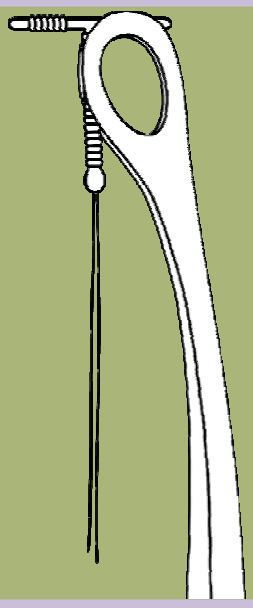
Postpartum IUCD Facilitators' Guide



November 2010

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NATIONAL RURAL HEALTH MISSION

MCHIP Maternal and Child Health Integrated Program

Postpartum IUCD Facilitators' Guide

November, 2010

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PREFACE

National Population Policy of India was formulated in the year 2000 with the long term objective of achieving a stable population by 2045, at level consistent with the requirements of sustainable economic growth and social development. One of the immediate objectives of the policy is to address the unmet needs for contraception.

Providing quality contraception services to women is one of the cornerstones for achieving MDG goals of improved maternal and child health. Unwanted and mistimed pregnancy results in adverse outcomes for both mother and child. A large proportion of women in the postpartum period want to accept a contraceptive method to regulate their fertility, either by spacing or limiting future pregnancies. Accordingly, the postpartum Family Planning services need to be strengthened and the providers updated on recent developments in contraceptive services. Provision of IUCD in the immediate postpartum period offers an effective and safe method for spacing and limiting births.

This Reference manual on PPIUCD developed by Family Planning Division contains the service delivery and training guidelines for immediate post partum insertion of IUCD which will equip the service providers with knowledge and skills to ensure the quality of post partum IUCD services. I hope this will be an important step towards reducing the unmet needs for contraception in the post partum period and for promoting maternal and child health.

Date: 30.11.2010

(K. SUJATHA RAO)

NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

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ACKNOWLEDGEMENT

Access to safe and effective contraceptive services in the postpartum period is of utmost importance for a woman to prevent unwanted /mistimed pregnancy. Immediate Postpartum insertion of IUCD is being seen as an effective and safe contraception which can be accepted by the woman immediately after delivery.

This Reference manual on "**Immediate Postpartum Insertion of IUCD**" is developed for service providers and trainers to facilitate them to provide quality IUCD services as per standard protocols.

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(Dr.Kiran Ambwani)

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ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
AMTSL	Active Management of Third Stage of Labor
ANC	Antenatal care
BPM	Beats per Minute
CBC	Complete Blood Count
CuT	Copper T
DMPA	Depot Medroxy Progesterone Acetate
FP	Family Planning
HSP	Healthy Spacing of Pregnancy
IUCD	Intra Uterine Contraceptive Device
HIV	Human Immunodeficiency Virus
HLD	High Level Disinfection
IP	Infection Prevention
LAM	Lactational Amenorrhea Method
MCH	Maternal and Child Health
MEC	Medical Eligibility Criteria
NSV	No-Scalpel Vasectomy
OT	Operation Theatre
PID	Pelvic Inflammatory Disease
PNC	Postnatal Care
POP	Progestin-Only-Pills
PPFP	Postpartum Family Planning
PPIUCD	Postpartum Intra Uterine Contraceptive Device
ROM	Rupture of Membranes
STIs	Sexually Transmitted Infections
WHO	World Health Organization

COURSE DESCRIPTION

Course Design

This immediate postpartum IUCD clinical training course is designed for service providers {medical officers, staff nurses and auxiliary nurse midwives (ANMs)}. The course builds on each participant's past knowledge and experience. Training emphasizes doing, not just knowing, and uses competency-based evaluation of performance in the following ways:

- During the morning of the first day of the course, participants are introduced to the key features of this clinical skills course and then are briefly assessed (**Precourse Knowledge Assessment**) to determine their individual and group knowledge of the management of immediate postpartum IUCD services.
- Classroom and clinic sessions focus on key aspects of immediate postpartum IUCD service delivery (e.g., counseling of clients, how to provide services, and manage side effects and other potential problems).
- Progress in knowledge-based learning is measured during the course using a standardized written assessment (**Midcourse Knowledge Assessment**).
- Clinical skills training builds on the participant's previously learned skills. Participants first practice on anatomic models using detailed step-by-step clinical skills checklists that list the key steps in immediate postpartum insertion of the IUCD. In this way, they learn the skills needed to insert the IUCD during the immediate postpartum period with clients more quickly and in a more standardized way.
- Progress in learning new skills is documented using the counseling and clinical skills checklists and skills tracking sheets.
- Evaluation of each participant's performance is conducted by a clinical trainer using competency-based skills checklists.

Successful completion of the course is based on mastery of both the knowledge and skills components, as well as satisfactory overall performance in providing immediate postpartum IUCD services to clients.

Immediate Postpartum IUCD service delivery is often a team effort, requiring the knowledge and skills of trained clinicians (physicians, nurses or ANMs) and other types of health professionals, such as counselors.

The person who actually performs the counseling or inserts the IUCD may vary from facility to facility, depending on national and programmatic policies and availability of trained health care providers. Thus, opportunities are provided for learning and practicing immediate postpartum IUCD counseling and clinical skills, infection prevention, record keeping and follow-up of clients. Even if a participant will not carry out a specific task, s/he needs to be familiar with it in order to ensure high-quality service delivery. Therefore, **all course participants** should be provided the opportunity to observe or perform all of the skills/activities associated with the safe delivery of immediate postpartum IUCD services.

Evaluation Approaches

This clinical training course is designed to produce qualified service providers capable of providing immediate postpartum IUCD services to postpartum 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 postpartum IUCD counseling and clinical skills

Practice: Demonstrated ability to provide immediate 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 responses 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 immediate postpartum IUCD services. This provides a key opportunity to observe the impact on clients of the participant's **attitude**, a critical component of high-quality immediate postpartum IUCD service delivery. Only by doing this, can the clinical trainer assess the way the participant uses what s/he has learned.

Counseling and Clinical Skills Checklists. The clinical trainer will use these checklists to evaluate each participant as s/he counsels clients and inserts IUCD during immediate postpartum period or removes IUCDs with clients. Evaluation of the counseling 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 the different counseling and **clinical skills** will be tracked during the course using the clinical skill tracking sheet.

In determining whether the participant is qualified, the clinical trainer(s) will observe and rate the participant's performance for each step of the immediate postpartum IUCD service delivery skill or activity. The participant must be rated satisfactory in each skill or activity to be evaluated as qualified.

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 institution by a course trainer using the same counseling and clinical skills checklist. (At the very least, the participants should be observed by a skilled provider soon after completing training.) 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.

Course Syllabus

Course Description

This 3-day clinical training course is designed to prepare the participant to counsel women or couples concerning the use of IUCDs as a contraceptive method during the immediate postpartum period and to become competent in inserting the Copper T 380A IUCD in two to three scenarios: postplacental insertion (within 10 minutes of delivery of placenta) or immediate postpartum insertion (within first 48 hours after childbirth); and intracesarean (during a cesarean section). It also trains participants to manage side effects and other potential problems associated with the use of IUCDs.

Course Goals

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

Participant's Learning Objectives

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

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

Training/Learning Methods

- Illustrated lectures and group discussion
- Individual and group exercises
- Role plays
- Simulated practice with anatomic (pelvic) models
- Guided clinical activities (counseling and immediate postpartum IUCD insertion)

Training Package

This **facilitators' guide**, which includes questionnaires, their answer keys, various formats required during the course and detailed information for conducting the course is designed to be used with the following materials:

- Immediate Postpartum IUCD **Reference Manual** which contains 'need-to-know' information which is practical 'how-to' information and techniques to help the clinical trainer conduct participatory, humanistic immediate PPIUCD skills training courses. The **reference manual** 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 counseling and clinical skills checklists needed during the course. Performance standards for management of immediate postpartum IUCD Clinical Services along with sample and blank Personal Action Plan formats are also included in the reference manual.
- Immediate Postpartum IUCD insertion kit and Copper T IUCDs in sterile packages
- **Anatomic models** that allow practicing immediate postpartum IUCD insertion
- **Well-designed teaching aids and audiovisual materials**, such as immediate PPIUCD insertion video; anatomic models; and other training aids such as power point presentations.
- Competency-based performance evaluation

Using the Immediate Postpartum IUCD Training Package

- All training activities in this course will be conducted in an interactive, participatory manner using the training package appropriately as suggested in the course outline in the facilitators' guide. 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.

Competency Based Training

- 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 serve in the more traditional role of an instructor or lecturer.
- It involves use of behavior modeling 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.

Participant Selection Criteria

Participants for this course should be clinicians (physicians, nurses or ANMs):

- Working in a health care facility (clinic or hospital) that provides women's health services including antenatal care, labor and childbirth, and postpartum care, including family planning
- Proficient with providing interval IUCD insertion and removal services
- Willing to update their knowledge, acquire the skills and attitude essential to provide immediate postpartum IUCD services

Methods of Evaluation

Participant

- Pre and Midcourse Knowledge Assessment
- Clinical skills checklists for immediate postpartum IUCD services observed or done under supervision:
  - Counseling (antenatal and immediately after the childbirth)
  - Postplacental IUCD insertion (Instrument Technique)
  - Immediate Postpartum IUCD Insertion
  - Intracesarean IUCD Insertion

Course Evaluation

- Course evaluation (to be completed by each participant)

Course Duration

3 days with practice of skills on models and clients. It is desired that the training site has at least 50-60 clients of immediate PPIUCD at the site per month to enable each participant practice clinical skills on at least one client during the course.

Suggested Course Composition

- 4−6 participants depending upon the immediate postpartum IUCD client load at the training site.
- At national and state level, the participants will be doctors and at district level, doctors and nurses.
- 2 clinical trainers per course.

MODEL IMMEDIATE POSTPARTUM ICUD COURSE SCHEDULE (STANDARD COURSE 3 DAYS)		
Day 1	**Day 2**	**Day 3**
Morning 9AM – 1PM	**Morning 9AM – 1PM**	**Morning 9AM – 1PM**
Opening ● Welcome ● Participant expectations Objectives and Course Materials ● Goal and objectives ● Review of course schedule ● Review components of the training package Precourse Knowledge Assessment Illustrated Lectures ● Pregnancy spacing/health benefits of FP ● Postpartum FP methods ● Immediate PPIUCD overview and immediate PPIUCD counseling Brainstorming Exercise ● What is different about the immediate PPIUCD?	Agenda, Warm Up and Recap of Day 1 Exercise ● Client assessment for immediate PPIUCD Illustrated lecture ● Infection prevention ● Exercises: Identify the IP steps and IP principles Skill Practice Practice Counseling of clients for immediate postpartum FP and immediate postpartum IUCD in ANC OPD and postpartum ward Clinical Practice on Clients: Insertion of postplacental, immediate postpartum, intracesarean IUCD: In labor room & postpartum ward	Agenda, Warm Up and Recap of Day 2 Presentation/Discussion ● Initiation of services and maintenance of insertion and follow-up register formats and reporting format. Skill Practice: Practice counseling of clients for immediate postpartum FP and immediate postpartum IUCD in ANC OPD and postpartum ward ● Clinical practice on clients: Insertion of postplacental, immediate postpartum, intracesarean IUCD: In labor room & postpartum ward Review of Performance Standards at the participant's health facility and development of Personal Action Plan
Lunch	**Lunch**	**Lunch**
Afternoon 2PM – 5:00PM	**Afternoon 2PM – 5:00PM**	**Afternoon 2PM – 3:30PM**
Participants Practice ● Role play on counseling Demonstration ● Insertion technique (video and on models) Practice of Insertion Technique on Models Home Assignment and Review of the Day	Illustrated Lecture Side effect and complication management Continue clinical practice on models/clients Exercise ● Immediate PPIUCD FAQs Mid-Course Knowledge Assessment and Review of the Day	Course Evaluation Course Closing and Certification
Assignment: Read Annexure B, I, J, K Skills Checklist for Counelling and PPIUCD Insertion	Assignment: Read Chapter 4 Infection Prevention and Chapter 7 Follow-up Care and Management of Problems	Assignment: Be a good immediate PPIUCD service provider!

NOTE: Make copies of the schedule, one for each participant and include in the training material bag.

Model Course Outline

The course outline presented here is a model plan of the training to be delivered. It presents enabling objectives needed to accomplish the participant learning objectives described in the course syllabus. For each enabling objective, there are suggestions regarding appropriate learning activities and needed resources and materials. The trainer may develop other practice activities and prepare case studies, role plays or other learning situations that are specific to the country or group of participants.

The course outline is divided into four columns:

- **Time.** This section of the outline indicates the approximate amount of time to be devoted to each learning activity.
- **Objectives/Activities.** This column lists the enabling objectives and learning activities. Because the objectives outline the sequence of training, the objectives are presented here in order. The combination of the objectives and activities (introductory activities, small-group exercises, clinical practice, breaks, etc.) outlines the **flow** of training.
- **Training/Learning Methods.** This column describes the various methods, activities, and strategies to be used to deliver the content and skills related to each enabling objective.
- **Resources/Materials.** The fourth column in the course outline lists the resources and materials needed to support the learning activities.

Note that the course outline is based on the course schedule. As such, changes or modifications to the course schedule should be reflected in this course outline.

IMMEDIATE POSTPARTUM IUCD SERVICES Model Course Outline (3 days)			
TIME	**TOPICS/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session 1: Day 1, Morning			
20 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 objectives and schedule Review 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 from Facilitators' Guide (FG). Full set of the training package: • Reference Manual • Facilitators' Guide (FG) • Immediate PPIUCD Video • Job-aids and IEC material
30 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. Ask them to answer each question. Ask the participants to give the assessment sheet over when finished. Allow 15 minutes for the Precourse Knowledge Assessment. Immediately review the correct responses—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 papers to prepare the Group and Individual Knowledge Matrix and then return the papers.	Copies of Precourse Knowledge Assessment Sheets one for each participant Small pieces of paper with numbers Copy of Group and Individual Knowledge Matrix Refer FG

IMMEDIATE POSTPARTUM IUCD SERVICES Model Course Outline (3 days)			
TIME	**TOPICS/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
40 minutes	Presentation/Discussion: • Pregnancy Spacing and Health Benefits of FP	Use the PowerPoint slides to present information on the impact of pregnancy spacing on maternal, newborn and child health. Ask questions of the participants and engage them in the presentation of the information.	Power Point slides on: Pregnancy Spacing and Health Benefits of FP
5 minutes	Activity: Review Group and Individual Knowledge Matrix.	While one trainer is presenting the above presentation, another trainer should fill out the Group and Individual Knowledge 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.	One copy of Group and Individual Knowledge Matrix
30 minutes	Presentation/Discussion: • Postpartum Family Planning Methods	Use the Power Point slides to review the general concepts of postpartum family planning. Ensure that participants understand the different types of PPFP, and the use of LAM as a gateway method.	Power Point slides on: • Postpartum Family Planning
60 minutes	Presentation/Discussion: • Immediate Postpartum IUCD Overview • Immediate Postpartum IUCD Counseling	Use the PowerPoint slides to review the technical information about immediate postpartum IUCDs and the important aspects of counseling. Ask questions to the participants and engage them in the presentation of the information.	Power Point slides on: • Immediate Postpartum IUCD Overview • Immediate Postpartum IUCD Counseling
15 minutes	Exercise One: Brainstorming: What is Different about the Immediate Postpartum IUCD?	Before this exercise set up a skill station for immediate postpartum IUCD insertion. Distribute the illustration on the skill station to all participants. Ask participants to gather around the skill station and brainstorm (rapid responses without much discussion) about all the things they see that are different about this set up for immediate PPIUCD insertion compared to interval IUCD insertion. Write their responses on a flip chart without discussion or qualification. Refer back to this list during the next presentation on Immediate PPIUCD services.	Copies of the Skill Station Set Up illustration Anatomic models, supplies, instruments, linen for the skill station (See Set Up Of Clinical Skill Practice Station in the FG) Flip chart and markers

IMMEDIATE POSTPARTUM IUCD SERVICES **Model Course Outline** (3 days)			
TIME	**TOPICS/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session 2: Day 1, Afternoon			
30 minutes	Participant Practice: • Role Plays on Counseling	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. Have participants break into groups of three persons each. Ask them to read the role plays on counseling allotted to them. Ask them to practice counseling using these role plays. One participant is the counselor, one participant is the client, and one participant is the observer. Have them use the Counseling Checklist to review the important steps in counseling. Have them take turns with different role plays, each time having the participants assume different roles of counselor, client and observer. Trainer observes and uses the Counseling Checklist to ensure that the counseling approach and technical information discussed in the role plays is accurate.	• Copies of Counseling Role Plays (FG) • Counseling Checklist {FG and Reference Manual (RM)} • Counseling Role Plays Answer Key (FG)
60 minutes	Demonstration Insertion Technique: Immediate PPIUCD Insertion Technique Video Immediate Postplacental Insertion of IUCD Immediate Postpartum Insertion of IUCD Intracesarean Insertion of IUCD	Play the immediate PPIUCD video to demonstrate the correct insertion technique. Set up 2 skills stations for Postplacental IUCD insertion (instrumental technique) Gather participants around the skill station 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 postplacental insertion then review immediate postpartum insertion using checklist. Discuss and review step by step the technique for intracesarean insertion. Ask questions of the participants and assess their understanding of the technique. Remind participants that they will have an opportunity to practice these skills with support from the trainers at the skill practice and assessment stations after the demonstration and will be assessed for competency throughout the course.	Screen, LCD, Immediate PPIUCD video on CD, loudspeaker and power supply Skill station for postplacental insertion (instrumental) {See Set Up Of Clinical Skill Practice Station in the Facilitators' Guide (FG)} Clinical Skill Checklists {Reference Manual (RM)}

IMMEDIATE POSTPARTUM IUCD SERVICES **Model Course Outline** (3 days)			
TIME	**TOPICS/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
60 minutes	Skill Practice and Assessment All participants rotate on the skill station for demonstration, discussion, practice and assessment for competency.	Prepare 2 skill stations with everything needed for all 3 clinical insertion techniques. Use the diagram in the FG to guide the set-up of these stations. Divide participants into 2 groups. Have them work in teams at the skills station to practice the 3 skills. Use the clinical skills checklists to guide practice. Allow participants to practice the postplacental insertion (instrumental) and postpartum insertion on the model. Use the illustrations to guide simulated practice for intracesarean insertion. When participants are ready, assess for competency using checklists. Record the skills achieved on the Skills Tracking Sheet for each participant.	Fully equipped skill stations for postplacental and postpartum insertion Clinical Skills Checklists (RM) Copies of Skills Tracking Sheet (one per participant from FG) See Set Up Of Clinical Skill Practice Station in the FG
20 minutes	Home Assignment: Read Annexure B, I, J and K Skills Checklists for Counseling and Postpartum IUCD Insertion. Review of the day	Give participants the assignment for reviewing at home: Ask participants to review the skills checklist (Annexure B, I, J and K) and review the standard activities recommended for quality PPIUCD services. Review and recap day's activities.	Annexure B, I, J and K in Reference Manual.

IMMEDIATE POSTPARTUM IUCD SERVICES **Model Course Outline** (3 days)			
TIME	**TOPICS/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session 3: Day 2, Morning			
10 minutes	Agenda and Warm-up	Have a warm-up activity to ensure that the participants are ready to learn and you have created a positive learning environment. Recap previous day's learning. Ask participants what did they understand from the performance standards, the personal action plan, clarify doubts and tell the participants that the action plan will again be visited on day three. Review agenda of the day.	Performance Standards for immediate postpartum IUCD services from RM Agenda of the day on a flipchart
30 minutes	Exercise Two: Client Assessment for Immediate PPIUCD	Break participants into 2 groups and ask them to review the chart on Medical Eligibility Criteria for Immediate PPIUCD. Give the groups 10–15 minutes to fill in the chart. Ask them to provide a reason why they would insert or not insert the IUCD in this immediate postpartum situation. Ask the first team to present their responses for items 1–7. Engage the second team in the discussion. Do they agree or disagree? Then have the second team present their responses for items 8–15. Record the answers on a blank summary table posted on a flipchart. Lead a discussion about immediate PPIUCD client assessment criteria. Review the Pre-Insertion Screening Job Aid in the RM as a tool for helping ensure that clients are screened prior to insertion.	Chapter on Client Assessment in Reference Manual. Exercise 2 (FG) Pre-Insertion Screening Job Aid (RM) Flip charts and markers Copies of Medical Eligibility Criteria sheet for Immediate PPIUCD (one per group) Blank summary table on a flip chart prepared
30 minutes	Presentation/Discussion: • Infection Prevention for Immediate PPIUCD Services Exercises 3 and 4 (optional): Identify the Infection Prevention Steps Principles of IP	Use the Power Point slides to review the general concepts of infection prevention as they relate to provision of postpartum IUCD services. If there is time, use exercises 3 and 4 or use them during clinical practice while waiting for clients. Exercise 3: Identify the Infection Prevention Steps as a way to have the participants think about the concepts of IP. Exercise 4: To understand principles of IP.	PowerPoint slides on: • Infection Prevention • Refer exercise 3 and 4 (FG) for instructions.

IMMEDIATE POSTPARTUM IUCD SERVICES **Model Course Outline** (3 days)			
TIME	**TOPICS/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
120 minutes	Skill Practice: Counseling and Clinical Practice for Provision of Immediate PPIUCD Services	Break the participants into two teams with 4-5 participants per team. Team 1 will go to the ANC clinic and provide counseling about PPFP options, including the Immediate PPIUCD, to antenatal clients. Team 1 should also provide counseling and services to women with IUCDs in place who come to the family planning clinic for follow up or evaluation for side effects. Team 2 will go to the Labor and Delivery room for experience with postplacental, immediate postpartum and intracesarean insertion of the Immediate PPIUCD. If there are no clients ready for insertion at this time take the participants to the postpartum ward and allow them to provide counseling to postpartum clients about the Immediate PPIUCD. The trainers should be aware of the volume and distribution of services. If there are several clients that are appropriate for Immediate PPIUCD insertion, the trainer should call the participants from the ANC clinic to come to the Labor room for clinical experience.	Chapter on Counseling in Reference Manual Clinical Skills Checklists (FG and RM) Clinical Skills Tracking Sheets (copies for each participants made earlier from FG)
	Exercises 3 and 4: Exercise 3: Identify the IP Steps Exercise 4: IP Principles	If there is any free time while on the wards waiting for cases, review and discuss Exercise 3 and Exercise 4. Exercise 3: Identify the IP steps. Review each step in the clinical skills checklist and consider if it is an infection prevention step. Discuss and clarify the basic points about infection prevention. Exercise 4: IP Principles. Assign one of the questions to each participant and ask them to discuss their answer. Clarify any remaining questions about infection prevention practices for the Immediate PPIUCD.	Exercise 3 (FG) Exercise 4 (FG) Questions written on paper chips – one on each chit

IMMEDIATE POSTPARTUM IUCD SERVICES **Model Course Outline** (3 days)			
TIME	**TOPICS/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session 4: Day 2, Afternoon			
40 minutes	Presentation/Discussion: Side Effect and Complication Management	Use the Power Point slides to present and discuss the management of Immediate PPIUCD side effects and complications. Use cases from the clinical experience yesterday to reinforce concepts and principles.	Power Point slides on: Side Effect and Complication Management Chapter on Side Effect and Complication Management (Reference Manual)
90 minutes	Working with Clients/Models: Counseling and Clinical Practice for Provision of Immediate PPIUCD Services	Continue clinical practice. Shift participants from the ANC Clinic to the Labor room and the Postpartum room.	Clinical Skills Checklists and Clinical Skills Tracking Sheets (FG) Skills Checklists in RM
5 minutes	Review of Skills Tracking Sheet	Each participant should review their personal Skills Tracking Sheet and make sure it is completed accurately. Trainers should review these with the participants and get a sense for the overall experience of the participants from the day's clinical activity. Based on this, a plan for clinical experience for tomorrow should be developed.	Clinical Skills Tracking Sheets (FG)
10 minutes	Exercise 5: Immediate PPIUCD FAQs	Exercise 5: Immediate PPIUCD FAQs. Assign one of the questions to each participant and ask them to discuss their answer. Clarify any remaining questions about Immediate PPIUCDs.	Exercise 5 (FG)

IMMEDIATE POSTPARTUM IUCD SERVICES **Model Course Outline** (3 days)			
TIME	**TOPICS/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
40 minutes	Midcourse Knowledge Assessment and Review of answers	Make copies of the Midcourse Knowledge Assessment and give each participant a copy. Ask participants to put the numbers they were allotted on day one for the precourse assessment on the first page. Review the instructions printed on the questionnaire. There is one single best answer for each question. The trainer(s) should score the questionnaire, mark the score on the top and be prepared to return the questionnaire to the participants when they return from lunch. Record the score on the assessment matrix and ask participants to add the scores on their Tracking Sheet. Answers should be reviewed with the entire group.	Copies of the Midcourse Knowledge Assessment one per participant from FG. Midcourse Knowledge Assessment Answer Key (FG)
5 minutes	Review of the Day	Review and recap day's activities. Give participants the reading assignment : • Chapter 4, Infection Prevention and Chapter 7, Follow-up and Management of Problems in the Reference Manual	

IMMEDIATE POSTPARTUM IUCD SERVICES **Model Course Outline** (3 days)			
TIME	**TOPICS/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session 5: Day 3, Morning			
10 minutes	Agenda and Warm-up	Recap previous day's learning. Review agenda of the day.	Agenda of the day on a flipchart
50 minutes	Presentation/Discussion: Initiation of services and maintenance of insertion and follow-up register formats and reporting format.	Discuss how the participants will initiate the services or join the group providing immediate PPIUCD services at their work place. Discuss maintaining infection prevention practices and correct technique as critical components to the success of the program. 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 six weeks and to record the findings and data on the suggested follow-up register format. The facilitator should discuss the reporting format for regular reporting to the higher authorities.	IUCD insertion register format (RM) IUCD follow-up register format (RM) IUCD insertion and follow-up services reporting format (RM)
120 minutes	Skill Practice: Counseling and Clinical Practice for Provision of Immediate PPIUCD Services	Break participants into teams of 4-5 participants per team. Team 2 will go to the ANC clinic and provide counseling about PPFP options, including the immediate PPIUCD, to antenatal clients. Team 2 should also provide counseling and services to women with IUCDs in place who come to the family planning clinic for follow up or evaluation for side effects. Team 1 will go to the Labor and Delivery room for experience with postplacental, immediate postpartum and intracesarean insertion of the immediate PPIUCD. If there are no clients ready for insertion at this time, take the participants to the postpartum ward and allow them to provide counseling to postpartum clients about the immediate PPIUCD. The trainers should review the participants' skill tracking sheets and be aware of the volume and distribution of services. If there are several clients that are appropriate for immediate PPIUCD insertion, the trainer should call the participants from the ANC clinic to come to the L&D room for clinical experience.	Reference Manual on Immediate PPIUCD Services Clinical Skills Checklists (RM & FG) Clinical Skills Tracking Sheets (FG)

IMMEDIATE POSTPARTUM IUCD SERVICES **Model Course Outline** (3 days)			
TIME	**TOPICS/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
25 minutes	Activity: Review Performance Standards for Immediate PPIUCD services to develop a Personal Action Plan. Review Personal Action Plans.	Review the Performance Standards for Immediate Postpartum IUCD services (Annexure B, I, J, K and O). Ask each participant to identify 1–2 standards that are not currently happening at their facility or they want to initiate and commit to implement upon returning to their clinical facility. Have them write their plans on a sheet of paper from their notepads in duplicate and present and submit one copy to the trainer. The participants will need to keep the other copy as reference for themselves.	Flipchart paper (Annexure B, I, J, K and O) for Performance Standards for immediate PPIUCD services in Reference Manual. Personal Action Plan in Facilitators' Guide
Session 6: Day 3, Afternoon			
15 minutes	Activity: Course Evaluation	Have participants fill out and submit the course evaluation form.	Copies of Course evaluation forms (one per participant from FG)
30 minutes	Certificate Distribution and Closing	Closing remarks by training organizers. Distribute certificates to participants.	Completed certificates

Government of India's Budget Provision for Training

S.No.	Budget Head	Rate per day per person (Rs.)
1.	a) DA to MOs b) DA to SN/Technician	700 400
2.	Honorarium to trainer	600 (1000 for outside guest trainers)
3.	Working Lunch	150
4.	Tea & snacks	50
5.	Incidental expenditure	250
		Subtotal
6.	Institutional overheads	15% of total expenses
7.	TA	As per state Government norms
	Grand Total	

F-No. 11026/1/2009 date 9th Sept. 2009

PRECOURSE KNOWLEDGE ASSESSMENT

How the Results Will Be Used

The main objective of the **Precourse Knowledge Assessment** is to assist both the clinical trainer and the participants. They begin their work together in the course by assessing what the **participants,** individually and as a group, know about the course topic. Providing the results of the precourse knowledge assessment to the participants enables them to focus on their individual learning needs. In addition, the questions alert participants to the content that will be presented in the course.

For the clinical trainer, the assessment results will identify particular topics that may need additional emphasis during the learning sessions. Conversely, for those categories in which 80% or more of participants answer the questions correctly, the clinical trainer may elect to use some of the allotted time for other purposes. For example, if the participants as a group did well (80% or more of the questions correct) in answering the questions in the category "Counseling" (Questions 4 through 8), the clinical trainer may elect to assign that section of the course schedule as homework rather than discussing these topics in class.

PRECOURSE KNOWLEDGE ASSESSMENT

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

Immediate Postpartum IUCD Overview

1. **In India, postpartum women who had institutional deliveries have:**
   a. Better access to family planning services than women who are not postpartum
   b. Less access to family planning services than women who are not postpartum
   c. No interest in family planning services

2. **For health reasons, how long should women wait after delivering a baby before becoming pregnant again?**
   a. For at least 1 year
   b. For at least 2 years
   c. Until regular monthly periods have started again

3. **For health reasons, how long should women wait after a miscarriage before becoming pregnant again?**
   a. 3 months
   b. 6 months
   c. No wait is necessary

4. **Which of the following is TRUE about expulsion of the immediate postpartum IUCD?**
   a. To prevent expulsion, women should not breastfeed.
   b. The expulsion rate is lowest when the IUCD is inserted within 10 minutes of delivery.
   c. Tying knots of catgut on the cross arms of the IUCD will reduce expulsion.

5. **Which of the following is an acceptable time to insert an immediate IUCD postpartum?**
   a. When the baby is one day old
   b. When the baby is one week old
   c. When the baby is three weeks old

Postpartam Anatomy and Physiology

6. **Which of the following is TRUE about how postpartum anatomy and physiology affects IUCD insertion?**
   a. When an IUCD is inserted 2 weeks postpartum the risk of expulsion is very low because it is easier to reach the fundus.
   b. The expulsion rate is very low when IUCDs are inserted 3 weeks postpartum because the contractions are less.

c. Use of an interval IUCD inserter increases the risk of uterine perforation after 48 hours postpartum.

7. **Because of normal postpartum changes**
   a. The woman is less likely to notice initial slight bleeding and cramping caused by the IUCD.
   b. The strings should be trimmed immediately after insertion of the IUCD.
   c. The woman should check for expulsion of the IUCD at least once a day.

Counseling

8. **Which of the following statements should be told to a woman during immediate postpartum IUCD counseling?**
   a. An IUCD placed during the immediate postpartum period has a slightly higher risk of expulsion.
   b. The IUCD is not a good choice for a woman who is planning to have another child in 2 years.
   c. Women who choose the Immediate PPIUCD should limit the amount of breastfeeding in order to reduce expulsion.

9. **Counseling about the use and benefits of an immediate PPIUCD can be provided:**
   a. Only during routine antenatal care visits
   b. Within 2 hours after delivery
   c. During early labor if the woman is comfortable

Infection Prevention

10. **Which of the following IP practices is acceptable?**
    a. Surgical (metal) instruments that have been decontaminated and thoroughly cleaned can be safely used for insertion of the IUCD postpartum.
    b. It is not necessary to use an antiseptic when inserting an IUCD immediately after delivery because the provider is still wearing sterile gloves.
    c. Instruments should be soaked first for 10 minutes in 0.5% chorine solution before cleaning.

11. **If an IUCD is still inside an undamaged, sealed package but appears tarnished and discolored, the provider should:**
    a. Insert it if the package is not beyond the expiration date.
    b. Send it back to the manufacturer.
    c. Discard it because it is unsterile.

Immediate PPIUCD Client Assessment

12. **In which of the following women would it be safe to insert an IUCD immediately following delivery of the placenta?**
    a. A woman who has a fever of 38.1° C.
    b. A woman who has had ruptured membranes for 12 hours.
    c. A woman who is HIV+ with a low CD4 count.

13. **If a woman was successfully treated for chlamydia during this pregnancy and wants an IUCD, the provider should:**
    a. Insert the IUCD if the infection was in the first or second trimester.
    b. Insert the IUCD but provide antibiotics for 1 week.
    c. Tell the woman to return for insertion at 6 weeks postpartum.

14. **Which of the following is a WHO Medical Eligibility Criteria (MEC) Category 4 condition for immediate PPIUCD?**
    a. AIDS
    b. Puerperal sepsis
    c. Cesarean section

Immediate Postpartum IUCD Insertion

15. **Which of the following is the best technique to insert an IUCD on the second day after delivery?**
    a. Using instruments, such as ring forceps
    b. Using hands (manually)
    c. Using an inserter tube and plunger

16. **Which of the following statements is TRUE about placement of the immediate PPIUCD during cesarean section?**
    a. A sponge holding (ring) forceps must be used to ensure that the IUCD is placed at the fundus.
    b. The strings of the IUCD should not be passed through the cervix into the vagina.
    c. The immediate PPIUCD should be stitched in place at the fundus with a 0 chromic suture.

17. **If a woman has had a normal vaginal delivery and a postplacental IUCD insertion is planned**
    a. Active management of labor should be performed 30 minutes before the IUCD is inserted.
    b. Active management of labor should be performed as usual before insertion is performed.
    c. Active management of third stage labor should be avoided if the woman wants a Immediate PPIUCD.

Follow-up Care/Management of Potential Problems

18. **A woman had postplacental immediate PPIUCD inserted 3 weeks ago. Over the past 24 hours, she has become hot and feverish. She should:**
    a. Take paracetamol and oral antibiotics for 7 days.
    b. Come in to clinic right away to have the IUCD removed.
    c. Come in to clinic right away for an evaluation.

19. **Which one of the following is TRUE about IUCD strings?**
    a. The strings should be passed through the cervix into the vagina during intracesarean placement.
    b. The strings do not need to be trimmed, unless the woman or her partner request it.
    c. The woman should check for the strings each month to make sure the IUCD has not fallen out.

20. **A woman who has had an IUCD placed in the immediate postpartum period should have a follow-up exam:**
    a. Every year to check the strings
    b. Only if she thinks the IUCD has fallen out
    c. At 4 to 6 weeks postpartum to reinforce counseling and answer any questions

PRECOURSE KNOWLEDGE ASSESSMENT REVIEW

Note to the Trainer

The Precourse Knowledge Assessment is not intended to be a test but rather an assessment of what the participants, individually and as a group, know about the course topic. Participants, however, are often unaware of this and may become anxious and uncomfortable at the thought of being "tested" in front of their colleagues on the first day of a course. The clinical trainer should be sensitive to this attitude and administer the questionnaire in a neutral and non-threatening way as the following guide illustrates:

- The trainer distributes the copy of precourse assessment sheet to each participant (trainers need to prepare copies of these sheets prior to the session).
- Participants draw numbers to assure anonymity (e.g., from 1 to 12 if there are 12 participants in the course).
- Participants complete the precourse questionnaire quietly and individually without discussion.
- After everyone is finished, the clinical trainer gives the answers to each question. The participants correct each other's questionnaires.
- The trainer displays the completed matrix on the wall of the glass.
- The clinical trainer and participants discuss the results of the questionnaire as charted on the matrix and jointly decide how to allocate course time.

PRECOURSE KNOWLEDGE ASSESSMENT ANSWER KEY

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

Postpartum IUCD Overview

1. **In India, postpartum women who have institutional deliveries, have:**
   a. **Better access to family planning services than women who are not postpartum**
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   c. No interest in family planning services

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   c. **Use of an interval IUCD inserter increases the risk of uterine perforation after 48 hours postpartum.**

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   b. The strings should be trimmed immediately after insertion of the IUCD.
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Counseling

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   a. **An IUCD placed during the postpartum period has a slightly higher risk of expulsion.**
   b. The IUCD is not a good choice for a woman who is planning to have another child in 2 years.
   c. Women who choose the Immediate PPIUCD should limit the amount of breastfeeding in order to reduce expulsion.

9. **Counseling about the use and benefits of an Immediate PPIUCD can be provided:**
   a. Only during routine antenatal care visits
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Infection Prevention

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   c. **Instruments should be soaked first for 10 minutes in 0.5% chorine solution before cleaning.**

11. **If an IUCD is still inside an undamaged, sealed package but appears tarnished and discolored, the provider should:**
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    b. Send it back to the manufacturer.
    c. Discard it because it is unsterile.

PPIUCD Client Assessment

12. **In which of the following women would it be safe to insert an IUCD immediately following delivery of the placenta?**
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    c. A woman who is HIV+ with a low CD4 count.
13. **If a woman was successfully treated for chlamydia during this pregnancy and wants an IUCD, the provider should:**
    a. **Insert the IUCD if the infection was in the first or second trimester.**
    b. Insert the IUCD but provide antibiotics for first week.
    c. Tell the woman to return for insertion at sixth weeks postpartum.
14. **Which of the following is a WHO Medical Eligibility Criteria (MEC) Category 4 condition for Immediate PPIUCD?**
    a. AIDS
    b. **Puerperal sepsis**
    c. Cesarean section

Immediate Postpartum IUCD Insertion

15. **Which of the following is the best technique to insert an IUCD on the second day after delivery?**
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    a. Active management of labor should be performed 30 minutes before the IUCD is inserted.
    b. **Active management of labor should be performed as usual before insertion is performed.**
    c. Active management of third stage labor should be avoided if the woman wants a PPIUCD.

Follow-Up Care/Management of Potential Problems

18. **A woman had a postplacental PPIUCD inserted three weeks ago. Over the past 24 hours, she has become hot and feverish. She should:**
    a. Take paracetamol and oral antibiotics for seven days.
    b. Come in to clinic right away to have the PPIUCD removed.
    c. **Come in to clinic right away for an evaluation.**
19. **Which one of the following is TRUE about IUCD strings?**
    a. The strings should be passed through the cervix into the vagina during intracesarean placement.
    b. **The strings do not need to be trimmed, unless the woman or her partner requests it.**
    c. The woman should check for the strings each month to make sure the IUCD has not fallen out.
20. **A woman who has had an IUCD placed in the immediate postpartum period should have a follow-up exam:**
    a. Every year to check the strings
    b. Only if she thinks the IUCD has fallen out
    c. **At 4 to 6 weeks postpartum to reinforce counseling and answer any questions**

IMMEDIATE PPIUCD TRAINING COURSE: INDIVIDUAL AND GROUP ASSESSMENT MATRIX

COURSE_____DATES:_____

Clinical Trainer(s) _____

Q.NO.	CORRECT ANSWERS (PARTICIPANTS)										CATEGORIES
	1 Pre	2 Pre	3 Pre	4 Pre	5 Pre	6 Pre	7 Pre	8 Pre	9 Pre	10 Pre	
1											IMMEDIATE POSTPARTUM IUCD OVERVIEW
2											
3											
4											
5											
6											POSTPARTUM ANATOMY AND PHYSIOLOGY
7											
8											COUNSELING
9											
10											INFECTION PREVENTION
11											
12											CLIENT ASSESSMENT
13											
14											
15											IMMEDIATE POSTPARTUM IUCD INSERTION
16											
17											
18											FOLLOW-UP CARE/ MANAGEMENT OF POTENTIAL PROBLEMS
19											
20											
Total											
Score %											

USING CLINICAL SKILLS CHECKLISTS FOR LEARNING AND ASSESSMENT

The Clinical Skills Checklists for immediate PPIUCD insertion contain the steps or tasks performed by the counselor and clinician when providing immediate PPIUCD services. These tasks correspond to the information presented in the reference manual *Immediate Postpartum IUCD Services.*

These checklists are designed to help the participant learn the steps or tasks involved in:

- Postplacental insertion of an IUCD
- Immediate Postpartum insertion of an IUCD
- Intracesarean insertion of an IUCD

In addition, the counseling checklist guides the participants for the skills needed for counseling a client requesting postpartum family planning, particularly insertion of an IUCD in the immediate postpartum period.

These checklists help the trainer to assess the skills of the participant for competency.

The checklist can also be used by the trainer or peers during assessment of skills as a template for feedback. Space is provided on the checklist for trainers and peers to score the correct performance of a given step in a procedure. Under the column marked CASES, trainers should rate whether a participant correctly performed the step in the following way:

> **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 s**atisfactorily**, 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 the participant during evaluation by trainer

Those observing and coaching the participant should describe correct practice and specifically note the ways in which steps can be done correctly. The specificity of the checklist should be an example of the level of detail that should be provided through feedback.

- **Use the checklist to determine if a participant is competent.** When the trainer and the participant both state they are ready, the checklist is used to assess competency. Since the checklist is a focused listing of all the necessary steps of the procedure, it is expected that the participant will perform all the steps correctly.
- **For certification of competency:** At the bottom of the checklist is a box for the trainer's signature, certifying that the participant performed the skill competently. This is signed and dated as the

statement of competency in both the skills practice area (skill lab on models) as well as the clinical practice area.

Trainer Certification

	With Models	With Clients
Skill performed competently:	❑ Yes ❑ No	❑ Yes ❑ No
Signed:		
Date:		

COUNSELING GUIDE: POSTPARTUM IUCD COUNSELING CHECKLIST

To be used by TRAINER when the checklist is used as a skill assessment tool:

When the participant is ready for assessment of his or her skills in counseling, use this Counseling Checklist as an assessment tool. Ensure that the participant competently addresses all of the elements noted on the Counseling Guide and mark their achievement under the column marked ASSESSMENT.

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

COUNSELING ON IMMEDIATE PPIUCD				
STEP/TASK	**ASSESSMENT**			**COMMENTS**
GREET – Establish a good rapport and initiate counseling 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.				

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				

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.				

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.				

PARTICIPANT _____DATE OBSERVED _____

Trainer Certification

	With Models	With Clients
Skill performed competently:	❑ Yes ❑ No	❑ Yes ❑ No
Signed:	_____	_____
Date:		

ROLE PLAY EXERCISES: COUNSELING POTENTIAL PPIUCD CLIENTS

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

Participants should use their teaching materials as well as any informational/educational brochures or counseling 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.

   a. How can Dr. Mala provide guidance to Sitadevi regarding her options?
   b. What are Sitadevi's options?

   ANSWER:

   This scenario is about the need for general PPFP counseling for all methods. The counseling 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 counseling 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 counseling 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 program 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 cesarean 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).

CHECKLIST FOR CLINICAL SKILLS: POSTPLACENTAL INSERTION OF THE IUCD USING FORCEPS

(COPPER T 380A)

(TO BE USED BY PARTICIPANTS AND TRAINERS)

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**			**COMMENTS**
Pre-Insertion Screening and Medical Assessment (done prior to conducting vaginal delivery)				
1. Review woman's record to ensure that she is an appropriate client for IUCD.				
2. Ensure that she has been appropriately counseled for immediate PPIUCD insertion.				
3. Using the job-aid for immediate PPIUCD Pre-Insertion Screening of client, confirm 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				
4. If any of these conditions exist, inform the woman, explain that this is not a safe time for insertion of the IUCD, plan re-evaluation for an IUCD at 6 weeks postpartum. Counsel her and offer 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. Confirm that IUCDs are available in the labor room.				
7. Talk to the woman with kindness and respect.				
8. Confirm with the woman whether she still wants an IUCD.				
9. Explain that you will insert the IUCD following delivery of baby and placenta. Answer any questions she might have.				
Pre-Insertion Tasks				
10. If insertion is performed by the same provider that assisted the delivery, put on new pair of sterile or HLD gloves. If insertion is performed by a different provider who has not assisted the delivery then perform hand hygiene and put on HLD or sterile gloves.				
11. Ensure that active management of third stage of labor has been performed.				
12. Arrange IUCD insertion instruments and supplies on sterile tray or draped area. Keep IUCD in sterile package to the side of sterile draped area.				
13. Inspect perineum, labia and vaginal walls for lacerations. If lacerations are not bleeding heavily, insert the IUCD and repair the lacerations if needed.				
Insertion of the IUCD				
14. Gently visualize cervix by depressing the posterior wall of the vagina.				
15. Clean cervix and vagina with antiseptic solution 2 times using 2 swabs and wait for 2 minutes.				
16. Gently grasp the anterior lip of the cervix with the ring forceps (speculum may be removed at this time if necessary, leave forceps at the side gently).				
17. Open sterile package of IUCD from bottom by pulling back plastic cover approximately 1/3 upwards.				
18. Hold IUCD package, stabilize IUCD in package and remove plunger rod, inserter tube and card from the package.				
19. Grasp IUCD with Kelly placental forceps in the sterile package using no-touch technique.				

20. Gently lift anterior lip of cervix using ring forceps and apply gentle traction to steady the cervix.				
21. Insert placental forceps holding IUCD into lower uterine cavity upto the point of feeling slight resistance against back wall of the uterus. Avoid touching walls of the vagina. Gently remove ring forceps from the cervix and leave it on the sterile towel.				
22. Move hand to the lower part of abdomen (base of hand on lower part of uterus and fingers towards fundus) and gently push uterus upward in the abdomen to reduce the angle and curvature between the uterus and vagina.				
23. Gently move the placental forceps holding the IUCD upward towards the uterine fundus. Lower 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. Keep placental forceps closed while moving up so IUCD does not become displaced. Take care not to perforate the uterus.				
24. Continue gently advancing the forceps until uterine fundus is reached. Confirm that the end of the forceps has reached the fundus.				
25. Open the forceps, tilt it slightly towards mid line, and release IUCD at the fundus.				
26. Continue to stabilize the uterus with the hand on the abdomen.				
27. Sweep placental forceps to side wall of uterus.				
28. Slowly remove forceps from uterine cavity, sliding instrument along the side wall of the uterus and keeping it slightly open. Take particular care not to dislodge the IUCD or catch IUCD strings as forceps are removed.				
29. Stabilize the uterus until the forceps are completely out of the uterus. Place forceps on sterile towel or tray.				
30. Examine 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, reload in sterile package and reinsert. Ensure that there is no bleeding from cervix.				
31. Remove all instruments used and place them in 0.5% chlorine solution in open position and ensure that they are totally sub-merged.				
Post-Insertion Tasks				

32. Allow the woman to rest for few minutes. Support the initiation of routine postpartum care, including immediate breastfeeding.				
33. Dispose of waste materials appropriately.				
34. Immerse both gloved hands in 0.5% chlorine solution. Remove gloves by turning them inside out and disposing of them.				
35. Perform hand hygiene.				
36. Tell the client that IUCD has been successfully placed. Reassure her and answer any questions she may have. Tell her that detailed instructions will be provided to her prior to her discharge.				
37. Record information in the client's chart or record. Attach IUCD card to the client's record.				
38. Record information in the procedure room registered.				

Trainer Certification

	With Models	With Clients
Skill performed competently:	❑ Yes ❑ No	❑ Yes ❑ No
Signed:	_____	_____
Date:	_____	_____

CHECKLIST FOR CLINICAL SKILLS: IMMEDIATE POSTPARTUM INSERTION OF THE IUCD

(COPPER T 380A)
(TO BE USED BY PARTICIPANTS AND TRAINERS)

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 IMMEDIATE POSTPARTUM INSERTION OF THE IUCD				
STEP/TASK	**CASES**			**COMMENTS**
Counseling, Screening and Medical Assessment				
1. Review the client's record to ensure that the IUCD is an appropriate method for her.				
2. Ensure that she has been appropriately counseled for Immediate PPIUCD insertion.				
3. If she was not counseled and assessed for immediate postpartum IUCD during ANC, provide her with counseling now (refer to Annexure B immediate postpartum IUCD counseling checklist).				
4. Using the Pre-Insertion Screening Job Aid, confirm 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				
5. If the client is eligible for PPIUCD, ensure that she has recently emptied her bladder and washed her external genitalia.				
6. Help her onto the procedure table.				

CHECKLIST FOR IMMEDIATE POSTPARTUM INSERTION OF THE IUCD				
STEP/TASK	CASES			COMMENTS
7. Determine level of uterus and that there is good uterine tone.				
8. Confirm availability of sterile or HLD instruments, supplies and light source.				
9. Confirm that IUCDs are available in the postpartum ward's procedure room or labor room (if the PPIUCD insertion will be done in the labor room).				
Pre-Insertion Tasks				
10. Perform hand hygiene and put HLD or sterile surgical gloves on both hands.				
11. Arrange IUCD insertion instruments and supplies on sterile or HLD tray or draped area. Keep IUCD in sterile package to the side of sterile/HLD draped area.				
12. Inspect the external genitalia.				
Insertion of the IUCD within 48 hours of delivery (refer to steps 14 to 31 of Skills Checklist for Postplacental Insertion of the IUCD using forceps)				
Post-Insertion Tasks (refer to steps 32 to 35 of Skills Checklist for Postplacental Insertion of the IUCD using forceps)				
13. Tell the client that IUCD has been successfully placed. Reassure her and answer any questions she may have. Tell the post-insertion instructions to the client: • Review IUCD side effects and normal postpartum symptoms. • Tell the client when to return for IUCD/PNC/ newborn checkup. • Emphasize that she should come back any time she has a concern or experiences warning signs. • Inform about the warning signs for 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, if possible. • Provide card showing type of IUCD and date of insertion. • Tell her that detailed instructions will be provided prior to discharge.				
14. Record information in the client's chart or record.				
15. Record information in the procedure room register.				

Trainer Certification

	With Models	With Clients
Skill performed competently:	❑ Yes ❑ No	❑ Yes ❑ No
Signed:	_____	_____
Date:		

CHECKLIST FOR CLINICAL SKILLS: INTRACESAREAN INSERTION OF THE IUCD

(COPPER T 380A)
(TO BE USED BY PARTICIPANTS AND TRAINERS)

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 INTRACESAREAN INSERTION OF THE IUCD				
STEP/TASK	**CASES**			**COMMENTS**
Pre-surgical Screening and Medical Assessment				
1. Reviews woman's record to ensure she is appropriate candidate for IUCD.				
2. Ensures that she has been appropriately counseled for Immediate PPIUCD insertion.				
3. Using the Pre-Insertion Screening Job Aid, confirms that there are no delivery-related conditions which prevent insertion of the IUCD now: • Rupture of membranes for greater than 18 hours • Chorioamnionitis • Unresolved postpartum hemorrhage				
4. If any of these conditions exist, speaks with the woman, explains that this is not a safe time for insertion of the IUCD, offers re-evaluation for an IUCD at 6 weeks postpartum. Counsels her and offers her another method for PPFP.				
5. Confirms with the woman whether she still wants IUCD.				
6. Explains the procedure and answers any question she might have.				

CHECKLIST FOR INTRACESAREAN INSERTION OF THE IUCD				
STEP/TASK	CASES			COMMENTS
7. Confirms that IUCDs are available in the operating theatre (OT).				
Insertion of the IUCD				
NOTE: IUCD is inserted manually through uterine incision, this takes place after the birth of baby, active management of third stage, delivery of placenta and evaluation for any postpartum bleeding, but prior to repair of uterine incision.				
8. Inspects uterine cavity for malformations which would limit use of IUCD.				
9. Ensures that the nurse has opened IUCD on the sterile field.				
10. Stabilizes uterus by grasping it at fundus.				
11. Holds IUCD at end of fingers, between middle and index finger (alternatively, uses forceps to hold the IUCD. Be certain to hold IUCD by the edge and not entangle strings in the forceps).				
12. Inserts IUCD through uterine incision and to the fundus of uterus.				
13. Releases IUCD at fundus of uterus.				
14. Slowly removes the hand/forceps from the uterus. Takes particular care not to dislodge IUCD as hand is removed.				
15. Guides IUCD strings towards to the lower uterine segment near internal os, but does not move the IUCD from its fundal position.				
16. Takes care not to include IUCD strings in repair of uterine incision.				
17. Does NOT pass strings through cervix.				
Post-Operative Tasks				
18. Records information in the client's chart or record.				
19. Records information in the family planning or OT register.				
20. Ensures that the client will receive post-insertion instructions on post operative day 2 or 3: • 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. • Reviews warning signs for IUCD. • Reviews how to check for expulsion and what to do in case of expulsion.				

CHECKLIST FOR INTRACESAREAN INSERTION OF THE IUCD				
STEP/TASK	CASES			COMMENTS
• 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.				

Trainer Certification

	With Models	With Clients
Skill performed competently:	❑ Yes ❑ No	❑ Yes ❑ No
Signed:	_____	_____
Date:	_____	_____

CLINICAL SKILLS TRACKING SHEET

Using the Clinical Skills Tracking Sheet

Participants must achieve multiple competencies during the immediate PPIUCD training course. These include both knowledge and skill competencies. This sheet will assist you in tracking the development of those competencies.

Fill out the top portion of the sheet with your personal information.

When you have successfully completed the Midcourse Knowledge Assessment, note your score here.

When you have had the opportunity to practice each of the clinical skills on anatomic models you will be assessed for skill competency by a clinical trainer using a Clinical Skills Checklist. When your trainer determines that you are competent, ask him or her to tick the appropriate box, sign the form and date it.

The development of clinical skills with clients is more challenging in the provision of immediate PPIUCDs because the clients are not able to be scheduled regularly. Therefore you may work on the model. Get the trainer to assess your skills and complete the assessment part of this form so that they know you have achieved competency on the models. Once they determine that you have achieved competency with clients, ask them to tick the appropriate box, sign the form and provide the date.

You and your trainer can use this form to track the development of multiple competencies over the 3 days of this immediate PPIUCD course.

IMMEDIATE POSTPARTUM IUCD CLINICAL SKILLS TRACKING SHEET

Name _____

Designation _____

Facility _____

Dates of Training _____

Score on Precourse Knowledge Assessment _____

Score on Midcourse Knowledge Assessment _____

Clinical Skills Assessment

	Experience on Anatomic Models			Experience with Clients		
	Competent	Signed	Date	Competent	Signed	Date
Counseling	❑			❑		
Postplacental Insertion of the IUCD	❑			❑		
Immediate Postpartum Insertion of the IUCD	❑			❑		
Intracesarean Insertion of the IUCD	❑			❑		

EXERCISE ONE

WHAT IS DIFFERENT ABOUT POSTPARTUM IUCD?

TRAINER'S INSTRUCTIONS

Objectives

The purpose of this exercise is to:

- Identify things that are common or different about provision of immediate postpartum IUCD services as opposed to interval IUCD services.
- Identify different equipment and supplies needed for immediate PPIUCD insertion.
- Consider different patient characteristics for immediate PPIUCD procedures.

Resources/Materials Needed

- Skill station for immediate PPIUCD
- Flipchart paper and markers

Instructions

Before this exercise, set up a skill station for immediate postpartum IUCD insertion.

- Ask participants to gather around the skill station, look at the set up for postplacental IUCD insertion and brainstorm (rapid responses without much discussion) about all the things they see that are different about this set up for immediate PPIUCD insertion compared to interval IUCD insertion.
- Write their responses on a flip chart without discussion or qualification. Refer back to this list during the next presentation on immediate PPIUCD services.

Prior Preparation: Set up of clinical skill practice station

The trainer needs to set-up clinical skill station at the start of the immediate PPIUCD clinical skills training course and this station is used for multiple activities including:

- Exercise one: What is Different about postpartum IUCD – where participants compare what they see at the skill station with what they know about interval IUCD services
- Demonstration of immediate PPIUCD insertion technique – where participants are introduced to the proper technique while following along on the checklist
- Models practice for immediate PPIUCD Services – when participants work in groups and get to practice the clinical skills of immediate PPIUCD insertion while being coached by their trainers

The clinical skill station gives the participants an introduction to the supplies and equipment needed, as well as the clinical and communication behaviors for proper immediate PPIUCD insertion. The skill station must be set up properly as shown in the following figure, so that all steps of the procedure can be correctly simulated.

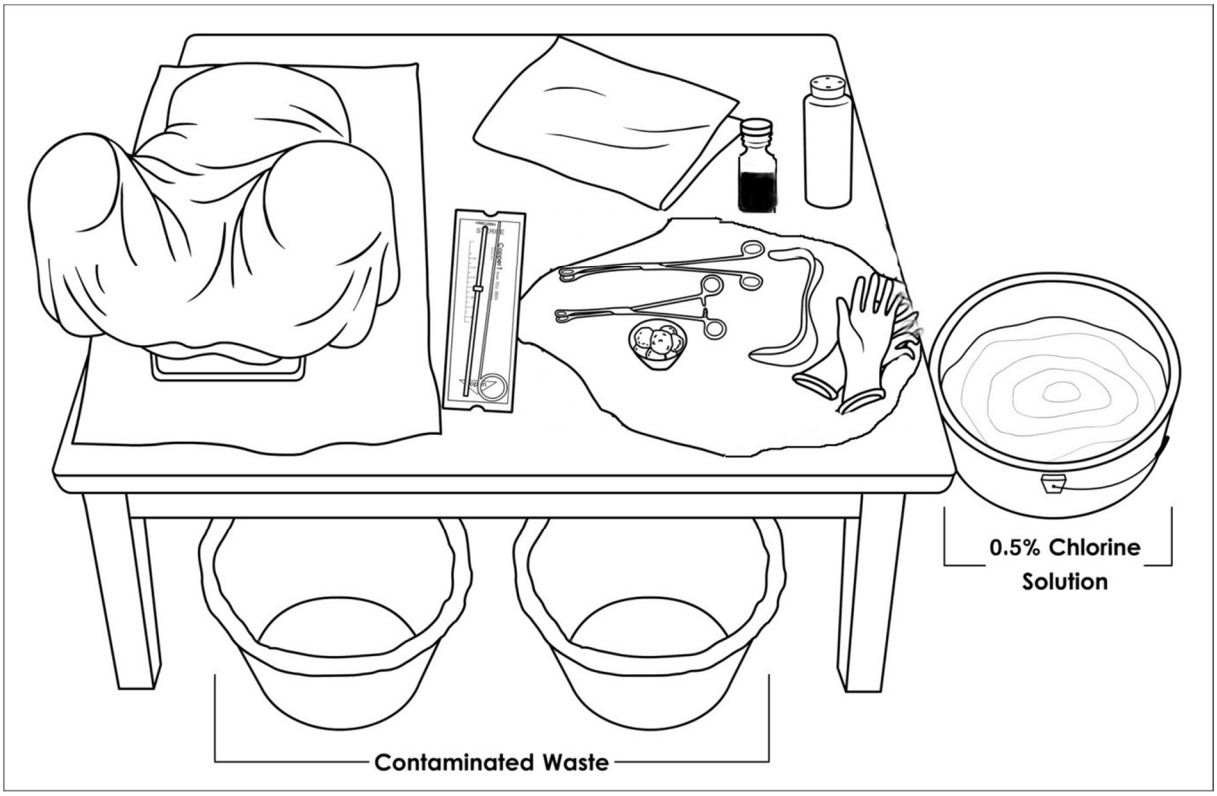

Table: Items Required for the Immediate PPIUCD Insertion Skill Station

MODEL: • Immediate Postpartum IUCD insertion simulator	**TRAINING AID:** • Illustration of sink for handwashing on a flip chart
EQUIPMENT: • Instruments: – Ring forceps (1) – Kelly placental forceps (1) – Speculum • Cloth towels (2) • Bowl for betadine	**SUPPLIES:** • Cotton balls • Betadine solution • Gloves • Buckets – 1 labeled "Waste" – 1 labeled "0.5% Chlorine"

NOTE: This activity can be used as an introduction to the next presentation on ***Immediate Postpartum IUCD Overview***. It also serves to break up the sequence of three presentations in a row, which is necessary to cover all the material before the afternoon practice session.

EXERCISE TWO

MEDICAL ELIGIBILITY FOR THE IMMEDIATE PPIUCD

TRAINER'S INSTRUCTIONS

Objectives

The purpose of this activity is to:

- Dispel common myths and misconceptions about client eligibility for the immediate PPIUCD.
  Clarify and reinforce identification of those few conditions that pose health risks with use of the PPIUCD.

Resources/Materials Needed

- Flip chart paper and markers for small group activity
- Copies of the blank WHO Medical Eligibility Criteria (MEC) immediate PPIUCD chart
- Completed MEC immediate PPIUCD chart as answer key

Instructions

- Divide participants into small groups and ask each group to work as a team OR ask participants to work individually.
- Give each individual or group a copy of a blank Medical Eligibility Criteria (MEC) chart and ask them to review carefully and complete by placing a '✓' mark in the 'Insert' or 'Do Not Insert' column. Ask participants to give a reason for each answer and to note the appropriate WHO MEC category in the space provided.
- Bring participants back together after 15 minutes and ask volunteers to share their answers one at a time.
- Use one blank chart on a flip chart and fill in the correct answers during the discussion so that all participants can see the correct answers.
- Reinforce and/or clarify issues raised during this discussion.

Prior Preparation

Make copies of the blank MEC Chart, one for each participant

EXERCISE TWO: MEC Chart for Immediate PPIUCD

Instructions: Below is a chart listing various conditions which may affect choice of the immediate PPIUCD by pregnant/postpartum women and their providers. For each condition, place a check mark in the appropriate column, indicate the WHO Category (1,2,3,4) and give a reason in the space provided

MATERNAL CONDITION	INSERT IMMEDIATE PPIUCD	DO NOT INSERT IMMEDIATE PPIUCD	REASON/COMMENT
Plans to have another baby in 2 years			
3 weeks postpartum			
Delivered 40 hours after rupture of membranes (ROM)			
Has AIDS and has not been taking ARV			
Younger than 20 years of age			
History of gonorrhea as a teenager			
History of ectopic pregnancy			
Has a genital laceration which extends into the rectum			
Has a fever of 38° C postpartum			
Has a history of anemia			
Persistent vaginal hemorrhage after delivery			
Husband has penile discharge and dysuria			
HIV positive and receiving care at the HIV clinic			
History of PID treated with antibiotics 5 years ago			
Has fever and abdominal pain in association with incomplete abortion			

EXERCISE TWO: MEC Chart for Immediate PPIUCD (ANSWER KEY)

Instructions: Below is a chart listing various conditions which may affect choice of the Immediate PPIUCD by pregnant/postpartum women and their providers. For each condition, place a check mark in the appropriate column, indicate the WHO Category (1,2,3,4) and give a reason in the space provided.

MATERNAL CONDITION	INSERT IMMEDIATE PPIUCD	DO NOT INSERT IMMEDIATE PPIUCD	REASON/COMMENT
Plans to have another baby in 2 years	✓		Category 1
3 weeks postpartum		✓	Category 3: increased risk perforation
Delivered 40 hours after rupture of membranes		✓	May be at increased risk of infection/sepsis
Has AIDS and has not been taking ARV		✓	Category 3 if clinically unwell
Younger than 20 years of age	✓		Category 1
History of gonorrhea as a teenager	✓		Category 1 unless at high current individual risk
History of ectopic pregnancy	✓		Category 1
Has a genital laceration which extends into the rectum	✓		Cover perineum with a cloth and ensure no-touch technique during insertion
Has a fever of 38°C postpartum		✓	Category 4 if puerperal sepsis likely
Has a history of anemia	✓		Category 1
Persistent vaginal hemorrhage after delivery		✓	Category 4: avoid insertion if woman is clinically unstable
Husband has penile discharge and dysuria		✓	Category 3: high individual risk of STI
HIV positive and receiving care at the HIV clinic	✓		Category 2 if clinically well
History of PID treated with antibiotics 5 years ago	✓		Category 2
Has more than one sexual partner		✓	Category 3: high individual risk of STI exposure
Has fever and abdominal pain in association with incomplete abortion		✓	Category 4

EXERCISE THREE

INFECTION PREVENTION STEPS

TRAINER'S INSTRUCTIONS/ANSWER KEY

Objectives

The purpose of this activity is to:

- Reinforce infection prevention IP principles.
- Identify the steps of insertion of the PPIUCD that are for the purpose of infection prevention.
- Clarify how infection prevention is carried out.

Resources/Materials Needed

- Clinical Skill Checklists for Postplacental Insertion (Instrument/Manual) and Immediate Postpartum Insertion (Immediate PPIUCD)

Instructions

- Divide participants into 2 groups:
  - Have group 1 review Postplacental Insertion (Instrument/Manual) Checklist.
  - Have group 2 review Immediate Postpartum Insertion Checklist.
- Ask them to discuss together and identify the IP steps in each checklist. Ask them to present their ideas to the whole group, first one group then another.
- Review and clarify the IP steps, according to the answer key (next page).

Note

This activity can be done as an exercise while waiting for clinical cases in the labor room or in continuation with the infection prevention session.

Ask participants if they will have any difficulty achieving these steps in their facility.

ANSWER KEY

INFECTION PREVENTION STEPS			
CHECKLIST FOR CLINICAL SKILLS: POSTPLACENTAL INSERTION OF THE IUCD USING FORCEPS		**CHECKLIST FOR CLINICAL SKILLS: IMMEDIATE POSTPARTUM INSERTION OF THE IUCD**	
Step	**Rationale**	**Step**	**Rationale**
1	Client screening of women who may not be suitable candidates for the IUCD because of high personal risk of STI	1	Client screening of women who may not be suitable candidates for the IUCD because of high personal risk of STI
3	Client screening to be certain that there is no increased risk of infection due to labor characteristics	4	Client screening to be certain that there is no increased risk of infection due to labor characteristics
5	Use of sterile instruments	8	Use of sterile instruments
10	Hand hygiene and use of gloves	10	Hand hygiene and use of gloves
12	Aseptic technique	11	Aseptic technique
15	Use of antiseptics	15	Use of antiseptics
18	No touch technique	18	No touch technique
19	No touch technique	19	No touch technique
21	No touch technique	21	No touch technique
31	Decontamination of Instruments	31	Decontamination of Instruments
33	Waste disposal	33	Waste disposal
34	Disposal process of gloves	34	Disposal processing of gloves
35	Hand hygiene	35	Hand hygiene

EXERCISE FOUR

INFECTION PREVENTION PRINCIPLES
TRAINER'S INSTRUCTIONS/ANSWER KEY

Objectives

The purpose of this activity is to:

- Reinforce infection prevention principles.
- Clarify concepts of infection prevention.

Resources/Materials Needed

- Chapter on Infection Prevention in the Reference Manual for reference

Instructions

- Make seven pieces of paper and write one question on each from the questions given below and fold the chits. Have participants pick a chit and ask them to read out and answer the questions one by one.
- Review their answers with the answers provided below.

NOTE:

This activity can be done as an exercise while waiting for clinical cases in the labor room or in continuation of the infection prevention session.

At the end of the exercise ask participants if they will have any difficulty achieving these steps in their facility.

IP Discussion Questions with Answers

Q1. Which is the most important of the standard precaution practices?
Ans. Handwashing

Q2. Which is the first step in instrument processing and what is its purpose?
Ans. Decontamination—to make instruments safer to handle for the person who processes them

Q3. What is the key difference between sterilization and high-level disinfection?
Ans. Sterilization destroys all endospores; high-level disinfection destroys only some.

Q4. When inserting an IUCD, the client should put on a clean gown—true or false?
Ans. FALSE. There is no need for a clean gown if the woman's clothing is clean.

Q5. List the two antiseptics that may be used to clean the cervix and vagina prior to IUCD insertion or removal.

Ans. Povidone iodine or chlorhexidine gluconate

Q6. If the same service provider conducts the delivery and inserts the IUCD postplacental, it is not necessary for her to do hand washing—true or false?

Ans. True. As long as the provider has not contaminated her hands, it is not necessary to do hand washing, only wearing new pair of gloves before starting the process of insertion of postplacental IUCD is sufficient. If the IUCD is provided to the woman during the immediate postpartum period, the provider should always perform hand washing, wear a new pair of sterile or high-level disinfected gloves. Follow the no-touch technique.

Q7. A tarnished IUCD inside its intact, sterile package is contaminated and should not be used—true or false?

Ans. FALSE. If a tarnished IUCD is inside an intact, sterile package and the expiration date has not passed, it is safe to use.

EXERCISE FIVE

PPIUCD FREQUENTLY ASKED QUESTIONS AND ANSWER KEY
TRAINER'S INSTRUCTIONS

Objectives

The purpose of this activity is to:

- Reinforce principles for the provision of immediate PPIUCD services.
- Clarify concepts of immediate PPIUCD service provision.

Resources/Materials Needed

- Chapter on Infection Prevention in the Reference Manual for reference

Instructions

- Make 10 small pieces of paper with one question written on each from the questions given below. Have participants pick a chit and ask them to read out and answer the question.
- Review their answers with the answers provided below.

Prior Preparation

Questions written on chits of paper

NOTE: This activity can be done as an exercise while waiting for clinical cases in the labor room or on the afternoon of the second day after all the illustrated lectures are over.

Frequently asked Questions with Answers

Q1. Aren't the expulsion rates for immediate postpartum IUCDs unacceptably high? Is it really worth it to invest in this kind of program?

Ans. Studies over the last 30 years have shown varied rates of spontaneous expulsion of the IUCD when it is inserted immediate postpartum. In general the expulsion rate is thought to be between 10–14%. While this is higher than the expulsion rate when the IUCD is inserted in the interval period, it is still an acceptable expulsion rate because it can provide 86–90% of users with an effective, continuing method of family planning.

The approach to provision of IUCD services immediate postpartum is safe and convenient for women, it allows family planning programs to address the high unmet need that exists for postpartum family planning.

During counseling, women should be informed about the chance of spontaneous expulsion and told to return to the clinic if they think that the IUCD has fallen out.

Q2. What is the best way to ensure a low expulsion rate?

Ans. High fundal placement of the IUCD by an experienced provider who has completed competency – based Immediate PPIUCD training is the best current approach to ensure a low expulsion rate. Training in interval IUCD insertion is not sufficient. Unpublished data suggest that immediate PPIUCD placement with a Kelly placental forceps may be associated with a lower expulsion rate, but further study is required to document these findings. Close attention to infection prevention practices including aseptic and no-touch technique may influence expulsion rates as well.

Q3. Is there a difference between manual and instrumental insertion?

Ans. Studies comparing manual and instrumental insertion technique have failed to show a difference in expulsion rates. Other outcomes such as rates of infection and perforation as well as client satisfaction and ease of technique for the provider have yet to be systematically investigated. Manual insertion should only be attempted in the postplacental period, i.e. <10 minutes after expulsion of the placenta when the cervix is maximally dilated and can accommodate a hand without excessive force. If the cervical canal is too tight to accommodate the provider's hand, instrumental insertion is recommended. All other immediate PPIUCD insertions beyond 10 minutes and at <48 hours postpartum should be performed with a long Kelly placental forceps.

Q4. Which kinds of patients can get the postpartum IUCD?

Ans. Almost all women regardless of age, marital status or parity are candidates for IUCD placement at <48 hours postpartum. Studies have shown that even women with the following characteristics and conditions are excellent candidates for the Immediate PPIUCD:

- Under 20 years of age
- HIV-infected and clinically well
- AIDS and on antiretroviral therapy (ARV) and clinically well
- History of ectopic pregnancy
- History of PID (assuming not at current high individual risk for STIs)
- Living in an area with high STI prevalence (assuming not at current high individual risk for STIs)

Q5. Which kinds of patients should not get the IUCD in the immediate postpartum period?

Ans. IUCDs should never be offered to women with the following conditions, most of which occur rarely in the general population:

- Current PID, gonorrhea or chlamydia
- Purulent (pus-like) vaginal/cervical discharge
- Immediately after a septic abortion
- Suspected puerperal sepsis
- A distorted uterine cavity
- Malignant trophoblastic disease
- Pelvic tuberculosis
- Genital tract cancers (cervical or endometrial)

Although WHO MEC do not address these issues specifically, immediate PPIUCD placement is not recommended for women with unresolved postpartum hemorrhage, ruptured membranes for more than 18 hours or suspected chorioamnionitis because of concerns regarding increased expulsion and infection rates. Because of a documented increase in perforation rates, Immediate PPIUCDs are generally not offered to women between 48 hours and 4 weeks (GoI policy 6 weeks) postpartum unless other methods are not available or acceptable (WHO Category 3). Other Category 3 conditions for the Immediate PPIUCD include untreated AIDS, high individual risk of STIs, ovarian cancer and benign trophoblastic disease.

Q6. If the IUCD is placed immediate postpartum or intracesarean, how should the strings be managed?

Ans. Regardless of whether placement occurs within 48 hours after vaginal delivery or intracesarean, strings should not be cut at the time of insertion. During cesarean section, IUCD strings should NEVER be passed through the cervix into the upper vagina but should be left in the lower uterine segment. Strings generally descend during involution and will be found curled in the posterior vaginal fornix at the follow-up visit. Strings can be cut at a follow-up visit but only if the woman complains or if they protrude from the introitus. In general, pelvic examination and a string check is required only in adequately equipped facilities or where a significant complaint occurs.

Q7. Can women who have anemia get the IUCD immediate postpartum?

Ans. Yes. Monthly menstrual bleeding increases slightly with the IUCD, especially in the first 3 months after insertion. Blood loss which results in anemia is rare and it is safe to provide an already anemic woman with an IUCD. Standard treatment with iron and folate should be continued.

Q8. What kind of follow up is necessary for women who get an IUCD immediate postpartum?

Ans. A follow-up visit at 4 to 6 weeks postpartum is generally recommended. If possible, a pelvic examination and a string check can be conducted at that visit. Referral to an appropriate facility is required only if expulsion is suspected. If IUCD strings are neither visible nor palpable on pelvic examination, proper IUCD positioning can also be confirmed by ultrasound or X-ray examination.

Q9. Is any special record keeping or recording necessary for immediate postpartum IUCD service?

Ans. Every woman should be given a card after insertion for her personal records which documents the type of IUCD inserted, the date of insertion and the expected duration of efficacy. Appropriate facility guidelines for medical record-keeping should also be observed. A brief insertion note for the patient's medical record documenting date of insertion, type of IUCD inserted, provider name and any complications or unusual findings is always recommended where possible.

Q10. What special precautions should be taken for patients who have heart disease?

Ans. No special intervention is required for women with uncomplicated valvular heart disease such as mitral valve prolapse. Prophylactic antibiotics per facility and national guidelines are advised before providing the Immediate PPIUCD to women with complicated valvular heart disease such as pulmonary hypertension, atrial fibrillation, or a history of subacute bacterial endocarditis. Of course, pregnancy itself may pose an unacceptable risk to women with significant heart disease and referral to an appropriate facility may be required for adequate counseling.

MIDCOURSE KNOWLEDGE ASSESSMENT

Using the Questionnaire

This knowledge assessment is designed to help the participants monitor their progress during the course. By the end of the course, **all** participants are expected to achieve a score of 80% or better.

The questionnaire should be given at the time in the course when all subject areas have been presented. A score of 80% or more correct indicates knowledge-based mastery of the 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 guide her/him on using the reference manual to learn the required information.

MIDCOURSE KNOWLEDGE ASSESSMENT

Instructions: Select the single best answer to each question and either circle/tick your answer or write the letter in the blank next to the corresponding number on the attached answer sheet.

Postpartum IUCD Overview

1. **In India, the unmet need for family planning among postpartum women during the first year postpartum is:**
   a. Higher than the unmet need of other women
   b. Same as the unmet need of other women
   c. Lower than the unmet need of other women

2. **It is recommended that a woman should have a birth-to-pregnancy interval of at least 24 months. The benefits of this birth-to-pregnancy interval include all of the following EXCEPT:**
   a. Reduced incidence of anemia in the mother
   b. Improved maternal, newborn and child health
   c. Reduced incidence of pre-eclampsia in the mother

3. **Which of the following conditions should be present for a woman to successfully use LAM as a family planning method?**
   a. She should be within 6 months postpartum, she should feed the baby every 6 hours and her menstruation should not have returned.
   b. She should exclusively breastfeed her baby, she should be within 6 months postpartum and her menstruation should not have returned.
   c. She should have no bleeding since delivery, she should feed the baby every 4 hours, and she should provide the baby with only breastmilk and boiled water.

4. **Which of the following is TRUE about expulsion of the postpartum IUCD?**
   a. Choosing the correct type of IUCD will reduce expulsion rates
   b. Proper insertion technique reduces the expulsion rate.
   c. Expulsion rates are lower in low parity women.

5. **Which of the following is NOT an acceptable time to insert an IUCD immediate postpartum?**
   a. 20 minutes after expulsion of placenta
   b. 36 hours postpartum
   c. 2 weeks postpartum

6. **Which of the following family planning methods is acceptable for a woman who has HIV, is on antiretroviral therapy and is not sick?**
   a. Progestin only pills (POPs)
   b. Intrauterine contraceptive device (IUCD)
   c. Oral contraceptive pills (OCPs)

Postpartum Anatomy and Physiology

7. **Postpartum involution of the uterus causes all of the following changes, EXCEPT**
   a. The cervix becomes softer
   b. The uterus becomes smaller
   c. The lower uterine segment becomes narrower

8. **Because of normal postpartum changes**
   a. The strings should be trimmed before insertion of the IUCD.
   b. The woman should check for expulsion of the IUCD after breastfeeding.
   c. The woman is less likely to notice initial slight bleeding and cramping caused by the IUCD.

Counseling

9. **Which of the following is TRUE about counseling a woman for immediate postpartum IUCD?**
   a. Perforation rates are very high with immediate postpartum IUCD insertion.
   b. It is not a good method for a multiparous woman.
   c. Many women may report missing strings during first follow–up visit.

10. **Which of the following statements about counseling women for an immediate PPIUCD is TRUE?**
    a. It is best to wait to counsel a woman until her final antenatal care visit because then she is close to delivery and will be able to make a good decision.
    b. You should never counsel a woman during the early stages of labor because her labor pains make it impossible for her to focus on the counseling.
    c. An unbooked/unregistered woman can be counseled about the Immediate PPIUCD during the first 2 days postpartum even if she did not get any ANC.

11. **When should a clinician start counseling a woman for immediate postplacental IUCD insertion?**
    a. During the antenatal period, so she can make a clear decision
    b. Before pregnancy, so that she has the ability to consider her reproductive plans
    c. Only if the woman requests counseling, to ensure she has a free choice

Infection Prevention

12. **From the list given below choose the most correct antiseptic to be used in vagina and cervix before placement of an IUCD postpartum:**

    a. 65% alcohol
    b. Dettol
    c. Povidon Iodine

13. **Which of the following statements is TRUE about a tarnished (discolored) 380A IUCD still inside the undamaged, sealed package:**

    a. It should not be used and should be discarded.
    b. It can be used if not beyond expiry date.
    c. It can be used, but will only be effective until the expiration date.

14. **To minimize the risk of staff contracting hepatitis B or HIV/AIDS during the cleaning process, instruments should be:**

    a. Washed with plain water using gloves.
    b. Soaked in 0.5 percent chlorine solution for 10 minutes.
    c. Boiled for 20 minutes, ensuring that the instruments are fully immersed.

Immediate PPIUCD Client Assessment

15. **In which of the following clients is it acceptable to insert an IUCD immediately postplacental?**

    a. A woman who has a hemoglobin of 8 gm/dl during pregnancy
    b. A woman who has had ruptured membranes for 18 hours
    c. A woman who had chorioamnionitis during labor

16. **For which of the following clients is the immediate postpartum IUCD NOT a good contraceptive choice?**

    a. A woman with HIV infection, who is on antiretroviral therapy
    b. A woman who was treated for a purulent cervical discharge in the third trimester
    c. A past history of ectopic pregnancy

17. **If a woman is having a normal full term vertex vaginal delivery, which of the following WHO Category 3/4 exclusion criteria can reasonably be considered irrelevant?**

    a. Current infection with gonorrhea or chlamydia
    b. Ovarian cancer
    c. Abnormal reproductive anatomy and abnormally shaped reproductive tract

18. You are requested to see a woman who is 36 hours postpartum from a vaginal delivery. She is an unbooked client who received 3 visits of ANC at an unknown clinic. Which of the following suggests that you should NOT perform an immediate postpartum insertion of an IUCD

    a. On postpartum day 1 she had a maximum temperature of 37.4° C
    b. She had a 4th degree laceration and needed extensive perineal repair
    c. She was cared for in early labor by the dai, and came to the hospital when she was 5 cm dilated, with intact membranes.

Immediate Postpartum IUCD Insertion

19. Which of the following is the best technique to insert an IUCD within 48 hours of childbirth?

    a. Using a Kelly placental forceps or ring forceps
    b. Manually
    c. Using an inserter tube and plunger

20. In order to ensure that the IUCD is placed at the fundus and stays there, the clinician inserting the IUCD should?

    a. Perform manual insertion, so that he/she can feel the IUCD is at the fundus.
    b. Release the IUCD from the forceps at the fundus and move the forceps to the side before withdrawing the forceps.
    c. Apply countertraction by holding firmly on the anterior lip of the cervix while moving the IUCD directly upward toward the fundus.

21. The technique of inserting an IUCD during a cesarean section includes all of the following EXCEPT:

    a. Place the IUCD high in the fundus of the uterus, either using a hand or an instrument.
    b. Pass the strings of the IUCD through the cervical canal.
    c. Close the uterine incision carefully to ensure that the strings are not entangled in the uterine repair.

22. Regarding active management of third stage of labor and postpartum IUCD insertion, which of the following statements is TRUE?

    a. The dose of oxytocin should be reduced to 5 units to reduce the risk of expulsion.
    b. Active management should be performed after insertion of the IUCD or it will be too difficult to insert the IUCD.
    c. Uterine massage should be done as normal to ensure uterine tone.

Follow-up Care/Management of Potential Problems

23. A woman who has had an IUCD placed in the immediate postpartum period should have a follow up exam

a. After six weeks to reinforce counseling and answer any questions
b. Every year to check for the strings
c. Only if she feels the IUCD has fallen out

24. Which one of the following is NOT true about the IUCD strings?

a. The strings usually spontaneously pass through the cervix during uterine involution.
b. The woman does not need to check for the strings each month because most women know if the IUCD has fallen out.
c. The provider should trim the strings before insertion of the IUCD postpartum.

25. During every follow-up visit the provider should do the following with the woman:

a. Tell the woman for how long she should keep her IUCD.
b. Review her understanding of the IUCD and ask if she has any questions.
c. Perform a pelvic exam to look for the strings or a partially protruded IUCD.

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PERSONAL ACTION PLAN

Introduction

Learning should be tied directly to performance and should be related to on-the-job application of the learned knowledge and skills. For participants to be ready and eager to learn, they need to understand the relevance of the training to them and their clinical situation. To increase this sense of relevance, participants are asked to consider the real situation in their workplace and based on that to make a Personal Action Plan.

During the training, participants must observe and practice the standards and guidelines for performing immediate PPIUCD services as discussed during the sessions on counseling, demonstration and practice of the insertion procedure in the classroom and labor room/wards and during the session on quality assurance for immediate postpartum IUCD services. They will then be able to identify which specific standards that are not being met at their work place. Based on the gaps identified at their health facility, the participants will prepare their action plan to address them after returning to their work site. Participants note this plan down as a kind of contract between themselves and their trainers.

After Training

Upon returning to their workplace, the participants should apply their newly acquired skills to achieve the defined service delivery standards. Their Personal Action Plan serves as a guide to what they will work on immediately upon return to the workplace and allows them to communicate with their supervisor, coworkers and trainers in a specific way during the implementation of their new knowledge and skills.

By showing the Personal Action Plan to their supervisors and colleagues they demonstrate in a very concrete way what they have learned, and how they will initiate changes and lead a team effort to improve the quality of care in immediate PPIUCD services.

Instructions for Trainer

Guide the development of the Personal Action Plan in the following manner:

- Refer the participants to the Annexure N Performance Standards for immediate PPIUCD Services in the Reference Manual.
- Have them review these standards briefly and determine which ones are *not* being achieved in their workplace.
- Ask them to consider whether these standards are not being met due to a lack of knowledge and skills.
- Tell them to note down 1–2 performance standards or areas that they want to work on during this course on a blank sheet in their notepad.
- Guide them to consider who will assist them in order to achieve this standard. Perhaps this includes co-workers, supervisors, and other colleagues who do counseling or infection prevention.

- Ask them to determine a timeframe for achieving this standard.

They should take the plan back to their workplace and show it to their co-workers and supervisor as part of their effort to implement what they have learned.

The trainers or other personnel in the system of clinical supervision should use this form when they make a site visit to the workplace to assess progress and support them for their needs to improve performance.

PPIUCD COURSE EVALUATION

(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
1. The Precourse Knowledge Assessment helped me to study more effectively.	
2. I feel that I understand the client assessment criteria and I can correctly screen clients who would be appropriate for the Immediate PPIUCD.	
3. The role play sessions on counseling skills were helpful.	
4. There was sufficient time scheduled for practicing counseling through role play and with clients and volunteers.	
5. The demonstration helped me get a better understanding of how to insert Immediate PPIUCDs prior to practicing with the anatomic models.	
6. The video on Immediate PPIUCD insertion technique helped me to understand the technique better.	
7. The practice sessions with the anatomic models made it easier for me to perform Immediate PPIUCD insertion when working with actual clients.	
8. There was sufficient time scheduled for practicing Immediate PPIUCD insertion with clients.	
9. The interactive training approach used in this course made it easier for me to learn how to provide Immediate PPIUCD services.	
10. The time allotted for this course was sufficient for learning how to provide Immediate PPIUCD services.	
11. I feel confident in Immediate PPIUCD postplacental insertion.	
12. I feel confident in Immediate PPIUCD postpartum insertion.	
13. I feel confident in Immediate PPIUCD intracesarean insertion.	
14. I feel confident in using the infection prevention practices recommended for Immediate PPIUCD 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?