



Postpartum Intrauterine Contraceptive Device (PPIUD) Services

Learner's Handbook





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Introduction

During the postpartum period, many women are not aware of their risk for pregnancy, which may occur as early as 4 to 6 weeks after birth. Although postpartum women may want to either space or limit subsequent births and would like to use contraception, most in developing countries are not. Mothers are often “too busy” taking care of their new babies and their families, and may mistakenly believe that they cannot get pregnant as long as they are breastfeeding. Some may be unsure of their contraceptive options or where they can access services, if available. And **the next time they go to the health facility, it is often too late:** they are pregnant again. **It may also be too soon.**

When pregnancies are spaced too closely together (<24 months, from birth to next pregnancy¹), mothers and babies are at increased risk for adverse health outcomes. Family planning, including postpartum family planning (PPFP), saves lives by enabling women to delay or limit their pregnancies. As such, family planning/PPFP has the potential to dramatically decrease maternal and child mortality and morbidity rates.

The most successful PPFP programs will focus on providing PPFP counseling to women at every opportunity. Ideally, counseling would be initiated during pregnancy, such as at an antenatal care (ANC) visit. Services should continue into the postpartum period, for routine follow-up and management of potential problems.

The goal of PPFP services is threefold: to—

1. **Assist** women and couples in understanding their risk of unintended pregnancy and the benefits of healthy spacing of pregnancies (or limiting, if desired); clarifying their fertility intentions; and choosing a contraceptive method that is well-suited to them;
2. **Provide** the chosen method, in adherence with international global standards and local protocols;
3. **Support** the woman and couple throughout the process—with kindness and respect, up-to-date information, quality care and, when needed, reassurance—to help ensure continued use of the method or smooth transition to another method of their choosing if appropriate.

The intrauterine contraceptive device (IUD) inserted postpartum (up to 48 hours after birth, optimally within 10 minutes of delivery of the placenta) is an excellent choice for many postpartum women, including those who are breastfeeding.² Because the postpartum IUD (PPIUD) is inserted so soon after birth, **a woman can leave the birth facility with a safe and extremely effective, long-acting, reversible contraceptive method already in place.**

This course aims to save lives by preparing a range of qualified service providers who can deliver high-quality PPIUD services as part of a comprehensive PPFP program.

¹Per the World Health Organization's recommendations for healthy spacing (2009).

²Current recommendations are for the Copper T 380A to be used in postpartum insertions.

PPIUD Course Overview

Course Description

Before Starting the Course

Welcome to the PPIUD clinical skills training course! You may benefit from understanding a few things about the course before getting started. **First**, it will be conducted in a way that is very different from traditional training courses—based on the assumption that you are here because you:

- Are **interested** in providing PPIUD services;
- Wish to **improve** your knowledge and skills in PPIUD service delivery, and thus your job performance; and
- Desire to be **actively involved** in course activities.

Therefore, the course will be very participatory and interactive, helping to create an environment that is more conducive to learning. **Second**, the development and assessment of your skills throughout the course will focus more on your performance than on what you know or have memorized. This is because clients deserve providers *who are able to provide safe and effective services, not just knowledgeable* about them. **Third**, a variety of educational technologies will be used to maximize the effectiveness and efficiency of course activities, enhancing your learning experience while conserving valuable resources. The training approach to be used is discussed in more detail on pages 9 to 12.

Course Design

This clinical skills course is designed to prepare qualified service providers (primarily maternal, newborn and child health [MNCH] providers [e.g., midwives, nurse-midwives, doctors] and other clinicians) who are capable of delivering high-quality PPIUD services to women—beginning with counseling when they are pregnant (ideally) and continuing through their first PPIUD follow-up at 4 to 6 weeks. Throughout the course, the trainer will use a variety of approaches to develop the learners' skills and to assess their performance. Key skills development and performance assessment methods and processes are described briefly below.

Knowledge Update

- During the morning of the first day, learners are introduced to the key features of the course and are briefly assessed (using the **Precourse Knowledge Assessment**, a standardized written test) to determine their individual and group knowledge of the provision of PPIUD services. Based on the results of this assessment (which will be summarized and analyzed using the **Individual and Group Assessment Matrix**):
 - The trainer and learners identify their collective strengths and weaknesses, and decide what adjustments should be made to the course schedule/outline—in terms of time allotted to topics and activities.
 - Each learner develops a **Personal Learning Plan** to articulate how she/he will use the course to achieve the **PPIUD Performance Standards**.
- The knowledge component of the course includes interactive presentations, discussions and other activities designed to help learners develop a *working understanding* of the latest, evidence-based information about the IUD and PPIUD.
- Progress in knowledge-based learning is assessed informally during the course through discussions and other activities. It is formally measured using a standardized written test

(Midcourse Knowledge Assessment). This assessment will be given at the time in the course when content from all subject areas has been presented. A score of 85% or more indicates mastery of this material. For learners scoring less than 85% on their first attempt, the clinical trainer will review the results with the learner individually and provide guidance on using the reference manual to learn the required information. Learners scoring less than 85% can take the test again at any time during the remainder of the course.

Skills Development and Assessment

Classroom and clinic sessions focus on **key aspects of PPIUD service delivery** (e.g., counseling and screening of clients, performing the IUD insertion procedure in the context of routine obstetric services, managing side effects and other potential problems during follow-up).

- Learners will first practice skills “in simulation” (on anatomic models) using a detailed step-by-step **Counseling Guide** and **Clinical Skills Checklists**, which list the key steps in counseling and screening clients and postpartum insertion of the IUD. In this way, they learn the skills needed to provide PPIUD services more quickly and in a standardized manner, without placing clients at risk.
- Once the trainer determines that a learner has achieved an adequate level of skill with anatomic models, or in simulation, s/he will be able to practice the new skills in the clinical setting with actual clients. Progress in learning new skills is assessed (formally and informally) and documented throughout the course using the **Counseling Guide, Clinical Skills Checklists** and **Skills Tracking Sheet**.

Qualification

Although qualification³ is a statement by the trainer that the learner has met the requirements of the course, the responsibility for becoming qualified is shared by the learner and the trainer. Qualification is based on demonstrated mastery of, or competency in, the following areas:

- **Knowledge:** A score of at least 85% on the Midcourse Knowledge Assessment
- **Skills:** Satisfactory performance of PPIUD counseling and clinical skills (as outlined in the checklists)
- **Provision of Services (Practice):** Demonstrated ability to provide safe and effective PPIUD services in the clinical setting

A true determination of a learner’s competency can be made only through observing how the learner applies all that s/he has learned with actual clients.

After the Course

It is recommended that within 1 to 2 months of qualification, the learners be observed and assessed at their workplace by a course trainer, using the same counseling and clinical skills checklists used in the course. (At the very least, learners should be observed by a skilled provider soon after completing training.) This postcourse assessment is important for several reasons. **First**, it not only gives the newly trained providers direct feedback on their performance (so that they can work on further strengthening their skills, from competency to proficiency), but also provides the opportunity for them to discuss any start-up problems or constraints to implementing the new skills in service delivery (e.g., due to lack of instruments, supplies or

³ Qualification does not imply certification. Providers can be certified only by specifically designated organizations.

support staff). **Second**, and equally important, it provides the training center, via the clinical trainer, key information on the adequacy of the training and its appropriateness to local conditions. With this type of feedback, programs can be improved in a targeted manner to better meet the needs providers and communities. Without this type of feedback, training easily can become routine, stagnant and irrelevant to service delivery needs.

Course Syllabus

Course Description

This 3-day clinical training course is designed to prepare the learner to become competent in:

- **Counseling** women/couples about PPFp and the PPIUD as a contraceptive method;
- **Screening** women to ensure that they do not have any characteristics or conditions that would make the IUD an unsuitable option for them;
- **Inserting the IUD** in different postpartum scenarios, while incorporating appropriate infection prevention practices: postplacental insertion (within 10 minutes of delivery of placenta), both with an instrument (forceps) and manually; intracesarean insertion (during a cesarean section); and early postpartum insertion (not immediate but up to 48 hours after childbirth); and
- **Managing** side effects and other potential problems associated with the use of IUDs.

Course Goals

- To influence in a positive way the attitudes of the learner toward the benefits and appropriate use of IUDs during the postpartum period
- To provide the learner with the knowledge, skills and attitudes necessary to provide PPIUD services

Learning Objectives

By the end of the course, the learner will be able to:

- Discuss the importance of healthy spacing (or limiting) of pregnancies and the benefits of postpartum family planning.
- Explain basic information about the IUD (interval⁴ and postpartum): its effectiveness, safety, mechanism of action, advantages and limitations, and other general attributes; and the medical eligibility criteria and other client assessment criteria used to determine whether the IUD is a good option for the woman.
- Explain what is unique about the IUD in the postpartum context.
- Demonstrate appropriate counseling and assessment of antenatal women for PPFp in general and the PPIUD in particular.
- Demonstrate appropriate counseling and screening of women in early/inactive labor or the early postpartum period for insertion of the IUD.
- Demonstrate appropriate infection prevention practices related to IUD service provision.
- Perform postplacental insertion of the IUD (with forceps and manually).
- Perform intracesarean insertion of the IUD.

⁴Interval refers to IUDs inserted at any time between pregnancies, at or after 4 weeks postpartum, or completely unrelated to pregnancy.

- Perform early postpartum insertion of the IUD.
- Demonstrate proper post-insertion counseling and care.
- Describe the potential side effects and complications of the PPIUD and how to manage them.
- Describe the organization and management of a high-quality PPIUD program.

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

This course handbook is designed to be used with the following materials:

- Reference manual: *Postpartum Intrauterine Contraceptive Device (PPIUD) Services: A Reference Manual for Providers* (Jhpiego 2010, updated 2013)
- Performance standards for establishing and managing PPIUD clinical services (included in the manual)
- PPIUD insertion kit and Copper T 380A IUDs in sterile packages
- Anatomic models for practicing PPIUD insertion

Learner Selection Criteria

Learners for this course should be providers who are:

- Working in a health care facility (clinic or hospital) that provides women's health services including antenatal care, labor and childbirth, and postpartum care, including family planning
- Familiar with providing interval IUD insertion and removal services (if learners are not proficient in these services, the course may be lengthened to allow for sufficient clinical practice)
- Willing to update their knowledge and acquire the skills and attitudes essential to provide PPIUD services

PPIUD service delivery is often a team effort, requiring the knowledge, skills and attitudes of trained clinicians and other types of health professionals, such as health or family planning educators and counselors. Although this course is designed for the individual health professional, it is easily adapted for training two-person teams (e.g., a clinician, such as a midwife, and a non-clinician, such as a counselor or health assistant) in all aspects of PPIUD service provision.

The person who actually performs the counseling or inserts the IUD may vary from facility to facility, depending on national and programmatic policies and availability of trained health care providers. Thus, opportunities are provided for learning and practicing the range PPIUD services: counseling and clinical skills, infection prevention, recordkeeping and follow-up of clients. Even if a learner will not carry out a specific task at the workplace, s/he needs to be familiar with what it involves in order to help ensure transfer of new skills to the workplace and high-quality service delivery. Therefore, **all course learners** have the opportunity to observe or perform all of the tasks associated with the safe and effective delivery of PPIUD services.

Methods of Assessment

Learner

- Pre- and Midcourse Knowledge Assessment
- Counseling Guide (antenatal and immediately after the childbirth)
- Clinical Skills Checklists for PPIUD services:
 - Postplacental IUD Insertion—Instrument Technique
 - Postplacental IUD Insertion—Manual Technique
 - Intracerebral IUD Insertion
 - Early PPIUD Insertion

Course

- Course Evaluation (to be completed by each learner)

Course Duration

- Three days, six sessions
- Additionally, duties in labor room as appropriate to increase caseload

Suggested Course Composition

- Four to six learners, depending upon the PPIUD caseload
- Two clinical trainers

MODEL PPIUD COURSE SCHEDULE (STANDARD COURSE: 3 DAYS, 6 SESSIONS)		
Day 1	Day 2	Day 3
Morning 9AM–1PM	Morning 9AM–1PM	Morning 9AM–1PM
<p>Opening</p> <ul style="list-style-type: none"> • Welcome • Learner expectations <p>Objectives and Course Materials</p> <ul style="list-style-type: none"> • Goal and objectives • Course schedule and materials <p>Precourse Knowledge Assessment</p> <p>Review of Performance Standards; Development of Personal Learning Plan</p> <p>Illustrated Lecture</p> <ul style="list-style-type: none"> • Healthy Spacing or Limiting of Pregnancy <p>Review of Individual and Group Assessment Matrix</p> <p>Illustrated Lecture:</p> <ul style="list-style-type: none"> • Postpartum Family Planning <p>Exercise One</p> <ul style="list-style-type: none"> • Brainstorming: What is different about the PPIUD? <p>Illustrated Lectures</p> <ul style="list-style-type: none"> • Postpartum Intrauterine Contraceptive (PPIUD) • PPIUD Counseling and Informed Choice <p style="text-align: right;">Lunch</p>	<p>Agenda and Warm-Up</p> <p>Exercise Two</p> <ul style="list-style-type: none"> • Medical eligibility/client assessment for PPIUD <p>Illustrated Lecture</p> <ul style="list-style-type: none"> • Infection Prevention (IP) for PPIUD Services <p>Practice on Wards</p> <ul style="list-style-type: none"> • Counseling: Of clients for PPFP and PPIUD (ANC facility; postpartum ward) • Clinical: Insertion of postpartum, intracervical, early postpartum IUD (labor and delivery ward; postpartum ward) <p>Exercises on the Wards (as time permits)</p> <ul style="list-style-type: none"> • Identify IP steps in Clinical Skills Checklists (Exercise Three)—if not already done during IP lecture • PPIUD FAQs (Exercise Four) <p style="text-align: right;">Lunch</p>	<p>Agenda and Warm-Up</p> <p>Illustrated Lecture</p> <ul style="list-style-type: none"> • Management of PPIUD Side Effects and Complications <p>Practice on Wards</p> <ul style="list-style-type: none"> • Counseling: Of clients for PPFP and PPIUD (ANC facility; postpartum ward) • Clinical: Insertion of postpartum, intracervical, early postpartum IUD (labor and delivery ward; postpartum ward) <p>Exercise on the Wards (as time permits)</p> <ul style="list-style-type: none"> • IP principles—Q&A (Exercise Five) <p>Review of Skills Tracking Sheet</p> <p>Midcourse Knowledge Assessment</p> <p style="text-align: right;">Lunch</p>

MODEL PPIUD COURSE SCHEDULE (STANDARD COURSE: 3 DAYS, 6 SESSIONS)		
Day 1	Day 2	Day 3
Afternoon 2PM–4:30PM	Afternoon 2PM–4PM	Afternoon 2PM–4PM
<p>Demonstration</p> <ul style="list-style-type: none"> • Insertion techniques (including video) <p>Learners Practice</p> <ul style="list-style-type: none"> • Role play exercises on counseling <p>Skills Practice and Assessment (with models)</p> <p>Review of the Day</p> <p>Assignment: PPIUD Manual (trainer to specify selections)</p>	<p>Practice on Wards</p> <ul style="list-style-type: none"> • Insertion of postpartal, intracervical, early postpartum IUD (labor and delivery ward); postpartum ward) <p>Review of Skills Tracking Sheet</p> <p>Review of the Day</p> <p>Assignment: PPIUD Manual (trainer to specify selections)</p>	<p>Review of Midcourse Knowledge Assessment Practice on Wards</p> <ul style="list-style-type: none"> • Insertion of postpartal, intracervical, early postpartum IUD (labor and delivery ward); postpartum ward) <p>Course Evaluation and Review of Personal Learning Plan</p> <p>Course Closing</p> <p>Assignment: Be a good PPIUD service provider!</p>

Training Approach Used

In the context of clinical skills training, the mastery learning approach assumes that all learners can master—or “achieve competency” in—the knowledge and skills required to provide a specific health service, provided that sufficient time is allotted and appropriate training methods are used. The goal of mastery learning is for 100% of those being trained to be **competent** in providing beginning-level services by the end of the course. (Providers will only become proficient in newly-acquired skills once they have regularly used them in the workplace.)

Key points about the mastery learning approach, as used in this course, follow:

- From the outset, **learners know (as individuals and a group) what they are expected to learn** and where to find the information they need. They have ample opportunity for discussion with the clinical trainer about course content and their performance. This makes the training less stressful.
- Because people vary in their abilities to absorb new material, and learn best in different ways (e.g., through written, spoken or visual means), a **variety learning methods** are used. This helps to ensure that all learners have the opportunity to succeed.
- **Self-directed learning** enables learners to become active participants in their progress toward course goals. To facilitate this learner role, the clinical trainer serves as a facilitator or “coach,” rather than as more traditional instructor. Learners are also supported in identifying their own weaknesses and creating individualized plans for success.
- **Continual assessment** increases learners’ opportunities for learning. Through a variety of techniques, the trainer keeps learners informed of their progress in learning new information and skills, so that learners will know where they need to focus their efforts to achieve competency.

What if assessment could be just as much about LEARNING as it is about being EVALUATED?

Well, in this course, it is...

- **“Formative”** assessment is used continually, often informally, to **help you learn**. For example, during a discussion, the trainer will ask questions to assess learners’ understanding of the information being presented; he/she will recognize and reinforce correct answers, but will also help a learner who answers incorrectly to arrive at the correct answer—by exploring the rationale behind his/her answer, asking additional questions, etc. All learning activities are an opportunity for formative assessment. The trainer may use evidence of what learners have not yet mastered to make changes in the course to better meet learner needs.
- The trainer uses **“summative”** assessment, which is more formal, to determine whether you are ready to move on to the next level of responsibility (e.g., to move from practicing skills in simulation to practicing them with real clients). These assessments occur at specific points during the course to evaluate learners’ progress toward achieving course objectives and, ultimately, qualification.

With the mastery learning approach as a foundation, this course has been developed and will be conducted according to **adult learning principles**—learning should be participatory, relevant and practical—and:

- Uses **behavior modeling**;
- Is **competency-based**; and
- Incorporates **humanistic training techniques**.

Behavior Modeling

A person learns most rapidly and effectively by watching someone *model* (perform or demonstrate) a skill/activity or an attitude that they are trying to master. For modeling to be successful, the trainer must clearly demonstrate the service delivery-related skill/activity so that learners have a clear picture of the performance that is expected of them. Learning to perform a skill takes place in three stages, as shown in the box below.

Skill Acquisition	Knows the steps and their sequence (if applicable) to perform the required skill or activity but needs assistance
Skill Competency	Knows the steps and their sequence (if applicable) and can perform the required skill or activity at a “beginning level” (the goal of the course)
Skill Proficiency	Knows the steps and their sequence (if applicable) and efficiently performs the required skill or activity (achieved only through continued practice at workplace)

In addition, the trainer is continually modeling attitudes through his/her interactions with other trainers, learners and clients. Attitudes are demonstrated and explored in certain learning activities, such as discussions and role plays.

Competency-Based Training

Competency-based training (CBT) is distinctly different from traditional educational process; it is **learning by doing**. How the learner performs is emphasized rather than just what information the learner has acquired. This course focuses on the specific knowledge, skills and attitudes needed to carry out PPIUD service delivery-related tasks.

An essential component of CBT is coaching. Coaching incorporates **questioning, providing positive feedback and active listening** to help learners develop specific competencies, while encouraging a positive learning climate. In the role of coach, the trainer first explains the skill or activity and then demonstrates it using an anatomic model or other training aid, such as a video or a checklist. Once the procedure has been demonstrated and discussed, the trainer/coach observes and interacts with the learner to provide guidance as she/he practices the skill or activity. The trainer continues monitoring learner progress—providing suggestions and feedback, as needed, to help the learner overcome problems, build confidence and work toward greater independence.

Humanistic Training Techniques

The use of humane (humanistic) techniques also contributes to better clinical training. A major component of humanistic training is the use of anatomic models, which closely simulate the human body, and other learning aids such as videos. The effective use of models or other simulations facilitates learning, shortens training time and minimizes risks to clients. For example, by using anatomic models initially, learners more readily reach a level of performance that enables them to safely work with clients in the clinical setting, which is where they can achieve competency.

Before a learner attempts a clinical procedure with a client, two learning activities should occur:

- The clinical trainer should demonstrate the required skills and client interactions several times using an anatomic model or a simulation and appropriate audiovisual aids (e.g., video, computer graphics).
- While being supervised, the learner should practice the required skills and client interactions using the model and actual instruments in a simulated setting that is as similar as possible to the real clinical scenario.

Only when the learners have correctly and consistently demonstrated skills or interactions with models or in simulation should they have their first contacts with clients.

Summary points on the training approach used in this course.

- **First**, it is based on adult learning principles, which means that it is interactive, relevant and practical. Moreover, it requires that the trainer facilitate the learning experience rather than serve in the more traditional role of an instructor or lecturer; this allows learners to become active participants.
- **Second**, it involves use of behavior modeling and formal demonstration to facilitate learning a standardized way of performing a skill or activity.
- **Third**, it is competency-based. This means that it focuses on the learner's performance of a procedure or activity, not just on what or how much has been learned.
- **Fourth**, where possible, it relies heavily on the use of anatomic models and other training aids (i.e., it is humanistic) to enable learners to practice repeatedly the standardized way of performing the skill or activity **before** working with clients.

Through applying the above principles, by the time the trainer evaluates the learner's performance using the checklist, every learner should be able to perform **every** skill or activity competently. **And this is the ultimate goal of mastery training!**

Components of the PPIUD Training Package

In designing the training materials for this course, particular attention has been paid to making them user-friendly, as well as to permit the course learners and clinical trainer to easily adapt the training to the learners' (group and individual) learning needs. This course is built around use of the following components (further described below):

- Need-to-know information contained in a **reference manual**: The manual provides all of the content needed for the course about the provision of high-quality PPIUD services. It serves as the "text" for learners and the "reference source" for the trainer. In addition, because the manual contains only information that is consistent with the course goals and objectives, it becomes an integral part of all classroom exercises. It is also a valuable resource for learner-providers when they return their workplace.
- A **course handbook for learners** containing answer sheets, exercise prompts, counseling and skills checklists: This is the "road map" that guides the learner through each phase of the course. It contains the course syllabus and course schedule, as well as all supplemental printed materials (precourse knowledge assessment, clinical skill checklists and course evaluation) needed during the course.

Section One: Guide for Learners

- A **course notebook for trainers** including answer keys (for written assessments and exercises), as well as detailed information for conducting the course and individual course activities: This document contains the same material as the course notebook for learners, as well as special material for the trainer. It includes the course outline, precourse knowledge assessment answer key, midcourse knowledge assessment answer key, exercise answer keys and guidance for conducting the course/course activities.
- **Teaching aids and audiovisual materials**, such as a video, slides presentations, anatomic model and other training aids: These are used in conjunction with course activities to enhance and increase the efficacy and efficiency of the learning experience.
- **Competency-based skills development and performance assessment tools:** These materials help to ensure that learning and assessment of learning are standardized, which is a cornerstone of quality training and, ultimately, service provision.

Precourse Knowledge Assessment

Using the Individual and Group Assessment Matrix

The main objective of the **Precourse Knowledge Assessment** (which is taken/scored anonymously) is to assist both the **trainer** and the **learner** as they begin their work together by assessing what the learners, individually and as a group, already know about the course topics. This allows the trainer to identify topics that may need to be emphasized or de-emphasized during the course.

Questions are presented in an easy-to-score, true-false format. And a special form, the **Individual and Group Assessment Matrix** (following), is provided to record the scores of all course participants. Using this form, the trainer can quickly chart the number of correct answers for each of the questions and share them with the learners. By examining the data in the matrix, group members can easily determine their collective strengths and weaknesses and jointly plan with the trainer how best to use the course time to achieve the desired learning objectives.

For the trainer, the assessment results will identify particular topics that may need additional emphasis during the learning sessions. Conversely, for those categories where 85% or more of learners answer the questions correctly, the trainer may elect to use some of the allotted time for other purposes.

For the learners, the questions alert them to content that will be presented in the course, whereas their results enable them to focus on their individual learning needs. The corresponding topic areas, from the reference manual, are noted beside the answer column. To make the best use of limited course time, learners are encouraged to address their individual learning needs by studying accordingly.

Precourse Knowledge Assessment—Answer Sheet

Instructions: Select the single best answer to each question. Circle or tick your answer.

Postpartum IUD Overview

1. In many developing countries, postpartum women have:
 - a. BETTER access to family planning services than women who are not postpartum
 - b. Worse access to family planning services than women who are not postpartum
 - c. No interest in family planning services
2. For health reasons, how long should women wait after delivering a baby before trying to become pregnant again?
 - a. For at least 1 year
 - b. For at least 2 years
 - c. Until regular monthly periods have started again
3. For health reasons, how long should women wait after a miscarriage before trying to become pregnant again?
 - a. No wait is necessary
 - b. 3 months
 - c. 6 months
4. Which of the following is TRUE about expulsion of the postpartum IUD?
 - a. To prevent expulsion, women who choose the PPIUD should not breastfeed.
 - b. The expulsion rate is lowest when the IUD is inserted within 10 minutes of delivery of the placenta.
 - c. Tying knots of catgut on the cross arms of the IUD will reduce expulsion.
5. Which of the following is an acceptable time to insert an IUD postpartum?
 - a. When the baby is 1 day old
 - b. When the baby is 1 week old
 - c. When the baby is 3 weeks old

Postpartum Anatomy and Physiology

6. Which of the following is TRUE about how postpartum anatomy and physiology affect IUD insertion?
 - a. When an IUD is inserted 2 weeks postpartum, the risk of expulsion is very low because it is easier to reach the fundus.
 - b. The standard IUD inserter tube can be used to place both interval IUDs and postpartum IUDs.
 - c. In order to reach the fundus, the uterus must be “elevated” (pushed up in the abdomen) to smooth out the vagino-uterine angle.

7. Because of normal postpartum changes:
 - a. The woman is less likely to notice initial slight bleeding and cramping caused by the IUD.
 - b. The strings should be trimmed immediately after insertion of the IUD.
 - c. The woman should check for the IUD strings at least once a day (to ensure that it has not been expelled).

Counseling

8. Which of the following statements is TRUE *and* should be shared with a woman during postpartum IUD counseling?
 - a. An IUD placed during the postpartum period can be used to delay or prevent pregnancy for as long as the woman desires, even up to 12 years.
 - b. Placement of an IUD during the immediate postpartum period has a slightly higher risk of uterine perforation than placement during the interval between pregnancies.
 - c. Women who choose the PPIUD should limit breastfeeding in order to reduce the risk of expulsion.
9. Counseling about the use and benefits of a PPIUD *can* be provided:
 - a. Only during routine antenatal care visits, if the husband has agreed to it.
 - b. During active labor, so that the IUD can be placed immediately after delivery of the placenta.
 - c. During the latent phase labor, if the woman is comfortable.

Infection Prevention

10. Which of the following IP practices is acceptable?
 - a. Surgical (metal) instruments that have been decontaminated and thoroughly cleaned can be safely used for insertion of the IUD postpartum.
 - b. It is not necessary to use an antiseptic when inserting an IUD immediately after delivery because the provider is still wearing sterile gloves.
 - c. To minimize the risk of staff contracting hepatitis B or HIV/AIDS during the cleaning process, instruments used in IUD insertion should be soaked first for 10 minutes in 0.5% chorine solution.
11. If an IUD is still inside an undamaged, sealed package but appears tarnished or discolored, the provider should:
 - a. Insert the IUD if the package is not beyond the expiration date.
 - b. Send the IUD back to the manufacturer.
 - c. Discard the IUD because it is unsterile.

PPIUD Client Assessment

12. In which of the following women would it be safe to insert an IUD immediately following delivery of the placenta?
 - a. A woman who has a fever of 38°C
 - b. A woman who has had ruptured membranes for 12 hours
 - c. A woman who is HIV+ with a low CD4 count
13. If a woman was successfully treated for chlamydia during this pregnancy and wants an IUD, the provider can:
 - a. Insert the IUD if the infection has been gone for more than 6 weeks.
 - b. Insert the IUD but provide antibiotics for 1 week.
 - c. Tell the woman to return for insertion at 4 weeks postpartum.
14. Which of the following is a condition for which PPIUD insertion is considered Category 4 (meaning the method should not be used), according to the World Health Organization's Medical Eligibility Criteria (WHO MEC)?
 - a. AIDS
 - b. Puerperal sepsis
 - c. Cesarean section

Postpartum IUD Insertion

15. Which of the following is the best technique for inserting an IUD on the first day after delivery?
 - a. Using instruments, such as a Kelly placental forceps
 - b. Using hands (manually)
 - c. Using an inserter tube and plunger
16. Which of the following statements is TRUE about placement of the PPIUD during cesarean section?
 - a. A sponge-holding (ring) forceps must be used to ensure that the IUD is placed at the fundus
 - b. The strings of the IUD should not be passed through the cervix into the vagina
 - c. The PPIUD should be stitched in place at the fundus with a 0 chromic suture
17. If a woman has had a normal vaginal delivery and an immediate/postplacental IUD insertion is planned:
 - a. The IUD should be inserted 30 minutes after active management of the third stage of labor is performed
 - b. Active management of the third stage of labor should be performed as usual, immediately before the IUD is inserted
 - c. Active management of the third stage labor should be avoided, if possible, if the woman is having a PPIUD

Follow-Up Care/Management of Potential Problems

18. A woman had a postplacental PPIUD inserted 3 weeks ago. Over the past 24 hours, she has become hot and feverish. She should:
- Be told to take paracetamol and oral antibiotics for 7 days.
 - Come into the clinic right away to have the PPIUD removed.
 - Come into the clinic right away for evaluation.
19. Which one of the following is TRUE about IUD strings?
- The strings should be passed through the cervix into the vagina during intracesarean placement.
 - The strings should not be visible at the cervix after immediate/postplacental insertion of the IUD.
 - The woman should check for the strings each month to make sure the IUD has not fallen out.
20. A woman who has had an IUD placed in the immediate postpartum period should have a follow-up exam:
- Every year to check the strings
 - Only if she thinks the IUD has fallen out
 - At 4 to 6 weeks postpartum to reinforce counseling, answer any questions and screen for potential problems

Individual and Group Assessment Matrix

Course _____ Dates: _____ Clinical Trainer(s) _____

QUESTION NUMBER	CORRECT ANSWERS (LEARNERS)															SECTION 1.01 TOPIC AREA
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1.																HEALTHY PREGNANCY SPACING AND PFP/PIUD OVERVIEW (Manual, Chapters 1–3; selections as specified)
2.																
3.																
4.																
5.																
6.																POSTPARTUM ANATOMY AND PHYSIOLOGY (Manual, Chapters 3, 4; selections as specified)
7.																
8.																COUNSELING (Manual, Chapters 5, 6; selections as specified)
9.																
10.																INFECTION PREVENTION (Manual, Chapter 7; selections as specified)
11.																
12.																
13.																CLIENT SCREENING (Manual, Chapters 5, 6; selections as specified)
14.																
15.																PIUD INSERTION (Manual, Chapter 7; selections as specified)
16.																
17.																
18.																FOLLOW-UP CARE/ MANAGEMENT OF POTENTIAL PROBLEMS (Manual, Chapter 8; selections as specified)
19.																
20.																

Personal Learning Plan

Using the Personal Learning Plan

Learning should be tied directly to performance and should be related to on-the-job application of the learned knowledge and skills. For learners to be ready and eager to learn, they need to understand the relevance of the training to them and their clinical situation. To increase learners' sense of relevance, the trainers should ask them: (a) to consider the PPIUD Performance Standards (Manual, Appendix J) in the context of their own skills, as well as the “situation” at their workplace; and (b) to create a Personal Learning Plan based on their findings.

Before Training

You may have observed PPIUD services at your facility and compared them to established service delivery standards or guidelines (e.g., the PPIUD Performance Standards). In doing so, you likely identified “gaps”—areas where training is necessary to achieve the standards. If you were not familiar with PPIUD services in your own practice or at your facility, review of the standards would still benefit you, helping to create a clear picture of what will be expected of you in this course.

During Training

At the start of the training, you will review the standards again, identify which standards are not being met by you or at your workplace, and what knowledge and skills gaps exist. You will record these gaps in your plan, as goals to be achieved; this practice will help to ensure that you acquire the knowledge, skills and attitudes needed to achieve the standards once you return to your workplace. This becomes your **Personal Learning Plan**, which functions as a kind of contract between you and your trainer(s).

After Training

Upon returning to your workplace, you should apply your newly acquired skills to achieve the defined standards. Your **Personal Learning Plan** serves as a guide to what you will work on immediately upon return to the workplace and allows you to communicate with your supervisor, coworkers and trainers—in a specific, concrete way—the knowledge, skills and attitudes you have learned during this course. It can also aid in discussing how you will initiate changes and lead a team effort to improve the quality of care in PPIUD services at your facility.

Blank Personal Learning Plan

Instructions: Complete the first four columns of this Personal Learning Plan by reviewing the PPIUD Performance Standards and thinking about how you will use this training to prepare you to achieve those standards. At the end of the course, complete the final column about how this course has helped you to achieve the standards.

Learner Name:		Designation:		Date:	
Facility Name:		Location:			
Performance Standard # or Area	What is required in order to achieve this standard at your facility?	Who will help you to achieve this standard?	When will you achieve this standard?	How did this training prepare you to achieve this standard?*	
Signatures: _____ (Learner); _____, _____ (Trainer[s], PPIUD Course)					

*Final column to be completed at end of course.

Sample Personal Learning Plan

Instructions: Complete the first four columns of this Personal Learning Plan by reviewing the PPIUD Performance Standards and thinking about how you will use this training to prepare you to achieve those standards. At the end of the course, complete the final column about how this course has helped you to achieve the standards.

Learner Name: Elizabeth Johnson		Designation: Nurse-Midwife		Date: 1 November 2010	
Facility Name: Eastern District Hospital		Location: Big City, Eastern District			
Performance Standard # or Area	What is required in order to achieve this standard at your facility?	Who will help you to achieve this standard?	When will you achieve this standard?	How did this training prepare you to achieve this standard?	
#3 Screening/assessment	In my hospital, the IUD is not very popular. I need updated knowledge about client screening for PPIUD so I know who can use the IUD postpartum.	My director, the medical officers and labor ward assistants	I will begin screening women as soon as I return to my hospital	I now understand the new criteria for providing this method.	
#15 Postplacental insertion	We do not practice this method and are not familiar with this technique. I need to learn the steps for postplacental IUD insertion.	The medical officers in charge of the labor ward, as well as the assistants and educators/counselors	I will provide this method once I have educated clients about it and found some who are interested in and eligible for it	I am now competent to insert postplacental IUD. I will need more practice with clients to become proficient.	
Signatures: _____ (Learner); _____ (Trainer[s], PPIUD Course)					

*Final column to be completed at end of course.

Exercise One: What Is Different about the PPIUD?

Objectives

The purpose of this activity is to:

- Identify things that are common or different about provision of postpartum IUD services as opposed to interval IUD services.
- Identify different equipment and supplies needed for PPIUD insertion.
- Consider different client characteristics for PPIUD procedures.

Time Allotted

- 15 minutes

Resources/Materials Needed

- Skills Station for PPIUD
- Flipchart paper and markers

NOTE: Instructions to be provided by trainer.

Exercise Two: Medical Eligibility for the PPIUD

Objectives

The purpose of this activity is to:

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

Time Allotted

- As time permits in the clinical setting

Resources/Materials Needed

- Flipchart paper and markers for small group activity
- Copies of the blank WHO Medical Eligibility Criteria (MEC) PPIUD chart (either as handout or from the Course Handbook for Learners)
- Completed MEC PPIUD chart as answer key (for the trainer)

NOTE: Instructions to be provided by trainer.

Exercise Two: Answer Sheet

Instructions: Below is a chart listing various conditions/characteristics that may have an impact on whether the PPIUD is a good choice for a particular woman. For each condition/characteristic, place a check mark in the appropriate column, indicate the WHO Category (1–4) and give a reason in the space provided.

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

Exercise Three: Infection Prevention Steps

Objectives

The purpose of this activity is to:

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

Time Allotted

- As time permits in the clinical setting

Resources/Materials Needed

- Clinical Skill Checklists for Postplacental Insertion (Instrumental and Manual) and Early Postpartum Insertion PPIUD

NOTE: Instructions to be provided by trainer.

Exercise Four: PPIUD Frequently Asked Questions (FAQs)

Objectives

The purpose of this activity is to:

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

Time Allotted

- As time permits in the clinical setting

Resources/Materials Needed

- Reference Manual

NOTE: Instructions to be provided by trainer.

Exercise Five: Infection Prevention Principles

Objectives

The purpose of this activity is to:

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

Time Allotted

- As time permits in the clinical setting

Resources/Materials Needed

- Reference Manual

NOTE: Instructions to be provided by trainer.

Counseling Guide and Clinical Skills Checklists

The Clinical Skills Checklists for PPIUD insertion contain the steps or tasks performed by the clinician when providing PPIUD services. These tasks correspond to the information presented in *Postpartum Intrauterine Contraceptive Device (PPIUD) Services: A Reference Manual for Providers* (Jhpiego 2010, updated 2013). These checklists are designed to help the learner learn the steps or tasks involved in:

- Postplacental insertion of an IUD (instrumental, manual)
- Intracesarean insertion of an IUD
- Early postpartum insertion of an IUD

In addition, the counseling guide serves as a checklist for the skills needed for counseling a client for postpartum family planning, particularly those interested in insertion of an IUD in the postpartum period.

Job aids and other tools from the Reference Manual (which provide detailed “content”) can be used in conjunction with the counseling guide and skills checklists, supporting both learning and the transfer of new skills to the workplace.

Using Skills Checklists for Learning

The **checklists** are designed to be used for both learning and assessment. During skill acquisition, learners use the checklists to:

- **Understand the steps of the procedure.** The trainer introduces the skill by describing the steps and how they are accomplished. The reference manual describes the steps in greater detail, providing illustrations, more detailed explanations and tips.
- **Follow along as the trainer conducts a demonstration of the procedure on an anatomic model.** The learners will use the clinical skills checklist as a guide to the sequence and correct performance of the individual steps of the procedure.
- **Guide his/her own clinical practice on the anatomic model.** The learner will practice the clinical skills on the anatomic models with the assistance and support of colleagues and trainers. In this context, the checklist provides a mechanism for colleagues and trainers to discuss and provide explicit, constructive feedback on performance.
- **Check whether s/he is ready for formal assessment by the trainers.** Ultimately, learners will need to be assessed by the trainers to determine their level of achievement in the skill being practiced. Since the skill will be assessed by the trainer using the exact same clinical skill checklist, learners can rate their own readiness for assessment by self-evaluating their performance based on the checklist.
- **Guide practice with actual clients in the clinical setting.** Once a skill is “mastered” in the skills lab, learners will be ready to practice the skill under supervision with actual clients in the clinical setting. The checklist is used again in this context as a guide to strengthen performance.

What happened to learning guides? Previously, many training courses used learning guides as a learning tool and checklists as an assessment tool. While similar to each other, learning guides had a greater level of detail about the steps in the procedure. Modern approaches to learning and performance have caused trainers to rethink that approach. Instead of having separate tools for learning and performance, the emphasis is now on the link between the two. Because checklists are more concise and easily transferred to the workplace, they are now used to guide learning, assessment and performance.

Using Skills Checklists for Assessment

The same **checklist** used for learning/practice is used by the trainer for assessment of each clinical skill, in terms of both readiness for—and competency in—working with actual clients. The final phase of learning in the context of this course, known as skill competency, is determined by the trainer using the checklist as an objective measure of the achievement of all the steps of the procedure with actual clients. The checklist, therefore, is used for assessment by the trainers and learners in the following ways:

- **As a template for feedback.** Space is provided on the checklist for trainers and colleagues (other learners) to score the performance of a given step in a procedure. Under the column marked CASES, observers should rate whether a learner correctly performed the step in the following way:

Place a “✓” in case box 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 learner during evaluation by trainer

Along with those who are observing and coaching, the learner should describe correct practice and specifically note the ways in which steps can be done correctly. The specificity of the checklist is an example of the level of detail that should be provided through description/feedback.

- **For determination of “readiness.”** When the trainer and the learner both believe that the learner is ready to practice with clients, the checklist is used. Since the checklist is a focused listing of all the necessary steps of the procedure, it is expected that the learner will perform all the steps correctly.
- **For “qualification,” certification of competency.** At the bottom of the checklist is a box for the trainer to sign, certifying that the learner performed the skill competently. This is signed and dated as the statement of competency in both the skills lab and the clinical setting.

TRAINER CERTIFICATION

	<u>With Models</u>	<u>With Clients</u>
Skill performed competently:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signed:	_____	_____
Date:	_____	_____

Counseling Guide for PFP/PPIUD Counseling

Based on the GATHER Technique, this guide provides a “framework” for counseling—both general and specific to women interested in the PPIUD.

Place a “✓” in case box if task/activity is performed **satisfactorily**, an “✗” if it is **not** performed **satisfactorily**, or **N/O** if not observed. Provide comments to the learner to allow him or her to improve her performance.

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

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

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

Learner _____ Date Observed _____

COUNSELING ON PPIUD SERVICES			
ITEM	STEP/TASK	COMMENTS	ASSESSMENT
GREEN – Establish good rapport and initiate counseling on PFP.			
1. Establishes a supportive, trusting relationship.	• Greet the woman, using her name and introducing self.		
	• Shows respect for the woman and helps her feel at ease.		
	• Encourages the woman to explain her needs and concerns and ask questions.		
2. Allows the woman to talk and listens to her.	• Listens carefully and supports the woman’s informed decisions.		
	• Includes woman’s partner or important family member in the discussion, as the woman desires and with her consent.		
3. Engages woman’s family members.			
ASK – Determine reproductive intentions, knowledge of pregnancy risk and use of various contraceptives.			
4. Determines any previous experiences with family planning.	• Explores woman’s knowledge about the return of fertility and the benefits of pregnancy spacing or limiting (as desired).		
	• Asks whether she has had prior experience with family planning methods, any problems, reasons for discontinuing, etc.		
5. Assesses partner/family attitudes about family planning.	• 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.	<ul style="list-style-type: none"> Asks about desired number of children, desire to space or limit births, desire for long-term family planning, etc. 		
7. Assesses need for protection against sexually transmitted infections (STIs).	<ul style="list-style-type: none"> Explores woman's need for protection from STIs, including HIV. Explains and supports condom use, as a method of dual protection. 		
8. Determines interest in a particular family planning method.	<ul style="list-style-type: none"> 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 PPFPP methods.			
9. Provides general information about benefits of healthy pregnancy spacing (or limiting, if desired).	<ul style="list-style-type: none"> 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. Advises about the return of fertility postpartum and the risk of pregnancy. Advises how LAM and breastfeeding are different. Advises about the health, social and economic benefits of healthy pregnancy spacing (or limiting, if desired). 		
10. Provides information about PPFPP methods.	<ul style="list-style-type: none"> Based on availability and on woman's prior knowledge and interest, briefly explains the advantages, limitations and use of the following methods: <ul style="list-style-type: none"> LAM Condoms POPs, COCs DMPA (injections) PPIUD No-scalpel vasectomy (male sterilization) Postpartum tubal ligation (female sterilization) Shows the methods (using poster or wall chart) and allows the woman to touch or feel the items, including the IUD, using a contraceptive tray. Corrects any misconceptions about family planning 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.	<ul style="list-style-type: none"> Gives woman additional information that she may need and answer any questions. 		
	<ul style="list-style-type: none"> Assesses her knowledge about the selected method; provides additional information as needed. 		
	<ul style="list-style-type: none"> Acknowledges the woman's choice and advises her on the steps involved in providing her with her chosen method. 		
12. Supports the woman's choice.			
EVALUATE and EXPLAIN— Determine whether she can safely use the method; provide key information about how to use the method (focus on PPIUD, per her choice).			
13. Evaluates the woman's health and determine if she can safely use the method.	<ul style="list-style-type: none"> Asks the woman about her medical and reproductive history. 		
14. Provides key information about the PPIUD with the woman:	<ul style="list-style-type: none"> Effectiveness: Prevents almost 100% of pregnancies 		
	<ul style="list-style-type: none"> Mechanism for preventing pregnancy: Causes a chemical change that damages the sperm BEFORE the sperm and egg meet 		
	<ul style="list-style-type: none"> Duration of IUD efficacy: Can be used as long (or short) as woman desires, up to 12 years (for the Copper T 380A) 		
	<ul style="list-style-type: none"> Removal: Can be removed at any time by a trained provider with immediate return to fertility 		
	<ul style="list-style-type: none"> Simple and convenient IUD placement, especially immediately after delivery of the placenta 		
	<ul style="list-style-type: none"> No action required by the woman after IUD placement (although one routine follow-up visit is recommended) 		
	<ul style="list-style-type: none"> Immediate return of fertility upon removal 		
15. Discusses advantages of the PPIUD:	<ul style="list-style-type: none"> Does not affect breastfeeding or breast milk 		
	<ul style="list-style-type: none"> Long-acting and reversible (as described above) 		

COUNSELING ON PPIUD SERVICES			
ITEM	STEP/TASK	COMMENTS	ASSESSMENT
16. Discusses limitations of the PPIUD:	<ul style="list-style-type: none"> Heavier and more painful menses for some women, especially first few cycles after interval IUD (less relevant or noticeable to postpartum women) 		
	<ul style="list-style-type: none"> Does not protect against STIs, including HIV 		
	<ul style="list-style-type: none"> Higher risk of expulsion when inserted postpartum (though less with immediate postpartum insertion) 		
	<ul style="list-style-type: none"> Bleeding or foul-smelling vaginal discharge (different from the usual lochia) 		
	<ul style="list-style-type: none"> Lower abdominal pain, especially if the first 20 days after insertion—accompanied by not feeling well, fever or chills 		
	<ul style="list-style-type: none"> Concerns she might be pregnant 		
	<ul style="list-style-type: none"> Concerns the IUD has fallen out 		
	<ul style="list-style-type: none"> Encourages the woman to ask questions. 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 post-insertion counseling, is addressed in the insertion checklists, following.]	<ul style="list-style-type: none"> Makes notation in the woman’s medical record about her PPFPP choice or which methods interest her. 		
	<ul style="list-style-type: none"> 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. 		
	<ul style="list-style-type: none"> Provides information about when the woman should come back, as appropriate. 		

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

When the learner is ready for assessment of his/her skills in counseling, use this Counseling Guide as an assessment tool. Ensure that the learner satisfactorily addresses all of the elements noted in the Counseling Guide and mark his/her achievement under the column marked **ASSESSMENT**.

TRAINER CERTIFICATION

Skill performed competently:

Signed:

Date:

With Models

Yes No

With Clients

Yes No

Role Play Exercises: Counseling Potential PPIUD Users

Here are some sample scenarios for use in counseling role plays. Learners should use their course materials as well as any informational/educational brochures or counseling job aids during practice. Trainers may design additional role plays based on their past experience providing family planning counseling. Instructions to be provided by trainer.

1. **Debora is 23 years old and works as a teacher in primary school.** She is 6 months pregnant and attends the antenatal clinic at the District Women’s Hospital regularly. She does not want a second child for 2–3 years. She does not know what method she will use, but is thinking her husband should use condoms. Ms. Rivera, a health counselor in the District Women’s Hospital, has recently returned from a PPIUD services training course and has been providing PFP education to antenatal care clients.
 - a. **How can Ms. Rivera provide guidance to Debora regarding her options?**
 - b. **What are Debora’s options?**

2. **Meena has one son who is 1 year old.** She and her husband have been using condoms and abstinence to prevent pregnancy. Her mother-in-law advised her that she will not become pregnant as long as she breastfeeds her baby, but now she finds that she is 4 months pregnant. The couple is quite concerned because although they definitely want two children, they were not planning to have them so close together. They think they may not want any more children after this one is born, but want the children to grow before Meena has female sterilization. Meena has heard rumors about the IUD, that it can move up into the body and cause headaches. Instead, she thinks she will try contraceptive injections after having this baby. Dr. Shila is counseling Meena about all the methods of postpartum family planning, and Meena has many questions about the IUD.
 - a. **How should Dr. Shila address Meena’s concerns?**
 - b. **What information should Dr. Shila provide Meena about the IUD?**

3. **Akiki is 23, her husband is a farmer, and she delivered their third child last night in the hospital.** She learned from the health counselor there about benefits of spacing her births for her own health, as well as that of her children; she also received information about a variety of contraceptives. She and her husband do not want more children, but her mother-in-law thinks they should not hurry to decide. When she is asked by her postpartum care provider about postpartum family planning, Akiki tells her she is interested in the IUD. She says her husband is just outside, along with her mother-in-law. She asks the provider, “Can you please go talk to them, too?”
 - a. **How should the provider speak with the family about her client’s wishes?**
 - b. **What are some of the important things to discuss?**

4. **Dr. Pasaribu, a young assistant professor in a teaching hospital's Obstetrics and Gynecology department, recently attended a workshop on PPIUD services.** The country's government has recently launched a PPIUD initiative. Dr. Pasaribu is therefore very excited about making the IUD available to postpartum women in the hospital, as well as teaching the young residents about it. Dr. Sianturi is a full professor in the Ob/Gyn department. When she came to know about Dr. Pasaribu's intentions, she called him into the office and started expressing concerns about high expulsion and perforation rates associated with the PPIUD, as well as difficulties with insertion techniques. Dr. Sianturi advised the young doctor to be very careful about these postpartum IUDs and to focus instead on laparoscopic tubal ligation (TL).
- a. **How can Dr. Pasaribu present the new evidence and correct the misconceptions that Dr. Sianturi has?**
 - b. **What are the most important things for the young doctor to discuss with Dr. Sianturi?**

Clinical Skills Checklists

Postplacental (**Instrumental**) Insertion of the IUD (Copper T 380A) (To Be Used by Learners and Trainers)

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

Trainers: Use this tool when the learner is ready for assessment of competency in this clinical skill. Place a “✓” in case box 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 learner during evaluation by trainer

Learner _____ Date Observed _____

CHECKLIST FOR POSTPLACENTAL (INSTRUMENTAL) INSERTION OF THE IUD					
STEP/TASK	CASES				
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 					
9. If any of these conditions exists, speak 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 (at least for temporary use).					

CHECKLIST FOR <u>POSTPLACENTAL (INSTRUMENTAL) INSERTION OF THE IUD</u>					
STEP/TASK	CASES				
10. 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 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, <u>after</u> 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 Simms 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 nondominant 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. 					
22. “Elevates” the uterus (this step overlaps with Steps 21 and 23): <ul style="list-style-type: none"> – Places base of nondominant 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. 					

CHECKLIST FOR POSTPLACENTAL (INSTRUMENTAL) INSERTION OF THE IUD					
STEP/TASK	CASES				
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 abdominal 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 sidewall of uterus and sliding instrument alongside 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. Places forceps aside on sterile towel.					
28. 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.					
29. Repairs any lacerations (episiotomy) as necessary.					
30. Removes all instruments used and places them open in 0.5% chlorine solution so they are totally submerged.					
Post-Insertion Tasks					
31. Allows the woman to rest a few minutes. Supports the initiation of routine postpartum care, including immediate breastfeeding.					
32. Disposes of waste materials appropriately.					
33. Immerses both gloved hands in 0.5% chlorine solution. Removes gloves by turning them inside out and disposing of them.					
34. Performs hand hygiene.					

CHECKLIST FOR <u>POSTPLACENTAL (INSTRUMENTAL) INSERTION OF THE IUD</u>				
STEP/TASK	CASES			
35. 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 check-up(s) - Emphasizes that she should come back any time she has a concern or experiences warning signs - Reviews warning signs for IUD (PAINS⁵) - Reviews how to check for expulsion and what to do in case of expulsion - Ensures that the woman understands post-insertion instructions - Gives written post-insertion instructions, if possible - Provides card showing type of IUD and date of insertion 				
36. Records information in the woman's chart or record. Attaches IUD cards (which woman will be given at discharge) to woman's record.				
37. Records information in the appropriate register(s).				

TRAINER CERTIFICATION

With Models

With Clients

Skill performed competently:

Yes No

Yes No

Signed:

Date:

⁵The 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.

Intracesearean Insertion of the IUD (Copper T 380A)

(To Be Used by Learners and Trainers)

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

Trainers: Use this tool when the learner is ready for assessment of competency in this clinical skill.

Place a “✓” in case box 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 learner during evaluation by trainer

Learner _____ Date Observed _____

CHECKLIST FOR INTRACESAREAN INSERTION OF THE IUD					
STEP/TASK	CASES				
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 intracesearean 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 intracesearean 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 postpartum family planning (at least for temporary use).					
10. Inspects uterine cavity for malformations, which could preclude use of IUD.					

CHECKLIST FOR INTRACESAREAN INSERTION OF THE IUD					
STEP/TASK	CASES				
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 nondominant 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 nondominant 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.					
Post-Insertion 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 post-insertion instructions on post-operative 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 check-up(s) – Emphasize that she should come back any time she has a concern or experiences warning signs – Review warning signs for IUD (PAINS⁶) – Review how to check for expulsion and what to do in case of expulsion – Ensure that woman understands post-insertion instructions – Give written post-insertion instructions, if possible – Provides card showing type of IUD and date of insertion 					

TRAINER CERTIFICATION

⁶The 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.

	<u>With Models</u>	<u>With Clients</u>
Skill performed competently:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signed:	_____	_____
Date:	_____	_____

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

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

Trainers: Use this tool when the learner is ready for assessment of competency in this clinical skill.

Place a “✓” in case box 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 learner during evaluation by trainer

Learner _____ Date Observed _____

CHECKLIST FOR <u>EARLY POSTPARTUM</u> INSERTION OF THE IUD					
STEP/TASK	CASES				
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 postpartum IUD, 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-Insertions 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 it 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) 					
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 postpartum family planning (at least for temporary use).					

CHECKLIST FOR <u>EARLY POSTPARTUM</u> INSERTION OF THE IUD				
STEP/TASK	CASES			
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 Simms 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 pre-pregnancy 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 nondominant 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. 				
27. “Elevates” the uterus (this step overlaps with Steps 26 and 28): <ul style="list-style-type: none"> – Places base of nondominant 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. 				

CHECKLIST FOR <u>EARLY POSTPARTUM</u> INSERTION OF THE IUD					
STEP/TASK	CASES				
28. Passes IUD through vagino-uterine angle (this step overlaps with Step 27): <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. (Note: Although this step may be more difficult in the early postpartum period, it is essential that the IUD reach the fundus.)					
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 abdominal hand that the IUD has reached the fundus.					
30. While continuing to stabilize the uterus, opens forceps, tilting them slightly toward midline to release IUD at fundus.					
31. Keeping forceps slightly open, slowly removes them from uterine cavity by sweeping forceps to the sidewall of uterus and sliding instrument alongside wall of uterus. Takes particular care not to dislodge IUD or catch IUD strings as forceps are removed.					
32. Keeps stabilizing uterus until forceps are completely withdrawn. Places forceps aside on sterile towel.					
33. 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.					
34. Checks any repairs made, as necessary, to ensure that they have not been disrupted.					
35. Removes all instruments used and places them open in 0.5% chlorine solution so they are totally submerged.					
Post-Insertion Tasks					
36. Allows the woman to rest a few minutes. Continues routine postpartum and newborn care.					
37. Disposes of waste materials appropriately.					
38. Immerses both gloved hands in 0.5% chlorine solution. Removes gloves by turning them inside out and disposing of them.					
39. Performs hand hygiene.					

CHECKLIST FOR <u>EARLY POSTPARTUM</u> INSERTION OF THE IUD				
STEP/TASK	CASES			
40. 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: <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 (PAINS⁷) - Reviews how to check for expulsion and what to do in case of expulsion - Ensures that the woman understands post-insertion instructions - Gives written post-insertion instructions, if possible - Provides card showing type of IUD and date of insertion 				
41. Records information in the woman's chart or record. Attaches IUD card (which women will be given at discharge) to woman's record.				
42. Records information in the appropriate register(s).				

TRAINER CERTIFICATION

With Models

With Clients

Skill performed competently:

Yes No

Yes No

Signed:

Date:

⁷The 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.

Clinical Skills Tracking Sheet

Using the PPIUD Clinical Skills Tracking Sheet

As learners, you must achieve multiple competencies during the PPIUD training course. These include both knowledge and skill competencies. This sheet will assist you in tracking the development of those competencies.

Items 1 to 4: Fill out the top portion of the sheet with your personal information.

Item 5: Note your score on the Precourse Knowledge Assessment here.

Item 6: When you have successfully completed the Midcourse Knowledge Assessment, note your score here.

Item 7: You and your trainer can use this form to track the development of multiple competencies over the 3 days of this PPIUD course.

First set of columns: When you have had the opportunity to practice each of the clinical skills on anatomic models, you will be assessed by a clinical trainer using a Clinical Skills Checklist. When your trainer determines that you are ready to work with actual clients, ask him/her to tick the appropriate box, sign the form and date it.

Second set of columns: The development of clinical skills with clients is more challenging in the provision of PPIUDs because the cases are not able to be scheduled regularly. Therefore, you may work with a variety of different trainers. When you have the chance to manage a particular case under the supervision of a trainer, share this form with him/her to show that you have successfully completed skills practice with models. Once your trainer determines that you have achieved competency with clients, ask him/her to tick the appropriate box, sign the form and date it.

The PPIUD Clinical Skills Tracking Sheet

1. Name _____
2. Designation _____
3. Facility _____
4. Dates of Training _____
5. Score on Precourse Knowledge Assessment _____
6. Score on Midcourse Knowledge Assessment _____

7. Clinical Skills Assessment

	Experience on Anatomic Models			Experience with Clients		
	Ready*	Signed	Date	Competent	Signed	Date
Counseling	<input type="checkbox"/>			<input type="checkbox"/>		
Postplacental Insertion of the IUD (Instrumental)	<input type="checkbox"/>			<input type="checkbox"/>		
Intracesarean Insertion of the IUD	<input type="checkbox"/>			<input type="checkbox"/>		
Early Postpartum Insertion of the IUD	<input type="checkbox"/>			<input type="checkbox"/>		

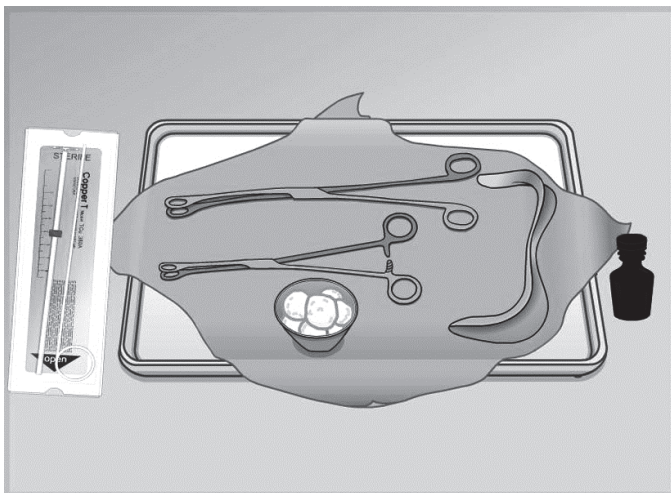
*In the skills being practiced, the learner has reached a level of achievement that indicates his/her "readiness" to practice with actual clients.

Set-Up of Clinical Skill Practice Station

The clinical skills station is set up at the start of the PPIUD clinical skills course and is used for multiple activities including:

- Exercise One: What Is Different about Postpartum IUD?—where learners compare what they see at the skills station with what they know about interval IUD services
- Demonstration of PPIUD Insertion Technique—where learners are introduced to the proper technique while following along on the checklist
- Models Practice for PPIUD Services—when learners work in groups and get to practice the clinical skills of PPIUD insertion while being coached by their trainers

The clinical skills station gives the learners an introduction to the supplies and equipment needed, as well as the clinical and communication behaviors for proper PPIUD insertion. The skills station must be set up with the pelvic model, instrument decontamination pail, waste disposal, antiseptic such as povidone-iodine, HLD or sterile gloves, and the instrument tray set up properly as shown in the following figure, so that all steps of the procedure can be correctly simulated.



PPIUD Course Evaluation

(To be completed by **Learners**)

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

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

COURSE COMPONENT	RATING
1. The Precourse Knowledge Assessment helped me to study more effectively.	
2. I have a good understanding of healthy spacing (or limiting) of pregnancy and the importance of FP/PPFP, and I believe that I can share this information with clients.	
3. I understand the client screening criteria and can correctly identify clients who would be appropriate for the PPIUD.	
4. The role play sessions on counseling skills were helpful.	
5. There was sufficient time scheduled for practicing counseling through role play and with clients (and volunteers, if applicable).	
6. The demonstration helped me gain a better understanding of how to insert PPIUDs prior to practicing with the anatomic models.	
7. The practice sessions with the anatomic models made it easier for me to perform PPIUD insertion when working with actual clients.	
8. There was sufficient time scheduled for practicing PPIUD insertion with clients.	
9. The interactive training approach used in this course made it easier for me to learn how to provide PPIUD services.	
10. The time allotted for this course, and its different components, was sufficient for learning how to provide PPIUD services.	
11. I feel confident in performing PPIUD postplacental insertion (instrumental).	
12. I feel confident in performing PPIUD postplacental insertion (manual).	
13. I feel confident in PPIUD intracesarean insertion.	
14. I feel confident in early PPIUD postpartum insertion.	
15. I feel confident in using the infection prevention practices recommended for PPIUD services.	
16. I feel confident in conducting routine PPIUD follow-up at 4 to 6 weeks, and identifying and managing (or referring) potential problems.	

(See next page.)

Additional Comments

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

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

What should be done to **improve** how this course is conducted?

Also, feel free to provide additional **explanation for** any of **your ratings** (Items 1 to 16).



