

PERFORMANCE STANDARDS FOR
POSTPARTUM IUCD COUNSELING AND SERVICES

May, 2011



**PERFORMANCE STANDARDS FOR
POSTPARTUM IUCD COUNSELING AND SERVICES
ASSESSMENT TOOL**

Post Placental Insertion:	Within 10 Minutes of Delivery of Placenta
Intracesarean Insertion:	During Cesarean Delivery
Immediate Postpartum Insertion:	Within 48 Hours of Vaginal Delivery

Sources for these performance standards include the Jhpiego Family Planning Performance Standards for Afghanistan, the USAID/WHO manual *Family Planning: A Global Handbook for Providers* and the Postpartum IUCD training materials Acquire/Engender Health.

PERFORMANCE STANDARDS FOR IMMEDIATE POSTPARTUM INTRAUTERINE CONTRACEPTIVE DEVICE (PPIUCD) COUNSELING AND SERVICES			
NUMBER	AREA	PERFORMANCE STANDARDS	
		NUMBER	TOTAL
1	COUNSELING AND INITIAL CLIENT ASSESSMENT DURING ANTENATAL CARE	1-6	6
2	COUNSELING AND CLIENT ASSESSMENT DURING EARLY LABOR OR POSTPARTUM PERIOD WITHIN 48 HOURS	7-11	5
3	PPIUCD SERVICE PROVISION AND RETURN VISIT	12-21	10
4	MANAGEMENT, IEC AND RECORD KEEPING	22-26	5

PERFORMANCE STANDARDS FOR POSTPARTUM INTRAUTERINE DEVICE (PPIUCD) COUNSELING AND SERVICES

FACILITY: _____

ASSESSMENT TEAM: _____

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline Assessment Date	1st Internal assessment Date	2nd Internal assessment Date	3rd Internal assessment Date	COMMENTS
		Y/N, N/A	Y/N, N/A	Y/N, N/A	Y/N, N/A	
AREA 1: COUNSELING AND INITIAL CLIENT ASSESSMENT DURING ANTENATAL CARE						
Instructions for the Assessor: The Supervisor/Head of the Unit may observe standards 1–6 in sequence with women receiving postpartum family planning counseling during an antenatal care visit.						
1. The provider uses recommended general counseling techniques during ANC for Postpartum Family Planning.	Observe in the appropriate service area that the provider:					
	• Shows respect for the woman and helps her feel at ease					
	• Encourages the woman to explain needs, express concerns and ask questions					
	• If appropriate, includes woman’s husband or important family member with woman’s consent					
	• Listens carefully					
	• Respects and supports the woman’s informed decisions					
	• Checks the woman’s understanding					
	SCORE					

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		Y/N, N/A	Y/N, N/A	Y/N, N/A	Y/N, N/A	
2. Provider/counselor provides information on all benefits of pregnancy spacing and explores woman's knowledge about (postpartum) family planning methods. Use the <i>Postpartum Family Planning Counseling Job Aid</i> to facilitate this task	Observe that the counselor/provider:					
	<ul style="list-style-type: none"> Explores woman's knowledge and discusses about the benefits of pregnancy spacing 					
	<ul style="list-style-type: none"> Asks about previous family planning methods used and knowledge about all family planning methods, including PFP (LAM, POPs, postpartum ligation, condoms and PPIUCD) 					
	<ul style="list-style-type: none"> Addresses any related needs such as protection from sexually transmitted infections, including HIV and support for condom use 					
	<ul style="list-style-type: none"> Corrects misinformation or wrong beliefs 					
	SCORE					
3. The Provider/counselor targets information to the woman's interest and needs if the woman has a method or several methods in mind	Observe that the counselor/provider:					
	<ul style="list-style-type: none"> Asks if the woman has any particular method in mind, which she wants, otherwise discusses the woman's situation, plans and what is important to her about a method 					
	<ul style="list-style-type: none"> Helps woman consider suitable methods. If needed, helps her reach a decision 					
	<ul style="list-style-type: none"> Supports the woman's choice 					
	SCORE					
4. The provider does a brief screening assessment and	If the woman is interested in the PPIUCD observe that the provider:					
	<ul style="list-style-type: none"> Asks the woman if she has: 					

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determines whether the IUCD is an appropriate method for women interested in PPIUCD.	– Any history of unusual bleeding between menstrual periods or bleeding after intercourse before she became pregnant					
	– Been told that she has any type of cancer in genital organs, pelvic tuberculosis					
	– Been told that she has rheumatic diseases such as lupus, which has increased risk of bleeding					
	– Increased personal risk of having gonorrhea or chlamydia infections					
	– AIDS, and neither on ARV therapy nor clinically well					
	• If none of the above conditions are present, tells the woman that IUCD is an appropriate option for her and she may use it					
	• Proceeds with method specific counseling for this method					
	[NOTE: Tells the woman that she will be reassessed in labor/immediately postpartum and other postpartum criteria will be considered at that time]					
SCORE						
5. Provider gives key method-specific information including advantages and	Observe that the provider:					
	• Uses visual aids (poster, shows IUCD) during counseling					
	• Discusses the following advantages:					

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limitations about PPIUCD	– Effectiveness: prevents almost 100% of pregnancies					
	– Immediate placement after delivery					
	– No further action required by the woman					
	– It can be removed at any time by a trained provider					
	– Immediate return of fertility upon removal of the IUCD					
	– Does not affect breastfeeding					
	– Long-acting and reversible: Can be used to prevent pregnancy for a short time or as long as 10 years					
	● Provides information about when should the woman return for a check up					
	● Discusses the following limitations:					
	– Heavier and more painful menses, especially first few cycles but not noticed during the postpartum period					
	– Does not protect against STIs, including HIV/AIDS					
	– Some risk of expulsion when inserted postpartum					
SCORE						

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6. Provider documents to alert other care providers that the woman has chosen postpartum IUCD.	Observe that the provider:					
	<ul style="list-style-type: none"> Documents on ANC card that woman has been counseled and requests PPIUCD 					
	<ul style="list-style-type: none"> Instructs the woman to bring the card and tell the provider in the hospital when she comes in labor to deliver that she wants an IUCD immediately after delivery 					
	<ul style="list-style-type: none"> Gives the woman the card that shows that she has consented to immediate postpartum insertion of the IUCD 					
	SCORE					
	TOTAL SCORE AREA 1					

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		Y/N,N/A	Y/N,N/A	Y/N,N/A	Y/N,N/A	
AREA 2: COUNSELING AND CLIENT ASSESSMENT DURING EARLY LABOR OR POSTPARTUM PERIOD						
Instructions for the Assessor: The Supervisor/Head of the Unit may observe standards 7-11 in sequence with women receiving postpartum family planning counseling during early labor and postpartum period. Do not counsel woman during active labor.						
7. The provider/ counselor re-confirms with the woman in early labor that she has chosen the IUCD as a postpartum FP method.	Observe that the provider:					
	• Greet the woman (and companion, if present) with respect					
	• Confirm the woman's identification information (name, age, parity)					
	• If the woman is in active labor, provider is sensitive to the woman's discomfort and stops the discussion during contractions/labor pains					
	• Determine, that the woman has indicated consent and meets criteria for post-placental insertion					
	• Determine that the woman still desires the IUCD postplacental					
	SCORE					
8. Provider/ counselor re-confirms with postpartum woman that she has chosen IUCD for postpartum family planning	Observe that the provider:					
	• Greet the woman (and companion, if present) with respect					
	• Confirm the woman's identification information (name, age, parity)					
	• Determine, that the woman has indicated consent and meets criteria for postpartum insertion					

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		Y/N,N/A	Y/N,N/A	Y/N,N/A	Y/N,N/A	
	<ul style="list-style-type: none"> Determines that the woman still desires the IUCD postpartum 					
	SCORE					
9. The provider/ counselor counsels and screens a woman (who was not identified during ANC for the postpartum IUCD) during early labor OR within 48 hrs of delivery.	Observe that the provider/counselor:					
	<ul style="list-style-type: none"> Identifies those women in early labor and postpartum period who are interested in the postpartum IUCD 					
	<ul style="list-style-type: none"> If woman is in early labor or postpartum, ensures woman is comfortable and capable of making an informed choice 					
	<ul style="list-style-type: none"> Performs a brief screening assessment and determines whether the PPIUCD is an appropriate method for the woman 					
	<ul style="list-style-type: none"> Provides method-specific information about postpartum IUCD 					
	<ul style="list-style-type: none"> Makes a note in the hospital record and notifies other care providers that woman has chosen postpartum insertion of the IUCD 					
	<ul style="list-style-type: none"> Where appropriate, makes arrangements for postpartum IUCD insertion before discharge 					
	SCORE					

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10. The provider ensures the IUCD is an appropriate postpartum contraceptive method for a woman in early labor/postpartum woman (within 48 hrs of delivery).	Observe that the provider:					
	<ul style="list-style-type: none"> Reviews the woman during early labor and immediate postpartum period, using the Pre-Insertion Screening Job Aid, to rule out the following conditions: <ul style="list-style-type: none"> More than 18 hours from rupture of membranes to delivery of the baby Unresolved postpartum hemorrhage Signs and symptoms of reproductive tract infection <ul style="list-style-type: none"> Fever Severe lower abdominal pain Foul smelling discharge Extensive genital trauma where the repair would be disrupted by post placental/postpartum placement of the IUCD 					
	SCORE					
11. The provider demonstrates good client-provider interaction and ensures clients rights.	Observe that the provider:					
	<ul style="list-style-type: none"> Provides the woman an opportunity to ask questions; answers her (and companion's, if present) questions 					
	<ul style="list-style-type: none"> Maintains privacy and confidentiality for the woman 					

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		Y/N,N/A	Y/N,N/A	Y/N,N/A	Y/N,N/A	
	<ul style="list-style-type: none"> Listens carefully to the woman or her companion 					
	<ul style="list-style-type: none"> Speaks respectfully and professionally with the woman in clear and simple language 					
	<ul style="list-style-type: none"> Ensures that the woman understands the information provided 					
	SCORE					
	TOTAL SCORE AREA 2					

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AREA 3: IUCD SERVICE PROVISION and RETURN VISIT						
Instructions to the Assessor: Observe the provision of immediate postpartum IUCD services to clients for standards 12-21. If there are no women, have providers demonstrate service provision on anatomic models, AND review the clinical record of the two most recent cases of each type of service provision (post placental, intra-cesarean and postpartum).						
<p>12. The provider completes all <u>pre-insertion tasks</u> for post-placental or intra-cesarean IUCD insertion.</p> <p>Use the <i>Pre-Insertion Screening Job Aid</i> to help facilitate this task</p>	Observe that the provider:					
	<ul style="list-style-type: none"> Ensures that the woman has provided her written consent on printed consent form 					
	<ul style="list-style-type: none"> Ensures that the needed supplies and equipment are available in the room 					
	<i>For post-placental insertion:</i>					
	a. Long, curved placental forceps					
	b. Ring forceps					
	c. Sims speculum					
	d. Cotton swabs/ Gauze pieces					
	e. Betadine					
	f. Cu T380A					
SCORE						
<p>13. The provider correctly inserts IUCD within 10 minutes of placental expulsion after a vaginal</p>	Observe that the provider:					
	<ul style="list-style-type: none"> After completing Active Management of the Third Stage of Labor (AMTSL), asks the woman if she is ready for IUCD insertion and if she has any questions 					

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<p>delivery (insertion by instrument).</p> <p>NOTE: IUCD should be inserted following performance of AMTSL and confirmation that postpartum bleeding is minimal.</p>	<ul style="list-style-type: none"> • Puts on HLD or sterile gloves 					
	<ul style="list-style-type: none"> • Inspects the perineum, labia and vaginal walls for lacerations. If lacerations not bleeding heavily, repair, if needed, after inserting IUCD 					
	<ul style="list-style-type: none"> • Gently visualizes the cervix by depressing the posterior wall of the vagina with Sims speculum. (Note: If cervix is not easily seen, applies gentle fundal pressure so that the cervix descends and can be seen) 					
	<ul style="list-style-type: none"> • Cleans cervix and vagina with Betadine 2 times using 2 cotton swabs/gauze pieces 					
	<ul style="list-style-type: none"> • Gently grasps the anterior lip of the cervix with the ring forceps 					
	<ul style="list-style-type: none"> • Grasps IUCD in its sterile package with long curved placental forceps using no-touch technique 					
	<ul style="list-style-type: none"> • Exerts gentle traction on the anterior lip of the cervix using the ring forceps. 					
	<ul style="list-style-type: none"> • Inserts long curved placental forceps with IUCD into lower uterine cavity. Avoids touching the walls of the vagina with the IUCD 					
	<ul style="list-style-type: none"> • Releases the ring forceps from the cervix and places it on the tray/drape. Releases the hand that is holding the cervix-holding forceps and moves it to the abdomen placing it on top of the supra-pubic region and the uterine body 					

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	<ul style="list-style-type: none"> Stabilizes uterus by elevating it with palm of hand on the abdomen over the uterine body 					
	<ul style="list-style-type: none"> Gently moves the IUCD upward toward fundus, following contour of uterine cavity 					
	<ul style="list-style-type: none"> Keeps the forceps closed so IUCD does not become displaced 					
	<ul style="list-style-type: none"> Confirms that end of long curved placental forceps has reached the fundus 					
	<ul style="list-style-type: none"> Opens the forceps, releases IUCD at fundus by slightly tilting it inwards and sweeps the forceps in open position towards the side wall of the uterus 					
	<ul style="list-style-type: none"> Moves the placental forceps downwards in a slightly open position along the side wall of the uterus 					
	<ul style="list-style-type: none"> Slowly removes the forceps from the uterine cavity, keeping it slightly open. Takes particular care not to dislodge the IUCD as forceps are removed 					
	<ul style="list-style-type: none"> Stabilize the uterus until the forceps are completely out of the uterus 					

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	<ul style="list-style-type: none"> Examines the cervix to ensure there is no excessive bleeding 					
	<ul style="list-style-type: none"> If IUCD or strings or both are seen protruding from cervix, removes and reinserts. (Sometimes in a postpartum uterus the strings may be slightly visible. The providers clinical judgment coordinating the size of the uterus and the length of the Copper T with the strings should decide fundal placement in such cases) 					
	<ul style="list-style-type: none"> Removes all used instruments and immerses them in 0.5% chlorine solution 					
	<ul style="list-style-type: none"> Allows the woman to rest. Supports the initiation of routine postpartum care, including immediate breastfeeding 					
	SCORE					

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		Y/N,N/A	Y/N,N/A	Y/N,N/A	Y/N,N/A	
14. The provider correctly inserts IUCD during caesarean section (with ring forceps/ manually)	Observe that the provider:					
	<ul style="list-style-type: none"> Ensures that the woman has received uterotonic drugs as part of a routine cesarean delivery after the baby is out and the uterus is well contracted 					
	<ul style="list-style-type: none"> Inspects the uterine cavity for malformation which limits the woman's successful use of the IUCD. (e.g., septate uterus, bicornuate uterus, submucosal or distorting intramural fibroids) 					
	<ul style="list-style-type: none"> Stabilizes the uterus by grasping it at the fundus 					
	<ul style="list-style-type: none"> Inserts the IUCD (manually or by ring forceps) through the uterine incision to the fundus of the uterus 					
	<ul style="list-style-type: none"> Slowly removes the hand/ring forceps from the uterus. Takes particular care not to dislodge the IUCD as the hand/ring forceps is removed 					
	<ul style="list-style-type: none"> Places the IUCD strings in the lower uterine segment near the internal cervical os 					
	<ul style="list-style-type: none"> Does NOT pass the strings through the cervix 					
	<ul style="list-style-type: none"> Takes care not to include IUCD strings in repair of uterine incision 					
	SCORE					

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POSTPARTUM IUCD INSERTION (within 48 hours)							
15. The provider completes all pre-insertion tasks for postpartum IUCD insertion.	Observe that the provider:						
	<ul style="list-style-type: none"> ● Ensures that HLD/Sterile tray contains the following 						
	<ul style="list-style-type: none"> - Sims speculum 						
	<ul style="list-style-type: none"> - Long curved placental forceps 						
	<ul style="list-style-type: none"> - Ring forceps 						
	<ul style="list-style-type: none"> - Bowl 						
	<ul style="list-style-type: none"> - Cotton swabs /gauze pieces 						
	<ul style="list-style-type: none"> - HLD/sterile gloves 						
	<ul style="list-style-type: none"> ● Ensures Betadine solution is present for postpartum IUCD insertion 						
	<ul style="list-style-type: none"> ● Ensures Cu T380A is available for postpartum IUCD insertion 						
	<ul style="list-style-type: none"> ● Pours Betadine in a bowl 						
	<ul style="list-style-type: none"> ● Ensures that woman has recently emptied her bladder 						
	<ul style="list-style-type: none"> ● Helps the woman onto the examination table 						
<ul style="list-style-type: none"> ● Ensures good uterine tone by per abdomen examination 							

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		Y/N,N/A	Y/N,N/A	Y/N,N/A	Y/N,N/A	
	<ul style="list-style-type: none"> Places a clean drape over the woman's abdomen and underneath her buttocks 					
	<ul style="list-style-type: none"> Performs hand hygiene and puts HLD or sterile gloves on both hands 					
	SCORE					
16. The provider performs a pelvic examination before postpartum insertion of IUCD.	Observe that the provider:					
	<ul style="list-style-type: none"> Inspects external genitalia 					
	<ul style="list-style-type: none"> Gently performs a pelvic examination before postpartum insertion of IUCD to check the condition of the cervix and uterus 					
	SCORE					
17. The provider correctly inserts IUCD during the <u>immediate postpartum</u> period. (within 48 hours)	Observe that the provider:					
	<ul style="list-style-type: none"> If the examination is normal, asks the woman if she is ready for IUCD insertion and if she has any questions 					
	<ul style="list-style-type: none"> Gently inserts speculum to visualize the cervix 					
	<ul style="list-style-type: none"> Cleans cervix and vagina with Betadine solution 2 times using 2 cotton swabs/gauze pieces 					
	<ul style="list-style-type: none"> Gently grasps the anterior lip of the cervix with the ring forceps 					
	<ul style="list-style-type: none"> Holds IUCD in its sterile package by a long curved placental forceps using no-touch technique 					

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		Y/N,N/A	Y/N,N/A	Y/N,N/A	Y/N,N/A	
	<ul style="list-style-type: none"> Exerts gentle traction on anterior lip of the cervix using the ring forceps 					
	<ul style="list-style-type: none"> Inserts the long curved placental forceps holding the IUCD into the lower uterine cavity. Avoids touching walls of vagina 					
	<ul style="list-style-type: none"> Releases the ring forceps from the cervix and places it on the tray/drape. Releases the hand that is holding the cervix-holding forceps and moves it to the abdomen placing it on top of the supra-pubic region and the uterine fundus 					
	<ul style="list-style-type: none"> Stabilizes uterus by elevating the uterus with palm of hand against uterine body 					
	<ul style="list-style-type: none"> Gently moves IUCD upward towards the fundus following the contour of uterine cavity 					
	<ul style="list-style-type: none"> Keeps the forceps closed so IUCD does not become displaced 					
	<ul style="list-style-type: none"> Confirms that the end of the long curved forceps has reached the fundus 					
	<ul style="list-style-type: none"> Opens the forceps, tilts it slightly inwards, releases IUCD at fundus and sweeps the forceps in open position towards side wall of uterus 					
	<ul style="list-style-type: none"> Moves the placental forceps downwards along the side wall of uterus 					
	<ul style="list-style-type: none"> Slowly removes the forceps from the uterine cavity, 					

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	keeping it slightly open. Takes particular care not to dislodge the IUCD as forceps are removed					
	<ul style="list-style-type: none"> Stabilize uterus until the forceps are completely out of the uterus 					
	<ul style="list-style-type: none"> Examines the cervix to ensure there is no excessive bleeding 					
	<ul style="list-style-type: none"> If IUCD or strings or both are seen protruding from cervix, removes and reinserts. (Sometimes in a postpartum uterus the strings may be slightly visible. The providers clinical judgment coordinating the size of the uterus and the length of the Copper T with the strings should decide fundal placement in such cases) 					
	<ul style="list-style-type: none"> Removes all used instruments and immerses them in 0.5% chlorine solution 					
	<ul style="list-style-type: none"> Allows the woman to rest a few minutes. Helps her off the table 					
	SCORE					
18. The provider correctly carried out post procedure infection prevention tasks and instrument processing.	Observe if provider					
	<ul style="list-style-type: none"> Immerses speculum and metal instruments in 0.5% chlorine solution for 10 minutes for decontamination 					
	<ul style="list-style-type: none"> Immerses both gloved hands in 0.5% chlorine solution 					

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	<ul style="list-style-type: none"> Removes gloves by turning inside out and disposes in designated container Performs hand hygiene after removing gloves 					
	SCORE					
<p>19. The provider provides post insertion instructions to the woman.</p> <p>Note: This needs to be done for cesarean section patients on the 2nd or 3rd day postpartum.</p>	Observe if the provider:					
	<ul style="list-style-type: none"> Fills up complete record of IUCD insertion on register and client follow-up card 					
	<ul style="list-style-type: none"> Reviews IUCD side effects and normal postpartum symptoms with the woman 					
	<ul style="list-style-type: none"> Tells the woman to return at 6 weeks for IUCD/PNC/newborn checkup. 					
	<ul style="list-style-type: none"> Discusses the following warning signs and explains that she should return to the hospital as soon as possible if she has any of the following: <ul style="list-style-type: none"> Foul smelling vaginal discharge different from the usual lochia Lower abdominal pain, especially if accompanied by not feeling well, fever or chills Has a concern that she might be pregnant Has a concern that the IUCD has fallen out 					
	<ul style="list-style-type: none"> Emphasizes that she should come back at any time she has a concern or experiences warning signs 					

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	<ul style="list-style-type: none"> Tells the woman how to check for expulsion and what to do in case of expulsion 					
	<ul style="list-style-type: none"> Assures woman that IUCD will not affect breastfeeding and breast milk 					
	<ul style="list-style-type: none"> Ensures that the woman understands post insertion instructions 					
	<ul style="list-style-type: none"> Gives written post insertion instructions 					
	SCORE					
20. The provider conducts return/follow-up visits appropriately	Observe that the provider:					
	<ul style="list-style-type: none"> Greets the client politely 					
	<ul style="list-style-type: none"> Identifies the purpose of the visit 					
	<ul style="list-style-type: none"> Ensures privacy and confidentiality 					
	<ul style="list-style-type: none"> Allows the client to ask questions 					
	<ul style="list-style-type: none"> Asks if she has concerns or problems related to the IUCD 					
	<ul style="list-style-type: none"> Enquires about breastfeeding (if applicable) 					
	<ul style="list-style-type: none"> Asks the client whether she has resumed sexual relations and whether she has concerns that she might be at increased risk of exposure to STI/HIV. Describes and offers condoms for dual protection, as appropriate 					

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	<ul style="list-style-type: none"> Performs pelvic examination and documents presence of strings 					
	<ul style="list-style-type: none"> Conducts a per speculum examination and trims strings to leave 3-4 cms out of the cervix, if needed 					
	<ul style="list-style-type: none"> Reminds the client to return if needed and that she can have the IUCD removed at any time when she wants 					
	<ul style="list-style-type: none"> Documents this and other information from visit in the follow-up register and the client card 					
	SCORE					
21. The provider identifies women with problems and manages complications, as necessary during the follow-up visit	Observe that the provider:					
	<ul style="list-style-type: none"> Asks the client if she is experiencing any side effects or problems with the PPIUCD 					
	<ul style="list-style-type: none"> If side effects and/or problems are identified, conducts brief assessment and provides initial management (noted here): and either manages accordingly or refers for additional treatment 					
	<ul style="list-style-type: none"> <i>Heavy vaginal bleeding:</i> provides explanation and reassurance, assesses for anemia, performs pelvic exam, provides NSAIDs (ibuprofen 400 mg twice daily for 5 days), and provides iron tablets 					
	<ul style="list-style-type: none"> <i>Irregular bleeding:</i> provides explanation and reassurance, provides NSAIDs (ibuprofen 400mg twice daily for 5 days), and provides iron tablets 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline assessment Date	1st Internal assessment Date	2nd Internal assessment Date	3rd Internal assessment Date	COMMENTS
		Y/N,N/A	Y/N,N/A	Y/N,N/A	Y/N,N/A	
	<ul style="list-style-type: none"> • <i>Low abdominal pain or cramping</i>: assesses for signs of infection by palpating abdomen for tenderness and observing vaginal discharge, provides explanation and reassurance and provides NSAIDs (ibuprofen 400 mg twice daily for 5 days). Treat infection and reassess for insertion 					
	<ul style="list-style-type: none"> – <i>Severe lower abdominal pain</i>: Rules out ectopic pregnancy or pelvic infection 					
	<ul style="list-style-type: none"> – <i>Fever and purulent vaginal discharge</i>: performs pelvic exam, assesses for pelvic infection. (Note: it is not necessary to remove IUCD during treatment) 					
	<ul style="list-style-type: none"> – <i>Suspected pregnancy</i>: performs pelvic exam, assesses for pregnancy 					
	<ul style="list-style-type: none"> – <i>Suspected expulsion</i>: perform pelvic exam: if IUCD is partially expelled, remove and replace; if IUCD not found ask woman if IUCD expelled (offer replacement or another method); if IUCD not found and woman unaware of expulsion, consider X-Ray or ultrasound 					
	<ul style="list-style-type: none"> – <i>String problems</i>: too long—trim strings; not found—assess for expulsion. Consider ultrasound to check location of IUCD 					
	<ul style="list-style-type: none"> • If initial management approaches are not effective, refers woman for additional evaluation and management, as necessary 					
<ul style="list-style-type: none"> • Offers to remove the IUCD for any woman who 						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline assessment Date Y/N,N/A	1st Internal assessment Date Y/N,N/A	2nd Internal assessment Date Y/N,N/A	3rd Internal assessment Date Y/N,N/A	COMMENTS
	requests to have it removed and offers other methods to choose					
	SCORE					
	TOTAL SCORE AREA 3					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline assessment Date Y/N,N/A ¹	1 st Internal Assessment Date Y/N,N/A	2 nd Internal Assessment Date Y/N,N/A	3 rd Internal Assessment Date Y/N,N/A	COMMENTS
AREA 4: MANAGEMENT, IEC AND RECORD KEEPING Instructions to the Assessor: Review the clinical record of the two most recent cases of post placental/ postpartum IUCD insertion for standard 22. Review the delivery room and procedure room record for standard 23.						
22. The provider records relevant information about the services provided in the woman's chart	Determine through two record reviews whether the following information is recorded:					
	<ul style="list-style-type: none"> Date of insertion 					
	<ul style="list-style-type: none"> Type of insertion (post placental, intra cesarean or postpartum) 					
	SCORE					
23. The provider records relevant information about services provided in the register.	Determine through review of the delivery room register and the procedure room register whether the following information is recorded:					
	<ul style="list-style-type: none"> Patient name, age and parity 					
	<ul style="list-style-type: none"> Address and telephone number; attendants' or ASHA's telephone number 					
	<ul style="list-style-type: none"> Time and nature of delivery 					
	<ul style="list-style-type: none"> Method of IUCD insertion and timing 					
SCORE						

¹ Y = Yes; N = No; N/A = Not Applicable

For standards 24-26 interview the hospital administrator and one service provider, plus review the organization and readiness of the relevant service delivery areas.

24. The facility has adequate supplies and materials for postpartum family planning.	Determine by interview with provider or hospital administrator that the facility has:				
	• Stock of a full range of available postpartum family planning options				
	– Condoms				
	– IUCDs				
	– OCPs				
	– Emergency Contraception				
	• Has long curved placental forceps, Sims speculum and ring forceps for post placental/postpartum insertion				
	• Has postpartum IEC brochures in adequate numbers to distribute to women				
	• The IUCDs are available in the labor room				
	• The IUCDs are available in the operation theatre				
• The IUCDs are available in the postpartum procedure room					
SCORE					
25. The provider(s) have the required qualifications.	Determine by interview with provider or hospital administrator that:				
	• Providers performing immediate PPIUCD insertion have been trained in a competency based training course and meet recommended proficiency and certification standards for delivery of service				
	SCORE				

26. There is an organized facility-wide system in place to ensure that every postpartum woman is counseled and offered postpartum family planning.	Determine by interview with a provider or hospital administrator that:				
	• Designated postpartum care providers are trained to provide FP counseling				
	• The postpartum ward provides an area where counseling can be done in private. Are all Postpartum women counseled for FP				
	• The postpartum ward has a FP client record system which ensures that all patients receive counseling before discharge				
	• The Antenatal clinic, labor room and postpartum ward have informational posters on the family planning services offered including interval IUCD insertion				
	• There is information on clients' rights regarding family planning				
	• The main client areas have 'All FP Method Chart' displayed prominently				
	• The postpartum ward has samples of FP methods for use during counseling				
	• The postpartum ward periodically obtains and incorporates client feedback on the services provided (suggestion box)				
	• The postpartum ward uses IEC materials/video/slides to improve the quality of family planning services				
	SCORE				
TOTAL SCORE AREA 4					

SUMMARY of ASSESSMENT				
AREA	TOTAL NUMBER OF STANDARDS	NUMBER OBSERVED	NUMBER ACHIEVED	PERCENTAGE
AREA 1: Counseling and initial client assessment during antenatal care	6			
AREA 2: Counseling and Assessment during Early Labor/Postpartum	5			
AREA 3: IUCD Service Provision and Return Visit	10			
AREA 4: Management, IEC and Record Keeping	5			
OVERALL	26			