

Guidelines for Conducting Post-Training and Supportive Supervision Visits to Facilities Offering Postpartum Family Planning and Intrauterine Devices



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Abbreviations

ANC	Antenatal Care
COE	Center of Excellence
CST	Clinical Skills Training
DOH	Department of Health
FP	Family Planning
ICV	Informed Choice and Voluntarism
IEC	Information, Education, and Communication
IUD	Intrauterine Device
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goal
PPFP	Postpartum Family Planning
PTME	Post-Training Monitoring and Evaluation
PPIUD	Postpartum Intrauterine Device
RHO	Regional Health Office
SS	Supportive Supervision

FOREWORD

The postpartum period, while often time overlooked, represents an important time for many women. Not only are they most susceptible to delivery-related complications, needing time to recover from physical and emotional demands of childbirth, but also most at risk for unplanned pregnancies. Because the World Health Organization (WHO) recommends at least 24 months birth-to-pregnancy interval to reduce maternal, perinatal and infant health risks it is of utmost importance that women receive appropriate and timely family planning (FP) services and information during this crucial time.

The steady increase in facility-based births and antenatal visits in a facility over the past decade lends us with more opportunities to provide and link women to quality family planning services. With the gains we have achieved in maternity care services, it is only fitting that we continue to enhance maternity care by integrating FP services in all points of maternity care – from antenatal, immediately after delivery and first year postpartum.

The Guidelines for Conducting Post-Training and Supportive Supervision Visits to Facilities Offering Postpartum Family Planning and Intrauterine Device provides health facilities, planners and program managers with an informative tips and strategies in conducting post-training and supportive supervision visits. This document outlines the elements, components and steps involved in conducting supportive supervision visits to PFPF-PPIUD facilities. It provides a step-by-step guide on initiating and sustaining quality PFPF services in a health facility through supportive supervision visits. It is not, however, intended to be prescriptive or serve as definitive “how-to” document. So while users are encouraged draw from this document, more importantly, they are also urged to adapt and apply the concepts and strategies in most suitable to their particular context. The information presented here is culled from actual experiences of supervisors, trainers, and health program managers in the field, specifically from the Centers of Excellence for PFPF-PPIUD services established in the country and from other delivery sites across the globe.

One of the gaps identified in the provision of FP services in the postpartum period is the lack of trained providers competent and knowledgeable of FP methods that can be offered to women during the postpartum and extended postpartum period. This document is designed to help supervisors build the capacity and skill of health service provider who are key in the overall delivery of quality health care to our people. I strongly urge that supervisor will utilize this manual in ensuring that more women are receiving quality and integrative FP and reproductive health services. And with this, we can achieve and sustain better maternal health and newborn outcomes.



Enrique T. Ona, MD, FPCS, FACS
Department of Health Secretary

ACKNOWLEDGEMENT

This manual is a result of close collaboration between the Department of Health and USAID's Flagship Program on Maternal and Child Integrated Program (MCHIP) to create an enabling environment for the implementation and adoption of Postpartum Family Planning in the Philippines. The development of this document testifies to the work done to develop and establish the capacity to integrate Postpartum Family Planning services in Maternal Child Health care programs and services throughout the country during the past two years.

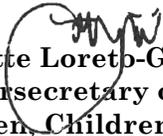
The DOH extends its appreciation and recognition to all those who were contributory in the conceptualization, development, review and production of this manual. In particular, the DOH would like to thank the following:

The United States Agency for International Development (USAID) for its technical assistance in supporting the repositioning of postpartum family planning in the Philippine Family Planning (FP) program.

The Maternal and Child Health Integrated Program (MCHIP) in the Philippines headed by Dr. Bernabe Marinduque and its team for lending its technical and practical expertise in drafting the "Guidelines for Conducting Post-training and Supportive Supervision Visits to Facilities Offering Postpartum Family Planning and Intrauterine Device (PPFP-PPIUD)."

The Family Health Office composed of Dr. Joyce Ducusin, Dr. Rosalie Paje, Dr. Melissa Sena, and Ms. Onofria de Guzman.

We hope that as more healthcare providers and facilities across the country integrate PPFP services in their existing maternal and child health program we, will be able to provide high quality service to more women who need family planning services and eventually achieve our MDG 4 & 5 commitments to reduce maternal and newborn mortality.


Janette Loreto-Garin, MD, MBA-H
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INTRODUCTION

Based on the 2011 Family Health Survey, the unmet need for family planning (FP) in the Philippines is at 19.3 percent (10.5 percent for spacing and 8.8 percent for limiting); contraceptive prevalence rate has barely moved from 36 to 36.9 percent between 2006 and 2011. It is estimated that as many as 5.3 million Filipino women of reproductive age (15–49) have an unmet need for FP. The lack of access to long-acting permanent methods and lack of global standards for performing immediate postpartum intrauterine device (PPIUD) placement have been identified as factors affecting access to and use of contraception in the country.

In response, the Department of Health (DOH) has initiated key reforms to improve contraceptive prevalence rate, reduce maternal and neonatal deaths, and contribute to achieving the country's Millennium Development Goals (MDGs) for health. Over the past few years, the DOH has issued key strategies, among which are “Implementing Health Reforms for Rapid Reduction of Maternal and Neonatal Mortality,” “Administration of Life-Saving Drugs and Medicine by Midwives to Rapidly Reduce Maternal and Neonatal Mortality and Morbidity,” and the most recent, “National Strategy towards Reducing Unmet Need for Modern Family Planning as a Means to Achieving MDGs on Maternal Health.”

In the past year, the DOH has been supporting postpartum family planning (PPFP)/PPIUD training for selected public health service providers. Through technical assistance from USAID's Maternal and Child Health Integrated Program (MCHIP), an initial 10 regional training sites in the country were identified and selected and are currently being developed as centers of excellence (COEs) for PPFP/PPIUD services. These COEs are deemed critical in building the capacity for the provision and delivery of PPFP/PPIUD services across the country. These COEs will function as key agents in the rollout of knowledge, skills, and high-quality PPFP/PPIUD services.

Equipping supervisors, FP program managers, or coordinators (“key personnel”) with updated technical knowledge and skills on PPFP/PPIUD is critical in ensuring competency of providers, quality of services provided at the health facilities, and integration of PPFP/PPIUD in existing maternal and child health services and FP programs. These key personnel—composed of doctors, nurses, midwives, and health managers—are essential to ensuring that providers adhere to the global clinical standards on PPFP/PPIUD provision and that these standards are institutionalized. Equipping key personnel with knowledge and skills on PPFP and PPIUD, along with essential supervisory skills, will enable them to steer cadres of health care providers toward providing high-quality PPFP services to women.

This supportive supervision (SS) guideline on PPFP/PPIUD is meant to complement the existing guidance, “Supportive Supervision in Healthcare Program: Towards Improved Performance and Quality Services,” already being used in DOH-retained facilities.

SS visits to the facilities are essential in helping providers and facilities initiate and integrate PPFP/PPIUD services at their health facilities, translating updated competencies into services, and ensuring that the quality of PPFP/PPIUD services is up to par with performance standards (see Annex 1).

This guideline serves as a quick and easy reference for supervisors to maximize the outcome of their SS visits. The guideline presents (1) major steps in implementing SS visits for PPFP/PPIUD services and (2) key tools that can be used for effective SS.

We hope that this guideline will serve as a useful resource for supervisors from the Regional Health Offices (RHOs) and clinical trainers (personnel trained on PFP/PPIUD clinical skills training [CST]), and will guide them through the steps and process of planning and conducting SS to facilitate the delivery of high-quality PFP/PPIUD services.

Supportive Supervision (SS)

DEFINITION

SS has been defined as a “process that promotes quality at all levels of the health system by strengthening relationships within the system, focusing on the identification and resolution of problems, and helping to optimize the allocation of resources” (Marquez & Kean, 2002, p. 12). SS promotes a responsive, collaborative, and cooperative working environment that catalyzes change toward realizing and sustaining quality service provision.

The supervisor(s), in collaboration with the RHOs, is (are) responsible for making the SS visits. The RHOs may opt to delegate additional staff to take responsibility for the SS. The results of the SS visit need to be shared with the relevant person(s) in charge at the RHO and with the supervised personnel at the concerned facility. The supervisor(s) is (are) also responsible for facilitating the identification of gaps and challenges in the provision of high-quality service and the corresponding solutions.

RATIONALE FOR SS VISIT

Facilities implementing PPFPP/PPIUD services are advised to establish SS to help their providers build competence and confidence in using newly acquired PPFPP/PPIUD skills. Facilities are encouraged to work in collaboration with the appropriate authorities to guarantee institutional support and buy-in.

SS is also important in demonstrating the level of competency of the facilities and their trained providers in delivering PPFPP/PPIUD services. Findings from the SS and the recommendations of the supervisor provide the basis for certification by concerned agencies.

The newly trained provider will need guidance in the following areas:

- Appropriate supportive practice policies and guidelines
- Adequate instruments and supplies
- Information system for documentation and reporting
- Collaborative working environment
- Continuous coaching/mentoring to strengthen confidence in the procedure
- Motivation to perform

ELEMENTS OF SS VISIT

- **Post-training transfer-of-learning visit** is the first visit, scheduled within 1–3 months of training. “Transfer of learning” means translating updated competencies into action in providing services to clients and ensuring that the quality of PPFPP/PPIUD services are up to par with performance standards (see Annex 1). The goal of this visit is to provide immediate feedback and mentoring on PPFPP/PPIUD services while the services are in the process of being established at the facility.

- **Continuous SS visits** ensure that newly acquired PFP/PPIUD knowledge, attitudes, and skills are sustained, assimilated, and integrated into practice. Continuous SS visits can include a combination of external visits, self-assessment, and peer-to-peer supervision. The frequency of continuous SS visits is aligned with the required SS visits for any program (DOH & United States Agency for International Development, 2012).
- **Promoting adherence to principles of informed choice and voluntarism (ICV)** is necessary at all points of service provision and care. Informed choice refers to the voluntary capacity to make a decision on an FP method based on complete and accurate information. Decision making on the choice of FP should be based on free will and not be obtained by any special inducement or coercion. ICV in the context of FP and maternal care services is an essential element of quality care, provider needs, and client satisfaction. Providers should keep in mind that it is their role to supply the information the client/couple needs to make a decision. In the end, the decision to use a FP method should be voluntarily made by the client/couple.
- **Post-training monitoring and evaluation (PTME)** determines the status of service delivery after training and systems have been put in place to implement PFP/PPIUD services in the facility. PTME is important in identifying gaps encountered during the implementation period in order to formulate solutions. PTME covers not only the system that was put in place for the facility to be able to offer PFP/PPIUD, but also administrative support, logistics, etc.

Planning for SS

Before scheduling an SS visit, the supervisor should complete the following steps:

1. Take the Orientation Workshop on SS for PFPF / PPIUD Insertion (see Annex 2). The workshop will introduce tools (see Annexes 3 to 7) to be used during SS. The workshop will also orient supervisors and future supervisors on how to use the tools for SS and how to utilize findings of SS visits in improving quality of PFPF/PPIUD care at the facility. Tools should be used not only to evaluate the competence of providers, but also to identify areas where additional support is required to improve performance.
2. Make sure that the providers have been trained and supplied with proper instruments and job aids to provide PFPF/PPIUD services.
3. Ensure that the facilities have adequate infrastructure and maintain the required client-load of deliveries to start the PFPF/PPIUD services. Minimum infrastructure requirements for PFPF/PPIUD are (1) a private place for counseling, (2) an adequate number of instruments and logistics to provide 24/7 service, (3) available information, education, and communication (IEC) materials and job aids, and (4) an identified referral facility for difficult cases.

Plan the SS visit based on the following:

- If the provider has been qualified (demonstrated diligence and competence in the critical steps of PPIUD insertions on a client) during the CST:
 - Check if provider has started providing PFPF/PPIUD services in the facility.
 - Once PPIUD services are in place, encourage the providers to:
 - orient all concerned staff and management;
 - establish the system of counseling for antenatal care (ANC), early labor, and postpartum cases; and
 - ensure availability of instruments, intrauterine devices (IUDs), and logbooks at places of insertion (labor room, operating theater, and postpartum insertion site).
 - If the provider has not been qualified (was not able to demonstrate competence on a client during CST but has shown competency on models), the supervisor is advised to bring along a certified trainer during the SS visit. Preferably, this mandatory first support visit should be conducted within 1 month of training.
 - The provider must be advised to wait for an SS visit before starting practice, after which the provider should start education and counseling during ANC to build the caseload for PFPF.
 - The supervisor should prioritize SS to unqualified providers over qualified providers.

Subsequent SS visits should be decided based on the specific needs of different facilities, but the supervisor should try to make a minimum of one visit to each facility every 3 months. In between visits, the provider is expected to self-assess performance using the established performance standards (see Annex 1). The results of the self-assessment will form the basis for evaluation on subsequent virtual and onsite SS visits. Trainers and supervisors are encouraged to make regular, frequent contact with the providers by phone or through other means.

Conduct of SS

This section discusses the conduct of an SS activity including the preparatory and actual steps to be undertaken during the SS visit.

SS visits should evaluate the following:

- Health worker competence in PPFPP/PPIUD counseling and service provision
- Provider competence in PPIUD insertion
- Adherence to infection prevention protocols
- Adherence to ICV principles

Also, SS should be considered an activity that has the following attributes:

- **Data-driven:** SS uses available M&E data to set goals and objectives, monitor performance, and implement solutions. Identification of problems should be based on these data and solutions should be measured against them.
- **Results-oriented:** SS focuses on the results of processes and program outcomes. This also entails provision of feedback and updates to providers, and reports to the concerned authorities.
- **Quality-focused:** SS monitors individual and facility-wide performance against clinical standards and customer expectations and satisfaction.
- **Provider-focused:** SS develops and promotes a standardized provider performance based on the clinical standards / checklist learned from the CST.

Preferably, the steps listed below should be covered during the supervision. However, since supervision can be challenging in low-resource settings, concentrate on steps that will address the most pressing needs of the facility and the providers.

PREPARATORY PHASE

The preparatory phase for SS should be accomplished during the action planning session of the CST. Planning for SS, in which key preliminary tasks are undertaken, includes identifying appropriate tools and methods of supervision and schedules to be followed. The facilities should also have adequate infrastructure and maintain the required client-load of deliveries to start the PPFPP/PPIUD services.

Actions to be completed during this phase are:

1. **Determine the personnel** to be involved. Ideally, each health worker should be assessed while on the job using the predesigned tools and given feedback in a timely manner.
2. **Develop clear objectives** for SS. These objectives should be based on the needs of the facility.
3. **Organize the SS visit** according to the following tasks:
 - Review the protocols using performance standards for PPFPP/PPIUD, job aids, action plan, SS checklist (see Annex 3), and SS tracking sheet (see Annex 4).

- Review existing monthly reports and findings from the last visit, if available, to understand which areas need strengthening and develop clear objectives for the visit based on the facility’s need.
- Collect and carry helpful materials: the abovementioned protocols, *Resource Manual* (DOH & United States Agency for International Development, 2012), CD of PPIUD insertion video, and other job aids.
- Ensure the availability of materials for demonstration and return demonstration: Zoe model with postpartum uterus; PPIUD insertion instruments with tray, IUDs, and infection prevention items; and equipment necessary for the support visit.
- Coordinate with the responsible person at the facility the date and time of the visit, what items or equipment should be prepared, and personnel (concerned staff/providers of the facility) who need to be available at the facility during your visit.

DURING SS VISIT

On the day of the visit, ensure availability of clients so that the insertion steps can be observed or demonstrated, if needed. This can be done through demand generation at least a month prior to the visit.

In consultation with the facility administrator, coordinate the schedule(s) of SS visit(s) with the trained provider(s) tasked to conduct counseling during ANC and early labor and postpartum; prepare monthly reports; and follow up with PPIUD clients. Make sure that clients, corresponding staff, and logistics are available.

Actions to be completed during this phase:

1. Ensure that a **whole-site orientation¹ on PPF/PPIUD** for facility staff—upper management, providers, support staff, and other gatekeepers—was conducted. If it has not been completed, work with the provider to conduct an orientation event that includes demonstration on Zoe model and the insertion video.
2. **Case review.** Discuss interesting, difficult and unusual cases encountered in the facility.
3. **Assessment of counseling during ANC and early labor, and in the postpartum ward:**
 - a. Verify if a dedicated and private counseling corner has been established, where all relevant posters, counseling flip chart, and kit are available.
 - b. Review the information in logbooks.
 - c. Observe PPF/PPIUD counseling. If PPF/PPIUD services have already been initiated, observe the services per steps mentioned in the PPF/PPIUD counseling checklist (see Annex 5).
 - Observe counseling and note strengths and weaknesses.
 - Observe if client is counseled to return after 6 weeks for first follow-up.
 - Observe if client is counseled on warning signs.
 - Encourage the provider/counselor to use job aids in counseling—counseling kit containing sample of FP methods, open sample IUD, counseling flip chart, client card (for postinsertion counseling).
 - Provide constructive feedback on counseling.

¹ “Whole-site orientation” refers to an orientation event or activity aimed at familiarizing hospital staff—doctors, staff nurses, midwives, aides, and other hospital personnel—with the concepts of PPF/PPIUD, including benefits of healthily spaced and timed pregnancies. Ideally, this activity should also disseminate the new FP services to be implemented in the facility.

- If there is no client at the time of SS visit, request the provider to conduct a role play of a counseling session.
- d. Observe if provider adheres to ICV principles; check if broad and comprehensible information on FP methods is discussed with client.
 - e. Check that the following job aids² (when available) are made accessible and displayed/used at the appropriate sites at the facility:
 - PFP/PPIUD posters for ANC area and postpartum ward
 - FP options and client rights posters
 - Counseling kit and flip chart
 - Documentation of PFP options for ANC clients
 - Screening checklist for PPIUD clients
 - Poster on PPIUD insertion steps
 - Pictorial client card (IUD card)
4. Assessment of IUD insertion/removal (follow checklists for PPIUD insertion in Annex 6)
 - a. Ensure that proper instruments, IUDs, and logbooks are available at the areas of insertion (labor room or postpartum insertion room, if this is a separate area).
 - b. Use PPIUD insertion checklists to observe and assess performance of providers (see Annex 6). Keep in mind that observation and assessment should be done while respecting the privacy of the client. Likewise, supervisors are advised to observe and assess the provider as discreetly as possible: that is, avoid taking out the checklist and marking it in front of the doctor (especially for the senior providers).
 - Remember all steps mentioned in the checklist. If any step has been overlooked or incorrectly performed, discreetly open the checklist in the reference manual, show the provider the recommended step, and request that the provider follow the checklist.
 - If there is no client available at the time of your SS visit, observe the insertion skill using the Zoe or Mama-U model.
 5. Assessment of infection prevention practices
 - a. Ensure the infection prevention precautions are observed:
 - Proper handwashing
 - Use of personal protection equipment
 - Following the aseptic/no-touch technique during every PPIUD insertion
 - b. Ensure proper processing of instruments:
 - Decontamination: Observe preparation of chlorine solution and how long the used instruments are fully dipped in the solution. Ask how frequently the chlorine solution is prepared.
 - Cleaning: Observe whether providers use gloves when cleaning instruments.
 - Autoclaving / high-level disinfection: Observe or ask how it is done and for how long.
 - Provide appropriate feedback to concerned staff and their supervisors.
 - If required, provide on-the-job training to concerned staff on the steps of processing instruments and how to store equipment.

² MCHIP developed job aids for PFP/PPIUD services which may be requested from the DOH (Central Office) through the Family Health Office or any of the identified PFP/PPIUD COEs throughout the country.

- c. Observe appropriate disposal of waste after every procedure according to established facility policy on proper waste disposal.
6. Discussion of the findings
- Together with the provider, supervisor, and support staff—and preferably in the presence of hospital/facility administrator—review the evaluation of provider’s knowledge, attitudes, and practice based on performance standards and action plan and the evaluation of the facility’s readiness and policies to provide PFP/PPIUD services.
- a. Provide constructive feedback on performance strengths and gaps. When giving feedback, always begin by presenting the provider, health staff, or facility’s positive attributes.
 - b. Keep health providers/workers motivated by acknowledging good performance and practices that meet quality standards.
 - c. Solicit commitment from providers as well as identified champions in the facility to support and integrate PFP/PPIUD in the spectrum of health services.
 - d. Discuss adequacy of data collection and completeness of data recording.
 - e. End the visit with the following summary:
 - Give feedback on what is working and continuing challenges.
 - Solicit agreement on actions needed to address gaps and challenges identified (furnish copies of action plan to the supervisor and the team at the facility for reference in future SS visits).
 - Emphasize the importance of correct data recording and timely reporting.
 - Set performance goals and objectives.
 - Schedule virtual supervision and/or tentative schedule for the next visit, if needed.

Please carry at least the following items when you go for SS visits:

- Zoe model with postpartum attachment. If the site does not have a Zoe model, arrange for loan of Zoe model from the nearest possible site.
- PFP/PPIUD Supportive Supervision Kit—Kelly placental forceps, ovum forceps, Sims speculum, kidney basin, linen, towel, gauze, mask, gloves, apron, goggles, surgical cap. Bring the PPIUD kit in case PPIUD equipment is already being used during visit.
- PFP/PPIUD Performance standards (for sharing with providers/facility the complete list of tasks expected for quality rollout of services)
- Checklist for PFP/PPIUD Counseling Skills and PPIUD insertion
- PPIUD Reference Manual
- Job aids like counseling kit, flip chart, PPIUD insertion steps video and poster. If required and possible, you can provide the new ones to the facility.
- Family Planning Handbook, medical eligibility criteria wheel, etc. (Optional and per specific needs of the facilities)
- SS checklist (Annex 3) and tracking sheet (Annex 4)

Synthesis of Findings and Planning for Next Steps

1. Keep record of SS
 - Fill out SS findings in the provided forms immediately after the visit (see Annex 7).
 - Record any major gap(s) in the service delivery or performance identified during the visit. Make note of gaps not fully addressed during the current visit for provision of future support.
 - Make an action plan and schedule future tasks/support based on gaps identified.
2. Identify training and service provision needed to strengthen capacity of providers in providing quality services
 - Set priorities of the identified needs (focus first on critical tasks, then on “good to do” tasks, keeping program objectives in mind).
 - Assess adequacy of job aids, IEC materials necessary to provide the client and the provider comprehensive information on the methods offered in the facility.
 - Follow up on equipment and supply problems in a timely manner.
3. **Communicate and report findings / status of services at the facility with concerned line agencies.** Share the performance level/status of the facility (e.g., number of providers trained and providing PFP/PPIUD services, percentage of deliveries accepting PPIUD services, and percentage of PPIUD clients followed up), as compared to other facilities in the state or country, whenever possible.
 - Share information on positive results gained from SS visits, such as improved performance of providers, increased uptake of PFP/PPIUD, or increased follow-up. Also share common gaps observed or common needs stated by the providers during SS visits. If you have addressed the gaps, share that too.
 - Communicating and reporting findings will demonstrate the effectiveness of SS visits and supervisors’ effort as key elements in ensuring quality service delivery.

Annex 1. Performance Standards for Postpartum Intrauterine Device (PPIUD) Counseling and Services

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

AREA NUMBER	AREA DESCRIPTION	PERFORMANCE STANDARDS	
		NUMBER	TOTAL
1	Initial client assessment and counseling during antenatal care (ANC); return visits	1-8	8
2	IUD counseling and client assessment during labor or postpartum period	9-13	5
3	IUD service provision	14-21	8
4	Management and record keeping	22-26	5
TOTAL			26

Facility: _____

Assessment Team: _____ Date: _____

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A ³	Y, N, N/A	COMMENTS
AREA 1: INITIAL CLIENT ASSESSMENT AND COUNSELING DURING ANTENATAL CARE (ANC); RETURN VISITS				
Instructions for the Assessor: Observe Standards 1-8 in sequence with two women receiving postpartum family planning (PPFP) counseling during an ANC visit.				
1. The provider uses recommended counseling techniques during ANC on PPFP.	Observe in the appropriate clinical services area with client that the provider:			
	1. Shows respect for the woman and helps her feel at ease.			
	2. Encourages the woman to explain needs, express concerns, and ask questions.			
	3. Includes woman's husband or important family member with woman's consent.			
	4. Listens carefully.			

³ Y = Yes; N = No; N/A = Not Applicable

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A ³	Y, N, N/A	COMMENTS
	5. Respects and supports the woman's informed decisions.			
	6. Checks the woman's understanding.			
2. Provider/counselor provides information on all benefits of pregnancy spacing and explores woman's knowledge about (postpartum) family planning (FP) methods. Use the "PPFP Counseling Job Aids" (USAID & ACCESS-FP, 2010a, pp. 56-57) to facilitate this task.	Observe that the provider/counselor:			
	7. Explores woman's knowledge about the benefits of pregnancy spacing.			
	8. Asks about previous FP methods used and knowledge about all FP methods (lactational amenorrhea method, progestin-only pills [POPs], postpartum ligation, condoms, and PPIUD).			
	9. Addresses any related needs such as protection from sexually transmitted infections (STIs), including HIV, and support for condom use.			
	10. Corrects misinformation.			
	11. Discusses the woman's situation, plans, and what is important to her about a method.			
	12. Helps woman consider suitable methods. If needed, helps her reach a decision.			
	13. Supports the woman's choice.			
3. The provider does a brief screening assessment and determines whether the IUD is an appropriate method for women interested in PPIUD.	If the woman is interested in the PPIUD, observe that the provider:			
	14. Determines that the woman does not have any of the following conditions:			
	– Malignant trophoblastic disease			
	– Cervical, endometrial, or ovarian cancer			
	– Abnormalities of the reproductive tract / uterine fibroids which distort the uterine cavity			
	– Pelvic tuberculosis			
	– Increased personal risk of having gonorrhea or chlamydia infection			
	– AIDS, and not clinically well or on antiretroviral therapy			
	15. If none of the above conditions are present, tells the woman that she is likely eligible to use IUD.			
	16. Proceeds with method-specific counseling for this method. <i>(NOTE: the woman will be reassessed in labor / immediately postpartum and other postpartum criteria will be considered at that time.)</i>			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A ³	Y, N, N/A	COMMENTS
4. Provider gives method-specific information about the IUD.	Observe that the provider:			
	17. Uses visual aids (poster, demonstration IUD) during counseling.			
	18. Discusses key information with the woman:			
	– Effectiveness: prevents almost 100% of pregnancies.			
	– How the IUD prevents pregnancy: causes a chemical change that damages the sperm BEFORE the sperm and egg meet.			
	– How the IUD is used: inserted after delivery and then requires no additional care (ensure that the woman knows it can be inserted at other times as well).			
	– How long the IUD prevents pregnancy: up to 12 years/approved for 10.			
	– How the IUD can be removed at any time by a trained provider and fertility will immediately return.			
19. Provides information about when the woman should come back.				
5. Provider gives information about advantages and limitations of a PPIUD.	Observe that the provider:			
	20. Discusses the following advantages:			
	– Immediate placement after delivery.			
	– No action required by the woman.			
	– Immediate return of fertility upon removal.			
	– Does not affect breastfeeding.			
	– Long-acting and reversible: Can be used to prevent pregnancy for a short time or as long as 10 years.			
	21. Discusses the following limitations:			
	– Heavier and more painful menses, especially first few cycles.			
	– Does not protect against STIs, including HIV/AIDS.			
	– Small risk of perforation.			
	– Higher risk of expulsion when inserted postpartum.			
	22. 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				

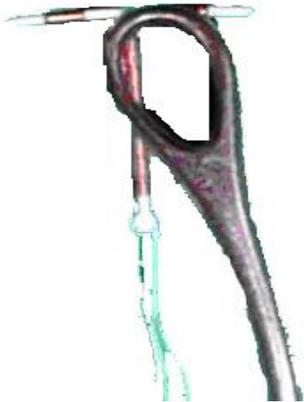
PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A ³	Y, N, N/A	COMMENTS
	well, fever, or chills.			
	– Concerns she might be pregnant.			
	– Concerns the IUD has fallen out.			
6. Provider documents to alert other care providers that the woman has chosen PPIUD.	Observe that the provider:			
	23. Makes a notation of which PFP method has been chosen.			
	24. Documents on ANC card that woman has been counseled and requests PPIUD.			
	25. Instructs the woman to tell the provider in the hospital, when she comes in to deliver, that she wants an IUD after delivery.			
	26. Gives the woman a card that shows that she has consented to postpartum insertion of the IUD.			
7. The provider conducts return visits appropriately.	Observe that the provider:			
	27. Greets the woman politely.			
	28. Identifies the purpose of the visit.			
	29. Ensures privacy and confidentiality.			
	30. Allows the woman to ask questions.			
	31. Asks if she has concerns or problems related to the IUD.			
	32. Inquires about breastfeeding (if applicable).			
	33. Asks woman 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.			
	34. Where possible, performs pelvic examination and documents presence and length of string.			
	35. Trims string, if appropriate or desired by the woman.			
	36. Reminds woman to return if needed and that she can have the IUD removed at any time at her request.			
	37. Documents this and other information from visit in the chart.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A ³	Y, N, N/A	COMMENTS
<p>8. The provider identifies women with problems and manages complications, as necessary.</p> <p>A more detailed discussion of management of side effects and complications is found in <i>Family Planning: A Global Handbook for Providers</i> (World Health Organization & Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, 2007).</p>	Observe that the provider:			
	38. Asks woman if she is experiencing any side effects or problems with the PPIUD.			
	39. If side effects and/or problems are identified, conducts brief assessment and provides initial management (noted in below list) and either manages accordingly or refers for additional treatment:			
	– <i>Heavy vaginal bleeding</i> : provides explanation and reassurance, assesses for anemia, performs pelvic exam, provides nonsteroidal anti-inflammatory drugs (NSAIDs) (ibuprofen 400 mg twice daily for 5 days), provides iron tablets.			
	– <i>Irregular bleeding</i> : provides explanation and reassurance, provides NSAIDs (ibuprofen 400 mg twice daily for 5 days), provides iron tablets.			
	– <i>Low abdominal pain or cramping</i> : assesses for endometritis by palpating abdomen and observing vaginal discharge, provides explanation and reassurance, provides NSAIDs (ibuprofen 400 mg twice daily for 5 days).			
	– <i>Severe lower abdominal pain</i> : assesses for ectopic pregnancy or pelvic infection.			
	– <i>Fever and purulent vaginal discharge</i> : performs pelvic exam, assesses for pelvic infection. (<i>Note: it is not necessary to remove IUD during treatment.</i>)			
	– <i>Suspected pregnancy</i> : performs pelvic exam, assesses for pregnancy.			
	– <i>Suspected expulsion</i> : performs pelvic exam; if IUD is partially expelled, removes and replaces; if IUD not found, asks woman if IUD expelled (offers replacement or another method); if IUD not found and woman unaware of expulsion, considers X-ray or ultrasound.			
	– <i>String problems</i> : if too long, trims strings; if not found, assesses for expulsion. Considers ultrasound to check location of IUD.			
	40. If initial management approaches are not effective, refers woman for additional evaluation and management, as necessary.			
41. Offers to remove the IUD for any woman who requests to have it removed.				

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A ³	Y, N, N/A	COMMENTS
AREA 2: IUD COUNSELING AND CLIENT ASSESSMENT DURING LABOR OR POSTPARTUM PERIOD				
Instructions for the Assessor: Observe provision of service to at least one woman for each of Standards 9, 10, and 11. Observe provision of care to at least two women for Standards 12 and 13.				
9. The provider reconfirms with laboring woman that she has chosen the IUD for PPF.	Observe that the provider:			
	42. Greets patient (and companion, if present) with respect.			
	43. Introduces self to patient (and companion, if present).			
	44. Confirms the patient identifier information (name, date of birth).			
	45. If the woman is in labor, is sensitive to the woman's discomfort and pauses the discussion during contractions / labor pains.			
	46. Determines, using the " Job Aid for Second PPIUD Screening " (USAID & ACCESS-FP, 2010a, p. 61), that the woman meets criteria for postplacental insertion:			
	– Has had FP counseling when not in active labor.			
	– Has indicated consent.			
	– Insertion can occur immediately following delivery.			
47. Determines that the IUD is appropriate for the woman (see Standard 12 below) and that she still desires the IUD.				
10. The provider reconfirms with postpartum woman that she has chosen the IUD for PPF.	Observe that the provider:			
	48. Greets patient (and companion, if present) with respect.			
	49. Introduces self to patient (and companion, if present).			
	50. Confirms the patient identifier information (name, date of birth).			
	51. Determines that the woman meets criteria for postplacental insertion:			
	– Has had FP counseling when not in active labor.			
	– Has indicated consent.			
	52. Determines, using " Job Aid for Second PPIUD Screening " (USAID & ACCESS-FP, 2010a, p. 61), that the IUD is appropriate for the woman (see Standard 12 below) and that she still desires the IUD.			
11. The provider counsels and screens a woman who was not identified during ANC for the PPIUD.	Observe that the provider/counselor:			
	53. Identifies laboring and postpartum women who are interested in the PPIUD.			
	54. If woman is in early labor or postpartum, ensures woman is comfortable and capable of making an informed choice.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A ³	Y, N, N/A	COMMENTS
	55. Performs a brief screening assessment and determines whether the PPIUD is an appropriate method for the woman (see Standard 3).			
	56. Provides method-specific information about PPIUD (see Standards 4 and 5).			
	57. Makes a notation in the hospital record and notifies other care providers that woman has chosen PPIUD insertion.			
	58. Where appropriate for postpartum women or women who have been unable to have postplacental insertion, makes arrangements for immediate PPIUD insertion before discharge.			
12. The provider ensures the IUD is an appropriate postpartum contraceptive method for a laboring / recently postpartum woman.	Observe that the provider:			
	59. Reviews the peripartum period, using the “ Job Aid for Second PPIUD Screening ” (USAID & ACCESS-FP, 2010a, p. 61), to ensure that none of the following medical conditions are present:			
	– Postpartum endometritis/metritis			
	– Puerperal sepsis			
	– More than 18 hours from rupture of membranes to delivery of the baby			
	– Unresolved postpartum hemorrhage			
– Extensive genital trauma where the repair would be disrupted by postpartum placement of the IUD				
13. The provider demonstrates good client-provider interaction.	Observe that the provider:			
	60. Uses the patient’s name as appropriate for the setting.			
	61. Provides the patient an opportunity to ask questions; answers patient’s (and companion’s, if present) questions.			
	62. Maintains privacy and confidentiality for the woman.			
	63. Demonstrates active listening.			
	64. Speaks respectfully and professionally with the patient in clear and simple language.			
65. Ensures that the patient understands the information provided.				

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A ³	Y, N, N/A	COMMENTS
AREA 3: IUD SERVICE PROVISION				
Postplacental or intracesarean IUD insertion				
Instructions for the Assessor: Observe the provision of IUD services to at least two women for each of Standards 14–21. 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 IUD insertion (postplacental, intracesarean, and postpartum). Clinical records should not be more than 6 months old.				
<p>14. The provider completes all <u>pre-insertion tasks</u> for postplacental or intracesarean IUD insertion.</p> <p>Use the “Job Aid for Second PPIUD Screening” (USAID & ACCESS-FP, 2010a, p. 61) to help facilitate this task.</p>	Observe that the provider:			
	66. Ensures that the woman has consented.			
	67. Ensures that the needed supplies and equipment are available in the room:			
	<i>For postplacental insertion:</i>			
	– Long placental forceps for insertion			
	– Ring forceps for grasping the cervix			
	– Retractor or Sims speculum			
	– Gauze pads / cotton balls			
	– Betadine			
	<i>For intracesarean insertion:</i>			
– Ring forceps for inserting the IUD				
68. Opens the IUD onto sterile delivery tray (postplacental) or instrument tray (intracesarean).				

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A ³	Y, N, N/A	COMMENTS
<p>15. The provider correctly inserts IUD within 10 minutes after placental expulsion after a vaginal delivery (instrument insertion).</p> <p><i>NOTE: IUD should be inserted following performance of AMTSL and confirmation that postpartum bleeding is minimal.</i></p> <p>Image: Correct grasping of IUD using forceps</p> 	<p>Observe that the provider:</p>			
	<p>69. After completing active management of the third stage of labor (AMTSL), asks the woman if she is ready for IUD insertion and if she has any questions.</p>			
	<p>70. Performs hand hygiene and puts on high-level disinfection (HLD) or sterile gloves.</p>			
	<p>71. Arranges instruments and supplies on sterile tray or draped area.</p>			
	<p>72. Grasps the IUD with the Kelly placental forceps or a ring forceps. Leaves aside.</p>			
	<p>73. Inspects the perineum, labia, and vaginal walls for lacerations. If lacerations not bleeding heavily, repair, if needed, after inserting IUD.</p>			
	<p>74. Gently visualizes the cervix by depressing the posterior wall of the vagina. (Note: If cervix is not easily seen, apply fundal pressure so that the cervix descends and can be seen.)</p>			
	<p>75. Cleans cervix and vagina with antiseptic solution two times using two gauzes.</p>			
	<p>76. Gently grasps the anterior lip of the cervix with the ring forceps.</p>			
	<p>77. Exerts gentle traction on the anterior lip of the cervix using the ring forceps.</p>			
	<p>78. Inserts IUD into lower uterine cavity. Avoids touching the walls of the vagina with the IUD.</p>			
	<p>79. Stabilizes uterus by elevating the uterus with palm of hand against uterine body.</p>			
	<p>80. Gently moves the IUD upward toward fundus (angle toward umbilicus), following contour of uterine cavity. Takes care not to perforate the uterus.</p>			
	<p>81. Keeps the forceps closed so IUD does not become displaced.</p>			
	<p>82. Confirms that end of placental/ring forceps has reached the fundus.</p>			
	<p>83. Opens the forceps and releases IUD at fundus.</p>			
	<p>84. Sweeps the placental/ring forceps to side wall of uterus.</p>			
<p>85. Slowly removes the forceps from the uterine cavity, keeping them slightly open. Takes particular care not to dislodge the IUD as forceps are removed.</p>				
<p>86. Stabilizes the uterus until the forceps are completely out of the uterus.</p>				

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A ³	Y, N, N/A	COMMENTS
	87. Examines the cervix to ensure there is no bleeding. If IUD is seen protruding from cervix, removes and reinserts.			
	88. Removes all instruments used and places them in 0.5% chlorine solution.			
	89. Allows the woman to rest a few minutes. Supports the initiation of routine postpartum care, including immediate breastfeeding.			
16. The provider correctly inserts IUD during cesarean section.	Observe that the provider:			
	90. Ensures that the woman has had AMTSL as part of a routine cesarean delivery.			
	91. Inspects the uterine cavity for malformation which limits the woman's successful use of the IUD. (e.g., septate uterus, bicornuate uterus, submucosal or distorting intramural fibroids).			
	92. Stabilizes the uterus by grasping it at the fundus.			
	93. Inserts the IUD through the uterine incision and to the fundus of the uterus.			
	94. Releases the IUD at the fundus of the uterus.			
	95. Slowly removes the hand/forceps from the uterus. Takes particular care not to dislodge the IUD as the hand is removed.			
	96. Places the IUD strings in the lower uterine segment near the internal cervical os.			
	97. Takes care not to include IUD strings in repair of uterine incision.			
	98. Does NOT pass the strings through the cervix. (Note: this increases risk of infection and is unnecessary. Strings will spontaneously pass through cervix and into vagina after involution.)			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A ³	Y, N, N/A	COMMENTS
PPIUD insertion				
17. The provider completes all pre-insertion tasks for PPIUD insertion.	Observe that the provider:			
	99. Opens HLD instrument pan or sterile pack/container without touching instruments.			
	100. Prepares the instrument tray with the following instruments/supplies:			
	– Bivalve or Sims speculum			
	– Long placental forceps for insertion of the IUD			
	– Ring forceps for cleaning and grasping the cervix			
	– Gallipot/bowl for antiseptic			
	– Gauze pads			
	– Sterile gloves			
	101. Pours antiseptic solution into a cup.			
102. Opens the IUD onto the sterile instrument tray.				
18. The provider performs a pelvic examination before immediate postpartum insertion of the IUD.	Observe that the provider:			
	103. Explains the nature and purpose of the examination to the patient.			
	104. Ensures that woman has recently emptied her bladder.			
	105. Helps the woman onto the examination table.			
	106. Determines level of uterus and that there is good uterine tone.			
	107. Places a clean drape over the woman's abdomen and underneath her buttocks.			
	108. Performs hand hygiene and puts HLD or sterile gloves on both hands.			
	109. Arranges the instruments and supplies on an HLD or sterile tray or draped area.			
	110. Grasps IUD with Kelly or ring forceps. Leaves aside.			
	111. Inspects external genitalia.			
	112. Gently inserts speculum.			
	113. Maneuvers the speculum to visualize the cervix.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A ³	Y, N, N/A	COMMENTS
19. The provider correctly inserts IUD during the <u>immediate postpartum</u> period.	Observe that the provider:			
	114. If the exam is normal, asks the woman if she is ready for IUD insertion and if she has any questions.			
	115. Cleans cervix and vagina with antiseptic solution two times using two gauzes.			
	116. Gently grasps the anterior lip of the cervix with the ring forceps.			
	117. Exerts gentle traction on anterior lip of the cervix using the ring forceps.			
	118. Inserts the IUD into the lower uterine cavity. Avoids touching walls of vagina.			
	119. Releases the hand that is holding the cervix-holding forceps and moves the hand to the abdomen, placing it on top of the uterine fundus.			
	120. Stabilizes uterus by elevating the uterus with palm of hand against uterine body.			
	121. Gently moves IUD upward toward fundus (angle toward umbilicus), following the contour of uterine cavity. Takes care not to perforate uterus. <i>(Note: Remember that the lower uterine segment may be contracted postpartum and therefore some slight pressure may be necessary to advance the IUD and achieve fundal placement.)</i>			
	122. Keeps the forceps closed so IUD does not become displaced.			
	123. Confirms that the end of the forceps has reached the fundus.			
	124. Opens forceps and releases IUD at the fundus.			
	125. Sweeps placental/ring forceps to side wall of uterus.			
	126. Slowly removes the forceps from the uterine cavity, keeping them slightly open. Takes particular care not to dislodge the IUD as forceps are removed.			
	127. Stabilize uterus until the forceps are completely out of the uterus.			
	128. Examines the cervix to ensure there is no bleeding. If IUD is seen protruding from cervix, removes and reinserts.			
	129. Removes all instruments used and places them in 0.5% chlorine solution.			
130. Allows the woman to rest a few minutes; helps her off the table if necessary.				

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A ³	Y, N, N/A	COMMENTS
For all three types of IUD Insertion (postplacental, intracesarean, and postpartum)				
20. The provider or another staff member correctly carries out postprocedure infection prevention tasks and instrument processing.	Observe if provider and/or ancillary staff member:			
	131. Disposes of waste materials appropriately.			
	132. Submerges speculum and metal instruments in 0.5% chlorine solution for 10 minutes for decontamination.			
	133. Immerses both gloved hands in 0.5% chlorine solution.			
	134. Removes gloves by turning inside out and disposing in designated container.			
	135. Performs hand hygiene after removing gloves.			
21. The provider provides postinsertion instructions to the woman. Note: This needs to be done for cesarean section patients on the 2nd or 3rd day postpartum.	Observe if the provider:			
	136. Notes the type of IUD and date of insertion on the discharge card.			
	137. Reviews IUD side effects and normal postpartum symptoms.			
	138. Tells the woman when to return for IUD / postnatal care / newborn checkup.			
	139. Emphasizes that she should come back at any time she has a concern or experiences warning signs.			
	140. Reviews warning signs for IUD.			
	141. Reviews how to check for expulsion and what to do in case of expulsion.			
	142. Assures woman that IUD will not affect breastfeeding and breast milk.			
	143. Ensures that the woman understands postinsertion instructions.			
	144. Gives written postinsertion instructions, if possible.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A ³	Y, N, N/A	COMMENTS
AREA 4: MANAGEMENT AND RECORD KEEPING				
Instructions for the Assessor: Review the clinical records for the two most recent cases of PPIUD 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 patient's chart.	Determine through two record reviews whether the following information is recorded:			
	145. Date of service			
	146. Type of insertion (postplacental, intracesarean, or postpartum), if IUD is chosen			
	147. Complications, if they occurred			
23. The provider records relevant information about services provided in the register.	148. Follow-up plan			
	Determine through review of the delivery room register and the procedure room register whether the following information is recorded:			
	149. Patient name, age, and parity			
	150. Address			
	151. Delivery and complications			
	152. Method of IUD insertion and timing			
24. The facility has adequate supplies and materials for PFP.	153. Complications of the procedure			
	154. Follow-up plan			
	Instructions for the Assessor: For Standards 24–26, interview the clinic administrator and one service provider, plus review the organization and readiness of the relevant service delivery areas.			
	Determine by interview with provider or clinic administrator that the facility:			
	155. Stocks a full range of available PFP options:			
	– Condoms			
	– IUDs			
	– POPs			
156. Has a number of postpartum insertion kits equal to 50% of the number of women who deliver on a daily basis.				
157. Has long placental forceps packaged separately for postplacental insertion.				
158. Has postpartum information to distribute to patients.				
159. Has IUDs available in the labor ward.				
160. Has IUDs available in the postpartum procedure room.				

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A ³	Y, N, N/A	COMMENTS
25. The provider(s) has (have) the required qualifications.	Determine by interview with provider or clinic administrator that:			
	161. Providers performing PPIUD insertion have been trained in a competency-based training course and meet facility/institutional/regional proficiency and certification standards for delivery of service.			
	162. Providers are midwives, medical doctors, or other health cadre able to perform IUD insertion consistent with national practice standards.			
26. There is an organized, facility-wide system in place to ensure that every postpartum woman is counseled and offered PFP.	Determine by interview with a provider or clinic administrator that:			
	163. Designated postpartum care providers are trained to provide FP counseling.			
	164. The postpartum ward provides an area where counseling can be done in private.			
	165. The postpartum ward has an FP client record system which ensures that all patients receive counseling before discharge.			
	166. The postpartum ward has informational posters or panels on the FP services offered, including interval IUD insertion.			
	167. There is information on clients' rights regarding FP.			
	168. The postpartum ward has an updated flip chart on FP methods.			
	169. The postpartum ward has samples of FP methods for use during counseling.			
	170. The postpartum ward periodically obtains and incorporates client feedback on the services provided.			
	171. The postpartum ward promotes activities to improve the quality of FP services.			

SUMMARY OF ASSESSMENT

AREA	TOTAL NUMBER OF STANDARDS	NUMBER OBSERVED	NUMBER ACHIEVED	PERCENTAGE
AREA 1: Antenatal Assessment and Return Visits	8			
AREA 2: Counseling and Assessment during Labor/Postpartum	5			
AREA 3: IUD Service Provision	8			
AREA 4: Management and Record Keeping	5			
OVERALL	26			

Annex 2. Orientation Workshop on SS for Postpartum Family Planning (PPFP) / PPIUD Insertion

BRIEF DESCRIPTION OF THE ORIENTATION WORKSHOP ON SUPPORTIVE SUPERVISION (SS) FOR PPFP / POSTPARTUM INTRAUTERINE DEVICE (PPIUD) INSERTION

This 3-day workshop is designed to:

1. Equip family planning (FP) program managers, coordinators, and supervisors with the required technical knowledge and skills on PPFP/PPIUD services. The general objective of the workshop is to standardize the knowledge, skills, and attitudes of participants in the provision of safe and effective PPIUD service and prepare them to supervise and scale up PPFP/PPIUD in their respective regions.
2. Provide SS skills to the FP program managers, coordinators, and supervisors as well as PPFP/PPIUD trainers from the candidate center of excellence sites.

COURSE OBJECTIVES

General Objectives

1. Standardize the knowledge, skills, and attitudes of participants in the provision of safe, effective, and high-quality PPIUD service.
2. Prepare the participants to provide SS to trained providers on PPFP/PPIUD.

Specific Objectives

By the end of the workshop, the participants shall be able to:

1. Discuss the importance of healthy spacing (or limiting) of pregnancies and the benefits of PPFP.
2. Explain basic information about the intrauterine device (IUD) (interval and postpartum): its effectiveness, safety, mechanism of action, advantages and limitations, and other general attributes.
3. Discuss the medical eligibility criteria and other client assessment criteria used to determine whether the IUD is a good option for the woman.
4. Explain what is unique about the IUD in the postpartum context.
5. Demonstrate appropriate counseling and assessment of antenatal women for PPFP in general and the PPIUD in particular.
6. Demonstrate appropriate counseling and screening of women in early/inactive labor or the early postpartum period for insertion of the IUD.
7. Demonstrate appropriate infection prevention practices related to IUD service provision.
8. Demonstrate postplacental insertion of the IUD (with forceps).
9. Demonstrate intracesarean insertion of the IUD.
10. Demonstrate early postpartum insertion of the IUD.
11. Demonstrate appropriate postinsertion counseling and care.

Guidelines for Conducting Post-Training and Supportive Supervision Visits to Facilities Offering Postpartum Family Planning and Intrauterine Devices

12. Describe the potential side effects and complications of the PPIUD and how to manage them.
13. Describe the organization and management of a high-quality PPIUD service at their workplace.
14. Develop an action plan and next steps for planning and facilitating startup and for sustaining PPIUD insertion services.
15. Do post-training SS and follow up on trained PPFPP/PPIUD providers.
16. Demonstrate accurate use of recording and reporting tools and simple analysis of PPIUD data.

LEARNING METHODS AND MATERIALS

Training/Learning Methods

- Illustrated lectures and group discussion
- Individual and group exercises
- Role-plays
- Simulated practice with anatomic (pelvic) models
- Guided clinical activities (focusing on counseling, screening, and PPIUD insertion)

Learning Materials

- Reference manual: *Postpartum Intrauterine Contraceptive Device (PPIUD) Services: A Reference Manual for Providers* (USAID & ACCESS-FP, 2010a)
- Performance standards for establishing and managing PPIUD clinical services (included in the manual)
- Learner's guide: *Postpartum Intrauterine Contraceptive Device (PPIUD) Services: Learner's Handbook* (USAID & ACCESS-FP, 2010b)
- PPIUD insertion kit and Copper T 380A IUDs in sterile packages
- Supportive Supervision in Health Care Programme: Reference Manual
- Anatomic models for practicing PPIUD insertion
- Bingo game
- Monitoring and evaluation tools
- *Guidelines for Conducting Post-Training and Supportive Supervision Visits to Postpartum Family Planning and Postpartum IUD Facilities*

EVALUATION

1. Precourse and midcourse knowledge assessments
2. Counseling guide (antenatal and immediately after the childbirth) (see Annex 5)

3. Clinical Skills Checklists for PPIUD services (only on models) (see Annex 6):
 - Postplacental IUD insertion—instrumental technique
 - Intrauterine IUD insertion
 - Early PPIUD Insertion
4. SS Checklist (see Annex 3)

SELECTION CRITERIA FOR SUPERVISORS

1. Center for Health Development representative in charge of monitoring and supervision of FP programs in the region and in hospitals retained by the Department of Health
2. Clinical trainers

TRAINING DESIGN

The training is a 3-day course that focuses on SS specific to PPFPP/PPIUD. Participants will have an opportunity to learn about PPFPP/PPIUD and SS both in the classroom and at PPFPP/PPIUD sites.

Training Agenda/Schedule

DAY 1	DAY 2	DAY 3
Morning 8 a.m.–12 p.m.	Morning 8 a.m.–12 p.m.	Morning 8 a.m.–12:30 p.m.
Opening Welcome Learner expectations Objectives and course materials Precourse knowledge assessment Overview on healthy spacing or limiting of pregnancy Overview on PPFPP	Agenda and warm-up Client assessment for PPIUD Infection prevention for PPIUD services Side effects and complications Visit to the clinical site Follow-up Recording and reporting of PPIUD services	Midcourse assessment SS (see VIII. SS Course Outline) Small group activity on preparations for SS Role-play on the process of performing SS
LUNCH	LUNCH	LUNCH
Afternoon (1 p.m.–5 p.m.)	Afternoon (1 p.m.–5 p.m.)	Afternoon (1:30 p.m.–4:30 p.m.)
Overview of PPIUD	Observation of IUD insertion	Action planning
PPIUD counseling and informed choice		Plenary: Presentation of action plans
Demonstration: insertion techniques		
Learner’s practice: counseling skills	Learner’s practice: counseling skills	Closing remarks
Review of the day	Review of the day	

SS Course Outline

TIME	LEARNING OBJECTIVE	ACTIVITY	METHODOLOGY	RESOURCES
8–9 a.m.	At the end of the session, participants are able to: <ul style="list-style-type: none"> ▪ Discuss the rationale and objectives of SS training ▪ Provide SS 	<ul style="list-style-type: none"> ▪ Supervision Bingo ▪ Quiz game 	Distribute bingo cards. Ask participants to move around the room and get as many signatures as possible to come up with the bingo combination. Ask the participants process questions to help them appreciate the game and identify learning insights. Present an illustrated lecture highlighting SS.	Supervision Bingo card PowerPoint on quiz
9 a.m.–10:30 a.m.	At the end of the session, participants will be able to: <ul style="list-style-type: none"> ▪ Describe the qualities and competencies expected of a supportive supervisor ▪ Discuss the planning process for SS ▪ Enumerate and discuss the steps in conducting SS 	Four Corner Activity	Place prepared flip chart at the four corners of the room and ask participants to move around and write their responses on the flip chart. Summarize by discussing what they have written and with PowerPoint.	Flip chart: <ul style="list-style-type: none"> ▪ Qualities of a Supportive Supervisor ▪ Competencies of a Supportive Supervisor ▪ Steps of SS ▪ Planning a Supervisory Visit PowerPoint
TEA BREAK (10:30 a.m.–10:45 a.m.)				
10:45 a.m.–12:30 p.m.	At the end of the session, participants will be able to demonstrate the process of performing SS.	Role-play	Participants will be divided into groups and practice the process of performing SS. Each group will present to the bigger group; the rest of the participants will observe and give their feedback.	Checklist
LUNCH (12:30 p.m.–1:30 p.m.)				

TIME	LEARNING OBJECTIVE	ACTIVITY	METHODOLOGY	RESOURCES
1:30 p.m.– 3:30 p.m.	At the end of the session, participants will have prepared an action plan on SS.	Group work	Participants will form groups according to their workplace and prepare an action plan in the template provided (see X. Action Plan Template). Each group will then present to the bigger group.	Action Plan Template Flip chart and marker pens
3:30 p.m.– 4:30 p.m.	Closing program, including course evaluation			

SUMMARY OF STEPS FOR PROCESSING INSTRUMENTS AND OTHER ITEMS USED IN PPIUD SERVICES

This summary can also be found as Appendix F in *Postpartum Intrauterine Contraceptive Device (PPIUD) Services: A Reference Manual for Providers* (USAID & ACCESS-FP, 2010a, p. 62). That appendix is in turn adapted from Perkins, J. J. (1983). The central service department. In *Principles and methods of sterilization in health sciences* (2nd ed., pp. 362–414). Springfield, IL: Charles C. Thomas.

Appendix F: Summary of Steps for Processing Instruments and Other Items Used in PPIUD Services⁴⁴

Item	Decontamination	Cleaning	HLD	Sterilization
	First Step in Handling Dirty Instruments; Reduces Risk of Hepatitis B and HIV Transmission	Removes All Visible Blood, Body Fluids and Dirt	Recommended Method of Final Processing; Destroys All Viruses, Bacteria, Parasites, Fungi and Some Endospores	Alternative Method of Final Processing; Destroys All Microorganisms Including Endospores
Examination table top and other large surface areas	Wipe off with 0.5% chlorine solution.	Wash with soap and water if organic material remains after decontamination.	Not necessary	Not necessary
Instruments used for IUD insertion or removal (e.g., speculum, placental/ring forceps, retractor/speculum)	Soak in 0.5% chlorine solution for 10 minutes before cleaning. Rinse or wash immediately. ¹	Using a brush, wash with soap and water. Rinse with clean water. If they will be sterilized, air or towel dry and package.	<ul style="list-style-type: none"> • Steam or boil for 20 minutes. • Chemically high-level disinfect by soaking for 20 minutes. Rinse well with boiled water and air dry before use or storage. 	<ul style="list-style-type: none"> • Dry heat for 1 hour after reaching 170°C (340°F), or • Autoclave at 121°C (250°F) and 106 kPa (15 lb/in²) for 20 minutes (30 minutes, if wrapped).
Storage containers for instruments	Soak in 0.5% chlorine solution for 10 minutes before cleaning. Rinse or wash immediately. ²	Wash with soap and water. Rinse with clean water, air or towel dry.	Boil container and lid for 20 minutes. If container is too large: <ul style="list-style-type: none"> • Fill container with 0.5% chlorine solution and soak for 20 minutes. • Rinse with water that has been boiled for 20 minutes and air dry before use. 	<ul style="list-style-type: none"> • Dry heat for 1 hour after reaching 170°C (340°F), or • Autoclave at 121°C (250°F) and 106 kPa (15 lb/in²) for 20 minutes (30 minutes, if wrapped).

¹If unwrapped, use immediately; if wrapped, may be stored up to 1 week before use.

²Avoid prolonged/excessive exposure to chlorine solution (more than 20 minutes, more than 0.5%) to minimize corrosion of instruments and deterioration of rubber or cloth products.

Action Plan Template

ACTION FOR SUPPORTIVE SUPERVISION ON PFP/PPIUD

OBJECTIVE: To strengthen postpartum family planning / postpartum IUD services through supportive supervision

Activity	Responsibility	Support Required	Completion date

Annex 3. SS Checklist for PPFP/PPIUD Service Provision

To be used during supportive supervision (SS) visits

Name of site/town where postpartum intrauterine device (PPIUD) services are being provided: _____

Date of visit: _____

Names of SS team members: _____

STANDARD NUMBER	PERFORMANCE STANDARD	FINDINGS			
		KEY VERIFICATION CRITERIA CHECKED	Y/N	COMMENTS	TA PROVIDED AND FUTURE ACTIONS TO BE TAKEN
Counseling Standards					
1.	Presence of trained counselor	There is a trained counselor.			
2.	Counseling during antenatal period	Facility has appropriate space for counseling antenatal women.			
		Provider uses recommended counseling skills.			
		Provider supplies information on PPFP during ANC, using counseling kit, flip chart, samples of contraceptives, and brochures. Provider tells client about all relevant methods.			
3.	Counseling during early labor and PP period	Provider reconfirms with the woman in early labor that she still wants the PPIUD after delivery.			
		Provider reconfirms with the woman in PP period that she still wants the PPIUD.			
		Provider assesses that PPIUD is still an appropriate method for the woman in early labor/ PP period within 48 hrs.			
		Provider demonstrates good client-provider interaction and ensures client's rights.			

STANDARD NUMBER	PERFORMANCE STANDARD	FINDINGS			
		KEY VERIFICATION CRITERIA CHECKED	Y/N	COMMENTS	TA PROVIDED AND FUTURE ACTIONS TO BE TAKEN
4.	Counseling during follow-up visit	Provider inquires about client's experience with the method.			
		Provider addresses problems and concerns, if present, and reviews the key instructions.			
Service Provision Standards					
5.	Service Provision for PPIUD—postplacental or intracesarean insertion	Provider completes all pre-insertion tasks for postplacental or intracesarean IUD insertion.			
		Provider inserts IUD, ensuring fundal placement within 10 mins of placental expulsion.			
		Provider inserts IUD during CS, ensuring fundal placement.			
6.	Service Provision for PPIUD—PP insertion within 48 hrs	Provider completes pre-insertion tasks for PPIUD insertion: assessing size of uterus, performing hand hygiene, using PPE, assessing bleeding, and examining external genitalia, perineum, and vagina. Provider inserts IUD during the PP period (within 48 hrs), ensuring fundal placement.			
7.	Postinsertion tasks	Provider follows IP practices of no-touch technique and instrument processing.			
		Provider ensures decontamination of used instruments.			
		Provider gives postinsertion instructions to the woman and plans the date for first follow-up.			
8.	Client follow-up	There is a system of telephone reminders for weeks 1–6.			

STANDARD NUMBER	PERFORMANCE STANDARD	FINDINGS			
		KEY VERIFICATION CRITERIA CHECKED	Y/N	COMMENTS	TA PROVIDED AND FUTURE ACTIONS TO BE TAKEN
		Provider assesses client's experience with the procedure.			
		Provider addresses problems/complications of the procedure.			
9.	Record keeping	Details of PPIUD service provided entered in logbooks and registers.			
		A PPIUD register is maintained in the facility.			
10.	Supplies/equipment	PPIUD insertion forceps kept in labor room.			
		IUDs available in labor room and operating room.			
		PPE (apron, mask, cap gloves, shoe covers)			
		Functional boiler/autoclave present and in use			
11.	IEC material	PPIUD posters displayed in the ANC clinic, corridors, and ANC and postnatal care wards for easy visibility.			
		Facility has counseling kit and flip chart.			
		Facility has PPIUD pamphlets.			

Abbreviations: ANC = antenatal care; CS = cesarean section; IEC = information, education, and communication; IP = infection prevention; PP = postpartum; PPE = personal protective equipment; PPF = postpartum family planning; TA = technical assistance.

Names of trained doctors/nurses/midwives who have not started insertions, with the reason

STANDARD NUMBER	NAME OF HEALTH PROVIDER	REASON FOR NOT PROVIDING PPIUD SERVICES	ACTION PLANNED

Annex 4. SS PPIUD Service Provision Tracking Sheet

JANUARY–MARCH 2014													
NAME OF THE FACILITY	AVERAGE NO. OF DELIVERIES PER MONTH	NO. OF PEOPLE COUNSELED ON PPFP	NO. OF DOCTORS TRAINED	NO. OF DOCTORS PRACTICING	NO. OF NURSES/MIDWIVES TRAINED	NO. OF NURSES/MIDWIVES PRACTICING	AVAILABILITY OF SERVICE 24 HRS (Y/N)	NO. OF PPIUD INSERTION FORCEPS	INSERTION REGISTER IN LR/OT (Y/N)	FOLLOW-UP REGISTER (Y/N)	ANY RECORDED COMPLICATIONS (Y/N)	MONTHLY REPORTING FORMAT	TIME PERIOD

Abbreviations: LR = labor room; OT = operating theater; PPFP = postpartum family planning; PPIUD = postpartum intrauterine device.

Annex 5. Guide and Checklist for PFP/PPIUD Counseling

Scoring

Place a “✓” in “Assessment” column if task/activity is performed **satisfactorily**, an “✗” if it is **not** performed **satisfactorily**, or **N/O** if it is not observed. Provide comments to the provider to allow the provider to improve his or 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 provider during evaluation by supervisor

Based on the GATHER (greet, ask, tell, help, evaluate/explain, return) Technique, this guide provides a “framework” for counseling—both in general and specific to women interested in a postpartum intrauterine device (PPIUD). When the provider is ready for a counseling skills assessment, use this checklist as an assessment tool. Ensure that the provider satisfactorily addresses all of the elements noted and mark the provider’s achievement in the “Assessment” column.

Provider: _____ Date Observed: _____

COUNSELING ON PPIUD SERVICES			
ITEM	STEP/TASK	COMMENTS	ASSESSMENT
GREET—Establish good rapport and initiate counseling on postpartum family planning (PFP).			
1. Establishes a supportive, trusting relationship.	I Greets the woman, using her name and introducing self.		
	I Shows respect for the woman and helps her feel at ease.		
2. Allows the woman to talk and listens to her.	I Encourages the woman to explain her needs and concerns and ask questions.		
	I Listens carefully and supports the woman’s informed decisions.		
3. Engages woman’s family members.	I Includes woman’s partner or important family member in the discussion, as the woman desires and with her consent.		
ASK—Determine reproductive intentions, knowledge of pregnancy risk, and use of various contraceptives.			
4. Determines any previous experiences with family planning (FP).	I Explores woman’s knowledge about the return of fertility and the benefits of pregnancy spacing or limiting (as desired).		
	I Asks whether she has had prior experience with FP methods, any problems, reasons for discontinuing, etc.		
5. Assesses partner/family attitudes about FP.	I Explores partner’s/family’s knowledge about the return of fertility and the benefits of pregnancy spacing/limiting.		

COUNSELING ON PPIUD SERVICES			
ITEM	STEP/TASK	COMMENTS	ASSESSMENT
6. Assesses reproductive intentions.	I Asks about desired number of children, desire to space or limit births, desire for long-term FP, etc.		
7. Assesses need for protection against sexually transmitted infections (STIs).	I Explores woman's need for protection from STIs, including HIV.		
	I Explains and supports condom use as a method of dual protection.		
8. Determines interest in a particular FP method.	I Asks whether she has a preference for a specific method, based on prior knowledge or the information provided.		
TELL—Provide the woman with information about PPFM methods.			
9. Provides general information about benefits of healthy pregnancy spacing (or limiting, if desired).	I Advises that to ensure her health and the health of her baby (and family), she should wait at least 2 years after this birth before trying to get pregnant again.		
	I Advises about the return of fertility postpartum and the risk of pregnancy. Advises how lactational amenorrhea method (LAM) and breastfeeding are different.		
	I Advises about the health, social, and economic benefits of healthy pregnancy spacing (or limiting, if desired).		
10. Provides information about PPFM methods.	I Based on availability and on woman's prior knowledge and interest, briefly explains the advantages, limitations, and use of the following methods:		
	– LAM		
	– Condoms		
	– Progestin-only pills, combined oral contraceptives		
	– DMPA (injections)		
	– PPIUD		
	– No-scalpel vasectomy (male sterilization)		
	– Postpartum tubal ligation (female sterilization)		
	I Shows the methods (using poster or wall chart) and allows the woman to touch or feel the items, including the intrauterine device (IUD), using a contraceptive tray.		
I Corrects any misconceptions about FP methods.			

COUNSELING ON PPIUD SERVICES			
ITEM	STEP/TASK	COMMENTS	ASSESSMENT
HELP—Assist the woman in making a choice; give her additional information that she might need to make a decision.			
11. Helps the woman to choose a method.	I Gives woman additional information that she may need and answers any questions.		
	I Assesses her knowledge about the selected method; provides additional information as needed.		
12. Supports the woman's choice.	I Acknowledges the woman's choice and advises her on the steps involved in providing her with her chosen method.		
EVALUATE and EXPLAIN—Determine whether she can safely use the method, provide key information about how to use the method (focus on PPIUD, if she desires).			
13. Evaluates the woman's health and determines if she can safely use the method.	I Asks the woman about her medical and reproductive history.		
14. Provides key information about the PPIUD with the woman:	I Effectiveness: Prevents almost 100% of pregnancies		
	I Mechanism for preventing pregnancy: Causes a chemical change that damages the sperm before the sperm and egg meet		
	I Duration of IUD efficacy: Can be used as long (or briefly) as woman desires, as long as 10 years (for the Copper T 380A)		
	I Removal: Can be removed at any time by a trained provider, with immediate return to fertility		
15. Discusses advantages of the PPIUD:	I Simple and convenient IUD placement, especially immediately after delivery of the placenta		
	I No action required by the woman after IUD placement (although one routine follow-up visit is recommended)		
	I Immediate return of fertility upon removal		
	I Does not affect breastfeeding or breast milk		
	I Long-acting and reversible (as described above)		
16. Discusses limitations of the PPIUD:	I Heavier and more painful menses for some women, especially first few cycles after interval IUD (less relevant or noticeable to postpartum women)		
	I Does not protect against STIs, including HIV		
	I Higher risk of expulsion when inserted postpartum (though less with immediate postpartum insertion)		

COUNSELING ON PPIUD SERVICES			
ITEM	STEP/TASK	COMMENTS	ASSESSMENT
17. Discusses warning signs; explains that she should return to the clinic as soon as possible if any arise.	I Bleeding or foul-smelling vaginal discharge (different from the usual lochia)		
	I Lower abdominal pain, especially in the first 20 days after insertion—accompanied by not feeling well, fever, or chills		
	I Concerns she might be pregnant		
	I Concerns the IUD has fallen out		
18. Confirms that the woman understands instructions.	I Encourages the woman to ask questions.		
	I Asks the woman to repeat key pieces of information.		
RETURN—Plan for next steps and for when she will arrive to hospital for delivery.			
19. Plans for next steps. (Note: In this counseling guide, “return” refers to a subsequent visit after an initial PPFPP/PPIUD counseling session, but before birth and IUD insertion. “Return,” as a part of postinsertion counseling, is addressed in the insertion checklists in Annex 6.)	I Makes notation in the woman’s medical record about her PPFPP choice or which methods interest her.		
	I If the woman cannot arrive at a decision at this visit, asks her to plan for a follow-up discussion at her next visit; advises her to bring partner / family member with her.		
	I Provides information about when the woman should come back, as appropriate.		

Annex 6. Clinical Skills Checklists

Postplacental (*Instrumental*) Insertion of the intrauterine device (IUD) (Copper T 380A) (To Be Used by Providers and Supervisors)

Providers: Study this tool together with the appropriate chapter in *Postpartum Intrauterine Contraceptive Device (PPIUD) Services: A Reference Manual for Providers* (USAID & ACCESS-FP, 2010a) to learn about and practice the correct steps needed to provide this clinical service. 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.

Supervisors: Use this tool when the provider is ready for assessment of competency in this clinical skill. Place a “✓” in case column if task/activity is performed **satisfactorily**, an “✗” 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 provider during evaluation by supervisor

Provider: _____ Date Observed: _____

CHECKLIST FOR POSTPLACENTAL (<i>INSTRUMENTAL</i>) INSERTION OF THE IUD	
STEP/TASK	CASE
Tasks to Perform upon Presentation (done prior to managing active labor and vaginal delivery)	
1. Reviews the woman’s record to ensure that she has chosen the IUD.	
2. Checks that she has been appropriately counseled and screened for PPIUD insertion. (Note: If she has not and she is comfortable and in early/inactive labor, provides that service following the next step.)	
3. Greets the woman with kindness and respect.	
4. Confirms that woman still wants IUD.	
5. Explains that the IUD will be inserted following delivery of baby and placenta. Answers any questions she might have.	
Tasks to Perform after Presentation but prior to Insertion	
6. Confirms that correct sterile instruments, supplies, and light source are available for immediate postplacental (instrumental) insertion; obtains PPIUD kit/tray.	
7. Confirms that IUDs are available on labor ward; obtains a sterile IUD, keeping the package sealed until immediately prior to insertion.	
8. Manages labor and delivery (including using a partograph and performing active management of third stage of labor [AMTSL]) and performs second screening to confirm that there are no delivery-related conditions that preclude insertion of IUD now: <ul style="list-style-type: none"> - Rupture of membranes for greater than 18 hours - Chorioamnionitis - Unresolved postpartum hemorrhage 	

CHECKLIST FOR POSTPLACENTAL (INSTRUMENTAL) INSERTION OF THE IUD	
STEP/TASK	CASE
9. If any of these conditions exists, speaks with the woman, explains that this is not a safe time for insertion of the IUD, and offers re-evaluation for an IUD at 6 weeks postpartum. Counsels her and offers her another method for postpartum family planning (PPFP) (at least for temporary use).	
10. If insertion is performed by same provider who assisted birth, keeps on same pair of high-level disinfected (HLD) or sterile gloves for insertion, provided they are not contaminated. OR If insertion is performed by a provider different from the one who assisted birth, ensures that AMTSL has been completed, then performs hand hygiene and puts on HLD or sterile gloves.	
11. Inspects perineum, labia, and vaginal walls for lacerations. If there are lacerations that are bleeding, applies clamp to the bleeding area to stop the bleeding and proceeds with IUD insertion. (Repairs lacerations, if needed, after inserting IUD.)	
Insertion of the IUD	
12. Confirms that the woman is ready to have the IUD inserted. Answers any questions she might have and provides reassurance if needed.	
13. Has the PPIUD kit/tray opened and arranges insertion instruments and supplies in the sterile field. Ensures that IUD in sterile package is kept to the side of sterile draped area. Places a dry, sterile cloth on the woman's abdomen.	
14. Gently inserts Sims speculum and visualizes cervix by depressing the posterior wall of vagina.	
15. Cleans cervix and vagina with antiseptic solution, two times using a separate swab each time.	
16. Gently grasps anterior lip of the cervix with the ring forceps. (Speculum may be removed at this time, if necessary.) Leaves forceps aside, still attached to cervix.	
17. Opens sterile package of IUD from bottom by pulling back plastic cover approximately one-third of the way.	
18. With non-dominant hand still holding the IUD package (stabilizing IUD through the package), uses dominant hand to remove plunger rod, inserter tube, and card from package.	
19. With dominant hand, uses placental forceps to grasp IUD inside sterile package. Holds IUD by the edge, careful not to entangle strings in the forceps.	
20. Gently lifts anterior lip of cervix using ring forceps.	
21. Gently inserts and slowly advances IUD (this step overlaps with Step 22): <ul style="list-style-type: none"> - While avoiding touching walls of the vagina, inserts placental forceps—which are holding the IUD—through cervix into lower uterine cavity. - Gently moves IUD further into uterus toward point where slight resistance is felt against back wall of lower segment of uterus. - Keeping placental forceps firmly closed, lowers ring forceps and gently removes them from cervix; leaves them on sterile towel. 	

CHECKLIST FOR POSTPLACENTAL (INSTRUMENTAL) INSERTION OF THE IUD	
STEP/TASK	CASE
22. “Elevates” the uterus (this step overlaps with Steps 21 and 23): <ul style="list-style-type: none"> – Places base of non-dominant hand on lower part of uterus (midline, just above pubic bone with fingers toward fundus), and – Gently pushes uterus upward in abdomen to extend lower uterine segment. 	
23. Passes IUD through vagino-uterine angle (this step overlaps with Step 22): <ul style="list-style-type: none"> – Keeping forceps closed, gently moves IUD upward toward uterine fundus, in an angle toward umbilicus. – Lowers the dominant hand (hand holding placental forceps) down, to enable forceps to easily pass vagino-uterine angle and follow contour of uterine cavity. Takes care not to perforate uterus. 	
24. Continues gently advancing forceps until uterine fundus is reached, when provider feels a resistance. By feeling the uterus through the abdominal wall, confirms with the non-dominant hand that the IUD has reached the fundus.	
25. While continuing to stabilize the uterus, opens forceps, tilting them slightly toward midline to release IUD at fundus.	
26. Keeping forceps slightly open, slowly removes them from uterine cavity by sweeping forceps to the side wall of uterus and sliding instrument along side wall of uterus. Takes particular care not to dislodge IUD or catch IUD strings as forceps are removed.	
27. Keeps stabilizing uterus until forceps are completely withdrawn. 28. Places forceps aside on sterile towel.	
29. Examines cervix to see if any portion of IUD or strings are visible or protruding from cervix. If IUD or strings are seen protruding from cervix, removes IUD using same forceps used for first insertion; positions same IUD in forceps inside sterile package and reinserts.	
30. Repairs any lacerations (episiotomy) as necessary.	
31. Removes all instruments used and places them open in 0.5% chlorine solution so they are totally submerged.	
Postinsertion Tasks	
32. Allows the woman to rest a few minutes. Supports the initiation of routine postpartum care, including immediate breastfeeding.	
33. Disposes of waste materials appropriately.	
34. Immerses both gloved hands in 0.5% chlorine solution. Removes gloves by turning them inside out and disposing of them.	
35. Performs hand hygiene.	
36. Tells woman that IUD has been successfully placed; reassures her and answers any questions she may have. Advises her that instructions will be reviewed prior to discharge, and provides the following instructions for now: <ul style="list-style-type: none"> – Reviews IUD side effects and normal postpartum symptoms – Tells woman when to return for PPIUD / postpartum and newborn checkup(s) – Emphasizes that she should come back any time she has a concern or experiences warning signs 	

CHECKLIST FOR <i>POSTPLACENTAL (INSTRUMENTAL) INSERTION OF THE IUD</i>	
STEP/TASK	CASE
<ul style="list-style-type: none"> - Reviews warning signs for IUD (PAINS)⁴ - Reviews how to check for expulsion and what to do in case of expulsion - Ensures that the woman understands postinsertion instructions - Gives written postinsertion instructions, if possible - Provides card showing type of IUD and date of insertion 	
37. Records information in the woman's chart or record. Attaches IUD cards (which woman will be given at discharge) to woman's record.	
38. Records information in the appropriate register(s).	

SUPERVISOR CERTIFICATION With Models

With Clients

Skill performed competently: q Yes q No

q Yes q No

Signed: _____ Date: _____

⁴The acronym PAINS may be helpful in remembering IUD warning signs. Each letter stands for a sign or symptom indicating a need for urgent care: **P**eriod is late, or you have abnormal spotting or severe bleeding; **A**bdominal pain, severe cramping or abdominal pain with sexual intercourse; **I**nfection with or exposure to a STI or symptoms of a pelvic infection, such as abnormal vaginal discharge; **N**ot feeling well or having a fever of 100.4°F (38°C) or higher; **S**trings from IUD are missing or are longer or shorter than normal.

Postplacental (*Manual*) Insertion of the IUD (Copper T 380A) (To Be Used by Providers and Supervisors)

Providers: Study this tool to learn about and practice the correct steps needed to provide this clinical service. 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.

Supervisors: Use this tool when the provider is ready for assessment of competency in this clinical skill. Place a “✓” in case column if task/activity is performed **satisfactorily**, an “✗” if it is **not** performed **satisfactorily**, **N/D** if not done, 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 Done: Step, task, or skill not performed by provider during evaluation by supervisor

Not Observed: Step, task, or skill not observed by supervisor during evaluation of provider

Provider: _____ Date Observed: _____

CHECKLIST FOR POSTPLACENTAL (MANUAL) INSERTION OF THE IUD	
STEP/TASK	CASE
Tasks to Perform upon Presentation (done prior to managing active labor and vaginal delivery)	
1. Reviews woman’s record to ensure that she has chosen the IUD.	
2. Checks that she has been appropriately counseled and screened for PPIUD insertion. (If she has not and she is comfortable and in early/inactive labor, provides that service following the next step.)	
3. Greets the woman with kindness and respect.	
4. Confirms that the woman still wants IUD.	
5. Explains that the IUD will be inserted following delivery of the baby and the placenta. Briefly describes procedure. Answers any question the woman might have.	
Tasks to Perform after Presentation but prior to Insertion	
6. Confirms that correct sterile instruments, supplies, and light source are available for immediate postplacental (manual) insertion; obtains PPIUD kit/tray.	
7. Confirms that IUDs are available on labor ward; obtains a sterile IUD, keeping the package sealed until immediately prior to insertion.	
8. Manages labor and delivery (including using a partograph and performing AMTSL) and performs second screening to confirm that there are no delivery-related conditions that preclude insertion of IUD now: <ul style="list-style-type: none"> – Rupture of membranes for greater than 18 hours – Chorioamnionitis – Unresolved postpartum hemorrhage 	
9. If any of these conditions exists, speaks with the woman, explains that this is not a safe time for insertion of the IUD, and offers re- evaluation for an IUD at 6 weeks postpartum. Counsels her and offers her another method for PFP (at least for temporary use).	

CHECKLIST FOR <i>POSTPLACENTAL (MANUAL) INSERTION OF THE IUD</i>	
STEP/TASK	CASE
<p>10. (Note: Elbow-length gloves are needed for manual insertion.) If insertion is performed by same provider who assisted birth, keeps on same pair of HLD or sterile gloves for insertion, provided they are not contaminated. OR If insertion is performed by provider different from the one who assisted birth, ensures that AMTSL has been completed, then performs hand hygiene and puts on new HLD or sterile gloves.</p>	
<p>11. Inspects perineum, labia, and vaginal walls for lacerations. If there are lacerations that are bleeding, applies clamp to the bleeding area to stop the bleeding and proceeds with IUD insertion. (Repairs lacerations, if needed, after inserting IUD.)</p>	
Insertion of the IUD	
<p>12. Confirms that the woman is ready to have the IUD inserted. Answers any questions she might have and provides reassurance if needed.</p>	
<p>13. Has the PPIUD kit/tray opened and arranges insertion instruments and supplies in the sterile field. Ensures that IUD in sterile package is kept to the side of sterile draped area. Places a dry, sterile cloth on the woman's abdomen.</p>	
<p>14. Gently visualizes the cervix by depressing the posterior wall of the vagina. (Note: If cervix is not easily seen, applies fundal pressure so that the cervix descends and can be seen.)</p>	
<p>15. Cleans cervix and vagina with antiseptic solution two times using a separate swab each time.</p>	
<p>16. Opens sterile package of IUD from bottom by pulling back plastic cover approximately one-third of the way.</p>	
<p>17. With non-dominant hand still holding the IUD package (stabilizing IUD through the package), uses dominant hand to remove plunger rod, inserter tube and card from package.</p>	
<p>18. With dominant hand, grasps and then holds the IUD at end of fingers, by gripping the vertical rod between the index and middle fingers.</p>	
<p>19. Stabilizes the uterus (this step overlaps with Step 20): Moves the non-dominant hand up onto the abdomen. Stabilizes the uterus with firm downward pressure through the abdominal wall. (Note: This prevents the uterus from moving upward in the abdomen as the hand holding the IUD is inserted.)</p>	
<p>20. Gently inserts and slowly advances the IUD (this step overlaps with Step 19):</p> <ul style="list-style-type: none"> - Gently inserts the dominant hand into the vagina and through the cervix. Avoids touching the walls of the vagina with the IUD. - Slowly moves the dominant hand in an upward motion toward the fundus (in an angle toward the umbilicus), taking care to follow the contour of the uterine cavity and taking extra care not to perforate the uterus. 	
<p>21. By feeling the uterus through the abdominal wall, confirms with the non-dominant hand that the dominant hand has reached the fundus.</p>	
<p>22. Releases the IUD at the fundus and slowly removes the hand from the uterus. Takes particular care not to dislodge the IUD as the hand is removed.</p>	

CHECKLIST FOR <i>POSTPLACENTAL (MANUAL) INSERTION OF THE IUD</i>	
STEP/TASK	CASE
23. Keeps abdominal hand on the fundus to stabilize the uterus until the other hand is completely out of the uterus.	
24. Examines cervix to see if any portion of IUD or strings are visible or protruding from cervix. If IUD or strings are seen protruding from cervix, removes and reinserts IUD.	
25. Repairs any lacerations (episiotomy) as needed.	
26. Places all instruments used in 0.5% chlorine solution so they are totally submerged.	
Postinsertion Tasks	
27. Allows the woman to rest a few minutes. Supports the initiation of routine postpartum care, including immediate breastfeeding.	
28. Disposes of waste materials appropriately.	
29. Immerses both gloved hands in 0.5% chlorine solution. Removes gloves by turning them inside out and disposing of them.	
30. Performs hand hygiene.	
31. Tells woman that IUD has been successfully placed; reassures her and answers any questions she may have. Advises her that instructions will be reviewed prior to discharge and provides the following instructions for now: <ul style="list-style-type: none"> - Reviews IUD side effects and normal postpartum symptoms - Tells woman when to return for PPIUD / postpartum and newborn checkup(s) - Emphasizes that she should come back any time she has a concern or experiences warning signs - Reviews warning signs for IUD (PAINS) - Reviews how to check for expulsion and what to do in case of expulsion - Ensures that the woman understands postinsertion instructions - Gives written postinsertion instructions, if possible - Provides card showing type of IUD and date of insertion 	
32. Records information in the woman's chart or record. Attaches IUD card (which woman will be given at discharge) to woman's record.	
33. Records information in the appropriate register(s).	

SUPERVISOR CERTIFICATION With Models

With Clients

Skill performed competently: q Yes q No

q Yes q No

Signed: _____ Date: _____

Intrauterine Insertion of the IUD (Copper T 380A) (To Be Used by Providers and Supervisors)

Providers: Study this tool together with the appropriate chapter in *Postpartum Intrauterine Contraceptive Device (PPIUD) Services: A Reference Manual for Providers* (USAID & ACCESS-FP, 2010a) to learn about and practice the correct steps needed to provide this clinical service. 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.

Supervisors: Use this tool when the provider is ready for assessment of competency in this clinical skill. Place a “✓” in case column if task/activity is performed **satisfactorily**, an “✗” 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 provider during evaluation by supervisor

Provider: _____ Date Observed: _____

CHECKLIST FOR INTRACESAREAN INSERTION OF THE IUD	
STEP/TASK	CASE
Tasks to Perform upon Presentation (done prior to performing cesarean section)	
1. Reviews the woman’s record to ensure that she has chosen the IUD.	
2. Checks that she has been appropriately counseled and screened for PPIUD insertion. (If she has not and she is comfortable and in early/inactive labor, provides that service following the next step.)	
3. Greets the woman with kindness and respect.	
4. Confirms that the woman still wants IUD.	
5. Explains that the IUD will be inserted following delivery of the baby and the placenta. Briefly describes procedure. Answers any question the woman might have.	
Tasks to Perform after Presentation but prior to Insertion	
Note: For intrauterine insertion, the IUD is inserted manually through the uterine incision. This takes place after birth of baby, delivery of placenta, and second screening, but prior to repair of uterine incision.	
6. Confirms that correct sterile instruments, supplies, and light source are available for intrauterine insertion; obtains PPIUD kit/tray.	
7. Confirms that IUDs are available; obtains a sterile IUD, keeping the package sealed until immediately prior to insertion.	
8. Delivers baby and placenta via cesarean section and performs second screening to confirm that there are no delivery-related conditions that preclude insertion of IUD now: <ul style="list-style-type: none"> – Rupture of membranes for greater than 18 hours – Chorioamnionitis – Unresolved postpartum hemorrhage 	
9. If any of these conditions exists, speaks with the woman, explains that this is not a safe time for insertion of the IUD and offers re-evaluation for an IUD at 6 weeks postpartum. Counsels her and offers her another method for PPF (at least for temporary use).	

CHECKLIST FOR INTRACESAREAN INSERTION OF THE IUD	
STEP/TASK	CASE
10. Inspects uterine cavity for malformations, which could preclude use of IUD.	
Insertion of the IUD	
11. Has the PPIUD kit/tray opened and arranges insertion instruments and supplies in a sterile field. Ensures that IUD in sterile package is kept to the side of sterile draped area.	
12. Opens sterile package of IUD from bottom by pulling back plastic cover approximately one-third of the way.	
13. With non-dominant hand, holds IUD package (stabilizing IUD through the package); with dominant hand, removes plunger rod, inserter tube, and card from package.	
14. With dominant hand, grasps and then holds the IUD at end of fingers, by gripping the vertical rod between the index and middle fingers. (Alternatively, uses forceps to hold the IUD. Holds IUD by the edge, careful not to entangle strings in the forceps.)	
15. Stabilizes uterus by grasping it at fundus, through abdomen, with non-dominant hand.	
16. With dominant hand, inserts IUD through uterine incision and moves to fundus of uterus.	
17. Releases IUD at fundus of uterus.	
18. Slowly removes hand from uterus. Takes particular care not to dislodge IUD as hand is removed.	
19. Points IUD strings toward lower uterine segment, but does not push them through the cervical canal or pull the IUD from its fundal position.	
20. Closes the uterine incision, taking care not to incorporate IUD strings into the suture.	
Postinsertion Tasks	
21. Disposes of waste materials appropriately.	
22. Immerses both gloved hands in 0.5% chlorine solution. Removes gloves by turning them inside out and disposing of them.	
23. Performs hand hygiene.	
24. Records information in the woman's chart or record. Attaches IUD card (which women will be given at discharge) to woman's record.	
25. Records information in the appropriate register(s).	
26. Ensures that woman will receive postinsertion instructions on postoperative Day 2 or 3. The discharge provider should: <ul style="list-style-type: none"> - Review IUD side effects and normal postpartum symptoms - Tell woman when to return for IUD / postpartum and newborn checkup(s) - Emphasize that she should come back any time she has a concern or experiences warning signs - Review warning signs for IUD (PAINS) - Review how to check for expulsion and what to do in case of expulsion - Ensure that woman understands postinsertion instructions - Give written postinsertion instructions, if possible - Provide card showing type of IUD and date of insertion 	

SUPERVISOR CERTIFICATION With Models

With Clients

Skill performed competently: q Yes q No

q Yes q No

Signed: _____ Date: _____

Early Postpartum Insertion of the IUD (Copper T 380A) (To Be Used by Providers and Supervisors)

Providers: Study this tool together with the appropriate chapter in *Postpartum Intrauterine Contraceptive Device (PPIUD) Services: A Reference Manual for Providers* (USAID & ACCESS-FP, 2010a) to learn about and practice the correct steps needed to provide this clinical service. 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.

Supervisors: Use this tool when the provider is ready for assessment of competency in this clinical skill. Place a “✓” in case column if task/activity is performed **satisfactorily**, an “✗” 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 provider during evaluation by supervisor

Provider: _____ Date Observed: _____

CHECKLIST FOR EARLY POSTPARTUM INSERTION OF THE IUD	
STEP/TASK	CASE
Tasks to Perform in Postpartum Ward (prior to procedure)	
1. Reviews the woman’s record to ensure that she has chosen the IUD.	
2. Ensures that she has been appropriately counseled and screened for PPIUD insertion.	
3. Greets the woman with kindness and respect.	
4. If she has not been counseled and assessed for PPIUD, provides that service now.	
5. Confirms that the woman still wants IUD.	
6. Briefly describes procedure. Answers any question the woman might have.	
7. Confirms that correct sterile instruments, supplies, and light source are available for early postpartum insertion; obtains PPIUD kit/tray.	
8. Confirms that IUDs are available on labor ward; obtains a sterile IUD, keeping the package sealed until immediately prior to insertion.	
Pre-Insertion Tasks (in procedure room)	
Note: For early postpartum insertion, the procedure is very similar to postplacental (instrumental) insertion. There are some differences, however, especially due to the postpartum changes that are already occurring in the woman’s body. For example, depending on how much uterine involution has taken place, the provider may consider using a regular ring forceps for insertion, as they may be long enough to reach the fundus.	
9. Confirms that there are no delivery-related conditions that preclude insertion of IUD now: <ul style="list-style-type: none"> – Rupture of membranes for greater than 18 hours – Chorioamnionitis – Puerperal sepsis – Continued excessive postpartum bleeding – Genital trauma so severe that repairs would be disrupted by postpartum placement of an IUD (confirmed by inspection of genitalia, Step 15) 	

CHECKLIST FOR EARLY POSTPARTUM INSERTION OF THE IUD	
STEP/TASK	CASE
10. If any of these conditions exists, speaks with the woman, explains that this is not a safe time for insertion of the IUD and offers re-evaluation for an IUD at 6 weeks postpartum. Counsels her and offers her another method for PFPF (at least for temporary use).	
11. Ensures that woman has recently emptied her bladder.	
12. Helps the woman onto table. Drapes her lower abdominal/pelvic area.	
13. Determines level/length of uterus and confirms that there is good uterine tone.	
14. Performs hand hygiene and puts HLD or sterile surgical gloves on both hands.	
15. Inspects genitalia for trauma/repairs.	
Insertion of the IUD	
16. Confirms that the woman is ready to have the IUD inserted. Answers any questions she might have and provides reassurance if needed.	
17. Has the PPIUD kit/tray opened and arranges insertion instruments and supplies in the sterile field. Ensures that IUD in sterile package is kept to the side of sterile draped area. Places a dry, sterile cloth on the woman's abdomen.	
18. Gently inserts Sims speculum and visualizes cervix by depressing the posterior wall of vagina.	
19. Cleans cervix and vagina with antiseptic solution two times using a separate swab each time.	
20. Gently grasps anterior lip of the cervix with the ring forceps. (Note: Slightly more pressure may be needed to close forceps than with postplacental insertion because cervix has become firmer and begun to resume its prepregnancy state.) (Speculum may be removed at this time, if necessary.)	
21. Leaves forceps aside, still attached to cervix.	
22. Opens sterile package of IUD from bottom by pulling back plastic cover approximately one-third of the way.	
23. With non-dominant hand still holding the IUD package (stabilizing IUD through the package), uses dominant hand to remove plunger rod, inserter tube, and card from package.	
24. With dominant hand, uses placental forceps to grasp IUD inside sterile package. Holds IUD by the edge, careful not to entangle strings in the forceps.	
25. Gently lifts anterior lip of cervix using ring forceps.	
26. Gently inserts and slowly advances IUD (this step overlaps with Step 27): <ul style="list-style-type: none"> - While avoiding touching walls of the vagina, inserts placental forceps—which are holding the IUD—through cervix into lower uterine cavity. (Note: If difficult to pass placental forceps through the cervix, it may be necessary to use a second ring forceps to help widen cervical opening.) - Gently moves IUD further into uterus toward point where slight resistance is felt against back wall of lower segment of uterus. - Keeping placental forceps firmly closed, lowers ring forceps and gently removes them from cervix; leaves them on sterile towel. 	

CHECKLIST FOR EARLY POSTPARTUM INSERTION OF THE IUD	
STEP/TASK	CASE
<p>27. “Elevates” the uterus (this step overlaps with Steps 26 and 28):</p> <ul style="list-style-type: none"> – Places base of non-dominant hand on lower part of uterus (midline, just above pubic bone with fingers toward fundus), and – Gently pushes uterus upward in abdomen to extend lower uterine segment. 	
<p>28. Passes IUD through vagino-uterine angle (this step overlaps with Step 27):</p> <ul style="list-style-type: none"> – Keeping forceps closed, gently moves IUD upward toward uterine fundus, in an angle toward umbilicus. – Lowers the dominant hand (hand holding placental forceps) down, to enable forceps to easily pass vagino-uterine angle and follow contour of uterine cavity. Takes care not to perforate uterus. <p>(Note: Although this step may be more difficult in the early postpartum period, it is essential that the IUD reach the fundus.)</p>	
<p>29. Continues gently advancing forceps until uterine fundus is reached, when provider feels a resistance. By feeling the uterus through the abdominal wall, confirms with the non-dominant hand that the IUD has reached the fundus.</p>	
<p>30. While continuing to stabilize the uterus, opens forceps, tilting them slightly toward midline to release IUD at fundus.</p>	
<p>31. Keeping forceps slightly open, slowly removes them from uterine cavity by sweeping forceps to the side wall of uterus and sliding instrument alongside wall of uterus. Takes particular care not to dislodge IUD or catch IUD strings as forceps are removed.</p>	
<p>32. Keeps stabilizing uterus until forceps are completely withdrawn.</p> <p>33. Places forceps aside on sterile towel.</p>	
<p>34. Examines cervix to see if any portion of IUD or strings are visible or protruding from cervix. If IUD or strings are seen protruding from cervix, removes IUD using same forceps used for first insertion; positions same IUD in forceps inside sterile package and reinserts.</p>	
<p>35. Checks any repairs made, as necessary, to ensure that they have not been disrupted.</p>	
<p>36. Removes all instruments used and places them open in 0.5% chlorine solution so they are totally submerged.</p>	
Postinsertion Tasks	
<p>37. Allows the woman to rest a few minutes. Continues routine postpartum and newborn care.</p>	
<p>38. Disposes of waste materials appropriately.</p>	
<p>39. Immerses both gloved hands in 0.5% chlorine solution. Removes gloves by turning them inside out and disposing of them.</p>	
<p>40. Performs hand hygiene.</p>	
<p>41. Tells woman that IUD has been successfully placed; reassures her and answer any questions she may have. Tells her that detailed instructions will be provided prior to discharge, and provides the following instructions:</p> <ul style="list-style-type: none"> – Reviews IUD side effects and normal postpartum symptoms – Tells woman when to return for IUD/postnatal/newborn checkup – Emphasizes that she should come back any time she has a concern or experiences warning signs – Reviews warning signs for IUD (PAINS) – Reviews how to check for expulsion and what to do in case of expulsion – Ensures that the woman understands postinsertion instructions – Gives written postinsertion instructions, if possible 	

CHECKLIST FOR <i>EARLY POSTPARTUM</i> INSERTION OF THE IUD	
STEP/TASK	CASE
- Provides card showing type of IUD and date of insertion	
42. Records information in the woman's chart or record. Attaches IUD card (which women will be given at discharge) to woman's record.	
43. Records information in the appropriate register(s).	

SUPERVISOR CERTIFICATION With Models

With Clients

Skill performed competently: q Yes q No

q Yes q No

Signed: _____ Date: _____

Annex 7. SS Visit Monitoring Sheet for Supervisors

MCHIP Philippines

To be completed after each supportive supervision (SS) visit

Name of Supervisor:						
Date of SS Visit:						
Facility Visited:						
Name of Trained Provider Supervised:						
Summary of SS Output						
Supervisor Scope of Work	Has the supervisor completed the following:			Additional Feedback		
A. Document Review	Completed <input type="checkbox"/> Y <input type="checkbox"/> N Others: _____					
B. Facility Tour	Completed <input type="checkbox"/> Y <input type="checkbox"/> N Others: _____					
C. Leadership Interview	Completed <input type="checkbox"/> Y <input type="checkbox"/> N Others: _____					
D. Knowledge Assessment	Provider's Score: _____					
E. Staff Competency Assessment	Experience on anatomic model			Experience on clients		
	Ready	Signed	Date	Ready	Signed	Date
Counseling						
Postplacental IUD insertion						
Intracerebral IUD insertion						
Early postpartum IUD insertion						
Infection prevention practices						
Next Steps: (discussed during debrief) (Please use back page for extra space)						
*review action plan / performance standards						

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USAID & ACCESS-FP. (2010b). *Postpartum Intrauterine Contraceptive Device (PPIUD) Services: Learner's Handbook*. Baltimore, MD: Jhpiego Corporation.

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