine solution for 10 minutes for decontamination.						
2. Properly disposes of waste materials.						
3. *Processes gloves according to recommended IP practices.						
4. *Washes hands thoroughly and dry them.						
5. Provides post insertion instructions (key messages for IUCD users): ▪ Basic facts about her IUCD (e.g., type, how long effective, when to replace/remove) ▪ No protection against STIs; need for condoms if at risk ▪ Possible side effects ▪ Warning signs (PAINS) ▪ Checking for possible IUCD expulsion ▪ When to return to clinic						
6. Maintains records and fills IUCD card after removal.						
IUCD REMOVAL						
Pre removal Steps						
1. Asks the woman her reason for having the IUCD removed.						
2. Determines whether she will have another IUCD inserted immediately, start a different method, or neither.						
3. Reviews the client's reproductive goals and need for STI protection, and counsel as appropriate.						
4. Ensures that equipment and supplies are available and ready to use.						
5. Makes the client empty her bladder and wash her perineal area.						
6. Helps the client onto the examination table.						
7. Washes hands thoroughly and dry them.						
8. *Puts new or HLD gloves on both hands.						
Removing the IUCD						
1. Provides an overview of the insertion procedure. Remind her to let you						

CHECKLIST FOR IUCD COUNSELLING AND CLINICAL SKILLS (Cu IUCD 380 A and Cu IUCD 375)					
STEP/TASK	CASES				
know if she feels any pain.					
2. *Gently inserts the HLD (or sterile) speculum to visualize the strings, and cleanse the cervical os and vaginal wall with antiseptic.					
3. Alerts the client immediately before you remove the IUCD.					
4. *Grasps the IUCD strings close to the cervix with an HLD (or sterile) hemostat or other narrow forceps.					
5. Applies steady but gentle traction, pulling the strings towards her, to remove the IUCD. **Do not use excessive force**.					
6. Shows the IUCD to client.					
7. If the woman is having a new IUCD inserted, inserts it now if appropriate. [If she is not having a new IUCD inserted, gently remove the speculum and place it in 0.5% chlorine solution for 10 minutes for decontamination.]					
8. Asks how the client is feeling and begins performing the post removal steps.					
Post removal Steps					
1. *Before removing the gloves, places all used instruments and the IUCD in 0.5% chlorine solution for 10 minutes for decontamination.					
2. Properly disposes of waste materials.					
3. *Processes gloves according to recommended IP practices.					
4. *Washes hands thoroughly and dry them.					
5. If the woman has had a new IUCD inserted, reviews key messages for IUCD users. [If the woman is starting a different method, provides the information she needs to use it safely and effectively (and a back-up method, if needed).]					
6. Maintains records and fills IUCD card after removal.					

CHECKLIST: POSTPARTUM IUCD COUNSELLING

When the participant is ready for assessment of his or her skills in counselling, use this Counselling Checklist as an assessment tool. Ensure that the participant competently addresses all of the elements noted on the Counselling.

Place a "✓" in case box if task/activity is performed **satisfactorily,** an "X" if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Provide comments to the participant to allow him or her to improve her performance.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

CHECKLIST FOR POSTPLACENTAL INSERTION OF THE IUCD (USING FORCEPS)					
STEP/TASK	CASES				
GREET – Establish a good rapport and initiate counselling on PPFP)					
1. Establishes a supportive, trusting relationship. ▪ Greets the client. ▪ Shows respect for the client and helps her feel at ease.					
2. Allows the client to talk and listens to her. ▪ Encourages the client to explain her needs and concerns and asks questions. ▪ Listens carefully, and supports the client's informed decisions.					
3. Engages client's family members. ▪ Includes client's husband or important family member with her consent.					
ASK – Determine reproductive goals and use of other contraception					
4. Asks about any previous experiences with family planning ▪ Explores client's knowledge about the return of fertility and the benefits of spacing pregnancies. ▪ Determines if she has had prior experience with family planning methods, any problems and reasons for discontinuing.					

CHECKLIST FOR POSTPLACENTAL INSERTION OF THE IUCD (USING FORCEPS)					
STEP/TASK	CASES				
5. Assesses partner's/family's attitude about family planning. ▪ Explores partner's/family's knowledge about the returning fertility and the benefits of spacing pregnancies. ▪ Determines attitude of family about birth spacing and use of FP to improve health.					
6. Asks about her reproductive goals. ▪ Asks about desired number of children, desire to space birth, desire for long term family planning.					
7. Asks about her need for protection against STIs. ▪ Addresses any related needs such as protection from sexually transmitted infections including HIV. ▪ Explains and supports condom use, as a method of dual protection.					
8. Asks whether she is interested in a particular family planning method. ▪ Determines if she has a preference for a specific method, based on prior knowledge or the information provided.					
TELL – Provide the client with information about the postpartum family planning methods					
9. Provides general information about benefits of spacing births. ▪ Advises that to ensure her health and the health of her baby (and family) she should wait at least two years after this birth before trying to get pregnant again. ▪ Advises about the return of fertility postpartum and the risk of pregnancy. ▪ Advises how LAM and breastfeeding are different. ▪ Provides information about the health, social and economic benefits of spacing births.					
10. Provides information about birth spacing methods. ▪ Based on client's prior knowledge and interest, briefly explains the benefits, limitations and use of the following methods: LAM, Condoms, POPs, DMPA, PPIUCD, NSV, and Postpartum Tubectomy ▪ Shows the methods (using poster or wall chart) and allows the client to touch or feel the items, including IUCD, using a contraceptive tray and models. ▪ Corrects any misconceptions about family planning methods.					
HELP – Assist the client to arrive at a choice or give her additional information that she might need to make a decision					

CHECKLIST FOR POSTPLACENTAL INSERTION OF THE IUCD (USING FORCEPS)					
STEP/TASK	CASES				
11. Helps the client to choose a method. ▪ Gives the client additional information that she may need and answers any questions. ▪ Assesses her knowledge about the selective method.					
12. Supports the client's choice. ▪ Acknowledges what the client has chosen and tells her what the next steps will be for providing her with her choice.					
EVALUATE AND EXPLAIN – Determine if she can safely use the method, and provide key information about how to use the method (focus on PPIUCD)					
13. Evaluates the client's health and determines if she can safely use the method. ▪ Asks the client about her medical and reproductive history. Follows the guidance in the chapter 'Client Assessment and Pre-Insertion Screening' given in the Reference Manual.					
14. Discusses key information about the PPIUCD with the client. ▪ Effectiveness: prevents almost 100% of pregnancies. ▪ How does the IUCD prevent pregnancy: causes a chemical change that damages the sperm before the sperm and egg meet. ▪ How long does the IUCD prevent pregnancy: can be used as long as she likes, even upto 10 years. ▪ The IUCD can be removed at any time by a trained provider and fertility will return immediately.					
15. Discusses the following advantages of the PPIUCD. ▪ Immediate and simple placement immediately after delivery. ▪ No action required by the client. ▪ Immediate return of fertility on removal. ▪ Does not affect breastfeeding. ▪ Long acting and reversible: can be used to prevent pregnancy for a short time or as long as ten years.					
16. Discusses the following limitations of the PPIUCD. ▪ Heavier and more painful menses especially first few cycles. May not be noticed by the client after PPIUCD insertion. ▪ Does not protect against STIs, including HIV/AIDS. ▪ Higher risk of expulsion when inserted postpartum.					

CHECKLIST FOR POSTPLACENTAL INSERTION OF THE IUCD (USING FORCEPS)					
STEP/TASK	CASES				
17. Discusses the following warning signs and explains that she should return to the clinic as soon as possible if she has any of the following. ▪ Foul smelling vaginal discharge different from the usual lochia ▪ Lower abdominal pain, especially if accompanied by not feeling well, fever or chills, especially the first 20 days after insertion ▪ Concerns that she might be pregnant ▪ Concerns that the IUCD has fallen out					
18. Checks that the woman understands. ▪ Allows the client to ask questions. ▪ Asks the client to repeat key information.					
RETURN – Plan for next steps and for when she should arrive to hospital for delivery					
19. Plans for next steps. ▪ If client cannot arrive at a conclusion on this visit, asks her to plan for a discussion with her family and a follow-up discussion on her next visit. ▪ Makes notation in the client's record card about her postpartum contraceptive choice or which method interests her. ▪ Provides information about when the client should come back.					

CHECKLIST: INSERTION OF PPIUCD (POSTPLACENTAL AND WITHIN 48 HOURS OF DELIVERY) (Cu IUCD 380 A or Cu IUCD 375)

Participants: Study this tool together with the appropriate chapter in the Reference Manual to learn about and practice the correct steps needed to provide this clinical skill. Ask your colleagues to use this tool to follow along as you practice with anatomic models and gain experience with clients. Your colleagues should offer specific feedback using this tool to guide their observations.

Trainers: Use this tool when the participant is ready for assessment of competency in this clinical skill. Place a "✓" in case box if task/activity is performed **satisfactorily**, an "X" if it is **not** performed **satisfactorily**, or N/O if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

PARTICIPANT _____ **Date Observed** _____

CHECKLIST FOR POSTPLACENTAL INSERTION OF THE IUCD (USING FORCEPS)						
STEP/TASK		CASES				
Pre-Insertion Screening and Medical Assessment (done prior to conducting vaginal delivery)						
1. Reviews woman's record to ensure that she is an appropriate client for IUCD.						
2. Ensures that she has been appropriately counselled for PPIUCD insertion.						
For postplacental insertion: 3. Perform pre-Insertion screening of client, confirms that that there are no delivery-related conditions which prevent insertion of IUCD now: ▪ Rupture of membranes for greater than 18 hours ▪ Chorioamnionitis ▪ Unresolved postpartum hemorrhage	**For insertion within 48 hours of delivery** Perform pre-Insertion screening of client, confirms that that there are no delivery-related conditions which prevent insertion of IUCD now: ▪ Rupture of membranes for greater than 18 hours ▪ Chorioamnionitis ▪ Puerperal sepsis ▪ Continued excessive postpartum bleeding ▪ Extensive genital trauma where the repair would be disrupted by postpartum placement of an IUCD					

CHECKLIST FOR POSTPLACENTAL INSERTION OF THE IUCD (USING FORCEPS)						
STEP/TASK		CASES				
4. If any of these conditions exist, informs the woman, explains that this is not a safe time for insertion of the IUCD, plans re-evaluation for an IUCD at 6 weeks postpartum. Counsels her and offers her another method for PPFP.						
5. Confirm that correct sterile instruments, supplies and light source are available in the labor room for immediate postplacental insertion.						
6. Confirms that IUCDs are available in the labor room.						
7. Talks to the woman with kindness and respect.						
8. Confirms with the woman whether she still wants an IUCD.						
For postplacental insertion 9. Explains that s/he will insert the IUCD following delivery of baby and placenta. Answers any questions she might have.	**For insertion within 48 hours** Determine the level of uterus and there is good uterine tone.					
Pre-Insertion Tasks						
For postplacental insertion	**For insertion within 48 hours**					
10. If insertion is performed by the same provider that assisted the delivery, puts on new pair of sterile or HLD gloves. If insertion is performed by a different provider who has not assisted the delivery then performs hand hygiene and puts on HLD or sterile gloves.	Performs hand hygiene and put HLD or sterile surgical gloves on both hands.					
11. Ensures that active management of third stage of labor has been performed.						
12. Arranges IUCD insertion instruments and supplies on sterile tray or draped area. Keeps IUCD in sterile package to the side of sterile draped area.						
13. Inspects perineum, labia and vaginal walls for lacerations. If lacerations are not bleeding heavily, insert the IUCD and repairs the lacerations if needed.	Inspects the external genitalia					

CHECKLIST FOR POSTPLACENTAL INSERTION OF THE IUCD (USING FORCEPS)						
STEP/TASK	CASES					
Insertion of the IUCD						
14. Gently visualizes cervix by depressing the posterior wall of the vagina.						
15. Cleans cervix and vagina with antiseptic solution 2 times using 2 swabs and waits for 2 minutes.						
16. Gently grasps the anterior lip of the cervix with the ring forceps (speculum may be removed at this time if necessary, leaves forceps at the side gently).						
17. Opens sterile package of IUCD from bottom by pulling back plastic cover approximately 1/3 upwards.						
18. Holds IUCD package, stabilize IUCD in package and removes plunger rod, inserter tube and card from the package.						
19. Grasps IUCD with Kelly placental forceps or long placental forceps in the sterile package using no-touch technique.						
20. Gently lifts anterior lip of cervix using ring forceps and applies gentle traction to steady the cervix.						
21. Inserts placental forceps holding IUCD into lower uterine cavity upto the point of feeling slight resistance against back wall of the uterus. Avoids touching walls of the vagina. Gently removes ring forceps from the cervix and leaves it on the sterile towel.						
22. Moves hand to the lower part of abdomen (base of hand on lower part of uterus and fingers towards fundus) and gently pushes uterus upward in the abdomen to reduce the angle and curvature between the uterus and vagina.						
23. Gently moves the placental forceps holding the IUCD upward towards the uterine fundus. Lowers right hand (hand holding the placental forceps) down, to enable forceps to easily pass vaginal-uterine angle and follow the curve of the uterine cavity. Keeps placental forceps closed while moving up so IUCD does not become displaced. Takes care not to perforate the uterus.						
24. Continues gently advancing the forceps until uterine fundus is reached. Confirms that the end of the forceps has reached the fundus.						
25. Opens the forceps, tilts it slightly towards mid line, and releases IUCD at the fundus.						
26. Continues to stabilize the uterus with the hand on the abdomen.						
27. Sweeps placental forceps to side wall of uterus.						

CHECKLIST FOR POSTPLACENTAL INSERTION OF THE IUCD (USING FORCEPS)						
STEP/TASK		CASES				
28. Slowly removes forceps from uterine cavity, sliding instrument along the side wall of the uterus and keeping it slightly open. Takes particular care not to dislodge the IUCD or catch IUCD strings as forceps are removed.						
29. Stabilizes the uterus until the forceps are completely out of the uterus. Places forceps on sterile towel or tray.						
30. Examines cervix to see if any portion of IUCD or strings are visible protruding from the cervix. If IUCD or strings are seen protruding from cervix, remove IUCD and reinsert the same IUCD, only one more attempt can be made ,using the same forceps if not contaminated, with all aseptic precautions. If the IUCD has been contaminated, discard it and use a new IUCD. Ensures that there is no bleeding from cervix.						
31. Removes all instruments used and places them in 0.5% chlorine solution in open position and ensures that they are totally sub-merged.						
Post-Insertion Tasks						
32. Allows the woman to rest for few minutes. Supports the initiation of routine postpartum care, including immediate breastfeeding.						
33. Disposes of waste materials appropriately.						
34. Immerses both gloved hands in 0.5% chlorine solution. Removes gloves by turning them inside out and disposing of them.						
35. Performs hand hygiene.						
36. **For postplacental PPIUCD** Tells the client that IUCD has been successfully placed. Reassures her and answers any questions she may have. Tells her that detailed instructions will be provided to her prior to her discharge.	**For IUCD inserted within 48 hours** Tells the client that IUCD has been successfully placed. Reassure her and answers any questions she may have. Gives the post-insertion instructions to the client: – Reviews IUCD side effects and normal postpartum symptoms. – Tells the client when to return for IUCD/PNC/ newborn checkup. – Emphasizes that she should come back any time she has a concern or experiences warning signs.					

CHECKLIST FOR POSTPLACENTAL INSERTION OF THE IUCD (USING FORCEPS)						
STEP/TASK		CASES				
	– Informs about the warning signs for IUCD – Explains how to check for expulsion and what to do in case of expulsion. – Assures the woman that the IUCD will not affect breastfeeding and breast milk. – Ensures that the woman understands the post insertion instructions. – Gives written post-insertion instructions, if possible. – Provides card showing type of IUCD and date of insertion. – Tells her that detailed instructions will be provided prior to discharge.					
37. Records information in the client's chart or record.						
38. Records information in the procedure room register.						

CLIENT CARD

IUCD CARD

Name of the facility..... ID/S.No.....

Client's Name..... Husband's Name.....

Address..... Tel. No.....

Age.....

Parity.....

Date of Last child birth/abortion.....

LMP.....

Date of Insertion :..... Type of IUCD - Cu IUCD 380 A/ Cu IUCD375

Timing of insertion : Interval/Post placental/Intracaesarian/Post partum (within 48 hours)

Provider : Medical officer / Staff Nurse / LHV / ANM

Name of the Provider :.....

Signature :.....

Visits	Date	Purpose of Visit		Findings/ Advice given
		Routine	Complaints (if any)	
1st Follow-up				
2nd Follow-up				
3rd Follow-up				
Additional Visit				

IUCD Removed on..... Reason for Removal.....

Alternative Contraceptive Provided: OCPs/ Condoms/ IUCD380A/ IUCD 375/ NSV/ Tubectomy .....

Please tear off and give to client

Client ID/S.No.....

Name of the facility.....

Name of the Client.....

Husband's Name.....

Age..... Parity.....

Date of Insertion :..... Type of IUCD - Cu IUCD 380 A/ Cu IUCD375

Timing of insertion : Interval/Post placental/Intracaesarian/Post partum (within 48 hours)

Provider : Medical officer / Staff Nurse / LHV / ANM

Name of the Provider :.....

Signature :.....

Visits	Date	Purpose of Visit		Findings / Advice given
		Routine	Complaints (if any)	
1st Follow-up				
2nd Follow-up				
3rd Follow-up				
Additional Visit				

"Swasthya, Suraksha aur Aazadi; Khushiyan Laaye IUCD"

How to insert IUCD Safely

Screening and counseling of the client should be done as per GOI guidelines on IUCD.

Using gentle, 'no-touch' technique throughout, perform the following steps:

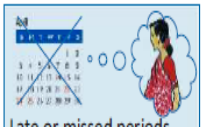
1. Prepare the client
   a. Give the woman a brief overview of the procedure
   b. Ask the client to urinate before the procedure
   c. Remind her to let you know if she feels pain
2. Check for instruments (ensure that all instruments are sterilized / disinfected)
3. Put a pair of new clean / high level disinfected gloves on both hands
4. Insert the high-level disinfected (or sterile) speculum and visualize the cervix
5. Cleanse the cervix and vagina with an appropriate antiseptic solution (Povidone Iodine or Chlorhexidine)
6. Gently grasp the cervix with the high-level disinfected (or sterile) volsellum and apply gentle traction
7. Carefully insert the high-level disinfected (or sterile) uterine sound
8. Gently advance the sound into the uterine cavity, and STOP when a slight resistance is felt
9. Note the angle of the uterine cavity, gently remove the sound and determine the length of the uterus
10. Carefully insert the loaded IUCD
11. Gently advance the loaded IUCD into the uterine cavity and STOP when the blue length-gauge comes in contact with the cervix or slight resistance is felt
12. After insertion cut the thread
13. Gently remove the volsellum and put it in 0.5% chlorine solution for decontamination
14. Examine the woman's cervix for bleeding
15. Gently remove the speculum and put it in 0.5% chlorine solution for decontamination
16. Allow the woman to rest
17. Counsel the client about
    a. Follow-up
    b. Side-effects and complications.

Note : The technique for post partum IUCD insertion is different.

Who should not use IUCD:

- Women who are pregnant
- Women who have purulent vaginal discharge (having Chlamydia and Gonorrhoea infection)
- Women who have had STI or pelvic inflammatory disease in the last three months (IUCD can be inserted after treatment unless re-infection is likely)
- Women who have any kind of cancer in the female organs
- Women who have unexplained vaginal bleeding that is not part of their normal period

Return immediately to the hospital if any of the symptoms appear:


Late or missed periods (Possible pregnancy)


Abnormal spotting or bleeding


Abdominal pain, pain during intercourse


Abnormal vaginal discharge (excessive, foul smelling, discoloured)


Not feeling well, fever, chill


If facing any problem with the thread/feeling lower part of IUCD/ piercing/IUCD has come out

PRECOURSE/MIDCOURSE KNOWLEDGE ASSESSMENT

Instructions: Select the single best answer to each question and circle your answer.

Overview of IUCD:

1. IUCD is not a good method for a woman:
   a) Who had her last delivery by cesarean operation
   b) Who wants to delay sterilization operation for few years
   c) Whose husband has many sexual partners

2. Which of the following is TRUE about IUCD?
   a) IUCD itself does not increase the risk of pelvic infection
   b) IUCD prevents pregnancy by blocking the egg release from the ovary
   c) IUCD should not be used by HIV-infected women receiving treatment

3. Insertion of IUCD is not recommended in which of the following condition?
   a) Woman having past history of ectopic pregnancy
   b) Woman having pus like discharge from cervix
   c) Woman, who is nulliparous
   d) All of the above

Overview of Postpartum Family Planning and Postpartum IUCD

4. For woman's good health, which of the following is recommended?
   a) A woman should wait for at least two years after a delivery, before trying to become pregnant
   b) A woman should not use any contraceptive immediately after a miscarriage or abortion.
   c) No contraceptives should be used after delivery, while the woman is breastfeeding

5. Which of the following is true for postpartum women, who delivered and are still at health facilities after delivery?
   a) They have better access to family planning services than women who are not postpartum
   b) They have less access to family planning services than women who are not postpartum
   c) No need of family planning services for them

Counselling the client:

6. A good family planning counselling should include which of the following?
   a. Counsellor should not try to remove misconceptions from the client's mind
   b. Counsellor should not tell the client about the side-effects of a contraceptive
   c. Counsellor should inform the client about advantages and the side effects of available contraceptives

7. Which of the following is not a part of good counselling?

a. Maintaining privacy
b. Showing samples of family planning methods
c. Avoid including husband or important family member during counselling a client

8. Which of the following is not a good time for postpartum FP and PPIUCD counselling?
   a. During strong labor pains
   b. During antenatal check-up
   c. When there is mild labor pain

Medical Eligibility Criteria and Client Assessment:

9. In which of the following condition, IUCD can be inserted within 10 minutes after placental delivery?
   a. Woman has 101° F fever soon after the delivery
   b. History of rupture of bag of water 3 hours before the delivery
   c. Woman is having excess vaginal bleeding after delivery

10. Woman wants IUCD insertion immediately after the menstrual bleeding. Which of the following statement is correct?
   a. Woman's or partner's sexual history is important before IUCD insertion
   b. IUCD can be inserted without pelvic examination
   c. Even if the woman has current Pelvic Inflammatory Disease, IUCD can be inserted

Insertion and Removal:

11. When can an IUCD be safely inserted?
   a. Within 48 hours of normal delivery
   b. During cesarean section following placental delivery
   c. Woman has 4 months old baby, she is fulfilling conditions of LAM and wants to get IUCD inserted
   d. All of the above

12. If the color of IUCD has changed and became darker, but IUCD is inside an intact and undamaged packet, which of the following actions is correct?
   a. If the expiry date on the packet is still not passed, one can insert the IUCD
   b. Send the packet back to the manufacturing company
   c. Do not use the IUCD as it might harm the woman

Infection Prevention:

13. To process the instruments after use, so that the person handling them is not infected, which of the following actions should be done?
   a. Used instruments should be first cleaned with water, dried and then boiled or autoclaved
   b. Used instruments should be immediately soaked in 0.5% chlorine solution for 10 minutes first and then cleaned
   c. The used instruments should be soaked in Savlon solution before boiling or autoclaving

14. Which of the following antiseptics should be used to clean cervix before IUCD insertion?
    a. Spirit (Alcohol)
    b. Povidone Iodine (Betadine)
    c. Normal saline

Management of potential problems

15. If the Postpartum IUCD comes out on its own after two months of insertion, then what should the client do?
    a. Client should wait for the next period before coming to the health facility
    b. Client should immediately come to the health facility and contact the service provider
    c. Client should not worry and should plan with her husband for using another method after her next period

16. If the client develops reproductive tract infection any time after IUCD insertion, what should be the next course of action?
    a. IUCD should immediately be removed by the service provider
    b. Appropriate antibiotic treatment and reassurance to be given and client can continue with IUCD
    c. IUCD should be removed and client should be told that she should not use IUCD in future as she is not fit for IUCD

Follow-up Care:

17. Following IUCD insertion, which instruction should not be given to the client?
    a. She should be told to come back to health facility soon if there is any problem or concern
    b. She should feel the threads with her fingers after each menstrual period
    c. Sometimes, there can be increased bleeding and cramps in the lower abdomen during first 2-3 months of insertion

18. During the first follow-up check-up after IUCD insertion, which of the following should not be done by service provider?
    a. Client should be asked if she is fine or having any problem
    b. Key points should be repeated again about the IUCD
    c. Service provider should remove IUCD, if client complains of heavier bleeding

Quality Assurance for IUCD services:

19. To maintain good quality IUCD services, the service provider should do which of the following?
    a. Staff should ensure availability of IUCD stock all the time, at all the places, where insertions are done
    b. Staff should do the documentation and record keeping correctly
    c. Staff should follow the performance standards and try to fill-up the gaps
    d. All of the above

20. Which of the following practices can reduce the quality of IUCD service provision?
    a. Only giving importance to insertion part and ignoring follow-up visits
    b. To ensure that 0.5% chlorine solution is used always to decontaminate the used instruments
    c. To orient all staff working in FP and maternity units about the availability of quality IUCD services and highlighting the safety and effectiveness of the method.

PRECOURSE/MIDCOURSE KNOWLEDGE ASSESSMENT (ANSWER KEY)

Instructions: Select the single best answer to each question and circle your answer.

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Overview of Postpartum Family Planning and Postpartum IUCD

4. For woman's good health, which of the following is recommended?
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KNOWLEDGE ASSESSMENT MATRIX

Clinical Trainers: **Date:**

Q.NO.	ANSWERS OF PARTICIPANTS										CATEGORIES
	1 Pre	2 Pre	3 Pre	4 Pre	5 Pre	6 Pre	7 Pre	8 Pre	9 Pre	10 Pre	
1											OVERVIEW
2											
3											
4											OVERVIEW OF POSTPARTUM OVERVIEWFAMILY PLANNING AND POSTPARTUM IUCD
5											
6											COUNSELLING THE CLIENT
7											
8											
9											MEDICAL ELIGIBILITY CRITERIA AND CLIENT ASSESSMENT
10											
11											INSERTION AND REMOVAL
12											
13											INFECTION PREVENTION
14											
15											MANAGEMENT OF POTENTIAL PROBLEMS
16											
17											FOLLOW-UP CARE
18											
19											QUALITY ASSURANCE OF IUCD SERVICES
20											
TOTAL											
Score %											

ROLE PLAY SITUATIONS:
Demonstration and Practice of Family Planning and IUCD Counselling

Here are some scenarios for use in counselling role-plays. The trainer may design his/her own role-plays.

Participants should use informational/educational materials/brochures or samples of contraceptive methods and other job-aids during practice of counselling.

- A 17 year-old woman with no children who wants to become pregnant in two years.
- A 35 year-old woman with four children who has regular periods and does not want any more children.
- A 27 year-old woman with two children who has had PID once since the birth of her last child 2 years back and wants no more children in the future.
- A 20 year-old woman who is fully nursing a three week-old baby and wants another child to complete her family.
- A 40 year-old woman who has had all the babies she wants, but is still having regular bleeding; she has severe diabetes and must inject herself with insulin.
- A 19 year-old sex worker who has four children, a history of recurrent PID, hepatitis, and is HIV infected.
- A 32 year-old woman with two children who has heavy periods (she needs to change her pads every two hours, she bleeds for eight days) and on the first two days her cramps are so strong that she cannot go to her job.
- A 30 year-old woman with four children. She is not sure if she wants any more children. Her husband travels for work and she thinks he may be having a relationship with a woman in another town.
- A 26 year-old woman with three children. Her husband is a transport worker and HIV infected. She has AIDS, but is currently being treated with ARVs and appears healthy.

EXERCISE: Medical Eligibility for IUCD and PPIUCD

Instructions: Below is a chart listing various conditions which may affect choice of the IUCD or PPIUCD by women and their providers. For each condition, place a check mark in the appropriate column and give a reason in the space provided.

CONDITION	INSERT IUCD	DO NOT INSERT IUCD	REASON/ COMMENT
1. Woman has just delivered and plans to have another baby in 2 years			
2. 3 weeks postpartum			
3. Delivered 40 hours after rupture of membranes (ROM)			
4. A woman is not pregnant and has AIDS and has not been taking ARV			
5. A woman wants to delay her first pregnancy and is younger than 20 years of age			
6. History of gonorrhea as a teenager			
7. History of ectopic pregnancy			
8. Has delivered just now and has a genital laceration which extends into the rectum			
9. Has a fever of 100 degree F postpartum			
10. Is anemic			
11. Persistent vaginal hemorrhage after delivery			
12. Husband has penile discharge and dysuria			
13. HIV positive and receiving care at the HIV clinic			
14. History of PID treated with antibiotics 5 years ago			
15. Has fever and abdominal pain in association with incomplete abortion			

ANSWER-KEY

EXERCISE: Medical Eligibility for IUCD and PPIUCD

CONDITION	INSERT IUCD	DO NOT INSERT IUCD	REASON/ COMMENT
1. Woman has just delivered and plans to have another baby in 2 years	✓		Category 1
2. 3 weeks postpartum		✓	Category 3: Increased risk of perforation
3. Delivered 40 hours after rupture of membranes (ROM)		✓	Category 3: Increased risk of infection/sepsis
4. A woman is not pregnant and has AIDS and has not been taking ARV		✓	Category 3: If clinically unwell
5. A woman wants to delay her first pregnancy and is younger than 20 years of age	✓		Category 2
6. History of gonorrhea as a teenager	✓		Category 1: Unless at high current individual risk
7. History of ectopic pregnancy	✓		Category 1
8. Has delivered just now and has a genital laceration which extends into the rectum	✓		Cover perineum with a cloth and ensure no-touch technique during insertion
9. Has a fever of 100 degree F postpartum		✓	Category 4: Puerperal sepsis likely
10. Is anemic	✓		Category 2
11. Persistent vaginal hemorrhage after delivery		✓	Category 4: Avoid insertion
12. Husband has penile discharge and dysuria		✓	Category 3: High individual risk of STI
13. HIV positive and receiving care at the HIV clinic	✓		Category 2: If clinically well
14. History of PID treated with antibiotics 5 years ago	✓		Category 2
15. Has fever and abdominal pain in association with incomplete abortion		✓	Category 4

ANSWER-KEY

EXERCISE: Identification of IP Steps in Interval IUCD Insertion Checklist

S. No.	Step
1.	**Client assessment**: review the client's medical and reproductive history (client may at high potential risk of STI)
2.	Wash hands thoroughly and dry them
3.	Put clean or HLD gloves in both hands
4.	Inspect external genitalia (pus like discharge may be seen)
5.	Perform a bimanual examination (to ensure that there is no current PID or STI/RTI)
6.	Use of HLD (or sterile) instruments for insertion
7.	Load the IUCD in sterile packet (Cu IUCD 380 A) Grasp the insertion tube and the IUCD string together at the lower end of the tube (Cu IUCD 375)
8.	Gently remove the tenaculum/volsellum and speculum and place in 0.5% chlorine solution for 10 minutes for decontamination
9.	Before removing the gloves, place all used instruments in 0.5% chlorine solution for 10 minutes for decontamination
10.	Properly dispose of waste materials
11.	Process gloves according to recommended IP practices
12.	Wash hands thoroughly and dry them

ROLE PLAY EXERCISES: COUNSELLING POTENTIAL PPIUCD CLIENTS

Here are some sample scenarios for use in counselling role plays. You may design your own role plays based on your past experience as an FP counsellor.

Participants should use their teaching materials as well as any informational/educational brochures or counselling job aids during practice.

1. Sitadevi is 23 years old and works as a teacher in primary school. She is six months pregnant. Sitadevi attends the antenatal clinics at the District Women's Hospital regularly. She does not want a second child for 2–3 years. She does not know how to go about it, but is thinking that her husband can use condoms. Dr. Mala, a senior clinician in the District Women's Hospital has recently returned from Immediate PPIUCD clinical skills training.

   How can Dr. Mala provide guidance to Sitadevi regarding her options?

   What are Sitadevi's options?

   ANSWER:

   This scenario is about the need for general PPFP counselling for all methods. The counselling should be based on the client's reproductive history and goals. There are many options available to the woman, and the provider should briefly discuss them all and help the woman to choose the best one. She should also reinforce the client's decision to think about PPFP during pregnancy and encourage her to bring her husband or family member during the next appointment.

2. Meena has one son who is 1 year old. She and her husband have been using condoms and abstinence to prevent pregnancy. Her mother-in-law advised her that she will not become pregnant as long as she breastfeeds her baby but now she finds that she is 4 months pregnant. The couple is quite concerned. They think that may be they want no more children but want the children to grow before having female sterilization. She has heard a lot about IUCD that it moves up in the body and causes headaches. She thinks she will try the injection after having this baby. Dr. Sheila is counselling Meena about all the methods of postpartum family planning, and Meena has many questions about the IUCD.

   a. How should Dr. Sheila address Meena's concerns?

   b. What information should Dr. Sheila provide Meena about the IUCD?

   ANSWER:

   This scenario is more specifically about use of the Immediate PPIUCD. The client is considering a permanent method but is not certain. The provider should describe all the long term and permanent methods and explain how Immediate PPIUCD provides her with long term but reversible contraception. She should reassure her that the Immediate PPIUCD is safe and the

insertion following the delivery is very simple and easy. She might point out that the injection means that Meena will need to return to the clinic every 3 months for her injection, whereas with the IUCD, once it is placed, there is no need for extensive follow up as long as she is doing well and having no difficulty. The provider should counsel about the method specific characteristics of the Immediate PPIUCD.

3. Parvati is 23, her husband is a farmer and, she delivered their third child last night in the hospital. She learned from the ASHA didi about benefits of using contraceptives for her own health, as well as taking good care of the children. She and her husband do not want more children, but her mother-in-law thinks they should not hurry to decide. When she is asked by one young lady doctor about postpartum family planning, Parvati thinks the IUCD sounds like a good idea. Parvati says her husband is just outside in the red cap. "Can you please talk to him and my mother-in-law", she asks the lady doctor.

   a. How should the doctor speak with the family about the patient's wishes?
   b. What are some of the important things to discuss?

   ANSWER:

   In this scenario the woman expresses the need for her family to be included in the counselling about PPFP options, especially about use of the IUCD. The provider needs to gently explore the ideas of the woman's family members and understand their desires and concerns. The provider should speak to them with respect and help them to learn about the benefits of the Immediate PPIUCD, especially since it is the woman's choice.

   The provider should describe the method as being highly effective with few side effects especially that it does not interfere with breast feeding. She should explain that it is long term and can be used for 10 years. If the family decides at some point that they would like another child, it can be removed. If she wants to continue the IUCD for contraception however, another IUCD can be placed after 10 years thus providing the woman with an alternative to permanent sterilization.

4. Government of India has recently launched a programme on immediate postpartum IUCD. Dr. Poonam, a young assistant professor of Obs/Gyn, recently attended a workshop on immediate postpartum IUCD insertion was really excited about making it available to the women in their hospital as well as teaching about it to the young residents. Dr. Madhumati, is a professor of Obs/Gyn in the department. When she came to know about Dr. Poonam's intentions she called her into the office and started expressing concerns about high expulsion and perforation rates as well as difficulties in insertion techniques. Dr. Madhumati advised Dr. Poonam to be very careful about these immediate postpartum IUCDs and instead continue to focus on laparoscopic tubal ligation (TL).

   a. How can Dr. Poonam present the new evidence and correct the misconceptions that Dr. Madhumati has?
   b. What are the most important things for Dr. Poonam to discuss with Dr. Madhumati?

ANSWER:

The young doctor should explain that the immediate PPIUCD has been shown to be safe, highly effective and easy to use. Perforation is extremely rare, and expulsion rates are lower than previously thought—especially when the IUCD is inserted correctly which is what Dr. Poonam learned in this course. The new insertion technique allows doctors or midwives to insert the IUCD after vaginal birth or caesarean section.

The new approach to immediate PPIUCDs gives the hospital a new way to provide services efficiently since it is provided immediately following delivery. This means that they do not need to tie up an OT for postpartum TL. Integrating family planning into delivery service is a more efficient use of hospital and human resources (for example, there would be less need for the OT for postpartum TL).

INDIVIDUAL ACTION PLAN TO IMPROVE IUCD SERVICES

Name of Participant..... Health Facility's Name.....

For Interval IUCD Services:

Participants: Refer chapter 11 of Reference Manual for performance standards for IUCD services. Review the standards briefly and determine which ones are not being achieved in your work-place. Note down standards or areas that you want to work after going back to your work-site. Think who will assist/support you to achieve these standards. This includes co-workers, supervisors, and other colleagues who do counselling or infection prevention or insertion. Determine a time frame for achieving this standard.

Standard/Cause of Gap identified	Intervention/Action	Who will support you	Support needed	End date

For PPIUCD Services:

Participants: Refer chapter 11 of Reference Manual for performance standards for IUCD services. Review the standards briefly and determine which ones are not being achieved in your work-place. Note down standards or areas that you want to work after going back to your work-site. Think who will assist/support you to achieve these standards. This includes co-workers, supervisors, and other colleagues who do counselling or infection prevention or insertion. Determine a time frame for achieving this standard.

Standard/Cause of Gap identified	Intervention/Action	Who will support you	Support needed	End date

COURSE EVALUATION FORM

(To be completed by **Participants**)

Please indicate your opinion of the course components using the following rate scale:

5-Strongly Agree 4-Agree 3-No Opinion 2-Disagree 1-Strongly Disagree

COURSE COMPONENT	RATING
I feel that I understand the client assessment criteria and I can correctly screen clients who would be appropriate for interval IUCD and PPIUCD.	
The role play sessions on counselling skills were helpful.	
There was sufficient time scheduled for practising counselling through role play and with clients and volunteers.	
The demonstration helped me get a better understanding of how to insert interval and PPIUCDs prior to practising with the anatomic models.	
The video on insertion technique helped me to understand the technique better.	
The practice sessions with the anatomic models made it easier for me to perform insertion when working with actual clients.	
There was sufficient time scheduled for practising insertion with clients.	
The interactive training approach used in this course made it easier for me to learn	
The time allotted for this course was sufficient for learning how to provide interval IUCD and PPIUCD services.	
I feel confident in interval IUCD insertion with Cu IUCD 380 A and Cu IUCD 375.	
I feel confident in PPIUCD postplacental insertion.	
I feel confident in postpartum PPIUCD insertion within 48 hours of deliver.	
I feel confident in PPIUCD intra-cesarean insertion (This is applicable for doctors only).	
I feel confident in using the infection prevention practices recommended for IUCD services.	

ADDITIONAL COMMENTS

What topics (if any) should be added (and why) to improve the course?

What topics (if any) should be deleted (and why) to improve the course?

What should be done to improve how this course was delivered or managed?

Proposed column heads for IUCD Registers to be implemented across the state

IUCD Service Register													
Monthly S. No.	Annual S. No.	IUCD No. *	ECR No. With ANM's name	Client's name & Husband's Name	Address	Age	Caste & Religion	Education Husband & Wife	Occupation of Husband & Wife	No. of Living children	L C B	L M P	P/S P/V
Contd...													
Type of IUCD	Date of insertion	Name & designation of Motivator	Name & Designation of insertor	Signature of MOI/c									

*** To continue through years**

Columns of IUCD Removal Register

S.No.	Date	IUCD No. (if applicable)	OPD Reg. No.	Name/ Husband Name	Address	Type of IUCD inserted	Place of Insertion	Date of Insertion	Cause of Removal	Advise

Columns of IUCD Follow up Register**

S. NO.	Date	OPD Registration No.	Name	Place of Insertion	Date of Insertion	Type of IUCD inserted	LMP	Presenting Complaints	P/S P/V	Advice	Signatur

**To be used for entry of clients who got IUCD inserted elsewhere but have come for follow-up to this facility. Own facility clients may be followed –up on reverse side of IUCD screening and FU card.

STATE ROADMAP FOR PPIUCD TRAINING

Name of the state:

S.N	District	Name of the facility	Average monthly deliveries	No. of providers already trained in PPIUCD		No. of providers identified for training		Tentative training dates
				MOs	Nurses (SN/LHV/ANM)	MOs	Nurses (SN/LHV/ANM)	

PPIUCD REGISTERS FORMAT

POSTPARTUM IUCD INSERTION REGISTER

POSTPARTUM IUCD INSERTION REGISTER

S.No.	Indoor Reg No	Name	Age	Postal Address	Phone No.	No. of Living Children	Date of PPIUCD Insertion	Counseled During *(Tick appropriate column)*			Name of Provider who Inserted PPIUCD	Type of PPIUCD Insertion *(Tick appropriate*			Instrument used for Insertion *(Tick appropriate column)*			Due Date for follow-up	Remarks
								Antenatal Care	Early Labour	Postpartum Period		Post placental (within 10 min)	Immediate PP (within 48 hrs.)	Intra Caesarean	Manual	PPIUCD Insertion Forceps	Sponge/Ring Forceps		

POSTPARTUM IUCD FOLLOW-UP (FU) REGISTER

POSTPARTUM IUCD FOLLOW-UP (FU) REGISTER

S.No.	Indoor Reg No	Name	Age	Phone No.	Date of PPIUCD Insertion	Type of PPIUCD Insertion *(Tick appropriate column)*			Name of provider who inserted PPIUCD	Due date of FU	Actual date of FU	Type of FU *(Tick appropriate column)*		Time of FU *(Tick appropriate column)*		Finding of FU *(Tick appropriate column)*					Action taken for complications	Reason for removal	Remarks
						Post placental (within 10 min)	Immediate PP (within 48 hrs.)	Intra Caesarean				Clinic Visit	Telephonic	Upto 6 weeks	After 6 weeks	Expulsion	Infection	Missing Strings	Other Complaints (Specify)	No complaint			

QUARTERLY SUMMARY – PPIUCD SERVICE DELIVERY

State:
Reporting Quarter:

S.N	Name of the district	Name of facilities providing PPIUCD	No of deliveries conducted in the facility	PPIUCD inserted	% Acceptors	Remarks
1						
DISTRICT TOTAL		NR				
2						
DISTRICT TOTAL		NR				

STATE TOTAL	No. of total Deliveries	
	No. of PPIUCD insertion	
	% PPIUCD acceptors of total deliveries	

PROVIDER-WISE PPIUCD INSERTIONS

State
District
Reporting Quarter

S.N	Name of the Facility	Name of Service Provider	MOs/Nurses	No. of PPIUCD inserted in the reporting period	Remarks

REFERENCES

1. IUCD Reference Manual for Medical Officers, 2007, Family Planning Division, Ministry of Health and Family Welfare, Govt. of India
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4. Postpartum IUCD Facilitators Guide, November 2010, Family Planning Division, Ministry of Health and Family Welfare, Govt. of India
5. World Health Organization Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), INFO Project, Family Planning: A Global Handbook for Providers, Baltimore and Geneva: CCP and WHO, 2007
6. Checklist for screening clients who want to initiate use of copper IUCD, Revised and adapted by UHI in 2012 from checklist produced by USAID and FHI360 in 2008
7. Medical Eligibility Criteria for Contraceptive Use, Fourth Edition, 2009, WHO

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