MINISTRY OF HEALTH AND SOCIAL WELFARE
REPRODUCTIVE AND CHILD HEALTH SECTION

NATIONAL FAMILY PLANNING TRAINING CURRICULUM

MODULE II
LONG TERM FAMILY PLANNING METHODS

SEPTEMBER 2010
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Foreword

The Government of Tanzania (GOT) is committed to improve the survival, health, nutrition, and well being of all children, women, and vulnerable groups. This goal is reflected in the National Strategy for Growth and Reduction of Poverty (NSGRP II). In addressing fertility and maternal and neonatal health, the GOT, through the Reproductive and Child Health Section (RCHS) in the Ministry of Health and Social Welfare (MoHSW), has set the operational targets for achieving this goal as reflected in the National Road Map Map Strategic Plan to Accelerate Reduction of Maternal, Newborn, and Child Deaths in Tanzania (also known as ‘One Plan’) and the Health Sector Strategic Plan III (2008 to 2015):

The Ministry has recently launched the National Family Planning Costed Implementation Program (NFPCIP), based on the operational target of the One Plan, to increase the contraceptive prevalence rate to a target of 60 percent by 2015. One of the key strategic activities is to build capacity of health care providers working in the public and private sectors and to equip them with up-to-date skills and knowledge in FP, including generating demand for service utilization.

The Ministry has revised two modules of Intra uterine Contraceptive Device and Implants that have been merged to be one module known as Long Acting Family Planning Methods (LTM Module II). The Module is user friendly and enhances cost-effective training based on reducing time consumed in training from one month to two weeks without jeopardizing the quality of the training. The Module will enable Zonal Resource Centers, Regional and Council Health Management Teams, the private sectors and NGOs to train Family Planning health Providers to equip them with up-to-date skills and knowledge in Family Planning, including revitalization use of the Intra uterine Device to increase Couple Year of Protection by generating demand for service utilization.

This training curriculum has been updated and revised based on the Comprehensive FP Clinical Skills Modular Training Curriculum of 2004. The updates include new evidence-based information from the 2008 World Health Organization (WHO) Medical Eligibility Criteria, Selected Practice Recommendations, HIV/AIDS provider-initiated testing, and contraception for people living with HIV/AIDS, and guidance on healthy timing and spacing of pregnancies.

I urge all stakeholders, managers and health providers to use the Family Planning module so as to ensure that adequate numbers of skilled providers are available so as to improve on the quality of FP/RCH services and service providers’ performance.

Dr. Deo M. Mtasiwa
Chief Medical Officer
Ministry of Health and Social Welfare
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- The Reproductive and Child Health Section, under the leadership of Dr. Neema Rusibamayila, for ensuring that the development and completion of this module.

- The Regional and Municipal Administration for allowing FP/RCH trainers to participate in the development of the module.

- EngenderHealth, Population Services International (PSI), Pathfinder International, and Family Health International (FHI) for the provision of both financial and technical support.

- All organizations whose publications assisted the module developers to ensure that the contents in the modules were up-to-date, relevant and integrated in order to address the challenges appropriately in family planning services.

- FP/RCH Trainers cum service providers, RCHS Program Officers and partners from cooperating agencies participated in the actual development of the modules. These were:

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**Ministry of Health and Social Welfare**
INTRODUCTION

Basis of the Module
This is the second in a series of three competency-based Family Planning training modules, which collectively provide comprehensive family planning and selected reproductive and child health knowledge and skills for service providers. The modules are as follows:

Module 1: Short-Acting Methods
Module 2: Long Acting Methods
Module 3: Permanent Methods

This module is designed to help trainees acquire skills in Family Planning services, particularly on insertion and removal of IUCDs and Implants. It is suitable for training service providers who have undergone basic FP clinical skills training described in Module I. This module can be used either on its own, or with the other two modules.

The content in the module responds to the requirements of the National RCH Policy Guidelines, Family Planning Programme Components and Service Performance Standards, and National Package of Essential Reproductive and Child Health Interventions.

Much of the information in this module is from the WHO’s Family Planning: A Global Handbook for Providers. Electronic copies of this can be downloaded free in English and Kiswahili from their website:

http://info.k4health.org/globalhandbook/

This website also contains updates that may not be in the hard copy of the handbook.

Target Learner
The target learner of this module is the service provider who has undergone basic FP clinical skills described in Module I. After undertaking this specialized IUCD/Implants clinical skills training, the provider will be responsible for providing FP services, and managing clients on IUCD and Implant method use. Other learners include those who require orientation or update in IUCD and Implants.

Dynamic Content
The module addresses current knowledge and skills, and therefore may be revised as the need arises, e.g. changes in the National Policies and Guidelines and advances in FP/RCH developments.

Training Approaches
The module allows for both centralized and on the job training. The duration for centralized group training will be twelve days to introduce concepts and their application in service delivery, followed by on-the-job training through supportive supervision. The trainees, mentors/coaches, supervisors and preceptors or trainers will agree on the period for OJT but should not be less than ten days. Supportive supervision and OJT plans should be developed when selecting trainees.
Trainer/Trainee Ratio
A ratio of one trainer to three/four trainees is recommended for centralized training. A ratio of one trainer to one trainee is recommended for OJT. For OJT training, the prospective trainer, mentor/coach, supervisor or preceptor should have knowledge and skills to conduct the training.
HOW TO USE THE MODULE

Use of the Module
The trainer should familiarize self with all the parts of the module and the procedure manual in order to identify the uniqueness of each part and its relationship to other modules. This familiarization is very important in planning appropriate learning activities needed to suit specific groups and continuously refining the content to ensure that the session plans address the objectives and the content outline.

Users of the module
The module is user friendly and can be used by trainers, supervisors, coaches, preceptors and managers.

Jobs and Tasks of the Graduate of FP/RH Training
The graduates’ job and tasks are a concise summary of those listed in the FP program components and service performance standards. Trainers should continuously refer trainees to these jobs and tasks to enable them to relate learning experiences to what they will be doing in practice.

Training Goal
The goal of this module is to enable service providers to educate, counsel, provide and manage clients on IUCD and Implants methods use.

General and Specific Objectives
The general and specific objectives are derived from the graduates’ job and tasks. The trainer uses them to ensure that the content delivered will assist the trainee to provide safe and skilful FP/RCH services.

Practicum Objectives
The major skills in providing IUCD and Implants in which the trainees’ will be required to gain are listed. The trainer should explain well to the trainees that the number of practices provided is only a guide. Performance and gaining competence is more important than the number of practices carried out.

Theory and Practicum Time Allotment
The training time for this module is ten days.

The trainer should as much as possible adhere to the time allocated for theory and simulations in classroom and practicum.

The content of the module can be adapted for OJT and will require more time for the trainee to gain skills. Competence is dependent on the trainee’s pace of learning, support and supervision.

Content Outline
The content outline responds to general and specific objectives. The trainer should use his/her creativity to expand or modify the content appropriately. The modification will depend
on the trainees’ characteristics. Trainers should ensure own expertise and be current in FP/RCH developments.

**Preparing for the Training**

When preparing for training, answer each of the seven planning questions below:

1. What is the purpose of training?
2. Who are the trainees?
3. What do we want the trainees to be able to do?
4. Where and for how long will the training take place?
5. What training materials am I going to use?
6. What training methods will I use during the training?
7. What evaluation methods will I use to evaluate the training?

Trainers need to meet together before the training begins for a minimum of two days to complete the following:

- Meet with district health authorities for a debriefing
- Undergo trainers’ team building (Introduce each other, share strengths and limitations and likes and dislikes, set norms)
- Assign roles
- Assign team leader
- Assess social welfare issues
- Go through documentation and care of training materials
- Go through participant profile
- Agree on special trainees’ characteristics and how to address them during the sessions
- Determine how to assist trainees with specific learning needs
- Review training materials, objectives and content outline
- Visit training venue and practicum sites
- Go through training schedule, assign sessions, and share updates
- Practice delivering session beforehand
- Reproduce materials for each trainee if necessary
- Meet and standardize procedures with preceptors
- Create demand for clients to use long term contraceptive methods while ensuring that they have been provided with comprehensive counselling on all methods mix
- Inform influential people in the community about the services to be offered
- Encourage local clinics to do health education and counselling
- Announce through public announcements and posters about services being offered
- Mobilize the clients (CHWs)
- Ensure that the clinics are well equipped with materials and supplies for contraceptive methods before the trainees arrive
- Recruit clients
- Collect materials for the training
- Ensure that one model for each pair of trainees is available (i.e. 10 trainees will need five models)
Gather all supplies necessary for the training course, i.e. procedure manual, curriculum, protocols, equipment and supplies including anatomical models, contraceptives, stationery, flip charts, and infection prevention supplies

Arrange transport for practicum

**Conducting the Training**

The training team should use the prepared session plans and materials to:

- Continuously monitor trainees’ knowledge and skills acquisition and be available for individual trainees as needed.
- Demonstrate all FP /RCH procedures and allow trainees a return demonstration through simulation before practicing on actual clients.
- Review and modify training methods and materials to match with trainees’ skills acquisition pace. Negotiate with trainees to have extra time to meet objectives.
- Give clear guidelines and adequate timeframe for classroom and practicum sessions.
- Provide one-on-one guidance to trainees during training.
- Encourage all participants to develop knowledge and skills application plans on the activities /changes they intend to make at their work site.

**Evaluating the Training**

Trainer and trainees should conduct evaluation throughout of the training, including:

- Administer pre and post training assessment tests, and share results with individual trainees during the initial session and at the end of the training.
- Use of skills assessment tool.
- Administer end of Training Evaluation forms.
- Share relevant outcome of evaluation and plans as appropriate.
- Conduct end of day process review.

**Certification (Centralized Training)**

If the trainee has completed the training according to set standards and follow-up has been made, the trainer will recommend the trainee for certification.

If the trainee reveals limitations in critical skills during centralized training, the trainer will recommend to CHMT close follow-up of the trainee in specific areas until he/she is satisfied with the trainee’s performance.

**On the Job Training**

If the trainee reveals limitations in critical skills during OJT the mentor, coach, and trainee should agree on an extended period of training. The mentor or coach should recommend trainee for certification when she/he is satisfied with the progress made.
Non-Performing Provider
If after three consecutive close follow-up after centralized training the supervisor or CHMT should:

- Document the findings and number of follow-ups provided
- Clarify why the provider should not be certified

Selection criteria

**Trainees**
- An FP service provider who has undergone training in basic FP clinical skills spelled out in Module I of the National FP curriculum
- A medical cadre recommended to provide IUCD and Implants services in accordance with National Standards, including:
  - Obstetrician / Gynaecologist
  - Medical Officer
  - Assistant Clinical Officer
  - Assistant Medical Officer
  - Clinical officer
  - Registered Nurse
  - Enrolled Nurse
  - MCH aide
- Must be deployed in FP/RCH services soon after training.
- Must be willing to provide FP/RCH services, including IUCD and Implants insertion and removal, soon after training.
- Must be willing to undertake post-training jobs and tasks spelled out in the FP training curriculum, particularly Module II.

**Trainers**
- FP/RH trainer recognized to conduct FP clinical skills in accordance with National standards
- Trained in IUCD and Implants insertion and removal clinical skills.
- Trained in participatory training methods
- Able to conduct trainings including practicum on IUCD and Implants insertion and removal
- Willing to train other providers on the job
- Interested in managing FP/RCH services
- Willing to train other providers on the job

**Practicum sites**
- Are recognised for IUCD and Implants clinical skills training
- Have an adequate client load to meet trainees’ practicum requirements,
- Have trained family planning preceptors
GOALS AND OBJECTIVES OF THE MODULE

Training Goal
To enable service providers to create demand, educate, train, counsel, screen, and manage side effects and complications related to IUCD and Implants.

General Objectives
By the end of the training participants will be able to:

- Manage an RCH clinic to offer quality FP and other RCH services
- Adhere to Infection Prevention and Control Measures
- Conduct client education to promote FP method use
- Counsel client for informed choice on FP methods
- Screen clients for Family Planning method use and other RCH Services
- Manage clients for IUCD / Implant use
- Manage clients presenting with contraceptive related problems and other RCH needs
- Document and utilize IUCD/Implant client data correctly

Practicum Objectives
By the end of the training participants will have practiced the following skills:

- Conducting client education sessions (2 IUCD; 2 Implants)
- Counselling client for informed choice (5 IUCD; 5 Implants)
- Screening clients for method use
- Examining client history (5 IUCD; 5 Implants)
- Conducting physical examinations (5 IUCD; 5 Implants)
- Maintaining aseptic techniques (5 IUCD; 3 Implants)
- Inserting the methods (5 IUCD; 3 Implants)
- Removing the methods (2 IUCD; 2 Implants)
- Giving instructions (5 IUCD; 5 Implants)
- Conducting follow-up on clients (5 IUCD; 5 Implants)

Objectives for the Graduate FP Service Provider

In addition to duties outlined in the service provider’s job description, the graduate will be expected to perform the following jobs and tasks by the end of the training:

- Have adequate equipment and supplies, sufficient light, and a reliable source of water
- Have a workplace for trainees where feasible
- Be equipped and organised for IUCD and Implants insertion and removal in accordance with national service standards
- Have links with the community for improved quality of services
- Be easily accessible to trainees, and within easy reach of the training site
1. **Conducting individual, group, peer, community and leaders client education to promote IUCD and Implant use**
   - Organize educational sessions to promote and create demand for IUCD and Implants and expel rumours and misconceptions.

2. **Counselling clients for informed choice of IUCD and Implants**
   - Provide adequate and relevant information on IUCD and Implants using the Counselling guide to enhance understanding and informed choice.

3. **Determining client's suitability for IUCD and Implant use**
   - Take accurate and complete history using the RCH No. 5 Family Planning Card, including STI/HIV/AIDS risk
   - Perform physical examination and pelvic examination if necessary
   - Involve the client in confirming suitability to use IUCD and Implant

4. **Inserting IUCD and Implant**
   - Follow the procedural steps for inserting IUCD and Implants aseptically.
   - Give instructions on how to care for insertion site for implant.

5. **Conducting follows up of IUCD and Implant use**
   - Conduct six weeks routine follow up of clients for IUCD use when necessary
   - Conduct routine 7 days follow-up and continue to follow up on client whenever necessary
   - Manage IUCD and Implant side effects, complications and other RH problems.

6. **Removing the IUCD and Implant gently and aseptically**
   - Take history and use the RCH No. 5 Family Planning card to determine relevance and reason for the removal.
   - Follow procedural steps to aseptically remove the IUCD and Implants.

7. **Maintaining and utilizing IUCD and Implant service records**
   - Record client’s information in RCH No.5 Family Planning Card.
   - Record client’s information and services provided in MTUHA Book 8 (day-to-day)
   - Use client service data to improve access and quality of IUCD and Implants services.

*A note to the trainers of Module II:*

Module II trainees will have attended Module I training already. Therefore, the crosscutting units in Module II have been shortened or deleted entirely. If further information is needed, please refer to Module I or the procedure manual.
# SECTION A: REVIEW OF CROSSCUTTING UNITS

The Crosscutting section for the Family Planning curriculum consists of Opening and five clinical units - Clinic Organization/Record Keeping/Logistics, Infection Prevention, Education and Counselling, Screening and the Menstrual Cycle. The complete units are contained in Module I. Module II has summaries of three units - Infection Prevention, Education and Counselling and Screening and a short synopsis of the Menstrual Cycle. If additional information is needed or desired, please refer to Module I or the Procedure Manual.

## UNIT 1: INTRODUCTION

### SESSION 1: Welcome and Registration

<table>
<thead>
<tr>
<th>Objectives</th>
<th>At the End of This Session, Trainees Will Be Able To:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• List the names of all participants</td>
</tr>
<tr>
<td></td>
<td>• Assess participants’ knowledge at entry level to</td>
</tr>
<tr>
<td></td>
<td>the training</td>
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<tr>
<td></td>
<td>• Give an overview of the training</td>
</tr>
</tbody>
</table>

| Duration: | 45 mins |

<table>
<thead>
<tr>
<th>Evaluation Method(s)</th>
<th>Questions and Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-test questionnaire</td>
</tr>
<tr>
<td></td>
<td>Return demonstration</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Trainers’/trainees’ introduction</td>
<td>• Introductions</td>
<td>Stationery (pen and paper for note taking)</td>
</tr>
<tr>
<td>• List of expectations and norms</td>
<td>• Discussion:</td>
<td>Flip charts and markers</td>
</tr>
<tr>
<td>• Completion of bio-data form</td>
<td>Ask participants to choose a partner they don’t know. Give 5 minutes for each person to interview his/her partner. Instruct them to find out as much about their partner as possible. Notes may be taken. After the interviews, ask each person to introduce their partner to the rest of the group.</td>
<td>Registration and bio-data forms</td>
</tr>
<tr>
<td>CONTENT</td>
<td>ACTIVITIES</td>
<td>RESOURCES</td>
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<td>---------</td>
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</tr>
</tbody>
</table>
| **Pre-test questionnaire:**  
  - Helps trainers/trainees identify areas to address during training  
  - Helps justify the training  
  - Helps trainee/trainer have standard to compare with at end of the course  
  - Is not intended to show failure or passing |  
  - Document expectations and norms  
  - Distribute bio-data forms  
  - Trainees complete bio-data forms | Slide 3 |
| **Training objectives:**  
  Course schedule  
  Post-training jobs and tasks |  
  Give purpose and instructions on the pre-test questionnaire  
  Ask trainees to complete the test within the allocated time (30 min)  
  Ask trainees to raise their hands if they require clarifications.  
  Inform trainees that feedback will be provided as soon as trainers mark pre-test questionnaire and assess them. | Pre-test questionnaire  
  Slides # 8-12 |
| **List of participatory training methods:**  
  Lecture/discussion, role play, demonstration, case studies, practicum, simulation, small group discussion, brainstorming, large group discussion. |  
  Trainer Presentation, Discussion (10 minutes)  
  Project the objectives  
  Discuss course schedule  
  Clarify the jobs and tasks  
  Ask trainers to mention what training methods they are familiar with, which ones they like and why  
  Explain the participatory training methods used in the course  
  Explain the evaluation methods used in the course | Power Point  
  Projector  
  Laptop |
| **List of evaluation methods:**  
  Pre-test questionnaire, Process review, Continuous observation and feedback, Checklists for implant counselling and clinical skills, Questions and answers,  
  Daily evaluation, Post-test Questionnaire, End of course evaluation |  
  Post-test questionnaire  
  Slides # 8-12 |

---
### SESSION 2: Giving and Receiving Feedback

#### Objectives

At the End of This Session, Trainees Will Be Able To:
- Define feedback
- State purposes of giving and receiving feedback
- Identify feedback skills.
- Explain rules for giving and receiving feedback.
- Demonstrate ability to give and receive feedback.

#### Evaluation Method(s)

- Observations
- Questions and Answers
- Individual Participation
- Group Assignments

---

#### CONTENT

**Meaning of Feedback**

Feedback is a method of giving and receiving information about behaviour. It is a way of letting the receiver know in a timely and descriptive manner how she/he is performing or how the receiver’s behaviour affects the sender/others.

**Purposes of feedback**

- To help the receiver of the feedback know about his/her performance
- To inform the receiver of her/his behaviour and how it affects others.
- To enable the giver to express feelings, observations and give recommendations.
- To help receiver examine self and make plans to change or maintain good behaviour

#### ACTIVITIES

**Large Group Discussion**

- **Trainer:**
  - Ask trainees to buzz in twos. Allow them to give definition of feedback.
  - Comment on trainees’ responses.
  - Display FC/PP with definition and clarify.
  - **Lecture/Discussion**

**Trainer:**

- Ask trainees to mention feedback skills
- Comment on responses
- Display FC/PPT
- Allow trainees to read in turns
- Clarify

#### RESOURCES

- FC/PPT
- Slide 15
- LCD
- Newsprint
- Slides 16-17
- FC/PPT
- LCD
### Feedback Skills

- Effective questioning
- Open ended questions, closed ended questions
- Probing questions
- Good listening skills
- Active listening
- Reflection
- Summarizing and paraphrasing.
- Praise and encouragement
- Giving information
- Observing non-verbal cues.

### Rules for Giving Feedback

- Give timely feedback
- Provide descriptive objective feedback (non-judgmental).
- Be clear and straight to the point.
- Use specific statements supported with specific examples.
- Prepare self to give feedback (think before saying anything).
- Provide both negative and positive feedback as necessary.

### Rules for Receiving Feedback

- Ask for timely feedback.
- Don’t react angrily or defensively
- Use “What”, “How” and not “Why”.
- Seek clarification by paraphrasing or by using open-ended questions.

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feedback Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rules for Giving Feedback</td>
<td>Lecture Discussion</td>
<td>FC/PPT Slides 18-19</td>
</tr>
<tr>
<td>Rules for Receiving Feedback</td>
<td></td>
<td>Slides 21-23 LCD</td>
</tr>
</tbody>
</table>

**Trainer:**
- Display FC/PPT
- Take trainees through rules for giving feedback
- Clarify as necessary
  - Simulation

**Trainer:**
- Divide trainees into four groups.
- Give instruction for small group task.
- Allow trainees to simulate in their groups skills for giving feedback.
- Observers to share their observations.
- Trainers to monitor group work.
### SESSION 3: Introduction to Clinical Practice

**Objectives**

At the End of This Session, Trainees Will Be Able To:

- Explain the purposes of clinic practice
- Identify the minimum number of practicum objectives/requirements.
- Describe trainer/preceptor/trainee linkage and other roles in ensuring trainees achieve practicum objectives
- Explain how trainees skills acquisition will be monitored and evaluated

**Evaluation Method(s)**

- Observations
- Questions and Answers
- Skills Assessment checklists

**Duration:** 20 mins

---

### CONTENT

**Purpose of Clinical Practicum**

- To apply theory to practice.
- To gain assistance in strengthening weak skills identified in pre-training skills assessment.
- To practice knowledge and skills learnt with guidance from trainers and preceptors.
- To observe trainers and preceptors model positive practice for trainee application during and after training.
- To practice providing IUCD (CuT 380A) and implants in real situations

**Trainer/preceptor roles**

- Guide trainees to acquire skills according to standards.
- Demonstrate difficult procedures.
- Provide a variety of learning opportunities that will ensure trainee achievement.

**ACTIVITIES**

- **Large Group Discussion**

**Trainer:**

- Ask trainees to buzz in twos the purpose of clinic practice
- Display the slides and clarify.

- **Lecture discussion and Brain storming**

**RESOURCES**

- Slide 25
- Slides 26-31
<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
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</thead>
<tbody>
<tr>
<td>Identity trainees’ special needs and assist them accordingly.</td>
<td></td>
<td>Arrange for trainees’ clinic rotation.</td>
</tr>
<tr>
<td>Manage conflict wisely if any.</td>
<td></td>
<td>Trainer and preceptor guide and monitor trainees’ skills acquisition using skill assessment tool.</td>
</tr>
<tr>
<td>Monitor and evaluate trainees’ skills acquisition and the achievement of objectives</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Role of trainees**
- Strive to meet objectives and perform skills with very little guidance from trainers and preceptors.
- Read and apply guidelines and standards e.g. FP procedure manual during clinical practice.
- Ask for feedback verbally and in writing on skills performance.
- Adhere to rules of giving and receiving feedback to ensure that trainer/trainee interactions are productive.
- Make use of feedback given.
- Work as a team.
- Use time wisely and take advantage of all opportunities for learning.
- Identify and communicate hindrances to learning and jointly solve them with trainers/preceptors.
- Draw attention to trainer about potential and actual conflicts.
- Seek face-to-face meetings with trainers/preceptors to achieve competence.
- Monitor and evaluate trainees’ own skills acquisition.

**Joint roles**
- Ensure client’s safety is not compromised.
- Ensure application and adherence to policy guidelines, standards and procedures.
- Establish and maintain good interpersonal relationships with clinic staff and clients.

**Ways of monitoring and evaluating trainee skill acquisition**
- Observe trainees in class work.
- Observe trainees in clinic practice.
# UNIT 2: INFECTION PREVENTION

## Duration: 1.5 hours

### SESSION 1: Infection Prevention in Facilities

<table>
<thead>
<tr>
<th>Objectives</th>
<th>At the End of This Session, Trainees Will Be Able To:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mention infection prevention problems trainees observe in their health care facilities</td>
</tr>
</tbody>
</table>

| Evaluation Methods | Daily Course Evaluation
|                   | Question and Answer |

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infection Prevention in Facilities</strong></td>
<td><strong>Brainstorm/ Discussion</strong></td>
<td><strong>Procedure Manual</strong></td>
</tr>
<tr>
<td>IP Practices include:</td>
<td>Trainees to mention IP problems that they have in their facilities</td>
<td><strong>LCD Projector</strong></td>
</tr>
<tr>
<td>- Hand hygiene</td>
<td>Trainees to mention what they have done to correct these problems</td>
<td><strong>Slide 3</strong></td>
</tr>
<tr>
<td>- Care of waste</td>
<td>Trainees to brainstorm what they can do to correct these problems</td>
<td></td>
</tr>
</tbody>
</table>
## SESSION 2: Hand Hygiene

**Objectives**

At the End of This Session, Trainees Will Be Able To:

- Identify types of hand hygiene
- State when hand-washing should be done
- Mention other barriers that are used to prevent infection
- Define antiseptic
- Mention antiseptics used in health care facilities.
- Describe how to prepare site before a procedure

**Duration:** 1 hour

### Evaluation Methods

- Daily Course Evaluation
- Question and Answer
- Use of Clinical Skills Assessment Checklist for Infection Prevention to evaluate proficiency of trainee

### CONTENT

**Hand Hygiene Definition**

Hand hygiene is an action intended to prevent hand borne infections by removing dirt and debris and inhibiting or killing microorganisms. It is the simplest and most important infection prevention procedure.

**Types of Hand Hygiene:**

- Routine Hand Washing
- Hand Antisepsis
- Alcohol Hand Rub
- Surgical Hand Scrub

### ACTIVITIES

- Discussion

Ask the Participant when hand washing should be done.

Discuss with Participant the following questions:

- How can you encourage staff in your clinics to wash their hands at appropriate times in a busy clinic?
- How can you dry your hands in busy clinics or on rounds (air drying, alcohol swabs, personal towels)?
Hand washing should be done:

Before:
The day’s work; examining client, injections, drawing blood, performing a procedure (IUD or pelvic exam), handling clean, disinfected, or sterilized supplies for storage, putting on sterile gloves, going home.

After:
Any situation in which the hands may be contaminated, handling instruments, touching body secretions, removing gloves, personal use of toilet; blowing nose, sneezing, or coughing.

Use of Antiseptic hand rub
If water is not available for hand washing, Isopropyl or ethyl alcohol 60% - 90% mixed with glycerine may be used (only if hands are not visibly contaminated). Use 100 ml of alcohol and 2 ml of glycerine to make your own.

Barriers Used to Prevent Infection
- Gloves
- Apron
- Boots
- Goggles

Gloves are used as Personal Protective Equipment (PPE) to protect the health care provider and client.
Four situations where infection can be introduced such as:

- Pelvic examination
- Contact with lesions
- Handling contaminated materials
- Cleaning instruments, equipment, and contaminated surfaces

**Points to observe when using sterile gloves**

- Use a separate pair of gloves for each client
- Do not use gloves from a package that is broken or expired.
- Do not use gloves that are cracked, peeling, or have holes or tears.
- Never touch the outside of the gloves while putting them on

Note: Adjusting the cuff of one glove will contaminate the fingers of the other hand.

If gloves accidentally become contaminated, change immediately.

**Antiseptics**

Antiseptics are chemicals which kill or inhibit microorganisms on animate objects (Living tissue)

Antiseptic solutions should be used in the following situations:

- Surgical scrub: Alcohols (60-90% ethyl or isopropyl) or Chlorhexidine (4%) (Hibitane, Hibiscrub)

**Lecture**

**Trainers:**

Give a brief mini-lecture on the use and effectiveness of antiseptics.

Discuss the antiseptic solutions commonly available in Tanzania

**Antiseptics**

- Cards with names of antiseptics on them
- Markers
- Slide 8
### CONTENT
- Skin or vaginal preparations for surgical procedures: Iodine preparations (3%). Iodine and alcohol (tincture of iodine) not for use on mucus membrane, Povidone Iodine ok on mucus membrane
- Hand washing before touching clients who are immuno-compromised or unusually susceptible to infection: Alcohols (60-90% ethyl or isopropyl) or Chlorhexidine (4%) (Habitant, Hibiscrub) when available.

**Note:** Alcohol should never be used on mucous membranes (it burns)

Solutions such as Dettol or Salon should no longer be used.

Antiseptics are for skin or mucous membranes only - not on operating tables or equipment.

### ACTIVITIES
- Stress that the participant should not use alcohols or iodine tinctures for vaginal preparation, because they burn and/or irritate mucous membranes.
- Discuss with the participant what they should do if the client’s genital area is dirty (wash genital area with soap and water prior to prepping with an antiseptic, either before entering or while in the procedure room).

### RESOURCES
- See above

| Antiseptic Gauze/Cotton Forceps Cup for holding antiseptic |
|---|---|---|---|---|

### Steps for Skin and Mucous Membrane Preparation

**Skin Prep Prior to Surgical Procedures, including implants or IUD Insertion**
- Do not remove hair from the prep site. Shaving increases the risk of wound infection
- Ask the client about known allergic reactions before selecting an antiseptic solution
- If visibly soiled, thoroughly clean the client’s skin or external genital area
- Apply antiseptic
<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using dry, disinfected forceps and cotton dipped in antiseptic,</td>
<td></td>
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<tr>
<td>cleanse the skin by gently scrubbing. Work from the operative site</td>
<td></td>
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<tr>
<td>outward in circular motion</td>
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</tr>
<tr>
<td>Do not allow the antiseptic to pool beneath the client’s body</td>
<td></td>
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<tr>
<td>Allow the antiseptic to dry before beginning the procedure. If using</td>
<td></td>
<td></td>
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<tr>
<td>an iodophor, wait one to two minutes before proceeding to allow time</td>
<td></td>
<td></td>
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<tr>
<td>for the iodine to be released</td>
<td></td>
<td></td>
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<tr>
<td>No skin prep necessary prior to immunizations or injections but is</td>
<td></td>
<td></td>
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<tr>
<td>needed before insertion of implants</td>
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<td></td>
</tr>
</tbody>
</table>
## SESSION 3: Processing Instruments and Other Items

<table>
<thead>
<tr>
<th>Objectives</th>
<th>At the End of This Session, Trainees Will Be Able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▪ Describe how to process contaminated instruments and other items</td>
</tr>
</tbody>
</table>

### Evaluation Methods
- Daily Course Evaluation
- Question and Answer
- Use of Clinical Skills Assessment Checklist for Infection Prevention to evaluate proficiency of trainee

### CONTENT ACTIVITIES RESOURCES

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Steps Involved in Processing Instruments and Other Items</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Decontamination</strong></td>
<td>▪ Lecture Discussion</td>
<td></td>
</tr>
<tr>
<td>First step in handling used (soiled) instruments and gloves. Instruments with secretions or blood from a client must be decontaminated in a 0.5% chlorine solution before being cleaned and high-level disinfected (HLD) or sterilized. These include uterine sounds, tenaculum, specula, etc. Decontamination is done to protect personnel who must handle instruments.</td>
<td>Discuss the steps involved in processing instruments.</td>
<td></td>
</tr>
<tr>
<td>Supplies needed for decontamination include: water, a plastic pail (not enamel), and chlorine.</td>
<td>Trainer asks trainees:</td>
<td></td>
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<tr>
<td></td>
<td>▪ How they prepare chlorine solution</td>
<td></td>
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<tr>
<td></td>
<td>▪ When they change the solution</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ How they time the process</td>
<td>3 plastic buckets / basins</td>
</tr>
<tr>
<td></td>
<td>2 pair of clean gloves</td>
<td>2 pairs of sterile gloves</td>
</tr>
<tr>
<td></td>
<td>Chlorine powder / liquid</td>
<td>Measuring jar</td>
</tr>
<tr>
<td></td>
<td>Apron</td>
<td>Heavy duty gloves</td>
</tr>
<tr>
<td>CONTENT</td>
<td>ACTIVITIES</td>
<td>RESOURCES</td>
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<td>----------------------------------------------</td>
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</tr>
<tr>
<td><strong>Procedures for decontamination</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Wear protective gloves</td>
<td></td>
<td>Clean water</td>
</tr>
<tr>
<td>▪ Mix 0.5% chlorine solution, using 1 part liquid chlorine (JIK) to 6 parts water, or 14.3 grams of calcium hypochlorite powder (35%) in 1 litre of water</td>
<td>Goggles</td>
<td></td>
</tr>
<tr>
<td>▪ Submerge items in chlorine solution for 10 min</td>
<td></td>
<td>Cleaning supplies</td>
</tr>
<tr>
<td>▪ Remove item(s), rinse immediately with cool water to prevent corrosion, and clean</td>
<td></td>
<td>Procedure Manual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Skills Assessment</td>
</tr>
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<td></td>
<td></td>
<td>Checklist for processing</td>
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<td></td>
<td></td>
<td>instruments for infection</td>
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<td></td>
<td></td>
<td>prevention</td>
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<td></td>
<td></td>
<td>LCD</td>
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<td></td>
<td></td>
<td>Slide # 10-12</td>
</tr>
<tr>
<td><strong>Cleaning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning instruments is necessary before HLD or sterilization to remove all visible foreign material and some microorganisms. Dried organic materials can entrap microorganisms in a residue that shields them against sterilization or chemical disinfection. Cleaning also reduces the load of bacteria. Supplies needed for cleaning are: detergents or soap, brushes of various sizes and types, protective gloves, apron and eyewear, and basins or sinks for detergent solution and rinsing.</td>
<td>▪ Lecture</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trainer to reinforce the necessity of thorough cleaning on instruments before HLD or Sterilization</td>
<td></td>
</tr>
</tbody>
</table>
**Procedures for cleaning**

- Wear protective gloves, apron, and eyewear (if available).
- Rinse items in cool water, opening or disassembling them when possible.
- Submerge them in basin with detergent and water prepared. Make suds as you would for dishes.
- Use brushes (toothbrushes work well) to remove soiled matter, paying attention to interior and hinged areas.
- Rinse thoroughly in clean water.
- Dry by air or clean towels before further processing.

Maintain cleaning supplies and equipment in dry, clean condition.

**High-Level Disinfection**

HLD kills most or many disease-producing microorganisms, including viruses that may cause hepatitis B or AIDS, but not endospores. It is used on inanimate objects and can be achieved by boiling, steaming or chemical disinfectants.

- HLD by Boiling
- HLD Using Chemicals

**Sterilization**

The sterilization process ensures that all microorganisms, including bacterial endospores, are destroyed. Decontamination, cleaning, rinsing and drying must precede sterilization of instruments and other items that come into direct contact with bloodstream or tissue. Methods that can be used include high-pressure steam sterilization (autoclave), dry heat or chemicals. These methods should be used on items made of materials that can withstand the process.

**Discussion**

Trainer summarizes the methods of HLD and Sterilization

Trainees mention what method(s) is used in their facilities
### SESSION 4: Disposal of Waste and use of PEP

<table>
<thead>
<tr>
<th>Objectives</th>
<th>At the End of This Session, Trainees Will Be Able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▪ Explain how to dispose of medical waste</td>
</tr>
<tr>
<td></td>
<td>▪ Outline steps for Post-exposure Prophylaxis (PEP)</td>
</tr>
</tbody>
</table>

| Duration: | 10 mins |

<table>
<thead>
<tr>
<th>Evaluation Methods</th>
<th>Daily Course Evaluation</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Question and Answer</td>
</tr>
<tr>
<td></td>
<td>Use of Clinical Skills Assessment Checklist for Infection Prevention to evaluate proficiency of trainee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safe Handling of Sharps During Procedures</strong></td>
<td>▪ Lecture Discussion</td>
<td></td>
</tr>
<tr>
<td><strong>Sharps</strong></td>
<td>Trainer reminds trainees of hands-free techniques</td>
<td></td>
</tr>
<tr>
<td>Any instrument capable of puncturing the skin (scissors, needles, scalpels or blades, etc.) especially during surgical procedures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In healthcare settings, injuries can occur easily</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hands-Free Technique</strong></td>
<td>Safety Box</td>
<td></td>
</tr>
<tr>
<td>The “hands-free” technique for passing sharp surgical instruments should always be used.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Slides 13-15</td>
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<tr>
<td>CONTENT</td>
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<td>------------------</td>
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</tr>
<tr>
<td><strong>Safe use of sharps containers (safety boxes)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ All sharp containers must be clearly marked “SHARPS” and/or have pictorial.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Include Instructions for use and disposal of containers</td>
<td></td>
<td></td>
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<tr>
<td>▪ Place sharp containers away from high-traffic areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Place all sharps containers within arm’s reach during procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Do not place containers near light switches, overhead fans, or thermostat controls where people might accidentally put their hands on them</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Never reuse or recycle sharps containers for other purposes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Dispose safety boxes when ¾ full</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Ensure that no sharp items are sticking out of containers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Dispose sharps containers by incineration or into sharp pits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Don’t recap needles.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Safe disposal of other infectious waste</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proper waste management involves the following steps:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Segregation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Handling and Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Transport</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Treatment or Destruction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Final disposal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Discussion</td>
</tr>
<tr>
<td>Trainees brainstorm proper use of safety boxes for disposal of sharps</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide 16</td>
</tr>
</tbody>
</table>

**Post-exposure Prophylaxis (PEP)**

This was covered in Module 1. Refer to Module 1 if trainees have questions.
## UNIT 3: EDUCATING AND COUNSELLING CLIENTS FOR FAMILY PLANNING SERVICES

### Duration: 1.5 hours

**SESSION 1: Educating Clients on Family Planning**

<table>
<thead>
<tr>
<th>Objectives</th>
<th>At the End of This Session, Trainees Will Be Able to:</th>
<th>Duration: 10 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Describe how to lead a discussion on conducting FP education</td>
<td></td>
</tr>
</tbody>
</table>

| Evaluation Methods                                                        | Question and Answer Group Discussion                                                                                 |                      |

### CONTENT

<table>
<thead>
<tr>
<th>Steps in Conducting and Evaluating Individual, Group, and Community FP Education</th>
<th>Activities</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare for Education session</td>
<td>• Lecture Discussion</td>
<td>Flip Chart, Marker Pens, Masking Tape</td>
</tr>
<tr>
<td>Ensure you have a written session plan</td>
<td></td>
<td>LCD</td>
</tr>
<tr>
<td>Assemble IEC materials and visual aids</td>
<td></td>
<td>Sample IEC materials</td>
</tr>
<tr>
<td>Arrange a comfortable seating plan</td>
<td></td>
<td>Procedure Manual</td>
</tr>
<tr>
<td>Establish Rapport, Welcome and greet clients</td>
<td></td>
<td>Slides 3-4</td>
</tr>
<tr>
<td>Introduce self and colleagues</td>
<td></td>
<td>Plan for FP/RCH education session</td>
</tr>
<tr>
<td>Check that the group is comfortably seated</td>
<td></td>
<td>Handout on Skills Assessment Tools- Conducting Group FP/RCH Education.</td>
</tr>
<tr>
<td>Conduct Session</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduce the topic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use the written plan to convey the education topic and messages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluate the session</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure clients’ understanding of the topic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restate the session objectives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Close the session</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summarize major points</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trainers:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review with participants the steps of leading a FP education session</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ask participants to brainstorm on ways and when to evaluate FP education sessions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summarize the responses on flip chart</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## SESSION 2: How and Why to Counsel

**Objectives**

At the End of This Session, Trainees Will Be Able to:

- Define Counselling and Counselling for Informed Choice.
- Explain the reasons for family planning counselling and factors influencing counselling outcomes.
- Demonstrate ability to effectively counsel clients for informed choice.
- Demonstrate ability to effectively counsel clients for HTSP.
- Demonstrate ability to effectively counsel high-risk clients for making voluntary FP decisions.
- Describe ways to integrate FP and HIV services.

**Evaluation Methods**

- Question and Answer
- Observations
- Group Discussion
- Role Play
- Individual Exercises

### CONTENT

| Definition of Counselling
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling is face-to-face communication whereby one person assists the other to identify his/her problem, find a solution and act on it.</td>
</tr>
</tbody>
</table>

### ACTIVITIES

- Brainstorming/Lecture Discussion (15 minutes)
  - Ask participants to brainstorm on the meaning of counselling and informed choice.
  - Add missing points to the definitions stated by participants.

### RESOURCES

- Flip Chart
- Marker Pens
- Masking tape
- LCD
<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types of Counselling</td>
<td></td>
<td>Slides 6-10</td>
</tr>
<tr>
<td></td>
<td>▪ Counselling for Informed Choice</td>
<td>Slides 11-15 (HTSP)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Procedure Manual, Chapter 4</td>
</tr>
<tr>
<td></td>
<td>▪ Method specific counselling</td>
<td>Sample of FP Methods</td>
</tr>
<tr>
<td></td>
<td>After an informed choice is made detailed information is given on selected method. This includes screening process, instruction on how and when the method is used and follow up</td>
<td>Handout: HTS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>See Module I for additional information and role plays</td>
</tr>
<tr>
<td>Guide for explaining Family Planning methods</td>
<td>The trainer explains the following topics:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ What needs to be prepared for counselling</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Skills and Challenges in counselling</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Factors that promote effective counselling/qualities of a good counsellor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Allow participants to ask questions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clarify as necessary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Large Group Discussion (5 minutes)</td>
<td></td>
</tr>
<tr>
<td>General steps in counselling clients for informed choice of FP methods:</td>
<td>Lead a discussion on the guide for explaining FP methods. Use Slide 9 (5 minutes)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Explore client’s situation and reproductive goals and needs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review with participants the general steps in counselling clients to make an informed choice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ask participants to explain other approaches for informed choice counselling</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Add the missing points and clarify and summarize as necessary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Role Play (20 minutes)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ask two participants to volunteer to role-play counselling for informed choice using the scenario descriptions below.</td>
<td></td>
</tr>
<tr>
<td>CONTENT</td>
<td>ACTIVITIES</td>
<td>RESOURCES</td>
</tr>
<tr>
<td>---------</td>
<td>------------</td>
<td>-----------</td>
</tr>
</tbody>
</table>
| • Explain methods according to client’s interest and goals  
  • Help the client choose an appropriate method | Inform the two volunteers that one of them will act as the provider, and the other will act as a client. The provider will then conduct a counselling session on informed choice with the client. | |
| There are various other approaches for informed choice counselling including GATHER, RESPECT and Balanced Counselling. The key steps in all of these include the ones listed above. | Allow up to 10 minutes for the role play | |
| | Ask the rest of the participants to observe the role play and use the procedure manual to note steps and skills facilitating voluntary informed choice. | |
| | After the role-play has been completed, give the observers an opportunity to comment on the role-play on counselling skills and content delivered. | |
| | Ask role players to comment on the exercise. | |
| | Allow questions and clarify | |
| • Scenario | | |
| A mother of nine children (who is under poverty line) with an interval of one and two years between each child wants protection from getting pregnant soon. She has come to your clinic for advice. | | |
### CONTENT

**Counselling for Healthy Timing and Spacing of Pregnancy (HTSP)**

HTSP offers reduced risk to women and their children:

- After live births
- After miscarriage or abortion
- For adolescents

HTSP gives guidance:

- For the healthiest time to become pregnant
- For healthiest age for first pregnancy

HTSP helps women make informed choices about spacing or limiting pregnancies and delaying first pregnancies.

### ACTIVITIES

- **Discussion (10 minutes)**

  Ask participants to discuss what they know about HTSP. Complement their answers: For the health of the woman and her children, women who want to become pregnant:

  - Should wait at least 24 months after birth before trying to become pregnant again.
  - Should wait at least six months after an abortion before trying to become pregnant again.
  - Should wait until she is at least 18 years of age.

  Trainer discusses with trainees slides 13-15 showing maternal mortality rates when births are closer than three years apart and when the mother is less than 18 years of age.
### SESSION 3: Counselling High-Risk Clients on Family Planning

<table>
<thead>
<tr>
<th>Objectives</th>
<th>At the End of This Session, Trainees Will Be Able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▪ Define High-Risk Clients</td>
</tr>
<tr>
<td></td>
<td>▪ Describe the purpose of Counselling for high-risk clients</td>
</tr>
<tr>
<td></td>
<td>▪ Demonstrate ability to effectively counsel high-risk clients for making voluntary FP decisions.</td>
</tr>
<tr>
<td></td>
<td>▪ Describe ways to integrate FP and HIV services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation Methods</th>
<th>Question and Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Observations</td>
</tr>
<tr>
<td></td>
<td>Group Discussion</td>
</tr>
<tr>
<td></td>
<td>Role Play</td>
</tr>
<tr>
<td></td>
<td>Individual Exercises</td>
</tr>
</tbody>
</table>

| Duration: 70 minutes |

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition of a high risk client</strong></td>
<td>▪ Brainstorming (10 minutes)</td>
<td>Flip Chart</td>
</tr>
<tr>
<td>High risk clients are those whose lives or the lives of/their child/children are put at risk by pregnancy</td>
<td>Ask participants to brainstorm on the definition of a high risk client</td>
<td>Marker Pens</td>
</tr>
<tr>
<td>A client can be at high risk for an unintended pregnancy, miscarriage and maternal or neonatal complications.</td>
<td>Add missing points to the definitions stated by participants.</td>
<td>Masking Tape</td>
</tr>
<tr>
<td><strong>Purpose of counselling for high risk clients</strong></td>
<td>Ask participants to list the different groups of high-risk clients and the rationale for these groups to be high risk.</td>
<td>LCD</td>
</tr>
<tr>
<td>To create awareness of health risk or problem.</td>
<td>Summarize the different groups of high risk clients and rationale using information in the Procedure Manual</td>
<td>Slides 16-20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Procedure Manual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sample of FP Methods</td>
</tr>
<tr>
<td>CONTENT</td>
<td>ACTIVITIES</td>
<td>RESOURCES</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Identify possible solutions to problems</td>
<td>Trainer to lead discussion on how counselling for HTSP can be used for high risk clients-including those who are among the “4 too’s”</td>
<td></td>
</tr>
<tr>
<td>Examples of clients who are at high risk for maternal complications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The 4 too’s:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Early (under age 20 years).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Soon (less than two years between children)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Many (4 or more),</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Late (over age 35 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrating HIV and FP</td>
<td></td>
<td>Slides 21-23</td>
</tr>
<tr>
<td>Clients seeking HIV services and FP services share common needs and</td>
<td></td>
<td>Handout:</td>
</tr>
<tr>
<td>concerns</td>
<td></td>
<td>Integrating HIV and FP</td>
</tr>
<tr>
<td>CONTENT</td>
<td>ACTIVITIES</td>
<td>RESOURCES</td>
</tr>
<tr>
<td>---------</td>
<td>------------</td>
<td>-----------</td>
</tr>
<tr>
<td><strong>Factors affecting Sexual and Reproductive Health Issues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Health/well-being of self, partner, children</td>
<td>Discuss meaning of “dual protection”</td>
<td></td>
</tr>
<tr>
<td>▪ Access to ARV therapy</td>
<td>▪ Role play</td>
<td></td>
</tr>
<tr>
<td>▪ Fears related to disclosing HIV status (rejection, violence, financial loss)</td>
<td>Ask two participants to volunteer to role-play counselling using the scenario below.</td>
<td></td>
</tr>
<tr>
<td>▪ Knowledge about contraceptives (including cultural myths and misconceptions)</td>
<td>▪ Scenario: Client Description</td>
<td></td>
</tr>
<tr>
<td>▪ Stigma regarding condom use</td>
<td>You are a 30-year-old mother of three, you learned that you were HIV-positive at a prenatal visit during your last pregnancy; your husband is aware of your status but has not been tested. You have come to the family planning clinic to talk with a provider.</td>
<td></td>
</tr>
<tr>
<td>▪ Gender issues/partner opposition</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Factors Affecting Method Choice for HIV+ Clients</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Safety and effectiveness of the method</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Duration of protection desired</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Possible side effects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Ease of use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Cost and access to resupply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Effect on breastfeeding (if postpartum)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ How it may interact with other medications, including ARVs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Whether it provides protection from STI/HIV transmission and acquisition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Whether partner involvement or negotiation are required</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### UNIT 4: SCREENING CLIENTS FOR FAMILY PLANNING METHODS USE

**Duration:** 1 hour, 15 minutes

#### SESSION 1: Screening the Client for FP Use

<table>
<thead>
<tr>
<th>Objectives</th>
<th>At the End of This Session, Trainees Will Be Able To:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Explain why screening is performed</td>
</tr>
<tr>
<td></td>
<td>- Explain the different categories in the WHO Medical Eligibility chart</td>
</tr>
<tr>
<td></td>
<td>- Explain procedures necessary for different family planning methods</td>
</tr>
<tr>
<td></td>
<td>- Describe how to perform pelvic exam</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation Method(s)</th>
<th>Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Question and answers</td>
</tr>
<tr>
<td></td>
<td>Individual participation</td>
</tr>
<tr>
<td></td>
<td>Group and individual assignments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Categories of the WHO Medical Eligibility Criteria</strong></td>
<td></td>
</tr>
</tbody>
</table>

Category 1: Use method in any circumstances  
Category 2: Generally use:  
Advantages outweigh risks  
Category 3: Generally DO NOT use:  
risks outweigh advantages  
Category 4: Method NOT to be used

- Lecture/Discussion (15 minutes)  
  - Trainer reviews the use of the table  
    - With clinical judgment  
    - With limited clinical judgment  
  - Activity: Trainers ask participants to brainstorm which conditions may be contraindicated in FP method use  
  - Participants respond and trainer corrects and/or complements

| RESOURCES | Procedures Manual  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Slide # 4: WHO Medical Eligibility Criteria</td>
</tr>
<tr>
<td>CONTENT</td>
<td>ACTIVITIES</td>
</tr>
<tr>
<td>---------</td>
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</tr>
</tbody>
</table>
| **Selected Procedures for Providing Family Planning Methods** | ▪ Lecture/ Discussion (15 minutes)  
Trainer reviews the table. The table enables providers and clients to avoid examinations which are unnecessary and may be barriers to contraceptive use  
Trainer explains to participants that while “B” and “C” categories are not mandatory, they are valuable in providing for the general health of the client  
Trainer to allow for questions and provide explanations to participants | Procedures manual  
Selected Procedures for Providing FP Methods  
Selected Practice Recommendations for Contraceptive Use Manual (where available)  
Slides 5 and 6 |
| **Use of Pregnancy Checklist** | ▪ Lecture (5 minutes)  
Trainer to mention that pregnancy checklist is to be used with all female clients.  
(This is included in more detail in the method specific units) | Pregnancy checklist in procedure manual, chapter 6 |
| **Offering and Providing Physical Exam** | ▪ Lecture/ Discussion (30 minutes)  
Trainer to review with trainees the procedure for doing pelvic exam. Pelvic exam is required for providing Ices.  
Trainer to encourage trainees to offer physical exam to all clients coming for treatment.  
Trainer to remind trainees that this is a healthy, well woman who is coming to the facility because she is concerned about her health. She may not return to the facility until it is time to remove her contraceptive method. She should be offered an adequate physical exam including breast exam and pelvic exam to check for cervical lesions, discharge, and odour. | Procedure Manual Chapter 7  
Slide # 7  
Pelvic Model |
# UNIT 5: MENSTRUAL CYCLE

**Duration:** 30 minutes

## SESSION 1: Menstrual Cycle

<table>
<thead>
<tr>
<th>Objectives</th>
<th>At the End of This Session, Trainees Will Be Able To:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Describe bleeding days, release of the egg and thickening of the uterus in relationship to the days of the woman’s cycle</td>
</tr>
<tr>
<td></td>
<td>• Describe when in the menstrual cycle the woman is fertile</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation Method(s)</th>
<th>Question and answers</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Brief Description of the Menstrual Cycle</strong></td>
<td><strong>Lecture/ Discussion/ Brainstorm</strong></td>
<td>Procedure Manual, Chapter 6</td>
</tr>
<tr>
<td>Bleeding days: usually last 2-7 days, often about 5 days. If the woman is pregnant, bleeding stops</td>
<td>Trainer shows slides: Menstrual cycle (#3), “Probability of Pregnancy” (#4), Fertile days (#5). Trainees brainstorm importance of knowing when the woman is most fertile</td>
<td>LCD</td>
</tr>
<tr>
<td>Release of egg: usually 7-21 days of the cycle, often around day 14. The egg travels through the fallopian tube to the uterus. It can become fertilized in the fallopian tube.</td>
<td></td>
<td>Menstrual Cycle Handout</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Slides 2-5</td>
</tr>
<tr>
<td>CONTENT</td>
<td>ACTIVITIES</td>
<td>RESOURCES</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Thickening of the womb: usually lasts around 14 days. The endometrium</td>
<td></td>
<td>WHO “Family Planning: A Global Handbook for Providers” which is available to download in English and Swahili at <a href="http://www.fphandbook.org">http://www.fphandbook.org</a></td>
</tr>
</tbody>
</table>
## SECTION B: METHOD SPECIFIC UNITS

### UNIT 6: CONTRACEPTIVE IMPLANTS AND FP METHODS

Duration: 1 day

### SESSION 1: Introduction to Contraceptive Implants/ FP Methods

<table>
<thead>
<tr>
<th>Objectives</th>
<th>At the End of This Session, Trainees Will Be Able To:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Describe the three types of implants</td>
</tr>
<tr>
<td></td>
<td>• Explain how implants prevent pregnancy</td>
</tr>
<tr>
<td></td>
<td>• Describe effectiveness of implants</td>
</tr>
<tr>
<td></td>
<td>• List the characteristics of implants</td>
</tr>
<tr>
<td></td>
<td>• Correct misconception about implants</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation Method(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>End of the day evaluation</td>
</tr>
<tr>
<td></td>
<td>Questions and Answers</td>
</tr>
<tr>
<td></td>
<td>Brainstorming, Lecture, Discussion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What are Implants?</strong></td>
<td><strong>Questions and Answers</strong></td>
<td><strong>FP Procedure Manual Chapter 12</strong></td>
</tr>
<tr>
<td></td>
<td>Ask trainees what they know about implants</td>
<td>Samples of implants</td>
</tr>
<tr>
<td></td>
<td>Project pictures of implants, slides 1-6</td>
<td>Arm model</td>
</tr>
<tr>
<td></td>
<td>Distribute samples of implants to trainees to examine</td>
<td></td>
</tr>
</tbody>
</table>

What are Implants?

- Small plastic rods
- Each about size of a matchstick
- Single rod implants (such as Imp anon), and Double rod implants (such as Jadelle and Sino-Implant)
- Release a progestin (like the natural hormone progesterone)
- Don’t contain oestrogen
<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe for breastfeeding</td>
<td>Briefly review characteristics of each type of implant</td>
<td>Slides 1-8</td>
</tr>
<tr>
<td>Minor surgical procedure</td>
<td>Encourage discussion and questions</td>
<td>Flip charts and markers</td>
</tr>
<tr>
<td>Implants sub-dermal on inside of a woman’s upper arm</td>
<td>Describe the mechanism of action of implants</td>
<td></td>
</tr>
<tr>
<td>Mechanism of Action</td>
<td></td>
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</tr>
</tbody>
</table>

**Work primarily by:**
- Disrupting the menstrual cycle - preventing ovulation
- Thickening cervical mucus (blocks sperms from fertilizing)

**Effectiveness of Implants:**
- Among most effective and long-acting methods
- Less than 1 pregnancy per 100 women over the first year (5 per 10,000 women)
- Small risk of pregnancy beyond first year of use
- Over 5 years of two-rod implants (Jadelle) use: about 1 pregnancy per 100 women
- Over 3 years of one-rod implant (Impanon) use: less than 1 pregnancy per 100 women (1 per 1,000 women)
- Sino-Implant has pregnancy rate below 1%; labelled for four years of use
- Jadelle implants lose effectiveness sooner for heavier women: for women who weigh 80 kg or more, implants become less effective after 4 years; they may want to replace implant sooner than five years.

**Advantages of Implants:**
- Highly effective and safe
- Provide multiple years of protection
- Convenient and private
- Independent of intercourse

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Lecture (10 min)</td>
<td>Discuss the effectiveness of implants compared to other methods</td>
<td>Procedure Manual Slide #9</td>
</tr>
<tr>
<td>Brainstorming, Lecture, Discussion (20 mins)</td>
<td>Ask Participants to brainstorm the advantages of implants</td>
<td>FP Procedure Manual</td>
</tr>
<tr>
<td></td>
<td>Write the advantages on a flip chart</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discuss while clarifying issues or concerns</td>
<td>Flip charts and marker pens</td>
</tr>
<tr>
<td>CONTENT</td>
<td>ACTIVITIES</td>
<td>RESOURCES</td>
</tr>
<tr>
<td>---------</td>
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</tr>
</tbody>
</table>
| - No delay in return of fertility after removal  
- No adverse effects on breast milk  
- Help protect against symptomatic PID and iron-deficiency anaemia. | - Lecture, Discussion (10 mins)  
Ask Participants what side effects they are familiar with in the use of Implants  
List these on flip chart  
Trainer to correct or complement as necessary  
Emphasize that side effects are not experienced by all users and that they are not harmful, but may be unpleasant  
Ask Participants what about possible complications that may occur with implants  
Note these on a flip chart and complement as necessary  
Explain that single rod users (Imp anon) are more likely to have infrequent or no monthly bleeding than to have irregular bleeding lasting more than 8 days. | FP Procedure Manual  
Flip charts and marker pens |

### Side Effects of Implants:
- Changes in menstrual bleeding patterns (irregular bleeding, lighter bleeding, fewer days of bleeding, infrequent bleeding or no monthly bleeding first several months)  
- Headaches  
- Abdominal pain  
- Weight change  
- Dizziness  
- Nausea  
- Breast tenderness  
- Mood change  
- Acne (can worsen or improve)  
- Enlarged ovarian follicles

### Complications (generally uncommon):
- Infection at insertion site: redness, heat, pain, pus (if occurs, usually in the first 2 months after insertion)  
- Difficult removal (rare if properly inserted and provider skilled at removal)  
- Expulsion of implant: when one or two rods begin to come out of the arm (rare; if it occurs, within first 4 months after insertion).
<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Heavy or prolonged bleeding (twice as much as usual or longer than 8 days)</td>
<td>• Discussion</td>
<td>FP Procedure Manual</td>
</tr>
<tr>
<td>▪ Pregnancy</td>
<td>• Let the participants state some of the misconceptions they have heard about implants.</td>
<td>Slide #10</td>
</tr>
<tr>
<td>▪ Abscess (pockets of pus under the skin due to infection)</td>
<td>• Correct the common misconceptions with them</td>
<td>Flip charts and markers</td>
</tr>
<tr>
<td>▪ Severe pain in lower abdomen (suspected ectopic pregnancy or enlarged ovarian follicles or cyst)</td>
<td>• Share misconceptions not mentioned.</td>
<td></td>
</tr>
<tr>
<td>Note: Single rod users (Imp anon) are more likely to have infrequent or no monthly bleeding than to have irregular bleeding lasting more than 8 days. Some side effects may be unpleasant, but not harmful</td>
<td>• Case Study</td>
<td></td>
</tr>
</tbody>
</table>

**Correcting Misconceptions about Implants**

Facts about implants:

- Stop working once removed/hormones don’t remain in a woman
- Can stop monthly bleeding, but not harmful. Blood not building up inside the woman
- Don’t make women infertile
- Don’t move to other parts of the body
- Substantially reduce risk of ectopic pregnancy

Amina is a woman of 30 years and a mother of two children. She comes to your clinic because she wants to have her implant removed. She has heard that women who have had can implant can never have children again.

Ask Participants what they would tell Amina before she spreads this rumour to others.
# SESSION 2: Counselling on Implants

## Objectives
At the End of This Session, Trainees Will Be Able To:
- Describe how to counsel clients on implants including PITC
- Demonstrate counselling for implants

## Evaluation Method(s)
- Checklist for implant counselling and clinical skills
- Return Demonstration
- Questions and Answers

## CONTENT

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion (15 minutes) Trainer to lead discussion on offering HIV test as recommended in PITC. Client is to be tested unless she opts out.</td>
<td>Procedure Manual Chapter 5 For more information see Cross-cutting unit in module 1</td>
</tr>
</tbody>
</table>

## Counselling for HIV testing as per PITC

## Counselling Specific for Implants

Thorough discussion on the following, help to ensure the client is:
- happy with choice
- less likely to seek further consultations
- Less likely to seek early removal

<table>
<thead>
<tr>
<th>Discussion, Role Play (30 minutes) Discuss important points for counselling on implants including informed choice Trainer demonstrates good counselling techniques</th>
<th>Procedure Manual Role Play handout Counselling checklist</th>
</tr>
</thead>
</table>
Counselling for informed choice is the process whereby the individual/couple is assisted to choose a preferred FP method after being offered accurate and clear information in regard to the client’s reproductive goal, needs and FP methods available.

**Counselling topics**

Discuss with a client about:

Her reproductive goal: Spacing? Limiting?

Advantages and limitations of hormonal implants compared with other contraceptive methods

Advantages

- The possibility to discontinue use any time
- Rapid return to fertility after removal

Possible side effects of implants

- Possibility of scarring after removal
- Changes in bleeding pattern

Insertion and removal procedures

Possible complications of insertion/removal

Best time for insertion

- Maximum time of use/removal date
- Use of patient card (reminder for the service provider and the patient)

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling for informed choice is the process whereby the individual/couple is assisted to choose a preferred FP method after being offered accurate and clear information in regard to the client’s reproductive goal, needs and FP methods available.</td>
<td>Participants to role-play counselling in pairs while the others observe. Let participants provide feedback on the counselling process they observed.</td>
<td>Case studies, Counselling guide for informed choice</td>
</tr>
</tbody>
</table>
### Counselling About Side Effects:

Thorough counselling about bleeding changes and other side effects must be done before inserting implants. Counselling about bleeding changes may be the most important help a woman needs to keep using the method.

#### Describe the most common side effects

- Changes in her bleeding pattern: Irregular bleeding that lasts more than 8 days at a time over the first year
- Regular, infrequent or no bleeding at all later.
- Headaches, abdominal pain, breast tenderness, and possibly other side effects
- Side effects are not signs of illness
- Most become less or stop within the first year
- Common, but some women do not have them
- Client can come back for help if side effects bother her
- If client cannot tolerate side effects, treatment or discontinuation may be necessary.

#### Other reasons for woman to return:

- Pain, heat, or redness at the insertion site
- Excessive weight gain (may decrease the length of effectiveness)

<table>
<thead>
<tr>
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<th>RESOURCES</th>
</tr>
</thead>
</table>
| **Counselling About Side Effects:** | - Discussion (10 mins)  
Discuss the difference between complications and side effects.  
Ask participants to brainstorm the most important issues to discuss about side effects of implants and reasons to return.  
Trainers to summarize possible side effects of implants and reason to return. | Procedure Manual |
### SESSION 3: Who can and cannot use Implants

**Objectives**

At the End of This Session, Trainees Will Be Able To:
- Explain Indications for Using Implants
- Describe screening clients using history and physical exam where necessary
- Demonstrate how to categorize clients using WHO medical eligibility criteria
- Explain use of implants in an HIV positive client

**Evaluation Method(s)**

- Checklist for implant counselling and clinical skills
- Question and answers
- Course Evaluation (daily)
- VIPP cards

**Who can use implants?**

Nearly all women can use implants safely and effectively, including women who:
- Have or have not had children
- Are not married
- Are of any age
- Have just had an abortion, or ectopic pregnancy
- Smoke cigarettes
- Are breastfeeding (starting as soon as 6 weeks after childbirth)
- Have anaemia now or in the past
- Have varicose veins
- Are infected with HIV, whether or not on antiretroviral therapy

**Activities**

- Brainstorming (20 minutes)
  - Ask participants to list types of women who can use implants and those who cannot. Note answers on flip chart
  - Correct their responses
  - Clarify, using Medical Eligibility Guide

**Resources**

- FP Procedure Manual, Chapter 12
- Slide 16-17
- Screening Checklist
- Flip charts
- Marker pens
- WHO medical eligibility criteria chart
- Pregnancy checklist
## Screening for Medical Eligibility for Implants

Asking client questions about known medical conditions.
Examinations and tests not necessary

If answer is NO to all questions, can have implants inserted.
If answer is YES to a question, follow instructions.

In some cases she can still start using implants.

### Implant Screening Checklist

1. Breastfeeding a baby less than 6 weeks old?
2. Has liver disease, a liver infection, or liver tumour?  
   (Check if woman’s eyes or skin unusually yellow, which are signs of jaundice)
3. Has a serious problem now with a blood clot in your legs or lungs?
4. Has vaginal bleeding that is unusual for you?
5. Has or ever had breast cancer?

### Checklist to Rule Out Pregnancy

Asking client questions from the checklist to rule out pregnancy. If the client answers YES to all questions, client is free of signs and symptoms of pregnancy and she can be provided with an implant. If client answers NO to any of the questions, pregnancy cannot be ruled out. Await menses or use a pregnancy test.

### Questions & Answer, Role Play Exercise (30 minutes)

- Ask participants what questions they would ask clients to screen them for medical eligibility
- Lead discussions on questions about known medical conditions
- Ask 2 Participants to role play screening a client using the Implant Screening Checklist
- Ask Participants to comment on the role play
- Correct responses

### Lead discussion with participants (10)

- Ask questions to be sure a woman is not pregnant, using the Yes/No answer questions from the Checklist to Rule Out Pregnancy
- Discuss with participants medical eligibility criteria table

### Resources

- FP Procedure Manual
- Implant Screening Checklist
- Slides 18-20

### Medical eligibility criteria table
<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you less than 6 months postpartum and fully breastfeeding and</td>
<td>▪ VIPP Cards (20 minutes)</td>
<td>VIPP cards</td>
</tr>
<tr>
<td>free from menstrual bleeding since you had your child.</td>
<td></td>
<td>Marker pens</td>
</tr>
<tr>
<td>2. Have you abstained from sexual intercourse since your last menses?</td>
<td>Using VIPP cards ask participants to give examples of special groups of</td>
<td>Masking tape</td>
</tr>
<tr>
<td>3. Have you given birth in the last 4 weeks?</td>
<td>clients who should ideally not use implants. Give each</td>
<td>Slides 21</td>
</tr>
<tr>
<td>4. Did your last menstrual period start within the past 7 days?</td>
<td>Participants 4 cards and ask them to put an example on each card.</td>
<td></td>
</tr>
<tr>
<td>5. Have you had a miscarriage or abortion in the past 7 days?</td>
<td>Ask Participants to post the VIPP cards on a flip chart.</td>
<td></td>
</tr>
<tr>
<td>6. Have you been using a reliable contraceptive method consistently and</td>
<td>Organize similar VIPP cards into categories.</td>
<td></td>
</tr>
<tr>
<td>correctly?</td>
<td>Add conditions which have not been suggested by participants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discuss conditions and what other contraceptive methods might be</td>
<td></td>
</tr>
<tr>
<td></td>
<td>more appropriate for women with these conditions.</td>
<td></td>
</tr>
<tr>
<td><strong>Using Clinical Judgment in Special Cases</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women with conditions below should not use implants, except in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>special circumstances – when other more appropriate methods are</td>
<td></td>
<td></td>
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<tr>
<td>not available or acceptable:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Breastfeeding and less than 6 weeks since giving birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Current blood clot in deep veins of legs or lungs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Unexplained vaginal bleeding before evaluation for possible serious</td>
<td></td>
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<tr>
<td>underlying condition.</td>
<td></td>
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</tr>
<tr>
<td>▪ Had breast cancer more than 5 years ago and it has not returned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Severe liver disease, infection, or tumour</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Implants for Women with HIV</strong></td>
<td></td>
<td>FP Procedure Manual</td>
</tr>
<tr>
<td>Women can safely use implants if they:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Are infected with HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Have AIDS</td>
<td></td>
<td></td>
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<tr>
<td>▪ Are on antiretroviral (ARV) therapy</td>
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<td></td>
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<tr>
<td>Urge dual protection (condoms)</td>
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</tbody>
</table>
### SESSION 4: Infection Prevention

<table>
<thead>
<tr>
<th>Objectives</th>
<th>At the End of This Session, Trainees Will Be Able To:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Describe the principles of infection prevention related to implant insertion and removal</td>
</tr>
<tr>
<td>Duration</td>
<td>30 mins</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation Method(s)</th>
<th>Questions and Answers</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Course evaluation (daily)</td>
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</table>

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Principles of Infection Prevention in Implant Use</strong></td>
<td>- Brainstorming, Discussion, Demonstration</td>
<td>Procedure Manual Slides 23-25</td>
</tr>
<tr>
<td></td>
<td>Participants brainstorm on infection prevention procedures for implant(s).</td>
<td>Basin with 0.5% chlorine solution</td>
</tr>
<tr>
<td></td>
<td>Trainer to show flushing trocar three times with 0.5% chlorine solution. Trocar to be autoclaved as per procedure for sharps.</td>
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<tr>
<td></td>
<td>- Hand hygiene</td>
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<tr>
<td></td>
<td>- Use of appropriate gloves</td>
<td></td>
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<tr>
<td></td>
<td>- Correct preparation of insertion site</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Use of surgical drape when available</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Use of new disposable syringe and needle and implant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Correct processing of trocar used for insertion of two-rod implant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Correct care of site after insertion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Correct processing of instruments and supplies after insertion</td>
<td></td>
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<tr>
<td></td>
<td>- Proper disposal of waste</td>
<td></td>
</tr>
</tbody>
</table>
## SESSION 5: Inserting Implants

### Objectives

At the End of This Session, Trainees Will Be Able To:

- Describe the insertion procedure steps of implant/s
- Demonstrate the insertion of implants
- Demonstrate post insertion instructions to the client
- Describe follow-up management of client and manage side effects and other problems

### Duration:

180 mins

### Evaluation Method(s)

- Questions and Answers
- Evaluation (daily)
- Observation of trainee skills

### CONTENT

#### Providing Contraceptive Implants

Can start any time it is reasonably certain the client is not pregnant. Use Pregnancy Checklist.

**Women can begin using implants:**

- Without a pelvic examination
- Without any laboratory tests
- Without cervical cancer screening
- Without a breast examination
- When not having monthly bleeding at the time, but reasonably certain she is not pregnant (see Pregnancy Checklist)

### ACTIVITIES

- **Grab Bag Exercise (20 minutes)**

  Explain the appropriate timing (time in menstrual cycle, postpartum, post abortion, etc.) for implant insertion.

  Ask Participants to each take one slip of paper from the grab bag. Instruct them to match each “situation” with “the appropriate time for insertion.” For example: “Partially breast feeding less than 6 weeks after birth,” matches “Delay insertion until at least 6 weeks after giving birth.”

### RESOURCES

- FP Procedure Manual
- Arm model
- Implants
- Slide 27-28
### Appropriate time for insertion – conditions to consider:

- Regularity of menstrual cycles
- Switching from non-hormonal method
- Switching from a hormonal method
- Timing of insertions related to birth and breastfeeding
- Absence of menstrual cycle not related to childbirth
- Timing related to miscarriage or abortion
- Timing following provision of Emergency Contraceptive Pills (ECPs)

### Counselling

Reconfirm the Client’s Choice of the Implants and Explain Procedure

Reconfirm that the client has received counselling and chosen an implant for contraception.

**She needs to know:**

- How long the procedure takes
- That complications are rare
- An injection of local anaesthetic will be given
- Implant inserted just under the skin.
- May feel some pressure or tugging.
- After insertion, no stitches needed.
- Adhesive bandage applied
- Changes in bleeding pattern
- Insertion and removal procedures
- Possible complications of insertion/removal
- Best time for insertion
- Maximum time of use/removal date
- Use of patient card (reminder for the service provider and the patient)

### Activities

- Lead discussion based on when in the woman’s life cycle to provide implants.
- Discussion, Role Play (30 minutes)
- Lead a discussion on explaining the insertion procedure of implants to the client.
- Participants brainstorm on preparing self, client and materials.
- Trainer to summarize preparations needed.
- Describe how to reconfirm the client’s choice of implants and explain the procedure.

### Resources

- Photocopy chart on “When a Woman can Start Using Implants.” Cut the chart into smaller sections and put them in a grab bag.
- Procedure Manual
- Insertion and Removal of Implants
<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inserting Contraceptive Implants</td>
<td>▪ Demonstration (60 minutes)</td>
<td>Medical Eligibility Screening Checklist</td>
</tr>
<tr>
<td></td>
<td>Explain step-by-step insertion procedure to participants.</td>
<td>Check to Rule Out Pregnancy</td>
</tr>
<tr>
<td></td>
<td>Demonstrate insertion of implant step-by-step on arm model first with a</td>
<td>Sufficient arm models for each 2-3 participants to use a model</td>
</tr>
<tr>
<td></td>
<td>participant playing the role of a real client.</td>
<td>Clinical Skills Checklist for Implant Insertion</td>
</tr>
<tr>
<td></td>
<td>Participants coached on step-by-step implant insertion on a model using</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the Clinical Assessment Checklist.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Divide participants into pairs to practice what has been demonstrated on</td>
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</tr>
<tr>
<td></td>
<td>a model, using the clinical assessment checklist until they are proficient.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participants who demonstrate competency permitted to work with actual</td>
<td></td>
</tr>
<tr>
<td></td>
<td>clients under guidance of clinical trainer. Those not competent continue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>practicing on model until competent.</td>
<td></td>
</tr>
</tbody>
</table>

<p>| Preparation for Inserting Implants | ▪ Demonstration/Return Demonstration (60 min)                              | National FP Procedure Manual                                               |
|                                   | <strong>Trainer:</strong> Use checklists to get a sense of the knowledge and skills    | Slides 29-35                                                              |
|                                   | levels that the trainees have prior to learning implant insertion skills  | Learners Guides and Practice check lists                                  |</p>
<table>
<thead>
<tr>
<th>CONTENT</th>
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<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash hands with soap and water and dry with sterile</td>
<td>Some of those may also have learned habits which must be “unlearned” if they are to perform according to the learning guides.</td>
<td>Equipment and instruments for Insertion/Removal of implants: Surgical/sterile gloves Iodine or alcohol Gauze Chlorine solution (or chlorinated lime) Soap – bar/ detergent Syringes: 2 ml or 5 mls, Antiseptic Hand towels Bed sheets Surgical Drapes Lignocaine Implants</td>
</tr>
<tr>
<td>Open the sterile equipment tray</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opens the sterile implant package.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Put on sterile gloves. Use sterile gauze to remove powder if necessary.</td>
<td>The trainer demonstrates on the model. After demonstrating on the model, the trainer allows participants to demonstrate, while being coached by the trainer at first and then by a fellow participant using The Clinical Skill Checklist for Single Rod Insertion.</td>
<td></td>
</tr>
<tr>
<td>Clean insertion site outwards in circular motions four times with antiseptic solution using sponge held on sponge holding forceps</td>
<td>The trainer will then assess the skills of the participant using the. The Clinical Skill Checklist for Single Rod Implant Insertion.</td>
<td></td>
</tr>
<tr>
<td>Place the sterile surgical drapes under and over the arm if available</td>
<td>Throughout the simulated practice, Participants should be encouraged to practice her/his role as clinician by talking to the “client” while performing the procedure, explaining what is taking place, what sensations the client may be feeling, and what the findings are.</td>
<td></td>
</tr>
<tr>
<td>Determine client’s allergies to anaesthetic agent or related drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use a syringe with a long, thin needle 4-4.5cm to draw 3-4 ml of local anaesthetic</td>
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</tr>
<tr>
<td>Insert the tip of the needle under the skin and create a wheal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without removing the needle give a local anaesthesia, lignocaine 1% without adrenalin, subcutaneously at the area of insertion. Using the anaesthetic needle make 1 or 2 clear channels (depending on the number of rods to be inserted) just beneath the skin in a single canal or V like pattern. Less than 1ml of lignocaine is sufficient for each of the areas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test skin by pinching for effectiveness of the anaesthesia.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Procedure for Single Rod Insertion

After cleaning and applying analgesia and draping:

- Remove the applicator with Imp anon, from its blister and remove the needle shield
- Hold the applicator with the needle up until insertion.
- Visually verify implant inside metal part of canola. (Seen as a white tip inside the needle).

- Demonstration and Return Demonstration (90 minutes)

Participants to repeat the procedure for single and double rod implants.

See above
<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
</table>
| ▪ Keep needle and implant sterile. If contaminated use new one.  
▪ Fix obturator firmly against the arm.  
▪ Canola parallel to the skin surface  
▪ Stabilize the skin with thumb and index finger and insert the implant needle of the applicator subdermally gently while lifting the skin with the needle to its full length without using force  
▪ When implant is too deep it may be difficult to remove  
▪ Break seal of applicator by pressing the obturator support  
▪ Turn the obturator 90° with respect to the canola  
▪ With free hand, slowly pull the canola out of the arm with the obturator tightly immobilized in place  
▪ Check the needle for the absence of the implant.  
▪ Always verify the presence of the implant by palpation of the insertion site. Dispose of applicator in a sharps container  
▪ Apply sterile gauze with a pressure bandage | ▪ Demonstration and Return Demonstration (60 min)  
Repeat the same process of demonstration and return demonstration for the double rod implant (Jadelle or Sino-plant).  
Suggest to participants that they continue to practice their insertion skills after hours. | See above |

**Insertion of Two Rods Implant**

<table>
<thead>
<tr>
<th>CONTENT</th>
</tr>
</thead>
</table>
| ▪ Make a small (2 mm long), shallow incision with scalpel or trocar, just penetrating the dermis.  
▪ Pick up the trocar with the number 10 on the hub facing upward so that the bevel is up.  
▪ Insert the point of the trocar through the incision at a shallow angle, tenting the skin. Start on the right or the left. Insert until point is completely beneath the skin (2-3 mm past the end of the bevel).  
▪ To keep implants on a superficial plane- tilt the trocar upwards toward the surface of the skin.  
▪ Advance the trocar to mark (1). It should visibly raise the skin at all times. |
<table>
<thead>
<tr>
<th>CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• When mark (1) is just at the incision, the trocar is in position for implant.</td>
</tr>
<tr>
<td>• Ask the client to count the implants with you as you insert them.</td>
</tr>
<tr>
<td>• Remove plunger, load the first implant rod into the trocar canola, either using the thumb and forefinger or tweezers. Be sure the sterile gloves are free of powder.</td>
</tr>
<tr>
<td>• Push the implant rod down to the top of the hub.</td>
</tr>
<tr>
<td>• Push the implant gently with the plunger towards the tip of the trocar canola until you feel resistance but never force the plunger.</td>
</tr>
<tr>
<td>• Hold the plunger firmly in place with one hand.</td>
</tr>
<tr>
<td>• Slide the trocar canola out of the incision until the lower mark just clears the incision and the barrel touches the handle of the plunger. Keep the plunger steady. Do not push the implant rod into the tissue. The implant should now be lying beneath the skin; it must be free of the trocar to avoid being cut as the trocar is moved to insert the other implant rods.</td>
</tr>
<tr>
<td>• Do not completely remove the trocar. Swivel the trocar about 15 degrees making a fanlike pattern.</td>
</tr>
<tr>
<td>• Hold the inserted rod with finger. Use another finger as a guide, while advancing trocar to mark (1)</td>
</tr>
<tr>
<td>• Remove the plunger; load the second implant rod and follow steps 9 to 14. Implant rods should form a “V” (15 degrees)</td>
</tr>
<tr>
<td>• The nearest ends of the implant rods must be not less than 5mm from the incision to prevent expulsions.</td>
</tr>
<tr>
<td>• Withdraw the trocar. Apply pressure with gauze for a minute to stop bleeding. Palpate implant rods to make sure that 2 have been inserted.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
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<table>
<thead>
<tr>
<th>RESOURCES</th>
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</table>
Supporting the User

No routine return visit is required until it is time to remove the implants. The client should be invited to return any time she wishes. However, if the client does return for any reason ask her:

- If she is satisfied with implant
- If she has any questions or anything to discuss
- If she is concerned about bleeding changes. Give her any information or help that she needs
- If she has had any new health problems since her last visit.

Follow up as needed:

- If possible, weigh the client who is using Jadelle. Weight change may affect effectiveness. If necessary, update her reminder card.
- Remind her how much longer her implants will protect her from pregnancy.

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting the User</td>
<td>Discussion, Role Play (15 minutes)</td>
<td>Role play handout</td>
</tr>
<tr>
<td></td>
<td>Ask participants to mention most important post-insertion instructions Add/correct as necessary</td>
<td></td>
</tr>
</tbody>
</table>
### SESSION 6: Removing Implants

**Objectives**

At the End of This Session, Trainees Will Be Able To:

- Explain indications for removal of implants
- Demonstrate implant removal
- Demonstrate counselling of clients after removal of implants

**Duration:** 1 hour, 30 mins

**Evaluation Method(s)**

- Questions and Answers
- Evaluation (daily)

---

#### CONTENT

<table>
<thead>
<tr>
<th>Indications for removal of implants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woman’s preference</td>
</tr>
<tr>
<td>Woman wants to have a baby</td>
</tr>
<tr>
<td>Medical condition, e.g. blood clot disorders</td>
</tr>
<tr>
<td>Implant has been in maximum time (3 years for single rod and 4 or 5 years for double rod)</td>
</tr>
</tbody>
</table>

#### ACTIVITIES

| Brainstorming/Lecture, Demonstration, Return Demonstration (1 hour) |
| Describe the removal procedure. |
| Demonstrate the removal procedure on an arm model. |
| Checklist for Single Rod Implant Removal. |

#### RESOURCES

- Flip chart and maker pens
- Slides 37-44
- Mosquito forceps
- Surgical blade and handle
- Kidney dish
- Galipot
<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparation for removal of implants</strong></td>
<td>After demonstrating Single Rod removal on the model, allow each participant to do the same, while being coached by the trainer at first and then by a fellow participant who will use Checklist for Single Rod Implant Removal.</td>
<td>Lignocaine Syringe 5cc</td>
</tr>
<tr>
<td>CONTENT</td>
<td>ACTIVITIES</td>
<td>RESOURCES</td>
</tr>
<tr>
<td>---------</td>
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<td>-----------</td>
</tr>
</tbody>
</table>
| ▪ If client is to continue using implant(s) insert new rod(s) immediately after the old one(s) is/are removed in the same arm,  
▪ and through the same incision, or in the other arm.  
▪ Close the incision with a butterfly bandage and apply an adhesive bandage. Apply a pressure bandage with sterile gauze | Repeat the same process of Demonstration and Return Demonstration for the double rod implant (Jadelle or Sino-plant).  
▪ Suggest to Participants that they continue to practice their removal skills, using the Clinical Skills Checklist, until they are proficient | |

**Removing the Hard to Retrieve Implants**

- Feel ends of the implant with the left (if you are right-handed) fore- and middle fingers. Push the implant toward the incision.
- Grasp the implant with mosquito forceps from below with forceps pointing toward the surface on the skin. At the same time press the end of the implant against the forefinger.
- Without pulling the implant out, rotate the handle of the forceps 180 degrees.
- Clean soft tissue surrounding rod with gauze until implant is visible.
- Open the tissue envelope, grasp the rod with the second forceps, and remove.
- Be sure to remove the implant rod entirely. Confirm that the entire rod, which is 4 cm long, has been removed by measuring its length.
- If the implant does not become visible refer the client.

- Discussion (15 minutes)
  
Discuss with participants removal of hard to retrieve implants  
Discuss when to refer a client with a difficult to remove implant.

- Procedure Manual  
  
Insertion and Removal of Implants
## CONTENT

**Rods that cannot be palpated:**
Two ways to locate Implant rods: MRI or ultrasound

**Client Instructions After Implant Removal**
Observe client for few minutes before discharge.

Tell her when anaesthetic wears off:
- Some tenderness for a day or two.
- Some discoloration, bruising, and swelling for a few days
- Keep area around the incision clean and dry for four days, keep protective bandage for three days, small adhesive bandage for a day or two longer.

Provide back up contraceptive method if she does not want to become pregnant.

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role Play (15 minutes)</td>
<td>Scripts</td>
</tr>
<tr>
<td>Ask trainees to review the post-removal counselling section of the Clinical Assessment Checklist.</td>
<td>Slides 45-46</td>
</tr>
<tr>
<td>Ask for 2 volunteers to do a role-play. Ask one participant to play the role of the client and the other to play the role of the provider giving post-insertion instructions to the client.</td>
<td></td>
</tr>
<tr>
<td>Discuss with participants post-removal instructions and second implant insertion</td>
<td></td>
</tr>
</tbody>
</table>
### SESSION 7: Follow up and Management of Side Effects and Complications

<table>
<thead>
<tr>
<th>Objectives</th>
<th>At the End of This Session, Trainees Will Be Able To:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Describe follow-up and reason for client to return</td>
</tr>
<tr>
<td></td>
<td>- Demonstrate how to manage side effects/complications using SOAP approach</td>
</tr>
</tbody>
</table>

**Duration:** 1 hour

<table>
<thead>
<tr>
<th>Evaluation Method(s)</th>
<th>Questions and Answers Evaluation (daily)</th>
</tr>
</thead>
</table>

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## CONTENT

### Follow-Up and Reasons to Return

Follow up visits are used to find out whether the client is satisfied with her method, has any concerns about the method, is having any adverse effects from the method and/or has had a change in her health.

Welcome client to come back any time – if she has problems, questions, wants another method.

### Reasons for Return

- She has a major change in health status or she thinks she might be pregnant.
- She has pain, heat, pus, or redness at the insertion site that becomes worse or does not go away.
- She sees a rod coming out.
- She has gained a lot of weight. This may decrease the length of time Jadelle remains highly effective.
- She has a general health concern.

---

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Discussion (20 minutes)</td>
<td>FP Procedure manual</td>
</tr>
<tr>
<td>Discuss purpose of follow up visits</td>
<td>Flip charts and markers</td>
</tr>
<tr>
<td>Discuss follow-up issues with participants</td>
<td>Matrix</td>
</tr>
<tr>
<td>List on flip chart</td>
<td>Slides 48-53</td>
</tr>
<tr>
<td>Discuss when a client should return for a follow up visit</td>
<td>Flip charts and markers</td>
</tr>
<tr>
<td>Discuss what the provider should do at a follow up visit</td>
<td>Procedure manual</td>
</tr>
<tr>
<td>Review SOAP Approach (slide 49)</td>
<td></td>
</tr>
<tr>
<td>- Small group work (40 mins)</td>
<td></td>
</tr>
<tr>
<td>CONTENT</td>
<td>ACTIVITIES</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Who is allowed to remove implants</strong></td>
<td>Trained clinicians and nurses</td>
</tr>
<tr>
<td><strong>Managing Any Problems</strong></td>
<td>Problems Reported as Side Effects or Complications may or may not be due to the method of contraception</td>
</tr>
<tr>
<td></td>
<td>Side effects and complications affect women’s satisfaction and use of implants. Listen to her concerns, give her advice, and treat, if necessary.</td>
</tr>
<tr>
<td></td>
<td>Offer to help the client choose another method if problems cannot be overcome.</td>
</tr>
<tr>
<td><strong>Implant side effects management</strong></td>
<td>Consideration of client concerns:</td>
</tr>
<tr>
<td></td>
<td>- Do not dismiss client concerns</td>
</tr>
<tr>
<td></td>
<td>- Reassure the client that the side effects aren’t signs of danger.</td>
</tr>
<tr>
<td></td>
<td>- Rule out other causes.</td>
</tr>
<tr>
<td></td>
<td>- Counsel for other methods</td>
</tr>
<tr>
<td></td>
<td>- Remove implant if side effect persists</td>
</tr>
<tr>
<td></td>
<td>See Managing Complications Matrix handout for specific instructions</td>
</tr>
</tbody>
</table>

Give participants the “Managing Complications Matrix” handout and discuss
Divide trainees into 4 groups
Ask two groups to discuss a number of side effects related to implant use and how to manage them. Ask two groups to discuss complications related to implant use.
Allow 15 minutes for the group work.
Ask the groups to present plenary in turns
Lead discussion with reference to section on management of side effects/complications
Remind participants to use SOAP approach to dealing with side effects and complications
Ask the groups to present in turns in plenary

Managing Complications Matrix handout Slide 48
### Managing Implant Complications

**Possible Complications:**
- Infection at the insertion site (redness, heat, pain, pus)
- Heavy or prolonged bleeding (twice as much as usual or longer than 8 days)
- Pregnancy
- Abscess (pockets of pus under the skin due to infection)
- Expulsion (when one or two rods begin to come out of the arm).
- Severe pain in lower abdomen (suspected ectopic pregnancy or enlarged ovarian follicles or cyst)

For management of complications use “Managing Complication Matrix”

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Managing Implant Complications</strong></td>
<td></td>
<td>Managing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Complications</td>
</tr>
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<td></td>
<td></td>
<td>Matrix handout</td>
</tr>
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<td></td>
<td></td>
<td>Slide 48</td>
</tr>
</tbody>
</table>

### New Problems That May Require Switching Methods

- Unexplained vaginal bleeding (that suggests a medical condition not related to the method)
- Migraine headaches
- Certain serious conditions (suspect blood clots in deep veins of the legs or lungs, liver disease or breast cancer)
- Heart disease due to blockage or narrowed arteries (ischaemic heart disease) or stroke
- Suspected pregnancy

Refer to “Managing Complication Matrix”
## UNIT 7: IUCD

**Duration:** 1 day

### SESSION i: Introduction to IUCD

<table>
<thead>
<tr>
<th>Objectives</th>
<th>At the End of This Session, Trainees Will Be Able To:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Describe Cu T 380A IUCD</td>
</tr>
<tr>
<td></td>
<td>- Describe types of IUCD</td>
</tr>
<tr>
<td></td>
<td>- Explain how CuT380A-prevents pregnancy</td>
</tr>
<tr>
<td></td>
<td>- Describe effectiveness of CuT380A</td>
</tr>
<tr>
<td></td>
<td>- List the characteristics of Cu T 380A</td>
</tr>
<tr>
<td></td>
<td>- Explain how to correct misunderstanding about IUCD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation Method(s)</th>
<th>Clinical Skills Assessment Checklists</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Course evaluation (daily)</td>
</tr>
</tbody>
</table>

| Duration: | 95 mins |

### CONTENT

**What is the IUCD?**

Small, flexible plastic frame with or without copper.

**Types:**
- CuT 380A readily available in Tanzania
- The multi-load IUCD or hormone containing IUCD. These are less widely used in Tanzania at this time.
- T-shaped with two monofilament strings.
- Non-biodegradable small, frame with copper.
- Provides protection for 12 years.
- Insertion/removal requires training.

### ACTIVITIES

- Lecture, Discussion, Brainstorming (20 minutes)
- Explain session objectives.
- Project IUCD picture on screen.
- Show the IUCD and let participants feel it.
- Briefly review the characteristics of the CuT 380A.
- Illustrate position of IUCD in utero on model or slide.

### RESOURCES

- FP Procedure Manual, Chapter 13
- Samples of IUCD
- Pelvic and hand held uterus model
- Slide # 4-7
**Mechanism of action of IUCDs**

Chemical change in the uterus damages sperm and ovum before they unite (prevents fertilization). The copper-bearing IUCD’s principal mechanism of action (MOA) is to interfere with fertilization. Normally, the lining of the uterus and fallopian tubes are a good environment for sperm to swim and fertilize the egg. But the IUCD makes the uterus a “spermicidal environment.”

- **Large Group Discussion (10 minutes)**
  - Ask trainees how they think the IUCD works
  - Discuss the mechanism of action of IUCD
  - Show slide on IUCD Mechanism of Action

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
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</thead>
</table>
| **Effectiveness of Copper IUCDs** | - Lecture (10 minutes)  
  - Discuss the effectiveness of copper IUCD compared to other methods of contraception  
  - Show slide on IUCD Effectiveness | FP Procedure Manual  
  - Slide # 9                   |
| **Advantages of CuT 380A IUCDs** | - Brainstorming (20 minutes)  
  - Participants to mention the advantages of IUCD.  
  - Lead the discussion and summarize the advantages. | FP Procedure Manual  
  - Slide # 10                  |
### Disadvantages and Side Effects:
- Initial cost higher than short-action methods.
- Trained provider is required to insert.

### Common side effects, the first three months after insertion:
- Prolonged and heavy monthly bleeding
- Irregular bleeding
- More cramps and pain during monthly bleeding

### Complications, while rare, may occur:
- Uterine perforation during insertion (relates to skill of provider; usually heals without treatment).
- Miscarriage, preterm birth, or infection in the rare cases that the woman becomes pregnant with the IUCD in place.

### Health risks:
- May contribute to anaemia in women who are already anaemic and in whom IUCD causes heavy monthly bleedings (uncommon).
- Pelvic inflammatory disease (PID) may occur if woman has Chlamydia or Gonorrhoea at time of insertion.
- No protection from STIs, including HIV.
- Some complications may require immediate attention; clients should have access to back-up services.

NOTE: IUCDs do not increase the risk of ectopic pregnancy. IUCD users 5 times less likely to experience ectopic pregnancy than women using no contraception. If pregnancy in an IUCD user, more likely to be ectopic than in a non-user. Pregnancy for an IUCD user is more likely to be normal than ectopic: (estimated 6 to 8 in every 100 pregnancies, or 6% to 8%, are ectopic).

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
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</thead>
<tbody>
<tr>
<td>Brainstorming (20 minutes)</td>
<td>FP Procedure Manual</td>
<td></td>
</tr>
<tr>
<td>Ask participants to brainstorm the disadvantages and side effects of IUCD. Write their answers on a flip chart. Supplement any missing answers.</td>
<td>Flip charts</td>
<td></td>
</tr>
<tr>
<td>Discuss details of complications and health risks of the IUCD from the procedure manual.</td>
<td>Marker pens</td>
<td></td>
</tr>
</tbody>
</table>
## Correcting Misunderstandings About IUCDs

- Rarely lead to PID.
- Do not increase risk of STIs, including HIV.
- Do not increase risk of miscarriage in pregnancy after IUCD removal.
- Do not have to be kept in for 12 years—can be removed any time the woman wishes.
- Do not make women infertile.
- Do not cause birth defects.
- Do not cause cancer.
- Do not move to the heart/brain.
- Do not cause discomfort/pain during sex.
- Substantially reduce the risk of ectopic pregnancy.

### Activities

- Brainstorming and Discussion (15 minutes)

  Ask participants to explain the difference between a rumour and a misconception.

  Write their responses on the flip chart and correct any wrong answers.

  Cite reasons why rumours and misconceptions might be believable.

  Ask the participants to state some of the rumours and misconceptions they have heard about IUCD.

  Ask participants for strategies to counteract rumours and misconceptions.

  Summarize, clarify and complement if necessary.
### SESSION 2: Counselling for IUCD

#### Objectives

At the End of This Session, Trainees Will Be Able To:

- Describe how to counsel clients for IUCD including PITC and informed choice
- Demonstrate counselling for IUCD through role play

#### Evaluation Method(s)

- Checklist for IUCD counselling and clinical skills Evaluation (daily)

#### Duration:

90 minutes

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<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
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</thead>
<tbody>
<tr>
<td><strong>Counselling for IUCD</strong></td>
<td>Discuss with trainees offering HIV testing for all clients. Clients must opt out of the testing, rather than opt in. (10 minutes)</td>
<td>FP Procedure Manual, Chapter 5</td>
</tr>
<tr>
<td></td>
<td>Brainstorm what needs to be included in counselling for informed choice (10 minutes)</td>
<td>For more information see Crosscutting section of Module 1</td>
</tr>
<tr>
<td></td>
<td>Write answers on flip chart</td>
<td>Samples of IUCD</td>
</tr>
<tr>
<td></td>
<td>Supplement as necessary</td>
<td>Pelvic and handheld uterus model (Zoe pelvic model)</td>
</tr>
</tbody>
</table>

Counselling for Informed Choice is the process whereby the individual/couple is assisted to choose a preferred FP method after being offered accurate and clear information in regard to the client’s reproductive goal, needs and FP methods available.

For all clients attending FP clinics, offer HIV testing as per PITC

Discuss with the client her/his reproductive goals

Client may come to clinic with perceptions that pose a barrier to the acceptance of IUCD. Encourage her to share any concerns she may have about the IUCD. Show the client the IUCD and provide comprehensive information about:
<table>
<thead>
<tr>
<th>CONTENT</th>
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<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling for IUCD</td>
<td></td>
<td>LCD, Slides # 14-18&lt;br&gt;Posters, brochures and pamphlets&lt;br&gt;Flipcharts/flipbooks&lt;br&gt;Role Play handout&lt;br&gt;Role Play observation&lt;br&gt;Checklist for IUCD counselling skills</td>
</tr>
<tr>
<td>How the IUCD works</td>
<td>Trainer to demonstrate counselling for IUCD use&lt;br&gt;Divide the participants into groups of 3. One person to play the client, one the counsellor, and the third to observe, using the observer’s role-play checklist.&lt;br&gt;Assign each team one of the role-play scripts in Handout: Role-Play Situations. Only allow the “client” to see the case study.&lt;br&gt;The “counsellor” demonstrating respect, caring, honesty, and confidentiality must identify the client’s feelings to assist in the decision-making process.</td>
<td>Distribute copies of Handout: Competency-Based Checklist for IUCD Counselling Skills to each participant.</td>
</tr>
<tr>
<td>The benefits of the IUCD</td>
<td></td>
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<tr>
<td>Effectiveness</td>
<td></td>
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<tr>
<td>Possible side effects (especially those related to heavier bleeding) such as bleeding or spotting for the first few days following insertion, heavier menses, and more cramping for the first few periods.</td>
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<tr>
<td>Correct use</td>
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<tr>
<td>What to expect during and after IUCD insertion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warning signs of complications (abnormal bleeding that is very heavy, purulent or smelly discharge, fever, abdominal pain, or pain during intercourse, an IUCD string that becomes shorter, longer, or missing)</td>
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</tr>
<tr>
<td><strong>Risks of STIs and HIV/AIDS.</strong></td>
<td>The “client” and “counsellor” should give their impressions and/or reactions and the observers should comment on their observation of the case studies.</td>
<td>Ask the “client” and “counsellor” to role-play the counselling session and the observer to comment on the role-play using Handout: The Observer’s Role-Play Checklist for IUCD Counselling Skills. Refer to this handout for supplemental information on counselling.</td>
</tr>
<tr>
<td>Tell her that:</td>
<td>She will receive ibuprofen before leaving the clinic for treating any cramps or bleeding she may have</td>
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<tr>
<td></td>
<td>If she has excess bleeding she will be given iron tablets</td>
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</tbody>
</table>
### SESSION 3: Who can use IUCD

#### Objectives

At the End of This Session, Trainees Will Be Able To:

- Explain indications and precautions for using CuT380A IUCD
- Demonstrate how to screen clients for medical eligibility for the copper IUCD
- Discuss the use of IUCD for women with HIV
- Describe how to assess women for STIs prior to IUCD insertion

**Duration:** 70 mins

#### Evaluation Method(s)

- Clinical Skill Checklist for IUCD counselling and clinical skills
- Course evaluation (daily)

#### CONTENT

**Screening for Eligibility**

**Questions about known medical conditions:**

If answer NO to all of the questions, can have IUCD inserted. If answer YES to a question, follow instructions. In some cases she can still have an IUCD inserted.

- Did you give birth more than 48 hours ago but less than 4 weeks ago?
- Do you have an infection following childbirth or abortion?
- Do you have bleeding between menstrual periods that is unusual for you, or bleeding after intercourse (sex)?

#### ACTIVITIES

- **Lecture (30 min)**
  
  Give a mini-lecture on conditions that affect the eligibility for the IUCDs and the rationale for each.
  
  Discuss how to use the screening checklist and the checklist used to rule out pregnancy.

  Show the slides on the WHO categories for medical eligibility.

  Discuss with participants medical eligibility criteria table.

  Discuss the rationale for each of the screening questions

#### RESOURCES

- FP Procedure Manual, Chapter 7
- Pregnancy checklist
- Medical eligibility criteria table
- Slides # 19-22: Objectives and Screening for Medical Criteria
<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
</table>
| ▪ Do you have any female conditions or problems (gynaecologic or obstetric conditions or problems), such as genital cancer or pelvic tuberculosis? If so, what problems?  
▪ Within the last 3 months, have you had more than one sexual partner?  
▪ Within the last 3 months, do you think your partner has had another sexual partner?  
▪ Within the last 3 months, have you been told you have an STI?  
▪ Within the last 3 months, has your partner been told that he has an STI or do you know if he has had any symptoms – for example, penile discharge?  
▪ Are you HIV-positive and have you developed AIDS? | Review slide 21 for “When can Women being using the IUCD?” with trainees | Slides 23-24 WHO Medical Eligibility  
Slide 25: Screening for Pregnancy  
Slides # 26-28: Who Can and Cannot use the IUCD |

Assessing whether the client might be pregnant:
If the client answered NO to all of the questions, pregnancy cannot be ruled out. Client should await menses or use a pregnancy test.

If the client answered YES to at least one of the questions and she is free of signs or symptoms of pregnancy, provide client with desired method.
▪ Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?  
▪ Have you abstained from sexual intercourse since your last menstrual period or delivery?  
▪ Have you had a baby in the last 4 weeks?  
▪ Did your last menstrual period start within the past 7 days (or within the past 12 days if you are planning to use an IUCD)?  
▪ Have you had a miscarriage or abortion in the past 7 days (or within the past 12 days if you are planning to use an IUCD)?  
▪ Have you been using a reliable contraceptive method consistently and correctly?
### CONTENT

**Intrauterine Devices for Women with HIV**

Women at risk of HIV / infected with HIV can safely have IUCD.

Women with AIDS, are on antiretroviral therapy (ART), and are clinically well can safely have the IUCD.

Women with AIDS but not on (ART), or not clinically well should not have IUCD.

If woman develops AIDS while on IUCD, no need to remove if she wishes to continue.

IUCD users with AIDS should be monitored for pelvic inflammatory disease.

Urge use of condoms with IUCD.

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
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</table>
| ▪ Value Clarification and Discussion (20 minutes)  
Conduct a values clarification exercise. Post a large sign on one wall of the classroom that says NO put another sign on the opposite side of the wall that says yes.  
Ask the list of questions below. Ask participants to move to the YES side or NO side, depending on what they believe... If participants don’t know, they may remain in the middle.  
Do you think that HIV positive women have contraceptive needs?  
Do you think family planning users can be HIV positive?  
Do you think that women who have an IUCD in place are more likely to contract HIV?  
Can women with AIDS have an IUCD inserted?  
Discuss participants’ answers and clarify misconceptions about IUCD use for women with HIV or AIDS. | FP Procedure Manual  
Two large sheets of paper, with NO written on one and YES on the other.  
Slides: 29-31 |

### Assessing Women for Risk of STIs Prior to IUCD Insertion

Screening Questions for Pelvic Examination
If the answer to all of the questions is NO, then the client can have an IUCD inserted. If the answer to any question is YES, do not insert an IUCD.

▪ Is there any type of ulcer on the vulva, vagina, or cervix?  
▪ Does the client feel pain in her lower abdomen when you move the cervix?  
▪ Is there tenderness in the uterus, ovaries, or fallopian tubes (adnexal tenderness)?  
▪ Is there a purulent cervical discharge?

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<tr>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
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</thead>
</table>
| ▪ Discussion (20 minutes)  
Ask participants what screening questions they think need to be included for pelvic examination.  
Explain to participants WHO Eligibility Criteria for use of IUCDs  
Write their answers on a flip chart and correct any errors.  
Discuss with participants the process of Assessing women for STIs.  
Ask questions on assessing for STI risk. | FP Procedure Manual  
Pregnancy check list  
Medical eligibility criteria table  
Slide 32: Assessing women for the risk of STI before inserting IUCD |
- Does the cervix bleed easily when touched?
- Is there an anatomical abnormality of the uterine cavity that will prevent correct IUCD insertion?
- Were you unable to determine the size and/or position of the uterus?

A woman with Gonorrhoea or Chlamydia should not have an IUCD inserted.

Sexually transmitted infections (STIs) at insertion increase risk of pelvic inflammatory disease.

STIs may be difficult to diagnose clinically, reliable laboratory tests time-consuming, expensive, often unavailable
Without clinical signs, symptoms, laboratory testing, indication she might already have STI is whether her behaviour/situation places her at very high individual risk of infection. If risk for the individual client is very high, should not have an IUCD inserted. No universal set of questions to determine very high individual risk for Gonorrhoea and Chlamydia. Providers to discuss with client personal behaviours/situations in community that are most likely to expose women to STIs.

**Women can begin using IUCDs:**

Without STI testing
Without an HIV test
Without any blood tests or other routine laboratory test
Without cervical cancer screening
Without a breast examination

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
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<tbody>
<tr>
<td>A woman with Gonorrhoea or Chlamydia should not have an IUCD inserted.</td>
<td></td>
<td>Slide 33: When can women being using the IUCD</td>
</tr>
</tbody>
</table>
### SESSION 4: IUCD Infection Prevention

<table>
<thead>
<tr>
<th>Objectives</th>
<th>At the End of This Session, Trainees Will Be Able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Explain infection prevention procedures necessary for IUCD insertion and removal</td>
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</tbody>
</table>

**Evaluation Methods**
- Daily Course Evaluation
- End of course Evaluation

**CONTENT ACTIVITIES RESOURCES**

<table>
<thead>
<tr>
<th>Infection Prevention procedures related to IUCD insertion and removal</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>To minimize the client's risk of post-insertion infection, clinic staff should strive to maintain an infection-free environment. To do this:</td>
<td>Learning Exercise, Discussion (30 minutes)</td>
<td>FP Procedure Manual</td>
</tr>
<tr>
<td>- Wash hands thoroughly with soap and water before and after each procedure.</td>
<td></td>
<td>Samples of IUCD</td>
</tr>
<tr>
<td>- When possible, have the client wash her genital area before doing the screening pelvic examination.</td>
<td></td>
<td>Pelvic and handheld uterus model (Zoe pelvic model)</td>
</tr>
<tr>
<td>- Use clean, HLD (or sterilized) instruments and gloves (both hands) or use disposable (single-use) examination gloves.</td>
<td></td>
<td>LCD</td>
</tr>
<tr>
<td>- Cleaning the cervix is optional.</td>
<td></td>
<td>IUCD insertion</td>
</tr>
<tr>
<td>- Use only new sterile IUCD that is packaged with its inserter. Ensure that the package is intact.</td>
<td></td>
<td>and removal kits</td>
</tr>
<tr>
<td>- Load the IUCD in the sterile package.</td>
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</tr>
</tbody>
</table>
### Infection Prevention procedures related to IUCD insertion and removal, con’t

- Use a “no-touch” insertion technique to reduce contamination of the uterine cavity (i.e., do not pass the uterine sound or loaded IUCD through the cervical os more than once; not touching the vaginal walls or speculum blades with the uterine sound or IUCD inserter).
- Loaded IUCD or uterine sound should not touch unsterile surfaces (hands, vaginal walls, speculum, and table top).
- Passing both the uterine sound and the loaded IUCD inserter only once each through the cervical canal.
- Properly dispose of waste material after inserting the IUCD.
- Decontaminate instruments and reusable items immediately after using them.
- Use instruments that have been high-level disinfected (HLD) by boiling, steaming or soaking in disinfectant chemicals or use sterilized instruments.

Proper insertion technique prevents infection, expulsion, and perforations.
### SESSION 5: Providing IUCD

**Objectives**

At the End of This Session, Trainees Will Be Able to:

- Demonstrate how to load IUCD inside the sterile package using the non touch technique
- Describe the insertion procedure steps of IUCD
- Demonstrate insertion of IUCD according to Clinical Skills Assessment checklist
- Describe how to provide post-insertion instructions to the client
- Describe how to provide follow-up
- Explain indications for removal of IUCD
- Demonstrate removal of IUCD from a model

**Duration:** 30 minutes

**Evaluation Methods**

- Checklist for IUCD counselling
- Checklist for IUCD clinical skills
- Course evaluation (daily)

### CONTENT

**Explaining the Insertion Procedure**

Woman needs to know what will happen during insertion.

Insertion requires training and practice under direct supervision.

**Summary of instructions:**

- Explain insertion procedure.
- Tell her she will experience some discomfort/cramping during the procedure, this is to be expected.
- Talk with the client throughout procedure.
- Tell her what is happening step-by-step.
- Provide reassurance.

**ACTIVITIES**

- Large Group Discussion (10 minutes)

  Discuss what to explain to the client during the IUCD insertion or removal procedure.

  Emphasize on the impact of continuous interaction with the client

  Note: client may become frightened if shown the instruments used in insertion (i.e. speculum or tenaculum)

**RESOURCES**
<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
</table>
| ▪ Alerting her before any step that might cause pain.  
▪ Ask her to tell you when she feels discomfort/pain.  
▪ Ask from time to time if she is feeling pain. | | FP Procedure Manual  
Pelvic model  
LCD  
IUCD insertion/removal video tapes/CDs  
Sheets for covering the client  
Clinical Skills Assessment checklist for IUCD  
Insertion and removal kits, including speculum, forceps and tenaculum  
Slides 37-41 |
### Clinical Procedure for Insertion of IUCD

#### Step 1: Prepare self, materials and client:
- Prepare room/assemble materials and equipment following infection prevention procedures
- Ask client to empty bladder
- Check the IUCD package for expiry and manufacture date and damage to the package
- Ensure privacy
- Ask the client to undress from the waist down
- Assist client to get on to the examination couch and lie in lithotomy position
- Cover the client
- Wash hands and dry
- Put on sterile gloves aseptically (if sterile gloves not available, use exam gloves)
- Ask client to pull the cover up to the waist

#### Brainstorming (10 minutes)
- Participants brainstorm what materials to prepare before IUCD insertion.
- Summarize preparations needed.
- Brainstorm how to prepare the client prior to IUCD insertion or removal.

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Procedure for Insertion of IUCD</td>
<td>Brainstorming (10 minutes)</td>
</tr>
<tr>
<td>Step 2: Inspect the vulva and groin:</td>
<td>Participants brainstorm what materials to prepare before IUCD insertion.</td>
</tr>
<tr>
<td>Check for ulcers, swellings and discharge</td>
<td>Summarize preparations needed.</td>
</tr>
<tr>
<td>Step 3: Perform bimanual examination (before speculum examination) to avoid use of two speculums on one client. Use of two speculums subjects the client to discomfort twice and wastes the other speculum:</td>
<td>Brainstorm how to prepare the client prior to IUCD insertion or removal.</td>
</tr>
<tr>
<td>Swab the vulva if necessary</td>
<td></td>
</tr>
<tr>
<td>Insert two gloved fingers into vagina</td>
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<tr>
<td>Perform bimanual examination</td>
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<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
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<tbody>
<tr>
<td>FP Manual (section on Instructions for Loading the TCu 380A in the Sterile Package)</td>
<td></td>
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<tr>
<td>Assessment Skills Checklist</td>
<td></td>
</tr>
<tr>
<td>Samples of IUCD in package</td>
<td></td>
</tr>
<tr>
<td>CONTENT</td>
<td>ACTIVITIES</td>
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<tr>
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</tr>
<tr>
<td><strong>Step 4: Perform speculum examination</strong> (see procedure manual).</td>
<td>Show participants the following parts in the packages they are holding and name them: arms, stem, inserter tube, blue depth gauge, ID card, white rod, thumb grip.</td>
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<tr>
<td></td>
<td>Name the 2 parts of the IUCD package—the clear plastic and the white backing flap.</td>
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<tr>
<td></td>
<td>Demonstrate the steps needed to load the CuT 380A in the sterile package.</td>
</tr>
<tr>
<td></td>
<td>Allow the participants to practice until competent; alternatively, she or he may choose to practice at home or work and then demonstrate the skill, once acquired, to the trainer.</td>
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<td></td>
<td>Demonstration, Return Demonstration (2 hours)</td>
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<tr>
<td></td>
<td>Explain step-by-step insertion procedure to participants.</td>
</tr>
<tr>
<td></td>
<td>Demonstrate insertion of IUCD step-by-step on a model first treating with gentility as if it is a real client.</td>
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<tr>
<td></td>
<td>Participants coached on step-by-step IUCD insertion on a model using the Clinical Assessment Checklist, until they are proficient.</td>
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<tr>
<td></td>
<td>Demonstrate and stress on the no-touch technique for insertion of IUCD.</td>
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<td></td>
<td>Coach participant as she inserts an IUCD in a client.</td>
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</table>
### CONTENT

**Step 14:** Partially withdraw the insertion tube until strings can be seen. Use high-level disinfected (or sterile) sharp, non-pointed Mayo scissors to cut the IUCD strings at 3 to 4 cm.

**Step 15:** Gently remove the tenaculum and place it in 0.5% chlorine solution for 10 minutes for decontamination.

**Step 16:** Examine the woman’s cervix for bleeding.

**Step 17:** Gently remove the speculum and place it in 0.5% chlorine solution for 10 minutes for decontamination.

**Step 18:** Allow the woman to rest until she feels ready to get dressed.

### ACTIVITIES

- Divide participants into pairs to practice what has been demonstrated on a pelvic model, using the clinical assessment checklist.

- Participants who demonstrate Competency permitted to work with actual clients under guidance of clinical trainer. Those not competent continue practicing on model till competent.

### RESOURCES

- Discussion (20 min.)

- Discuss with participants what to be done to support user. Show slide on what to remember and the return visit.

- Give summary of most pertinent explanations and instructions.

### Supporting the User

Post insertion client instructions:

- Client to expect some cramping/pain for a few days after insertion. Suggest ibuprofen (200–400 mg), paracetamol (325–1000 mg), or other pain reliever as needed.

- Client to expect some bleeding or spotting immediately after insertion. This may continue for 3 to 6 months.

### Client should return immediately if she

- Thinks the IUCD might be out of place:

- Feels the strings are missing.

- Feels the hard plastic of an IUCD that has partially come out.

- Has symptoms of pelvic inflammatory disease (increasing or severe pain in the lower abdomen, pain during sex, unusual vaginal discharge, fever, chills, nausea, and/or vomiting), especially in the first 20 days after insertion.

- Might be pregnant.
General health advice: Anyone who suddenly feels something is seriously wrong should immediately seek medical care from a nurse or doctor. Contraceptive method most likely not the cause of condition, but should tell the nurse or doctor what method she is using.

The client can check her IUCD strings from time to time if she wishes to confirm IUCD is still in place.

Give each following information in writing on a reminder card and explain:

- The type of IUCD she has
- Date of IUCD insertion
- Month and year when IUCD will need to be removed or replaced
- Where to go if she has problems or questions with her IUCD

Follow-Up and Reasons to Return

A follow-up visit at 6 weeks after IUCD insertion is recommended. However, a woman is advised to return whenever she has concerns.

Reasons to return

Assure client that she is welcome to come back any time—for problems, questions, or wants another method; or has major change in health status.
<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
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</thead>
<tbody>
<tr>
<td><strong>Helping Continuing Clients</strong></td>
<td></td>
<td>Procedure manual</td>
</tr>
<tr>
<td>Post-insertion follow-up visit (6 weeks):</td>
<td></td>
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<tr>
<td>▪ Ask how client is doing with method /whether satisfied. Ask if she has any questions or anything to discuss.</td>
<td>• Discussion (20 minutes)</td>
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<tr>
<td>▪ Ask if concerned with bleeding changes. Give information or help needed including ibuprofen and iron tablets.</td>
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<td></td>
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<tr>
<td>▪ Ask her if she has:</td>
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<tr>
<td>Increasing or severe abdominal pain or pain during sex or urination</td>
<td></td>
<td></td>
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<tr>
<td>Unusual vaginal discharge</td>
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<td></td>
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<tr>
<td>Fever or chills</td>
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<tr>
<td>Signs or symptoms of pregnancy</td>
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<tr>
<td>Not been able to feel strings (if she has checked them)</td>
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<tr>
<td>Felt the hard plastic of an IUCD that has partially come out</td>
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<tr>
<td>▪ A routine pelvic examination at the follow-up visit is not required. It may be appropriate in some settings or for some clients, however. Conduct a pelvic examination particularly if the client’s answers lead you to suspect:</td>
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<tr>
<td>▪ A sexually transmitted infection or pelvic inflammatory disease</td>
<td></td>
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<tr>
<td>▪ Any Visit:</td>
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<tr>
<td>▪ Ask how the client is doing with the method and about bleeding changes</td>
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<tr>
<td>▪ Ask if she has had any new health problems. Address problems. See if new health problems may require switching methods</td>
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<tr>
<td>▪ Ask for major life changes that may affect her needs – particularly plans for having children and STI/HIV risk. Follow up as needed.</td>
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<td>▪ Remind her how much longer the IUCD will protect her from pregnancy.</td>
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<tr>
<td>CONTENT</td>
<td>ACTIVITIES</td>
<td>RESOURCES</td>
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<tr>
<td><strong>Removing the IUCD</strong></td>
<td>• Discussion (10 minutes) Ask participants to list the preparations required before removing the IUCD.</td>
<td>Clinical Assessment Checklist for IUCD insertion and removal</td>
</tr>
<tr>
<td></td>
<td>• Demonstration/Return Demonstration (10 minutes)  Demonstrate the removal procedure on an anatomic model first before doing it on the client Explaining the removal procedure Step by step removal of IUCD Recording client information</td>
<td>Procedure manual</td>
</tr>
<tr>
<td></td>
<td>Ask the client how she feels generally  Review client's previous information in RCH No. 5 FP card  Confirm the reason for removal of IUCD  Ask client to empty her bladder  Assist client to get on the couch  Swab the vulva as necessary  Insert vaginal speculum and screw firmly  Clean the cervix with antiseptic if necessary  Grasp the strings close to the cervix with sponge-holding or haemostatic forceps  Pull slowly, gently and firmly  Show the removed IUCD to the client  Decontaminate IUCD after removal then dispose of the removed IUCD in the contaminated waste bin  If the strings break off, try to grasp the device if visible with the forceps and remove it  If the device cannot be removed, tactfully explain to the client and refer client for further management  Remove the tenaculum and speculum gently  Offer a sanitary pad  Ask the client to get off the couch  Manage any pain or discomfort or anxiety by reassurance and pain killer  Follow steps of inserting the IUCD, if client wants another IUCD re-inserted</td>
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</tr>
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<td>CONTENT</td>
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<td>RESOURCES</td>
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<tr>
<td><strong>Switching from an IUCD to Another Method</strong>&lt;br&gt;Ensuring that the client is protected from pregnancy without interruption when switching from a copper-bearing IUCD or a hormonal IUCD to another method. See also When to Start for each method.</td>
<td>Large Group Discussion (5 minutes)&lt;br&gt;Discuss the guidelines (in procedure manual) for switching from IUCD to another method.</td>
<td>FP Procedure Manual&lt;br&gt;WHO Global Handbook&lt;br&gt;Flip chart and markers</td>
</tr>
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## SESSION 6: Managing Side Effects and Complications

### Objectives

At the End of This Session, Trainees Will Be Able To:

- Describe the SOAP Approach
- Describe how to manage problems reported as side effects/complications using SOAP approach

### Evaluation Method(s)

Questions and Answers
Evaluation (daily)

### CONTENT

**Managing any problems:**

Side effects or complications affect women’s satisfaction/use of IUCDs. Deserve provider’s attention. Listen to concerns, give advice, and, if appropriate, treat. Possible problems include:

- Heavy or prolonged bleeding (twice as much as usual or longer than 8 days)
- Irregular bleeding (bleeding at unexpected times that bothers the client)
- Cramping and pain
- Possible anaemia
- Partner can feel IUCD strings during sex
- Severe pain in lower abdomen (suspected PID)
- Severe pain in lower abdomen (suspected ectopic pregnancy)
- Suspected uterine puncture (perforation)
- IUCD completely comes out (complete expulsion)

### ACTIVITIES

- Discussion (5 minutes)
  Discuss the guidelines for switching from IUCD to another method.

### RESOURCES

- FP Procedure Manual
- WHO Global Handbook
- Flip chart and markers
- Slides 45-49
- FP Procedure Manual
- Case study Handouts
<table>
<thead>
<tr>
<th>CONTENT</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
</tr>
</thead>
</table>
|  Missing strings (suggesting possible pregnancy, uterine perforation, or expulsion)  
   IUCD partially comes out (partial expulsion)                          |  Discussion (45 minutes)  
  Discuss possible side effects and complications of the IUCD             | Matrix Management of IUCD Side Effects and Complications                  |
| IUCD completely comes out (complete expulsion)                         |                                                                            |                                                                          |
|   Missing strings (suggesting possible pregnancy, uterine perforation, or expulsion)  
  She has a general health concern.                                         |                                                                            |                                                                          |
| Who is allowed to remove implants                                       |                                                                            |                                                                          |
| Trained clinicians and nurses                                          |                                                                            |                                                                          |
| Managing Any Problems                                                  |                                                                            |                                                                          |
| Problems Reported as Side Effects or Complications may or may not be due to the method of contraception | Divide the Participants into 4 groups.  
Distribute the case studies on IUCD complications found in Handout: Case Study # 1, 2, 3, and 4. Give 1 to each group. |                                                                          |
| Side effects and complications affect women’s satisfaction and use of implants. Listen to her concerns; give her advice, and treat, if necessary. | Each group should discuss the material and develop a course of action based on the case study. Allow 20 minutes for this.  
Reconvene the large group and discuss the case studies.  
Finally, have Participants discuss which clients may be referred, procedures for referral, and ways to obtain information back from the referral centre. |                                                                          |
| Offer to help the client choose another method if problems cannot be overcome | Pass out handout “Matrix Management of IUCD Side Effects and Complications” |                                                                          |
| Implant side effects management                                         |                                                                            |                                                                          |
| Consideration of client concerns:                                     |                                                                            |                                                                          |
|   Do not dismiss client concerns                                      |                                                                            |                                                                          |
|   Reassure the client that the side effects aren’t signs of danger.    |                                                                            |                                                                          |
|   Rule out other causes.                                               |                                                                            |                                                                          |
|   Counsel for other methods                                            |                                                                            |                                                                          |
|   Remove implant if side effect persists                               |                                                                            |                                                                          |
| See Managing Complications Matrix handout for specific instructions     |                                                                            |                                                                          |
ANNEX A: MODULE II PRE-TEST

THIS PAPER IS DIVIDED INTO THREE SECTIONS. ANSWER ALL THE QUESTIONS FROM ALL THE SECTIONS

SECTION I: CROSS CUTTING; SECTION II: IMPLANTS; SECTION III: IUCD

Each answer to each question is 1 point
Duration: 45 minutes

PARTICIPANT’S NAME: ……………………………………….CODE NO: …………

SECTION I: CROSS CUTTING (10/10)

WRITE “T” FOR TRUE OR “F” FOR FALSE IN A PROVIDED SPACE

1. Counselling is the process where a trained provider helps client to make an informed voluntary decision to solve a problem with an understanding of the facts and emotions involved. _________

2. Fertile window refers to the days during menstrual cycle when pregnancy is possible. _________

3. The key components of standard precautions include hand hygiene; personal protective equipment; appropriate handling of working tools and environment. _________

4. Quality of care is the only factor that enhances efficient and safe clinic organization. _________

5. PITC is not a mandatory for clients at Family Planning Sections. _________

6. Clients on ARV therapy cannot safely have a long-term method. _________

7. An IUCD should only be removed during menstruation. _________

8. Alcohol should never be used on mucous membranes because it burns the membranes. _________

9. Cleaning instruments by scrubbing with detergent and water until visibly clean and then thoroughly rinsing them is an effective way to reduce most organisms. _________

10. Soaking of used instruments, rinsing and boiling is sterilization. _________
SECTION II: IMPLANT (10/10)

Write the answers on the space provided. Each answer is one point.

1. How does the implant prevent pregnancy?

---------------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------------

2. What are 5 possible side effects of hormonal implants:

---------------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------------

CIRCLE THE CORRECT ANSWER IN EACH QUESTION:

3. Women are required to have the following before obtaining an implant:
   a. A pelvic exam
   b. Routine laboratory tests
   c. STI/HIV Screening tests
   d. None of the above

4. Which of the following situations may suggest that a woman can have an implant inserted at that time?
   a. She is currently breastfeeding a baby older than 6 weeks and not pregnant
   b. She has liver disease, a liver infection or liver tumour
   c. Both of the above

5. After finishing the procedure all surfaces used should be:
   a. Decontaminated with alcohol
   b. Decontaminated with 0.5% chlorine solution
   c. Wiped with a clean cloth
   d. Cleaned only if blood is seen on the surface
SECTION III: IUCD (10/10)

Write the answers on the space provided

1. List 5 steps of IUCD insertion

--------------------------------------------------------------------------------------------------------
--------------------------------------------------------------------------------------------------------
--------------------------------------------------------------------------------------------------------
--------------------------------------------------------------------------------------------------------
--------------------------------------------------------------------------------------------------------

2. For each stated woman’s situation, write when you would advise her to be inserted with an IUCD:

   Soon after childbirth

   Fully or Nearly fully breastfeeding less than 6 months after giving birth

   No monthly bleeding (not related to childbirth or breastfeeding

   After miscarriage or abortion

   Switching from another method
This paper is divided into three sections. Answer all the questions from all the sections.

**Section I: Cross Cutting; Section II: Implants; Section III: IUCD**

*Each answer to each question is 1 point*

Duration: 45 minutes

Participant’s name: ……………………………….Code no: …………………

**Section I: Cross Cutting (10/10)**

Write “T” for true or “F” for false in a provided space

1. Counselling is the process where a trained provider helps client to make an informed voluntary decision to solve a problem with an understanding of the facts and emotions involved. ______

2. Fertile window refers to the days during menstrual cycle when pregnancy is possible. ______

3. The key components of standard precautions include hand hygiene; personal protective equipment; appropriate handling of working tools and environment. ______

4. Quality of care is the only factor that enhances efficient and safe clinic organization. ______

5. PITC is not a mandatory for clients at Family Planning Sections. ______

6. Clients on ARV therapy cannot safely have a long-term method. ______

7. An IUCD should only be removed during menstruation. ______

8. Alcohol should never be used on mucous membranes because it burns the membranes. ______

9. Cleaning instruments by scrubbing with detergent and water until visibly clean and then thoroughly rinsing them is an effective way to reduce most organisms. ______

10. Soaking of used instruments, rinsing and boiling is sterilization. ______
SECTION II: IMPLANT (10/10)

Write the answers on the space provided. Each answer is one point.

1. How does the implant prevent pregnancy?

2. What are 5 possible side effects of hormonal implants?

CIRCLE THE CORRECT ANSWER IN EACH QUESTION:

1. Women are **required** to have the following before obtaining an implant:
   a. A pelvic exam
   b. Routine laboratory tests
   c. STI/HIV Screening tests
   d. None of the above

2. Which of the following situations may suggest that a woman **can have** an implant inserted **at that time**?
   a. She is currently breastfeeding a baby older than 6 weeks and not pregnant
   b. She has liver disease, a liver infection or liver tumour
   c. Both of the above

3. After finishing the procedure all surfaces used should be:
   a. Decontaminated with alcohol
   b. Decontaminated with 0.5% chlorine solution
   c. Wiped with a clean cloth
   d. Cleaned only if blood is seen on the surface
SECTION III: IUCD (10/10)

Write the answers on the space provided

1. List 5 steps of IUCD insertion

---------------------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------------------

2. For each stated woman’s situation, write when you would advise her to be inserted with an IUCD:

   Soon after childbirth

   Fully or Nearly fully breastfeeding less than 6 months after giving birth

   No monthly bleeding (not related to childbirth or breastfeeding

   After miscarriage or abortion

   Switching from another method
SECTION I: CROSS CUTTING (10/10)

1. T
2. T
3. T
4. F
5. F
6. F
7. F
8. T
9. T
10. F

SECTION II: IMPLANT (10/10)

1. How does the implant prevent pregnancy? (2 marks)
   - It thickens cervical mucus (this blocks sperm from meeting an egg)
   - Disrupting the menstrual cycle, including preventing the release of eggs

2. What are the 5 possible side effects and complications of hormonal implants? (5 marks)

   **Side Effects:**
   - Cause changes in menstrual bleeding patterns, including irregular bleeding, lighter bleeding, fewer days of bleeding, infrequent bleeding or no monthly bleeding
   - Headaches
   - Abdominal pain
   - Weight change
   - Dizziness
   - Nausea
   - Breast tenderness
   - Mood change
   - Acne (can worsen or improve)
   - Enlarged ovarian follicles

   **Complications:**
   - Infection at insertion site (if infections occur they will do so within the first 2 months after insertion)
   - Difficult removal (rare if implants were properly inserted and the provider is skilled at removal)
   - Expulsion of implant (rare; most often occurs within the first 4 months after insertion)
SECTION III: IUCD (10/10)

1. List 5 steps of IUCD insertion

STEP 1: Prepare the client.

STEP 2: Inspect the vulva and groin

STEP 3: Perform bimanual examination (before speculum examination to avoid use of two speculums on one client).

STEP 4: Perform speculum examination

STEP 5: Gently grasp cervical lip with a tenaculum at imaginary 10 o’clock and 2 o’clock sites of the upper cervical lip and apply gentle traction

STEP 6: Sound the uterus

STEP 7: Load an IUCD without taking it out of the sterile package

STEP 8: Put new/clean examination or high-level disinfected gloves on both hands (if taken off to load the IUD).

STEP 9: Carefully insert the loaded IUD

STEP 10: Gently advance the loaded IUCD into the uterine cavity and STOP when the blue depth-gauge comes in contact with the cervix or slight resistance is felt.

STEP 11: Hold the tenaculum and white plunger rod stationary, while partially withdrawing the insertion tube

STEP 12: Remove the white plunger rod, while holding the insertion tube stationary.

STEP 13: Gently advance insertion tube until you feel a slight resistance

STEP 14: Use high-level disinfected (or sterile) sharp Mayo scissors to cut the IUCD strings at 3 to 4 cm

STEP 15: Gently remove the tenaculum and place it in 0.5% chlorine solution for 10 minutes for decontamination.

STEP 16: Examine the woman’s cervix for bleeding.
STEP 17: Gently remove the speculum and place it in 0.5% chlorine solution for 10 minutes for decontamination.

STEP 18: Allow the woman to rest.

2. Soon after childbirth
Any time within 48 hours after giving birth (requires a provider with specific training in postpartum insertion).

If it is more than 48 hours after giving birth, delay IUCD insertion until 4 weeks or more after giving birth.

Fully or Nearly fully breastfeeding less than 6 months after giving birth
If her monthly bleeding has not returned, she can have the IUCD inserted any time between 4 weeks and 6 months after giving birth. No need for a backup method.

If her monthly bleeding has returned, she can have the IUCD inserted as advised for women having menstrual cycles (see above).

No monthly bleeding (not related to childbirth or breastfeeding
Any time if it can be determined that she is not pregnant. No need for a backup method.

After miscarriage or abortion
Immediately, if the IUCD is inserted within 12 days after first- or second-trimester abortion or miscarriage and if no infection is present. No need for a backup method.

If it is more than 12 days after first- or second trimester miscarriage or abortion and no infection is present, she can have the IUCD inserted any time it is reasonably certain she is not pregnant. No need for a backup method

If infection is present, treat or refer and help the client choose another method. If she still wants the IUCD, it can be inserted after the infection has completely cleared.

IUCD insertion after second-trimester abortion or miscarriage requires specific training. If not specifically trained, delay insertion until at least 4 weeks after miscarriage or abortion.

Switching from another method
Immediately, if she has been using the method consistently and correctly or if it is otherwise reasonably certain she is not pregnant. No need to wait for her next monthly bleeding. No need for a backup method.

If she is switching from Injectable, she can have the IUCD inserted when the next injection would have been given. No need for a backup method.
ANNEX D: HEALTHY TIMING AND SPACING OF PREGNANCY (HTSP)

From Extending Service Delivery Project (ESD)/ Pathfinder Presentation

HTSP is centered on **three key messages for women and families:**

1. Delay your first pregnancy until you are at least 18 years old.
2. Wait at least 2 years after the birth of your last child, before attempting to get pregnant again.
3. Wait at least 6 months after a miscarriage or abortion, before attempting to get pregnant again

HTSP focuses on the role of FP in improving maternal and child health outcomes.

The benefits of HTSP:

- For women, a lower risk of:
  - Maternal death
  - Induced abortion
  - Pre-eclampsia
  - Miscarriage
  - Anaemia
- For newborns, a lower risk of:
  - Perinatal death
  - Neonatal death
  - Low birth weight
  - Small for gestational age
- For adolescents, a lower risk of:
  - Death during childbirth
  - Pre-eclampsia
  - Obstetric fistula
  - Low birth weight
  - Unsafe abortion
  - Dropping out of school

**Increased benefits of breastfeeding:**

- For mother
  - Natural FP
  - Decreased risk of breast and ovarian cancer
- For baby
  - Longer period of bonding
  - Nutritional benefits
- Increased social and educational benefits for adolescents:
  - Lower risk of early or forced marriage
  - Lower risk of dropping out of school
The following information is for the MEWATA slides for the HTSP presentation by Dr. Muzdalifat S Abeid. It was adapted from Dr. May Post’s presentation, November 2008

Maternal outcomes

*After a live birth*

- Short birth to pregnancy (BTP) (intervals < 6 months) were associated with **increased risk** of:
  - Maternal mortality
  - Induced abortion
  - Stillbirths and
  - Miscarriages
- Long BTP intervals of > 59 months were associated with:
  - Increased risk of pre-eclampsia

*After a miscarriage or abortion*

- Short BTP intervals of < six months were associated with **increased risk** of:
  - Premature rupture of membranes
  - Maternal anaemia

Perinatal outcomes

*After a live birth*

- Short birth to pregnancy intervals (< 18 months) *as well as* long BTP intervals of > 59 months were associated with **increased risk** of:
  - Pre-term live birth
  - Small size for gestational age
  - Low birth weight

*After a miscarriage or abortion:*

- Short BTP intervals of < six months were associated with **increased risk** of:
  - Pre-term births
  - Low birth weight

Neonatal outcomes

- Short BTP intervals of < 18 months were associated with the **highest risk** of neonatal mortality

- Longer BTP intervals of at least 27 months were associated with the **lowest risk**

Post Neonatal and Childhood

- Short BTP intervals < 15 months were associated with **increased risk** of:
  - Post-neonatal mortality
  - Infant mortality
Post-neonatal survival may be improved with BTP intervals of 27 months or greater

**Childhood Outcomes**

Meeting participants did not come to a consensus
From “Increasing Access to Contraception for Clients with HIV: A Toolkit”
FHI, the ACQUIRE project for USAID

Role of FP in HIV
Effective use of contraceptives leads to
✓ Prevention of HIV in women, especially young women
✓ Prevention of unintended pregnancy in HIV+ women
✓ Prevention of transmission from HIV+ woman to her infant
✓ Support for mother and family

Clients on ARVs benefit from contraception
✓ Reduces stress related to unintended pregnancy
✓ Avoid complicated pregnancy
✓ Have access to wider range of ARVs when not pregnant

Clients seeking HIV services and FP services share common needs and concerns
✓ Often sexually active and fertile
✓ Are at risk of HIV infection or might be HIV+
✓ Need to know HIV status
✓ Need access to contraceptives
✓ Create programmatic synergies
✓ Opportunities for follow up and support

Potential benefits of integrating the two services:
✓ Increased access to methods
  o More sites offering services
  o More customers being offered services
✓ Increased ARV options for women
✓ Increased staff job satisfaction

Benefits of involving men
✓ Encourages partner counselling, testing, and disclosure
✓ Helps women act on prevention messages
✓ Helps couples make informed decisions about fertility intentions and RH goals
✓ Improves client satisfaction and adoption, continuation, and successful method use

Factors affecting Sexual and Reproductive Health Issues
✓ Health/well-being of self, partner, children
✓ Access to ARV therapy
✓ Fears related to disclosing HIV status (rejection, violence, financial loss)
✓ Knowledge about contraceptives (including cultural myths and misconceptions)
✓ Stigma regarding condom use
✓ Gender issues/partner opposition
Factors Affecting Method Choice
Women and couples with HIV may consider:
✓ Safety and effectiveness of the method
✓ Duration of protection desired
✓ Possible side effects
✓ Ease of use
✓ Cost and access to resupply
✓ Effect on breastfeeding (if postpartum)
✓ How it may interact with other medications, including ARVs
✓ Whether it provides protection from STI/HIV transmission and acquisition
✓ Whether partner involvement or negotiation are required

Counselling about FP and HIV
Providers should discuss:
✓ Pregnancy does not accelerate HIV disease progression
✓ Condom use to prevent STI/HIV transmission between partners
✓ Risks/rates of mother-to-child transmission
✓ ARV drugs reduce transmission at delivery
✓ Malaria during pregnancy may increase risk of
  o HIV transmission to infant
  o Miscarriage
✓ Artificial feeding or exclusive breastfeeding reduces postpartum transmission
✓ Implications of rearing a child with HIV
✓ Availability of family support
✓ Location/logistics of care and treatment

Access to FP information is very important for HIV clients:
✓ Consider reproductive choices
✓ Plan for the future
✓ Avoid unintended pregnancy
✓ Time pregnancy when health is optimal
✓ Reduce HIV transmission to children
✓ Reduce transmission to partners

Safer ways to achieve pregnancy:
If planning for pregnancy, discordant couples should:
✓ Avoid trying to achieve pregnancy if viral load is high (early infection or AIDS with no ARV treatment)
✓ Consider artificial insemination in cases where male partner is not infected
✓ Limit unprotected sex to ovulation window of menstrual cycle in cases where female is not infected
Counselling about contraception for clients with HIV:
Providers should discuss:

✓ Characteristics of contraceptive methods
✓ Possible side effects and complications
✓ Method effectiveness and ability to use correctly
✓ Implications/drug interactions for women with HIV who choose hormonal contraception and are on ARV therapy are taking rifampicin or rifabutin (coinfection with TB)
✓ Limitations of methods in preventing pregnancy and STI/HIV transmission
✓ Advantages of dual protection, including dual method use
✓ Partner’s willingness to use condoms, condom negotiation strategies
✓ When to return and where to access services
**ANNEX F: THE MENSTRUAL CYCLE**

1. **Days 1–5: Monthly bleeding**
   - Usually lasts from 2–7 days, often about 5 days.
   - If there is no pregnancy, the thickened lining of the womb is shed. It leaves the body through the vagina. This monthly bleeding is also called menstruation. Contraction of the womb at this time can cause cramps. Some women bleed for a short time (for example, 2 days), while others bleed for up to 8 days. Bleeding can be heavy or light. If the egg is fertilized by a man’s sperm, the woman may become pregnant, and monthly bleeding stops.

2. **Day 14: Release of egg**
   - Usually occurs between days 7 and 21 of the cycle, often around day 14.
   - Usually, one of the ovaries releases one egg in each cycle (usually once a month). The egg travels through a fallopian tube towards the womb. It may be fertilized in the tube at this time by a sperm cell that has travelled from the vagina.

3. **Days 15–28: Thickening of the womb lining**
   - Usually about 14 days long, after ovulation.
   - The lining of the uterus (endometrium) becomes thicker during this time to prepare for a fertilized egg. Usually there is no pregnancy, and the unfertilized egg cell dissolves in the reproductive tract.
The probability of becoming pregnant from intercourse is the highest from six days before ovulation to one day after ovulation.

However, because a woman may not always ovulate on the same day of her cycle, the Woman’s “Fertile Window” is considered to be from day 8 to day 19 of her menstrual cycle. This is long because it takes into account women who are outside the “Average” range.
ANNEX G: IMPLANTS HANDOUT “ROLE PLAY”

A. General Counselling Role-Play

Participants should be able to demonstrate key messages about the Implants. Practice telling the key messages to:

- A very young woman,
- A woman much older than you are, and
- Someone who is related to you.

The person playing the client should act out reactions to these situations, and the person playing the provider should demonstrate the ability to talk to different people with different levels of education, status, age, etc.

B. Deciding to choose an Implant - Client Assessment and Counselling Role-Plays

Role-play counselling for each of the situations below... What advice would you give to the client?

- A 17 year-old woman with no children who wants to become pregnant in two years.
- A 35 year-old woman with four children who has regular periods and does not want any more children.
- A 27 year-old woman with two children who has had PID once since the birth of her last child and wants more children in the future.
- A 20 year-old woman who is fully nursing a four-week-old baby.
- A 40 year-old woman who has had all the babies she wants, but is still having regular bleeding; she has severe diabetes and must inject herself with insulin.
- A 19 year-old sex worker who has four children, a history of recurrent PID, hepatitis, and is HIV infected.
- A 32 year-old woman with two children who has heavy periods (she needs to change her pads every two hours, she bleeds for eight days) and on the first two days her cramps are so strong that she cannot go to her job.
- A 27 year-old woman with six children; she is very pale with light conjunctiva. She says that after her last baby was born, six months ago, she bled so much she had to go to the hospital. She complains that she has no strength. She does not want any more children.
- A 30 year-old woman with four children; she is not sure if she wants any more children. She is in a mutually monogamous relationship.
- A 30 year-old woman with four children. She is not sure if she wants any more children. Her husband travels for work and she thinks he may be having a relationship with a woman in another town.
- A 26 year-old woman with three children. Her husband is a transport worker and HIV infected. She has AIDS, but is currently being treated with ARVs and appears healthy. He left her and took the two older children when she became ill.
### ANNEX H: COMPETENCY-BASED CHECKLIST FOR IMPLANTS COUNSELLING SKILLS

**Instructions:** Rate the performance of each task/activity observed using the following rating scale:

1. **Needs Improvement:** Step not performed correctly and/or out of sequence (if required) or is omitted.
2. **Competently Performed:** Step performed correctly in proper sequence (if required) but lacks precision, and/or the trainer/coach/supervisor needed to assist or remind the participant in a minor way.
3. **Proficiently Performed:** Step performed correctly in proper sequence (if required) and precisely without hesitation or need for any assistance.

**N/O: Not Observed:** Step not performed by participant during observation by trainer.

Participant: __________________________ Course Dates: __________________________

<table>
<thead>
<tr>
<th>TASK/ACTIVITY</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishes Rapport</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Greetings client in friendly and respectful manner.</td>
<td></td>
</tr>
<tr>
<td>Ensures necessary privacy.</td>
<td></td>
</tr>
<tr>
<td>Establishes purpose of visit and answers questions.</td>
<td></td>
</tr>
<tr>
<td>Provides general information about family planning.</td>
<td></td>
</tr>
<tr>
<td>Explains what to expect during clinic visit.</td>
<td></td>
</tr>
<tr>
<td>Asks client about her reproductive goals (i.e., does she want to space or limit births?).</td>
<td></td>
</tr>
<tr>
<td>Explores any attitudes or beliefs that either favour or rule out one or more methods.</td>
<td></td>
</tr>
<tr>
<td>Gives the client information about the contraceptive choices available and the risks and benefits of each.</td>
<td></td>
</tr>
<tr>
<td>Helps the client to choose an appropriate method.</td>
<td></td>
</tr>
</tbody>
</table>

**Method-Specific Counselling for Implant Method**

| Obtains biographical information (name, address, etc.). |     |
| Provides detailed information about the Implants (one rod or two rods). |     |
| - Shows where (under the skin on the inside of a woman upper arm) and how the implant is inserted. |     |
| - Gives the client a sample implant (Implanon\(^1\) one rod) to see. |     |
| - Explains how it works (Thickens cervical mucus thus blocks sperm from meeting the egg; and prevents ovulation or release of the egg). |     |

---

\(^1\) Most available method in Tanzania August 2009
**TASK/ACTIVITY**

- Effectiveness: Explains that the one rod implant is effective for 3 years; the double rod implants are effective for 5 years;
- Explains possible side effects and other health problems.
- Explain the known health benefits such as it helps protect against iron-deficiency anaemia and symptomatic pelvic inflammatory disease.
- Explains benign nature of the most common side effects such as changes in the bleeding patterns.
- Explain that breastfeeding women can use it because it does not contain oestrogen hormone.
- Explains that client can soon become pregnant when implant is removed.

Discusses the client’s needs, concerns, and fears in a thorough and sympathetic manner.

**Insertion Counselling (Examination/Procedure Area)**

Reviews the client clinical history to determine if the client is an appropriate candidate for the implant and if she has any problems that should be monitored while the implant is in place.

Describes the insertion process and what the client should expect during and after the procedure.

Completes client record.

Discusses with client about bleeding changes and other side effects.

Assures the client that she can return to the same clinic at any time to receive advice, medical attention, and, if desired, to have the implant removed.

Asks the client to repeat instructions.

Answers the client’s questions.

Informs client that she will be observed for 15 minutes following the insertion.

**Follow-Up Counselling:**

Greets the client in friendly and respectful manner.

Ensures privacy.

Asks the following questions:
- Have you been happy using the implant?
- Have you had any concerns or problems?
- Has your health changed in any way since you had your implant inserted?
- Do you have any questions you would like me to answer?
- Do you need some condoms?
- May I examine you?
**Removal Counselling**

<table>
<thead>
<tr>
<th>TASK/ACTIVITY</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greets the client in friendly and respectful manner.</td>
<td></td>
</tr>
<tr>
<td>Establishes the purpose of the visit.</td>
<td></td>
</tr>
<tr>
<td>Asks the client her reason for removal and answers any questions.</td>
<td></td>
</tr>
<tr>
<td>Asks the client about her present reproductive goals (e.g., does she want to continue spacing or limiting births?).</td>
<td></td>
</tr>
<tr>
<td>Describes the removal process and what she should expect during the removal and afterwards.</td>
<td></td>
</tr>
<tr>
<td>Advices client on how to care for removal site</td>
<td></td>
</tr>
<tr>
<td>Discusses what to do if the client experiences any problems.</td>
<td></td>
</tr>
<tr>
<td>Asks the client to repeat the instructions.</td>
<td></td>
</tr>
<tr>
<td>Answers any questions</td>
<td></td>
</tr>
<tr>
<td>Reviews general and method-specific information about family planning methods, if the client wants to continue spacing or limiting births</td>
<td></td>
</tr>
<tr>
<td>Assists the client in obtaining a new contraceptive method or provides a temporary method (barrier) until her method of choice can be started.</td>
<td></td>
</tr>
<tr>
<td>Observes the client for five minutes before sending her home.</td>
<td></td>
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</tbody>
</table>

**Comments:**
ANNEX I: COMPETENCY-BASED CHECKLIST FOR IMPLANTS SKILLS

CHECKLIST IMPLANT SKILL LEVEL ASSESSMENT

Dates of Training……………………………………
Name of Trainee…………………………………….
Name of Practicum Sites……………………………
District………………………………………………
Region………………………………………………..
Name of Preceptor………………………………….
Name of the Trainer ……………………………….

Type of service for which checklist criteria apply

$A = \text{Implant Counselling; } B = \text{Implant Insertion; } C = \text{Implant Follow up; } D = \text{Implant Removal; } E= \text{Implant Infection Prevention}$

ABBREVIATION

CL = Client

Instructions:
Rate the performance of each task/activity observed using the following rating scale:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 (OM)</td>
<td>Omitted / step not performed at all</td>
</tr>
<tr>
<td>1 (PD)</td>
<td>Poorly Done (Missed most of the key steps – need to practice under supervision)</td>
</tr>
<tr>
<td>2 (NI)</td>
<td>Needs Improvement: Step not performed correctly and/or out of sequence</td>
</tr>
<tr>
<td>3 (C)</td>
<td>Competently Performed: Step performed correctly in proper sequence (if required) but lacks precision, and/or the trainer/coach/supervisor needed to assist or remind the participant in a minor way.</td>
</tr>
<tr>
<td>4 (P)</td>
<td>Proficiently Performed: Step performed correctly in proper sequence (if required) and precisely without hesitation or need for any assistance.</td>
</tr>
</tbody>
</table>

Each task is 4 points: the grading/scoring will depend on the trainee’s performance in each section.

$P \geq 80\% \quad C = 50 - 79\% \quad NI = 35 - 49\% \quad PD < 35 \quad OM = 0$
<table>
<thead>
<tr>
<th>TASK ACTIVITY</th>
<th>DEMONSTRATED ABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>CL1</strong></td>
</tr>
<tr>
<td><strong>A</strong> COUNSELLING</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Performs pre-insertion counselling</td>
</tr>
<tr>
<td>1.1</td>
<td>Individual counselling is done in a space that ensures audio and visual privacy</td>
</tr>
<tr>
<td>1.2</td>
<td>Interacts with client in a respectful manner</td>
</tr>
<tr>
<td>1.3</td>
<td>Asks the client questions to help clarify her reproductive health needs</td>
</tr>
<tr>
<td>1.4</td>
<td>Answers questions in an unbiased way about other methods if the client has not already decided to use the implant</td>
</tr>
<tr>
<td>1.5</td>
<td>Explains what the implant is, how it works, and how it might meet her reproductive health needs.</td>
</tr>
<tr>
<td>1.6</td>
<td>Explains possible implant side effects and reassures client that they are not harmful and that they may subside over time.</td>
</tr>
<tr>
<td>1.7</td>
<td>Explains potential complications involved with implant use and reassures client that she is unlikely to experience any serious problems, especially if she has the implant inserted by a skilled provider who knows how to minimize risks.</td>
</tr>
<tr>
<td>1.8</td>
<td>Explains eligibility criteria and procedures for assessing client eligibility</td>
</tr>
<tr>
<td>1.9</td>
<td>Explains insertion procedures steps: Key steps</td>
</tr>
<tr>
<td>1.10</td>
<td>Checks to make sure that the client understands key messages conveyed</td>
</tr>
<tr>
<td>1.11</td>
<td>Helps the client in making a decision about using the Implant (or another method if appropriate)</td>
</tr>
<tr>
<td>1.12</td>
<td>Informs client about the fact that no FP method other than condoms can protect against HIV/AIDS</td>
</tr>
<tr>
<td>1.13</td>
<td>Respects client’s choice of family planning method and does not try to coerce/pressure her to use one method over another.</td>
</tr>
<tr>
<td>2</td>
<td>Performs non-clinical aspects of pre-insertion screening</td>
</tr>
<tr>
<td>2.1</td>
<td>Determines that client is not pregnant (acts accordingly if she is)</td>
</tr>
<tr>
<td>2.2</td>
<td>Obtains client’s reproductive health history.</td>
</tr>
<tr>
<td>TASK ACTIVITY</td>
<td>DEMONSTRATED ABILITY</td>
</tr>
<tr>
<td>---------------</td>
<td>----------------------</td>
</tr>
<tr>
<td></td>
<td>CL1</td>
</tr>
<tr>
<td>2.3 Screens client carefully to make sure there is no medical condition that would be contraindicated for implant insertion</td>
<td></td>
</tr>
</tbody>
</table>

COUNSELLING SECTION A: TOTAL POINTS __/64

**B.1 INSERTION OF IMPLANT CAPSULES**

<table>
<thead>
<tr>
<th>3 Getting ready:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Checks to be sure client has thoroughly washed and rinsed her entire arm.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Tells client what is going to be done and encourages her to ask questions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3 Positions woman’s arm and places clean, dry cloth under her arm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4 Determines optimal insertion area according to type of implant being used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.5 Prepares instrument tray and opens the sterile instrument pack or hold container without touching the instruments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.6 Opens implant packaging according to instructions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUB TOTAL = __/24

**B.2 INSERTION OF IMPLANT CAPSULES**

<table>
<thead>
<tr>
<th>4 Pre-insertion Tasks:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Arranges instruments and supplies so that they are easily accessible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2 Washes hands thoroughly and dries them.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3 Puts sterile or high level disinfected gloves on both hands (If powdered removes powder from glove fingers.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4 Prepares insertion site with Iodine solution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5 Places sterile or high level disinfected drape over arm.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.6 Checks with client to be sure that she has never had an allergic reaction to a local anaesthetic, e.g. lignocaine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.7 Injects lignocaine 1% (without adrenalin) just under skin; raises a small wheal.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.8 Advances needle about 4 cm and injects 1ml of lignocaine 1% in each one (Implanon) or two (Jadelle/Sino-Implant) subdermal tracks.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.9 Checks for anaesthetic effects before making skin incision.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUB TOTAL = __/36
### B.3 INSERTING THE IMPLANT

<table>
<thead>
<tr>
<th>TASK ACTIVITY</th>
<th>DEMONSTRATED ABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.</strong></td>
<td>Implanon:</td>
</tr>
<tr>
<td>5.1</td>
<td>While keeping the shield on the needle, visually verifies the presence of the implant</td>
</tr>
<tr>
<td>5.2</td>
<td>Stretches skin around the insertion site with thumb and index finger</td>
</tr>
<tr>
<td>5.3</td>
<td>Inserts tip of the needle at a slight angle until the tip of the bevel just barely goes under the skin</td>
</tr>
<tr>
<td>5.4</td>
<td>Releases the skin and lowers the applicator to a horizontal position</td>
</tr>
<tr>
<td>5.5</td>
<td>Lifts the skin with the tip of the needle</td>
</tr>
<tr>
<td>5.6</td>
<td>While tenting the skin, gently inserts the needle to its full length (keeping the cannula parallel to the surface of the skin).</td>
</tr>
<tr>
<td>5.7</td>
<td>Breaks the seal of the applicator by pressing the obturator support.</td>
</tr>
<tr>
<td>5.8</td>
<td>Turns the obturator 90 degrees with respect to the cannula.</td>
</tr>
<tr>
<td>5.9</td>
<td>Fixes the obturator firmly against the arm</td>
</tr>
<tr>
<td>5.10</td>
<td>With the free hand, slowly pulls the cannula out of the arm</td>
</tr>
<tr>
<td>5.11</td>
<td>Checks the needle for absence of the implant</td>
</tr>
<tr>
<td>5.12</td>
<td>Verifies presence of implant by palpation</td>
</tr>
<tr>
<td>5.13</td>
<td>Removes the drape</td>
</tr>
<tr>
<td>5.14</td>
<td>Brings edges of incision together and closes it with band-aids or surgical tape with sterile cotton.</td>
</tr>
<tr>
<td>5.15</td>
<td>Applies pressure dressing snugly optional.</td>
</tr>
</tbody>
</table>

**SUB TOTAL __/60**

### B.4 INSERTING THE IMPLANT

<table>
<thead>
<tr>
<th>TASK ACTIVITY</th>
<th>DEMONSTRATED ABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6.</strong></td>
<td>Performs post-insertion tasks:</td>
</tr>
<tr>
<td>6.1</td>
<td>Before removing gloves, places instruments into a container filled with 0.5% chlorine solution</td>
</tr>
<tr>
<td>6.2</td>
<td>Places drape in a dry covered container and moves to designated washing area</td>
</tr>
<tr>
<td>6.3</td>
<td>While still wearing gloves, places all contaminated objects in a properly marked leak proof container with tight fitting lid and properly disposes</td>
</tr>
<tr>
<td>TASK ACTIVITY</td>
<td>DEMONSTRATED ABILITY</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>6.4</td>
<td>Immerses both gloved hands in 0.5% chlorine solution, then removes and properly disposes of gloves</td>
</tr>
<tr>
<td>6.5</td>
<td>Washes hands thoroughly with soap and water</td>
</tr>
<tr>
<td>6.6</td>
<td>Completes client record, including drawing position of capsule.</td>
</tr>
<tr>
<td>6.7</td>
<td>Instructs client regarding wound care and makes return visit appointment, if necessary.</td>
</tr>
<tr>
<td>6.8</td>
<td>Observes client for at least 15-20 minutes before discharge (optional).</td>
</tr>
</tbody>
</table>

: SUB TOTAL __/32

B 5. Performs post-insertion counselling:

| 7.1 | Reviews key messages for woman who has just had an implant inserted |
| 7.2 | Discusses what to do if client experiences any problems following insertions or side effects. |
| 7.3 | Assures client that she can have rod(s) removed at any time if she desires. |
| 7.4 | Asks client to repeat instructions and answers client’s questions. |
| 7.5 | Gives client card to a contact phone number in case of a problem |

SUB TOTAL __/20

B1+B2+B3+B4+B5: TOTAL POINTS __/172

C FOLLOW-UP

8. Conducts client assessment

| 8.1 | Assesses clients satisfaction with implant |
| 8.2 | Assesses for common side effects. |
| 8.3 | Screens for warning signs |
| 8.4 | Addresses any questions or concerns the client may have |
| 8.5 | Reviews key Implant messages with client |
| 8.6 | Records according to protocols |

C: TOTAL POINTS __/24
<table>
<thead>
<tr>
<th>TASK ACTIVITY</th>
<th>DEMONSTRATED ABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CL1</td>
</tr>
<tr>
<td>D.1 REMOVAL</td>
<td></td>
</tr>
<tr>
<td>10. Conducts pre-removal counselling:</td>
<td></td>
</tr>
<tr>
<td>10.1 Asks client her reason for removal and answers any questions</td>
<td></td>
</tr>
<tr>
<td>10.2 Reviews client’s present reproductive goals and asks if she wants another implant</td>
<td></td>
</tr>
<tr>
<td>10.3 Describes the removal procedure and what to expect.</td>
<td></td>
</tr>
<tr>
<td><strong>SUB TOTAL __/12</strong></td>
<td></td>
</tr>
<tr>
<td>D.2 REMOVAL</td>
<td></td>
</tr>
<tr>
<td>11 Follows pre-removal procedures:</td>
<td></td>
</tr>
<tr>
<td>11.1 Checks to be sure that all removal equipment is present, in good condition, and sterilized.</td>
<td></td>
</tr>
<tr>
<td>11.3 Positions woman’s arm over a clean, dry cloth and palpates rod(s) to determine point for incision.</td>
<td></td>
</tr>
<tr>
<td>11.8 Confirms the position of each rod by palpation.</td>
<td></td>
</tr>
<tr>
<td>11.2 Prepares an instrument tray.</td>
<td></td>
</tr>
<tr>
<td>11.4 Washes hands thoroughly and dries them.</td>
<td></td>
</tr>
<tr>
<td>11.5 Puts sterile gloves on both hands.</td>
<td></td>
</tr>
<tr>
<td>11.6 Prepares removal site with iodine solution or other appropriate antiseptic.</td>
<td></td>
</tr>
<tr>
<td>11.7 Places sterile drape over arm (optional)</td>
<td></td>
</tr>
<tr>
<td>11.9 Injects small amount of lignocaine 1% without adrenaline) at the incision site and under the end of the capsules.</td>
<td></td>
</tr>
<tr>
<td>11.10 Checks for anaesthetic effect before making skin incision.</td>
<td></td>
</tr>
<tr>
<td><strong>SUB TOTAL __/40</strong></td>
<td></td>
</tr>
<tr>
<td>D 3 Removes implant rod(s):</td>
<td></td>
</tr>
<tr>
<td>Forceps Technique for one rod (Implanon)</td>
<td></td>
</tr>
<tr>
<td>12.1 Pushes down the proximal tip to fix the implant</td>
<td></td>
</tr>
<tr>
<td>12.2 Makes a longitudinal incision of 2 mm at the tip of the implant closest to the elbow</td>
<td></td>
</tr>
<tr>
<td>12.3 Gently pushes the implant towards the incision with fingertip until the tip of the implant is visible</td>
<td></td>
</tr>
<tr>
<td>TASK ACTIVITY</td>
<td>DEMONSTRATED ABILITY</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Cl1 Cl2 Cl3 Cl4</td>
<td></td>
</tr>
<tr>
<td>12.4 Grasps the implant with forceps and removes it by gently pulling it toward the incision</td>
<td></td>
</tr>
<tr>
<td>12.5 Closes the incision with butterfly closure</td>
<td></td>
</tr>
<tr>
<td><strong>SUB TOTAL</strong></td>
<td></td>
</tr>
<tr>
<td>D1+D2+D3:TOTAL POINTS</td>
<td>__/72</td>
</tr>
</tbody>
</table>

**E. INFECTION PREVENTION**

| 13. Performs Infection prevention tasks throughout the procedure |                     |
| 13.1 Before removing gloves, places all instruments in 0.5% chlorine solution for 10 minutes for decontamination. |                     |
| 13.2 Before removing gloves, disposes of waste materials by placing in leak proof container or plastic bag. |                     |
| 13.3 Removes gloves by turning inside out. |                     |
| 13.4 Disposes of gloves, places in leak proof container or plastic bag. |                     |
| 13.5 Washes hands thoroughly and dries them. |                     |
| 13.6 Instruments are processed according to protocol. |                     |
| **INFECTION PREVENTION E: TOTAL POINTS** | __/24 |

Comments:
ANNEX J: PARTICIPANT HANDOUT “MANAGING COMPLICATIONS AND SIDE EFFECTS CASE STUDIES FOR IMPLANTS”

Case Study 1: Counselling for implants in lactating women

Problem: Implants are not advised for lactating women before six weeks postpartum.

Subjective: 23-year-old para III whose last child was born 3 weeks ago. She does not want any children for at least three years and was told by her friends that she should get an implant. She feels too tired to care for any more children now.

Objective: Client is healthy but tired looking. She has two young children and an infant with her. Her blood pressure is 110/72 with temperature of 36.8.

Questions for Discussion:
1. What is the recommendation for use of implants while lactating?
2. What advice should you give the woman so that she does not become pregnant?
3. How will you manage this client?

Case Study 2: Pregnancy with Implant

Problem: Some times the implant does not prevent pregnancy. The rate for pregnancy with Jadelle is about 1 pregnancy per 100 women using the method. The Jadelle becomes less effective for women weighing 80 kg or more after four years of use. A client who received an implant four years ago now thinks that she is pregnant.

Subjective: A 36-year-old para IV woman has been using a Jadelle implant for four years. Her menses were regular until two months ago, when she had a very heavy period. She has not had a menstrual period since then and she tells you she now feels pregnant.

Objective: Client is anxious and upset. She is obese with a weight of 90 kg. Her blood pressure is 134/88. Breasts are enlarged. Pelvic exam reveals a normal vagina, a slightly bluish cervix, a soft, somewhat enlarged nontender uterus, and normal adnexa.

Questions for Discussion:
1. Are there any complications for pregnancy with an implant in place?
2. What might have been the cause of the client’s pregnancy?
3. Was there any advice she might not have received about implant effectiveness?
4. How will you manage her case?
**Case Study 3: Mood Change after Implant Insertion**

**Problem:** A client who has had her Implanon implant in place for 6 months complains of change in mood—she is no longer interested in sex and her husband is complaining. She is afraid he will take another wife.

**Subjective:** A 30-year-old para II has had her Implant in place for 6 months. She didn’t notice any change in her mood at first but in the last few months has noticed that she is not interested in having sex with her husband. She is worried that he might be having an affair.

**Objective:** Temp: 37 degrees; BP: 120/70; young woman does not appear to be in any discomfort but is somewhat weepy.

**Questions for Discussion:**
1. Can an implant change a woman’s mood?
2. What questions would you ask her?
3. What advice would you give her?
4. How will you manage her case?

---

**Case Study 4: Counselling for client who had implant removed because she developed hepatitis B**

**Problem:** Implants are not recommended for women with liver disease

**Subjective:** 35-year-old woman who was happy using her implant and does not want other children. She developed Hepatitis B following a needle stick. Her husband does not want to think about permanent methods of sterilization at the present.

**Objective:** Thin 35-year-old woman who appears like she doesn’t feel well. She is jaundiced and her temperature is 37.5.

**Questions for Discussion:**
1. Why is an implant contraindicated with liver disease?
2. What advice should we give this woman?
3. Who else should be involved in this discussion?
4. How would you manage this client?
### Participant Handout

<table>
<thead>
<tr>
<th>Subjective/Objective</th>
<th>Assessment</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Irregular Bleeding</strong>&lt;br&gt;(bleeding at unexpected times that bothers the client)</td>
<td>Perform speculum and bimanual exams to ensure that there is neither cervical pathology nor evidence of intrauterine or ectopic pregnancy or spontaneous abortion.&lt;br&gt;How much has she bled?&lt;br&gt;• Check for signs of marked anaemia (pale conjunctivae or nail beds, low haemoglobin or hematocrit).</td>
<td>Reassure her that many women using implants experience irregular bleeding. It is not harmful and usually becomes less or stops after the first year of use. For modest short-term relief, she can take 800 mg ibuprofen or 500 mg mefenamic acid 3 times daily after meals for 5 days, beginning when irregular bleeding starts. If these drugs do not help her, she can try one of the following, beginning when irregular bleeding starts:&lt;br&gt;• Combined oral contraceptives with the progestin levonorgestrel. Ask her to take one pill daily for 21 days (The oestrogen in COCs helps rebuild the endometrium and reduce bleeding)&lt;br&gt;• 50 µg ethinyl oestradiol daily for 21 days&lt;br&gt;If irregular bleeding continues or starts after several months of normal or no monthly bleeding, or you suspect that something may be wrong for other reasons, consider underlying conditions unrelated to method use&lt;br&gt;If the client appears to be weak or anaemic, give ferrous sulphate 200 mg and folic acid 5 mg for 1-3 months.</td>
</tr>
<tr>
<td>Subjective/Objective</td>
<td>Assessment</td>
<td>Plan</td>
</tr>
<tr>
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</tbody>
</table>
| **No monthly bleeding** | Ask client  
- When she had her Last Menstrual Period (LMP),  
- If she has any symptoms of pregnancy.  
If necessary, do a speculum and bimanual examination to rule out uterine and ectopic pregnancy. | Reassure her that some women stop having monthly bleeding when using implants and this is not harmful. There is no need to lose blood every month. It is similar to not having monthly bleeding during pregnancy. She is not infertile. Blood is not building up inside her. (Some women are happy to be free from monthly bleeding though.)  
If the client is pregnant and decides to continue the pregnancy, remove the implant and assure her that the small dose of progestin that she was exposed to will not harm the foetus. |

<table>
<thead>
<tr>
<th>Side Effect or Problem</th>
<th>Assessment</th>
<th>Management</th>
</tr>
</thead>
</table>
| **Heavy or prolonged bleeding (twice as much as usual or longer than 8 days)** | Perform speculum and bimanual exams to ensure that there is neither cervical pathology nor evidence of intrauterine or ectopic pregnancy or spontaneous abortion.  
How much has she bled?  
- Take a history to try to determine how much she is bleeding.  
- Check for signs of marked anaemia (pale conjunctivae or nail beds, low haemoglobin or hematocrit). | Reassure her that some women using implants experience heavy or prolonged bleeding. It is generally not harmful and usually becomes less or stops after a few months.  
For modest short-term relief, she can try one of the treatments for irregular bleeding, above, beginning when heavy bleeding starts. Combined oral contraceptives with 50 µg of ethinyl oestradiol may work better than lower-dose pills.  
To help prevent anaemia, suggest she take iron tablets and tell her it is important to eat foods containing iron, such as meat and poultry (especially beef and chicken liver), fish, green leafy vegetables, and legumes (beans, bean curd, lentils, and peas).  
If heavy or prolonged bleeding continues or starts after several months of normal or no monthly bleeding, or you suspect that something may be wrong for other reasons, consider underlying conditions unrelated to method use. Remove the implant and suggest that the client switch to another method. If haemoglobin is below 9gm/dl, give ferrous sulphate 200mg to take after meals 3 times a day and folic acid 5 mg daily for 1-3 months. |
<table>
<thead>
<tr>
<th>Side Effect or Problem</th>
<th>Assessment</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinary headaches (nonmigrainous)</td>
<td>Physical exam to R/O systemic cause</td>
<td>Suggest aspirin (325–650 mg), ibuprofen (200–400 mg), paracetamol (325–1000 mg), or other pain reliever. Any headaches that get worse or occur more often during use of implants should be evaluated.</td>
</tr>
<tr>
<td>Mild abdominal pain</td>
<td></td>
<td>Suggest aspirin (325–650 mg), ibuprofen (200–400 mg), paracetamol (325–1000 mg), or other pain reliever.</td>
</tr>
<tr>
<td>Acne</td>
<td></td>
<td>If client wants to stop using implants because of acne, she can consider switching to COCs. Many women’s acne improves with COC use. Consider locally available remedies.</td>
</tr>
<tr>
<td>Weight Change</td>
<td>Discuss with woman possible reasons for change including emotional as well as physical.</td>
<td>Review diet and counsel as needed.</td>
</tr>
<tr>
<td>Breast Tenderness</td>
<td>R/O pregnancy</td>
<td>Recommend that she wears a supportive bra (including during strenuous activity and sleep). Try hot or cold compresses. Suggest aspirin (325–650 mg), ibuprofen (200–400 mg), paracetamol (325–1000 mg), or other pain reliever. Consider locally available remedies.</td>
</tr>
<tr>
<td>Mood Change or changes in sex drive</td>
<td>Ask about changes in her life that could affect her mood or sex drive, including changes in her relationship with her partner.</td>
<td>Ask about changes in her life that could affect her mood or sex drive, including changes in her relationship with her partner. Give her support as appropriate. Clients who have serious mood changes such as major depression should be referred for care. Consider locally available remedies.</td>
</tr>
<tr>
<td>Nausea or dizziness</td>
<td>Check woman for other causes such as pregnancy, inner ear infection.</td>
<td>Consider locally available remedies.</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Side Effect or Problem</th>
<th>Assessment</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pain after insertion or removal</strong></td>
<td>Check site for signs of infection or oedema</td>
<td>For pain after insertion, check that the bandage or gauze on her arm is not too tight. Put a new bandage on the arm and advise her to avoid pressing on the site for a few days. Give her aspirin (325–650 mg), ibuprofen (200–400 mg), or paracetamol (325–1000 mg).</td>
</tr>
<tr>
<td><strong>Infection at the insertion site</strong></td>
<td>Check site for redness, heat, pain, pus</td>
<td>• Do not remove the implants. • Clean the infected area with soap and water or antiseptic. • Give oral antibiotics for 7 to 10 days. • Ask the client to return after taking all antibiotics if the infection does not clear. If infection has not cleared, remove the implants or refer for removal. • Expulsion or partial expulsion often follows infection. Ask the client to return if she notices an implant coming out.</td>
</tr>
<tr>
<td><strong>Abscess</strong></td>
<td>Pockets of pus under the skin due to infection</td>
<td>• Clean the area with antiseptic. • Cut open (incise) and drain the abscess. • Treat the wound. • Give oral antibiotics for 7 to 10 days. • Ask the client to return after taking all antibiotics if she has heat, redness, pain, or drainage of the wound. If infection is present when she returns, remove the implants or refer for removal.</td>
</tr>
<tr>
<td><strong>Expulsion</strong></td>
<td>One or two rods begin to come out of the arm</td>
<td>• Rare. Usually occurs within a few months of insertion or with infection. • If no infection is present, replace the expelled rod through a new incision near the other rods, or refer for replacement.</td>
</tr>
</tbody>
</table>
### Side Effect or Problem

<table>
<thead>
<tr>
<th>Severe pain in lower abdomen (suspected ectopic pregnancy or enlarged ovarian follicles or cyst)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many conditions can cause severe abdominal pain. Be particularly alert for additional signs or symptoms of ectopic pregnancy, which is rare but can be life-threatening.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Management</th>
</tr>
</thead>
</table>
| Do abdominal and pelvic exams (speculum and bimanual) to check for PID and other causes of pain or ectopic pregnancy:  
  - In the early stages of ectopic pregnancy, symptoms may be absent or mild, but eventually they will become severe. A combination of these signs or symptoms should increase suspicion of ectopic pregnancy:  
    - Unusual abdominal pain or tenderness  
    - Abnormal vaginal bleeding or no monthly bleeding - especially if this is a change from her usual bleeding pattern  
    - Light-headedness or dizziness  
    - Fainting |  
  - If ectopic pregnancy or other serious health condition is suspected, refer at once for immediate diagnosis and care.  
  - Abdominal pain may be due to other problems, such as enlarged ovarian follicles or cysts.  
  - A woman can continue to use implants during evaluation.  
  - There is no need to treat enlarged ovarian follicles or cysts unless they grow abnormally large, twist, or burst. Reassure the client that they usually disappear on their own. To be sure the problem is resolving, see the client again in 6 weeks, if possible. |

<table>
<thead>
<tr>
<th>Unexplained vaginal bleeding (that suggests a medical condition not related to the method)</th>
</tr>
</thead>
</table>
| Perform speculum and bimanual exams to ensure that there is neither cervical pathology nor evidence of intrauterine or ectopic pregnancy or spontaneous abortion.  
  How much has she bled?  
  - Check for signs of marked anaemia (pale conjunctivae or nail beds, low haemoglobin or hematocrit). |  
  - If no cause of bleeding can be found, consider stopping implants to make diagnosis easier. Provide another method of her choice to use until the condition is evaluated and treated (not progestin-only injectables, or a copper-bearing or hormonal IUCD).  
  - If bleeding is caused by sexually transmitted infection or pelvic inflammatory disease, she can continue using implants during treatment. |

<table>
<thead>
<tr>
<th>Migraine headaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do physical exam to rule out other underlying cause.</td>
</tr>
</tbody>
</table>
  - If she has migraine headaches without aura, she can continue to use implants if she wishes.  
  - If she has migraine aura, remove the implants. Help her choose a method without hormones. |
<table>
<thead>
<tr>
<th>Side Effect or Problem</th>
<th>Assessment</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certain serious conditions (if you suspect blood clots in</td>
<td>Do physical exam to make diagnosis</td>
<td>• Remove the implants or refer for removal.</td>
</tr>
<tr>
<td>deep veins of the legs or lungs, liver disease or breast</td>
<td></td>
<td>• Give her a backup method to use until her condition is evaluated.</td>
</tr>
<tr>
<td>cancer)</td>
<td></td>
<td>• Refer for diagnosis and care if not already under care.</td>
</tr>
<tr>
<td>Heart disease due to blockage or narrowed arteries (ischemic</td>
<td></td>
<td>A woman who has one of these conditions can safely start implants. If,</td>
</tr>
<tr>
<td>heart disease) or stroke</td>
<td></td>
<td>however, the condition develops while she is using implants:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Remove the implants or refer for removal.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Help her choose a method without hormones.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Refer for diagnosis and care if not already under care.</td>
</tr>
<tr>
<td>Suspected Pregnancy</td>
<td>Use pregnancy checklist</td>
<td>Remove the implants or refer for removal if she will carry the pregnancy</td>
</tr>
<tr>
<td></td>
<td>Ask woman if she has an signs or symptoms of pregnancy</td>
<td>to term. There are no known risks to a foetus conceived while a woman has</td>
</tr>
<tr>
<td></td>
<td>If necessary, do a speculum and bimanual examination to rule put pregnancy</td>
<td>implants in place.</td>
</tr>
</tbody>
</table>
ANNEX L: GENERAL COUNSELLING ROLE-PLAY FOR IUCD

Participants should be able to demonstrate key messages about the IUCD. Practice telling the key messages to:

- A very young woman,
- A woman much older than you are,
- Someone who is related to you, and
- Someone who believes her husband has another partner.

The person playing the client should act out reactions to these situations, and the person playing the provider should demonstrate the ability to talk to different people with different levels of education, status, age, etc.

B. Deciding to choose an IUCD - Client Assessment and Counselling Role-Plays

Role-play counselling for each of the situations below. What advice would you give to the client?

- A 17 year-old woman with no children who wants to become pregnant in two years.
- A 35 year-old woman with four children who has regular periods and does not want any more children.
- A 27 year-old woman with two children who has had PID once since the birth of her last child and wants more children in the future.
- A 20 year-old woman who is fully nursing a four-week-old baby.
- A 40 year-old woman who has had all the babies she wants, but is still having regular bleeding; she has severe diabetes and must inject herself with insulin.
- A 19 year-old sex worker who has four children, a history of recurrent PID, hepatitis, and is HIV infected.
- A 32 year-old woman with two children who has heavy periods (she needs to change her pads every two hours, she bleeds for eight days) and on the first two days her cramps are so strong that she cannot go to her job.
- A 27 year-old woman with six children; she is very pale with light conjunctiva. She says that after her last baby was born, six months ago, she bled so much she had to go to the hospital. She complains that she has no strength. She does not want any more children.
- A 30 year-old woman with four children; she is not sure if she wants any more children. She is in a mutually monogamous relationship.
- A 30 year-old woman with four children. She is not sure if she wants any more children. Her husband travels for work and she thinks he may be having a relationship with a woman in another town.
- A 26 year-old woman with three children. Her husband is a transport worker and HIV infected. She has AIDS, but is currently being treated with ARVs and appears healthy. He left her and took the two older children when she became ill
ANNEX M: COMPETENCY-BASED CHECKLIST FOR IUCD COUNSELLING SKILLS

**Instructions:** Rate the performance of each task/activity observed using the following rating scale:

1. **Needs Improvement:** Step not performed correctly and/or out of sequence (if required) or is omitted.
2. **Competently Performed:** Step performed correctly in proper sequence (if required) but lacks precision, and/or the trainer/coach/supervisor needed to assist or remind the participant in a minor way.
3. **Proficiently Performed:** Step performed correctly in proper sequence (if required) and precisely without hesitation or need for any assistance.

**N/O Not Observed:** Step not performed by participant during observation by trainer.

Participant: ___________________________  Course Dates: ____________

<table>
<thead>
<tr>
<th>TASK/ACTIVITY</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishes Rapport</td>
<td>1 2   3 4 5</td>
</tr>
<tr>
<td>Greets client in friendly and respectful manner.</td>
<td></td>
</tr>
<tr>
<td>Ensures necessary privacy.</td>
<td></td>
</tr>
<tr>
<td>Establishes purpose of visit and answers questions.</td>
<td></td>
</tr>
<tr>
<td>Provides general information about family planning.</td>
<td></td>
</tr>
<tr>
<td>Explains what to expect during clinic visit.</td>
<td></td>
</tr>
<tr>
<td>Asks client about her reproductive goals (i.e., does she want to space or limit births?).</td>
<td></td>
</tr>
<tr>
<td>Explores any attitudes or beliefs that either favour or rule out one or more methods.</td>
<td></td>
</tr>
<tr>
<td>Gives the client information about the contraceptive choices available and the risks and benefits of each.</td>
<td></td>
</tr>
<tr>
<td>Helps the client to choose an appropriate method.</td>
<td></td>
</tr>
</tbody>
</table>

**Method-Specific Counselling for IUCD**

<table>
<thead>
<tr>
<th>Provides detailed information about the IUCD.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Shows where and how the IUCD is used.</td>
<td></td>
</tr>
<tr>
<td>Gives the client a sample IUCD to hold.</td>
<td></td>
</tr>
<tr>
<td>Explains how it works and its effectiveness.</td>
<td></td>
</tr>
<tr>
<td>Explains possible side effects and other health problems.</td>
<td></td>
</tr>
<tr>
<td>Explains benign nature of the most common side effects and that they usually get better after three months.</td>
<td></td>
</tr>
<tr>
<td>TASK/ACTIVITY</td>
<td>CASES</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Explains that the TCu 380A lasts for 12 years.</td>
<td></td>
</tr>
<tr>
<td>For older women, explains that it can be removed 1 year after her menstruation ends.</td>
<td></td>
</tr>
<tr>
<td>Explains that client can soon become pregnant when IUCD is removed.</td>
<td></td>
</tr>
<tr>
<td>Discusses the client’s needs, concerns, and fears in a thorough and sympathetic manner.</td>
<td></td>
</tr>
</tbody>
</table>

### Counselling for IUCD Insertion and Removal

#### Insertion Counselling

Reviews the client’s clinical history to determine if the client is an appropriate candidate for the IUCD and if she has any problems that should be monitored while the IUCD is in place.

Informs client about required physical and pelvic examinations.

Describes the insertion process and what the client should expect during and after the procedure.

Teaches client how and when to check for strings (if client wants to check them).

Explains the importance of also using condoms for STI and HIV/AIDS protection.

Discusses what to do if the client experiences any side effects or problems.

Provides follow-up visit instructions.

Reminds the client that the TCu 380A can be left in for 12 years.

Assures the client that she can return to the same clinic at any time to receive advice, medical attention, and, if desired, to have the IUCD removed.

Asks the client to repeat instructions.

Answers the client’s questions.

Inform the client that after the procedure she will have to wait at least 15 minutes before going home.

#### Follow-Up Counselling:

Greets the client in friendly and respectful manner.

Ensures privacy.
Asks the following questions;
- Have you been happy using the IUCD?
- Have you had any concerns or problems?
- Has your health changed in any way since you had your IUCD inserted?
- Do you have any questions you would like me to answer?
- How are you protecting yourself from STIs?
  (Explains dual protection.)
- Do you need some condoms?
- May I examine you?

**Removal Counselling**

Greet the client in friendly and respectful manner.

Establishes the purpose of the visit.

Asks the client her reason for removal and answers any questions.

Asks the client about her present reproductive goals (e.g., does she want to continue spacing or limiting births?).

Describes the removal process and what she should expect during the removal and afterwards.

Discusses what to do if the client experiences any problems (e.g., prolonged bleeding or abdominal or pelvic pain).

Asks the client to repeat the instructions.

Answers any questions.

Reviews general and method-specific information about family planning methods, if the client wants to continue spacing or limiting births.

Assists the client in obtaining a new contraceptive method or provides a temporary method (barrier) until her method of choice can be started.

Inform the client she will have to stay for five minutes after the procedure before going home.

**Comments:**
CHECKLIST FOR IUCD SKILL LEVEL ASSESSMENT

Dates of Training……………………………………
Name of Trainee………………………………….…….
Name of Practicum Sites …………………………….
District………………………………………………….
Region……………………………………………….….
Name of Preceptor………………………………….
Name of the Trainer …………………………………

Type of service for which checklist criteria apply

\[
\begin{align*}
A &= \text{IUCD Counselling;} \\
B &= \text{IUCD Insertion;} \\
C &= \text{IUCD Follow up;} \\
D &= \text{IUCD Removal;} \\
E &= \text{IUCD Infection Prevention}
\end{align*}
\]

ABBREVIATION

CL = Client

Scoring Instructions: Rate the performance of each task/activity
Observed using the following rating scale:

- 0 (OM) Omitted / step not performed at all
- 1 (PD) Poorly Done (Missed most of the key steps –need to practice under supervision)
- 2 (NI) Needs Improvement: Step not performed correctly and/or out of sequence (if required) or is omitted.
- 3 (C) Competently Performed: Step performed correctly in proper sequence (if required) but lacks precision, and/or the trainer/coach/supervisor needed to assist or remind the participant in a minor way.
- 4 (P) Proficiently Performed: Step performed correctly in proper sequence (if required) and precisely without hesitation or need for any assistance.

Each task is 4 points: the grading/scoring will depend on the trainee’s performance in each section.

\[
P \geq 80 \% \quad C = 50 – 79\% \quad NI = 35 -49\% \quad PD <35 \quad OM = 0
\]
<table>
<thead>
<tr>
<th>TASK /ACTIVITY</th>
<th>Demonstrated Ability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td><strong>PRE INSERTION (NON CLINICAL)</strong></td>
</tr>
<tr>
<td>1</td>
<td>Performs pre-insertion counselling</td>
</tr>
<tr>
<td>1.1</td>
<td>Individual counselling is done in a space that ensures audio and visual privacy</td>
</tr>
<tr>
<td>1.2</td>
<td>Interacts with the client in a respectful manner</td>
</tr>
<tr>
<td>1.3</td>
<td>Asks the client questions to help clarify her reproductive health needs</td>
</tr>
<tr>
<td>1.4</td>
<td>Answers questions in an unbiased way.</td>
</tr>
<tr>
<td>1.5</td>
<td>Explain what the IUCD is, how it works, and how it might meet her reproductive health needs.</td>
</tr>
<tr>
<td>1.6</td>
<td>Explains possible IUCD side effects and reassures client that they are not harmful and that they usually subside over time.</td>
</tr>
<tr>
<td>1.7</td>
<td>Explains potential complications involved with IUCD use and reassures client that she is unlikely to experience any problems, especially if she has the IUCD inserted by a skilled provider who knows how to minimize risks.</td>
</tr>
<tr>
<td>1.8</td>
<td>Explains eligibility criteria and procedures for assessing client eligibility</td>
</tr>
<tr>
<td>1.9</td>
<td>Explains insertion procedure/steps.</td>
</tr>
<tr>
<td>1.10</td>
<td>Checks to make sure that the client understands key messages conveyed</td>
</tr>
<tr>
<td>1.11</td>
<td>Helps client in making a decision about using the IUCD (or another method if appropriate)</td>
</tr>
<tr>
<td>1.12</td>
<td>Informs client about the fact that no FP method other than condoms can protect against HIV/AIDS</td>
</tr>
<tr>
<td>1.13</td>
<td>Respects client’s choice of family planning method and does not try to convince her to use one method over another.</td>
</tr>
<tr>
<td>SUB TOTAL</td>
<td>__/52</td>
</tr>
<tr>
<td>2.</td>
<td>Performs pre-insertion medical screening:</td>
</tr>
<tr>
<td>2.1</td>
<td>Determines that client is not pregnant (acts accordingly if she is)</td>
</tr>
<tr>
<td>2.2</td>
<td>Obtains client’s reproductive health history.</td>
</tr>
<tr>
<td>2.3</td>
<td>Screen client carefully to make sure there is no medical condition that would be contraindicated for IUCD insertion e.g. STI, PID, and hypertension.</td>
</tr>
<tr>
<td>SUB TOTAL</td>
<td>__/12</td>
</tr>
<tr>
<td>TASK/ACTIVITY</td>
<td>Demonstrated Ability</td>
</tr>
<tr>
<td>---------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>PRE INSERTION</td>
<td>A: TOTAL POINTS</td>
</tr>
</tbody>
</table>

### B.1 PRE-INSERTION (CLINICAL)

#### 3. Assesses client’s medical eligibility:

- **3.1** Reviews client’s reproductive health history to ensure that client meets initial criteria for IUCD. If client does not, appropriate steps are taken. If client does meet criteria, provider proceeds with clinical screening.
- **3.2** Instructs client to empty her bladder if necessary
- **3.3** Have HLD instrument pan, supplies, and light source available.
- **3.4** Helps clients onto exam table
- **3.5** Washes hands with soap and water
- **3.6** Tells the client what is going to be done and answers any questions she may have
- **3.7** Checks for signs of severe anaemia
- **3.8** Performs abdominal exam—palpates abdomen and checks for suprapubic or pelvic tenderness and adnexal abnormalities
- **3.9** Covers client for vaginal examination (privacy observed).
- **3.10** Puts new exam (disposable) or HLD or sterile (reusable) gloves on both hands
- **3.11** Performs bimanual examination—checking for cervical, adnexal, or uterine abnormalities that would preclude insertion
- **3.12** Removes and disposes of gloves correctly
- **3.13** Uncovers instruments for speculum exam
- **3.14** Puts new exam (disposable) or DHL or sterile (reusable) gloves on both hands.
- **3.15** Assembles HLD (or sterile) speculum
- **3.16** Cleans perineum (optional)
- **3.17** Inserts speculum horizontally
- **3.18** Performs speculum examination, locates cervix checking for any signs of cervical or vaginal problems that might preclude insertions at this time.
<table>
<thead>
<tr>
<th>TASK /ACTIVITY</th>
<th>Demonstrated Ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.19 Makes appropriate findings based decision on whether or not to proceed with insertions and explains decision to client.</td>
<td></td>
</tr>
<tr>
<td>3.20 If decision is NOT to insert the IUCD at this time, then terminates exam and explains reasons to client and makes recommendations for other method and for any necessary treatment needed.</td>
<td></td>
</tr>
<tr>
<td>3.21 Removes and disposues of gloves correctly if decision is not to insert the IUCD.</td>
<td></td>
</tr>
<tr>
<td>3.22 If decision is to go ahead with insertion, then the provider obtains informed consent appropriate to the setting and proceeds with the procedure that follow.</td>
<td></td>
</tr>
</tbody>
</table>

**SUB-TOTAL__/88**

**B.2 INSERTIONS**

4. Performs insertion:

4.1 Loads the IUCD inside the sterile package according to package instructions/protocols

4.2 Swabs cervix and vagina with antiseptic (optional)

4.3 Gently grasps cervix with tenaculum or vulsellum forceps and stabilizes it. No need to pull or push or move up and down

4.4 Sounds the uterus to check the depth of uterus - critical step when perforation can happen

4.5 Sets depth gauge on the loaded IUCD insert to the depth of the sound

4.6 Inserts the IUCD using the withdrawal technique - DO NOT PUSH THE PLUNGER: plunger has to be stabilized while withdrawing the inserter.

4.7 Cuts strings and gently removes tenaculum and speculum.

4.8 Observes client for 15-20 minutes after insertion (optional)

4.9 Informs the client that she can resume sexual activity as soon as she feels comfortable

**SUB TOTAL __/36**
<table>
<thead>
<tr>
<th>TASK / ACTIVITY</th>
<th>Demonstrated Ability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CL1</td>
</tr>
<tr>
<td><strong>B.3</strong> Performs post-insertion tasks:</td>
<td></td>
</tr>
<tr>
<td>5.1 Processes instruments and consumables (places used instruments into chlorine solution for decontamination, disposes of waste materials properly, removes reusable gloves and places them in chlorine solutions)</td>
<td></td>
</tr>
<tr>
<td>5.2 Washes hands with soap and water</td>
<td></td>
</tr>
<tr>
<td>5.3 Discusses what to do if client experiences any problems following insertion or side effects.</td>
<td></td>
</tr>
<tr>
<td>5.4 Schedules a follow-up appointment with client for 6 weeks after insertion</td>
<td></td>
</tr>
<tr>
<td>5.5 Gives client a client card with instructions about possible side effects and complications; card has RHS phone number on it in case of complications</td>
<td></td>
</tr>
<tr>
<td>5.6 Assures the clients that she can have the IUCD removed at any time if she desires</td>
<td></td>
</tr>
<tr>
<td>5.7 Records insertion according to record keeping protocol</td>
<td></td>
</tr>
<tr>
<td><strong>SUB TOTAL __/28</strong></td>
<td></td>
</tr>
<tr>
<td><strong>B1+B2+B3</strong>: TOTAL POINTS ___/152</td>
<td></td>
</tr>
<tr>
<td><strong>C</strong> FOLLOW-UP</td>
<td></td>
</tr>
<tr>
<td>6. Conducts client’s assessment:</td>
<td></td>
</tr>
<tr>
<td>6.1 Has instruments and supplies for follow-up (insertion and removal)</td>
<td></td>
</tr>
<tr>
<td>6.2 Assesses clients satisfaction with IUCD</td>
<td></td>
</tr>
<tr>
<td>6.3 Assesses for common side effects</td>
<td></td>
</tr>
<tr>
<td>6.4 Screens for warning signs (PAIN) especially if client comes back before appointed dates.</td>
<td></td>
</tr>
<tr>
<td>6.5 Addresses any questions or concerns the client may have</td>
<td></td>
</tr>
<tr>
<td>6.6 Reviews key IUCD messages with client.</td>
<td></td>
</tr>
<tr>
<td><strong>SUB TOTAL __/24</strong></td>
<td></td>
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<tr>
<td>TASK /ACTIVITY</td>
<td>Demonstrated Ability</td>
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<td>-------------------------------------------------------------------------------</td>
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<tr>
<td></td>
<td>CL1</td>
</tr>
<tr>
<td><strong>C.2</strong> Performs physical and pelvic examination where indicated (for first routine checkups and where infection may be suspected for other return visits):</td>
<td></td>
</tr>
<tr>
<td>7.1 Explains to the client why and how she will do the necessary examinations.</td>
<td></td>
</tr>
<tr>
<td>7.2 Prepares the client while ensuring dignity and privacy</td>
<td></td>
</tr>
<tr>
<td>7.3 Performs a speculum exam and checks to make sure the string is visible and there is no partial or complete expulsion (this is a complication)</td>
<td></td>
</tr>
<tr>
<td>7.4 Explains findings and reassures the client</td>
<td></td>
</tr>
<tr>
<td>7.5 Appropriately manages side effects or complications that the client is experiencing, if any.</td>
<td></td>
</tr>
<tr>
<td><strong>SUB TOTAL /20</strong></td>
<td></td>
</tr>
<tr>
<td>C1+C2=                           TOTAL POINTS</td>
<td></td>
</tr>
<tr>
<td><strong>D</strong> REMOVAL</td>
<td></td>
</tr>
<tr>
<td><strong>D.1</strong> Conducts pre removal counselling:</td>
<td></td>
</tr>
<tr>
<td>8.1 Asks the clients her reason for removal and answers any questions she may have</td>
<td></td>
</tr>
<tr>
<td>8.2 Reviews the client’s present reproductive goals</td>
<td></td>
</tr>
<tr>
<td>8.3 Describes the removal procedure and what to expect.</td>
<td></td>
</tr>
<tr>
<td><strong>SUB TOTAL __/12</strong></td>
<td></td>
</tr>
<tr>
<td>8.4 Puts sterile gloves on both hands</td>
<td></td>
</tr>
<tr>
<td>8.5 Inserts HLD or sterile speculum and looks at length and position of strings</td>
<td></td>
</tr>
<tr>
<td>8.6 Swabs cervix and vagina with antiseptic (optional)</td>
<td></td>
</tr>
<tr>
<td>8.7 Grasps strings close to the cervix and pulls gently but firmly to remove the IUCD</td>
<td></td>
</tr>
<tr>
<td>8.8 Shows client the IUCD and disposes of it.</td>
<td></td>
</tr>
<tr>
<td><strong>SUB TOTAL /20</strong></td>
<td></td>
</tr>
<tr>
<td><strong>D.2</strong> Performs post-removal tasks:</td>
<td></td>
</tr>
<tr>
<td>10.1 Places used instruments in chlorine solution for decontamination</td>
<td></td>
</tr>
<tr>
<td>10.2 Disposes of waste materials according to guidelines</td>
<td></td>
</tr>
<tr>
<td>TASK / ACTIVITY</td>
<td>Demonstrated Ability</td>
</tr>
<tr>
<td>-----------------</td>
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<tr>
<td></td>
<td>CL1</td>
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<tr>
<td>10.3</td>
<td>Removes gloves and disposes of them.</td>
</tr>
<tr>
<td>10.4</td>
<td>Washes hands thoroughly with soap and water</td>
</tr>
<tr>
<td>10.5</td>
<td>Records IUCD removal according to protocol</td>
</tr>
<tr>
<td>10.6</td>
<td>Assists client in selecting and obtaining new contraceptive method if desired</td>
</tr>
<tr>
<td><strong>SUB TOTAL</strong></td>
<td>__/24</td>
</tr>
<tr>
<td><strong>REMOVAL</strong></td>
<td>D: TOTAL POINTS __/56</td>
</tr>
</tbody>
</table>

### E. INFECTION PREVENTION

*Practices proper infection prevention procedures before, during and after the procedure:*

- **11.1** Instruments and supplies are ready and available for use at the time of procedure for which they are needed
- **11.2** IUCD package is not opened until after it is loaded and at the time of procedure
- **11.3** Procedures for hand washing and use of exam gloves are followed
- **11.4** Proper client cleaning procedures are followed where necessary.
- **11.5** “No touch” technique is used when inserting the IUCD
- **11.6** Contaminated instruments are processed and stored according to protocol

**INFECTION PREVENTION** E: TOTAL POINTS __/24
Case Study 1: Counselling for IUCD in lactating women

Problem: Insertion of IUCDs is not advised for lactating women between 48 hours after delivery and before four weeks postpartum.

Subjective: 23-year-old para III whose last child was born 3 weeks ago. She does not want any children for at least five years and was told by her friends that she should get an IUCD. She feels too tired to care for any more children now.

Objective: Client is healthy but tired looking. She has two young children and an infant with her. Her blood pressure is 110/72 with temperature of 36.8.

Questions for Discussion:

- What is the recommendation for use of IUCDs while lactating?
- What advice should you give the woman so that she does not become pregnant?
- How will you manage this client?

Case Study 2: Pregnancy with IUCD

Problem: Sometimes the IUCD does not prevent pregnancy (less than 1% of the time with the TCu 380A). How will you manage a woman who has an intrauterine pregnancy with an IUCD?

Subjective: Two years ago a 28-year-old para II, had a TCu 380A inserted at six weeks postpartum. Her menses were regular until two months ago, when she had a very heavy period. She has not had a menstrual period since then and she tells you she now feels pregnant.

Objective: Client is anxious and upset. Her blood pressure is 126/84. Breasts are enlarged. Pelvic exam reveals a normal vagina, a slightly bluish cervix with IUCD string protruding, a soft, somewhat enlarged nontender uterus, and normal adnexa.

Questions for Discussion:

- What are some of the complications of pregnancy that may occur with an IUCD in place?
- Should the practitioner strongly recommend removal of all IUCDs when strings are visible?
- What should the practitioner do if the strings are not visible?
- What might have caused this client to become pregnant after two years of using the IUCD successfully?
- How should the service provider manage such a case?
Case Study 3: PID with IUCD

Problem: A client who was at risk for developing an STI was not screened adequately. She has now developed PID.

Subjective: A 20-year-old para I has been using the COC for one year, but recently she has developed severe migraine-like headaches, and you have recommended that she discontinue the pills because the headaches may be caused or aggravated by oestrogen. She has chosen to try an IUCD and had a TCu 380A inserted five months ago. She has returned and she tells you that she noted a yellowish, bloody discharge and pain with intercourse starting three weeks ago.

Objective: Temp: 37 degrees; BP: 120/75; young woman does not appear to be in any discomfort. Abdominal exam shows no upper abdominal pain or guarding; lower abdomen slightly tender to pressure, no guarding. Pelvic exam normal. External genitalia and vagina: IUCD string protruding from os; a mucopurulent discharge is seen emanating from the cervix. Bimanual exam elicits tenderness on cervical motion in any direction. Adnexa are also tender to pressure, but no mass is noted. Uterus is midposition, firm, tender to pressure, fairly mobile.

Questions for Discussion:
- Do IUCDs cause PID?
- What might the service provider have overlooked in this client's history that may explain her problem?
- What practices in the standard IUCD-insertion protocol are specifically designed to prevent infections?
- How will you manage her case?

Case Study 4: Prolonged heavy bleeding

Problem: A client who has had her IUCD in place for 6 months complains of recent severe, heavy bleeding.

Subjective: A 25-year-old para III has had her IUCD in place for 6 months. Her menstrual periods have been slightly heavier than usual since her IUCD was inserted. But recently she developed very severe, heavy bleeding. The bleeding is not only when she has menstrual bleeding. She complains of feeling very tired.

Objective: Temp: 37 degrees; BP: 120/70; young woman does not appear to be in any discomfort. But is pale, with pale nail beds and conjunctiva. Bimanual examination shows an enlarged, slightly irregular uterus. Abdominal exam shows no upper abdominal pain or guarding. Adnexa are not tender to pressure. External genitalia and vagina appear normal: IUCD string is in place. An Hct is done and is 15%.
Questions for Discussion:
- How do you determine how much a woman is bleeding?
- What are the signs of severe anaemia?
- How will you manage her case?

Case Study 5: IUCD strings missing

**Problem:** A client who has had her IUCD in place for 2 years can no longer feel her IUCD strings.

**Subjective:** A 30-year-old para II has had her IUCD in place for 2 months. Her menstrual periods have been normal since her IUCD was inserted. When her IUCD was inserted, she was shown how to check for her strings. She does this every few months and this time she could not feel her strings. She did not notice the IUCD falling out.

**Objective:** Temp: 37 degrees; BP: 120/70; young woman does not appear to be in any discomfort. Her last menstrual period began 8 days ago. Bimanual examination shows a normal uterus. Abdominal exam shows no upper abdominal pain or guarding. Adnexa are not tender to pressure. External genitalia and vagina appear normal. The IUCD string is not visible. The checklist to rule out pregnancy was applied and the woman is not pregnant.

Questions for Discussion:
- How do you determine whether the IUCD has come out or been expelled?
- How do you rule out pregnancy?
- How can you check to make sure that the IUCD is still in place?
- How will you manage her case?

Case Study 6: Counselling for client who had IUCD removed because she had heavy monthly bleeding and became anaemic

**Problem:** A woman may become anaemic when she has heavy monthly bleeding with an IUCD

**Subjective:** 35-year-old woman who had an IUCD inserted six months ago and developed heavy monthly bleeding. She had never been very strong and started complaining of chronic fatigue. Her provider removed the client’s IUCD after discussion.

**Objective:** Thin 35-year-old woman who appears like she doesn’t feel well. She is pale with light coloured conjunctiva and a temperature of 36.5. Her hematocrit is 20%.

Questions for Discussion:
- Why was removal recommended?
- What advice should we give this woman for her anaemia?
- What advice should we give this woman for contraception?
- How would you manage this client?
## Participant Handout

### Subjective/objective Assessment Plan

<table>
<thead>
<tr>
<th>Condition</th>
<th>Question/Action</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amenorrhea</td>
<td>Ask client&lt;br&gt;• When she had her Last Menstrual Period (LMP),&lt;br&gt;• When she last felt the strings, and&lt;br&gt;• If she has any symptoms of pregnancy. If necessary, do a speculum and bimanual examination to rule put pregnancy.</td>
<td>If pregnancy is less than 13 weeks (by LMP) and strings are visible, explain that the IUCD should be removed to minimize risk of pelvic infection. Do not attempt to remove if&lt;br&gt;• Strings are not visible, or&lt;br&gt;• Pregnancy is greater than 13 weeks (by LMP). A woman who has these signs is at risk of spontaneous abortion and sepsis and must be followed closely.</td>
</tr>
<tr>
<td>Cramping</td>
<td>Do abdominal and pelvic (speculum and bimanual) exams to check for PID and other causes of cramping, such as partial expulsion of the IUCD, cervical or uterine perforation, or ectopic pregnancy.</td>
<td>Client has had IUCD less than three months&lt;br&gt;• If no cause is found and cramping is not severe, reassure the client, and provide aspirin or a similar analgesic.&lt;br&gt;• If no cause is found but cramping is severe, remove the IUCD (if client finds cramping unacceptable). Replace with a new IUCD or help the client choose another method. Client has had IUCD more than three months&lt;br&gt;• If no cause found, remove IUCD. If there is no evidence of infection, replace with a new IUCD or help the client choose another method.</td>
</tr>
<tr>
<td>Ectopic Pregnancy</td>
<td>Irregular bleeding with or without symptoms of pregnancy or infection, pelvic pain or tenderness, or palpable adnexal mass.</td>
<td>Refer to appropriate facility for complete evaluation.</td>
</tr>
</tbody>
</table>

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**ANNEX P: MATRIX FOR MANAGEMENT OF SIDE EFFECTS AND COMPLICATIONS OF IUCDS**
<table>
<thead>
<tr>
<th>Side Effect or Problem</th>
<th>Assessment</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irregular or Heavy Bleeding</td>
<td>Perform speculum and bimanual exams to ensure that there is neither cervical pathology nor evidence of intrauterine or ectopic pregnancy or spontaneous abortion. How much has she bled? • Check for signs of marked anaemia (pale conjunctivae or nail beds, low haemoglobin or hematocrit).</td>
<td>Client has had IUCD less than three months: • If exam is normal, reassure and give iron tablets (one tablet daily for one to three months). Ask client to return in three months for another check. Use locally approved drugs, such as ibuprofen, during the bleeding episode, if available. • If bimanual exam shows enlarged or irregular uterus due to fibroids, inform client of the problem. Remove the IUCD if the client is anaemic or requests removal, and help her select another method.</td>
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<tr>
<td></td>
<td>Client has had IUCD more than three months: • If the exam is negative and bleeding intervals are short (less than three weeks), suspect anovulation; if bleeding intervals are longer (more than six weeks) suspect delayed ovulation; if with hot flashes, suspect menopause (if age over 35) or gynaecologic endocrine problem. Refer to specialist. Recommend removal if severe anaemia is present (e.g., less than 9 g/dl Hgb or 30% Hct) and help client choose another method. If the IUCD is inert (Lippes Loop) and the client chooses to continue use of the IUCD, remove current IUCD and insert a new IUCD; give three more months of iron tablets and re-examine in three months. If the client already has a copper IUCD, remove the IUCD and help the client select another method.</td>
<td></td>
</tr>
<tr>
<td>Side Effect or Problem</td>
<td>Assessment</td>
<td>Management</td>
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<td>------------------------</td>
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<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td><strong>Missing Strings</strong></td>
<td>Ask the client whether she knows if the IUCD has come out. If the client does not know if the IUCD was expelled, ask her • When she had her LMP, • When she last felt the strings, • If she has any symptoms of pregnancy, and • If she used a back-up method (e.g., condom) from the time she noticed the missing strings. Do speculum and bimanual examination. Check for signs of pregnancy. If she comes back while having her period, do a speculum examination. If strings are <strong>still not seen</strong>, rule out perforation. If she comes back with delayed (greater than four weeks) menses, check for pregnancy.</td>
<td>If the client knows the IUCD fell out, check for pregnancy, provide back-up method, and reinsert IUCD during her next period, if she desires. Perform a vaginal examination. • If the exam reveals suspected pregnancy, refer her to an appropriate facility for complete evaluation. • If no strings are seen during the vaginal exam, it may mean that the IUCD has fallen out or strings may be in the cervical canal (not visible), or high in the vagina. • If strings are not found by carefully probing the cervical canal, the client should use a nonhormonal method of family planning and return with menses or in four weeks if her period does not start. The strings may come down with menses. If strings are seen, reassure client that strings are present, and help her feel them. Refer to check for IUCD. It can be located either by carefully sounding the uterus, X-ray, or ultrasonography. • If the IUCD is not found on referral, it may have been expelled without being seen. Insert another IUCD or help client choose another method. If pregnant, see “Amenorrhea” above.</td>
</tr>
<tr>
<td><strong>Partner complains about strings</strong></td>
<td>Check to be sure that the IUCD is in place and not partially expelled.</td>
<td>Counsel the client that there are several options. One option is to explain to her partner what he is feeling and see if he is willing to tolerate it or cut the string to a length even with the cervical os (inform the client that she will no longer be able to feel string,) and record in chart that string has been cut evenly with cervix for future removal information.</td>
</tr>
<tr>
<td>Side Effect or Problem</td>
<td>Assessment</td>
<td>Management</td>
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<td>-------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
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</tbody>
</table>
| **Pelvic Infection**                | Perform abdominal and pelvic (speculum and bimanual) exams and GTI testing if available. | If abdominal and pelvic exams confirm uterine and/or adnexal tenderness or pain when moving the cervix and uterus during pelvic examination, and/or microscopic testing supports the diagnosis of PID:  
  - Treat with antibiotic, or immediately refer for treatment.  

Carefully observe the results of antibiotic treatment. If the woman does not improve in two to three days after starting treatment, refer her to a hospital. Her sex partner should be checked for an STI. |
|                                     | If urethritis or cervicitis (purulent discharge or beefy red cervix) is present, check Gram stain of cervical discharge. |                                                                           |
| **Suspected Uterine Perforation**   |                                                                             |                                                                           |
| At time of insertion                |                                                                             |                                                                           |
| Signs that suggest perforation include a sudden loss of resistance to the uterine sound or insertion device, a uterine depth greater than expected on bimanual examination, and unexplained pain. | When sounding the uterus  
  - Stop the procedure. Gently remove the instrument that may have perforated the uterus. If resistance is encountered stop immediately and ask for an evaluation by a qualified surgeon. Observe for signs of intra-abdominal bleeding (i.e., failing blood pressure, rising pulse, severe abdominal pain, tenderness, guarding, and rigidity).  
  - Take blood pressure and pulse every 15 minutes for 90 minutes. From resting position, have client sit up rapidly. Observe for syncope or pulse greater than 120/min.  
  - If negative after two hours, discharge with instructions for warning signs that require immediate return to clinic. Have client return after one week for check-up.  
  - If complete perforation is suspected, stabilize the woman and do an ultrasound or x-ray to see where the IUCD is.  

When inserting the IUCD (complete or partial)  
  - Stop the procedure. Remove the IUCD and initiate steps as above. | 
<table>
<thead>
<tr>
<th>Side Effect or Problem</th>
<th>Assessment</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Syncope, bradycardia, vasovagal episode during IUCD insertion or removal</strong></td>
<td>Is woman anxious? Does she have a small uterus or relative cervical stenosis? (These characteristics increase risk for syncope and/or vasovagal reaction.)</td>
<td>Everything done at time of IUCD insertion and removal should be done slowly and gently.</td>
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<td>• Maintain a calm, relaxed, unhurried atmosphere with a gently reassuring approach to the client.</td>
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<td>• At the earliest sign of fainting, stop the insertion.</td>
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<td>• Put a cool, wet cloth to the client’s forehead.</td>
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<td></td>
<td>• If severe pain occurred as the IUCD was being inserted through the cervical canal, leave the IUCD in place and allow the patient to rest. Keep the client supine, the head lowered, and legs elevated, to ensure adequate blood flow.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Avoid overtreatment; observation and support are usually all that is required. Use analgesics (paracetamol or ibuprofen) for abdominal pain or cramping.</td>
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<td></td>
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<td>• Remove IUCD if pain persists and is not relieved by analgesics or if client requests removal. Help her choose another method.</td>
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</table>

| Vaginal Discharge                                         | Check history for GTIs or other STI exposure and examine for vaginitis or purulent cervicitis or beefy red cervix.                                                                                       | If saline or KOH wet mounts are positive, treat for specific organism.                                                                                                                                 |
|                                                           | Examine saline and KOH wet mounts of vaginal discharge for trichomonas, monilia (candida), gardnerella.                                                                                                   | If positive for GNID, treat for GC. If negative for GNID and purulent cervicitis or beefy red cervix is present, treat for Chlamydia. Do GC culture if available. |
|                                                           | Prepare Gram stain of vaginal or cervical discharge. Observe for Gram negative intracellular diplococci (GNID) and WBC (PMNs).                                                                          |                                                                                                                                                                                                   |


## ANNEX Q: KNOWLEDGE AND SKILLS APPLICATION PLAN AT WORKPLACE

<table>
<thead>
<tr>
<th>Problem</th>
<th>Objectives</th>
<th>Activities</th>
<th>Resources</th>
<th>Responsible Person</th>
<th>Timeframe</th>
<th>Expected outcome</th>
<th>Remarks</th>
</tr>
</thead>
</table>
| **Example**  
Inadequate supply of short term FP methods | To ensure adequate supply of short-term FP methods by November. | To fill relevant report and request forms and send them timely. | MTUHA books. R&R forms. | Facility In charge. DMO. | June  
Sept. | Increase number of FP clients.  
Client satisfaction | Increase FP method choice. |
ANNEX R: PARTICIPANTS EVALUATION OF THE TRAINING

1. Workshop objectives are clear and were achieved.
   Strongly Agree ( )  Agree ( )  Undecided ( )  Disagree ( )

2. Both the amount of content covered and the length of the workshop were about right
   Strongly Agree ( )  Agree ( )  Undecided ( )  Disagree ( )

3. This workshop was directly related to the work I do or am going to do.
   Strongly Agree ( )  Agree ( )  Undecided ( )  Disagree ( )

4. Possible solutions to my real work problems were dealt with in this workshop.
   Strongly Agree ( )  Agree ( )  Undecided ( )  Disagree ( )

5. Workshop facilities and arrangements were satisfactory.
   Strongly Agree ( )  Agree ( )  Undecided ( )  Disagree ( )

6. The trainer(s) and/or preceptors for this workshop was/were effective in helping me to learn and apply concepts and skills.
   Strongly Agree ( )  Agree ( )  Undecided ( )  Disagree ( )

7. Below are major topics that were presented in the workshop. Please indicate the usefulness of the topics to your work in the scale at right.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Very Useful</th>
<th>Useful</th>
<th>Not Useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Counselling for informed choice</td>
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<tr>
<td>b. Risk of STI/HIV</td>
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<tr>
<td>c. Medical eligibility criteria for IUCD and Implants</td>
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<tr>
<td>d. Pelvic Assessment</td>
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<tr>
<td>e. Infection Prevention Process</td>
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</tbody>
</table>
8. For the following training methods/techniques, please check the box on the right that best describes your view of their usefulness for your learning in this workshop.

<table>
<thead>
<tr>
<th>Training methods/techniques</th>
<th>Very Useful</th>
<th>Useful</th>
<th>Not Useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Lectures</td>
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<td></td>
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<tr>
<td>b. Group discussions</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c. Role play</td>
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<td></td>
<td></td>
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<tr>
<td>d. Simulation</td>
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<tr>
<td>e. Brain storming</td>
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<tr>
<td>f. Process reviews</td>
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<td></td>
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<tr>
<td>g. Demonstration</td>
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<tr>
<td>h. Clinic practice</td>
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</tbody>
</table>

9. General comments:
ANNEX S: TRAINER/TRAINEE FEEDBACK REPORT FORMAT

(TO BE FILLED IN DUPLICATE, ONE COPY FOR THE TRAINER/TRAINEE RECEIVING FEEDBACK, THE SECOND ONE FOR THE SUPERVISOR).

1. Activity title ________________________ Date: ________________________

2. Name of the trainer/trainee receiving feedback: ______________________

3. General observations

4. Strengths

5. Areas needing more practice/improvement

6. Recommendations

7. Feedback given by
   1. Name: ____________________ Signature __________________
   2. Name: ____________________ Signature __________________
   3. Name: ____________________ Signature __________________
   4. Name: ____________________ Signature __________________

8. Feedback received by
   Name: ____________________________ Signature __________________
   Date: ____________________________
ANNEX T: PARTICIPANT’S KNOWLEDGE AND SKILLS APPLICATION PLAN

Name: ........................................ Worksite: ..........................

District: ........................................ Date of training: ............... 

Instructions: 
Please respond to the questions below:

PART ONE: IUDC

Q. 1: Which steps were more difficult?

Q. 2: Which areas do you need help on in initiating client for IUCD use?

Q. 3: What help do you need when managing clients with IUCD side effects and complications?
PART TWO: IMPLANT

Q. 1:  Is there any barrier for you to practice implant insertion? If yes, how will you overcome them?

Q.2:  Are you able to manage the client needing an implant removal? If not, what are your strategies to learn to manage this type of client?

PART C: CROSS- CUTTING ISSUES

Q. 1:  What infection prevention problems do you face at your work site and how do you solve them?

Thank you for answering these questions.
UNIT 1
OPENING, FEEDBACK AND CREATING A CONDUCIVE ENVIROMENT AND INTRODUCTION TO CLINICAL PRACTICE

Session One
Welcome and Registration

Session Objectives
At the End of This Session, Trainees Will Be Able To:
- List the names of all participants
- Assess participants’ knowledge at entry level to the training.
- Give an overview of the training

Welcome and Registration
- Registration
- Welcoming Remarks

Introductory Exercise
Introduce your self, follow the guide:
- Full names
- Preferred name
- Designation
- Work station and section
- Major jobs performed every day
- Norms and Expectations

Logistics Arrangements
- Accommodation
- Meals
- Per diem / reimbursement of traveling costs
- Transport
- Washrooms
- Selection of group leaders
Pre training knowledge test.
Time allotment – 45 Minutes

To enable service providers to educate, counsel, screen provide long acting FP methods, manage side effects, complications and other health needs

By the end of the training, trainees will be able to:
- Conduct client education to promote FP method use.
- Counsel individual clients / couples to help them make an appropriate informed choice of FP method and other health services.
- Screen clients for implant and IUCD use and other health services.
- Provide clients with FP methods of their choice.
- Manage clients presenting with contraceptive related problems and other health needs.

- Lecture discussion.
- Role play
- Demonstration
- Practicum.
- Simulation.
- Small group discussion.
- Brainstorming.
- Large group discussion.
- Gallery walk.
- Case study.
- Buzzing

- Pre and post knowledge test.
- Skills assessment
- Process review.
- Continues observation and feedback.

- Creating demand for long term FP method use among individuals including adolescents, couples and community through client education.
- Counseling individuals including adolescents and couples for informed choice of FP methods.
- Initiate and instruct clients on FP short term methods.
- Managing problems related to use of short term FP method use and other health needs.
- Screening clients suitability for family planning method use and other health services.
Session Two
Giving and Receiving Feedback

Session Objectives
By the end of the session trainees will be able to:
• State the meaning of feedback
• State purpose of giving and receiving feedback
• Identify feedback skills
• Apply rules for giving and receiving feedback
• Demonstrate ability to give and receive feedback

Definition of Feedback
Feedback is a method of receiving or giving information about behaviour. It is a way of letting the receiver know in timely and descriptive manner how he/she is performing or how the receiver’s behaviour affects the sender/others

Words Reflecting feelings
• Angry
• Happy
• Excited
• Annoyed
• Demonized
• Anxious
• Felt good
• Worried
• Felt bad
• Felt like running away
• Felt scolded
• Felt hopeless

Feedback Skills
• Effective Questioning
  - Open ended questions
  - Closed ended questions
  - Probing questions
  - Good listening skills
  - Active listening
• Reflection
• Summarizing and paraphrasing
• Praise and encouragement
• Giving information
• Observing non verbal cues

Rules for giving feedback
• Should be timely
• Should be descriptive, non- judgmental
• Use what, how rather than why……
• Be clear and straight to the point
• Use specific statements supported by specific examples
• Provide both positive and negative feedback
• Prepare self to give the feedback
Rules Cont.

- Ask for timely feedback
- Do not react angrily or defensively by explaining …”I did it because of……”
- Use what, how and not why? Use I not you
- Seek clarification by paraphrasing or by open-ended questions
- Thank the giver and say what you will do as a result of being given the feedback

Definition of Quality of Care

Quality of care
- Quality of care is doing the right thing, in the right away and at the right time

Quality
- Quality is the type of care which meets clients’ rights, having access to range of services, choice, confidentiality, privacy and safety, respect and dignity

Care
- Care is the way clients are treated by the system providing services

10 Clients’ rights

- Right to information (adequate and accurate)
- Right to access
- Right to choice (free decision -whether to use or not)
- Right to safety
- Right to privacy (visual and audible)
- Right to confidentiality
- Right to dignity (courtesy, consideration and attentiveness)
- Right to comfort (comfort when receiving services)
- Right to continuity (for as long as they need services)
- Right to opinion (to express their views)

10 Service Providers Needs

Needs for
1. Training
   - Technical FP skills
   - Communication skills
2. Information
   - On issues related to their duties
3. Supplies and equipment
4. Guidance
   - Clear objectives
5. Infrastructure

Service Providers Needs cont….

6. Back – up
7. Respect
8. Encouragement
   - Stimulus in the development of their potentially and creativity
9. Feedback
   - concerning achievement of guidance
10. Self - expression

Session Three

INTRODUCTION TO CLINICAL PRACTICE
Objectives
At the end of this session, the trainee will be able to:
- Explain the purposes of clinic practice
- Identify the minimum number of practicum objectives/requirements
- Describe trainer/preceptor/trainee linkage and other roles in ensuring trainees achieve practicum objectives
- Explain how trainees’ skills acquisition will be monitored and evaluated

INTRODUCTION TO CLINICAL PRACTICE
Purpose of clinic practicum
- To apply theory to practice.
- To gain assistance in strengthening weak skills identified in pre-training skills assessment.

CONT...
- To practice knowledge and skills learnt with guidance from trainers and preceptors.
- To observe trainers and preceptors model positive practice for trainee application during and after training.
- To practice providing IUCD (CuT 380A) and implants in real situations.

Trainer/preceptor roles
- Guide trainees to acquire skills according to standards
- Demonstrate difficult procedures
- Provide a variety of learning opportunities that will ensure trainee achievement
- Identify trainee’s special needs and assist them accordingly
- Manage conflict wisely if any
- Monitor and evaluate trainees’ skills acquisition and the achievement of objectives

Role of trainees
- Strive to meet objectives and perform skills with very little guidance from trainers and preceptors.
- Read and apply guidelines and standards (e.g. FP procedure) manual during clinical practice.
- Ask for feedback verbally and in writing on skills performance

Role of trainees....
- Adhere to rules of giving and receiving feedback to ensure that trainer/trainee interactions are productive.
- Make use of feedback given.
- Work as a team
- Use time wisely and take advantage of all opportunities for learning
- Identify and communicate hindrances to learning and jointly solve them with trainers/ preceptors
- Draw attention to trainer about potential and actual conflicts
- Seek face-to-face meetings with trainers/ preceptors to achieve competence
- Monitor and evaluate trainees’ own skills acquisition
Joint roles

- Ensure client’s safety is not compromised.
- Ensure application and adherence to laid down policy guidelines, standards and procedures.
- Establish and maintain good interpersonal relationships with clinic staff and clients

END

THANK YOU
UNIT 2
Infection Prevention

National Family Planning

Session 1
INFECTION PREVENTION IN FACILITIES

Session Objective
At the End of This Session, Trainees Will Be Able To:
• Mention Infection prevention problems they have in their health care facilities

Session 2
HAND HYGIENE AND OTHER BARRIERS USED IN PREVENTING INFECTION

Session Objectives
At the End of This Session, Trainees Will Be Able To:
- IDENTIFY TYPES OF HAND HYGIENE. STATE WHEN HAND WASHING SHOULD BE DONE.
- Mention other barriers that are used to prevent infection
- Define antiseptic
- Mention antiseptics used in health care facilities.
- Describe how to prepare site before a procedure

TYPES OF HAND HYGIENE
• ROUTINE HAND WASHING
• HAND ANTISEPSIS
• ALCOHOL HAND RUB
• SURGICAL HAND SCRUB
**Protective Barriers**

Barriers include the following:
1. Handwashing
2. Wearing gloves, either for surgery, pelvic examinations, IUD insertions, or to protect clinic staff when handling contaminated waste materials or used instruments
3. Using antiseptic solutions for cleaning wounds or preparing the skin prior to surgery
4. Decontamination, cleaning and sterilizing or high-level disinfecting surgical instruments, reusable gloves, and other items

**Antiseptics**

Antiseptics are chemicals which kill or inhibit microorganisms on animate objects (Living tissue)

**Session 3**

- Processing Instruments and Other Items

**Session Objective**

- Describe how to process contaminated instruments and other items.

**Processing Instruments**

**Steps Involved in Processing Instruments, and Other Items**

1. Decontamination
2. Cleaning
3. High-Level Disinfection
   - 3.1 HLD by Boiling
   - 3.2 HLD Using Chemicals
4. Sterilization
   - 4.1 Dry Heat Sterilization
   - 4.2 High Pressure Steam (Autoclave)
   - 4.3 Chemical Sterilization
Session Four

• DISPOSAL OF WASTE AND THE USE OF PEP

Session Objectives

• Explain how to dispose of medical waste
• Outline steps for Post-exposure prophylaxis (PEP)

Safe disposal other infectious waste

Proper waste management involves the following steps:

• Segregation
• Handling and Storage
• Transport
• Treatment or Destruction
• Final disposal

Steps to Follow Once a Health Provider is Exposed to Blood and Other Body Fluids
Post-exposure prophylaxis (PEP)

• Step 1: Treatment of Exposure Site
• Step 2: Report and Document
• Step 3: Evaluate the Exposure
• Step 4: Evaluate the Exposure Source
• Step 5: Provision of Anti-Retroviral (ARVs) Drugs for PEP
• Step 6: Follow-Up of HPs exposed to HIV
ANNEX W: EDUCATING AND COUNSELLING CLIENTS FOR FAMILY PLANNING SERVICES

UNIT 3
EDUCATING AND COUNSELING CLIENTS FOR FAMILY PLANNING SERVICES

Session 3.1
Educating Clients on Family Planning

Session Objectives
At the End of This Session, Trainees Will Be Able To:
- Describe how to lead a discussion on conducting FP education

Steps in Conducting and Evaluating Individual, Group, and Community FP Education
- Prepare for Education session
- Establish Rapport
- Conduct Session
- Evaluate the session
- Close the session

Session 3.2
How and Why to Counsel

Session Objectives
At the End of This Session, Trainees Will Be Able To:
- Define Counseling and Counseling for Informed Choice.
- Explain the reasons for family planning counseling and factors influencing counseling outcomes.
- Demonstrate ability to effectively counsel clients for informed choice.
- Demonstrate ability to effectively counsel clients for HTSP.
- Demonstrate ability to effectively counsel high risk clients for making voluntary FP decisions.
- Describe ways to integrate FP and HIV services.
Types of Counselling
- Two main types of counselling discussed in this session are:
  - Counselling for informed choice of FP methods
  - Counselling client including high risk to make voluntary decision on FP/RCH services.

Purpose of Counselling for Informed Choice
- Help the client make an informed choice of a family planning method.
- Provide accurate information when a client expresses incorrect ideas.

Guide for explaining Family Planning methods
- 1. What the method is
- 2. How it works to prevent pregnancy
- 3. Effectiveness
- 4. Advantages including non contraceptive benefits
- 5. Disadvantages/side effects
- 6. Who can use
- 7. Who cannot use
- 8. Whether prevents STI/HIV/Dual Protection needed

General steps in counselling clients for informed choice of FP methods
- Establish and maintain positive provider/client interpersonal relationship
- Explore clients’ situation and reproductive goals and needs
- Explain family planning methods according to the client’s interest and goal
- Help the client choose an appropriate method

HEALTHY TIMING AND SPACING OF PREGNANCY (HTSP)
- HTSP offers reduced risk to women and their children
- After live births
- After miscarriage or abortion
- For adolescents

HTSP
- HTSP gives guidance:
  - for the healthiest time to become pregnant
  - for healthiest age for first pregnancy
Birth to Pregnancy Interval and Relative Risks for Mothers and Pregnancy

Maternal Risks by Age of Woman

High Risk Clients

• Definition:
  • Are those clients whose lives or the lives of their child/children are at risk by pregnancy. A client may be at higher risk for an unintended pregnancy, miscarriage, and maternal or neonatal complications.

Purpose of Counselling High Risk Clients

• Helps to understand the effects of high risk factors on client, children and family
• Helps the client to identify a problem, find a solution and make a decision according to the situation and time
• Allows the client or service provider to ask questions according to the problem identified and provide appropriate information

Different Groups of High Risk Clients

• Too early – woman giving birth when their age is below 20 years
• Too soon – women whose birth interval are less than 2 years
• Too many – women who have had 4 or more pregnancies.
• Too late – women becoming pregnant at 35 years of age and above
Different Groups of High Risk Clients Cont’d

- Breast feeding mothers within 6 months after delivery
- Women with bad obstetric history (BOH)
- Women with chronic medical conditions e.g. diabetic mellitus, heart disease, etc.
- People living with HIV/AIDS
- Adolescents
- Gender based violence victims (rape, incest sexual abuse, physical or emotional violence)

Steps in Counselling High Risk Clients on FP

- Establish and maintain client/provider relationship that will facilitate free flow of information.
- Start to discuss the health risk factor/issue identified.
- Provide information related to the problem.
- Ensure client understands the information provided.
- Help client to make an appropriate decision to solve the problem.
- Close the discussion and start counseling the client on informed choice for family planning.

Integrating HIV and FP

- Clients seeking HIV services and FP services share common needs and concerns
- Often sexually active and fertile
- Are at risk of HIV infection or might be HIV+
- Need to know HIV status
- Need access to contraceptives
- Create programmatic synergies
- Offer opportunities for follow up and support

Factors affecting Sexual and Reproductive Health Issues

- Health/well-being of self, partner, children
- Access to ARV therapy
- Fears related to disclosing HIV status (rejection, violence, financial loss)
- Knowledge about contraceptives (including cultural myths and misconceptions)
- Stigma regarding condom use
- Gender issues/partner opposition

Factors Affecting Method Choice for HIV+ Clients

- Women and couples with HIV may consider:
- Safety and effectiveness of the method
- Duration of protection desired
- Possible side effects
- Ease of use
- Cost and access to resupply
- Effect on breastfeeding (if postpartum)
- How it may interact with other medications, including ARVs
- Whether it provides protection from STI/HIV transmission and acquisition
- Whether partner involvement or negotiation are required
ANNEX X: SCREENING FEMALE AND MALE CLIENTS FOR FAMILY PLANNING METHOD USE

OBJECTIVES

- Explain why screening is performed
- Explain the different categories in the WHO medical eligibility chart
- Explain procedures necessary for different family planning methods
- Describe how to perform a pelvic exam

REASONS FOR SCREENING CLIENTS

- To rule out contraindications for the chosen method
- Some methods require certain screening procedures
- When the client requests to be examined
- When the client’s history indicates a problem
- When procedures are done for reproductive health promotion

WHO MEDICAL ELIGIBILITY CRITERIA CLASSIFICATION CATEGORIES

<table>
<thead>
<tr>
<th>Classification</th>
<th>With clinical judgment</th>
<th>With limited clinical judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Use method in any circumstances Yes Use the method</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Generally use: advantages outweigh risks Yes Use the method</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Generally DO NOT use: risks outweigh advantages No DO NOT use the method</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Method NOT to be used Yes DO NOT use the method</td>
<td></td>
</tr>
</tbody>
</table>

SELECTED PROCEDURES FOR PROVIDING FAMILY PLANNING METHODS

| Specific situation | X | Y | Z | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z |

SELECTED PROCEDURES CONT.

- Classification A: Mandatory for method use
- Classification B: Contributes substantially to safe and effective use
- Classification C: Not mandatory for method use
- Classification N/A: Not applicable
Head to Toe Physical examination
- Procedure steps for female clients

- Prepare setting, equipment and materials for physical examination
- Prepare client and self for examination
- Examine client’s head and neck
- Examine the breasts
- Teach client selfexamination
- Examine the abdomen
- Examine the extremities
- Prepare equipment, client and self for pelvic examination
- Examine the uterine genitals
- Perform speculum examination
- Record and share findings
ANNEX Y: MENSTRUAL CYCLE

UNIT 5
MENSTRUAL CYCLE

OBJECTIVES
• At the end of this unit the trainee will be able to:
• Describe bleeding days, release of the egg and thickening of the uterus in relationship to the days of the woman’s cycle
• To describe when in the menstrual cycle the woman is fertile

FERTILE DAYS
• The Woman’s “fertile window” is from day 8 to day 19 of her menstrual cycle.
• Ovulation occurs around day 14 for a woman who has 28 day cycles
• Women who do not want to become pregnant need protection especially during this “fertile window”
Unit 6 Session 1 – Introduction to Contraceptive Implants.

Session Objectives:
By the end of this session, participants will be able to:
- Describe the three types of implants
- Describe the single and two rod implants
- Explain how implants prevent pregnancy
- Describe effectiveness of implants
- List the characteristics of implants
- Correct misunderstanding about implants

Brainstorming
Ask participants what they know about implants
Record responses and discuss

What Are Implants?
- Progestin-releasing flexible rods inserted under the skin
- Provide long-term pregnancy protection
- Second generation implants:
  - 1-rod system, effective for 3 years
  - 2-rod system, effective for 5 years

Types of Implants
Two Rod Implant

Implants - Mechanism of Action
- Suppresses hormones responsible for ovulation
- Thickens cervical mucus to block sperm movement

Effectiveness

Correcting misunderstanding about implants - case study
Amina is a woman of 30 years and a mother of two children. She comes to your clinic because she wants to her implant removed. She has heard that women who have had an implant can never have children again.

What would you tell Amina before she spreads this rumour to others?

Session 2
Counselling on Implants

Session Objectives
- By the end of this session, participants will be able to:
  - Describe how to counsel clients for implants, including PITC
  - Demonstrate counseling for implants
  - Differentiate between side effects and complications
Counselling topics
- Advantages and limitations of hormonal implants compared with other contraceptive methods
- Possible side effects of implants
- Possibility of scarring after removal
- Changes in bleeding pattern
- Best time for insertion
- Insertion and removal techniques
- Possible complications of insertion/removal
- Maximum time of use/removal date
- The possibility to discontinue use any time
- Rapid return of fertility after removal
- Provision of supportive information about implant(s)

Counselling cont'd
COUNSELLING JUST BEFORE INSERTION
Done at appointment made for insertion
- Re-confirm method choice,
- Possible irritation at location of the implant explained once more
POST INSERTION COUNSELLING
- Explain possible bruising and tenderness first few days after anaesthetic has worn off
- Insertion site kept dry for 24 hours, seek a clinician’s help if any irritation occurs at the site of insertion

Counselling cont'd
POST INSERTION COUNSELLING
Provide post-insertion instructions:
- Keep arm dry, expect some soreness, bruising
- Explain duration of protection and when to return for removal or replacement
- Describe other reasons to return:
  - pain, heat, or redness at the insertion site, excessive weight gain (may decrease the length of effectiveness)
COUNSELLING PRIOR TO REMOVAL
Recommendations for counseling outlined above apply to the removal of implant and follow up

Section 3 – Who can use Implants?
Session Objectives.
By the end of this session, participants will be able to:
- Explain indications for using implants
- Describe screening clients using history and physical examination where necessary
- Demonstrate how to categorize clients using WHO eligibility criteria
- Explain use of implants in an HIV positive client

Who can and cannot use implants
Women can begin using implants:
- Without pelvic examination
- Without blood tests/other routine laboratory tests
- Without cervical cancer screening
- Without breast examination
- Not having monthly bleeding at the time, and it is reasonably certain she is not pregnant

Medical eligibility criteria guidelines
<table>
<thead>
<tr>
<th>WHO Category</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1</td>
<td>Breastfeeding after 6 weeks postpartum, heavy smokers, complicated valvular heart disease, endomethrosis, endometrial or ovarian cancer, thyroid disorders</td>
</tr>
<tr>
<td>Category 2</td>
<td>Blood pressure ≥160/100, history of DVT/PE, diabetes with vascular complications, heavy or prolonged vaginal bleeding patterns, multiple risk factors for CVD</td>
</tr>
</tbody>
</table>

Medical Eligibility criteria Guidelines

<table>
<thead>
<tr>
<th>WHO Category</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 3</td>
<td>breastfeeding prior to 6 weeks postpartum, acute DTIPE, unexplained vaginal bleeding, history of breast cancer, severe liver disease and most liver tumors, systemic lupus disease continuation only: ischemic heart disease, stroke, migraine with aura</td>
</tr>
<tr>
<td>Category 4</td>
<td>current breast cancer</td>
</tr>
</tbody>
</table>

Eligibility Criteria for Implant Use by Women with HIV

<table>
<thead>
<tr>
<th>Condition</th>
<th>Category</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-infected</td>
<td>1</td>
<td>Some ARV drugs reduce blood gestational levels. Efficacy is not affected because implants provide consistent dose of hormone over time. Dual method use should be encouraged.</td>
</tr>
<tr>
<td>AIDS</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ARV therapy</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Group Exercise-VIPP cards

Using VIPP cards participants to give examples of special groups of clients who should ideally not use implants.
Each participant is to fill 4 cards with an example on each.
Participants to post the VIPP cards on a flip chart.
Organize similar cards into categories.
Add conditions which have not been mentioned, lead discussion.

Session 4

Infection Prevention for Implant Insertion and Removal

Session Objectives
By the end of this session, participants will be able to:
Describe the principles of infection prevention related to implant insertion and removal

Infection Prevention cont.
Decontaminating /Cleaning instruments
Sterilizing instruments in autoclave / with chemicals or, high-level disinfection by boiling, steaming, or chemicals.
Disposing of the single-use applicator (for Single Rod Implant) and used disposable syringes / needles
Decontaminating trocar, scalp, syringe and needle
Disposing of contaminated objects (gauze, cotton)
Decontaminating surfaces (the procedure table, instrument stand)
Session 5
Inserting Implant

Infection Prevention
Px to brainstorm on infection prevention procedures for implants
- Hand washing with antiseptic soap and water; dry with clean towel or air-dry
- Putting on sterile gloves
- Cleaning insertion site with antiseptic solution
- Use of sterile surgical drape
- Giving local anesthetic with disposable syringe
- Post-insertion cleaning the area of insertion site

Session Objectives
At the End of This Session, Trainees Will Be Able To:
- Describe the insertion procedure steps of implant(s)
- Demonstrate the insertion of implants
- Demonstrate post-insertion instructions to the client
- Describe follow-up management of client and manage side effects and other problems

Grab bag Exercise
Explain the appropriate timing (time in menstrual cycle, postpartum, post abortion, etc.) for implant insertion.
- Ask Px to each take one slip of paper from the grab bag. Instruct them to match each “situation” with “the appropriate time for insertion.”
- Lead discussion based on when in the woman’s life cycle to provide implants.

COMPONENTS OF IMPLANT

POSITIONING

Figure 4

Figure 5
**NEEDLE INSERTION**

**NEEDLE POSITION**

**OBTURATOR PROCEDURE**

**INJECTING AND CHECKING**

**Judecalc and Sino-Inplant (R) insertion:**

**Judecalc and Sino-Inplant (R) insertion.**

**Note:** Judecalc and Sino-Inplant (R) insertion should be performed under sterile conditions and in accordance with the manufacturer’s instructions.

**Step 1:** Make a small incision in the skin in the area of the upper arm. Prepare the area by cleansing the skin with an antiseptic solution.

**Step 2:** Insert the needle into the skin at the desired angle. Position the needle so that it penetrates the skin and enters the fascia lata. Make sure the needle is inserted at a 90-degree angle to the skin.

**Step 3:** Advance the needle until it reaches the fascia lata. Note any resistance and adjust the angle if necessary.

**Step 4:** Once the needle is in the fascia lata, advance it further until it reaches the muscle. Make sure to advance the needle slowly to prevent injury to surrounding structures.

**Step 5:** Inject the desired amount of fluid into the muscle. Monitor the patient closely for any adverse reactions.

**Step 6:** Remove the needle and apply gentle pressure to the injection site to prevent bleeding.

**Step 7:** Apply a sterile dressing to the injection site and instruct the patient to avoid strenuous activity for a specified period.

**Step 8:** Monitor the patient for any complications or side effects and document the procedure in the patient’s medical record.
Session 6
Removing Implants

Session Objectives
By the end of the session the participants will be able to:
- Explain indications for removal of implants
- Describe implant removal

Indications for removal of implants
- Woman's preference
- Woman wants to have a baby
- Medical condition
- It is the recommended time for removal

LOCAL ANESTHESIA

LOCATION, INCISION AND REMOVAL
**Implant removal:**

**Step 1:** Make incision #1 on the lateral end of the implant (lateral to the papilla) with a no. 15 blade. Make incision #2 on the medial end of the implant (medial to the papilla) with a no. 15 blade. Continue with incision #3 on the medial end of the implant, and incision #4 on the lateral end of the implant. Grid marks are large incision.

*Figure* 1](#)

*Figure* 2](#)


---

**ENCAPSULATED IMPLANT**

---

**HARD TO RETRIEVE IMPLANT**

---

**HARD TO RETRIEVE IMPLANT cont.**

---

**Demonstration of Removal of Implants**

- Demonstrate removal of implant on an arm model
- Let two participants demonstrate removal of implant on the model and let others observe and critique
- Let the participants continue practicing on a model under observation until they are proficient

---

**Client Instructions**

- Keep arm dry
- Expect soreness, bruising
- Length of pregnancy protection
- Have implants removed before they start to lose effectiveness
- Come back any time for follow up
Role Play
Ask for 2 volunteers to do a role play. Ask one participant to play the role of the client and the other to play the role of the provider giving post-insertion instructions to the client.
Discuss in large group

Session 7
Follow up and reasons to return

Session Objectives
By the end of this session, participants will be able to:
Describe follow-up and reasons for client to return
Demonstrate the SOAP approach to manage clients with implant side effects, complications and other health problems.

Managing Any Problems using the SOAP Approach
Subjective: It is the history given
Objective: These are findings the provider notes after examining the client
Assessment: Analysis of history and physical examination findings
Plan: Is purely management

Small group work
Divide trainees into 4 groups
Two groups to discuss a set of side effects and their management. Two groups to discuss complications related to implant
Groups to present to the plenary
Lead discussion with reference to section on management of side effects/complications

Complications
Uncommon:
Infection at insertion site (most infections occur within the first 2 months after insertion)
Difficult removal (rare if properly inserted and provider is skilled at removal)
Expulsion of implant (expulsions most often occur within the first 4 months after insertion)
## Issues to inquire about at follow up

- Has concerns about the method
- Ask about major changes in her health/thinks could be pregnant
- Has pain, heat, pus, redness at insertion site
- Sees rod coming out
- Has gained a lot of weight
- Wants a child
Session 1
Introduction to IUCD

OBJECTIVES:
By the end of this session, trainees will be able to:
- Describe types of IUCDs
- Describe Cu T380A IUCD
- Explain how CuT380A-IUCD prevents pregnancy
- Describe effectiveness of CuT380A
- List the characteristics of Cu T 380A IUCD
- Explain how to correct misunderstanding about IUCD

IUCDs Were Once More Popular

Current IUCD Use in Sub-Saharan Africa
- Southern Africa: 1.8%
- Western Africa: 1.3%
- East Africa: 0.6%
- Middle Africa: 0.2%
**Copper IUCD**

- Small device that fits inside the womb
- Very effective
- Keeps working up to 12 years
- It can be removed whenever the client wishes
- Very safe
- Might increase menstrual bleeding or cramps
- No protection against STIs or HIV/AIDS

**Mechanism of Action of Copper IUCDs**

- Primary mechanism is prevention of fertilization
  - Reduces motility and viability of sperm
- Inhibition of implantation is a secondary mechanism

**Effectiveness**

- Spontaneous: 0%
- Female condom: 2%
- Diaphragm with spermicides: 2%
- Male condom: 1%
- Oral contraception: 2%
- IUCD (Cu-380A): 0%
- Female sterilization: 0%

Percentage of women pregnant in first year of use: 0%

**Fertility Rates in Parous Women After Discontinuation of Contraceptive**

- IUCD: 30%
- DCC: 40%
- Diaphragm: 50%
- Other methods: 60%

*Months After Discontinuation vs. Percentage (%)*


**Misconceptions**

- A misconception is a mistaken interpretation of ideas and information.

If a misconception is filled with elaborate details and becomes a fanciful story, then it acquires the characteristics of a rumor.

**Rumours**

- Rumours are unconfirmed stories that are transferred from person to person by word of mouth. Rumors arise when:
  - An issue is important to people but has not been explained
  - No one available who can clarify or correct
  - Original source of rumor is credible
  - Client has not received complete or accurate information
  - People have spread rumors for political reasons
Brainstorming on Rumours

- Participants to mention some rumours and misconceptions they have heard on IUCD
- Participants and trainer to discuss the strategies for countering rumours and misconceptions

Session Objectives

By the end of this session, trainees will be able to:

Describe how to counsel client on IUCD use.

Demonstrate counseling for IUCD

Possible side-effects

If you choose this method, you may have some side-effects. They are not usually signs of illness.

**After insertion:**
- Some cramps for several days
- Some spotting for a few weeks

Possible common side-effects:
- Longer and heavier periods
- Bleeding or spotting between periods
- More cramps or pain during periods
- May get less after a few months

May get less after a few months

Possible side-effects of IUCD

If you choose this method, you may have some side-effects. They are not usually signs of illness.

**After insertion:**
- Some cramps for several days
- Some spotting for a few weeks

Possible common side-effects:
- Longer and heavier periods
- Bleeding or spotting between periods
- More cramps or pain during periods
- May get less after a few months

Does client understand side-effects? Is she happy to use it?

Role Play exercise

Participants in groups of 3, one to play as a client, one as a counselor, the third to observe, using the observer’s role-play checklist.
Session 3

Who Can and Cannot Use the IUCD

Session Objectives

By the end of this session, trainees will be able to:
- Explain indications and precautions for using CuT380A
- Demonstrate how to screen clients for medical eligibility for the copper IUCD
- Discuss the use of IUCD for women with HIV
- Describe how to assess women for STIs prior to IUCD insertion

Screening for Medical eligibility

- Gave birth more than 48 hours ago/less than 4 weeks ago
- Infection following childbirth/abortion
- Unusual bleeding between menstrual periods/bleeding after intercourse
- Female conditions/problems (gynecologic or obstetric conditions or problems),

Screening for Medical eligibility

- More than one sexual partner within last 3 months
- Partner has had another sexual partner within the last 3 months
- Having had STI within last 3 months
- Partner has had STI within last 3 months
- HIV-positive and has developed AIDS?

Category 1 and 2 Examples (not inclusive):

Who Can Use Copper IUCDs

<table>
<thead>
<tr>
<th>WHO Category</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1</td>
<td>≥20 years, hypertension, deep venous thrombosis, ischemic heart disease, migraine headaches, cervical ectopy, breast disease (including breast cancer)</td>
</tr>
<tr>
<td>Category 2</td>
<td>Menarche to &lt;20 years, nulliparous, &lt;48 hours postpartum, heavy or prolonged bleeding, severe dysmenorrhea, endometriosis, anemia, high risk of HIV</td>
</tr>
</tbody>
</table>

Category 3 and 4 Examples (not inclusive):

Who Should Not Use Copper IUCDs

<table>
<thead>
<tr>
<th>WHO Category</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 3</td>
<td>48 hours to &lt;4 weeks postpartum, ovarian cancer if initiating use, benign trophoblastic disease, high individual risk of STIs, AIDS (no ARV treatment or not well on ARVs)</td>
</tr>
<tr>
<td>Category 4</td>
<td>Pregnancy: postpartum/Post abortion sepsis; unexplained vaginal bleeding (prior to eval.); uterine fibroids with cavity distortion; current PID; purulent cervicitis; endometrial or cervical cancer or pelvic TB if initiating use</td>
</tr>
</tbody>
</table>
Screening for Pregnancy
- Had baby less than 6 months ago, fully or nearly-fully breastfeeding, had no menstrual period since then
- Abstained from sexual intercourse since last menstrual period or delivery
- Had a baby in the last 4 weeks
- Last menstrual period within past 12 days
- Had miscarriage/abortion within past 12 days
- Been using reliable contraceptive consistently and correctly

Who can and cannot use the IUCD

- Not usually contraindicated if pregnant
- May be pregnant
- Gave birth recently (more than 2 days ago)
- At high risk for STIs
- Unusual vaginal bleeding recently

Infection or problem in female organs

- HIV or Pelvic Inflammatory Disease (PID)
- Are infected with HIV or with AIDS but on ART and doing well
- Have or have not had children
- Are not married
- Are of any age, including adolescents and women over 40 years old

Who can use Copper IUCD?

Copper-Bearing IUCD is safe/suitable for nearly all women
- Who can use IUCDs safely and effectively?
- Have just had abortion (if no evidence of infection)
- Are breastfeeding
- Do hard physical work
- Have had ectopic pregnancy

IUCDs are Safe for Women with HIV

Little difference in complications between IUCD acceptors with and without HIV.

Percentage of women in Kenyan study

IUCD Use by Women with HIV

<table>
<thead>
<tr>
<th>WHO Eligibility Criteria</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition</td>
<td>Initiate</td>
</tr>
<tr>
<td>HIV-infected</td>
<td>2</td>
</tr>
<tr>
<td>AIDS (without ARVs)</td>
<td>3</td>
</tr>
<tr>
<td>ARV therapy (compliant)</td>
<td>2</td>
</tr>
</tbody>
</table>

- Safe for majority of women with HIV
- Initiation not recommended if woman has AIDS and is not on ARV therapy
- Dual method use should be encouraged
Values clarification exercise on IUCD and HIV

- Post large sign on wall that says NO another on opposite side that says YES.
- Ask questions. Participants to move to YES side or NO side, middle if don’t know.
- Participants explain justification for their position
- Discuss Participants answers/clarify misconceptions about IUCD use for women with HIV or AIDS.

Assessing a Woman for the risk of STIs prior to IUCD insertion

She is at increased individual risk of STIs if:
- Partner has STI symptoms (pus coming from penis, pain or burning during urination, an open sore in the genital area)
- She or a partner diagnosed with an STI recently
- She has had more than one sexual partner recently
- She has a sexual partner with other partners recently

When can Women Begin using the IUCD?

Women can begin using IUCDs:
- Without STI testing
- Without an HIV test
- Without any blood tests or other routine laboratory test
- Without cervical cancer screening
- Without a breast examination

Session 4

IUCD Infection Prevention

Session Objectives

By the end of this session the trainees will be able to:
- Explain infection prevention procedures necessary for IUCD insertion and removal

Session 5

Providing IUCD
**Session Objectives**

By the end of this session the trainees will be able to:
- Demonstrate how to load IUCD
- Describe the insertion procedure steps
- Demonstrate insertion of IUCD according to Clinical Skills Assessment checklist
- Describe how to provide IUCD post-insertion instructions.

**Objectives, Cont’d**

- Describe follow-up for IUCD Client
- Explain indications for removal of IUCD
- Demonstrate removal of IUCD from a model

**Supporting the User: What to Remember**

**Instructions**
- When to have IUCD taken out
  - Bleeding changes and cramps are common. Come back if they bother you.
- Come back for a check-up in 3-6 months or after next menstrual period
- Note appointment for check IUCD is all in please and remember to come back on time to prevent pregnancy, if the IUCD remains.

**Supporting the User: IUCD return visit**

**How can I help?**
- Are you happy using the IUCD?
- We can check it for you
- Any questions or problems?

**Let’s check:**
- or any new health conditions
- Need condoms too?

**IUCD Use for Adolescents**

- Appropriate for properly selected and counseled adolescents
- Insertion may be more difficult in nullips
- Follow-up and side-effect monitoring important
- Encourage use of condoms
- Screen for risk of STIs

**Follow up and Reasons to Return**

Client should return 6 weeks after insertion

Other reasons to return:
- Has any concerns about the method/whether satisfied
- Major changes in her health
Follow up and Reasons to Return, Cont’d

Thinks she could be pregnant
Concerns about bleeding, vaginal discharge, abdominal pain, fever, unable to feel strings, pain on urination, felt plastic of IUCD

Session 6
Managing IUCD Side Effects and Complications

Objectives
By the end of this session the trainees will be able to:
Describe the SOAP Approach
Describe how to manage problems reported as side effects/complications using SOAP Approach.

Managing Any Problems using the SOAP Approach
Subjective: It is the history given
Objective: These are findings the provider notes after examining the client
Assessment: Analysis of history and physical examination findings
Plan: Is purely management

Differences between side effects and complications

<table>
<thead>
<tr>
<th>Side Effects</th>
<th>Complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor</td>
<td>Severe</td>
</tr>
<tr>
<td>• Lasts for shorter period.</td>
<td>• Last for longer period or may be permanent.</td>
</tr>
<tr>
<td>• Appear after a few days.</td>
<td>• Appear later.</td>
</tr>
<tr>
<td>• Disappear spontaneously.</td>
<td>• Need management otherwise can be harmful/fatal.</td>
</tr>
</tbody>
</table>

Managing IUCD side effects/ complications
(small group work)
- Discuss side effects and complications of IUCD.
- Outline management of the side effects
- Each group to present in plenary and discuss.
IUCDs – Perforations

Very rare: 1 in 1,000 insertions

Risk:
- Linked to skill and experience of provider
- Reduced through supervised training
- Greater for postpartum insertions performed between 48 hours and 6 weeks after delivery