सत्यमेव जयते

Reference Manual for IUCD Services

March 2018

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

Family Planning Division
Ministry of Health and Family Welfare
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Ministry of Health and Family Welfare
Government of India, Nirman Bhawan, New Delhi- 110011

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सचिव
PREETI SUDAN
Secretary

सत्यमेव जयते

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health & Family Welfare

Dated : 19th March, 2018

MESSAGE

Reproductive Health is an integral part of the multipronged RMNCH+A strategy and is a vital component for addressing the sustainable development goals targets for reproductive, maternal and child health. Providing quality family planning services to women is one of the cornerstones for improving maternal and child health outcomes.

The Government of India is emphasizing on revitalizing the IUCD as a reliable spacing method. IUCDs in the postpartum and post abortion period can substantially contribute to reducing the unmet need for spacing.

In the light of recent technical advancements and programmatic developments, a need was felt to revise and integrate the existing manuals. The new manual so developed entitled 'Reference Manual for IUCD Services' would serve as a ready reference resource for all levels of health care providers as well as trainers for providing quality IUCD services. It would also act as resource material for Programme Managers for effective planning and implementation of the IUCD programme at the field level.

I appreciate the efforts of the Family Planning Division in developing this manual. I am certain that service providers and programme managers at all levels will make optimum use of this valuable resource on providing quality IUCD services across the country.

(Preeti Sudan)

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Dated the 19th March, 2018

NATIONAL HEALTH MISSION
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FOREWORD

Investing in family planning is one of the most cost effective development strategies. It helps beneficiaries make reproductive choices they could not otherwise make, and lead a more fruitful life.

The key to making this technology available to our people is by expanding the method mix of contraceptives, and ensuring quality service provisioning. IUCD 380 A was introduced in the program in 2001-2002. The basket was later expanded to include IUCD 375 in 2012. Moreover the post-partum mode of IUCD (PPIUCD) in India has been acknowledged as a global best practice. In order to reduce the huge unmet need during post abortion period, Post Abortion Family Planning including Post Abortion IUCD has also been rejuvenated. Further, a lot of attention is being directed to capacity building of service providers to improve their knowledge and skills.

This updated 'Reference Manual for IUCD Services' is a step towards bridging the knowledge gap on IUCDs. I am certain that this would help trainers in imparting quality training for comprehensive IUCD services, and enable service providers & program managers to provide quality IUCD services at the field level.

The efforts of the Family Planning Division in developing this manual are highly appreciated. I hope this manual will go a long way in scaling up the acceptance of IUCDs in the country.

(Manoj Jhalani)

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Preface

The Government of India is committed to preventing unwanted pregnancies and meet the unmet need for contraceptive services so that the benefits of family planning are reaped by persons from each and every strata of society. Ensuring healthy timing and spacing of pregnancies is a crucial intervention affecting reproductive, maternal, neonatal, child and adolescent health. The impact of modern contraceptive use is enormous in terms of empowering women to have control over their fertility thereby ensuring their reproductive rights.

Provision of quality IUCD services is a key intervention of the Government of India in its endeavour to provide quality spacing methods of family planning to the clients. The 'Reference Manual for IUCD Services' has therefore been updated as there was a great felt need for a comprehensive manual on IUCD. This manual is an all-inclusive resource detailing various aspects of IUCD service provisioning and supersedes previous manuals for different categories of service providers. It also includes updated information required by trainers, service providers and programme managers for IUCD service provisioning.

I congratulate the Family Planning Division for preparing this manual and earnestly hope that states will utilise this valuable resource for integrating IUCD services for all levels of health care providers and improving quality of services.

(Vandana Gurnani)

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ACKNOWLEDGEMENT

Dated 19th March, 2018

The 'Reference Manual for IUCD Services' has been developed with the intent of integrating all existing manuals and serve as a ready reference for all cadres of service providers. It provides updated technical content and programme directives, as well as detailed guidelines for training. A lot of effort has gone into incorporating each and every aspect of care such as client assessment, counseling, follow up care, management of problems etc.

The manual has been made possible with constant support and encouragement from Ms. Preeti Sudan, Secretary (Health & Family Welfare) and Sri Manoj Jhalani, Additional Secretary & Mission Director (NHM). My special thanks to Ms. Vandana Gurnani JS(RCH) for her unstinting support.

I extend my heartfelt thanks to all members of the Technical Resource Group, especially the core group comprising Dr. Alok Banerjee, Dr. Sunita Singal, Dr. Saswati Das, Dr. Bimla Upadhyay, Dr. Rupali Dewan and Dr. Minati Rath. The shared technical knowledge and perspectives which have gone into formulation of this manual will go a long way in improving knowledge and skills of service providers.

I am also thankful to Dr. Teja Ram, Deputy Commissioner, Family Planning. I would also like to place on record my appreciation for the contributions of Dr. Pragati Singh, Dr. Nidhi Bhatt, Dr. Richa Kandpal and specially Ms. Shikha Bansal for spearheading the development of this manual as well as the entire Family Planning Division and National TSU team.

I am confident that this techno-managerial manual for all levels of service providers will serve as an effective tool to improve quality of services and ensure effective implementation of the programme.

(Dr. S. K. Sikdar)

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Abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
AMTSL	Active Management of Third Stage of Labour
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
CBC	Complete Blood Count
CHC	Community Health Centre
CMO	Chief Medical Officer
DFWO	District Family Welfare Officer
DH	District Hospital
DISC	District Indemnity Sub Committee
DQAC	District Quality Assurance Committee
FP	Family Planning
FP LMIS	Family Planning Logistics Management Information System
GOI	Government of India
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
HLD	High Level Disinfection
IEC	Information Education and Communication
IIPS	International Institute for Population Sciences, Mumbai
IP	Infection Prevention
IUCD	Intra-uterine Contraceptive Device
LARC	Long Acting Reversible Contraceptive
LHV	Lady Health Visitor
LMP	Last Menstrual Period
MEC	Medical Eligibility Criteria
MMA	Medical Methods of Abortion
MTP	Medical Termination of Pregnancy
MO	Medical Officer
NFHS	National Family Health Survey
OCP	Oral Contraceptive Pills
OT	Operation Theatre
PAFP	Post Abortion Family Planning
PAIUCD	Post Abortion Intra-uterine Contraceptive Device
PHC	Primary Health Centre
PID	Pelvic Inflammatory Disease
PNC	Postnatal Care
POP	Progestin-only-Pills
PPFP	Postpartum Family Planning
PPIUCD	Postpartum Intra-uterine Contraceptive Device
RMNCH+A	Reproductive, Maternal, Neonatal, Child Health & Adolescent

ROM	Rupture of Membranes
RTI	Reproductive Tract Infection
SC	Sub Centre
SN	Staff Nurse
SISC	State Indemnity Sub Committee
SQAC	State Quality Assurance Committee
SRS	Sample Registration System
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
WHO	World Health Organization

Background

India has traversed a long and eventful path since it launched the world's first National Family Planning programme way back in 1952. The programme underwent many changes over the years and transitioned from a targeted approach to a target free approach after the International Conference on Population and Development (ICPD) held at Cairo in 1994. Over the years India's Family Planning Programme has evolved with the shift in focus from merely population control to more critical issues of saving lives and improving the health of mothers and newborns. Family Planning was thus accorded key priority under the RMNCH+A (Reproductive, Maternal, Newborn, Child Health and Adolescent) approach of the Government of India.

Concerted efforts by the government have resulted in increasing modern contraceptive prevalence from 36.5% (NFHS I) to 47.8% (NFHS IV), however 12.9% (NFHS IV) of eligible couples still have an unmet need for contraception. Approximately 1.2 crore births (48.1%) (SRS 2016) annually are inadequately spaced resulting in increased risk of maternal and infant morbidities and mortalities. Spacing methods account for 11.2% of the modern contraceptive prevalence in India (NFHS IV), indicating a huge scope to increase the demand and usage of spacing methods in the community.

Studies highlight that if over the next five years the unmet need for family planning is met globally the maternal mortality would reduce by 25%-35% and further one in every two abortion related deaths would be averted (Goldie SJ, Sweet S, Carvalho N, Natchu UCM, HuD (2010)). Adequate spacing is yet another vital factor for averting maternal and infant morbidities and mortalities. Risk of child mortality increases three fold if the birth interval is less than 18 months (DHS; Rutstein, 2005). Therefore ensuring healthy timing and spacing of pregnancies is now considered as one of the most important intervention under RMNCH+A.

India accounts for almost 16% of the world's maternal deaths (2017 World Health Statistics). Studies also show that abortions account for 8% of total maternal mortalities. Almost 30% of these deaths can be prevented by increasing access to family planning methods. Further 10% of child mortality can be prevented if couples spaced their pregnancies more than 2 years apart. (Cleland J et al, 2006. Lancet)

It is well accepted now that use of spacing methods of contraception can save women's lives and improve health due to a reduction in unwanted, closely spaced and mistimed pregnancies, thus avoiding pregnancies with higher risks and reducing chances of abortions, many of which may be unsafe.

Scope of this manual

This manual seeks to provide latest and updated information on Intra-uterine Contraceptive Device (IUCD) which is a safe and effective contraceptive option for the women in post pregnancy and interval periods. This is in line with the Government's priority of focusing on healthy spacing and timing of child births thereby reducing unwanted pregnancies and maternal and child mortality and morbidity. This manual addresses all the technical, managerial, programmatic and counselling issues pertaining to IUCD. It also lays down the training strategy and curricula to build capacity of service providers for quality IUCD service provision.

Target Audience

This comprehensive manual is meant for all the stakeholders including programme managers at the national, state, district and block levels, trainers and service providers at all levels (medical doctors and nursing personnel), faculty of medical colleges and other paramedical staff.

It can also be used for monitoring and ensuring quality service provision of IUCD by outlining the steps and mechanism for measuring quality of services provided at public health facilities.

This manual will not only help in enhancing the knowledge and skills of service providers in providing quality IUCD services, but also empower the programme managers in scaling up IUCD services in their states/ districts/ blocks which will in turn help in improving the acceptance and continuation rates for IUCD and lead to client satisfaction.

SECTION I:
TECHNICAL ASPECTS OF INTRA-UTERINE CONTRACEPTIVE DEVICE

Chapter 1 Overview

1.1 Background

It is a well-established fact that long acting reversible contraception (LARC) provides an important solution for averting unintended pregnancies. The IUCD is one of the most popular LARC in the world, having a long history dating back to the 1900s.

The *first generation IUCDs* was developed around 1909 when Dr. Richard reported insertion of a ring made of silkworm gut into the uterus. The 1950s brought the more modern plastic-based IUCD, although initially these plastic IUCDs were very large and therefore not successful among women. Jack Lippes, an American gynecologist developed one of the first safe IUCDs, called the Lippes Loop (Lazar etal. 1975). Subsequent years brought the development of *second generation IUCDs*. 1960s witnessed a breakthrough with the invention of a T shaped device (Copper IUCD 200, Copper IUCD 380A). These were considered more effective as compared to their earlier counterparts. With passing years these devices were further improved upon. Post 1970s the *third generation IUCDs* i.e. Hormonal IUCDs (IUCDs impregnated with hormones) were invented.

The intra-uterine contraceptive device (IUCD) provides a very effective, safe and long-term yet reversible protection from unwanted pregnancies, thereby being an ideal spacing method which can address the high unmet need for spacing.

1.2 Trends in IUCD usage

Globally, IUCD is the second most popular contraceptive method after female sterilization accounting for 13.7% of modern contraceptive prevalence rate. The prevalence of IUCD is highest in countries of Central Asia (Kazakhastan, Uzbekistan), and Western Asia (Jordan). It is also a popular method of contraception in developed nations of Europe like Norway, Ukraine, Austria, Belgium and France.

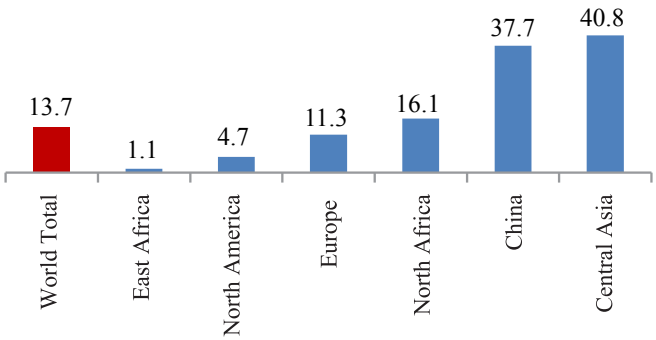


Figure 1: Global use of IUCD among women of reproductive age group

Source: Trends in Contraceptive Use Worldwide 2015

In India, IUCD was introduced in 1965 under the National Family Planning Programme. The programme kept pace with the improving technology and based on clinical trials Copper IUCD 200 was introduced in the programme. Subsequently Copper IUCD 380 A (popularly known as Copper T) was introduced. Later in 2010 the contraceptive choice was expanded with the introduction of Copper IUCD 375.

Despite increasing the contraceptive options under the programme IUCD usage in India witnessed a decline from 2.0% in NFHS I (1992-93) to 1.5% in NFHS 4 (2015-16). This indicates the need to improve provider skills as well as improve contraceptive demand through a comprehensive approach.

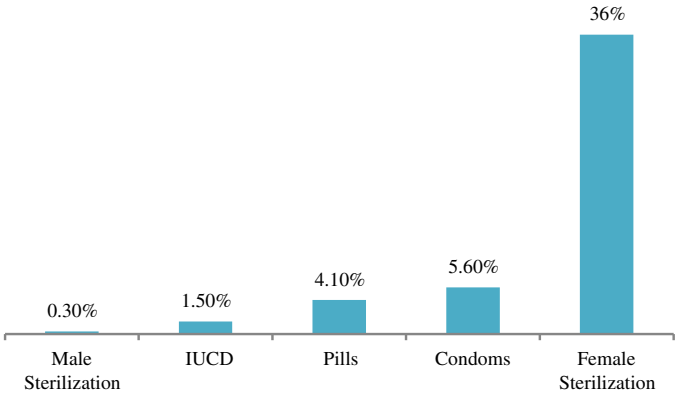


Figure 2: Method Mix in India
(Source: NFHS 4, 2015-16)

Women's control over their own fertility forms the foundation of reproductive rights and is the mainstay of the Family Planning Programme in India. The comprehensive RMNCH+A approach transformed the Family Planning Programme and thrust was laid on ensuring healthy birth spacing. The vicious cycle of unintended pregnancies and unwanted births or abortions is corroborated by the fact that the return of fertility may be as early as 4 weeks (even before return of menses) after delivery and 10 days after abortion (Boyd et al, 1972). Studies also indicate that unmet need for family planning in Postpartum period is as high as 65% (USAID ACCESS 2009). Postpartum IUCD (PPIUCD) was thus introduced in the National Family Planning Programme in 2009-10. India is now the global leader in PPIUCD services. One of the key strategies for success of PPIUCD in India was tapping the early postpartum period while the beneficiary is still at the health facility.

Studies conducted reveal that 90% of the maternal mortality related to unsafe abortions could be averted by use of contraceptives in the post abortion period. Further, studies have also shown that more than half of abortion clients want to use contraception to avoid further pregnancies (Family Planning High Impact Practices 2012). Keeping this in view, mainstreaming of post abortion contraception was done with special emphasis on post abortion IUCD.

Chapter 2 Intra-uterine Contraceptive Device

2.1 General Information

The copper bearing intra-uterine contraceptive device, popularly known as IUCD, is a small, flexible plastic frame containing coiled copper impregnated with barium sulfate. It is inserted in the uterus by a trained service provider after proper screening.

Currently there are two types of IUCDs available under the National Family Planning Programme:-

1. IUCD 380 A, effective up to 10 years
2. IUCD 375, effective up to 5 years

Figure 3: IUCD 380A

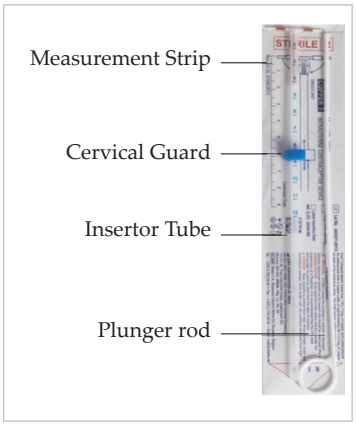


Figure 3a: IUCD 380 A (inside packet)

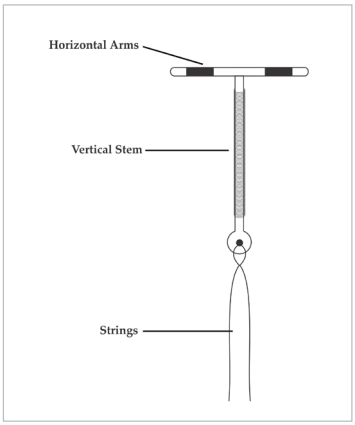


Figure 3b: Parts of IUCD 380A

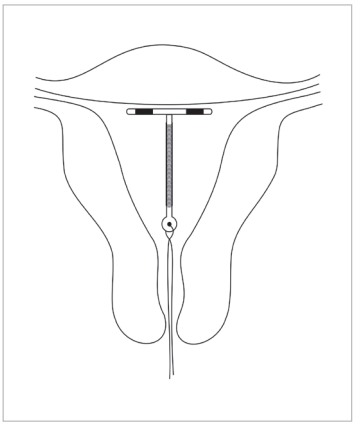


Figure 3c: IUCD 380 A (inside the Uterus)

Figure 4: IUCD 375

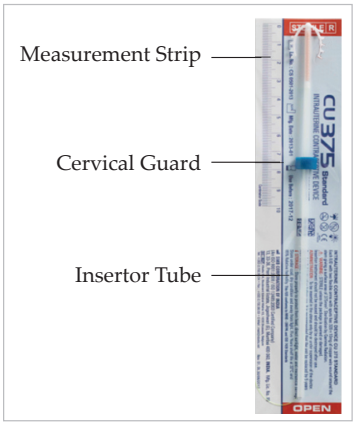


Figure 4a: IUCD 375 inside packet

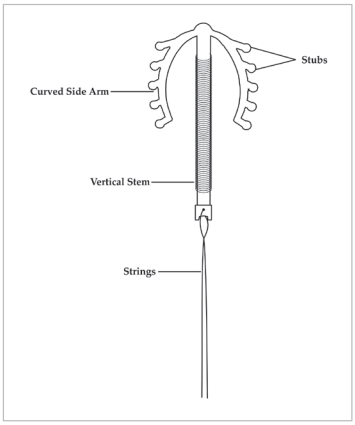


Figure 4b: Parts of IUCD 375

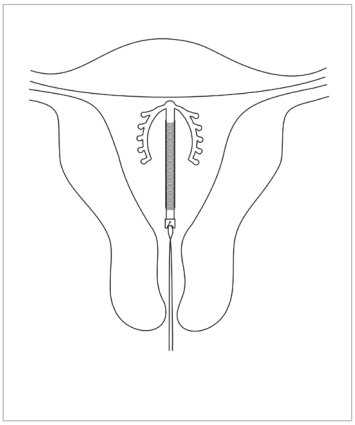


Figure 4c: IUCD 375 (inside the Uterus)

The key features and comparison between the two types of IUCDs is illustrated in the table below:

Table 1- Key features of IUCD 380A and IUCD 375

Feature	IUCD 380 A	IUCD 375
Shape	T shaped device	Inverted U shaped device
Dimensions	3.6 cm long and 3.2 cm wide	3.5 cm long and 1.8 cm wide with 5 stubs on each side on the 'U'
Copper Wire	Vertical stem and horizontal arms are wound with copper wire	Only vertical stem is wound with copper wire
Surface Area of Copper	380 sq. mm	375 sq.mm
Material of the Strings	Polyethylene strings	Monofilament nylon threads
Colour of strings	White	Fluorescent Green
Duration	10 years from the day of insertion	5 years from the day of insertion
Content in the sterile packet	1. IUCD 380 A 2. Insertion tube –Clear tube to guide the loaded IUCD through cervical os into the uterus 3. Cervical guard/blue length gauge on insertion tube – To set the appropriate measurement of the insertion tube corresponding to the length of uterus and to ensure that the arms of the T unfold in the proper direction (horizontal plane) when they are released from the insertion tube 4. Measurement strip - It is used to set the blue length gauge to the appropriate measurement, obtained by sounding the uterus. 5. Plunger rod – White rod, which is put inside the insertion tube containing loaded IUCD and the tip of the rod remains just below the IUCD.	1. IUCD 375 2. Insertion tube – Clear tube to guide the IUCD through the cervical os into the uterus 3. Cervical guard/ blue length gauge on insertion tube – To set the appropriate measurement of the insertion tube corresponding to the length of uterus 4. Measurement strip – It is used to set the blue length gauge to the appropriate measurement, obtained by sounding the uterus. 5. No plunger rod- There is no plunger rod in IUCD 375. The vertical stem is preloaded and side arms do not require loading into the insertion tube. The arms are flexible to adapt to the shape of the cervical canal.

2.2 Mechanism of Action

Both IUCD 380 A and IUCD 375 have the same mechanism of action.

- Copper ions decrease sperm motility and function by altering the uterine and tubal fluid environment, thus preventing sperm from reaching the fallopian tubes and fertilizing the egg (Rivera et al. 1999)
- The device stimulates foreign body reaction in the endometrium that releases macrophages and prevents implantation

2.3 Contraceptive Effectiveness

The IUCD is effective immediately after insertion and its effectiveness is comparable to sterilization.

The failure (pregnancy) rate associated with IUCD is less than 1% in the first year of use. This means less than 1 pregnancy per 100 women in the first year of use (6 to 8 pregnancies per 1000 women) (WHO Handbook on Family Planning, 2018).

2.4 Effective Lifespan

The effective lifespan of IUCD is 10 years and 5 years for IUCD 380A and IUCD 375 respectively. It should be replaced or removed no later than the full lifespan from the date of insertion or earlier, if the client so desires.

Shelf life of IUCD

The expiry date on the IUCD package refers only to the shelf life of the sterility of the package and not to the contraceptive effectiveness of the IUCD. This means that even if an IUCD is inserted on the day before the expiry date (provided the package is not torn or damaged), it is still effective for the full lifespan of contraceptive efficacy (10 years in case of IUCD 380 A and 5 years in case of IUCD 375). After the expiry date, the IUCD package should be discarded.

Tarnishing of IUCD

Sometimes the copper on copper-bearing IUCDs tarnishes (i.e. the colour darkens), causing concern among providers about the safety and effectiveness of the IUCD. All available evidences suggest that tarnished IUCDs are safe and effective and can be inserted. Therefore, unless the IUCD package is torn or opened (or the shelf life has expired), a tarnished IUCD is still sterile, safe to use and effective.

2.5 Return of Fertility

A woman's fertility returns promptly after an IUCD is removed (Andersson et al. 1992; Belhadj et al. 1986). Therefore, another IUCD should be inserted immediately after removal or an alternate contraceptive method can be adopted by the client unless she wants to conceive.

2.6 Benefits

- Long-term, highly effective reversible protection against pregnancy
- Effective immediately after insertion
- Suitable for use by most women
- Safe for use in breastfeeding women
- Acts as an emergency contraceptive if inserted within five days of unprotected sexual intercourse (in case of multiple unprotected sexual contacts, within five days of first unprotected intercourse)
- One time cost effective procedure
- No requirement of daily attention or special attention before sexual intercourse
- Immediate return of fertility upon removal of IUCD
- No drug interaction
- May help protect against endometrial and cervical cancer

IUCD as an Emergency Contraceptive

The IUCD can also be used to prevent pregnancy if inserted up to 5 days after unprotected intercourse. IUCDs can reduce the risk of pregnancy by 99.9%. Once inserted for emergency contraception, the IUCD can be left in place to prevent pregnancy for as long as the woman wants, until the IUCD remains effective

2.7 Side Effects

Some women may experience few changes which are temporary, non- harmful and subside within a few months after insertion:

- Menstrual changes: There may be increase in the duration/amount of menstrual bleeding or spotting or light bleeding during the first few days or months after insertion.
- Discomfort or cramps during menstrual bleeding
- Backache, during and after insertion of IUCD

2.8 Limitations

IUCD is suitable for most women, but requires mandatory pelvic examination before insertion. Also, IUCD does not provide protection against RTIs/ STIs and HIV infection.

Chapter 3 IUCD in Interval and Post Pregnancy Periods

IUCD use can help women and couples in delaying first pregnancy, spacing or limiting subsequent pregnancies thereby preventing unplanned pregnancies and abortions. After informed verbal consent from the client, the IUCD can be inserted by trained providers in:

- **Interval period-** At any time during the menstrual cycle or after 6 weeks of delivery or after 12 days of completion of abortion (Interval IUCD).
- **Post pregnancy period-** Within 48 hours of delivery (Postpartum IUCD) or within 12 days of completion of abortion (Post Abortion IUCD).

3.1 Timing of Insertion of IUCD

IUCD can be inserted anytime if it is reasonably certain that the woman is not pregnant (Also refer to Annexure 1).

Table 2: Timing of insertion of IUCD

Timing of Insertion	When to Insert
IUCD in Interval Period/during menstrual cycle	
Interval IUCD	• Can be inserted anytime during menstrual cycle when it is reasonably certain that the woman is not pregnant (Refer to section on 'client screening'). • Can be inserted immediately, if woman is switching from another method of contraception, which she has been using consistently and correctly and if it is otherwise reasonably certain that she is not pregnant. • Can be inserted any time 6 weeks after delivery if it's reasonably certain that woman is not pregnant (Refer to section on 'client screening') • Can be inserted any time after 12 days of completion of abortion
IUCD in Post pregnancy Period	
Postpartum IUCD	• Insertion within 10 minutes after the delivery of placenta following a vaginal delivery (Post Placental) • Insertion within 48 hours of vaginal delivery • Insertion during cesarean delivery, after removal of the placenta and before closure of the uterine incision (Intra-cesarean)
Post Abortion IUCD	• ***After Surgical Abortion:*** Immediately or within 12 days of an abortion procedure, after ensuring that the abortion is complete (there are no retained products of conception) and infection and injury to the genital tract are ruled out or resolved
	• ***After Medical Method of Abortion:*** Around day 15 of MMA (follow up/ 3rd scheduled visit for medical method of abortion), provided the abortion process is complete and evidence of infection is ruled out.

3.2 Post Pregnancy Period for Family Planning Services

The outcome of pregnancy can be full term delivery or miscarriage/ abortion. The adoption of family planning methods after these events is termed as postpartum family planning (after delivery) and post abortion family planning (after miscarriage/ abortion). Moreover since many women come in contact with health facilities for delivery and abortion/ miscarriage services, this is an opportune time for providing family planning information and services.

IUCD can be provided as a postpartum as well as a post-abortion family planning option.

3.2.1 Postpartum Period

Detailed table on timing of initiation of family planning methods in Postpartum period is given in Annexure No. 1

3.2.1.1 Postpartum IUCD (PPIUCD)

3.2.1.1.a Advantages of PPIUCD

The specific advantages of an IUCD inserted in the postpartum period include:

For the client:

- Convenient; saves time and additional visits
- High motivation (woman and family) for a reliable birth spacing method
- Has lower risk of uterine perforation as compared to Interval IUCD, because of the thickened wall of the uterus
- Reduced perception of initial side effects (bleeding and cramping) by clients due to presence of normal puerperal changes
- Reduced chance of heavy bleeding, especially among exclusively breastfeeding mothers, since they experience amenorrhea
- No effect on amount or quality of breast milk
- The woman has an effective method for contraception before discharge from hospital

For the service provider or the service delivery site:

- Certainty that the woman is not pregnant
- Saves time as procedure is performed on the same delivery table for post placental/ intra-cesarean insertions
- Additional evaluation and separate clinical procedure is not required
- Need for minimal additional instruments, supplies and equipment
- Does not require separate space and reduces overcrowding in outpatient facilities

3.2.2 Post Abortion Period

WHO recommends spacing of at least 6 months between abortion and the subsequent pregnancy. Therefore, providing family planning services as an integral component of post-abortion care can improve contraceptive acceptance and help break the cycle of repeated unwanted pregnancies.

3.2.2.1 Post Abortion IUCD (PAIUCD)

3.2.2.1.a Advantages of PAIUCD

The specific advantages of an IUCD in post abortion period include:

For the client:

- Less pain of insertion as the cervical os is open
- Convenient; saves time and additional visits
- High motivation (woman and family) for a reliable birth spacing method
- Reduced perception of initial side effects (bleeding and cramping) due to presence of normal post abortion symptoms
- The woman has an effective method for contraception before discharge from hospital

For the service provider or the service delivery site:

- Certainty that the woman is not pregnant
- Saves time if performed immediately after completion of abortion
- Need for minimal additional instruments, supplies and equipment
- Does not require separate space and reduces overcrowding in outpatient facilities

3.3 Service Delivery Guidelines for Interval IUCD/ PPIUCD/ PAIUCD

- Both IUCD 380 A and IUCD 375 options are available in the public health system for IUCD insertion.
- Every woman desirous of spacing between pregnancies or limiting the family size must be counselled on all available options for family planning. For postpartum family planning (PPFP), the client must be counselled in the antenatal period, early labour and immediate postpartum period and for post abortion family planning (PAFP), the client must be counselled before and after the abortion procedure. If she opts for an IUCD, then she should be counselled about the related advantages, limitations, effectiveness and possible side effects or complications.
- The provider must explain the procedure for insertion and/ or removal of IUCD/ PPIUCD/ PAIUCD to the client.
- Client must be screened as per Medical Eligibility Criteria (MEC) for Contraceptive Use, India-2015 (adapted from WHO).
- The IUCD must be inserted (and followed up) only by a service provider who has been trained in IUCD/ PPIUCD/ PAIUCD service provision as per the national standards.
- The IUCD can be inserted anytime during menstrual cycle or after 6 weeks of delivery or after 12 days of completion of abortion provided pregnancy has been ruled out and there is no evidence of infection.
- PPIUCD may be inserted within 48 hours of delivery after vaginal delivery using a PPIUCD insertion forceps or during cesarean section using sponge holding forceps or manually.
- PAIUCD may be inserted within 12 days of surgical abortion or around day 15 of MMA protocol, after ensuring completion of abortion and ruling out evidence of infection.

- The provider should practice all recommended clinical and infection prevention protocols.
- The provider must maintain records regarding IUCD/ PPIUCD/ PAIUCD insertions and follow up visits as per protocol.
- During the follow up visits, the beneficiary must be examined by a trained IUCD provider.

Chapter 4 Counselling

4.1 Counselling

Counselling is a client-provider interaction (verbal and nonverbal), to facilitate or confirm a decision by the client or address the problems/ concerns of the client, if any. It is an important parameter for ensuring quality family planning services and also enables the provider to adopt a client centered approach, wherein the inputs are based on client's unique needs, preferences and concerns, helping him/ her to voluntarily choose an appropriate contraceptive method.

Counselling helps the service provider to understand clients' perceptions, attitudes, values, beliefs, family planning needs and preferences and accordingly facilitates his/her decision making. During this process, the service provider explicitly and purposefully gives his/her time, attention and skills to assist clients to explore their situation, identify and act upon solutions within the limitations of their given environment. The counsellor should be non-judgmental. Privacy (auditory and visual) and confidentiality should be maintained during the process of counselling. Clients/ family members may have limited information about IUCD which is further compounded by misconceptions and concerns. These should be dispelled by providing correct information, so that clients are able to make an informed choice for IUCD.

4.1.1 Benefits of Family Planning Counselling

- Increases acceptance of the methods
- Enhances continuation of methods
- Dispels misconceptions/ rumors
- Increases client satisfaction

4.1.2 Decision Making

Counselling helps the client to make voluntary decisions regarding:

- Whether to use contraception to delay, space or limit childbearing
- Which method to adopt
- Whether to continue using the method if any side effects occur
- Whether to switch methods when the current method is unsatisfactory
- Whether to involve one's partner in reaching a decision

4.1.3 Principles of FP Counselling

- Privacy and confidentiality
- Respectful, non-judgmental, accepting and caring attitude
- Simple, culturally appropriate language easy for client to understand
- Good verbal and non-verbal interpersonal communication skills
- Brief, simple and specific information with key messages
- Opportunity for client to ask questions and express any concerns
- Effective use of audio-visual aids, anatomical models and contraceptive samples

- Repeat key information shared by the client, show and confirm that you have understood correctly what they are saying
- Voluntary informed decision making by the client

4.2 Timing of Counselling

4.2.1 IUCD in Interval Period

- **During visit to the health facility:** Client visiting the health facility should be counselled at every visit even if she is not using any method or switching from other contraceptive methods.

- **During home visits by ASHA:** Client can be counselled during routine home visits by ASHA.

4.2.2 IUCD in Post Pregnancy Period

4.2.2.1 Postpartum period

- **During antenatal visits:** Woman should be ideally counselled in the antenatal period for postpartum family planning including PPIUCD insertion.
- **At the time of admission/ early labour:** Woman has to be given information about postpartum family planning including PPIUCD during admission/ early labour when she is relatively comfortable, with infrequent contractions and is able to concentrate on the information.
- **At the time of admission during elective cesarean:** Woman, who arrives at the hospital for a scheduled cesarean section, can be counselled prior to the operation about intra-cesarean IUCD insertion
- **Within 48 hours of delivery:** A woman who could not be counselled prior to delivery can receive counselling after delivery.

A woman should NOT be counselled for the first time about PPIUCD during active labour as she may not be able to make an informed choice due to stress of labour

4.2.2.2 Post Abortion Period

- **On confirmation of pregnancy, if the woman wants termination of pregnancy:** provide safe abortion services or refer her to a health facility for safe abortion services and simultaneously counsel for adoption of post-abortion family planning methods including PAIUCD.
- **Before initiating the abortion procedure at the health facility** give her information about post abortion family planning including PAIUCD.
- **After completion of abortion for the woman** who could not be counselled prior to abortion, (for example in case of woman with incomplete abortion requiring emergency management) give her counselling on post abortion contraception including PAIUCD, after completion of abortion procedure and once she is comfortable

4.3 The Counselling Process

Family planning counselling is divided into three phases (also refer to Annexure 4 for Counselling checklist):

4.3.1 General FP Counselling (during initial contact with the client)

- Establish and maintain a warm, cordial relationship and listen to the client's contraceptive needs
- Explain all the methods using flip charts, actual methods, photographs, illustrations or posters. Arrange by method type: Spacing (temporary/ reversible methods) methods, Limiting (permanent) methods
- Set aside methods that are not appropriate for the client and give information about the remaining methods including their effectiveness.
- Ask the client to choose the method that is most convenient for her/ him
- Client should be counselled on delaying the first pregnancy for her health benefits and that she should wait at least until the age of 20 years for her first pregnancy. She should be counselled upon the choice of spacing methods, including IUCD.
- Reinforce that Healthy Timing and Spacing of Pregnancy (HTSP) is important for the health of mother and baby. Following are the recommendations to a woman considering using a family planning method of choice before trying to become pregnant again:

  i Fertility may return within four to six weeks for women who are not exclusively breastfeeding after child birth. It is important that woman should wait for at least 24 months before trying to conceive again.

  ii After an abortion, whether spontaneous or induced, fertility can return as early as 10 days after first trimester abortion and within 4 weeks of the second trimester abortion procedure. Woman should wait for at least 6 months after miscarriage or abortion to avoid complications in the next pregnancy.

4.3.2 Method specific counselling (once the client has chosen the method)

Determine client's medical eligibility for the chosen method. Give the client complete information about the method that is chosen. If client chooses IUCD as a contraceptive option, the following key information should be given about IUCD before insertion, so that the woman can make a voluntary informed decision.

- **Effectiveness of the method:** IUCD is one of the safest and most effective long acting reversible contraceptive methods. It becomes effective as soon as it is inserted. IUCD provides contraceptive protection for up to 10 years in case of IUCD 380A and up to 5 years in case of IUCD 375.
- **Health benefits and advantages of the method:** IUCD insertion is a minor, one-time procedure which involves pelvic examination for screening. It relieves the woman from remembering to use a method on a regular basis. IUCD does not affect sexual activity or sexual pleasure. It can be removed whenever the woman wants to discontinue the method. The return to fertility is immediate after removal of IUCD.
- **Side effects, health risks and complications of the method**: Changes in menstrual bleeding pattern are common side effects associated with IUCD which usually subsides within first few months of use. Client should be explained that there may be increase in the duration/amount of menstrual

bleeding or spotting during the first few days or months after insertion which usually subsides with symptomatic treatment.

- **How to use the method correctly:** Give the client simple and clear instructions in a language understood by the client (avoid using technical terms) on how to use the method/ how procedures would be done. Also inform the client that once IUCD is inserted, only few follow up visits are required.
- **Prevention from STI including HIV:** Explain the risk factors to the client and basics of safe sex behavior- (Abstinence/ being mutually faithful & condom use). IUCD does not provide protection against HIV or other STIs. Therefore, clients who are at risk should also use condoms for protection.
- **When to return for follow up:** Explain the importance and schedule of routine follow up visits and when to return to the health facility in case of emergency. IUCD users should have a routine check-up at 6 weeks or after their first menstruation, whichever is earlier.

At the end of counselling session, check if client has correctly understood the information.

4.3.3 Post Insertion Counselling

- Reinforce the key messages related to IUCD and inform the woman regarding importance and schedule of follow-up visits.
- An IUCD card providing all relevant instructions may be given to her.
- Emphasize upon the necessity for follow-up visits and that the client should return after 6 weeks or first menstruation, whichever is earlier for a follow up examination.
- Emphasize that client should return any time if she has any concern or experiences any warning sign or if the IUCD is expelled.

Warning signs that indicate the need to return to the facility

- P: Period related problems or pregnancy symptoms
- A: Abdominal pain or pain during intercourse
- I: Infections or unusual vaginal discharge
- N: Not feeling well, fever, chills
- S: String problems

4.3.4 Follow up Counselling (during return visits)

During follow up visits, client's satisfaction with the method is assessed, and any problems or concerns are discussed. This is the opportunity to encourage the client for continued use of the chosen method, unless problems exist. The client should be counseled each time she visits the health facility.

- Ask about her experience and satisfaction with the method.
- Discuss if she has any complaints/ concerns and counsel her about them.
- Encourage the client to ask questions that she might have.
- Her concerns/queries should be answered appropriately
- Clients with problems or concerns should be given due attention and if needed, the client should be referred to the MO/ specialist/ higher facility.
- Ask the client about changes in her life; explore the reasons for dissatisfaction

or concerns/ complaints; and try to address these problems. In case the woman does not want to continue with the method, help her choose another method.

4.3.5 Pre- Removal Counselling

The client has a right to discontinue the method at any time, regardless of the reason. However, the provider should ask the reasons for removal and document it. Below is the list of possible reasons for removal and probable solutions that the provider can offer in each case.

- Woman wants another child: The service provider should provide information on regular antenatal check-up, labour and delivery.
- IUCD needs to be replaced: The service provider should assess the client's eligibility for IUCD reinsertion. If eligible, provide pre-insertion counselling again. Also reinforce that no gap is needed between IUCDs.
- IUCD removed for medical reasons: The service provider should assess whether IUCD removal is safe at this time. If needed, the client may be referred to a higher facility.
- Client wants to switch to another method: If the client is not satisfied with IUCD or is uncomfortable with its effects and wants to switch to another method, the service provider should assess her eligibility for chosen method and help her choose an appropriate back-up method if required.
- Evidence of IUCD displacement: The provider must assess the client and if IUCD is not inside the uterus, insert a new IUCD if the client wants it.
- Personal Reasons: The client has a right to discontinue IUCD at any time, regardless of the reason.

4.4 Common misconceptions about IUCD

For optimum utilization of IUCD services, it is important to dispel any prevailing misconceptions. The following are common misconceptions associated with IUCD and information to be provided for addressing them. (Also refer Annexure 2 and 3)

Table 3: Commons misconceptions associated with IUCD

Misconceptions	What to tell the client
IUCD travels through the woman's body, to other organs like heart or brain	**No,** IUCD does not travel to any part of the body. In rare instances it may be seen in abdomen if perforation has taken place.
IUCD causes discomfort during sex for both the woman and her partner	**No,** IUCD does not cause discomfort during sex as it is located in the uterus and not the vaginal canal. Neither the woman nor her partner will feel it during sex. It is possible that the partner will feel the strings, but this can be easily corrected.
IUCD causes infertility	**No,** IUCD is a reversible contraceptive method and return to fertility is immediate after it has been removed.
IUCD use is likely to cause birth defects in next baby	**No,** IUCD does not cause any birth defects whether the pregnancy occurs with IUCD in place or after removal. If a client becomes pregnant with an IUCD in situ, there is no evidence of increased risk of fetal malformations.

Chapter 5 Medical Eligibility Criteria and Client Assessment

The 'WHO Medical Eligibility Criteria' forms the scientific foundation for client assessment regarding family planning methods. It gives detailed guidance regarding whether a woman with a certain condition can safely use a given method of family planning. The MEC has four categories (Table 4)

Table 4: MEC Categories

Category	Eligibility of the provider	With clinical judgement	With limited clinical judgement
1. **Safely use-** A condition for which there is no restriction for the use of the contraceptive method.	Nursing personnel (SN/ANM/LHV) and medical officers (MBBS and above/ AYUSH)	Use method in any circumstances	Yes (Use the Method)
2. **Generally use-** A condition where the advantages of using the method generally outweigh the theoretical or proven risks.	Medical officers (MBBS and above)	Generally use the method	
3. **Generally do not use-** A condition where the theoretical or proven risks usually outweigh the advantages of using the method.	Gynecologist/ Specialist	Use of method not usually recommended unless other appropriate methods are not available or not acceptable	No (Do not use the method)
4. **Do not use-** A condition which represents an unacceptable health risk if the contraceptive method is used.	No Provider (absolutely contraindicated)	Method not to be used	

5.1 Medical Eligibility Criteria (MEC) Wheel for Contraceptive Use

Medical Eligibility Criteria (MEC) Wheel for Contraceptive Use- India 2015 adapted from WHO MEC 2015 is a very useful job-aid. This informs the service providers if a woman presenting with a known medical or physical condition is eligible to use various contraceptive methods safely and effectively (Figure 5). This wheel contains medical eligibility criteria for starting use of selected contraceptive methods.

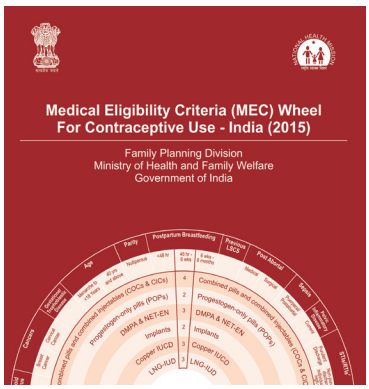


Figure 5: MEC Wheel for Contraceptive Use- India 2015

5.2 MEC Categories for IUCD

The detailed list of MEC categories along with conditions have been enlisted in Annexure 5

5.3 Client Assessment

Before initiating the client assessment, it is important to record the demographic information of the client. This includes the client's name, husband's name, address and phone/mobile number, age, marital status, occupation, religion, educational status, number of living children and age of youngest child. Also record the contact number of ASHA/ANM (if available).

Careful client assessment is necessary to decide the client's eligibility and provide quality IUCD services. This section focuses on identifying characteristics and conditions that may affect a woman's eligibility for IUCD use.

Key objectives of assessment of potential IUCD clients are to:

- Ensure that the woman is not pregnant
- Identify other characteristics or conditions that may affect her eligibility for IUCD use
- Identify any other problems that may require further assessment or treatment

5.3.1 Client Assessment for Interval IUCD

5.3.1.1 History

Contraceptive history: Past experience with family planning method; reasons for discontinuing the method, if previously used; desire for spacing between births or limiting family size; previous use of IUCD and side effects experienced, if any.

Menstrual history: Date of last menstrual period (LMP); menstrual cycle details including regularity of periods (regular or irregular), flow (excessive or normal), dysmenorrhea; Bleeding/spotting between periods or after intercourse.

Obstetric history: Number of living children, number of deliveries and number of abortions (spontaneous/ induced); mode of delivery (vaginal/ cesarean); history of ectopic pregnancy, vesicular mole; recent history of postpartum/post abortion infections; details of breast-feeding.

Reproductive/ sexual history: past or current history of pelvic infections or sexually transmitted diseases (abnormal vaginal discharge, lower abdominal pain); history of sexually transmitted diseases in partner, history of pelvic tuberculosis and genital tract cancer

Medical history (general): History of illness and other medical conditions in the past or at present as mentioned in Medical Eligibility Criteria (MEC) Wheel for Contraceptive Use- India 2015; history of any abdominal /pelvic surgery; current medications and reasons thereof.

Note: As per Medical Eligibility Criteria, if there is history of any category 4 condition, do not insert the IUCD. If there is history of any category 3 or category 2 conditions, woman should be assessed and clinical judgement may be taken for IUCD insertion.

5.3.1.2 Physical Examination

After history taking, conduct a focused physical examination that would include:

General and systemic examination

Check for pallor, pulse rate and temperature; Check for lower abdominal tenderness and masses

Pelvic examination

External genitalia examination; Bimanual examination; Speculum examination of the vagina and cervix

5.3.1.3 Investigations

There is no necessity for routine laboratory investigations. However, if indicated, required lab investigations may be done. In cases where the possibility of pregnancy is difficult to rule out, a pregnancy test should be done. If pregnancy testing is not available or pregnancy status cannot be confirmed by pregnancy test, counsel the client to use a barrier method until her next menses to prevent pregnancy and have the IUCD inserted after the next menstrual cycle.

Steps for Screening Clients Who Want to Initiate Use of the Copper IUCD

First be reasonably certain that woman is not pregnant. If she is not menstruating at time of her visit, ask the client questions 1-6. As soon as the client answers YES to any question, stop, and follow the instructions below.

Yes	1. Did your menstrual period start within past 12 days?	No	→
Yes	2. Have you abstained from sexual intercourse since your last menstrual period, delivery, abortion or miscarriage?	No	→
Yes	3. Have you been using a reliable contraceptive method correctly and consistently since your last menstrual period, delivery, abortion or miscarriage?	No	→
Yes	4. Have you had a baby in last 4 weeks?	No	→
Yes	5. Do you have a baby less than 6 months old? Are you fully/ nearly fully breast feeding, and have you not had menstrual bleeding since then?	No	→
Yes	6. Have you had abortion/ miscarriage in last 12 days?	No	→

If client answered YES to any of the questions, you can be reasonably sure that she is not pregnant. However, if she answers YES to question 4, IUCD insertion should be delayed until 6 weeks after delivery. Ask her to come back.	If client answered NO to all the questions 1-6, pregnancy cannot be ruled out. The client should be asked to wait for her menses or get a pregnancy test done before proceeding.

To determine if client is medically eligible to use IUCD , ask following questions. As soon as the client answers YES to any question, stop, and follow the instructions below.

Yes	7. Do you have bleeding between menstrual periods that is unusual for you, or bleeding after intercourse?	No	→
Yes	8. Have you been told by a medical professional that you have any type of genital cancers, trophoblastic disease or pelvic tuberculosis?	No	→
Yes	9. Have you had more than one sexual partners in last 3 months?	No	→
Yes	10. Do you think your partner has had more than one sexual partners in last 3 months?	No	→
Yes	11. Have you been told by a medical professional that you have STI in last 3 months?	No	→
Yes	12. Has your partner been told that he has an STI or do you know he has any symptom (example: penile discharge) in last 3 months?	No	→
Yes	13. Are you HIV positive or have developed AIDS?	No	→

If client answered YES to questions 7 or 8, IUCD cannot be inserted. Further evaluation is required If client answered YES to any of the questions 9-12, she is not a good candidate for IUCD unless presence of STI is ruled out If client answered YES to questions 13 and is not currently taking ARV drugs, IUCD insertion is not usually recommended. If on ARV and she is clinically well, IUCD may be inserted. HIV positive women without AIDS can generally get IUCD inserted.	If client answered NO to all the questions 7- 13, proceed with PELVIC EXAMINATION

During pelvic examination, the provider should determine the answers to questions 14-20

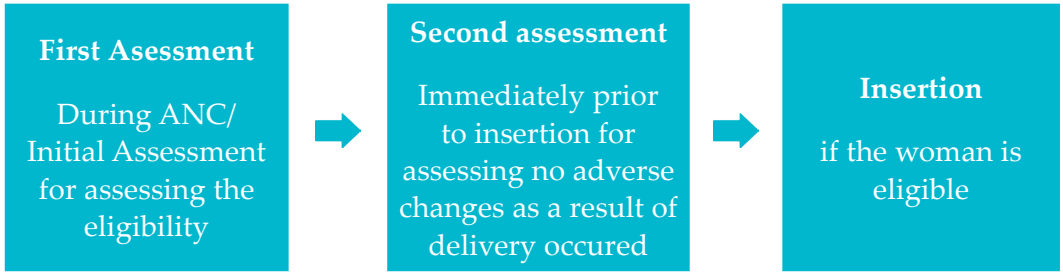
Yes	14. Is there any type of ulcer on the vulva, vagina or the cervix?	No	→
Yes	15. Does client feel pain in her lower abdomen when you move the cervix?	No	→
Yes	16. Is there adnexal tenderness?	No	→
Yes	17. Is there purulent cervical discharge?	No	→
Yes	18. Does the cervix bleed easily when touched?	No	→
Yes	19. Is there an anatomical abnormality of the uterine cavity that will prevent correct IUCD placement?	No	→
Yes	20. Were you unable to determine the size and/ or position of the uterus?	No	→

If the answer to any of the questions 14-20 is YES, IUCD cannot be inserted without further evaluation	If the answer to all of the questions 14-20 is NO, IUCD may be inserted

The explanation for questions of screening for IUCD have been detailed in Annexure 6

5.3.2 Client Assessment for PPIUCD

Assessment of women for provision of immediate PPIUCD services should be done in two phases. The first assessment, during antenatal care, is a general review of the woman's medical history and eligibility for the method. A second assessment is done immediately prior to insertion (during cesarean section, following delivery of the placenta or within 48 hours after birth) to assess those criteria which may have changed as a result of the delivery.



5.3.2.1 First Assessment

The initial assessment must rule out following conditions (listed in the Medical Eligibility Criteria):

- Known distorted uterine cavity (uterine septum, fibroid uterus, etc.)
- Acute purulent discharge
- High risk of exposure to STIs like Gonorrhoea or Chlamydia
- Malignant or benign trophoblastic disease
- AIDS and neither clinically well nor on antiretroviral therapy

For those women who come to the facility for delivery care and who have not had a prior assessment, the clinician must use her/his clinical judgment about the likelihood of contraindications (refer section on Medical eligibility criteria).

5.3.2.2 Second Assessment

A second assessment is done by the person who will insert the IUCD to rule out the following conditions:

- Chorioamnionitis
- Postpartum endometritis/metritis or puerperal sepsis
- More than 18 hours from rupture of membranes to delivery of the baby
- Unresolved postpartum hemorrhage
- Extensive genital trauma

If the client's clinical condition makes the IUCD unsuitable for her at this time, the reason should be explained to her and another method of postpartum family planning should be offered. If she prefers IUCD, she may be informed that it can be provided to her after six weeks when she comes for postnatal visit.

5.3.3 Client Assessment for PAIUCD

As with PPIUCD, assessment of women for provision of immediate PAIUCD services should also be done in two phases.

5.3.3.1 First Assessment

The first assessment is a review of the woman's general, medical, reproductive, contraceptive and obstetric history and eligibility for the method along with pre-abortion procedure assessment.

In case of induced abortion, the first assessment should be done when the pregnant woman decides to terminate her pregnancy and it must include assessment for the conditions listed in the Medical Eligibility Criteria as done for Interval IUCD.

For spontaneous abortions where women present at the facility for treatment and where prior clinical assessment for PAIUCD is not possible, the clinician must use her/his clinical judgment about the contraindications of IUCD insertion (refer section on Medical eligibility criteria).

5.3.3.2 Second Assessment

A second assessment is done by the provider immediately prior to insertion, after expulsion of products of conception/completion of abortion procedure. The purpose of the second assessment is to ensure that the process of abortion has not created any clinical situation which may be a contraindication for immediate insertion of PAIUCD and to rule out the following conditions:

- Extensive genital injury
- Genital tract infection
- Incomplete abortion

If the client's clinical condition makes her ineligible for IUCD at this time, the reason should be explained to her and alternative method for post abortion family planning should be offered. If she prefers IUCD, she may be informed that it can be provided to her after her current clinical contraindications/conditions are resolved and IUCD can be inserted at follow up visit in the post abortion period after thorough assessment.

Chapter 6 IUCD Insertion

IUCD insertion is a simple procedure where there are several, discrete steps to be performed in a specific sequence, as detailed in this chapter. These steps must be integrated with the appropriate infection prevention protocols and counselling measures to ensure the safety and well-being of the woman.

6.1 IUCD insertion Requirements

6.1.1 Requirements

The provider should ensure all required instruments and supplies are available before planning IUCD insertion (Figure 6). Please refer to Annexure 7 for a detailed list of infrastructural requirements, instruments and supplies including items for infection prevention.

Figure 6: Instruments for IUCD insertion

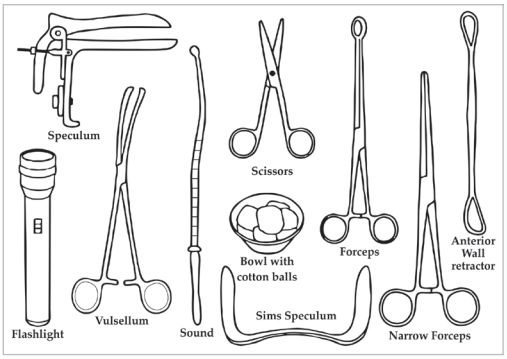


Figure 6a: Instruments required for Interval IUCD insertion

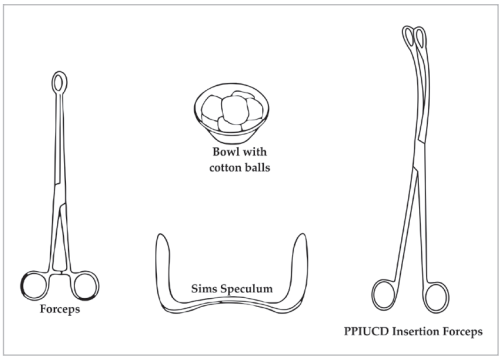


Figure 6b: Instruments required for PPIUCD insertion

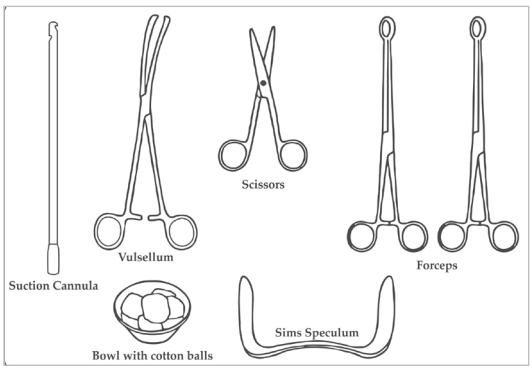


Figure 6c: Instruments required for PAIUCD insertion

6.1.2 Appropriate Attire for Clients and Staff

IUCD insertion (and removal) is an OPD procedure, therefore, the clients and the service providers can be in their own clothing but the providers must wear HLD/ sterile gloves in both hands during the procedure after proper hand washing.

However, if the insertion is done at labour room/ minor OT, appropriate attire should be worn & provider should follow all necessary IP practices.

6.2 Pre-Insertion Preparations for IUCD (Interval IUCD/ PPIUCD/ PAIUCD)

Step 1: Client Preparation

- Ensure that client is counselled and verbal consent has been taken. Encourage her to ask questions and provide reassurance as needed.
- Check client's records for her eligibility for IUCD insertion.
- Ask the woman to empty her bladder and clean the perineal area (in case of Interval IUCD/ non concurrent PPIUCD/ PAIUCD)
- Do not shave the client's genital area; genital hairs may be trimmed if required
- Place a dry, sterile cloth between client's genital area and surface of the examination table

Step 2: Provider preparation

- Ensure that HLD/sterile instruments, supplies and light source are available in the procedure room
- Wear appropriate personal protective attire and wash your hands with soap and running water
- Wear sterile/ HLD gloves in both hands
- Ensure instruments and supplies on sterile tray or draped area
- Ensure adequate privacy during the entire procedure
- Communicate with the client throughout the procedure

Step 3: Visualization of the cervix

- Ask the woman to lie on the table with knees folded. Remind her to let you know if she feels any pain or discomfort.
- Bring the woman to the edge of the table and conduct physical examination as already explained in client assessment. If the client is eligible for the use of copper IUCD, it should be inserted using gentle, "no-touch" (aseptic) technique throughout.
- Insert a high level disinfected/sterile speculum to visualize the cervix (If cervix bleeds easily on touch or purulent/ foul smelling vaginal discharge is seen or any other abnormal signs found, IUCD should not be inserted)

Step 4: Cleaning of the cervix and vagina

- Soak cotton swab in an appropriate antiseptic (e.g. povidone iodine or chlorhexidine). If povidone iodine is used, ensure that the woman is not allergic to iodine. **Do not use alcohol or spirit. Alcohol is painful for woman and also dries and damages the mucous membranes, which may support the infection process.**
- Hold the cotton swab with sponge holding forceps and thoroughly clean the cervix and vagina two or more times in a circular motion (wait 2 minutes for the povidone solution to act). Discard the used swabs.

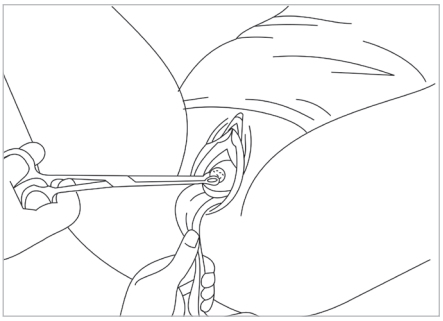


Figure 7: Cleaning of the cervix and vagina

Step 5: Grasping the anterior lip of cervix

- Gently grasp the anterior lip of cervix appropriately with high-level disinfected/ sterile vulsellum/ tenaculum (in case of Interval IUCD/ PAIUCD when uterine size less than 12 weeks post-abortion) or sponge holding forceps (in case of PPIUCD/ PAIUCD when uterine size is more than 12 weeks post-abortion) and apply gentle traction (i.e. Pull gently). This will help straighten the cervical canal for easier insertion of IUCD. Lock the vulsellum/ sponge holding forceps only till the first notch to minimize discomfort.

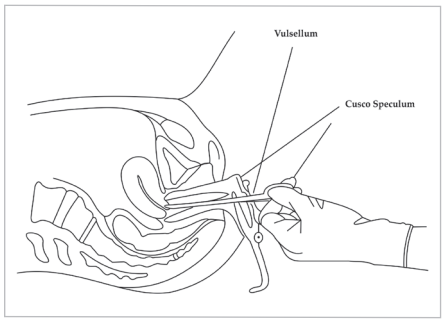


Figure 8a: Grasping the anterior lip of cervix with Vulsellum

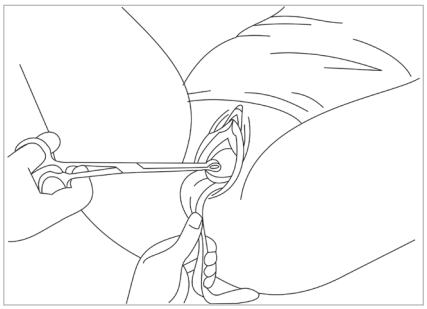


Figure 8b: Grasping the anterior lip of cervix with Ring forceps

6.3 Loading of IUCD 380 A

IUCD 380 A needs to be loaded using 'No Touch Technique' while inserting Interval IUCD or PAIUCD (after medical abortion/surgical abortion when uterine size is less than 12 weeks after abortion procedure).

IUCD 375 is pre-loaded and thus does not require loading.

Care should be taken that the sterile packet of the IUCD should ONLY be opened or loaded (as instructed below) after the final decision to insert an IUCD has been made (i.e. until after the pelvic examination has been performed). In addition, DO NOT bend the 'arms' of the 'T' into the insertion tube for more than 5 minutes before the IUCD is to be introduced into the uterus.

While performing the following steps, do not allow any part of the IUCD or the IUCD insertion assembly to touch any non-sterile surfaces (e.g. your hands, the table) that may contaminate it.

Step I: Check the contents of the packet

- Ensure that the IUCD packet is completely sealed and not torn/ damaged from any place.
- Check the expiry date on the IUCD packet.
- Ensure that the vertical stem of the T is fully inside the insertion tube.

Step II: Partially open the packet

- Place the package on a clean, hard, flat surface with the transparent plastic side up.
- Pull up on the transparent plastic cover from the end that is farthest from the IUCD (marked OPEN). Keep pulling the plastic cover until the package is open approximately half way to the cervical guard/ blue length-gauge (till one third of the packet).

Step III: Place the white plunger rod in the clear insertion tube (Figure 9)

- Pick up the package, holding the open end up towards the ceiling so that the contents do not fall out.
- Start folding the transparent plastic cover from the open end of the package and white backing "flaps" away from each other
- Grasp the white plunger rod by the circular thumb grip using your free hand and remove it from the package
- Do not touch the tip of the white plunger rod or brush it against another surface, as it might get contaminated
- Place the plunger rod inside the insertion tube and gently push until the tip of the rod almost touches the bottom of the 'T'

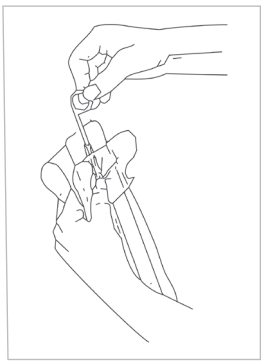


Figure 9: Placing plunger rod in insertion tube

Step IV: Bend the "arms" of the "T" downward (Figure 10)

- Release the white backing flap so that it is flat again and place the package back on the clean, hard, flat surface with the clear plastic side up.
- Pull out the measurement strip along with the IUCD and insertor tube slightly. Push the measurement strip back so that it touches the sealed end.
- Through the clear plastic cover, place your thumb and index finger over the tips of the horizontal arms of the T to stabilize the IUCD.
- Holding the tips of the horizontal arms of 'T', use your free hand to grasp the insertion tube and gently push it against the T (towards the sealed end as shown in Figure 10).
- This pressure will cause the horizontal arms to bend downward, toward the vertical stem of the T.

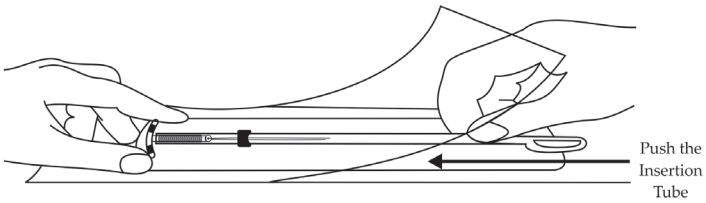


Figure 10: Positioning IUCD and bending arms of 'T'

Step V: Pull the insertion tube away from folded arms of the T

- When the arms of the T are folded down enough to touch the sides of the insertion tube (when thumb and index finger are close together), pull the insertion tube out slightly away from the folded arms of 'T'.

Step VI: Push the folded arms of the T into the insertion tube

- Slightly elevate the other end of insertion tube (at the open end of the package) and gently push and rotate the insertion tube back over the tips of the folded arms of the T, so that both the tips of 'T' are placed inside the insertion tube.
- Push the folded 'T' arms of IUCD into the insertion tube only as far as necessary to keep them fixed in the tube (Figure 11). Do not try to push the copper bands on 'T' arms into the insertion tube, as they will not fit.

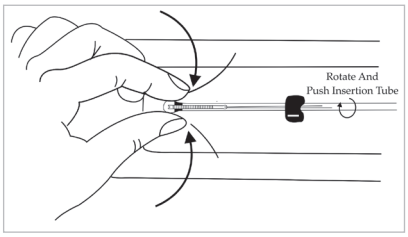


Figure 11: Inserting folded IUCD arms into insertion tube

Step VII: Set the cervical guard/ blue length-gauge to the appropriate measurement

- With loaded IUCD still in the partially unopened package, keep the inside edge of the cervical guard/ blue length-gauge aligned with appropriate calibrated mark on the measurement strip as per length of the uterus measured by uterine sounding (e.g. 6 cm, 8 cm etc).
- Press down on the cervical guard/ blue length-gauge with thumb and index finger of one hand to keep it in place, while sliding the insertion tube with your other hand until the tip of IUCD (top of the folded T) aligns with the tip in the diagram on the measurement strip. This is the "0" centimeter/ inch mark.
- Ensure again that the distance between tip of IUCD and the horizontal inside edge of the cervical guard/ blue length-gauge is equal to the length of the uterus as determined by uterine sound.

Step VIII: Align the cervical guard/blue length-gauge and folded arms of the T so that they are both in a "horizontal" position (i.e. flat against the measurement strip)

Step IX: Remove the loaded IUCD from the package:

- Completely peel off the clear plastic cover from the packet in one brisk continuous movement with one hand, while holding the insertion assembly down against the white back portion of the packet on the table at the open end of the package with the other hand.
- Lift the loaded IUCD from the packet, keeping it level so that the T and white plunger rod do not fall out (Figure 12). Be careful not to push the plunger rod toward the T, as this will release the IUCD from the insertion tube

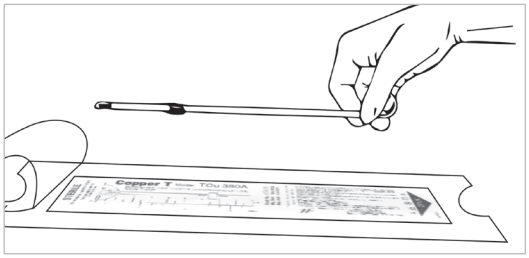


Figure 12: IUCD fully loaded in insertion tube

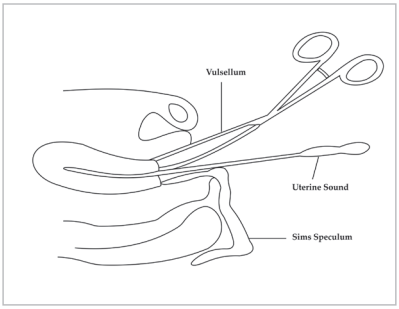
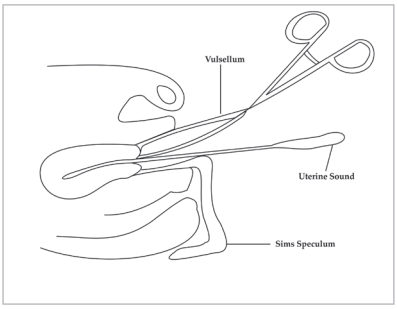
You are now ready to insert the IUCD. Do not let the IUCD or IUCD insertion assembly touch any non-sterile surfaces that may contaminate it.

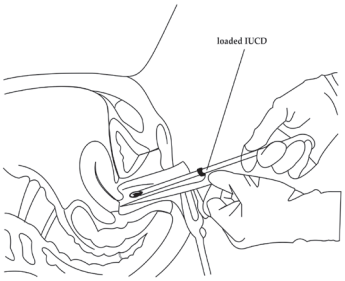
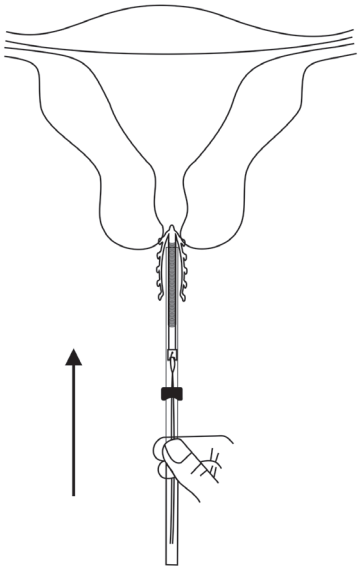
6.4 Insertion of IUCD

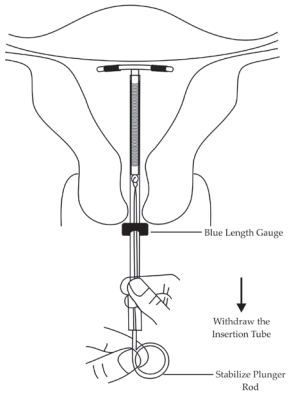
6.4.1 Steps for Interval IUCD insertion

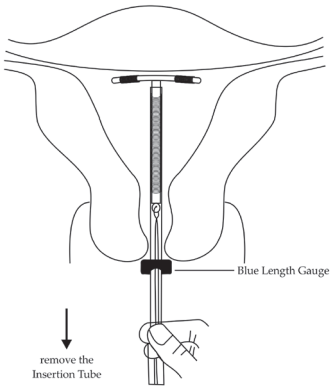
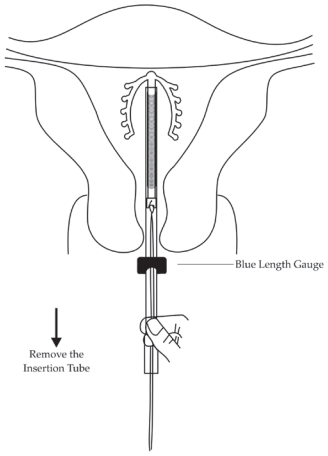
The steps for IUCD insertion have been detailed below (also see Annexure 8)

Step 1-5	Steps from 1 to 5 (Till grasping the anterior lip of cervix) are already described in 'Pre-Insertion Preparations for IUCD' above. An HLD/ sterile vulsellum/ tenaculum is used to hold the anterior lip of cervix.
Step 6. Insert the high-level disinfected/ sterile uterine sound	• Maintain gentle traction on the vulsellum and carefully insert tip of the sound into the cervical os. • Hold the sound between the index finger and thumb, the curve of the sound facing upward in case of anteverted uterus and the curve of the sound facing downwards in case of retroverted uterus Be careful not to touch walls of the vagina or the speculum blades with tip of the sound

Step 7. Advance the sound into uterine cavity, and STOP when slight resistance is felt	• Gently advance the sound into the uterine cavity at an appropriate angle (based on your assessment of position of the uterus during bimanual examination) • Continue the steady downward and outward pull on the vulsellum, which should enable the sound to pass through cervical os easily • If any resistance is felt at the level of the internal os, use a smaller sound, if available. • Do not attempt to dilate the cervix • If the woman begins to show signs of fainting or is experiencing unexplained pain, STOP advancing the sound into uterine cavity • When you feel a slight resistance, STOP advancing the sound into uterine cavity. (A slight resistance indicates that tip of the sound has reached the fundus) Do not use force at any stage of this procedure  
Step 8. Determine the angle/ direction of the uterine cavity	• Determine the angle /direction of the uterine cavity and also rule out any obstruction in the cervical canal • Gently remove the sound Do not pass the sound into the uterus more than once
Step 9. Determine the length of the uterus	• Determine length of the uterus by noting the level of mucus or wetness on the sound. Average uterus is between 6- 8 cm in length If the uterus is less than 6.5 cm in length, the woman may be at increased risk for IUCD expulsion
Step 10. Load the IUCD	• The process of loading is required in case IUCD 380 A. Refer to the instructions for loading of IUCD 380 A given above, from step i to step ix. • In case of IUCD 375, the process of loading is not required. There is no plunger rod and only the length of the gauge has to be set.
Step 11. Apply gentle traction on the cervix with the vulsellum	• Hold the loaded IUCD with one hand and ensure that the blue length-gauge is in horizontal position • Grasp the vulsellum again (still in place after sounding the uterus) with the other hand and gently pull outwards and downwards.

Step 12. Insert the loaded IUCD	**IUCD 380 A** • Carefully insert the loaded IUCD into the vaginal canal • Gently push it through the cervical os into the uterine cavity at an appropriate angle (based on your assessment of the position of uterus) • Be careful not to touch the walls of the vagina or speculum blades with the tip of the loaded IUCD 	**IUCD 375** • Carefully insert the pre-loaded IUCD (holding the string and the inserter tube firmly) into the vaginal canal • Gently push it through the cervical os into the uterine cavity at the appropriate angle (based on your assessment of the position of uterus) • Be careful not to touch the walls of the vagina or the speculum blades with the tip of the IUCD 375  During insertion, the flexible arms of the IUCD will fold inward, accommodating to the shape of the cervical canal
Step 13. Gently advance loaded IUCD into the uterine cavity	• Gently advance loaded IUCD into the uterine cavity • STOP when the blue length-gauge comes in contact with the cervix or slight resistance is felt • Be sure that the cervical guard (Blue length gauge) is still in horizontal position • Do not pass the same loaded IUCD 380 A into the uterus more than once	• Gently advance IUCD 375 into the uterine cavity • STOP when the cervical guard comes in contact with the cervix or slight resistance is felt • Be sure that the cervical guard is still in horizontal position • Do not pass the same IUCD 375 into the uterus more than once

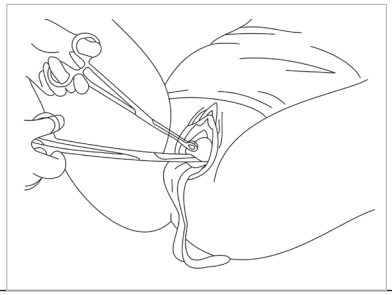
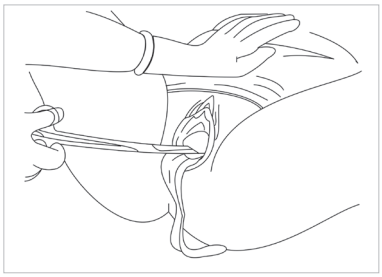
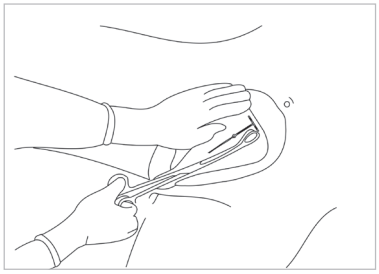
Step 14. Release of IUCD arms in the uterine cavity and ensure fundal placement of the IUCD	• While holding vulsellum and plunger rod stationary, withdraw the insertion tube downwards (towards you with your free hand) until it touches the circular thumb grip of white plunger rod. This will release IUCD arms in the woman's uterus. This is called the 'Withdrawal technique' to minimize risk of perforation  • Now remove the white plunger rod, while holding the insertion tube stationary. • The plunger rod should be removed before insertion tube is pulled out completely, otherwise IUCD threads may be caught between the tube and the plunger rod resulting in downward displacement/ expulsion of IUCD • To ensure that arms of 'T' are high in fundus of the uterus, gently push the insertion tube upwards again, (towards the fundus of the uterus) until you feel a slight resistance	• The arms spring back into shape once it passes through the os in to the uterine cavity
Step 15. Removal of the insertion tube and cutting of IUCD strings	• While continuing to hold and apply gentle downward traction to the vulsellum, partially withdraw the insertion tube from the cervical canal until the strings can be seen extending from the cervical os.	• While continuing to hold and apply gentle downward traction to the vulsellum, partially withdraw the insertion tube from the cervical canal until the strings can be seen extending from the cervical os.

	 • Use sharp curved scissors to cut the strings at 3 to 4 cm from the cervical opening and remove the insertion tube from the cervical canal	 • Use sharp curved scissors to cut the strings at 3 to 4 cm from the cervical opening and remove the insertion tube from the cervical canal
Step 16. Removal of the vulsellum and speculum	• Gently remove the vulsellum and place it in 0.5% chlorine solution for 10 minutes with open ends for decontamination • If there is bleeding where cervix was being held by the vulsellum, place an antiseptic soaked cotton (or gauze) swab on the affected tissue using high-level disinfected /sterile artery forceps. Apply gentle pressure for 30 to 60 seconds and ensure that the cotton is removed after bleeding stops • Place the artery forceps in 0.5% chlorine solution for 10 minutes for decontamination • Gently remove the speculum and place it in 0.5% chlorine solution for 10 minutes for decontamination	
Step 17: Post-insertion steps	Follow the post-insertion steps as mentioned under 6.5	

6.4.2 Steps for PPIUCD insertion (post placental: within 10 min of delivery)

The steps for PPIUCD insertion in post placental period is detailed below. Also refer to Annexure 9 for PPIUCD insertion checklist.

Step 1-5	• Steps 1-5 (Till grasping anterior lip of cervix) as described in 'Pre-Insertion Preparations for IUCD' above. Hold the anterior lip of the cervix with ring forceps or sponge holding forceps. (Speculum may be removed at this time if necessary). Leave the ring forceps gently to one side.
Step 6: Grasp the IUCD	• After opening approximately 1/3rd of the plastic cover of IUCD packet, stabilize the IUCD; remove the plunger rod and the insertion tube (in case of IUCD 380A) or the insertion tube (in case of IUCD 375). Insert PPIUCD insertion forceps inside the packet and grasp the IUCD using a no-touch technique as shown in figure below.

	 • IUCD should be held just on the edge of the PPIUCD insertion forceps so that it can be easily released from the instrument when opened. • Take out the PPIUCD insertion forceps along with the IUCD from the packet gently
Step 7. Insert PPIUCD in lower uterine cavity	• Apply gentle traction on anterior lip of the cervix using ring (or sponge holding) forceps and insert IUCD held with PPIUCD insertion forceps into lower uterine cavity. • Avoid touching the walls of vagina 
Step 8. Advance IUCD in uterine cavity	• Once PPIUCD insertion forceps is in the lower uterine cavity and resistance is felt, remove the ring (or sponge holding) forceps from the anterior lip of cervix  • Move the left hand to the woman's abdomen and push the entire uterus upwards. This is to straighten out the angle and curvature between vagina and uterus, so that the instrument can easily move upward toward the uterine fundus. If the uterus is not pushed upwards, this angle and curvature may not allow the instrument to advance smoothly • The provider should keep the forceps closed so that IUCD is not dropped accidentally in mid-portion of the uterine cavity • Lower the right hand holding the PPIUCD forceps down to enable forceps to easily pass vaginal-uterine angle and follow the curve of the uterine cavity • Gently move PPIUCD insertion forceps upward towards the fundus following the curve of uterine cavity
Step 9. High fundal placement of IUCD	• Confirm that the end of PPIUCD insertion forceps has reached the fundus. When it reaches the uterine fundus, resistance and thrust of the forceps at the fundus is felt 

	• Open PPIUCD insertion forceps, tilt it slightly towards the mid-line and release the IUCD at the fundus. • Sweep the partially open PPIUCD insertion forceps to the sidewall of the uterus to ensure that they are away from the IUCD. This would prevent IUCD from being dislodged in the uterus • Stabilize uterus (Using base of hand against lower part of body of uterus) • Slowly remove PPIUCD insertion forceps from uterine cavity, keeping it slightly open at all times. Take particular care not to dislodge the IUCD as forceps are removed (If forceps are closed, they might catch the strings of IUCD, and can accidentally pull the IUCD down from its fundal position, increasing the risk of expulsion) • Keep stabilizing the uterus until PPIUCD insertion forceps are completely out of the uterus
Step 10. Examine the Cervix	• Examine the cervix to see if there is any bleeding. If IUCD is seen protruding from cervix, remove and reinsert (provided IUCD is not contaminated) • It is important to check that IUCD strings are not visible at the cervical os. If they are visible, then most probably IUCD is not placed at the fundus and the chance of spontaneous expulsion is higher. In such case, use the same forceps to remove the IUCD and repeat steps of insertion using aseptic procedures. Note: In case of IUCD 375, strings might be visible at the cervical os (even after fundal placement) as they are longer compared to IUCD 380A. Hence, cutting the strings at the level of cervical os to avoid client discomfort might be needed.
Step 11 onwards	Follow the post-insertion steps as mentioned under 6.5

6.4.3 Postpartum IUCD Insertion within 48 Hours of Delivery

There are few notable differences between post placental IUCD (within 10 minutes) and postpartum IUCD (within 48 hours) insertion. Also refer to Annexure 9 for checklist on PPIUCD insertion within 48 hours.

- The provider should ensure that the woman's understanding about PPIUCD is adequate and she has given informed verbal consent for PPIUCD insertion
- The provider asks woman to empty her bladder.
- Once the woman is on the procedure table, provider should do an abdominal examination to check the level of the uterus and ascertain that there is good uterine tone.

- Follow appropriate hand hygiene measures and use a new pair of sterile or high level disinfected gloves.
- Insert IUCD using PPIUCD insertion forceps. Even if the level of uterus has come down due to rapid involution, insertion with PPIUCD forceps is easier because the curve of the forceps helps in negotiating through the angle of the lower uterine segment and reaching the fundus of the uterus. Therefore, steps of Postpartum IUCD insertion are similar to post placental IUCD insertion as mentioned above.
- The provider must ensure that IUCD is placed at the uterine fundus and should visually examine the cervix following insertion. In some cases, the strings may be visible within the cervical canal due to the rapid involution of the uterus. If the strings seem inappropriately long, the provider should check whether the IUCD is resting at the uterine fundus or has dislodged from its place and requires re-insertion. If there is doubt, it is better to remove the IUCD and reinsert it.

Between 48 hours and 6 weeks after birth: IUCD insertion is not recommended during this period because the uterus is softer and more vascular than in its non-pregnant state and is susceptible to an increase in perforation and overall complication rate.

6.4.4 Intra-caesarean Insertion of IUCD

The provider should ensure that the woman undergoing caesarean section has been counselled for PPIUCD before the caesarean procedure and has provided informed verbal consent for the same. The technique of insertion is simple. However, few factors mentioned below should be considered. Refer to Annexure10 for checklist on intra-cesarean IUCD insertion.

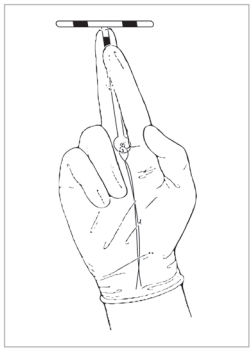


Figure 13: Holding IUCD between middle and index fingers

- IUCD should be inserted after delivery of the baby and placenta and evaluation for PPH but prior to closure of uterine incision.
- Insertion can be done either manually or using a ring (or sponge holding) forceps since provider can easily see and reach the uterine fundus.
- The provider should hold IUCD between the middle and index fingers of the hand and pass it through the uterine incision. (Figure 13) Ensure that IUCD is held by the edge and strings of the IUCD do not entangle in the forceps.
- Once it is placed at the fundus, the fingers/ ring forceps should be slowly withdrawn, taking care not to dislodge IUCD from the fundus.
- IUCD strings can be pointed towards lower uterine segment but should NOT be pushed through the cervical canal. This is done to prevent displacement of IUCD from the fundus which may occur from drawing the strings downward towards the cervical canal.
- Care should be taken during closure of the uterine incision so that IUCD strings do not get included into the suture.

Additional Information about Postpartum IUCD

- For the first 48 hours after birth, the length of the uterus is almost 30 cm. This makes successful fundal placement of the IUCD with a typical Interval IUCD inserter tube difficult, as the length of the tube is not sufficient. Therefore, a long PPIUCD insertion forceps with a fenestrated end is used for insertion of PPIUCD to ensure high fundal placement of IUCD.
- Negotiation of the "bend" where the uterine body flops over the lower uterine segment is a common challenge during insertion.
- A common error in insertion technique is to mistake the back or posterior wall of the uterus for the fundus.
- Mid/ low fundal placement of IUCD increases the risk of IUCD expulsion. Careful confirmation of fundal placement by manual palpation minimizes this risk.

PPIUCD Insertion and Active Management of Third Stage Labour (AMTSL)

- Insertion of PPIUCD should not interfere with routine intra-partum and postpartum management protocol.
- NO aspect of AMTSL should be modified to accommodate PPIUCD insertion. Administration of uterotonic drug, controlled cord traction, and uterine massage for active management of third stage of labour does not increase the subsequent risk of expulsion of the PPIUCD nor does it make the PPIUCD insertion more difficult.
- Life-threatening medical conditions such as postpartum hemorrhage and pre-eclampsia/eclampsia should be treated on priority as per national guidelines.

6.4.5 Steps for PAIUCD Insertion

The steps of PAIUCD insertion are similar to Interval IUCD and PPIUCD insertion with some modifications depending on the uterine size after abortion procedure. The modifications are given below. Also refer to Annexure 11 and 12 for checklist on PAIUCD insertion

Event	Technique of insertion immediately after abortion
After surgical evacuation when uterine size is up to 12 weeks	**Interval IUCD insertion technique (no touch and withdrawal technique) with little adaptation:** • Use of uterine sound for measuring the length of uterus for fundal placement is NOT recommended, as it may cause perforation. • Right after the confirmation of completion of evacuation in vacuum aspiration and before withdrawing the last cannula, measure the length of uterus using that last cannula. • Then, load the IUCD inside the sterile package and fix the blue gauge at the length measured by the cannula • Rest of the steps are similar to Interval IUCD insertion technique

After surgical evacuation when uterine size is above 12 weeks	**Postpartum IUCD insertion with little modification:** • The insertion can be done with ring forceps or sponge holding forceps with smaller rings instead of PPIUCD insertion forceps because it might be difficult to introduce PPIUCD insertion forceps through the cervical os. • Ring forceps or sponge holding forceps should be closed without locking while moving up inside the uterus. • Rest of the steps is similar to PPIUCD insertion technique. (The size of uterus after evacuation is smaller as compared to the size of uterus after full term vaginal delivery and the cervical os may be tighter. So it might be difficult to introduce PPIUCD insertion forceps into the cervix. Therefore, it is advisable to do the insertion with ring forceps/sponge holding forceps, preferably with smaller rings, following the same technique as that of immediate postpartum IUCD insertion.)
After medical abortion **(Mifepristone + Misoprostol), as per Govt. of India guidelines**	**The technique of insertion is similar as that of Interval IUCD insertion:** • The provider should be careful while introducing uterine sound to measure length of the uterus. Uterine sound should be introduced gently by holding it like a pen/pencil, moving it in the right direction without applying any force till resistance is felt to avoid perforation/ injury. • Other steps are same as that in Interval IUCD insertion technique.

6.5 Post Insertion Steps (for Interval IUCD/ PPIUCD/ PAIUCD)

1. Decontamination of used instruments

i. Place all the instruments in 0.5% chlorine solution for 10 minutes

ii. Immerse both gloved hands in 0.5% chlorine solution. Remove gloves by turning them inside out and disposing them off.

iii. All infection prevention steps should be followed as per infection prevention protocols and waste management guidelines.

2. Post insertion counselling and instructions

i. Allow the woman to rest on the table for few minutes. In case of PPIUCD, support the initiation of routine postpartum care, including immediate breastfeeding at this time.

ii. Reassure her that the insertion was done smoothly and she now has an effective, safe and reliable long term spacing method of contraception.

iii. Tell the woman when to return for IUCD follow-up.

iv. Inform her about possible side effects.

v. Inform her about the warning signs regarding IUCD and emphasize that she should come back any time she has a concern or experiences warning signs.

vi. Explain how to check for expulsion and what to do in such a case. Reiterate this before the woman is discharged.

vii. Give written post-insertion instructions.

viii. Following post-insertion instructions should be reinforced and repeated to the woman (if possible with her partner). Ensure that she understands the instructions.

- There may be increase in duration/ amount of menstrual bleeding or spotting during first few days or months after insertion, which usually subsides on its own. If symptoms still persist, she should return to the facility for treatment.
- The client may feel discomfort or cramps for next few days which subside in first few months.
- Spontaneous expulsion can happen in some cases. Ask her to be observant of the IUCD coming out of the vagina. If it does, she must return to the health facility for another IUCD insertion or another contraceptive.
- It is not necessary to check the strings. The strings would not affect sexual activity. However, she may come to health facility if she is concerned about the strings.
- IUCD does not protect against STIs/ HIV. For protection against STIs/HIV, condoms may be used.
- If she wants to conceive again, she can return to the health facility for IUCD removal anytime (Except for PPIUCD insertion, when IUCD removal should be delayed till at least 6 weeks after insertion). Return of fertility is immediate after removal.

3. Data Recording

i. Record information regarding the IUCD insertion in the case record, IUCD insertion register and IUCD card.

ii. Handover the IUCD card to the client with all the requisite information such as type of IUCD inserted, date of insertion, month and year when IUCD needs to be removed or replaced and where to go or call if she has problems or questions about her IUCD

Tips for Reducing Spontaneous Expulsion

✓ Right time (of all the PPIUCD insertions, Post-placental and intra-caesarean insertions have lowest expulsion rates)

✓ Right technique

- o Straighten out the angle between cervix and uterus by pushing the uterus upwards by the hand on lower abdomen of client
- o Place IUCD at the fundus
- o Sweep instrument to the side of the uterine cavity
- o Keep PPIUCD insertion forceps closed while going in and open while coming out of uterine cavity

✓ Right instrument (Use PPIUCD insertion forceps that is long enough to reach the fundus)

Chapter 7 IUCD removal

IUCD removal is usually an uncomplicated and relatively painless procedure. Unless an IUCD is removed for a medical reason or because the woman wishes to discontinue the method, a new IUCD can be inserted immediately after removing the old one, if she desires.

Note that pre-procedure preparations and post-procedure steps are essentially same as for IUCD insertion.

7.1 Indications for IUCD removal

- Woman wants another child
- IUCD needs to be replaced (i.e. at the end of its effective life span)
- Medical reasons (e.g. pregnancy, heavy menstrual bleeding)
- Woman wants to switch to another method
- Menopause
- Evidence of IUCD displacement
- Personal reasons (offers no reason at all)

7.2 Conditions when IUCD removal should be postponed

IUCD should not be removed if:

- Infection is present (woman should be counselled that removal may flare-up the infection and that the treatment of infection is necessary before IUCD removal)
- Between 48 hours and 6 weeks post-delivery (woman should be counselled that removal of IUCD in this period is risky and she should return for removal after completion of 6 weeks).

7.3 Equipment and supplies

- All the equipment and supplies which are used for insertion (except uterine sound)

7.4 Steps for IUCD Removal

Using gentle and 'no-touch' (aseptic) technique throughout, perform the following steps to remove IUCD. Also refer Annexure 13 for detailed IUCD removal checklist.

Step 1: Prepare the client

- Give the client a brief overview of the procedure, encourage her to ask questions and provide reassurance as needed
- Ask the client to empty her bladder and clean the perineal area
- Remind her to let you know if she feels any pain

Step 2: Hand Hygiene

- Wash your hands with soap and running water or alcohol rub
- Wear sterile/ HLD gloves in both hands

Step 3: Visualize the cervix and IUCD strings

- Insert a high level disinfected/sterile speculum to visualize the cervix and IUCD strings
- If the strings cannot be seen, manage as Missing Strings (Refer to chapter on Management of potential problems)

Note: for removal of PPIUCD in postpartum period before 6 weeks, the IUCD should be visualized through ultrasound.

Step 4: Clean the cervix and vagina at least two times with an appropriate antiseptic as done in IUCD insertion.

Step 5: Hold the anterior lip of cervix with an HLD (or sterile) vulsellum/ tenaculum to straighten out the uterine axis. This will help prevent the IUCD arms from breaking as they pass through the cervical os.

Step 6: Grasp the strings of the IUCD with a high-level disinfected (or sterile) straight artery forceps and apply traction, gently pulling the strings toward you with the forceps (Figure 14). *It is important to grasp the strings as close to the cervical os as possible.*

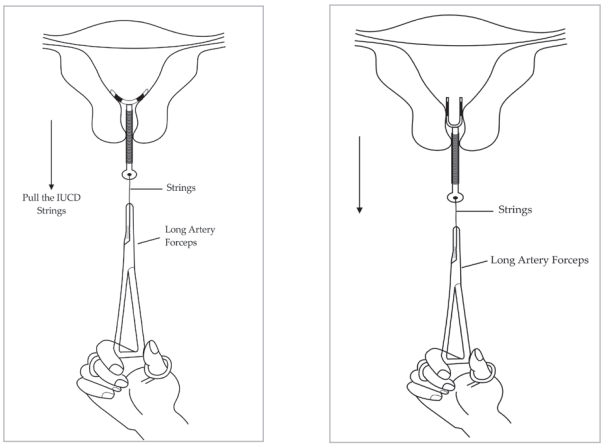


Figure 14: Grasping IUCD strings

If the strings break off but the IUCD is visible, grasp the device with the forceps and remove it.

Note: If removal is difficult, do not use excessive force and refer the client. See the textbox written below for guidance on managing this problem.

Difficult IUCD removals

If you have partially removed the IUCD but have difficulty drawing it through the cervical canal/ If there seems to be a sharp angle between the uterus and cervix:

- Hold the anterior lip of cervix with vulsellum and apply gentle downward and outward traction
- Attempt a gentle, slow twisting of the IUCD while pulling it out
- Continue as long as the woman remains comfortable
- Despite following these steps if the IUCD cannot be removed, refer the woman to a specialist.

Step 7: Once the procedure is complete, show the removed IUCD to the woman.

Step 8: Insert a new IUCD, if woman so desires and provided there are no contraindications to its continued use. If she does not want another IUCD, gently remove the speculum and place it along with other instruments in 0.5% chlorine solution for 10 minutes for

decontamination. Immerse the gloved hands in 0.5% chlorine solution, remove the gloves inside out, and dispose them off. Dispose off waste materials as per IP guidelines and protocols.

Step 9: Post-removal messages regarding immediate return of fertility and need for continued contraception should be reinforced again and repeated to the client (if possible with her partner). Ensure that the client has understood all the messages.

Step 10: Record information regarding the IUCD removal in IUCD card and in the IUCD follow up register kept at the facility.

7.5 Post Removal Counselling

Although most women will not experience problems after IUCD removal, all women should remain at the facility for 15 to 30 minutes. Ask the woman how she is feeling, and whether she is experiencing any nausea/ lower abdominal pain/ cramping/ dizziness or fainting (rare symptom). If she is experiencing any of these, provide reassurance and allow her to remain on the examination table until she feels better.

If the woman is starting a new contraceptive method, it should be provided immediately after the removal procedure along with a back-up method if needed. Refer to the textbox below:

Guidelines for switching to another contraceptive method and need for back up methods

- If a woman is switching to Oral Contraceptives :
  - If starting COCs/ POPs during first 5 days of menstrual bleeding or starting Centchroman (Chhaya) on first day of menstrual bleeding; no back up method is needed.
  - If starting COCs/POPs after first 5 days of menstrual bleeding or starting Centchroman (Chhaya) after first day of menstrual bleeding and she has had intercourse since her last menstrual cycle, start the new method now and keep the IUCD in place until her next cycle.
  - If starting COCs/POPs after first 5 days of menstrual bleeding or starting Centchroman (Chhaya) after first day of menstrual bleeding and she has not had intercourse since her last menstrual cycle, start the new method now; either keep the IUCD in place until her next menstrual cycle or IUCD can be removed. If IUCD is removed, she can use a backup method for next 7 days for COCs/ next 2 days for POPs/ till next menstrual cycle for Centchroman (Chhaya)

- If a woman is switching to Injectable Contraceptive MPA (Antara Programme)
  - If starting Injectable contraceptive MPA (Antara Programme) during the first 7 days of menstrual cycle; no back up method is needed.
  - If starting Injectable contraceptive MPA (Antara Programme) after the first 7 days of menstrual cycle and she has had intercourse since her last menstrual cycle, start MPA now and keep the IUCD in place until her next menstrual cycle
  - If starting Injectable contraceptive MPA (Antara Programme) after the first 7 days of menstrual cycle and she has not had intercourse since her last menstrual cycle, start the MPA now; and either keep the IUCD in place until her next menstrual cycle or IUCD can be removed. If IUCD is removed, she can use a backup method for next 7 days

- If a woman or couple is switching to condoms
  - She should use it each time she has intercourse after IUCD is removed
- If a woman wants female sterilization
  - Remove the IUCD and perform sterilization procedure. No need for a backup method
- If partner/husband wants vasectomy
  - Any time. If woman agrees to continue IUCD for 3 months after her partner's vasectomy, this will serve as the method for protecting from pregnancy until the success of the vasectomy is confirmed

*Back-up method such as condoms can be given to the woman. Also note that the IUCD can be left in place as the back-up method and removed during the next period.

Chapter 8 Infection Prevention

8.1 Infection Prevention

Consistent practice of infection prevention protocols is a critical component of quality health services, as well as a basic right of every client, or staff member in a health care setting. Health care facilities are primary settings for infection transmission. Therefore, it is mandatory to practice appropriate infection prevention procedures at all times, with all clients. The objectives of infection prevention practices are to minimize the risk of transmission of infections including HIV, Hepatitis B and C to service providers, clients and community, prevent spread of antibiotic resistant microorganisms, reduce the overall cost of health care services and provide high quality, safe services for greater client satisfaction.

Key objectives of infection prevention in providing IUCD services are to:

- Reduce the risk of infection due to IUCD insertion
- Reduce risk of disease transmission to the clients
- Protect health care workers at all levels—from doctors, nurses and other service providers to housekeeping staff—from getting infection
- Protect environment from spread of infections

8.2 Standard Precautions

'Standard Precautions' are essential work practices to be followed at health facilities in order to provide high level of protection from infection to clients, health care workers and visitors. These include:

1. Proper Hand Washing/Hand Hygiene
2. Personal protective attire
3. Safe work practices and maintaining asepsis
4. Maintain environmental cleanliness and spills-management
5. Processing of instruments and other items
6. Waste disposal

8.2.1 Proper Hand Washing/Hand Hygiene

- Washing hands is an important way to prevent infection, because hands are the most common routes of infection transmission. It is important to wash hands with soap and running water:
  - Before performing IUCD insertions and after the procedure
  - Before wearing and after removing the gloves
  - Before and after examining the client
  - After contact with contaminated items, body fluids, excretions, mucous membranes, non-intact skin, or wound dressings regardless of whether or not gloves were used.
  - After contact with inanimate objects in the immediate vicinity of the client

- Hand hygiene using appropriate alcohol based hand-rub is also an accepted option especially when running water supply is limited or client load is high
- All steps of proper hand wash should be followed for effective hand wash (Figure 15 and 16)
- Hands should be air- dried. Alternatively, may be dried with a sterile personal towel.
- Once hands are washed and dried, necessary task needs to be carried out without touching any contaminated surface.

A non-irritating alcohol hand-scrub solution can be prepared by adding 2 ml glycerine in 100ml of 60-90% alcohol solution

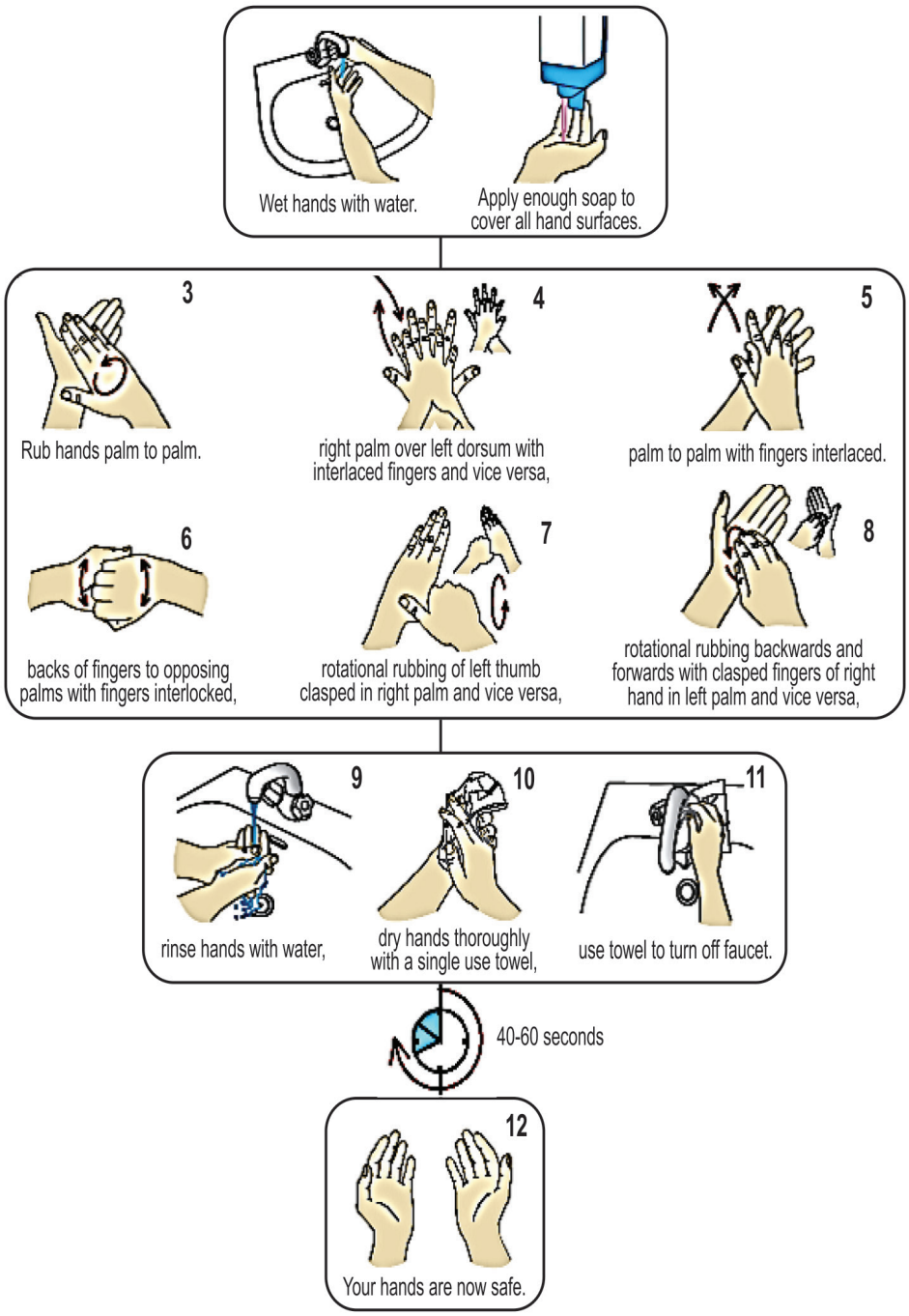


Figure 15: Hand washing with soap and water
(Adapted from WHO guidelines on hand hygiene in health care (advanced draft): A summary, World Alliance for Patient Safety, World Health Organization, 2005)

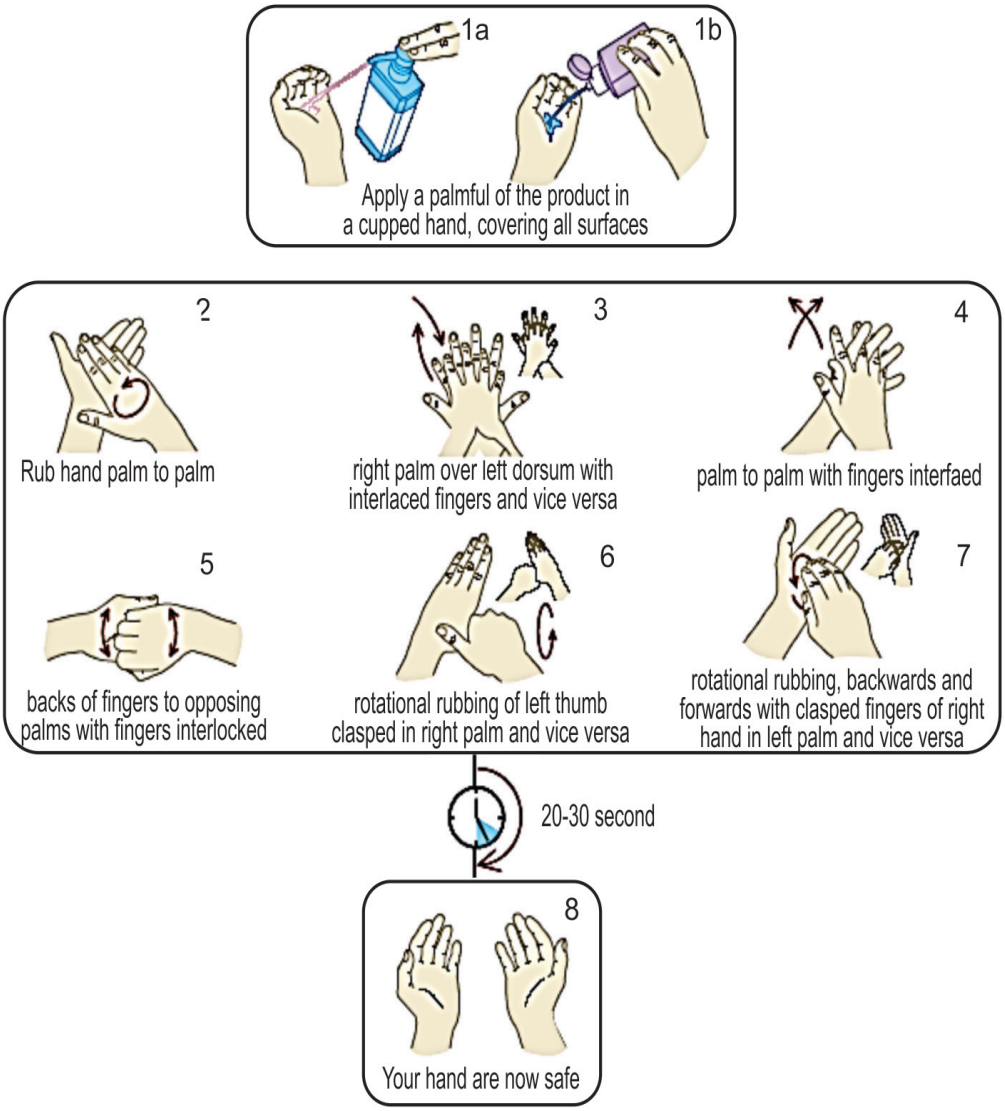


Figure 16: Hand Hygiene using alcohol based hand-rub
(Adapted from WHO guidelines on hand hygiene in health care (advanced draft):
A summary, World Alliance for Patient Safety, World Health Organization, 2005)

8.2.2 Using protective attire

- Protective attire provides a physical barrier between infectious agent and the health care provider. It includes gloves, protective eye wear, mask, apron, gown, boots/ shoe covers and cap.
- Wear gloves on both hands before touching anything such as lower genital tract skin and mucous membranes, blood or other body fluids such as urine or faeces, vaginal secretions, soiled instruments and contaminated waste materials or while performing invasive procedures.
- Use protective eye shields, face masks and aprons if splashes and spills of blood or other body fluids are possible (e.g. during the procedure itself or when cleaning instruments and other items).

8.2.3 Safe work practices and maintaining asepsis

- Before IUCD insertion, apply a water-based antiseptic to the cervix and vagina two or more times.
- Use aseptic/no-touch technique during every IUCD insertion.

- Use only sterile IUCDs that are in intact, undamaged sterile packets and are not beyond expiry date.
- New examination or sterile/HLD (boiled) gloves and sterile/ HLD instruments should be used throughout the procedure.
  - The IUCD should not touch the perineum, the vaginal walls or any other non-sterile surface that may contaminate it before placement in the uterus.
  - Ideally the IUCD or the uterine sound should not be passed through the cervical os more than once. However, if the strings are visible after removing the forceps from the uterus during post placental IUCD insertion, (indicates that IUCD is placed lower than the fundus or displaced while removing the forceps) then the IUCD may be removed and tried to be reinserted only once more for high fundal placement.
  - To protect from injuries of sharp instruments, keep handling of sharp instruments (like scissors) to a minimum (pass these on a tray). Also, always have a puncture-proof container for sharps within reach.

8.2.4 Maintain environmental cleanliness

- Wipe all large surfaces (e.g. procedure table, instrument stand) that could have been contaminated by blood or other body fluids, with a 0.5% chlorine solution, wearing the gloves and protective attire.
- Always wear heavy utility gloves while handling bio-medical waste.
- Using a 0.5% chlorine solution, decontaminate instruments, examination tables, trolleys, countertops, lamp handles, and anything which might potentially be contaminated. Use a cloth dampened with 0.5% chlorine solution for scrubbing surfaces to reduce the spread of dust and microorganisms. Never dry mop or sweep the procedure room (never use a broom).
- Scrub room surfaces starting from top to bottom so that dirt falls on the floor.
- Scrub the floor with a mop soaked in 0.5% chlorine solution.
- Use 0.5% chlorine solution for decontamination, cleaning and managing body fluid spills.
- At the end of the day, the procedure room should be cleaned as per protocols.

8.2.5 Processing of instruments and other items

Step I: Decontamination

This is a critical step to prevent transmission of Hepatitis B virus (HBV), Hepatitis C virus (HCV) and HIV to the health facility staff. It should be done before the staff is allowed to clean the used instruments.

- Immediately after use, ensure that all instruments are fully immersed in open position in a plastic container filled with 0.5% chlorine solution* for 10 minutes. If the instruments are not to be cleaned (refer to Step 2: Cleaning and Rinsing) immediately after decontamination, rinse them with water and dry them with a clean towel to minimize possible corrosion of the instruments due to chlorine.
- Briefly immerse both gloved hands in bucket containing 0.5% chlorine solution and then carefully remove them by turning them inside out. Leave them in the

0.5% chlorine solution for 10 minutes.

**Note:* Refer to Annexure 14 for 'Preparation of 0.5% Chlorine Solution

Step II: Cleaning and Rinsing

- After decontaminating instruments, thoroughly scrub them with detergent solution and water in a basin using a soft brush (e.g. a toothbrush). Pay special attention to teeth, joints, and screws, where organic material may collect/ get stuck.
- After cleaning, rinse items well to remove all detergent (This step is important because some detergents can leave a residue that interferes with the action of chemical disinfectants used for HLD/sterilization in step III). Do not use hot water for rinsing as it can coagulate protein.
- After rinsing, air dry or dry items with a clean towel and proceed for sterilization.

Step III: High Level Disinfection (HLD)/ Sterilization

After decontaminating and cleaning the instruments and surgical gloves, high-level disinfection (Accepted for IUCD services if sterilization services are not available) can be done using one of the following processes:

High Level Disinfection

1. HLD by boiling

- Fully immerse items in water in a covered container /boiler and start heating the water
- Bring water to a rolling/ bubbling boil, and then boil the instruments for 20 minutes. Do not add any instrument or water after boiling begins
- Remove instruments using high-level disinfected Cheatle forceps, and place in a high-level disinfected container
- Allow items to cool and air dry
- Use objects immediately or store them in a covered airtight, dry high level disinfected container for up to 7 days. If stored in an ordinary covered HLD container, it should be used only up to 24 hours.

Note: Sharp instruments like scissors should not be boiled. HLD should be done using chemical method.

2. HLD by chemical method

- Fully immerse items in an appropriate high-level disinfectant (i.e. 2% glutaraldehyde)
- Soak them for 20 minutes. Do not add any instrument in between
- Remove instruments using high-level disinfected/sterile Cheatle forceps
- Rinse instruments at least three times with boiled and cooled water, so as to remove all the chemicals from the instruments
- Place them in a high-level disinfected container and air dry
- Use the instruments immediately or up to 24 hours/ store them in a covered airtight, dry high level disinfected container for up to 7 days

Sterilization

1. Sterilization by steam

- After completing step 1 and 2, sterilize them by autoclaving at 15 lb/ sq inches pressure for 20 minutes (unwrapped) and 30 minutes (wrapped)
- Sterilized packs can be used up to one week, if kept intact and drum is not opened
- Once drum is opened, use instruments within 24 hours only

2. Sterilization by chemical method

- Decontaminated, cleaned and dried items are put in 2% glutaraldehyde solution for at least 8 to 10 hours.
- Do not add or remove any items once timing starts
- Items should be rinsed well with sterile water (not boiled water), air-dried and stored in a covered sterile container for up to 7 days. (Sterile water can be prepared by autoclaving water for 20 minutes at 15 lb/sq inches in an autoclave)

Step IV: Storage

- Use high-level disinfected or sterilized instruments and gloves immediately, or store them for up to 1 week in a high-level disinfected or sterilized air tight container in a dry state.
- If lid of sterilized container is opened, repeat the sterilization procedure after 24 hours for reusing items.

8.2.6 Waste segregation and disposal

- While still wearing gloves after completing a procedure, dispose off the contaminated waste in a properly marked leak-proof container (with a tight-fitting lid) or plastic bag
- Segregate the waste into infectious and non- infectious waste, and put them in proper containers:
  - Sharps: needles, blades, broken glass are to be collected in white or blue bins/bags. Needles should be cut with a hub cutter before disposing off in the blue bins. In absence of white or blue bins/ bags, puncture proof box should be used for disposal of sharps.
  - Infectious plastic wastes like soiled and infected plastics, syringes, dressings, gloves, fluid bottles are to be collected in red plastic bins/ bags.
  - Solid anatomical or pathological waste like placenta, body parts, swabs, bandages, dressings etc. are to be collected in yellow plastic bins/bags.
  - Non-infectious (General) waste like packaging material, cartons, fruit and vegetable peels, left over food, syringe/ needle wrappers and medicine covers are to be collected in black plastic bins/ bags.
- Always collect waste in covered and empty bins after they are filled up to 3/4th level. Never store waste beyond 48 hrs.
- Safely dispose off the waste materials as per biomedical waste guidelines. The waste should be disposed off properly either by burial or burning (GOI 2016 guidelines). Burning solid infectious waste (including anatomical/ pathological wastes) in an incinerator is preferred. If incinerator is not available, burying

solid infectious waste on-site in a deep burial pit secured with a fence or wall and away from any water source is accepted. The waste should be covered with 10 to 30 centimeters (4 to 10 inches) of soil at the end of each day. Plastics should be autoclaved or decontaminated and then shredded. Sharps are to be disinfected with chlorine solution and dumped in the sharps pit. Liquid infectious waste, after disinfecting with chlorine solution, should be poured down the drain connected to an adequately treated sewer or pit latrine; burial with other infectious waste is an acceptable alternative.

- General waste can be sent without any treatment to municipal dumps for final disposal.

Chapter 9 Management of Potential Problems

Most of the IUCD insertion-related complications can be prevented by careful screening of clients, strict adherence to correct infection prevention practices and meticulous attention to standard insertion technique. However, in some cases, the service provider may face certain problems which can be managed easily. In such cases, service providers may consult or refer the case to a specialist.

Some of the potential problems faced during and after insertion of IUCD and their management are detailed below.

9.1 Problems at the time of insertion

9.1.1 Discomfort or pain (applicable for Interval IUCD/ PPIUCD/ PAIUCD)

Possible Symptoms/Signs

- A moderate amount of discomfort /pain associated with placement of IUCD is common during interval, postpartum and post abortion insertion regardless of timing of insertion or technique.

Management

- Reassure the client that some amount of discomfort is associated with IUCD insertion which would subside with time. Continue communicating with the client during the procedure.
- Perform the procedure as gently and as quickly as possible.
- One can administer analgesics (NSAIDs like Ibuprofen), if required.

9.1.2 Improper Placement of IUCD (applicable for Interval IUCD/ PPIUCD/ PAIUCD)

Possible Symptoms/Signs

- IUCD can be visualized in the cervix or upper vagina after placement.
- In PPIUCD insertion/ PAIUCD insertion following 2nd trimester abortion, the length of the string visible in the vagina is not consistent with fundal positioning (unusually long strings).

Management

- In case of Interval IUCD /PAIUCD, remove the displaced IUCD using HLD or sterile forceps and insert a new one.
- In case of PPIUCD, using an HLD or sterile forceps, remove the IUCD and reinsert the same IUCD if not contaminated, with all aseptic precautions. If the IUCD has been contaminated, discard it and use a new IUCD.

9.1.3 Uterine Perforation

Uterine perforations occur rarely; with most resulting from poor insertion technique during Interval IUCD/ PAIUCD insertion (uterine perforation very rarely happens in PPIUCD insertion). It could be detected during the insertion procedure or later after the procedure.

Possible Symptoms/ Signs

- Sudden loss of resistance to instrument used for insertion (Uterine Sound/ Forceps/ inserter)
- Unexplained pain
- Uterine depth greater than expected

Management

- If suspected during insertion, stop the procedure immediately and gently remove the instruments and IUCD
- Keep the client at rest, start an IV drip and observe the vital signs. Look for abdominal tenderness, guarding or rigidity
- Prophylactic antibiotics can also be given

9.1.4 Cervical Laceration (applicable for PPIUCD/ PAIUCD)

Possible Symptoms/ Signs

- Excessive vaginal bleeding

Management

- If laceration is seen, repair depending on size of laceration and amount of bleeding as needed

9.2 Problems Encountered after IUCD Insertion

9.2.1 Post insertion bleeding

Post Interval IUCD insertion bleeding is usually not significant.

Management

- In case of PPIUCD/ PAIUCD
  - Determine severity of symptoms
  - If symptoms are mild and consistent with postpartum/ post abortion uterine involution, reassure the client
  - If it occurs after PPIUCD/ PAIUCD insertion then rule out retained products of conception or cervical / uterine trauma, treat/refer
  - If bleeding is persistently heavy and prolonged or associated with clinical or laboratory signs consistent with severe anaemia, offer iron replacement therapy and ask the woman to eat foods containing iron. Consider IUCD removal with the patient's consent.
  - If client desires treatment, offer a short course of non-steroidal anti-inflammatory drugs (NSAIDs) or Tranexamic acid (1500 mg) during bleeding for a period of three to five days.
  - If client finds bleeding unacceptable, remove IUCD and counsel her regarding alternative methods of family planning

9.2.2 Change in Menstrual Bleeding Patterns (applicable for Interval IUCD/ PPIUCD/ PAIUCD)

Change in menstrual bleeding pattern is a commonly seen among users of copper-bearing IUCDs. These changes are usually not harmful to the woman and

disappear within the first few months after IUCD insertion. If, however, these symptoms are severe, persistent, or accompanied by certain other symptoms/ signs, they require special follow-up.

Possible Symptoms/ Signs

- Increase in amount of menstrual bleeding
- Increase in duration of menstrual bleeding
- Spotting/light bleeding between periods

Management

- If bleeding is mild and less than 3 months after insertion with no evidence of pathology, reassure the client and give iron and folic acid tabs for a month
- If her menstrual bleeding lasts twice as long / is twice as heavy than usual, then the client may be referred for further evaluation and treatment
- If her menstrual bleeding changes have continued up to 6 months after IUCD insertion and a gynaecologic problem is suspected, then the client may be referred for further evaluation and treatment

9.2.3 Cramping and Pain (applicable for Interval IUCD/ PPIUCD/ PAIUCD)

Increased cramping or pain associated with menstruation is another common issue among users of copper-bearing IUCDs.

In PPIUCD and PAIUCD following 2nd trimester abortion, mild intermittent cramping may occur in the first few weeks after IUCD insertion but is generally masked by the usual cramping associated with uterine involution.

Management

- If these symptoms are bothersome/ severe/ associated with other symptoms/ signs that suggest they are not related to menstruation, refer or conduct appropriate assessment of the client (including pelvic examination). This is done to identify or rule out other possible causes of the symptoms, such as infection, partial IUCD expulsion, uterine perforation, and pregnancy/ ectopic pregnancy.
- When other possible causes of the symptoms are ruled out, manage as appropriate based on the findings. If cramping or pain is present, provide reassurance and recommend paracetamol (500 mg every 4- 6 hours) or another NSAID immediately, before and during menstruation to help reduce symptoms. If it still persists, remove the IUCD.
- In PPIUCD, if symptoms and physical findings are mild and consistent with postpartum uterine involution, reassure the client

9.2.4 Infection (applicable for Interval IUCD/ PPIUCD/ PAIUCD)

The risk of upper genital tract infection among IUCD users is less than 1%. This risk is highest within the first 20 days after IUCD insertion, and is related to either poor insertion technique (due to lack of proper infection prevention practices) or pre-existing infection not related to IUCD.

Possible Symptoms/ Signs

- Lower abdominal pain
- Fever

- Painful intercourse
- Bleeding after intercourse or between periods once resumption of normal monthly periods has occurred postpartum/ post abortion
- New onset of pain associated with periods
- Abnormal vaginal discharge
- Nausea and vomiting

Management

- Perform an appropriate assessment including the vital signs, abdominal and pelvic examination and appropriate laboratory studies (pregnancy test, CBC, cultures) to rule out possible problems like endometritis; appendicitis; partial IUCD expulsion; uterine perforation; pregnancy/ectopic pregnancy; or urinary tract infection. (See the section below for management of pregnancy with the IUCD in place)
- Rule out PID and endometritis. If suspected, begin treatment immediately with an appropriate antibiotic regimen as per guidelines/ protocols for RTI/ STI. Remove the IUCD if symptoms persist for more than 72 hours
- If the woman does not want to keep the IUCD during treatment, remove the IUCD two to three days after antibiotic treatment has begun
- If STI/ history of high risk behavior are suspected, counsel the woman regarding condom use for protection against STIs in future and recommend treatment for the partner

9.2.5 IUCD Strings' Issues (applicable for Interval IUCD/ PPIUCD/ PAIUCD)

Possible symptoms/ signs

- Partner can feel IUCD strings
- Problem of long strings/ short strings
- Missing strings

Management

- If the woman's partner feels the strings, reassure and counsel the couple
- Long strings should be cut if woman complains or whenever she comes for a follow up visit
- **For missing strings of Interval IUCD/ PAIUCD:**
  - o Rule out pregnancy
  - o Once pregnancy has been ruled out, probe the cervical canal using high-level disinfected (or sterile) long artery forceps to locate the strings, and gently draw them out so that they can be seen protruding into the vaginal canal. Appropriately manage based on the findings:
  - ✓ If the strings are located and drawn out, and woman wants to keep the IUCD, leave it in place (provided it seems properly placed)
  - ✓ If the strings are located and drawn out, and woman does not want to keep the IUCD, remove the IUCD.
  - ✓ If the strings are not located in the cervical canal (or cannot be drawn out), and the woman does not want to keep the IUCD, refer her to an expert for IUCD removal. (A specialist can use a uterine sound to check whether IUCD is in place, being very careful not to injure the uterus. If the IUCD

is still in place, the strings can be drawn out gently using a long artery forceps/ alligator forceps).

✓ If indicated, refer the woman for an ultrasound (or X ray, if ultrasound is unavailable) to help determine whether the IUCD is still in place, is malpositioned, or has been expelled

- **For missing strings of PPIUCD**

In PPIUCD, the strings usually come down in 6 weeks, when involution of uterus is complete. However, if the strings are not visible protruding from the cervix on P/S exam of a woman after 6 weeks of delivery, the following protocol should be used. (Figure 17)

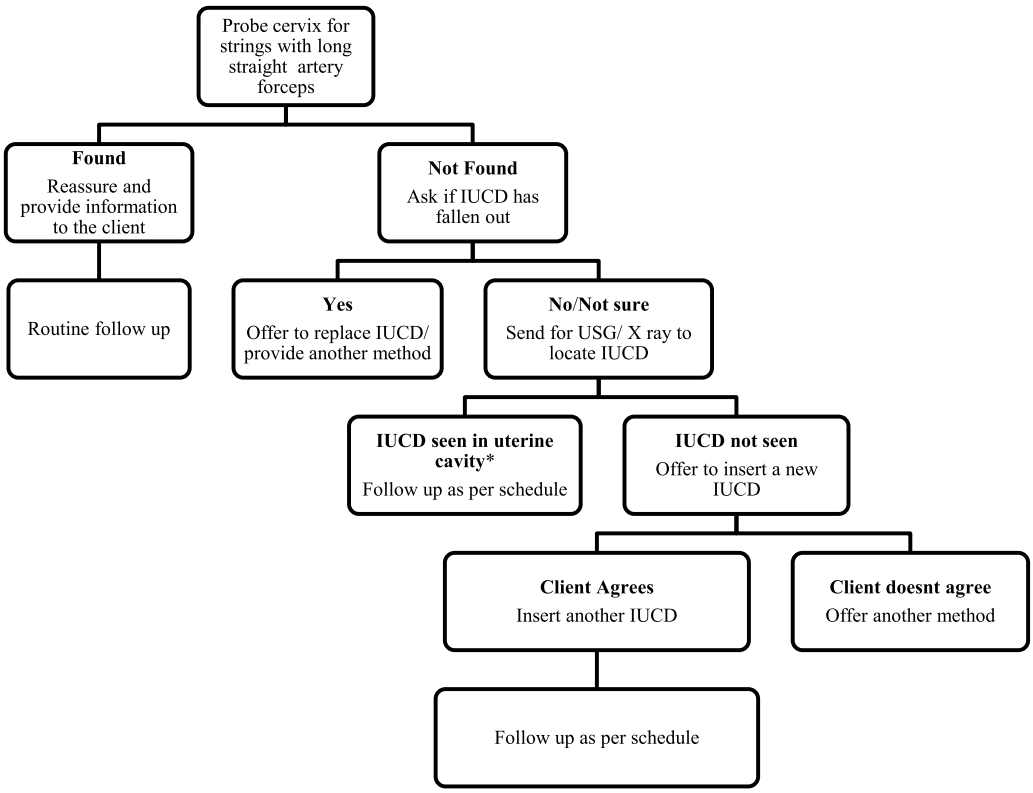


Figure 17: Management of missing strings

*if strings are not seen at 3 months, repeat the protocol from the start. In many cases it may take 6- 12 weeks for the strings to become visible. If strings are still not found, either reassure and follow up or locate IUCD with a probe and replace.

9.2.6 Expulsion of IUCD (Partial or Complete, applicable for Interval IUCD/ PPIUCD/ PAIUCD)

Partial or complete IUCD expulsion can occur with or without other signs/ symptoms.

Possible Symptoms/ Signs

- New onset of irregular bleeding and/ or cramping
- Expelled IUCD seen (complete expulsion)
- IUCD felt/ seen in the vaginal canal (partial expulsion)
- Missed menstrual period (see below for pregnancy with an IUCD in place)
- Missing or long strings

Management

- Conduct an appropriate assessment including pelvic examination to rule out other possible causes of symptoms such as infection and pregnancy
- When other possible causes of symptoms are ruled out, manage based on findings:
  - If complete expulsion of the IUCD is confirmed, (e.g. seen by the woman, confirmed by X-ray or ultrasound) insert IUCD if desired after assessing the client or counsel for another family planning method
  - If partial IUCD expulsion is confirmed, (e.g. felt/ seen by the woman or clinician) remove the IUCD and provide another IUCD if desired and appropriate or counsel for another family planning method

9.2.7 Pregnancy with an IUCD in place (contraceptive failure applicable for Interval IUCD/ PPIUCD/ PAIUCD)

While the IUCD is one of the most effective long acting reversible methods of contraception, failures can rarely occur. Approximately one-third of IUCD related pregnancies are due to undetected partial or complete expulsion of the IUCD.

Possible Symptoms/ Signs

- Missed menstrual period
- Other symptoms/ signs of pregnancy
- Missing strings
- Strings which are shorter or longer than expected

Management

- Confirm pregnancy and its duration. If the woman is in her second or third trimester of pregnancy, manage according to guidelines and refer to a specialist, if needed
- Rule out ectopic pregnancy if she complains of sharp/ stabbing pain which is unilateral; abnormal vaginal bleeding; light-headedness/ dizziness; fainting. If ectopic pregnancy is suspected, immediately refer/ transport the woman to a surgical facility
- When ectopic pregnancy has been ruled out, and if the pregnancy is in the first trimester:
  - Counsel the woman about the benefits and risks of immediate removal of the IUCD. Removing the IUCD slightly increases the risk of abortion; while leaving it in place can cause second trimester abortion, infection and preterm delivery.
  - If the woman requests for removal, proceed with immediate removal if the strings are visible and the pregnancy is in the first trimester. If the strings are not visible, do an ultrasound to determine whether the IUCD is still in the uterus or has been expelled. If the IUCD is still in place, do not try to remove it.
  - If the woman declines removal, provide antenatal care as per national guidelines and arrange close monitoring of the pregnancy by a qualified provider. Stress upon the importance of returning to the health facility immediately if she experiences signs of spontaneous abortion or infection

(e.g. fever, low abdominal pain, and/or bleeding) or any other warning signs. Ensure that IUCD is removed at delivery.

9.2.8 Perforation of uterus

Uterine perforation with an IUCD is an uncommon complication and most cases occur at the time of insertion, though it may be diagnosed later.

There is a risk of perforation in IUCD insertions in a lactating woman and immediately after abortion.

When to suspect perforation

- Most cases are "silent" and not recognized at the time of insertion. Symptoms may vary according to location of extra uterine IUCD i.e. pain abdomen, bowel symptoms, frequency of micturition, recurrent urinary tract infection.
- Missing strings along with non-localisation of IUCD in uterine cavity leads to suspicion of perforation.
- Pregnancy in a woman with history of IUCD insertion, raises suspicion of extra uterine location of IUCD

Diagnosis: (See also section on Missing strings)

- Plain X-Ray abdomen to confirm the location of IUCD. If IUCD is not seen, it has been expelled.
- If IUCD is seen, refer to higher centre for ultrasonography and further management.

Management

- Uterine perforation discovered within 6 weeks after insertion:
  - ✓ Confirm the perforation by X-ray or ultrasound
  - ✓ If the IUCD is embedded in the wall of the uterus (partial perforation), refer the woman for IUCD removal by an experienced provider skilled in removing such IUCDs.
  - ✓ If the IUCD is outside the uterine cavity (complete perforation), refer the woman immediately for IUCD removal by a surgeon qualified to perform laparoscopy or laparotomy
- Uterine perforation discovered after 6 weeks or more after insertion:
  - ✓ If necessary, confirm the perforation by X-ray or ultrasound
  - ✓ If the IUCD is embedded in uterine wall (partial perforation), refer the woman for IUCD removal by an experienced provider skilled in removing such IUCDs (hysteroscopic removal may be attempted)
  - ✓ If the IUCD is outside the uterine cavity (complete perforation) and woman does not have any symptoms,
    - o Do not remove the IUCD
    - o Advise the woman that it is safer to leave the IUCD than remove it
    - o Counsel woman and insert another IUCD now if desired and appropriate or start a different method
  - ✓ If the IUCD is outside the uterine cavity (complete perforation) and the woman has symptoms such as abdominal pain associated with diarrhea,

or excessive bleeding, refer the woman immediately for IUCD removal by a surgeon qualified to perform laparoscopy or laparotomy. (IUCD is to be removed by laparoscopy/ laparotomy in such cases).

Important: After 6 weeks, IUCDs that have completely perforated the uterus, may become partially or completely covered with scar tissue and this rarely causes any problems. These should be left at their place as removal of such IUCD may lead to pelvic abscess and other complications.

Chapter 10 Follow up Care

Follow-up care after IUCD insertion is a vital component for ensuring client satisfaction. It is the responsibility of service providers to provide regular and need based follow-up care and manage any problems experienced by clients or observed during assessment.

10.1Key Objectives

- Assess the woman's overall satisfaction with the IUCD and address any questions or concerns she may have
- Identify and manage potential problems
- Reinforce key messages

10.2Routine Follow up Visits after Interval IUCD/ PPIUCD/ PAIUCD insertion

10.2.1 Follow-up Visits

The recommended follow up schedule is as follows:

- First follow up visit is mandatory and has to be done at 6 weeks or after next menstrual periods, whichever is earlier.
- In case of surgical PAIUCD, additional visit within 1 or 2 weeks of an abortion procedure is recommended for confirmation of completion of the abortion process.
- Subsequent visits should be after 3 months and 6 months.
- The woman is encouraged to return anytime if she is experiencing problems, if she wants the IUCD removed, or feels that she needs to consult a health care provider.
- In case the client does not come for the first follow up visit within 1 week of scheduled date, the health personnel of the area should carry out a home visit.
- Follow up home visits can be done by ANM supported by ASHA or AWW.

10.2.2 Follow-up Care

The basic components of routine follow-up care are essentially the same for new and continuing users. However, some components may be more important for new users such as:

- Assessing for menstrual changes (most common side effect of IUCD use), which often subside within a few months of insertion.
- Assessing for infection, which is uncommon but if it does occur, it does so in the first 20 days after IUCD insertion.
- Checking for IUCD expulsion, which is uncommon but generally occurs within first few months after insertion.

On the other hand, for a continuing user, it may be more critical to assess for significant changes since her last visit, such as her overall health, reproductive goals or individual risk for HIV and other STIs.

10.2.3 Routine Follow-Up Assessment

History

- Assess woman's overall satisfaction with the method, and check for any problems the client might be facing.
- Assess for common side effects (e.g. an increase in the amount or duration of menstrual bleeding, increase in pain/cramping with period, or spotting/light bleeding between periods) if the client complains against them.
- Screen for warning signs (PAINS).
- Ask whether IUCD is still in place/ expelled. If IUCD has been expelled, offer another contraceptive method to the client or plan another IUCD insertion, if the woman desires.
- Encourage use of condoms for STI protection, as appropriate.

Physical Examination

- For the first routine checkup, perform a pelvic examination to ensure that the IUCD is still in place and check for signs of infection. Also rule out conditions like STI or PID, pregnancy or expulsion of IUCD.
- In case of PPIUCD follow up, check the IUCD strings and cut them if the woman finds them uncomfortable.
- For all other return visits, perform a pelvic examination as indicated (i.e. if infection is suspected). For management of potential problems, refer to Chapter 9.

SECTION II:
MANAGERIAL ASPECTS FOR QUALITY IUCD SERVICES

Chapter 11 Programme Determinants for Quality Services

IUCD has been a part of National Family Planning Programme since 1965. The programme has undergone many developments over the years with inclusion of new choices and expansion of IUCD services to the postpartum and post abortion periods. To ensure quality service provision and increase demand for IUCD services, the service providers and programme managers at various levels must develop mechanisms and strategies for better adaptation and utilization of IUCD services and strengthen practices as well as access to quality IUCD services.

The objective of this chapter is to provide information to the programme managers and service providers for smooth provision of quality IUCD services.

11.1 Programmatic Issues of IUCD Services

It is important for programme managers to ensure preparedness on various technical, proven managerial approaches and issues related to IUCD service delivery. Some of the crucial aspects of successful service delivery and care are dependent on capacity building of the health care providers especially on their knowledge, skill and attitude. Therefore, there is a need to develop a cadre of properly trained IUCD service providers in the public health facilities at different levels, through structured competency based training based on following requirements.

11.1.1 Identification of service delivery sites

- Interval IUCD services can be provided at any level of facility (DH/ SDH/ CHC/ PHC/ SC) where trained service provider is available.
- PPIUCD services must be provided at all level of facilities conducting deliveries (DH/ SDH/ CHC/ PHC/ SC) by trained service providers.
- PAIUCD services can be provided at facilities PHC and above where trained service provider is available. (PAIUCD cannot be inserted at a sub-center)

The demand for logistics and training batches should be calculated at the state and district level based on identification of these sites along with availability of competent service providers cum trainers as well as service utilization.

11.1.2 Eligibility of the Service Providers

IUCD insertion	Eligibility of Providers*
Interval IUCD	• Doctors (MBBS and above) • AYUSH practitioners • Nursing Personnel (SN/LHV/ANM)
PPIUCD	• Doctors (MBBS and above) • SBA trained AYUSH practitioners • Nursing Personnel (SN/LHV/ANM)
PAIUCD (following 1st Trimester abortion)	• Doctors (MBBS and above) • Nursing Personnel (SN/LHV/ANM)
PAIUCD (following 2nd trimester abortion and medical method of abortion)	• Doctors (MBBS and above)

* The service providers of PPIUCD and PAIUCD must be empanelled through the SISC/ DISC.

11.1.3 Assessment of Training Need

A situational analysis of the status of service providers at different levels of health facilities in the district should be done to identify training needs. This will help in determining and planning the most appropriate interventions such as developing competent service providers at various levels. The template provided below may be used for calculating the training load for IUCD.

11.1.3.1 Assessment of Training Load

The State Programme Managers and State Training Coordinator/s in consultation with the District Chief Medical Officer and District Training Coordinator should estimate the actual number of trainees vis- a- vis the availability of service providers required for providing regular IUCD/ PPIUCD/ PAIUCD services in DH, SDH/ CHCs, PHCs and Sub Centers in their respective districts. Based upon the need of the districts, service providers' skill training should be organized. The training load can be calculated using the following RAG analysis.

Calculation of Training Load for various categories of service providers (Doctors, SNs, LHVs, ANMs etc.)

	DH			SDH/CHC			PHC			Sub Center		
	R	A	G	R	A	G	R	A	G	R	A	G
IUCD												
PPIUCD												
PAIUCD												

R- Required; A- Available; G – Gap

11.1.4 Ensuring Regular Supply

An effective and efficient supply chain management is the key to successful implementation of any programme. Short supply or non-availability of IUCDs may lead to interrupted services to the clients while oversupply may lead to wastage of commodities. Thus the need to keep the right quantity, available at various levels of health system is important so that clients have an easy access to services as per their need and convenience and there is minimum wastage.

11.1.4.1 Demand Estimation (Buffer Stock and Wastage)

To ensure an uninterrupted supply and avoid stock outs of IUCDs (both IUCD 380 A and IUCD 375) at the state, district, sub-district and block level, 10% buffer stock should be kept at each level. DFWOs/ District Programme Managers should use Logistics Management Information System (FP- LMIS) to forecast, indent and issue FP commodities including IUCDs.

11.1.4.2 Transportation

The state should ensure that IUCDs (IUCD 380 A and IUCD 375) are transported from state to district and the lower level along with other contraceptives in a covered vehicle. Necessary measures should be taken to avoid wastage of contraceptives during its transportation and storage.

11.1.4.3 Warehousing and Storage

IUCDs along with other contraceptives should be stored safely and securely at:

- National level: GMSD/ hired central level warehouse (for buffer stock only)
- State level: State level warehouse
- District level: District level warehouse
- Block level: Block store (wherever applicable)
- Facility level: Facility store

Proper storing measures should be adopted to avoid damage to IUCD packets. They should be kept:

- In a cool dry place, away from sunlight & extreme heat, on proper shelves
- In a store room which does not have any seepage and not near the windows or adjacent to walls
- Following FEFO (First to Expire; First Out) principle

11.1.4.4 Distribution

Supplies reach from manufacturers/suppliers to the state warehouse based on the consignee list provided by the Family Planning Division, MOHFW, GOI. State has to ensure further distribution to the district and block level stores from where the supplies would be distributed to the facilities.

Distribution and replenishment of IUCD 380 A and IUCD 375 at health facilities should be based on need and service utilization pattern as well as the availability of competent service providers.

Demand estimation at state should be an outcome of indent submitted by the district, which is further based on the consumption and stock in hand at the health facilities.

11.1.5 Records and Reporting System

Record keeping and reporting is an integral component of the National Family Planning Programme. Correct and timely reporting helps in monitoring of the programme, identification of gaps and effective implementation of strategies.

The purpose of record keeping and reporting system is to collect information for documenting relevant details about acceptors of the method, follow-up with acceptors regarding their level of satisfaction, concerns, side-effects and continuation of the method. These details help in generating information for reporting at various levels so as to ensure timely decision making for addressing service and supply related issues.

11.1.5.1 Record Keeping

The relevant information of all IUCD clients should be recorded along with other relevant findings of client examination. Data for Interval IUCD/ PPIUCD/ PAIUCD insertions must be recorded in 'IUCD Insertion Register' and data for follow up of Interval IUCD/ PPIUCD/ PAIUCD must be recorded in 'IUCD Follow up Register'. The formats for these registers are given in Annexure 15 and 16.

Along with facility data recording, each IUCD client must be provided with an IUCD card that contains details of the type of IUCD, its timing of insertion, insertion date, due date for follow up etc. The card contains two sections; client section that is to be filled and provided to the client and facility section which is

to be retained at the facility where insertion was done. The format for IUCD card is given in Annexure 17.

11.1.5.2 Reporting System

All facilities should report IUCD/PPIUCD/PAIUCD service delivery parameters/ indicators regularly to the concerned District Family Planning/Welfare Officer for consolidation. DFWOs should further send the consolidated monthly report for the entire district to the State Family Planning/ Welfare Officer for compilation and onward submission to GOI.

Apart from service delivery reports, stock information should be regularly updated at the facility level through FP-LMIS. States should submit the quarterly utilization and stock report to GoI along with the reporting of other contraceptives.

Additionally, side effects/complications identified during follow up visits, must be documented and reported, along with the management of the same.

11.1.6 Community Engagement and Demand Generation

1) Creating demand is a key component for service uptake. Demand generation is a continuous activity and can be accomplished by utilizing the health workforce working at different levels. States may also plan and budget for IEC/BCC activities in their State PIPs.
2) The role of various health staff in community sensitization and demand generation is highlighted below:
   - **ASHA/ANM at community level:** awareness generation by dispelling misconceptions and identifying clients for IUCD
   - **RMNCH+A counsellors at facility level:** awareness generation among women/ eligible couples visiting facility including ANC clients, postpartum/ post abortion women
   - **Doctors and Staff Nurses:** Referring the clients to RMNCH+A counsellors (if available) and sensitizing clients about benefits of IUCD. The facility-based providers can support community-based providers by treating side effects, using clinical judgment concerning medical eligibility in special cases, and responding to any concerns of clients, which are referred by the community-based providers.

11.2 Quality Assurance in IUCD services

Quality assurance in IUCD services is an inbuilt system for monitoring the implementation of standards and practices of IUCD service delivery. It should ensure safety of the client, service providers and the community as well as client's satisfaction with continued use.

The SQAC/SISC/DQAC/DISC members during their visit to facilities should ensure adherence to quality standards for IUCD service delivery. Quality can be assured through regular monitoring and addressing gaps in a timely manner. The key points to be covered during monitoring visits are:

- Availability of trained service provider (counsellor, nurse, doctor)
- Availability of both types of IUCDs (IUCD 380A & IUCD 375)
- Availability of IUCD insertion kit (PPIUCD insertion forceps wherever applicable)

- Availability of Infection prevention supplies
- Availability of IUCD cards
- Availability of IUCD insertion and follow up registers
- IEC materials on IUCDs along with all other contraceptives
- Service uptake
- Continuation & discontinuation rates of IUCD
- Report of any side effects/ complications and their management
- Client's satisfaction (preferably through client's exit interview)

11.2.1 Standards for Quality IUCD Services

The key areas to be addressed and standards for measuring the performance of IUCD services for achieving quality are given below:

Parameter	Quality IUCD services
Client Flow	• All women in reproductive age group coming to health facility are routed through the FP counsellor or provided pre procedure counselling by the provider.
Initial Client Assessment and Counselling	• The provider uses recommended counselling methods • For Interval and PPIUCD, provider/counsellor provides information on benefits of healthy timing and spacing between births and explores woman's knowledge of family planning methods
	• For PAIUCD, provider/counsellor provides information on importance of healthy spacing between abortion and next pregnancy • Provider rules out pregnancy and provides method specific counselling about IUCD/ PPIUCD/ PAIUCD • The provider does a client screening and determines woman's eligibility as per India adopted MEC wheel 2015
Pre Insertion Preparations	• Provider ensures client has provided informed verbal consent for IUCD
Service Provision	• The provider completes all pre-insertion tasks for Interval IUCD/ PPIUCD/ PAIUCD insertion (in Interval/ PAIUCD insertion, IUCD loading using 'NO touch Technique', if using IUCD 380 A must be ensured)
	• The provider uses the correct technique for Interval/ PPIUCD/ PAIUCD insertion including infection prevention protocols • The provider provides post insertion instructions to the client and explains the warning signs • The provider completes documentation in case records and IUCD insertion register • Provider informs the client regarding routine follow up visit at 6 weeks or first menstrual cycle whichever is earlier.

Parameter	Quality IUCD services
Client Follow up	• Provider asks the client about her satisfaction with the method • The provider conducts a pelvic examination to examine the visibility of the strings and to cut them if the woman finds them uncomfortable • Asks and checks for any complications (Puerperal sepsis, Perforation of the uterine wall, Partial expulsion, Persistent uterine cramping, Increased vaginal bleeding etc.) and provide management as per guidelines. • The provider may remove the IUCD if the client is not satisfied or has any of the above problems and offer an alternate contraceptive method • Provider documents the follow up findings in IUCD follow up register as per GoI guidelines

SECTION III:
CAPACITY BUILDING OF SERVICE PROVIDERS ON IUCD

Chapter 12 Training and Skill Development of Service Providers on IUCD insertion

12.1 Introduction

Competency of providers in knowledge and skills is essential for providing quality family planning services, therefore, there is a need to strengthen the capacity of service providers at all levels. This training course is designed for service providers- Doctors (MBBS and above/ AYUSH), Nursing Personnel (Staff Nurses, LHV and ANMs) at all levels. Training emphasizes on doing, not just knowing and uses competency-based evaluation of performance.

This course is based on the Competency-Based Training (CBT) approach:

- It is based on adult learning principles. This means that the training is interactive, relevant and practical in which the trainer facilitates the learning experience rather than serving in the more traditional role of an instructor or lecturer.
- It involves use of behaviour modelling to facilitate learning in a standardized way of performing a skill or activity.
- Evaluation is based on how well the participant performs the procedure or activity, not just on how much has been learned.
- It relies on the use of anatomic simulation models and other training aids (i.e., it is humanistic) to enable participants to practice repeatedly the standardized way of performing the skill or activity before working with clients. Thus, by the time the trainer evaluates each participant's performance using the skills checklist, every participant should be able to perform every skill or activity competently. This is the ultimate measure of training.

12.2 Overall Course Goals

- To influence the attitudes of the participant in a positive way towards the benefits and appropriate use of Interval IUCD, PPIUCD and PAIUCD services
- To provide the participant with knowledge and skills necessary to provide Interval IUCD, PPIUCD and PAIUCD services

12.3 Learning Objectives

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

- Acquire knowledge regarding IUCD
- Demonstrate appropriate counselling and assessment of women for family planning in general and IUCD in particular
- Demonstrate appropriate counselling and assessment of women for postpartum family planning in general and immediate postpartum IUCD in particular
- Demonstrate appropriate counselling and assessment of women for post abortion family planning in general and post abortion IUCD in particular
- Perform insertion of Interval IUCD, PPIUCD (post-placental, postpartum and intra-cesarean insertion) and PAIUCD
- Demonstrate appropriate infection prevention practices related to IUCD service provision

- Describe the follow-up care of IUCD, PPIUCD and PAIUCD client, as well as proper management of side effects/ complications

12.4 Course Description and Duration

Government of India initiated the trainings of service providers on IUCD using Alternative Training Methodology in 2007. Most of them are providing quality services in health facilities across the country since then. For the different categories of the staff three sets of training curriculum have been designed:

Training Curriculum	Topics covered	Basic Qualification of Trainee	Trainee Other requisites for trainee
Comprehensive 5-day IUCD training course	Interval IUCD, PPIUCD and PAIUCD	• Doctors (MBBS and above) • AYUSH practitioners • Nursing Personnel (SN/LHV/ANM)	Service providers in the public health system and have not received a formal training in IUCD
Comprehensive 3 day Post Pregnancy IUCD training course	PPIUCD and PAIUCD	• Doctors (MBBS and above) • SBA trained AYUSH practitioners • Nursing Personnel (SN/LHV/ANM)	Service providers in the public health system and have received a formal training in Interval IUCD in the past but are not trained in PPIUCD or PAIUCD
One day Orientation on PAIUCD	PAIUCD	• Doctors (MBBS and above) Nursing Personnel (SN/ LHV/ANM)	Service providers in the public health system and have received a training in Interval IUCD, PPIUCD in the past but are not trained in PAIUCD

**Providers empaneled under each one teach one strategy are considered trained in PPIUCD.*

The clinical training course is designed to prepare the participant for counselling women and their families on use of IUCD/ PPIUCD/ PAIUCD (as applicable) as a contraceptive choice and to become competent in inserting IUCD 380 A and IUCD 375 in interval/ postpartum/ post abortion period and removing IUCD wherever warranted. This course will also enable participants to manage side effects and other potential problems associated with the use of IUCDs.

12.5 General Aspects of Training

12.5.1 Training Site Selection

The training center should have:

- A training room with adequate seating capacity (as per batch norms) and space for arranging at least 2 skill stations having humanistic uterine anatomical models, instruments and other requirements for model practice
- Availability of essential furniture like chairs, tables, light source, fans/AC, audio-visual facility and alternate source of power

- Space for providing refreshments and basic amenities such as toilets
- Availability of at least two trainers per site

Note: If training site is not a health facility, it should be adjoining a health facility (to be used as clinical training site) which has established Interval IUCD, PPIUCD and PAIUCD services, so that clients for Interval/ PPIUCD/ PAIUCD are available during training.

Facility for accommodation/ stay for participants and the trainers need to be arranged as per state norms.

Identification and designation of these training centers at State and District level will be the responsibility of Director Family Welfare/SQAC/SISC and CMO/ DQAC/DISC, whichever is applicable

12.5.2 Criteria for Designation of 'Trainers'

- Medical officer (MBBS) and above, Nursing personnel, who are trained and competent in providing IUCD and PPIUCD services. For conducting the PAIUCD clinical component of the 5-day and 3-day course, the trainer should be a trained registered medical practitioner (MBBS and above) as per MTP rules, 2003. This may be achieved if one of the trainers from team of trainers is an MBBS Medical Officer and above while the others can be Nursing Personnel. For one day PAFP Orientation course, the trainers should be a trained registered medical practitioners (MBBS and above) as per MTP rules, 2003.
- Good communication skills, well-versed with training skills and technique of adult learning principles and have competency/proficiency in the skills of counselling.
- Can spare time and is willing to conduct training, follow-up monitoring visits for on-site support/hand-holding, if required.
- Can be designated as a trainer by Director Family Welfare/SQAC/SISC at State level and by CMO/DQAC/DISC at District level.

12.5.3 Criteria for Selection of 'Trainees'

The intended trainees for this course are enumerated above. While selecting trainees, priority should be given to service providers committed to provide the services after completion of the training. (Also refer section on 'Eligibility criteria of service providers')

It is reiterated that only doctors (MBBS and above) are allowed to insert PAIUCD after a second trimester abortion.

12.5.4 Instruments and Supplies for Training Sites

The instruments and supplies required at each skill station are enumerated below:

- **Model:**
  1. Humanistic uterine anatomical simulation models including attachments for postpartum uterus and abortion
  2. Handheld uterine model
  3. Towel to cover the model

- **Training Aid:**
  1. Reference Manual for IUCD services
  2. Samples of all contraceptive methods
  3. Formats with role plays and exercises (Annexure 18-24)
  4. Pre/ Post- test formats, training evaluation formats (Annexure 25- 27)
  5. Other: Flip chart, flip stands, coloured marker pens, Laptop, projection, power backups etc

- **Instruments and Supplies**
  1. IUCDs (both IUCD 380A and IUCD 375)
  2. Instrument Kits- Interval IUCD, PPIUCD and PAIUCD (Annexure 7)
  3. Items to demonstrate Infection Prevention
  4. IUCD registers, IUCD card

12.5.5 Batch Size

Maximum up to 10-12 trainees per training batch according to the client load in the training center to offer an opportunity to all the participants to perform IUCD insertions on clients

However for one day orientation on PAFP (for providers already trained in IUCD & PPIUCD services), up to 25-30 participants can be accepted.

12.5.6 Training Methodology

All training activities in this course are conducted in an interactive, participatory manner using the training package (given below) appropriately as suggested in the course outline. To accomplish this, the trainer may have to adopt different roles like an instructor when presenting a classroom demonstration; a facilitator when conducting small group discussions or role plays; a coach while helping participants and an evaluator while assessing performance. Suggestive session plan for the trainings is placed at Annexure 29.

12.5.7 Important Tips for the Trainers

- During guided clinical practice, participants would be divided into groups and each group will practice counselling skills/insertion skills in LR/OPD/ ANC ward/PNC ward/ OT/ abortion procedure room. The groups will then move to the next area

- Whenever there is a client available for IUCD insertion, one facilitator should take two participants (taking turns) for supervised client practice. While two participants go for client practice, the remaining participants should continue model practice in the Training room. All participants should be able to get an opportunity for client practice.

- There should preferably be 2 skill stations for practice on models (number of skill stations may be increased for one day PAIUCD orientation).

- At least one trainer should be CAC trained/ MTP service provider for PAIUCD Skill demonstration/supervision practice.

12.5.8 Outcome of the training

This clinical training course is designed to develop qualified service providers capable of providing IUCD services women (Interval, Postpartum, Post abortion).

12.5.9 Assessment of Training

1. **Participants' Knowledge and Skills**
   - Pre and Post course Knowledge Assessment
   - Skill checklists for Interval and postpartum IUCD services, which include counselling, screening, insertion and infection prevention measures

2. **Course Evaluation**
   - Course evaluation (to be completed by each participant)

12.5.10 Evaluation methods

- **Post course Knowledge Assessment:** This knowledge assessment will be given to all the participants when all subject areas have been presented. A score of 80% or more indicates mastery of the theoretical material presented in the reference manual. For those scoring less than 80% on their first attempt, clinical trainer should review the results with the participant individually and provide guidance on using the reference manual to learn the required information.

- **Provision of Services (Practice):** During the course, it is the responsibility of the clinical trainer to observe each participant's overall performance in providing IUCD services. This may provide an opportunity to observe the impact of participant's attitude on the clients which is a critical component of high-quality IUCD service delivery. By doing this, clinical trainer can also assess the way the participant uses what s/he has learned.

- **Counselling and Clinical Skills using checklists:** The clinical trainer will use the checklists to evaluate each participant as s/he counsels the client and inserts/removes IUCD or removes IUCDs with clients. Evaluation of the counselling and clinical skills of each participant may be done with clients; however, it may be accomplished at any time during the course through observation of participants during the provision of clinical services. The development of counselling and clinical skills will be tracked during the course.

Number of Cases to be performed by the trainee-

- Perform insertions of each Interval IUCD, PPIUCD and PAIUCD on Humanistic Uterine Anatomical Simulation Model till they acquire skill competency
- Observe at least 2 cases each of Interval IUCD, PPIUCD and PAIUCD insertion on clients
- Perform at least 1 Interval IUCD insertion, 1 PPIUCD insertion on client under supervision and 1 PAIUCD insertion on client (if available) under supervision

- **Post training follow-up at worksite:** It is recommended that, within one to two months of qualification, the participants need to be observed and assessed

working in their facility by a course trainer or skilled provider using the same counselling and clinical skills checklists (also refer to Annexure 28). This post-course assessment is important for several reasons:

- First, it not only gives the newly trained providers direct feedback on her/his performance, but also provides the opportunity to discuss any startup problems or constraints to service delivery (e.g., lack of instruments, supplies or support staff).

- Second, and equally important, it provides the training center, via the clinical trainer, key information on the adequacy of the training and its appropriateness to local conditions. Without this type of feedback, training can easily become routine, stagnant and irrelevant to service delivery needs.

12.5.11 Course Outline and Agenda

12.5.11.1 Training of Trainers for IUCD services - Duration 3 days

Time Tentative	Duration	Session Title
Day 1		
9.30-9.50	20 minutes	Opening: • Welcome & Introduction, Participants' expectations, Group Norms • Goals and objectives, Overview of the course
9.50- 10.10	20 minutes	Pre course Knowledge Assessment
10.10-10.55	45 minutes	Overview of family planning methods including new contraceptives
10.55-11.40	45 minutes	Technical update on IUCD and PPIUCD
11.40- 12.25	45 minutes	• IUCD Insertion Video • Demonstration of IUCD insertion technique on simulation models • PPIUCD Insertion Video • Demonstration of PPIUCD insertion technique on simulation models
12.25- 12.55	30 minutes	Medical eligibility criteria using MEC wheel GOI 2015 and Client Assessment
12.55- 13.10	15 minutes	Follow-up care of clients
13.10- 13.55	**45 minutes**	**Lunch Break**
13.55- 15.25	90 minutes	Supervised skill practice by participants for IUCD/ PPIUCD insertion
15.25- 15.55	30 minutes	Management of side effects & potential problems related to IUCD
15.55-16.40	45 minutes	Infection prevention
16.40- 17.40	60 minutes	Supervised skill practice by participants for IUCD/ PPIUCD insertion
17.40- 17.50	10 minutes	Review of the day
Day 2		
9.30- 9.40	10 minutes	Warm up and recap of Day 1
9.40- 10.10	30 minutes	Post abortion family planning including technical update on post abortion IUCD
10.10- 10.55	45 Minutes	Counselling clients on family planning methods (with focus on key messages of IUCD counselling)
10.55- 11.25	30 Minutes	Exercise on family planning methods
11.25- 12.25	60 minutes	• Video on PAIUCD insertion • Demonstration of 1st trimester PAIUCD insertion technique • Supervised skill practice by participants for 1st trimester PAIUCD insertion

Time Tentative	Duration	Session Title
12.25- 13.10	45 minutes	• Demonstration of 2nd trimester PAIUCD insertion technique • Supervised skill practice by participants for 2nd trimester PAIUCD insertion
13.10- 13.55	**45 minutes**	**Lunch Break**
13.55- 14.55	60 minutes	Practice of Counselling and IUCD/ PPIUCD/ PAIUCD insertion and removal skills on model/ clients
14.55- 15.40	45 minutes	Programme Determinants and Quality Assurance in IUCD services
15.40- 16.25	45 minutes	Creating Positive Training Environment, Adult learning principles and Dealing with Challenging participants
16.25- 16.55	30 minutes	Norms for practice session and training of service providers
16.55- 17.15	20 minutes	Post-course knowledge assessment
17.15- 17.30	15 minutes	Session Allotment
Day 3		
9.30- 9.40	10 Minutes	Warm up and recap of Day 3
9.40- 10.00	20 minutes	Feedback on Post Course assessment and clarification of doubts
10.00- 10.45	45 minutes	Record keeping and reporting for IUCD/ PPIUCD/ PAIUCD:
10.45- 13.45	180 minutes	Practice Presentations by participants and feedback on allotted sessions
13.45- 14.30	**45 minutes**	**Lunch Break**
14.30- 16.00	90 minutes	Assessment of individual participants on Counselling and Interval IUCD/ PPIUCD/ PAIUCD insertion skills on simulation models/ clients
16.00- 16.15	15 minutes	Open forum for queries and discussions
16.15-16.30	15 minutes	Training Evaluation and participant's feedback
16.30- 16.45	15 minutes	Closing remarks

12.5.11.2 Training on Interval, Postpartum and Post abortion IUCD - Duration 5 days

Time Tentative	Duration	Session Title
Day 1		
9.30-9.50	20 minutes	Opening: • Welcome & Introduction, Participants expectations, Group Norms • Goals and objectives, Course Outline
9.50- 10.10	20 minutes	Pre course Knowledge Assessment
10.10-11.10	60 minutes	Overview of family planning methods including new contraceptives
11.10- 11.55	45 minutes	Technical Update on IUCD
11.55-12.25	90 minutes	Counselling clients on family planning methods (with focus on key messages of IUCD counselling)
12.25-13.10	**45 minutes**	**Lunch Break**
13.10-14.40	90 minutes	• Interval IUCD insertion video • Demonstration: o IUCD 380 A Loading using 'No touch technique', o Insertion technique of Interval IUCD and removal of IUCD
14.40- 16.40	120 minutes	Supervised practice by participants on counselling, IUCD loading and insertion
16.40- 16.50	10 minutes	Assessment and review of the day
Day 2		
9.30- 9.40	10 minutes	Warm up and recap of Day 1
9.40- 10.40	60 minutes	Medical eligibility criteria using MEC wheel GOI 2015 and Client Assessment for IUCD
10.40- 10.55	15 minutes	Timing of initiation of PPFP methods

Time Tentative	Duration	Session Title
10.55- 11.40	45 minutes	Technical update on PPIUCD
11.40- 1.40	120 minutes	• Video of PPIUCD insertion technique • Demonstration of PPIUCD insertion technique on simulation models/ clients • Supervised skill practice by participants for PPIUCD/ IUCD
13.40-14.25	**45 minutes**	**Lunch Break**
14.25- 15.25	60 minutes	Infection prevention
15.25- 15.55	30 minutes	Follow up care of clients for IUCD, PPIUCD
15.55- 17.25	90 minutes	Supervised clinical skill practice by participants for PPIUCD/ IUCD insertion on simulation models/ clients
17.25- 17.35	10 minutes	Assessment and review of the day
Day 3		
9.30-9.40	10 minutes	Warm up and recap of Day 2
9.40- 10.25	45 minutes	Management of side effects & potential problems related to IUCD
10.25- 11.25	60 minutes	Post abortion family planning including technical update on PAIUCD
11.25- 12.55	90 minutes	• Video on PAIUCD insertion • Demonstration of 1st trimester PAIUCD insertion technique on simulation models/ clients • Demonstration of 2nd trimester PAIUCD insertion technique on simulation models/ clients
12.55- 13.40	**45 minutes**	**Lunch Break**
13.40- 15.40	120 minutes	Supervised clinical skill practice by participants for IUCD/ PPIUCD/PAIUCD insertion and removal
15.40- 17.40	120 minutes	Practice of Counselling and Interval IUCD/ PPIUCD/ PAIUCD insertion and removal skills on simulation model/ clients
17.40- 17.50	10 minutes	Assessment and review of the day
Day 4		
9.30-9.40	10 minutes	Warm up and recap of Day 3
9.40- 11.40	120 minutes	Supervised clinical practice/ assessment of individual participants on Counselling and Interval IUCD/ PPIUCD/ PAIUCD insertion skills on simulation models/ clients
11.40- 12.25	45 minutes	Counselling clients on family planning in post abortion period
12.25- 13.10	**45 minutes**	**Lunch Break**
13.10- 14.40	90 minutes	Supervised clinical practice/ assessment of individual participants on Counselling and Interval IUCD/ PPIUCD/ PAIUCD insertion skills on simulation models/ clients
14.40- 15.00	20 minutes	Post-course knowledge assessment
15.00-15.45	45 minutes	Programme Determinants and Quality Assurance in IUCD services
15.45- 15.55	10 minutes	Assessment and review of the day
Day 5		
9.30-9.40	10 minutes	Warm up and recap of Day 4
9.40-10.00	20 minutes	Feedback on Post Course assessment and clarification of doubts
10.00-11.30	90 minutes	Record keeping and reporting for interval IUCD/ PPIUCD/ PAIUCD
11.30- 13.30	120 minutes	Assessment of individual participants on counselling and Interval IUCD/ PPIUCD/ PAIUCD insertion skills on simulation models/ clients
13.30-14.15	**45 minutes**	**Lunch Break**
14.15- 15.15	60 minutes	Assessment of individual participants on counselling and Interval IUCD/ PPIUCD/ PAIUCD insertion skills on simulation models/ clients
15.15- 15.45	30 minutes	Training Evaluation and participant's feedback
15.45- 16.00	15 minutes	Closing remarks

12.5.11.3 Training on Post Pregnancy IUCD (Postpartum and Post abortion) - Duration 3 days

Time Tentative	Duration	Session Title
Day 1		
9.30-9.50	20 minutes	Opening: • Welcome & Introduction, Participants expectations, Group Norms • Goals and objectives, Course Outline
9.50- 10.10	20 minutes	Pre course Knowledge Assessment
10.10-11.10	60 minutes	Overview of family planning methods including new contraceptives
11.10-12.10	60 minutes	Technical update on PPIUCD
12.10- 12.55	45 minutes	• PPIUCD Insertion Video • Demonstration of PPIUCD insertion technique on simulation models
12.55- 13.40	**45 minutes**	**Lunch Break**
13.40- 14.10	30 minutes	Medical eligibility criteria using MEC wheel GOI 2015 and Client Assessment
14.10-15.40	90 minutes	Supervised clinical skill practice by participants for PPIUCD insertion on simulation models/clients
15.40-16.40	60 minutes	Infection prevention
16.40- 17.10	30 minutes	• Follow-up care of clients for PPIUCD • Management of side effects & potential problems related to IUCD
17.10- 17.20	10 minutes	Review of the day
Day 2		
9.30- 9.40	10 minutes	Warm up and recap of Day 1
9.40- 10.40	60 minutes	Post abortion family planning including technical update on PAIUCD
10.40- 11.25	45 Minutes	Counselling clients on family planning methods in Postpartum and Post Abortion period
11.25- 12.05	30 Minutes	Exercise on family planning methods
12.05- 13.35	90 minutes	• Video on PAIUCD insertion • Demonstration of 1st trimester PAIUCD insertion technique on simulation models/ clients by trainer • Supervised clinical skill practice by participants for 1st trimester PAIUCD insertion on simulation models/ clients
13.35- 14.20	**45 minutes**	**Lunch Break**
14.20- 15.20	60 minutes	• Demonstration of 2nd trimester PAIUCD insertion technique on simulation models/ clients by trainer • Supervised clinical skill practice by participants for 2nd trimester PAIUCD insertion on simulation models/ clients
15.20- 16.50	90 minutes	Practice of Counselling and PPIUCD/ PAIUCD insertion and removal skills on model/ clients
16.50-17.10	20 minutes	Post-course knowledge assessment
17.10- 17.20	10 minutes	Review of the day
Day 3		
9.30- 9.40	10 Minutes	Warm up and recap of Day 3
9.40- 10.00	20 minutes	Feedback on Post Course assessment and clarification of doubts
10.00- 10.45	45 minutes	Programme Determinants and Quality Assurance in IUCD services
10.45- 11.45	60 minutes	Record keeping and reporting for interval IUCD/ PPIUCD/ PAIUCD
11.45- 13.45	120 minutes	Assessment of individual participants on Counselling and Interval IUCD/ PPIUCD/ PAIUCD insertion skills on simulation models/ clients
13.45- 14.30	**45 minutes**	**Lunch Break**

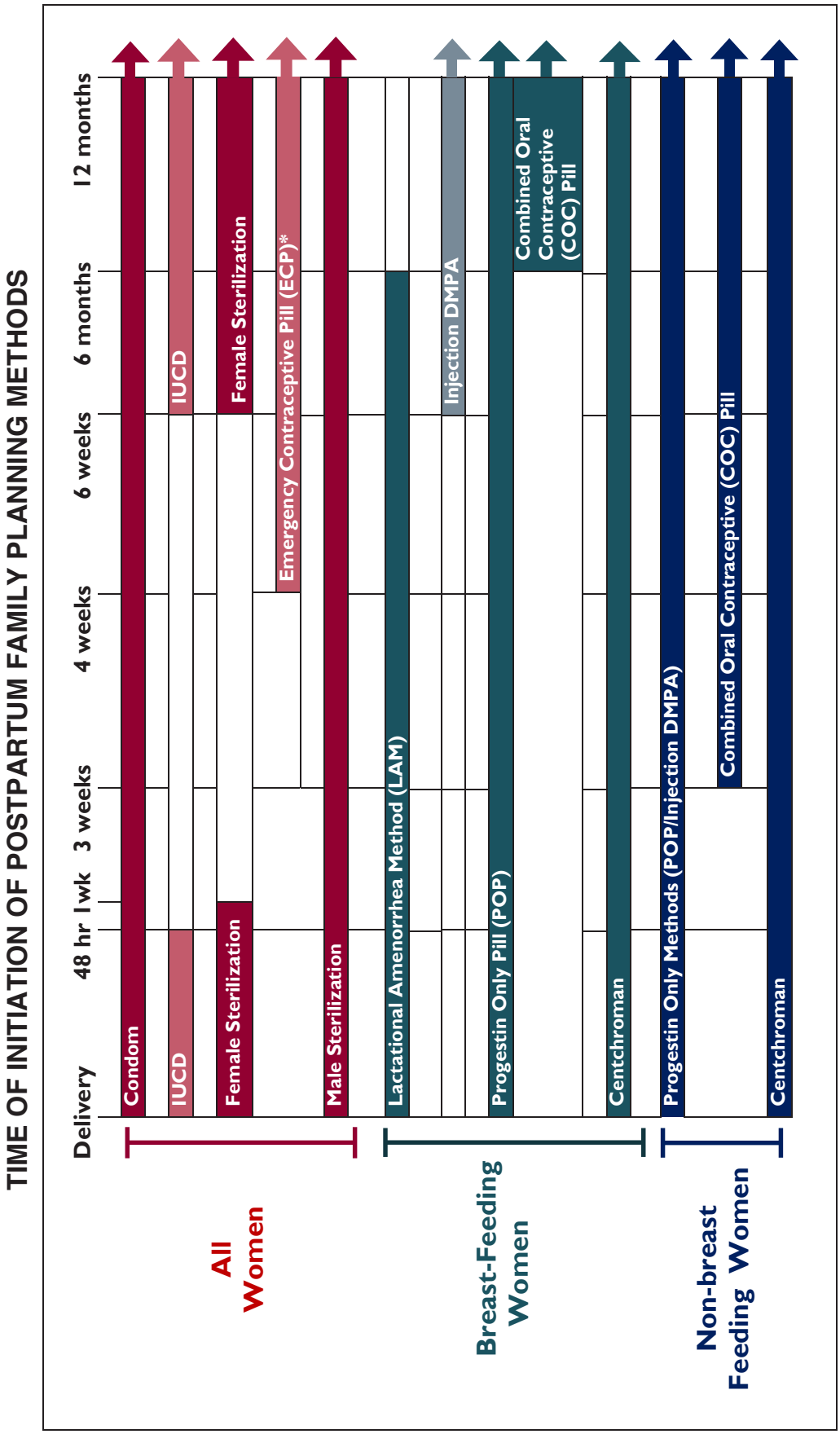
Time Tentative	Duration	Session Title
14.30- 15.15	45 minutes	Assessment of individual participants on Counselling and Interval IUCD/ PPIUCD/ PAIUCD insertion skills on simulation models/ clients
15.15- 15.45	30 minutes	Training Evaluation and participant's feedback
15.45- 16.00	15 minutes	Closing remarks

12.5.11.4 One day Orientation on PAFP including PAIUCD

Timings	Duration	Sessions
9.00-9.20	20 minutes	Opening: • Welcome & Introduction, Participants expectations, Group Norms • Goals and objectives, Course Outline
9.20- 9.40	20 minutes	Pre course Knowledge Assessment
9.40- 10.40	60 minutes	Overview of family planning methods including new contraceptives
10.40- 11.20	40 minutes	Post abortion family planning including technical update on PAIUCD
11.20-12.05	45 Minutes	Counselling clients on family planning methods in Post Abortion period
12.05- 12.30	25 Minutes	Exercise on family planning methods
12.30- 13.00	30 minutes	• Medical eligibility criteria using MEC wheel GOI 2015 and Client Assessment • Follow up care of clients and Management of Complications
13.00-13.45	**45 minutes**	**Lunch Break**
13.45- 15.15	90 minutes	• Video on PAIUCD insertion • Demonstration of 1st trimester PAIUCD insertion technique on simulation models/ clients by trainer • Supervised clinical skill practice by participants for 1st trimester PAIUCD insertion on simulation models/ clients
15.15- 16.15	60 minutes	• Demonstration of 2nd trimester PAIUCD insertion technique on simulation models/ clients by trainer • Supervised clinical skill practice by participants for 2nd trimester PAIUCD insertion on simulation models/ clients
16.15-16.35	20 minutes	Post-course knowledge assessment
16.35- 17.15	40 minutes	• Programme Determinants and Quality Assurance in IUCD services • Record keeping and reporting
17.15- 17.30	15 minutes	Feedback on Post Course assessment and clarification of doubts
17.30-17.40	10 minutes	Training Evaluation and participant's feedback
17.40-17.50	10 minutes	Closing Remarks

SECTION IV:
ANNEXURES

Annexure 1 Timing of initiation of Family Planning Methods in Postpartum Period



* This pill is to be used only in an emergency. For regular contraceptive use, take advice from ANM/Doctor at government health centre.

Annexure 2 Clarifying the Misconceptions Regarding IUCD

1. **Misconception:** The IUCD might travel through the woman's body, maybe to her heart or brain.

   Fact: IUCD usually stays in the uterus until it is removed. If it does expel by itself, it comes out through the vagina. In the rare event that the IUCD perforates the uterus, it will remain in the abdomen.

2. **Misconception:** IUCDs prevent pregnancy by causing abortion.

   Fact: IUCDs works by preventing sperm from fertilizing a woman's egg, rather than by destroying a fertilized egg. Once pregnancy takes place, it doesn't disrupt pregnancy

3. **Misconception:** The IUCD causes discomfort during intercourse for both the woman and her husband

   Fact: Since the IUCD is located in the uterus, (not the vaginal canal) neither the woman nor her partner feels it during intercourse. However, in rare case of this event, strings can be cut at appropriate length.

4. **Misconception:** The IUCD may rust inside the woman's body.

   Fact: IUCD does not rust inside her body, even after many years.

5. **Misconception:** IUCD increases the risk of pregnancy outside uterus (ectopic pregnancy)

   Fact: The IUCD reduces the risk of ectopic pregnancy by preventing pregnancy. Because IUCDs are so effective at preventing pregnancy, they also offer excellent protection against ectopic pregnancy. Women who use IUCDs are 91% less likely than women using no contraception to have an ectopic pregnancy (Sivin 1991)

6. **Misconception:** IUCD increases the risk of infection or causes PID.

   Fact: Infection or PID among IUCD users is rare (ARHP2004; Grimes 2000). Women who have a history of PID can generally use the IUCD (the advantages generally outweigh the risks), provided their current risk for STIs is low.

7. **Misconception:** IUCD causes infertility

   Fact: Infertility caused by tubal damage is associated with Chlamydia and not with IUCD use (current infection or past infection (as indicated by the presence of antibodies)) (Hubacher et al. 2001). Moreover, there is an immediate return to fertility after an IUCD has been removed (Belhadj et al. 1986).

8. **Misconception:** IUCD is unsuitable for use in women who do not have children (nulliparous women).

   Fact: Nulliparous women can generally use the IUCD (the advantages generally outweigh the risks).

9. **Misconception:** IUCD cannot be safely used by HIV positive women who are clinically well

Fact: HIV positive women who are clinically well can generally use the IUCD (the advantages generally outweigh the risks). In a study of HIV-infected and HIV-negative IUCD users with a low risk of STI, no differences were found in overall or infection-related complications between the two groups (Sinei et al. 1998).

10. **Misconception:** The IUCD interferes with ARV therapy

    Fact: Women who are on ARV therapy and are clinically well can generally use the IUCD (advantages generally outweigh the risks). Because it is a non-hormonal family planning method, the IUCD is not affected by liver enzymes and will not interfere with or be affected by ARV therapy (ARHP 2004; Hatcher et al.2004).

11. **Misconception:** The IUCD may cause cancer

    Fact: The IUCD cannot cause cancer. Studies have found IUCD use reduces the risk of endometrial and cervical cancer.

12. **Misconception:** The IUCD may cause birth defects in next baby

    Fact: IUCD use does not increase the risk of birth defects, whether the pregnancy occurs with the IUCD in place, or after its removal. In the rare event that a client becomes pregnant with an IUCD in situ, there is no increased risk of fetal malformations.

Annexure 3 Frequently Asked Questions

Q1. Do the serrations of IUCD 375 get embedded into the wall of uterus?

A No, there is no evidence on embedding of serrations of IUCD 375 into the uterine wall.

Q2. Can an IUCD be inserted after unprotected sexual intercourse? Does a woman need Emergency Contraceptive (EC) pills?

A Yes, IUCD can safely be inserted within 5 days of an unprotected sexual intercourse for it to act as an emergency contraceptive. Further the same IUCD can continue as a regular contraceptive.

Q3. What does 'A' stand for in IUCD 380A?

A 'A' stands for arms because it is the only IUCD which has copper in its arms (horizontal limbs) along with the vertical stem.

Q4. Does IUCD cause infection?

A No, IUCD does not cause infection if aseptic measures are followed during insertion.

Q5. Can IUCD be given to an eligible woman at any time during menstrual cycle?

A Yes, IUCD can be given to an eligible woman at any time during her menstrual cycle if it is reasonably certain that she is not pregnant. Provider should use the pregnancy checklist to rule out pregnancy.

Q6. What are the recommendations for using Urine Pregnancy Test to rule out pregnancy?

A The provider should use the pregnancy checklist to be reasonably certain that the woman is not pregnant before IUCD insertion. However, if pregnancy cannot be ruled out through pregnancy checklist, Urine Pregnancy Test can be used to rule out pregnancy in certain situations. For example, if the woman has not had monthly bleeding (amenorrhea) due to certain reasons like:

- She has given birth more than 6 months ago and is still breast feeding
- She continues to have no monthly bleeding after recently stopping a hormonal injectable contraceptive
- She has a chronic health condition that inhibits monthly bleeding

Q7. Why is it recommended to insert IUCD just after childbirth and abortion?

A Return of fertility can be as early as 4 to 6 weeks postpartum and 11 days after abortion even before the return of menses. Additionally, there is a high unmet need of family planning in postpartum women and women seeking abortion services.

PPIUCD/PAIUCD insertion takes only a few minutes and eliminates the need for a separate subsequent visit for adoption of contraceptive method. Insertion at this time is convenient for both the beneficiary and service providers.

Q8. Why is PPIUCD insertion recommended only up to 48 hours postpartum?

A WHO recommends IUCD insertion only up to 48 hours of delivery as the chances of uterine perforation, expulsion and infection increase beyond this period. After 48 hours, IUCD insertion should be delayed till 6 weeks postpartum.

Q9. Who can insert intra-caesarean PPIUCD?

A Intra-caesarean IUCD can be inserted by the doctor who is conducting the caesarean section or the IUCD trained staff nurses who are assisting them.

Q10. Can IUCD be inserted within 48 hours of a caesarean section, if intra-caesarean IUCD was not inserted?

A No, IUCD insertion cannot be delayed for woman undergoing cesarean section. The procedure has to be done along with the cesarean procedure as maneuvering with instruments and straightening of uterus later may cause damage to the stiches leading to infection and pain. Moreover, the size of the cervical os is not large enough for the PPIUCD forceps to enter.

Q11. Can we use MEC wheel for clients aged less than 17 years?

A Yes, there is a column on age with a sub head which states menarche to less than 18 years.

Q12. Can IUCD be inserted in patient with history of pelvic inflammatory disease?

A Yes, IUCD can be inserted in a woman with history of pelvic inflammatory disease (assuming there are no known current risks for STIs).

Q13. Is IUCD a good method for (i) multipara females and (ii) those who have had cesarean section in past?

A Yes, IUCD is a safe and effective method for all women; irrespective of their being nulliparous or multiparous. It is also safe for women who have had a cesarean section in the past.

Q14. What is the minimum Hb Level that a client should have for being eligible IUCD insertion?

A Minimum Hb level of the client for IUCD insertion is 7gm/dl.

Q15. Can IUCD be inserted in Nulliparous women? If yes, who are eligible to do so?

A Yes, Nulliparous women can generally use the IUCD (the advantages generally outweigh the risks). However, IUCD insertion in nulliparous women should be done by doctors (MBBS and above).

Q16. Can we insert IUCD in a case of Spontaneous Abortion?

A Yes, IUCD can be inserted immediately following a first and second trimester spontaneous abortion provided there is no evidence of infection and abortion is complete.

Q17. Can PAIUCD be inserted following an incomplete abortion?

A No, IUCD can only be inserted only if abortion is complete and there is no evidence of infection.

Q18. Does IUCD cause Ectopic pregnancies?

A No, IUCD does not cause ectopic pregnancies. The IUCD reduces the risk of ectopic pregnancy by preventing pregnancy. Women who use IUCDs are 91% less likely than women using no contraception to have an ectopic pregnancy (Sivin 1991)

Q19. Can IUCD be inserted in a client receiving treatment for STI/RTI?

A No, IUCD should not be inserted in a client with a current STI/ RTI.

Q20. If the client does not have menses even after 6 months post-partum, can we insert IUCD?

A Yes, IUCD can be inserted provided it is reasonably certain that the client is not pregnant (excluded as per the pregnancy screening checklist).

Q21. How can a provider diagnose Pelvic TB in a woman at the time of IUCD insertion, if not diagnosed earlier?

A We cannot diagnose Pelvic TB at the time of insertion. However, if there is suspicion, IUCD insertion should be delayed and the woman should be referred to a gynecologist for evaluation.

Q22. What are the signs and symptoms of puerperal sepsis in which PPIUCD should not be inserted?

A The signs and symptoms of puerperal sepsis include fever of 100° F or more with chills, general malaise, lower abdominal pain, tender uterus, purulent and foul smelling lochia, sub involution of uterus and sometimes shock.

Q23. If woman experiences irregular bleeding after 10 days of abortion, should IUCD be inserted?

A Yes, IUCD may be inserted after the provider ascertains the cause of bleeding and manages accordingly before inserting IUCD. He/she should ensure that the abortion process is complete, there is no infection and the woman is eligible for IUCD.

Q24. Postpartum uterus contracts fast in some women, so what special precautions need to be taken for insertion in such cases?

A Provider needs to confirm the uterine height by abdominal palpation before starting the insertion and accordingly, the PPIUCD insertion forceps should be inserted.

Q25. How should a PAIUCD be inserted in case of second trimester abortion, done with or without medical methods, either alone or in combination with surgical evacuation?

A After completion of any type of abortion, (either medical or surgical) the uterine size should be assessed by performing a bimanual per vaginal examination. If the size is less than 12 weeks the insertion technique is similar to Interval IUCD and if the size is more than 12 weeks, the technique will be similar to post-partum IUCD.

Q26. Why should PPIUCD forceps not be used for PAIUCD insertion?

A The size and diameter of the tip of PPIUCD forceps may be too big to pass through the cervical os after an abortion procedure as the cervical os remains narrow. Hence there may be difficulty in introducing IUCD in the uterine cavity thereby causing injury.

Q27. Why are ring forceps/ sponge holding forecps preferred for PAIUCD insertion?

A Ring forceps or the sponge holding forceps are preferred for PAIUCD insertion because they have a smaller diameter which makes it easier to insert IUCD in the uterine cavity.

Q28. Does one require pushing the uterus upward in the abdomen to reduce angle between uterus and vagina while inserting IUCD after second trimester abortion?

A Yes, pushing the uterus upward in the abdomen to reduce angle between uterus and vagina is required to straighten the cavity and facilitate fundal placement of IUCD as the size of uterus after abortion procedure will vary according to the gestational period.

Q29. How can the length of uterus be measured in case of non-concurrent PAIUCD

insertion after second trimester abortion (when uterine size is more than 12 weeks)?

A In case of non-concurrent PAIUCD insertion after second trimester abortion, the service provider (doctor) should conduct per abdominal/ per vaginal examination to ascertain the size of uterus clinically. Use of uterine sound is not recommended.

Q30. What technique of PAIUCD insertion should be followed after medical abortion procedure?

A The technique of PAIUCD insertion after medical abortion procedure is same as that for Interval IUCD insertion. This is because medical abortion is done up to 7 weeks of gestation. However, the provider should be very careful while introducing uterine sound, which should be introduced gently by holding it like a pen.

Q31. Why is IUCD insertion recommended around 15 days of Medical Method of Abortion?

A As per the schedule of Medical Method of Abortion, confirmation of completion of abortion is done on day 15 (or third scheduled visit). Once the completion of abortion is ensured, IUCD can be inserted only by a trained medical doctor after ruling out evidence of infection or genital injury.

Q32. How should the provider dispose off the used/unused IUCD?

A IUCD after removal should be disposed off in red coloured bin as it is an infected plastic. Unused IUCDs should be discarded as general waste.

Q33. Do we need to keep Cheatle Forceps in the IUCD insertion tray?

A No, Cheatle forceps are not required to be kept in IUCD tray.

Q34. How should the Cheatle forceps be kept in the Cheatle stand? Is it recommended to put any antiseptic or disinfectant in the Cheatle stand?

A Cheatle forceps should be placed in Cheatle stand in an upright position after both forceps and stand are sterilized (both should be sterilized/ HLD every 24 hours). Keeping it in any antiseptic or disinfectant is NOT recommended as the antiseptic would act as a medium for microbial growth after sometime. That is why it is recommended to keep Cheatle forceps in sterile dry stand.

Q35. What is to be done with the coloured waste bin polybags after disposing off the contents?

A The bags provided for the Bio Medical Waste Management are disposed off with the contents. These are for one time use only and are not to be emptied and retained in the waste bin for the next use.

Q36. What should be done in case a client wants to get PPIUCD removed before 6 weeks after delivery, for a reason other than medical indications?

A If woman wants PPIUCD removal before completing 6 weeks after delivery without any medical indication, counsel her that removal is risky as chances of perforation and infection are higher. Ask the client to come back for removal after 6 weeks, if she so desires.

Q37. What should be done in case of partially expelled IUCD?

A IUCD needs to be removed in case of partial expulsion and new IUCD should be inserted, if client is eligible and wants IUCD insertion. In cases where client is no longer willing for IUCD, she should be offered another contraceptive method.

Q38. What are the eligibility criteria for service providers to insert PAIUCD?

A PAIUCD can be inserted by a trained doctor (MBBS and above) or a nursing personnel following first trimester abortion. However, following a second trimester abortion/ after medical method of abortion, PAIUCD can be inserted only by a trained doctor (MBBS and above).

Q39. Why are only trained MBBS doctors allowed to insert PAIUCD after second trimester abortion while trained nurses are allowed to insert PAIUCD after first trimester abortion?

A After second trimester abortion, clinical judgement is required and ascertaining completion of abortion is necessary before inserting PAIUCD. Therefore, only trained MBBS doctors are allowed to insert PAIUCD after second trimester abortion.

Q40. Should an IUCD be removed after Menopause?

A IUCD should be removed after menopause has occured (within 12 months after her last menstrual bleeding).

Annexure 4 Checklist on Family Planning Counselling

Place a '✓' in case box if step/task is performed satisfactorily, an 'X' if it is not performed satisfactorily, or N/O if not observed.

- Satisfactory: Performs the step or task according to the standard procedure or guidelines
- Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines
- Not Observed: Step or task not performed by participant during evaluation by trainer

Participant_____DateObserved_____

CHECKLIST FOR FAMILY PLANNING COUNSELLING					
STEP/TASK	CASES				
Preparations					
1. Ensures proper seating arrangement, ventilation, privacy, IEC, records in counselling area.					
General Counselling					
2. Greets the woman, offers her place to sit and asks the purpose of her visit. Assures woman about confidentiality of the discussion					
3. Captures woman's demographic information and other relevant information.					
4. Establishes purpose of visit and discusses about her reproductive goals. Encourages the woman to ask questions/ share concerns and addresses the same.					
5. Includes client's husband or important family member if the woman wants.					
6. Uses proper verbal and non-verbal communication during the counseling session and uses IEC and tools of counseling appropriately.					
7. Explores her knowledge about return of fertility after delivery/ abortion and provides correct information. Discusses the health benefits of healthy timing and spacing between births/after abortion for the mother and baby					
8. Asks the woman if she has a method in mind or if she has used a contraceptive in the past. If yes, asks about woman's experience with the method and her partner's contribution towards the reproductive goal of the couple.					
9. Asks the relevant history, LMP, breast feeding status, age of youngest child, any history of medical problems					
10. Assesses the woman's risk for STIs and HIV, as appropriate and informs about dual protection of condoms					
11. Briefly provides general information about each contraceptive method that is appropriate for that woman. Clarifies any misinformation the woman may have about family planning methods					

12. Determines if she has preference for a specific method, based on the information provided. Helps the woman choose a method					
Method Specific Counselling					
13. Explains to the woman in detail about the family planning method she has chosen after ascertaining her eligibility; provides the method or refers where it is available. The information should include effectiveness, advantages, limitations, side effects					
14. Asks the woman to repeat the instructions about her chosen method of contraception					
15. Asks if the woman has any questions or concerns. Listens attentively, addresses her questions and concerns. Tells her about the warning signs and encourages the woman to return if necessary					
16. Records the relevant information and closes the session by thanking her.					
Follow-Up Counselling					
1. Greets the woman, confirms her information and reviews her record.					
2. Checks whether the woman is satisfied with her family planning method and is still using it. Asks if she has any questions, concerns, or problems with the method					
3. Explores changes in the woman's health status or lifestyle which indicate that she needs a different family planning method					
4. Reassures the woman about side effects (if any) and counsel or refers them for treatment if necessary					
5. Asks the woman if she has any questions. Listens to her attentively and responds to her questions or concerns					
6. Provides the woman with another contraceptive method if she wants to discontinue the chosen method (e.g. the pill, condoms etc.)					
7. Records the relevant information and closes the session by thanking her					

Annexure 5 Medical Eligibility Criteria for IUCD services

CONDITION	MEC CATEGORY
PERSONAL CHARACTERISTICS AND REPRODUCTIVE HISTORY	
Age	
a) Menarche to < 18 years	2
b) > 18 years	1
Parity	
a) Nulliparous	2
b) Parity 1 or more	1
Postpartum (Breastfeeding/ non breastfeeding)	
a) < 48 hours	1
b) ≥ 48 hours to < 6 weeks	3
c) ≥ 6 weeks	1
Post Abortion	
a) First Trimester (Surgical)	1
b) Second Trimester	2
c) Medical Method of Abortion	2
d) Immediate post-septic abortion	4
Past Ectopic Pregnancy	1
History of Pelvic Surgery, previous C-section	2
Smoking	1
Obesity	1
CARDIOVASCULAR DISEASES	
Multiple Risk Factors for Arterial Cardiovascular disease (such as older age, stroke, IHD, diabetes)	1
Hypertension	1
DVT/ Pulmonary Embolism (past or current)	1
Valvular Heart Disease	
a) Uncomplicated	1
b) Complicated (pulmonary hypertension, risk of atrial fibrillation, history of subacute bacterial endocarditis)	2
NEUROLOGIC CONDITIONS	
Migraine (with or without aura)	1
Epilepsy	1
Depressive Disorders	1
REPRODUCTIVE TRACT INFECTIONS AND DISORDERS	
Vaginal Bleeding Patterns	
a) Irregular pattern without heavy bleeding	1
b) Heavy or prolonged bleeding (includes regular and irregular patterns	2

c) Unexplained Vaginal Bleeding(suspicious for serious condition) before evaluation	4
Endometriosis	2
Benign Ovarian Tumours (Including Cysts)	1
Severe Dysmenorrhoea	2
Gestational Trophoblastic Disease	
a) Decreasing or undetectable B-HCG levels	3
b) Persistently elevated B-HCG levels or malignant disease	4
Genital Tract Cancer (Cervical or Endometrial Cancer)	4
Benign breast disease	1
Breast cancer (current/ past)	1
Endometrial Cancer	4
Uterine Fibroids	
a) Without distortion of the uterine cavity	1
b) With distortion of the uterine cavity	4
Pelvic Inflammatory Disease (PID)	
Past PID (assuming no current risk factors for STIs)	1
Current PID	4
STIs/ Other infections	
a) Current purulent cervicitis or chlamydial infection or gonorrhea	4
b) Non purulent discharge and individuals with high risk	2
c) Puerperal/ Post Abortal sepsis	4
HIV/AIDS	
HIV/ AIDS (if on ARV and clinically well)*	2
HIV/ AIDS (if not receiving ARV treatment and not clinically well)	3
TUBERCULOSIS	
a) Non- Pelvic (on Rifampicin/ Rifabutin)	1
b) Pelvic	4
ENDOCRINE CONDITIONS	
Diabetes Mellitus	1
GASTROINTESTINAL CONDITIONS	
Viral Hepatitis (Acute/ Carrier/ Chronic)	1
Cirrhosis (mild to severe)	1
Liver Tumours (Benign/ malignant)	1
ANAEMIAS	
Mild to moderate Iron deficiency Anaemia	1
Severe Iron-Deficiency Anaemia	2
Sickle Cell Disease	2
AUTOIMMUNE DISORDERS	
SLE	1

* Advise Barrier method like condoms as IUCD doesn't protect against transmission of STIs

Additional Eligibility Criteria for PPIUCD insertion

In addition to above conditions, following categories must be considered before inserting PPIUCD

CONDITION	MEC CATEGORY
Immediate post placental (within 10 mins), postpartum < 48 hours or intra-cesarean section	1
Chorioamnionitis	3
Prolonged rupture of membranes (ROM) >18 hours	3
Puerperal sepsis	4
Unresolved postpartum hemorrhage	4

Annexure 6 Explanation of Screening Questions

1. **Have you given birth within the last 4 weeks?**

   Answer: If a woman has given birth within last 4 weeks and she has no signs and symptoms of pregnancy, it means that she is not pregnant. There is an increased risk of perforating the uterus when IUCDs are inserted after 48 hours and up to 6 weeks postpartum. Women who answered "yes" to this question only should wait until 6 weeks after delivery to have an IUCD inserted.

2. **Do you have bleeding between menstrual periods that is unusual for you, or bleeding after intercourse?**

   Answer: If yes, underlying pathological condition, such as genital malignancy (cancer), or infection must be ruled out before an IUCD can be inserted. If necessary, women should be referred to a higher-level provider or specialist for evaluation. Counsel her about other contraceptive options available and provide condoms to use in the meantime.

3. **Have you been told that you have any type of cancer in your genital organs (trophoblastic disease or pelvic tuberculosis)?**

   Answer: If yes, an IUCD cannot be inserted because there is an increased risk of infection, perforation or bleeding. Counsel her about other contraceptive options and provide another method of her choice.

4. **Within the last 3 months, have you had more than one sexual partner or been told you have an STI?**
5. **Within the last 3 months, has your partner been told that he has an STI or do you know if he has any symptoms, for example, penile discharge?**
6. **Do you think your partner has had more than one sexual partner within the last 3 months?**

   Answer: If answer to any of these questions is yes, an IUCD cannot be inserted until you ensure the client does not have chlamydia, gonorrhea, PID. Counsel and provide condoms with offer protection from pregnancy and STIs or any other method for prevention of pregnancy.

7. **Are you HIV-positive and have you developed AIDS?**

   Answer: This is a two-part question - both parts need to be asked together and the answer "yes" must apply to both parts. There is concern that HIV-positive women who have developed AIDS may be at increased risk of STIs and PID because of a suppressed immune system. IUCD use may further increase this risk. However, HIV-positive women without AIDS can be appropriate candidates for IUCD insertion. Also, women with AIDS who are doing clinically well on antiretroviral therapy can be appropriate candidates for the IUCD.

8. **Is there any type of ulcer on the vulva, vagina, or cervix?**

   Answer: Genital ulcers or lesions may indicate a current STI. While ulcerative STI is not a contraindication for IUCD insertion, it indicates that the woman is at high individual risk of STIs in general, in which case IUCDs are not generally recommended. Diagnosis

should be established and treatment provided as needed. An IUCD still can be inserted if co-infection with gonorrhea and chlamydia are ruled out.

9. Does the client feel pain in her lower abdomen when you move the cervix?

Answer: If yes, IUCD cannot be inserted as the client may have PID. Provide treatment for PID. Provide and counsel client to use condoms.

10. Is there adnexal tenderness?

Answer: If yes, IUCD cannot be inserted. Adnexal tenderness or/and adnexal mass may be a symptom of a malignancy or PID. Diagnosis and treatment should be provided as appropriate. If necessary, referral should be made to a higher-level provider or specialist.

11. Is there a purulent cervical discharge?

Answer: If yes, IUCD cannot be inserted. Purulent cervical discharge is a sign of cervicitis and possibly PID. Treatment should be provided as appropriate. If necessary, referral should be made to a higher-level provider or specialist. Counsel the client about condom use.

12. Does the cervix bleed easily when touched?

Answer: If yes, IUCD cannot be inserted as the client may have cervicitis or cervical cancer. Treatment should be provided as appropriate. If necessary, referral should be made to a higher-level provider or specialist. If, through appropriate additional evaluation beyond the checklist, these conditions may be excluded, then the woman can opt for IUCD.

13. Is there an anatomical abnormality of the uterine cavity that will not allow appropriate IUCD insertion?

Answer: If there is an anatomical abnormality that distorts the uterine cavity, proper IUCD placement may not be possible.

14. Are you unable to determine the size and/or position of the uterus?

Answer: Determining size and position of the uterus is essential prior to IUCD insertion to ensure high fundal placement of the IUCD and to minimize the risk of perforation

Annexure 7 Infrastructure, Equipment and Supplies for IUCD service delivery sites

Health facility needs to have following amenities, equipment and supplies for IUCD services:

Infrastructure and settings

Procedure room requirements

- Adequately lit and well-ventilated space with privacy
- Clean area which is dust and insects free
- Examination or procedure table with a washable surface
- Tile or concrete floors to facilitate cleaning
- Nearby hand washing facilities, including soap/ alcoholic hand rub and supply of clean running water (i.e., clear, not cloudy or with sediment)
- Clean toilet

Instruments & supplies

- Pregnancy checklist (To rule out pregnancy) and Pregnancy testing kit (If required)
- Copper IUCD insertion kit, which includes the following:
  - Stainless steel tray with cover (12″×8″×2″)
  - Small bowl for antiseptic solution
  - Kidney tray
  - Sim's/ Cusco's vaginal speculum- large, medium, small
  - Anterior vaginal wall retractor (If Sim's speculum is used)
  - Sponge holding forceps/ Ring forceps (also used for PAIUCD insertion (when uterine size is above 12 weeks) and intra-cesarean IUCD insertion)
  - Vulsellum/ tenaculum
  - Uterine sound
  - Mayo (Long sharp curved scissors)
  - PPIUCD insertion forceps (for PPIUCD insertion)
  - Straight artery forceps (only for IUCD removal)
- Cheatle forceps with stand
- Gloves (high-level disinfected/sterile surgical gloves)
- Dry cotton swabs
- Antiseptic solution (chlorhexidine or povidone iodine)
- Linen/cloth to cover woman's lower abdomen and perineal area
- Torch
- IUCD 380 A/ IUCD 375 (unopened, undamaged packet, within expiry date)
- IUCD card
- IUCD insertion and follow up registers

Infection Prevention Requirements

- Plastic bucket/tub for decontamination
- Bleaching powder/Liquid bleach/ Hypochlorite solution
- Utility gloves
- Detergent and brush for cleaning used instruments
- Autoclave/boiler/container with lid for boiling
- Leak proof colour coded covered containers (for biomedical waste segregation)

Annexure 8 Checklist on Insertion of Interval IUCD

For practice and assessment of counselling and insertion skills with IUCD (380 A and 375)

Place a '✓' in case box if step/task is performed satisfactorily, an 'X' if it is not performed satisfactorily, or N/O if not observed.

- Satisfactory: Performs the step or task according to the standard procedure or guidelines
- Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines
- Not Observed: Step or task not performed by participant during evaluation by trainer

Participant_____DateObserved_____

CHECKLIST FOR IUCD COUNSELLING AND CLINICAL SKILLS						
STEP/TASK	CASES					
Counselling						
1. Once the woman has chosen to use the IUCD, assesses her knowledge of the method						
2. Ensures that she is aware of menstrual changes with IUCD use and that IUCD doesn't protect against RTI/ STI						
3. Describes the medical assessment required before IUCD insertion, as well as the procedures for IUCD insertion and removal.						
4. Encourages her to ask questions. Provides additional information and reassurance as needed						
IUCD insertion						
Client Assessment (To confirm if the woman is eligible for IUCD)						
1. Reviews the client's medical and reproductive history						
2. Ensures that equipment and supplies are available and ready to use						
3. Asks the client to empty her bladder and wash her perineal area						
4. Washes hands thoroughly as per protocols and dries them						
5. Palpates the abdomen to exclude any mass/ tenderness						
6. Washes hands thoroughly and dries them again						
7. Puts sterile or HLD gloves on both hands.						
8. Inspects the external genitalia						
9. Performs a bimanual and per speculum examination *Note:* If findings are normal, performs the bimanual examination first followed by speculum examination. If there are potential problems, performs the speculum examination first and bimanual examination next						
Pre insertion and Insertion Steps (Using aseptic, "no touch" technique throughout)						
10. Provides an overview of the insertion procedure. Reminds her to let the provider know if she feels any pain						

11. Gently inserts the HLD (or sterile) speculum, and cleanses the cervical os and vaginal wall with antiseptic.						
12. Gently grasps the anterior lip of cervix with an HLD (or sterile) vulsellum/tenaculum and applies gentle traction (If tenaculum is used, the prongs of tenaculum should hold the anterior lip of cervix at 11 o'clock and 1 o'clock positions to avoid cervical injury)						
13. Inserts the HLD (or sterile) sound using the "no touch" technique						
With IUCD 380A	**With IUCD 375**					
14. Loads the IUCD in its sterile package using 'No touch technique'	14. Grasps the insertion tube and IUCD string together at lower end of the tube					
15. Sets the blue length-gauge to the measurement of the uterus	15. Sets the blue length-gauge to the measurement of the uterus					
16. Carefully inserts the loaded IUCD, and releases it into the uterus using the 'withdrawal technique'	16. Gently advances the loaded IUCD into uterine cavity until the blue depth-gauge touches cervix or a slight resistance is felt.					
17. Withdraws the plunger rod. Gently pushes the insertion tube upward again until slight resistance is felt	17. Continue applying gentle downward traction to vulsellum/ tenaculum,					
18. Partially withdraws insertion tube until the string can be seen extending from the cervical os	18. Partially withdraws the insertion tube from cervical canal until the string can be seen extending from the cervical os					
19. Uses HLD/ sterile sharp curved scissors to cut the IUCD strings to 3– 4 cm length.						
20. Gently removes the vulsellum/ tenaculum and places them in 0.5% chlorine solution for 10 minutes for decontamination						
21. Examines the cervix for any bleeding, removes the speculum and places it in 0.5% chlorine solution for 10 minutes for decontamination						
22. Removes all used instruments and places them in open position and totally submerged in 0.5% chlorine solution						
23. Asks how the client is feeling and begin performing the post insertion steps						
Post insertion Steps						
24. Disposes off waste materials appropriately						
25. Immerses both gloved hands in 0.5% chlorine solution and removes them by turning inside out and dispose them off						
26. Performs hand hygiene						

27. Informs the client that IUCD has been successfully placed. Reassures her and answers her queries, if any. Provides post-procedure instructions: o Basic facts about her IUCD (e.g. type, how long effective, when to replace/remove) o Counsels the client about possible side effects like increased bleeding P/V or abdominal pain after IUCD insertion o Informs about the following warning signs and emphasizes that she should come back any time she has a concern or experiences warning signs (PAINS) o Explains how to look for expulsion of IUCD and report to facility if expulsion takes place. o Emphasizes the need for follow up visit after 6 weeks or her next menstrual period.					
28. Provides and explains the written post procedure instructions.					
29. Maintains records and fills IUCD card and hands over the client section to the acceptor					

Annexure 9 Checklist on Insertion of PPIUCD after Vaginal Delivery (Post placental and within 48 Hours of Delivery)

For practice and assessment of counselling and insertion skills with IUCD (380 A or 375)

Place a '✓' in case box if step/task is performed satisfactorily, an 'X' if it is not performed satisfactorily, or N/O if not observed.

- Satisfactory: Performs the step or task according to the standard procedure or guidelines
- Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines
- Not Observed: Step or task not performed by participant during evaluation by trainer

Participant_____DateObserved_____

CHECKLIST FOR POSTPLACENTAL AND POSTPARTUM WITHIN 48 HOURS INSERTION OF THE IUCD						
STEP/TASK		CASES				
Pre-Insertion Screening and Medical Assessment						
1. Confirms that the woman has been counseled, is willing and is medically eligible for IUCD insertion.						
Post Placental Insertion	**Insertion within 48 hours**					
2. Performs pre-insertion screening of client, confirms that that there are no delivery-related conditions which prevent insertion of IUCD (Rupture of membranes for greater than 18 hours, chorioamnionitis, unresolved postpartum hemorrhage)	2. a. Performs pre-insertion screening of client, confirms that that there are no delivery-related conditions which prevent insertion of IUCD (Rupture of membranes for greater than 18 hours, chorioamnionitis, continued excessive postpartum bleeding, puerperal sepsis, extensive genital trauma where repair would be disrupted by IUCD placement) b. Asks the client to empty her bladder and wash the perineal area					
Note: If any of the above conditions exist, informs and explains that this is not a safe time for insertion of IUCD, plans re-evaluation for an IUCD at 6 weeks postpartum. Counsels her and offers her another method for PPFP.						
3. Confirms that correct sterile instruments, supplies and light source are available in the labour room for immediate post placental insertion.						

4. Confirms that IUCDs are available						
5. Confirms with the woman whether she still wants an IUCD						
For post placental insertion 6. Explains that IUCD will be inserted following delivery of baby and placenta. Answers any questions she might have.	**For insertion within 48 hours** 6. Determines the level of uterus and ensures there is good uterine tone.					
Pre- Insertion Tasks						
For post placental insertion 7. If insertion is performed by the same provider who assisted the delivery, puts on new pair of sterile or HLD gloves. If insertion is performed by a different provider, then performs hand hygiene and puts on sterile or HLD gloves. Ensures that active management of third stage of labour has been performed.	**For insertion within 48 hours** 7. Performs hand hygiene and puts on sterile or HLD surgical gloves on both hands					
8. Arranges IUCD insertion instruments and supplies on sterile tray or draped area. Keeps IUCD in sterile package to the side of sterile draped area.	8. Arranges IUCD insertion instruments and supplies on sterile tray or draped area. Keeps IUCD in sterile package to the side of sterile draped area.					
9. Inspects perineum, labia and vaginal walls for lacerations. If lacerations are not bleeding heavily, insert the IUCD and repairs the lacerations if needed.	9. Inspects the external genitalia					
Insertion of the IUCD						
10. Gently visualizes cervix by depressing the posterior wall of the vagina.						
11. Cleans cervix and vagina with antiseptic solution at least 2 times using 2 swabs and waits for 2 minutes.						
12. Gently grasps the anterior lip of the cervix with the ring forceps (speculum may be removed at this time if necessary, leaves forceps at the side gently)						
13. Opens sterile package of IUCD from bottom by pulling back plastic cover approximately 1/3 upwards.						
14. Holds IUCD package, stabilize IUCD in package and removes plunger rod and inserter tube from the package						

15. Grasps IUCD with PPIUCD forceps in the sterile package using no-touch technique.					
16. Gently lifts anterior lip of cervix using ring forceps and applies gentle traction to steady the cervix					
17. Inserts PPIUCD insertion forceps holding IUCD into lower uterine cavity up to the point of feeling slight resistance against back wall of the uterus. Avoids touching walls of the vagina. Gently removes ring forceps from the cervix and leaves it on the sterile tray or sterile drape area.					
18. Moves hand to the lower part of abdomen (base of hand on lower part of uterus and fingers towards fundus) and gently pushes uterus upward in the abdomen to reduce the angle and curvature between the uterus and vagina					
19. Gently moves PPIUCD forceps holding the IUCD towards the uterine fundus. Lowers the right hand holding the PPIUCD forceps down to enable forceps to easily pass vaginal-uterine angle and follow the curve of the uterine cavity. Keeps PPIUCD forceps closed while moving up so IUCD does not become displaced. Takes care not to perforate the uterus.					
20. Continues gently advancing the forceps until uterine fundus is reached. Confirms that the end of the forceps has reached the fundus					
21. Opens the forceps, tilts it slightly towards mid line, and releases IUCD at the fundus					
22. Continues to stabilize the uterus with the hand on the abdomen					
23. Sweeps PPIUCD forceps to side wall of uterus					
24. Slowly removes forceps from uterine cavity, sliding instrument along the side wall of the uterus and keeping it slightly open. Takes particular care not to dislodge the IUCD or catch IUCD strings as forceps are removed.					
25. Stabilizes the uterus until the forceps are completely out of the uterus. Places forceps on the sterile tray or sterile drape area.					
26. Examines cervix to see if any portion of IUCD or strings are visible protruding from the cervix. Ensures that there is no bleeding from cervix.					
27. Removes all used instruments and places them in 0.5% chlorine solution in open position and ensures that they are totally sub-merged.					
Post-Insertion Tasks					
28. Disposes off waste materials appropriately.					
29. Immerses both gloved hands in 0.5% chlorine solution. Removes gloves by turning them inside out and disposes them off.					
30. Performs hand hygiene					
31. Tells the client that IUCD has been successfully placed. Reassures her and answers any questions she may have.					

32. Provides post insertion instructions: o When to return for IUCD/ PNC/ newborn checkup. o Basic facts about her IUCD (e.g., type, how long effective, when to replace/remove) o Counsels the client about possible side effects like increased bleeding P/V or abdominal pain after IUCD insertion o Informs about the warning signs and emphasizes that she should come back any time she has a concern or experiences these warning signs (PAINS) o Explains how to look for expulsion of IUCD and report to facility if expulsion takes place. o Assures the woman that IUCD will not affect breastfeeding or breast milk					
33. Provides and explains the written post procedure instructions.					
34. Maintains records and fills IUCD card and hands over the client section to the acceptor					

Annexure 10 Checklist on Insertion of Intra-cesarean IUCD

For practice and assessment of counselling and insertion skills with IUCD (380 A or 375)

Place a '✓' in case box if step/task is performed satisfactorily, an 'X' if it is not performed satisfactorily, or N/O if not observed.

- Satisfactory: Performs the step or task according to the standard procedure or guidelines
- Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines
- Not Observed: Step or task not performed by participant during evaluation by trainer

Participant_____DateObserved_____

CHECKLIST FOR INTRA-CESAREAN INSERTION OF IUCD					
STEP/TASK	CASES				
Pre-Surgical Screening and Medical Assessment					
1. Confirms that the woman has been counseled, is willing and is medically eligible for IUCD insertion.					
2. Confirms that there are no delivery-related conditions which prevent insertion of IUCD					
3. Confirms that correct sterile instruments, supplies are available for immediate intra-cesarean insertion.					
4. Confirms that IUCDs are available					
Insertion of the IUCD					
NOTE: IUCD is inserted manually through uterine incision; this takes place after delivery of the baby and placenta and evaluation for any postpartum bleeding, but prior to repair of uterine incision.					
5. Inspects uterine cavity for malformations which would limit use of IUCD					
6. Ensures that the nurse has opened IUCD on the sterile field					
7. Stabilizes uterus by grasping it at fundus					
8. Holds IUCD at end of fingers, between middle and index finger (Alternatively, uses ring forceps to hold the IUCD. Ensures to hold IUCD by the edge and not entangle strings in the forceps)					
9. Places IUCD through uterine incision at the fundus of the uterus					
10. Releases IUCD at fundus of uterus					
11. Slowly removes the hand/forceps from the uterus. Takes particular care not to dislodge IUCD as hand is removed.					
12. Guides IUCD strings towards to the lower uterine segment near internal os, Does NOT pass strings through cervix so that the IUCD does not move from its fundal position.					
13. Takes care not to include IUCD strings in repair of uterine incision.					

Post-Insertion Tasks					
14. Disposes off waste materials appropriately.					
15. Immerses both gloved hands in 0.5% chlorine solution. Removes gloves by turning them inside out and disposes them off.					
16. Performs hand hygiene					
17. Tells the client that IUCD has been successfully placed after she is stable. Reassures her and answers any questions she may have.					
18. Provide post insertion instructions: o When to return for IUCD/ PNC/ newborn checkup. o Basic facts about her IUCD (e.g., type, how long effective, when to replace/remove) o Counsels the client about possible side effects like increased bleeding P/V or abdominal pain after IUCD insertion o Informs about the warning signs and emphasizes that she should come back any time she has a concern or experiences warning signs (PAINS) o Explains how to look for expulsion of IUCD and reports to facility if expulsion takes place. o Assures the woman that IUCD will not affect breastfeeding or breast milk					
19. Provides and explains the written post procedure instructions					
20. Maintains records and fills IUCD card and hands over the client section to the acceptor					

Annexure 11 Checklist on Concurrent PAIUCD Insertion (Uterine Size less than 12 weeks after abortion)

For practice and assessment of counselling and insertion skills with IUCD (380 A or 375)

Place a '✓' in case box if step/task is performed satisfactorily, an 'X' if it is not performed satisfactorily, or N/O if not observed.

- Satisfactory: Performs the step or task according to the standard procedure or guidelines
- Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines
- Not Observed: Step or task not performed by participant during evaluation by trainer

Participant_____DateObserved_____

CHECKLIST FOR PAIUCD INSERTION (UTERUS UPTO 12 WEEKS AFTER ABORTION)					
STEP/TASK		CASES			
1. Confirms that the woman has been counseled, is willing and is medically eligible for IUCD insertion.					
2. Ensures that IUCD is available for insertion and HLD/Sterile sharp Mayo scissors has been added to the instrument tray					
3. Confirms that abortion is complete and ensures that there are no signs of hemorrhage, perforation or infection*. Does not remove vulsellum/ tenaculum and speculum which are already in place In case of immediate/ concurrent PAIUCD insertion, uterine sound is not used for measurement of uterine length					
Note: In case of non-concurrent PAIUCD insertion (within 12 days), steps would be similar to Interval IUCD insertion.					
4. Before withdrawing last used cannula, advances the same gently into the uterus until it touches the fundus. Keeps index finger on the cannula at cervical os for measuring length of uterus					
5. Keeps the index finger on the cannula at the cervical os for measuring the length of the uterus ***Note:*** In case of immediate/ concurrent PAIUCD insertion, uterine sound is not used for measurement of uterine length					
6. Opens sterile package of IUCD from lower end by pulling back plastic cover approximately 1/3 upwards					
With IUCD 380A	**With IUCD 375**				
7. Loads the IUCD in its sterile package using 'No touch technique'	7. Grasps the insertion tube and IUCD string together at lower end of the tube				
8. Sets the blue length-gauge to the measurement of the uterine cavity	8. Sets the blue length-gauge to the measurement of the uterine cavity				
9. Carefully inserts the loaded IUCD, and releases it into the uterus using the 'withdrawal technique'	9. Gently advances IUCD into uterine cavity until the blue length-gauge touches cervix or a slight resistance is felt.				

10. Withdraws the plunger rod. Gently pushes the insertion tube upward again until slight resistance is felt to ensure that the IUCD is as high as possible in uterus	10. Continues applying gentle downward traction to vulsellum/ tenaculum					
11. Partially withdraws insertion tube until the string can be seen extending from cervical os	11. Partially withdraw the insertion tube from cervical canal until the string can be seen extending from the cervical os					
12. Uses HLD/ sterile sharp curved scissors to cut the IUCD strings to 3– 4 cm length.						
13. Gently removes the vulsellum/ tenaculum and places them in 0.5% chlorine solution for 10 minutes for decontamination						
14. Examines the cervix for any bleeding, removes the speculum and places it in 0.5% chlorine solution for 10 minutes for decontamination						
15. Removes all used instruments and places them in open position and totally submerged in 0.5% chlorine solution						
16. Disposes off waste materials appropriately						
17. Immerses both gloved hands in 0.5% chlorine solution and removes them by turning inside out and disposes them off						
18. Performs hand hygiene						
19. Informs the client that IUCD has been successfully placed. Reassures her and answers her queries, if any. Provides post-procedure (abortion and IUCD) instructions: o Counsels the client about the experience she may have after abortion and IUCD insertion o Tells about possible symptoms like mild to moderate pain in lower abdomen and bleeding P/V. o Informs about the warning signs and emphasizes that she should come back any time she has a concern or experiences warning signs (PAINS) o Explains how to look for expulsion of IUCD and report to facility if expulsion takes place. o Emphasizes the need for follow up visit after one week and after her next menstrual period.						
20. Provides and explains the written post-operative instructions						
21. Maintains records and fills IUCD card and hands over the client section to the acceptor of PAIUCD						

**If any of these conditions exist, explains to the client that this is not a safe time for insertion of the IUCD, plans re-evaluation for an IUCD after 4 weeks/she gets her periods. Counsels her and offers her another method for PAFP*

Note: *For PAIUCD insertion after medical abortion and non-concurrent PAIUCD insertion (within 12 days), checklist will be same as Interval IUCD insertion, special care is to be taken while using uterine sound.*

If woman comes with spontaneous complete incomplete abortion/ incomplete abortion following consumption of medicines for abortion requiring a surgical evacuation, IUCD can be inserted concurrently with the procedure, after completing the procedure, ensuring complete evacuation and that there is no evidence of infection/ injury

Annexure 12 Checklist on Concurrent PAIUCD Insertion (Uterine Size more than 12 weeks after abortion)

For practice and assessment of counselling and insertion skills with IUCD (380 A or 375)

Place a '✓' in case box if step/task is performed satisfactorily, an 'X' if it is not performed satisfactorily, or N/O if not observed.

- Satisfactory: Performs the step or task according to the standard procedure or guidelines
- Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines
- Not Observed: Step or task not performed by participant during evaluation by trainer

Participant_____DateObserved_____

CHECKLIST FOR PAIUCD INSERTION (UTERUS MORE THAN 12 WEEKS AFTER ABORTION)					
STEP/TASK	CASES				
1. Confirms that the woman has been counseled, is willing and is medically eligible for IUCD insertion.					
2. Reviews the records and confirms that abortion is complete and ensures that there are no signs of hemorrhage, perforation or infection*.					
3. Removes the sponge holding forceps and vaginal speculum. Assesses size of the uterus by performing per abdominal and per vaginal examination (follows aseptic technique)					
4. Puts on new HLD/sterile gloves (in case PV examination has been done)					
5. Ensures that IUCD is available for insertion and HLD/Sterile Mayo scissors has been added to the instrument tray					
6. Visualises the cervical os by depressing the posterior wall of the vagina.					
7. Holds the anterior lip of cervix again with help of ring forceps/ sponge holding forceps and leaves it gently to one side.					
8. Opens sterile package of IUCD from lower end by pulling back plastic cover approximately 1/3 upwards.					
9. Holds IUCD package, stabilizes IUCD in package and removes plunger rod and inserter tube from the package.					
10. Grasps IUCD in the sterile package using no- touch technique with another ring forceps/sponge holding forceps with smaller rings without locking it					
11. Places base of palm on lower part of uterus and fingers towards the fundus to support the uterus					
12. Inserts ring forceps/ sponge holding forceps holding IUCD into uterine cavity without touching walls of the vagina up to the point of feeling slight resistance at the fundus of the uterus. ***Note:*** Ring forceps/ sponge holding forceps should be closed without locking, while moving up in uterus so that IUCD does not slip. Take care not to perforate the uterus					

13. Opens the forceps and tilts it slightly towards the mid-line to release IUCD at the fundus.					
14. Slowly removes forceps from uterine cavity, sliding instrument along the side wall of the uterus and keeping it slightly open. Takes particular care not to dislodge the IUCD or catch IUCD strings as forceps are removed.					
15. Stabilizes the uterus until the forceps are completely out of the uterus					
16. Removes all used instruments and places them in open position and totally submerged in 0.5% chlorine solution					
17. Disposes off waste materials appropriately					
18. Immerses both gloved hands in 0.5% chlorine solution and removes them by turning inside out and disposes them off					
19. Performs hand hygiene					
20. Informs the client that abortion is successful and IUCD has been placed. Reassures her and answers her queries, if any. Provides post-procedure (abortion and IUCD) instructions: o Counsels the client about the experience she may have after abortion and IUCD insertion. o Tells about possible symptoms like mild to moderate pain in lower abdomen and bleeding P/V. o Informs about warning signs and emphasizes that she should return any time she has a concern or experiences warning signs (PAINS) o Explains how to look for expulsion of IUCD and report to facility if expulsion takes place. o Emphasizes the need for follow up visit after one week and after her next menstrual period.					
21. Provides and explains the written post procedure instructions.					
22. Maintains records and fills IUCD card and hands over the client section to the acceptor of PAIUCD					

** If any of these conditions exist, explains to the client that this is not a safe time for insertion of the IUCD, plans re-evaluation for an IUCD after 4 weeks/after she gets her periods. Counsels her and offers her another method for PAFP.*

Annexure 13 Checklist on IUCD Removal

For practice and assessment of counselling and removal skills with IUCD (380 A or 375)

Place a '✓' in case box if step/task is performed satisfactorily, an 'X' if it is not performed satisfactorily, or N/O if not observed.

- Satisfactory: Performs the step or task according to the standard procedure or guidelines
- Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines
- Not Observed: Step or task not performed by participant during evaluation by trainer

Participant_____DateObserved_____

IUCD REMOVAL					
STEP/TASK	CASES				
Pre removal Steps					
1. Asks the woman her reason for having the IUCD removed					
2. Determines whether she will have another IUCD inserted immediately or start a different method, or neither of these two options					
3. Reviews the client's reproductive goals and need for STI protection, and counsel as appropriate					
4. Ensures that equipment and supplies are available and ready for use					
5. Ensures that client has emptied her bladder and washed her perineal area before getting on the examination table					
6. Washes hands thoroughly and dries them					
7. Puts new or HLD/sterile gloves on both hands					
Removing the IUCD					
8. Provides an overview of the removal procedure. Reminds her to inform if she feels any pain					
9. Gently inserts the HLD (or sterile) speculum to visualize the strings, and cleanse the cervical os and vaginal wall with antiseptic					
10. Holds the anterior lip of cervix with vulsellum/ tenaculum and applies gentle downwards and outwards pressure (If tenaculum is used, the prongs of tenaculum should hold the anterior lip of cervix at 11 o'clock and 1 o'clock positions to avoid cervical injury)					
11. Grasps the IUCD strings close to the cervix with an HLD (or sterile) straight artery forceps					
12. Alerts the client immediately before removing the IUCD					
13. Applies steady but gentle traction, pulling the strings toward herself/ himself, to remove the IUCD. Does not use excessive force.					

14. Shows removed IUCD to client					
15. Inserts new IUCD if the woman has opted for it and is medically eligible. Otherwise, gently removes the vulsellum. Checks the bleeding from the cervix and asks how the client is feeling.					
16. Removes the speculum and places both the speculum and vulsellum in 0.5% chlorine solution for 10 minutes for decontamination..					
Post removal Steps					
17. Removes all other used instruments and places them in open position and totally submerged in 0.5% chlorine solution					
18. Disposes off waste materials appropriately					
19. Immerses both gloved hands in 0.5% chlorine solution and removes them by turning inside out and disposes them off					
20. Performs hand hygiene					
21. If the woman has had a new IUCD inserted, provides key messages for IUCD users again. (If the woman is starting a different method, provides the information she needs to use it safely and effectively. Provides a back-up method, if needed)					
22. Maintains records and fills IUCD card					

Annexure 14 Preparation of 0.5% chlorine solution

1. Calcium Hypochlorite or Chlorinated lime:

If using bleaching powder:

Use the formula –

(0.5% active chlorine in powder) X 1000 = gm of powder/ liter of water.

So, for bleaching powder with 35% available chlorine, the formula will be: (0.5/35) x 1000 = 14.3/15 gm/liter of water

Dissolve three teaspoons of bleaching powder (15 gm of calcium hypochlorite) in one liter of water or make a paste of 15 gms of bleaching powder with very little water in a cup and then pour and mix the paste in one liter of water. Stir well. Increase quantity of chlorine in same proportion to prepare larger quantities of solution (e.g. 150 gms of bleaching powder for 10 liters of water). The solution needs to be changed once in 24 hours or whenever it becomes cloudy or milky white or red in colour.

2. Sodium Hypochlorite Solution

If using liquid hypochlorite solution/bleach: mix one (1) part of the solution to nine (9) parts of water to make 0.5% chlorine solution (if solution has 5% active chlorine available)

Or

Mix one part of liquid bleach to six parts of water (if solution has 3.5% active chlorine available). Prepare chlorine solution only in plastic bucket. Use only for 24 hours; then discard it.

Use the formula –

(% chlorine in liquid bleach/ % chlorine desired)-1= total parts of water for one part of chlorine solution

Annexure 15 IUCD Insertion Register

Instruction Sheet- IUCD Insertion Register:

Column 1	Fill Monthly S No. Each month the serial number starts with 1
Column 2	Fill the OPD/ IPD number (as applicable)
Column 3-7	Fill in the information of client as indicated
Column 8	Mention the number of living children
Column 9	Mention the period of last child birth (month and year)
Column 10-13	Tick the period when the client was counselled. Interval period refers to any phase of the menstrual cycle, 6 weeks postpartum or 12 days after abortion
Column 14	Mention date of Last Menstrual Period (dd/mm/yy). For women who are in lactational amenorrhea, write LA in respective column
Column 15	Mention per speculum/per vaginal findings- write findings if any abnormality detected/ NAD if No Abnormality detected
Column 16	Mention the type of IUCD inserted (380 A/ 375)
Column 17-21	Tick the Timing of IUCD insertion as applicable (Interval/Post Placental/ Postpartum/ Intra-cesarean/ PAIUCD) (*IUCD inserted after medical method of abortion should be reported under Interval IUCD)
Column 22	Mention the date of IUCD insertion (date, month and year)
Column 23	Write due date (date, month and year) of follow up- First follow up visit has to be done at 6 weeks or after next menstrual periods, whichever is earlier
Column 24	Mention the name of provider who has inserted IUCD
Column 25	Mention the name of the accompanying ASHA (mention 'x' if ASHA is not accompanying the client)
Column 26	Indicate whether IUCD card has been issued or not
Column 27	Mention additional remarks, if any. Also, mention any complications that the client may have faced during/ immediately after IUCD insertion

IUCD Insertion Register

1	Monthly SNo.		
2	OPD/ IPD no. (as applicable)		
3	Client`s Name		
4	Client's Age		
5	Husband's Name		
6	Client's Address		
7	Contact No.		
8	No. of living children		
9	Last Child Birth (mm/yy)		
10	Counseled During (Tick as applicable)	Interval Period	
11		Antenatal Period	
12		Early labour/ at facility before abortion	
13		Postpartum Period/ Post abortion period	
14	LMP (write LA for Lactational amenorrhea)		
15	Per Speculum/ Per vaginal findings (if done) (write NAD if no abnormality found)		
16	Type of IUCD inserted (380 A / 375)		
17	Timing of IUCD insertion	Interval IUCD	
18		Postpartum	Post Placental IUCD (within 10 min)
19			Postpartum (upto 48 hours)
20			Intra- caesarean
21		Post Abortion (Concurrent/ within 12 days of spontaneous or surgical abortion)	
22	Date of insertion		
23	Due date of follow up		
24	Name of provider who inserted IUCD (Interval IUCD/ PPIUCD/ PAIUCD)		
25	Name of Accompanying ASHA (If not accompanied by ASHA, put ×)		
26	IUCD Card issued (Yes/No)		
27	Remarks		

Annexure 16 IUCD follow up register

Instruction Sheet- IUCD Follow up Register:

Column 1	Fill in the Monthly S No. Each month the serial number starts with 1
Column 2	Fill the OPD/ IPD number (as applicable)
Column 3-7	Fill in the information of client as indicated
Column 8	Mention the name of facility where IUCD was inserted
Column 9	Mention the date (date, month and year) of IUCD insertion
Column 10	Mention the type of IUCD inserted (380A/375)
Column 11-13	Mention timing of IUCD insertion (Interval IUCD/ PPIUCD/ *PAIUCD) (*IUCD inserted after medical method of abortion should be reported under Interval IUCD)
Column 14	Mention the due date for follow up (dd/mm/yy). First follow up visit has to be done at 6 weeks or after next menstrual period, whichever is earlier. Second follow up visit can to be done at 3 months and third follow up visit can to be done at 6 months
Column 15	Mention the actual date when follow up is done (dd/mm/yy)
Column 16	Mention date of LMP (dd/mm/yy). For women who are in lactational amenorrhea, write LA in respective column
Column 17	Mention per speculum and per vaginal findings if indicated- write findings if any abnormality detected and NAD if No Abnormality Detected
Column 18-19	Mention if any complications (Abnormal vaginal discharge, Excessive bleeding etc) related to IUCD are detected during follow up visit
Column 20	Specify the post follow up advice given
Column 21	Mention if the IUCD has expelled. Only completed expulsion should be reported in this column.
Column 22	Mention if IUCD has been removed in the follow up visit
Column 23-26	If the client has come for IUCD removal, fill in the reasons of removal
Column 27-28	Mention if any other contraceptive method suggested to the client after IUCD removal. In case reason of removal is desire to get pregnant, please mention NA in column 27-28
Column 29	Mention the name of the provider who followed up
Column 30	Mention the additional remarks, if any

IUCD follow up Register

1	Monthly SNo.			
2	OPD/ IPD no. (as applicable)			
3	Client`s Name			
4	Client's Age			
5	Husband's name			
6	Client's Address			
7	Contact no.			
8	Name of facility of IUCD insertion			
9	Date of IUCD insertion			
10	Type of IUCD inserted (380 A/ 375)			
11	Interval IUCD	Timing of IUCD insertion		
12	Postpartum IUCD (within 48 hours of delivery)			
13	Post Abortion (within 12 days of spontaneous or surgical abortion)			
14	Due date for follow up			
15	Actual date of follow up			
16	LMP (Write LA for lactational amenorrhea)			
17	Per Speculum/ Per vaginal findings (may be done if indicated) (write NAD/ Actual finding)			
18	Complications related to IUCD reported during follow up (yes/no)			
19	If Yes, please specify			
20	Post Follow up advice (specify)			
21	IUCD Expulsion (yes/ no) (report only complete expulsion)	Method discontinuation/ method switching		
22	IUCD removed (yes/ no)			
23	Partial Expulsion		Reasons for Removal	
24	Pain/Cramps			
25	Menstrual changes			
26	Any other (specify)			
27	Any other method provided (yes/no/NA)			
28	If yes, which method provided?			
29	Name of the provider who followed up			
30	Remarks			

IUCD Card

(To be kept in facility)

OPD/IPD No…… Name of Facility……..

Clients' Name……..... Clients' Age……..

Clients' Address……..……

……Contact Number……...

Parity……..……Date of Last Child Birth/abortion……..……....LMP……

Family Planning Method used earlier (Tick √)

Oral Pills	Condom	Injectable MPA	IUCD	Not Used

IUCD Must Know

Conditions where IUCD should not be inserted:

- Suspected Pregnancy
- Purulent vaginal discharge (having Chlamydia and Gonorrhea infection)
- STI or pelvic inflammatory disease in the last three months (IUCD can be inserted after treatment unless re-infection is likely)
- Any kind of cancer in female organs.
- Unexplained vaginal bleeding that is not part of their normal period

Ask client to report immediately in the following conditions:

- Late or Missed periods (possible pregnancy)
- Abnormal spotting or bleeding
- Abdominal pain/pain during intercourse
- Abnormal vaginal discharge
- Fever/chills
- If facing any problem with threads

Record of IUCD Insertion:

Date of Insertion (dd/mm/yy)	Type (380A/ 375)	Timing of Insertion (Tick √)				Service Provider	
		Interval	Post-partum		Post Abortion	Name	Designation
			Vaginal Delivery	Intra Cesarean			

Record of IUCD Follow up:

Due Date	Actual Date	LMP *(Write LA for Lactational Amnorrhea.)*	Complaints (if any, specify)	IUCD retained (yes/no)	Post Follow up Advise
Findings for Additional Visits:					

Record of IUCD discontinuation:

Date of Visit	Actual Date	IUCD Discontinuation (Tick √)		Reason for Removal	Alternative Contraceptive Provided
		Expulsion	Removal		

IUCD Card

(To be issued to client)

OPD/IPD No……Name of Facility……..

Clients' Name……..Clients' Age…… Contact No……

Clients' Address……

Parity……...Last Child Birth/abortion……LMP……

Date of Insertion…….....

Type of IUCD……..

Timing of Insertion: (Tick √)

☐ Interval ☐ PP (Vaginal Del.)

☐ PP (Intracesarean) ☐ PA

Record of IUCD Follow up:

Visit	Due Date	Actual Date	LMP *(Write LA for Lactational Amnorrhea.)*	Complaints (if any, specify)	IUCD retained (yes/no)	Post Follow up Advise
1st						
2nd						
3rd						

Return immediately to the health facility if any of the symptoms appear:

Late or missed periods (Possible pregnancy)

Abnormal spotting or bleeding

Abdominal pain, pain during intercourse

Abnormal vaginal discharge (excessive, foul smelling, discoloured)

Not feeling well, fever, chill

If facing any problem with the thread/feeling lower part of IUCD/ piercing/IUCD has come out

Annexure 18 Role Play (Practice of Family Planning and IUCD Counselling)

Role Play

In a role-play two or more individuals enact parts in a scenario related to a training topic. The role-play technique allows participants to 'play' the role of one or more individuals in a real life situation that they are likely to encounter. The role-play directly involves the participants in the training session. It can build self-confidence so that participants are better prepared to deal with such incidents.

Since participants have a chance to put themselves in the other person's position, they can empathize with the clients. It provides an opportunity for learners to see how others might feel/ behave in a given situation which helps to change participants' attitude and enables them to see the consequences of their actions on others. This exercise is stimulating and fun. It engages the group's attention and simulates the real world.

The role-plays have some disadvantages as it is done in an unreal or artificial atmosphere and some participants may have difficulty visualizing themselves in an imaginary situation. The trainees may feel very uncomfortable portraying any type of role. This method is much more time consuming than other types of training. Hence, role-plays may be made more effective if the participants are given time to prepare.

Process of Conducting a Role Play

Select any three participants for the role play. One would enact as a 'client', second as a 'counsellor' and the third participant would be the 'observer'. Select any of the sample role plays to be enacted out from the options given below (or trainer may prepare their own). Prepare the participants to understand the situation and their respective roles, allowing only the 'client' to read through the case study.

Arrange the stage for optimal viewing and ensure that actors speak loudly and clearly. The 'counsellor' should enact the situation by assisting the 'client' in the decision making process. Respect, care, honesty and confidentiality should be emphasized and form the basis of the interaction with the client. The appointed 'observer' should share the observations about the role play which has been enacted. Thank the actors and ask for their feedback. Finally ask the audience for their observations of the role play and highlight the key principles evinced from the play.

Sample Role Plays

1. Radha is an 18 year old woman who has just got married. She does not want to conceive before she turns 20. She comes to your facility for advice.
2. Meeta is a 34 year old woman with 3 children. She does not want another child and wants to limit her family. The service provider responds.
3. Rekha is a 20 year-old woman who is nursing a three week-old baby. She has been told by her friend about IUCD and she now wants an IUCD insertion. She comes to your facility for advice.
4. Reema is a 30 year old woman who has had a spontaneous abortion after 6 weeks of pregnancy. She wants another child soon. The counsellor responds.

5. Sarita is 21 years old and has a one year old child. She was 2 months pregnant and had a spontaneous abortion. Sarita decided that she does not wish to conceive again for the next 3 years. She plans to adopt IUCD and comes to your facility for advice.
6. Sushila is 25 year old and is 8 months pregnant. She is already a mother to 2 children. She wants to limit her family after this delivery. The ASHA responds.
7. Rita is 24 year old woman and has 2 children. The youngest child is 5 months old, she is breast feeding the child and has had her first menstrual bleeding after delivery 5 days back. Her husband works outside and visits the house once or twice a week. They are not using any contraceptive method till now. She is worried that she may get pregnant. She comes to your facility for advice.
8. After receiving family planning counseling from local ASHA, Seema, who is 22 years old and mother to a 1 year old child, has decided to delay her next pregnancy. She plans to adopt IUCD. She visits the hospital on the 6th day of her menstrual period. The staff nurse responds.

Annexure 19 Exercise on Medical Eligibility for IUCD/ PPIUCD/ PAIUCD

Time: 10 minutes

Instructions: *Below is a chart listing various conditions which may affect choice of the IUCD by women and their providers. For each condition, place a tick mark in the appropriate column.*

Condition	Insert	Do Not Insert	Remarks
Woman after 3 weeks postpartum			
Woman has a fever of 100° F postpartum			
Woman has post abortal sepsis			
Woman has history of ectopic pregnancy			
Woman has just delivered and plans to have another baby in 2 years			
Woman has AIDS and has not been taking ARV			
Woman has persistent vaginal hemorrhage after delivery			
20 year old woman wants to delay her first pregnancy			
Woman with history of gonorrhea as a teenager			
Woman who has had abortion through medical method			
Woman with hemoglobin of 10 gm/dl			
Woman whose partner has penile discharge and dysuria			
HIV positive woman receiving care at the HIV clinic			
Woman with history of PID treated with antibiotics 5 years ago with subsequent pregnancy			
Woman has abdominal pain in association with incomplete abortion			

Annexure 20 Answer Key for Exercise on Medical Eligibility for IUCD/ PPIUCD/ PAIUCD

Time: 10 minutes

Instructions: *Below is a chart listing various conditions which may affect choice of the IUCD by women and their providers. For each condition, place a tick mark in the appropriate column.*

Condition	Insert	Do Not Insert	Remarks
Woman after 3 weeks postpartum		✓	Category 3: Increased risk of perforation
Woman has a fever of 100° F postpartum		✓	Category 4: Likelihood of puerperal sepsis
Woman has post abortal sepsis		✓	Category 4
Woman has history of ectopic pregnancy	✓		Category 1
Woman has just delivered and plans to have another baby in 2 years	✓		Category 1
Woman has AIDS and has not been taking ARV		✓	Category 3
Woman has persistent vaginal hemorrhage after delivery		✓	Category 4
20 year old woman wants to delay her first pregnancy	✓		Category 1
Woman with history of gonorrhea as a teenager	✓		Category 1: Unless she is currently at risk
Woman who has had abortion through medical method	✓		Category 2: by Medical officer
Woman with hemoglobin of 10 gm/dl	✓		Category 2
Woman whose partner has penile discharge and dysuria	✓		Category 2: high risk of STI
HIV positive woman receiving care at the HIV clinic	✓		Category 2: if clinically well
Woman with history of PID treated with antibiotics 5 years ago with subsequent pregnancy	✓		Category 1
Woman has abdominal pain in association with incomplete abortion		✓	Category 4: IUCD to be inserted only after completion of abortion

Annexure 21 Exercise on Contraceptive Methods

Time: 15 minutes

Instructions: *Please write the appropriate code for contraceptive method in facts table given below. Please note that multiple codes may be applicable to the facts. In that case, write all the relevant codes.*

Codes for Contraceptive Method:

Contraceptive	Code
Injectable Contraceptive MPA	1
Centchroman	2
IUCD	3
Combined Oral Contraceptive Pills	4
Condoms	5
Sterilization	6
ECPs	7
POPs	8

Fill in the appropriate method code applicable to each fact

Facts Table:

S.No	Facts	Methods
1.	Can be given to client who cannot tolerate any regular hormonal methods of contraception	
2.	Takes 7-10 months' time for return of fertility after discontinuation from the last dose	
3.	Can be provided only by an MBBS doctor or above after 2nd trimester abortion immediately or within 12 days of abortion procedure	
4.	Is given twice a week for first 3 months and weekly thereafter	
5.	Does not require any screening by trained provider before adopting the method	
6.	Can be provided/ adopted immediately after abortion procedure	
7.	Can only be given around 15th Day (once abortion is complete) of medical abortion	
8.	This contraceptive has to be repeated every 3 months	
9.	Contraceptive method (s) do not protect from STI/ HIV infection	
10.	Is currently available for Home Delivery of Contraceptives by ASHA	
11.	Should not be used as a regular contraceptive method	
12.	Cannot be given to the client in case she has genital infection/ injury	
13.	Menstrual changes (usually amenorrhea) are the common concern for women adopting this method	
14.	Should not be given to clients having Polycystic Ovarian Syndrome	
15.	Decreases risk of ectopic pregnancy	

Annexure 22 Answer Key for Exercise on Contraceptive Methods

Time: 15 minutes

Instructions: *Please write the appropriate code for contraceptive method in facts table given below. Please note that multiple codes may be applicable to the facts. In that case, write all the relevant codes.*

Codes for Contraceptive Method:

Contraceptive	Code
Injectable Contraceptive MPA	1
Centchroman	2
IUCD	3
Combined Oral Contraceptive Pills	4
Condoms	5
Sterilization	6
ECPs	7
POPs	8

Fill in the appropriate method code applicable to each fact

Facts Table:

S.No	Facts	Methods
1.	Can be given to client who cannot tolerate any regular hormonal methods of contraception	2, 3, 5, 6, 7
2.	Takes 7-10 months' time for return of fertility after discontinuation from the last dose	1
3.	Can be provided only by an MBBS doctor or above after 2nd trimester abortion immediately or within 12 days of abortion procedure	3
4.	Is given twice a week for first 3 months and weekly thereafter	2
5.	Does not require any screening by trained provider before adopting the method	5, 7
6.	Can be provided/ adopted immediately after abortion procedure	1, 2, 3, 4, 5, 6, 7, 8
7.	Can only be given around 15th Day (once abortion is complete) of medical abortion	3
8.	This contraceptive has to be repeated every 3 months	1
9.	Contraceptive method (s) do not protect from STI/ HIV infection	1,2,3,4,6,7,8
10.	Is currently available for Home Delivery of Contraceptives by ASHA	2,4,5,7
11.	Should not be used as a regular contraceptive method	7
12.	Cannot be given to the client in case she has genital infection/ injury	3
13.	Menstrual changes (usually amenorrhea) are the common concern for women adopting this method	1
14.	Should not be given to clients having Polycystic Ovarian Syndrome	2
15.	Decreases risk of ectopic pregnancy	1,2,3,4,5,6,7,8

Annexure 23 Exercise on Management of Side Effects and Potential Problems

Time: 10 minutes

Instruction: *Please match for each side effect/ potential problem listed in column 1, the correct management box listed in column 2.*

Column 1	Column 2
Side effect/ Potential Problems	**Management**
1. Backache	• Refer for further evaluation and treatment to specialist
2. Uterine Perforation	• Reassure • Cut the strings, if needed
3. Partner feels IUCD strings	• Reassure • NSAIDs may be required in few cases
4. Expulsion	• Keep the client at rest, start an IV drip and observe the vital signs. • Prophylactic antibiotics can also be given
5. Heavy and Prolonged Menstrual Bleeding	• Rule out pregnancy and IUCD expulsion • Probe cervical canal • Use X ray/ ultrasound, if needed
6. Missing Strings	• Rule out infection and pregnancy • Remove IUCD
7. Cervical laceration	• Repair

Annexure 24 Answer Key for Exercise on Management of Side Effects and Potential Problems

Time: 10 minutes

Instruction: *Please match for each side effect/ potential problem listed in column 1, the correct management box listed in column 2.*

Column 1	Column 2	Answer (code of column 1)
Side effect/ Potential Problems	**Management**	
1. Backache	• Refer for further evaluation and treatment to specialist	5
2. Uterine Perforation	• Reassure • Cut the strings, if needed	3
3. Partner feels IUCD strings	• Reassure • NSAIDs may be required in few cases	1
4. Expulsion	• Keep the client at rest, start an IV drip and observe the vital signs. • Prophylactic antibiotics can also be given	2
5. Heavy and Prolonged Menstrual Bleeding	• Rule out pregnancy and IUCD expulsion • Probe cervical canal • Use X ray/ ultrasound, if needed	6
6. Missing Strings	• Rule out infection and pregnancy • Remove IUCD	4
7. Cervical laceration	• Repair	7

Annexure 25 Pre/ Post- course Knowledge Assessment

Time: 20 minutes

Name: _____Designation: _____

Facility of posting:_____

Date:_____Pre-course/ Post-course (please encircle)

Instruction: *Select the single best answer to each question and circle your answer*

1. IUCD is not a good method for a woman:

a. Who had her last delivery by cesarean section
b. Who wants to delay her sterilization operation for few years
c. Whose husband has many sexual partners
d. None of the above

2. Insertion of IUCD is not recommended in which of the following condition?

a. Woman having past history of ectopic pregnancy
b. Woman having pus like discharge from cervix
c. Woman, who is nulliparous
d. All of the above

3. Which of the following is TRUE about IUCD?

a. IUCD itself does not increase the risk of pelvic infection
b. IUCD prevents pregnancy by blocking the egg release from the ovary
c. IUCD should not be used by HIV-infected women receiving treatment
d. All of the above

4. If the IUCD is tarnished (color has changed), but IUCD is inside an intact and undamaged packet, which of the following action is correct?

a. If the expiry date on the packet is still not passed, one can insert the IUCD
b. Send the packet back to the manufacturing company
c. Do not use the IUCD as it might harm the woman
d. Report the incident to the district officials

5. Which of the following statements are correct for post pregnancy contraception?

a. A woman can adopt family planning method immediately after delivery/ abortion
b. A woman should not use any contraceptive immediately after a miscarriage or abortion.
c. Contraceptives should only be used after delivery when woman stops breastfeeding the child
d. None of the above

6. When can an IUCD be safely inserted?

a. Within 48 hours of normal delivery
b. During cesarean section following placental delivery

c. Within 12 days of abortion
d. a and b
e. All of the above

7. As per WHO guidelines, the recommended spacing between abortion and next pregnancy should be at least:

a. 2 months
b. 6 months
c. 1 year
d. 2 years

8. How soon can fertility return following a first trimester (up to 12 weeks) abortion:

a. 4 to 5 Days
b. 10 to11 Days
c. 20 to 25 Days
d. 60 Days

9. Which of the following is NOT a good time for postpartum FP and PPIUCD counselling?

a. During strong labour pains
b. During antenatal check-up
c. When there is mild labour pain
d. Immediately after abortion

10. Which of the following key counseling messages should be given to client in post abortion period?

a. Fertility returns quickly after abortion, even before next menstrual bleeding returns
b. Client should avoid intercourse till bleeding stops/ injury/ infection heals
c. Client can choose from available family planning methods as per her eligibility
d. b and c
e. All of the above

11. Which of the following statements are true for counselling of a client undergoing induced or spontaneous abortion?

a. Counselling for PAFP methods should always be done prior to abortion procedure irrespective of client's condition
b. In case of induced abortion (MTP) clients, counselling for PAFP may be provided along with counselling for abortion.
c. Counselling can be provided after abortion procedure, when a woman settles down and is ready for counselling
d. All of the above are true
e. a & b are true
f. b& c are True

12. In which of the following conditions, IUCD can be inserted within 10 minutes after placental delivery?

a. Woman has 101° F fever soon after the delivery

b. History of rupture of bag of water 3 hours before the delivery
c. Woman is having excess vaginal bleeding after delivery
d. None of the above

13. Can an IUCD which is about to expire (shelf life) within 1 day be inserted to a potential client?

a. Yes
b. No
c. Shelf life has no role to play in IUCD effectiveness

14. Which of the following antiseptics should be used to clean cervix before IUCD insertion?

a. Spirit (Alcohol)
b. Povidone iodine (Betadine)
c. Normal saline
d. Sod. Hypochlorite solution

15. To prepare 0.5% chlorine solution, what amount of bleaching powder should be used in 1 liter of water?

a. 10 grams
b. 15 grams
c. 20 grams
d. 30 grams

16. Following IUCD insertion, the only acceptable method for processing soiled instruments is

a. Cleaning followed by sterilization
b. Cleaning with soap/water, decontamination with 0.5% chlorine solution, then disinfecting with povidine iodine
c. Soaking in povidine iodine for at least 24 hours
d. Decontamination with 0.5% chlorine solution, cleaning followed by sterilization or high level disinfection.

17. If the Postpartum IUCD comes out on its own after two months of insertion, then what should the client do?

a. Client should wait for the next period before coming to the health facility
b. Client should immediately come to the health facility and contact the service provider
c. Client should not worry and should plan with her husband for using another method after her next period.
d. Both a and c

18. If the client develops reproductive tract infection any time after IUCD insertion, what should be the next course of action?

a. IUCD should immediately be removed by the service provider
b. Appropriate antibiotic treatment and reassurance to be given and client can continue with IUCD

c. IUCD should be removed and client should be told that she should not use IUCD in future as she is not fit for IUCD.

d. None of the above

19. Following IUCD insertion, what instructions should NOT be given to the client?

a. She should be told to come back to health facility soon if there is any problem or concern

b. She should feel the threads with her fingers after each menstrual period

c. Sometimes, there can be increased bleeding and cramps in the lower abdomen during first 2-3 months of insertion.

d. All of the above

20. In a client who opts for 'medical abortion', when can PAIUCD be inserted?

a. On the same day of starting the medical abortion protocol

b. Only after resuming menstrual periods

c. Once abortion is complete (around 15 days) and the presence of infection has been ruled out

d. All of the above

Annexure 26 Answer Key for Pre/ Post- course Knowledge Assessment

Time: 20 minutes

Name: _____ Designation: _____

Facility of posting: _____

Date: _____ Pre-course/ Post-course (please encircle)

Instruction: *Select the single best answer to each question and circle your answer*

1. IUCD is not a good method for a woman:

a. Who had her last delivery by cesarean section
b. Who wants to delay her sterilization operation for few years
c. Whose partner has many sexual partners
d. None of the above

2. Insertion of IUCD is not recommended in which of the following condition?

a. Woman having past history of ectopic pregnancy
b. Woman having pus like discharge from cervix
c. Woman, who is nulliparous
d. All of the above

3. Which of the following is TRUE about IUCD?

a. IUCD does not increase the risk of pelvic infection
b. IUCD prevents pregnancy by blocking the egg release from the ovary
c. IUCD should not be used by HIV-infected women receiving treatment
d. All of the above

4. If the IUCD is tarnished (color has changed), but IUCD is inside an intact and undamaged packet, which of the following action is correct?

a. If the expiry date on the packet is still not passed, one can insert the IUCD
b. Send the packet back to the manufacturing company
c. Do not use the IUCD as it might harm the woman
d. Report the incident to the district officials

5. Which of the following statements are correct for post pregnancy contraception?

a. A woman can adopt family planning method immediately after delivery/ abortion
b. A woman should not use any contraceptive immediately after a miscarriage or abortion.
c. Contraceptives should only be used after delivery when woman stops breastfeeding the child
d. None of the above

6. **When can an IUCD be safely inserted?**
   a. Within 48 hours of normal delivery
   b. During cesarean section following placental delivery
   c. Within 12 days of abortion
   d. a and b
   e. All of the above

7. **As per WHO guidelines, the recommended spacing between abortion and next pregnancy should be at least:**
   a. 2 months
   b. 6 months
   c. 1 year
   d. 2 years

8. **How soon can fertility return following a first trimester (up to 12 weeks) abortion:**
   a. 4 to 5 Days
   b. 10 to 11 Days
   c. 20 to 25 Days
   d. 60 Days

9. **Which of the following is NOT a good time for postpartum FP and PPIUCD counselling?**
   a. During strong labour pains
   b. During antenatal check-up
   c. When there is mild labour pain
   d. Immediately after abortion, if she is stable

10. **Which of the following key counseling messages should be given to client in post abortion period?**
    a. Fertility returns quickly after abortion, even before next menstrual bleeding returns
    b. Client should avoid intercourse till bleeding stops and injury/ infection heals
    c. Client can choose from available family planning methods as per her eligibility
    d. b and c
    e. All of the above

11. **Which of the following statements are true for counselling of a client undergoing induced or spontaneous abortion?**
    a. Counselling for PAFP methods should always be done prior to abortion procedure irrespective of client's condition
    b. In case of induced abortion (MTP) clients, counselling for PAFP may be provided along with counselling for abortion.
    c. Counselling can be provided after abortion procedure, when a woman settles down and is ready for counselling
    d. All of the above
    e. a & b are True
    f. b & c are True

12. In which of the following conditions, IUCD can be inserted within 10 minutes after placental delivery?

a. Woman has 101° F fever soon after the delivery

b. History of rupture of bag of water 3 hours before the delivery

c. Woman is having excess vaginal bleeding after delivery

d. None of the above

13. Can an IUCD which is about to expire (shelf life) within 1 day be inserted to a potential client?

a. Yes

b. No

c. Shelf life has no role to play in IUCD effectiveness

14. Which of the following antiseptics should be used to clean cervix before IUCD insertion?

a. Spirit (Alcohol)

b. Povidone iodine (Betadine)

c. Normal saline

d. Sod. Hypochlorite solution

15. To prepare 0.5% chlorine solution, what amount of bleaching powder should be used in 1 liter of water?

a. 10 grams

b. 15 grams

c. 20 grams

d. 30 grams

16. Following IUCD insertion, the only acceptable method for processing soiled instruments is

a. Cleaning followed by sterilization

b. Cleaning with soap/water, decontamination with 0.5% chlorine solution, then disinfecting with povidine iodine

c. Soaking in povidine iodine for at least 24 hours

d. Decontamination with 0.5% chlorine solution, cleaning followed by sterilization or high level disinfection.

17. If the Postpartum IUCD comes out on its own after two months of insertion, then what should the client do?

a. Client should wait for the next period before coming to the health facility

b. Client should immediately come to the health facility and contact the service provider

c. Client should not worry and should plan with her husband for using another method after her next period.

d. Both a and c

18. If the client develops reproductive tract infection any time after IUCD insertion, what should be the next course of action?

a. IUCD should immediately be removed by the service provider

b. Appropriate antibiotic treatment and reassurance to be given and client can continue with IUCD

c. IUCD should be removed and client should be told that she should not use IUCD in future as she is not fit for IUCD.

d. None of the above

19. Following IUCD insertion, what instructions should NOT be given to the client?

a. She should be told to come back to health facility soon if there is any problem or concern

b. She should feel the threads with her fingers after each menstrual period

c. Sometimes, there can be increased bleeding and cramps in the lower abdomen during first 2-3 months of insertion.

d. All of the above

20. In a client who opts for 'medical abortion', when can PAIUCD be inserted?

a. On the same day of starting the medical abortion protocol

b. Only after resuming menstrual periods

c. Once abortion is complete (around 15 days) and the presence of infection has been ruled out

d. All of the above

Annexure 27 Evaluation of Training

Name: _____ Designation: _____

Date: _____ District: _____

Mark a Tick ✓ for the appropriate response

S no.	Item	Excellent	Very Good	Good	Satisfactory	Poor
1	Organization of the training					
2	Subject matter covered					
3	Duration of training					
4	Effectiveness of trainers					
5	Overall Evaluation					

6. Please share with us the sessions you found most useful (include reasons why)?

7. Please share with us the sessions that you found least useful (include reasons why)?

8. Please share any suggestions on how to improve the training or a particular session?

9. Please share how you will be using the knowledge gained to improve IUCD services in your work place?

10. What support will you need to provide IUCD services in your work place?

11. Other Comments

Annexure 28 Post Training Follow up Checklist

Instructions to trainer:

Complete one form per trainee during follow up (Telephonic/Visit). Form has three parts: Part I - General assessment, Part II - Clinical Performance Assessment and Part III - Action Plan

At the end of assessment review gaps identified with trainee and share the actions recommended.

Part I: General Assessment

State	District	Facility Name
Facility Type:	Date of training:	Date of follow up:
No. of follow up visit (tick ✓ appropriate)	1st/ 2nd/ 3rd	
Name of the person conducting follow up:		Designation:
Name of the trainee:		Designation:
Trainee is providing IUCD services? (Tick (✓) one)	Yes / No	
What are the numbers of procedures that were performed in last month? :		
If you are NOT providing IUCD services, what difficulties have prevented you? **Tick (✓) all that apply**		
Lack of supply of IUCDs		
Lack of demand of IUCD services among potential clients		
Time constraint due to excess workload		
Service is not provided in the facility		
Lack of confidence in skill		
Others (Specify)…		
If you are providing services, have you experienced any difficulties during service provision? **If yes, Tick (✓) all that apply**		
Shortage of Supplies		
Low case load		
High case load		
Lack of confidence in skill		
Other (specify)		

Part II: Clinical Performance Assessment

Observe the procedure based on the competency based checklists (as per client is availability),

rate trainee's performance by checking in the appropriate box for the procedure. Please refer the competency checklist as in Annexure 8- 13. Based on assessment draw a plan of action

Part III: Action Plan

Table below should be utilized by trainer for developing action plan based on gaps identified from above assessment for remedial actions and share with the trainee.

Trainers Action Plan				
S.no.	**Gaps Identified**	**Support required**	**Timeline**	**Remarks**
1				
2				
3				
4				
5				
Signature of the trainer:				

Annexure 29: Course Outline for IUCD trainings

29A: Five day Comprehensive IUCD Training course (Interval, Postpartum and Post-abortion IUCD)

Duration	Title of Session	Training/Learning methods	Resource Material
		Day 1	
20 minutes	• Opening: Ø Welcome & Introduction, Participants expectations, Group Norms Ø Goals and objectives Ø Course Overview	• Organizers would welcome the participants and introduce the facilitators • Facilitator would ask the participants to introduce themselves • Share goals and objectives of the training and introduce each component of the training package. • Display the group norms and emphasize that some ground rules should be followed throughout the training. • Provide information related to breaks; facilities, (washroom, drinking water, lunch area, rooms for practice sessions)	• Name Badges • Bag/folder • Reference manual for IUCD services • Training Package • Flip Chart with 'Group Norms' • Tape to put up charts on the wall. • Markers
20 minutes	Pre course Knowledge Assessment	• Write the number on each sheet in advance. • Distribute Pre-Course Knowledge Assessment sheet to each participant. Explain the importance of Pre course knowledge assessment and tell them that it is not an individual knowledge assessment but group knowledge assessment. • Ask them to remember number written on the sheet till end of the training. • Allow 20 minutes for the Pre-Course Knowledge Assessment and facilitators would collect the filled assessment sheets from them. Co-facilitators will grade the papers, matching with answer keys and fill the pre-course knowledge assessment matrix	• Pre numbered copies of Pre-Course Knowledge Assessment Sheets • Answer key for facilitators • Pre-Course Knowledge Assessment Matrix

Duration	Title of Session	Training/Learning methods	Resource Material
60 minutes	Overview of family planning methods including new contraceptives	• Ask participants about available family planning methods in public health system. Use slides to explain. • Display samples of FP methods and discuss each method separately. Provide technical details of the method including details of who can use, how to use the method, its effectiveness, benefits and potential side effects. • Summarize the session by showing basket of choice including all commodities for recap. Ask the participants about key messages.	• Power Point Slides • Two Samples each of different spacing contraceptives (COC, ECP, IUCD 375 A, IUCD 380, Condom, MPA, centchroman, POP, tubal rings)
45 minutes	Technical Update of IUCD	• Probe the knowledge of participants about IUCD. Share the background of IUCD program in India. • Draw the attention towards IUCD 380A and 375 and mention difference between the two types, their mechanism of action, effectiveness, timing of insertion, life span, removal, advantages, side effects and limitations. Both the samples may be distributed • Probe about the shelf life and tarnishing of IUCD, prevalent misconceptions and ways to address them • Explain risk of infection, perforation and expulsion in IUCD. Emphasize that incidences are minimal with correct insertion technique • Summarize by asking key messages from the session.	• Power Point Slides • Two samples of IUCD 375 and 380 A
90 minutes	Counselling clients on family planning methods (with focus on key messages of IUCD counselling)	• Facilitate discussion on the participants' understanding of counselling and then with help of slides explain the counselling, its process, phases and approach of counselling and its importance. Probe the participants understanding on GATHER approach and how to use it during counselling. • Emphasize that provider's attitude towards clients has an impact on the quality of counselling and service uptake. Explain basic principles of good client provider interaction. • Share process of counselling starting from general to method specific counselling • Emphasize on the importance of follow up counselling and its need	• Power point presentation; role-plays written on paper, flip chart, markers. • Counselling kit on FP methods.

Duration	Title of Session	Training/Learning methods	Resource Material
		• Inform the participants that they will practice counselling technique using the counselling checklist through role plays. Divide the participants in groups of 3 (one participant would be counsellor, one participants would be client and one would be observer). Ask the groups to enact role plays one by one and remaining participants to provide feedback on each role play. • Conclude by appreciating the efforts of the participants for the role play.	
45 minutes	**Lunch Break**		
90 minutes	• Interval IUCD insertion video • Demonstration: Ø IUCD 380 A Loading using 'No touch technique', Ø Insertion technique of Interval IUCD and removal of IUCD	• Start the session by playing the Interval IUCD insertion video. • Skill stations with necessary humanistic uterine simulation model, equipment and supplies for Interval IUCD insertion and removal should be prepared before the start of this session. • Divide the participants in two groups for demonstration of loading, insertion and removal of IUCD. Ask both the groups to gather around the allotted skill stations where each facilitator will make the demonstration. Instruct the participants to refer to the checklists for IUCD insertion and removal alongside demonstration. • Conduct a demonstration for loading of IUCD 380A inside the packet using 'No Touch Technique' • Demonstrate Interval IUCD insertion with both IUCD 380A and IUCD 375. • Encourage participants to ask questions and assess their understanding of the insertion steps. • Remind the participants that they will have an opportunity to practice these skills with support from the facilitators and will be assessed for competency throughout the course.	• Video of Interval IUCD • Skill station for Interval IUCD • Checklists for Interval IUCD insertion
120 minutes	Supervised practice by participants on counselling, IUCD loading and insertion	• Ask the participants to practice Interval IUCD insertion on uterine simulation models as demonstrated earlier. The facilitators will supervise and resolve queries, if any	• Skill station for Interval IUCD • Checklists for Interval IUCD insertion

Duration	Title of Session	Training/Learning methods	Resource Material
10 minutes	Assessment and review of the day	• Summarize the day's learning for the participants. Select volunteers for recap session next day.	
Day 2			
10 minutes	Warm up and Recap of day 1	Welcome the volunteers to take a recap from the learnings from day 1. Add any point, if missed, by the volunteers. Thank the volunteers	
60 minutes	Medical eligibility criteria using MEC wheel GOI 2015 and Client Assessment for IUCD	• Discuss that once the woman has chosen IUCD or any other method, the provider should make sure that she is eligible for that method. • Enquire if participants have ever used India adopted MEC wheel. Explain that the purpose of the MEC is to assist the provider in making decisions about client's eligibility for contraceptive method based on her medical condition • Explain four categories of WHO MEC. • Introduce the India adopted MEC Wheel 2015 by giving a brief history of development of MEC wheel (2015) and its usefulness. • Distribute MEC wheel. Explain how it is used while screening the client for IUCD use or any other contraceptive method. Reiterate the need to rule out pregnancy and demonstrate how that can be done by using pregnancy checklist. • Inform the participants that they will do an exercise on MEC for IUCD. Distribute the exercise with medical conditions written on it. The participants have to answer whether IUCD would be inserted in those conditions or not. Provide correct answers. • After completion of exercise introduce topic of client assessment for IUCD. Brainstorm and explain components of client assessment and how client assessment is done. Emphasize on important points for PPIUCD and PAIUCD client assessment • Summarize and ask participants to provide key messages of the session	• MEC wheel- one for each participant • PowerPoint slides • Reference manual for IUCD services • Exercise on MEC
15 minutes	Timing of initiation of PPFP methods	• Begin the session by probing about FP methods which can be used in postpartum period. Provide correct answers, wherever required • Discuss timing of initiation of various FP methods in postpartum period.	• Power point presentation

Duration	Title of Session	Training/Learning methods	Resource Material
45 minutes	Technical update on PPIUCD	• Start the session by describing how PPIUCD is different from Interval IUCD. Show PPIUCD insertion forceps • Discuss the advantages & limitations of PPIUCD. Brainstorm when to provide PPIUCD counselling and timing of insertion. • Initiate discussion on additional MEC for PPIUCD and client assessment. Emphasize that insertion of PPIUCD should not interfere with active management of third stage of labour. • Discuss follow up, side-effects and potential problems related to PPIUCD. • Conclude by asking the participants to provide key messages of the session.	• Power point presentation • Reference manual for IUCD services • PPIUCD insertion Forceps
120 minutes	• Video of PPIUCD insertion technique • Demonstration of PPIUCD insertion technique on simulation models/ clients • Supervised skill practice by participants for PPIUCD/ Interval IUCD	• Start the session by playing the PPIUCD insertion video. • Skill stations with necessary humanistic uterine simulation model, equipment and supplies for PPIUCD insertion should be prepared before the start of this session. • Divide the participants in two groups for demonstration of PPIUCD insertion. Ask both the groups to gather around the allotted skill stations where each facilitator will make the demonstration. Instruct the participants to refer to the checklists for PPIUCD insertion alongside demonstration. • Emphasize that for PPIUCD insertion technique is same for IUCD 380 A and IUCD 375 • Ask questions and assess participants' understanding of PPIUCD insertion • Now ask the participants to practice PPIUCD insertion technique as demonstrated for 30 minutes under facilitator's supervision.	• Video on PPIUCD insertion • Skill station for PPIUCD • Checklists for PPIUCD insertion

Duration	Title of Session	Training/Learning methods	Resource Material
		• After practicing insertion technique on models, participants along with the facilitator will visit OPD, labour room and OT to see Interval IUCD/ PPIUCD insertion technique. If no clients are available for IUCD insertion at this point, take the participants to ANC ward, OPD, PNC ward and allow them to counsel the clients. If any client is ready for Interval IUCD/ PPIUCD insertion after counselling, allow participant to insert Interval IUCD/ PPIUCD under facilitator's supervision.	
45 minutes	**Lunch Break**		
60 minutes	Infection prevention	• Introduce the session by discussing the importance of infection prevention for both client and the provider. • Discuss the 'Standard IP Precautions' one by one in detail. • Emphasize on the importance of Handwashing before IUCD insertion. Ask one participant to demonstrate the steps of handwashing and others to observe and comment on the correctness of steps performed. Demonstrate the correct steps, if required. • Explain the need for using Personal Protective Equipment (PPE), especially gloves in IUCD insertion. Ask one of the participants to demonstrate the correct method of wearing and removing gloves. Demonstrate the correct method, if required. • Discuss the steps of IUCD instrument processing including decontamination, cleaning, HLD/ sterilization and storage • Demonstrate the correct method of preparation of bleaching solution from bleaching powder/ liquid bleach. • Ask the participants about color coded bins and how the waste is segregated in them. Tell the participants about bio medical waste segregation and further management. • Close the session by reiterating that infection prevention is everyone's responsibility.	• PowerPoint slides • IP materials (illustration of tap for handwashing, gloves, colour coded bins, bucket for making hypochlorite solution, bleaching powder/ hypochlorite solution, water, plastic spoon, mug)

Duration	Title of Session	Training/Learning methods	Resource Material
30 minutes	Follow up care of clients for Interval IUCD, PPIUCD	• Initiate discussion citing the importance of follow up visits, schedule of follow up and follow up care visits after IUCD insertion • Address any concern or query raised by participants • Explain in detail the warning signs (PAINS). Emphasize that the client must return to the facility immediately if these signs appear	• Power point presentation
120 minutes	Supervised clinical skill practice by participants for Interval IUCD/ PPIUCD insertion on simulation models/ clients	• Now ask the participants to practice PPIUCD insertion technique again as demonstrated for 30 minutes under facilitator's supervision. • After practicing insertion technique on models, participants along with the facilitator will visit OPD, labour room and OT to see Interval IUCD/ PPIUCD insertion technique. If no clients are available for IUCD insertion at this point, take the participants to ANC ward, OPD, PNC ward and allow them to counsel the clients. If any client is ready for Interval IUCD/ PPIUCD insertion after counselling, allow participant to insert Interval IUCD/ PPIUCD under facilitator's supervision.	• Skill station for IUCD/ PPIUCD • Checklists for PPIUCD insertion
10 minutes	Assessment and Review of the day	Summarize the day's learning for the participants. Select volunteers for recap session next day.	
Day 3			
10 minutes	Warm up and recap of Day 2	Welcome the volunteers to take a recap from the learnings from day 2. Add any point, if missed, by the volunteers. Thank the volunteers	
45 minutes	Management of side effects & potential problems related to IUCD	• Introduce the session by stating that problems related to IUCD are rare, most of which are associated with poor insertion technique. Also the effects of IUCD may be addressed by reassurance and counselling. However, some problems need management. • Probe about potential problems that can occur during and after IUCD insertion. Then show the list of potential problems that may occur in both the scenarios. • Exercise: Tell the participants that they would be doing an exercise. Distribute the exercise to all the participants (with potential problems in column 1 and management in column 2). Ask the participants to match the problems with their probable solutions. Discuss each potential problem in detail. • Summarize by asking the key messages from the session	• Power point presentation • Reference manual for IUCD services • Handouts of Exercise on potential problems and management

Duration	Title of Session	Training/Learning methods	Resource Material
60 minutes	Post abortion family planning (PAFP) including technical update on PAIUCD	• Share that abortions were legalized in India in 1971. Display the abortion parameters. • Emphasize that fertility can return quickly after abortions. • Discuss the importance of PAFP indicating the contribution of 'abortions and related complications' in maternal and infant deaths in India which can be prevented by Family Planning. • Emphasize on the need for a structured mechanism for data recording and reporting for PAFP, especially in case of spacing methods. • Share the efforts put in by the MOHFW for revitalization of PAFP. Ask participants to quickly recapitulate mechanism of action of IUCD. • Introduce PAIUCD insertion and enumerate its key points. • Draw attention towards level of facility and eligibility of providers performing PAIUCD insertion according to trimester of abortion and level of facility. • Explain the steps of client assessment for PAIUCD insertion. • Summarize the session by stating that post abortion family planning needs to be strengthened in the existing program and service provision along with data recording should be equally emphasized.	• Power Point Slides • Technical Update on Post Abortion Family Planning • Reference Manual for IUCD Services
90 minutes	• Video on PAIUCD insertion • Demonstration of 1st trimester PAIUCD insertion technique on simulation models/ clients	• Start the session by playing the PAIUCD insertion video. • Skill stations with necessary humanistic uterine simulation model, equipment and supplies for PAIUCD insertion (uterine size less than 12 weeks) should be prepared before the start of this session. • Divide the participants in two groups for demonstration of PAIUCD insertion (uterine size less than 12 weeks). Ask both the groups to gather around the allotted skill stations where each facilitator will make the demonstration. Instruct the participants to refer to the checklists for PAIUCD insertion (uterine size less than 12 weeks) alongside demonstration. • Emphasize that use of uterine sound is not recommended (unlike in Interval IUCD insertion) in the immediate post-abortion insertion. However within 12 days or after MMA, the sound needs to be used with certain precautions. Mention those precautions.	• Video on PAIUCD insertion • Skill stations for PAIUCD • PAIUCD checklists (uterine size up to 12 weeks) • PAIUCD checklists (uterine size more than 12 weeks)

Duration	Title of Session	Training/Learning methods	Resource Material
	• Demonstration of 2nd trimester PAIUCD insertion technique on simulation models/ clients	• Now prepare skill stations with necessary supplies, equipment, humanistic uterine simulation models for Demonstration of 2nd trimester PAIUCD insertion technique. • Ask both the groups to gather around the allotted skill stations again where each facilitator will make the demonstration of PIAUCD insertion following 2nd trimester abortion. Instruct the participants to refer to the checklists for PAIUCD insertion (uterine size more than 12 weeks) alongside demonstration. • Re-emphasize that only medical doctors are allowed to insert PAIUCD after 2nd trimester abortion as per guidelines. • Welcome queries or concerns and address them, if any	
45 minutes	**Lunch Break**		
120 minutes	Supervised clinical skill practice for Interval IUCD/ PPIUCD/ PAIUCD insertion	• Now ask the participants to practice Interval IUCD/ PPIUCD/ PAIUCD insertion technique as demonstrated under facilitator's supervision.	
120 minutes	Practice of Counselling and Interval IUCD/ PPIUCD/ PAIUCD insertion and removal skills on simulation model/ clients	• After practicing insertion technique on models, participants along with the facilitator will visit OPD, labour room and OT to see Interval IUCD/ PPIUCD/ PAIUCD insertion technique. If no clients are available for IUCD insertion at this point, take the participants to ANC ward, OPD, PNC ward and allow them to counsel the clients. If any client is ready for Interval IUCD/ PPIUCD/ PAIUCD insertion after counselling, allow participant to insert Interval IUCD/ PPIUCD/ PAIUCD under facilitator's supervision. (The AYUSH providers would only observe PAIUCD insertion) • Facilitators will assess the competency of the participants using the checklist.	
10 minutes	Assessment and review of the day	Summarize the day's learning for the participants. Select volunteers for recap session next day.	

Duration	Title of Session	Training/Learning methods	Resource Material
Day 4			
10 minutes	Warm up and Recap of day 3	Welcome the volunteers to take a recap from the learnings from day 3. Add any point, if missed, by the volunteers. Thank the volunteers	
120 minutes	Supervised clinical practice/ assessment on Counselling and Interval IUCD/ PPIUCD/ PAIUCD insertion skills on simulation models/ clients	• Participants along with the facilitator will visit OPD, labour room and OT to see Interval IUCD/ PPIUCD/ PAIUCD insertion technique. If no clients are available for IUCD insertion at this point, take the participants to ANC ward, OPD, PNC ward and allow them to counsel the clients. If any client is ready for Interval IUCD/ PPIUCD/ PAIUCD insertion after counselling, allow participant to insert Interval IUCD/ PPIUCD/ PAIUCD under facilitator's supervision. (The AYUSH providers would only observe PAIUCD insertion) • Facilitators will assess the competency of the participants using the checklist.	
45 minutes	Counselling clients on family planning in post abortion period	• Begin by informing that the session focuses on "what to tell" women and how to respond to the concerns of clients about PAFP. • Discuss the key points of FP Counselling and revise GATHER approach • Emphasize on the importance and need of PAFP counselling and its impact on increasing the acceptability of PAFP. Highlight the need of maintaining confidentiality by counsellor. • Discuss the timing of PAFP Counselling and follow up Counselling. Enumerate key counselling messages of post abortion period. • Conclude the session by re-emphasizing the importance of counselling in post abortion period.	• Power point presentation
45 minutes	**Lunch Break**		

Duration	Title of Session	Training/Learning methods	Resource Material
90 minutes	Supervised clinical practice/ assessment of individual participants on Counselling and Interval IUCD/ PPIUCD/ PAIUCD insertion skills on simulation models/ clients	• Participants along with the facilitator will visit OPD, labour room and OT to see Interval IUCD/ PPIUCD/ PAIUCD insertion technique. If no clients are available for IUCD insertion at this point, take the participants to ANC ward, OPD, PNC ward and allow them to counsel the clients. If any client is ready for Interval IUCD/ PPIUCD/ PAIUCD insertion after counselling, allow participant to insert Interval IUCD/ PPIUCD/ PAIUCD under facilitator's supervision. (The AYUSH providers would only observe PAIUCD insertion) • Facilitators will assess the competency on participants on models using the checklist.	
20 minutes	Post-course knowledge assessment	• Inform the participants about Post-course assessment. Tell them that it is not an individual knowledge assessment but group knowledge assessment. • Instruct to write same number on the sheet provided that they had written on pre-test and attempt all questions • Allow 20 minutes for the Post course Knowledge Assessment and facilitators to collect filled assessment sheet. • After submission of assessment sheets by participants, co-facilitators will grade the papers, matching with answer keys and fill the post-course knowledge assessment matrix	• Post Course Assessment sheets • Answer sheets for facilitators
45 minutes	Programme Determinants and Quality Assurance in IUCD services	• Begin by brainstorming on determinants of quality of family planning services. Display the determinants on slides and explain each of them. • Highlight the eligibility criteria for service provider for Interval IUCD, PPIUCD and PAIUCD • Highlight the management of FP supply chain and importance of regular uninterrupted supply for quality services • Discuss what is meant by quality of care and key areas of quality assurance. Explain the performance standards for all the key areas • Summarize and ask participants to provide key messages of the session.	• PowerPoint slides
10 minutes	Review of the day	Summarize the day's learning for the participants. Select volunteers for recap session next day.	

Duration	Title of Session	Training/Learning methods	Resource Material
Day 5			
10 minutes	Warm up and Recap of day 4	Welcome the volunteers to take a recap from the learnings from day 4. Add any point, if missed, by the volunteers. Thank the volunteers	
20 minutes	Feedback on Post Course assessment and clarification of doubts	Discuss the correct answers to the post-course assessment test and answer any doubts that the participants may have.	Answer sheet for post-course assessment
90 minutes	Record keeping and reporting for Interval IUCD/PPIUCD/ PAIUCD	• Explain the importance of record keeping and reporting. Discuss how timely reporting helps in monitoring of the program, identification of gaps and effective implementation of the strategies. • Explain the registers that are to be filled up for IUCD services. • Discuss/ demonstrate how to fill client and facility section of IUCD card. • Highlight that written key information on IUCD card should be explained to clients before she leaves the facility and show that there are key information for providers (as reminders) written on the section to be kept in the facility.	• Power point slides • IUCD Card • Reference Manual for IUCD Services
120 minutes	Assessment of individual participants on counselling and Interval IUCD/ PPIUCD/ PAIUCD insertion skills on simulation models/ clients	• In this session, participants will practice insertion of Interval IUCD/ PPIUCD/ PAIUCD on models and facilitators will assess them using standard checklists.	• IUCD insertion checklists • Skill stations for Interval IUCD/ PPIUCD/ PAIUCD
45 minutes	**Lunch Break**		

Duration	Title of Session	Training/Learning methods	Resource Material
60 minutes	Assessment of individual participants on counselling and Interval IUCD/ PPIUCD/ PAIUCD insertion skills on simulation models/ clients	• In this session, participants will practice insertion of Interval IUCD/ PPIUCD/ PAIUCD on models and the facilitators will assess them using standard checklists.	
30 minutes	Training Evaluation and participant's feedback	• Thank all the participants for participating in the training. Reiterate that quality in services is paramount. Facilitators would provide contact information so that the participants can contact them whenever required.	• Training Evaluation form
15 minutes	Closing remarks	• Give closing remarks and thank the organizers	

Session Plan: Three day Training course on Post-partum IUCD and Post-abortion IUCD for Service Providers

Duration	Title of Session	Training/Learning methods	Resource Material
		Day 1	
20 minutes	• Opening: Ø Welcome & Introduction, Participants expectations, Group Norms Ø Goals and objectives, Course Outline	• Organizers would welcome the participants and introduce the facilitators • Facilitator would ask the participants to introduce themselves • Share goals and objectives of the training and introduce each component of the training package. • Display the group norms and emphasize that some ground rules should be followed throughout the training. • Provide information related to breaks; facilities, (washroom, drinking water, lunch area, rooms for practice sessions)	• Name Badges • Bag/folder • Reference manual for IUCD Services • Training Package • Flip Chart with 'Group Norms' • Tape to put up charts on the wall. • Markers

Duration	Title of Session	Training/Learning methods	Resource Material
20 minutes	Pre course Knowledge Assessment	• Write the number on each sheet in advance. • Distribute Pre-Course Knowledge Assessment sheet to each participant. Explain the importance of Pre course knowledge assessment and tell them that it is not an individual knowledge assessment but group knowledge assessment. • Ask them to remember number written on the sheet till end of the training. • Allow 20 minutes for the Pre-Course Knowledge Assessment and facilitators would collect the filled assessment sheets from them. Co-facilitators will grade the papers, matching with answer keys and fill the pre-course knowledge assessment matrix	• Pre numbered copies of Pre-Course Knowledge Assessment Sheets (one for each participant) • Answer key for facilitators • Pre-Course Knowledge Assessment Matrix
60 minutes	Overview of family planning methods including new contraceptives	• Ask participants about available family planning methods in public health system. Use slides to explain. • Display samples of FP methods and discuss each method separately. Provide technical details of the method including details of who can use, how to use the method, its effectiveness, benefits and potential side effects. • Summarize the session by showing basket of choice including all commodities for recap. Ask the participants about key messages.	• Power Point Slides • Two Samples each of different spacing contraceptives
60 minutes	Technical update on PPIUCD	• Start the session by describing how PPIUCD is different from Interval IUCD. Show PPIUCD insertion forceps • Discuss the advantages & limitations of PPIUCD. Brainstorm when to provide PPIUCD counselling and timing of insertion. • Initiate discussion on additional MEC for PPIUCD and client assessment. Emphasize that insertion of PPIUCD should not interfere with active management of third stage of labour. • Discuss follow up, side-effects and potential problems related to PPIUCD. • Conclude by asking the participants to provide key messages of the session.	• Power point presentation • PPIUCD insertion forceps

Duration	Title of Session	Training/Learning methods	Resource Material
45 minutes	• PPIUCD Insertion Video • Demonstration of PPIUCD insertion technique on simulation models	• Start the session by playing the PPIUCD insertion video. • Skill stations with necessary humanistic uterine simulation model, equipment and supplies for PPIUCD insertion should be prepared before the start of this session. • Divide the participants in two groups for demonstration of PPIUCD insertion. Ask both the groups to gather around the allotted skill stations where each facilitator will make the demonstration. Instruct the participants to refer to the checklists for PPIUCD insertion alongside demonstration. • Emphasize that for PPIUCD insertion technique is same for IUCD 380 A and IUCD 375 • Ask questions and assess participants' understanding of PPIUCD insertion	• Video on PPIUCD insertion • Skill station for PPIUCD • Checklists for PPIUCD insertion
45 minutes	**Lunch Break**		
30 minutes	Medical eligibility criteria using MEC wheel GOI 2015 and Client Assessment	• Discuss that once the woman has chosen IUCD or any other method, the provider should make sure that she is eligible for that method. • Enquire if participants have ever used India adopted MEC wheel. Explain that the purpose of the MEC is to assist the provider in making decisions about client's eligibility for contraceptive method based on her medical condition • Explain four categories of WHO MEC. • Introduce the India adopted MEC Wheel 2015 by giving a brief history of development of MEC wheel (2015) and its usefulness. • Distribute MEC wheel. Explain how it is used while screening the client for IUCD use or any other contraceptive method. Reiterate the need to rule out pregnancy and demonstrate how that can be done by using pregnancy checklist.	• WHO MEC wheel- one for each participant • PowerPoint slides • Handouts for Exercise on MEC • Reference manual for IUCD Services • Pregnancy Screening Checklist

Duration	Title of Session	Training/Learning methods	Resource Material
		• Inform the participants that they will do an exercise on MEC for IUCD. Distribute the exercise with medical conditions written on it. The participants have to answer whether IUCD would be inserted in those conditions or not. Provide correct answers. • After completion of exercise introduce topic of client assessment for IUCD. Brainstorm and explain components of client assessment and how client assessment is done. Emphasize on important points for PPIUCD and PAIUCD client assessment • Summarize and ask participants to provide key messages of the session	
90 minutes	Supervised clinical skill practice by participants for PPIUCD insertion on simulation models/ clients	• Now ask the participants to practice PPIUCD insertion technique as demonstrated for 30 minutes under facilitator's supervision. • After practicing insertion technique on models, participants along with the facilitator will visit labour room and OT to see PPIUCD insertion technique (after normal delivery and C section). If no clients are available for PPIUCD insertion at this point, take the participants to ANC ward, OPD, PNC ward and allow them to counsel the clients. If any client is ready for Interval IUCD/ PPIUCD insertion after counselling, allow participant to insert Interval IUCD/ PPIUCD under facilitator's supervision.	• Checklists for PPIUCD insertion
60 minutes	Infection prevention	• Introduce the session by discussing the importance of infection prevention for both client and the provider. • Discuss the 'Standard IP Precautions' one by one in detail. • Emphasize on the importance of Handwashing before IUCD insertion. Ask one participant to demonstrate the steps of handwashing and others to observe and comment on the correctness of steps performed. Demonstrate the correct steps, if required. • Explain the need for using Personal Protective Equipment (PPE), especially gloves in IUCD insertion. Ask one of the participants to demonstrate the correct method of wearing and removing gloves. Demonstrate the correct method, if required.	• PowerPoint slides for the session • Flip chart, marker pen • IP materials (illustration of tap for handwashing, gloves, colour coded bins, bucket for making hypochlorite solution, bleaching powder/ hypochlorite solution, water, plastic spoon, mug)

Duration	Title of Session	Training/Learning methods	Resource Material
		• Discuss the steps of IUCD instrument processing including decontamination, cleaning, HLD/ sterilization and storage • Demonstrate the correct method of preparation of bleaching solution from bleaching powder/ liquid bleach. • Ask the participants about color coded bins and how the waste is segregated in them. Tell the participants about bio medical waste segregation and further management. • Close the session by reiterating that infection prevention is everyone's responsibility.	
30 minutes	• Follow-up care of clients for PPIUCD • Management of side effects & potential problems related to IUCD	• Initiate discussion citing the importance of follow up visits, schedule of follow up and follow up care visits after IUCD insertion • Address any concern or query raised by participants • Explain in detail the warning signs (PAINS). Emphasize that the client must return to the facility immediately if these signs appear • Introduce the session by stating that problems related to IUCD are rare, most of which are associated with poor insertion technique. Also the effects of IUCD may be addressed by reassurance and counselling. However, some problems need management. • Probe about potential problems that can occur during and after IUCD insertion. Then show the list of potential problems that may occur in both the scenarios. • Exercise: Tell the participants that they would be doing an exercise. Distribute the exercise to all participants (with potential problems in column 1 and management in column 2). Ask the participants to match the problems with their probable solutions. Discuss each potential problem in detail. • Summarize by asking the key messages from the session	• Power point presentation • Handouts for Exercise on potential problems and management
10 minutes	Review of the day	Summarize the day's learning for the participants. Select volunteers for recap session next day.	

Duration	Title of Session	Training/Learning methods	Resource Material
Day 2			
10 minutes	Warm up and recap of Day 1	Welcome the volunteers to take a recap from the learnings from day 1. Add any point, if missed, by the volunteers. Thank the volunteers	
60 minutes	Post abortion family planning including technical update on PAIUCD	• Share that abortions were legalized in India in 1971. Display the abortion parameters. • Emphasize that fertility can return quickly after abortions. • Discuss the importance of PAFP indicating the contribution of 'abortions and related complications' in maternal and infant deaths in India which can be prevented by Family Planning. • Emphasize on the need for a structured mechanism for data recording and reporting for PAFP, especially in case of spacing methods. • Share the efforts put in by the MOHFW for revitalization of PAFP. Ask participants to quickly recapitulate mechanism of action of IUCD. • Introduce PAIUCD insertion and enumerate its key points. • Draw attention towards level of facility and eligibility of providers performing PAIUCD insertion according to trimester of abortion and level of facility. • Explain the steps of client assessment for PAIUCD insertion. • Summarize the session by stating that post abortion family planning needs to be strengthened in the existing program and service provision along with data recording should be equally emphasized.	• Power Point Slides • Technical Update on Post Abortion Family Planning • Reference Manual for IUCD Services
45 minutes	Counselling clients on family planning methods in Postpartum and Post Abortion period	• Facilitate discussion on the participants' understanding of counselling and then with help of slides explain the counselling, its process, phases and approach of counselling and its importance. Probe the participants understanding on GATHER approach and how to use it during counselling.	• Power point presentation • Role-plays written on paper

Duration	Title of Session	Training/Learning methods	Resource Material
		• Emphasize that provider's attitude towards clients has an impact on the quality of counselling and service uptake. Explain basic principles of good client provider interaction. • Share process of counselling starting from general to method specific counselling • Emphasize on the importance of follow up counselling and its need • Inform the participants that they will practice counselling technique using the counselling checklist through role plays. Divide the participants in groups of 3 (one participant would be counsellor, one participants would be client and one would be observer). Ask the groups to enact role plays one by one and remaining participants to provide feedback on each role play. • Conclude by appreciating the efforts of the participants for the role play.	
30 minutes	Exercise for family planning methods	• Introduce the exercise on contraceptives methods in post abortion period. Tell the participants that the exercise would be done individually and would be distributed to each participant. • The exercise consists of list of all contraceptive methods available in post abortion period which are given specific codes. Additionally, key facts about contraceptive methods available in post abortion period are given. • The participants are required to recall which fact would best suit which contraceptive method. They are required to write the contraceptive code in front of each fact best suited for it. More than one method may be applicable for each fact given • The participants would have 10 mins to complete the exercise. • Ask volunteers to tell the response for each statement and provide correct answers, if required. • Wrap up of session: Appreciate the participants for successfully completing the exercise	• Exercise Sheets • Answer sheets for the exercise

Duration	Title of Session	Training/Learning methods	Resource Material
90 minutes	• Video on PAIUCD insertion • Demonstration of 1st trimester PAIUCD insertion technique on simulation models/ clients by facilitator • Supervised clinical skill practice by participants for 1st trimester PAIUCD insertion on simulation models/ clients	• Start the session by playing the PAIUCD insertion video. • Skill stations with necessary humanistic uterine simulation model, equipment and supplies for PAIUCD insertion (uterine size less than 12 weeks) should be prepared before the start of this session. • Divide the participants in two groups for demonstration of PAIUCD insertion (uterine size less than 12 weeks). Ask both the groups to gather around the allotted skill stations where each facilitator will make the demonstration. Instruct the participants to refer to the checklists for PAIUCD insertion (uterine size less than 12 weeks) alongside demonstration. • Emphasize that use of uterine sound is not recommended (unlike in Interval IUCD insertion) in the immediate post-abortion insertion. However within 12 days or after MMA, the sound needs to be used with certain precautions. Mention those precautions. • Welcome queries or concerns and address them, if any. • Now ask the participants to practice PAIUCD insertion technique again as demonstrated for 20 minutes under facilitator's supervision. • After practicing insertion technique on models, participants along with the facilitator will visit labour room and OT to see PPIUCD/ PAIUCD insertion technique. If no clients are available for PPIUCD/ PAIUCD insertion at this point, take the participants to ANC ward, OPD, PNC ward and allow them to counsel the clients. If any client is ready for PPIUCD/ PAIUCD insertion after counselling, allow participant to insert PPIUCD/ PAIUCD under facilitator's supervision. (The AYUSH providers would only observe PAIUCD insertion) • Facilitators will assess the competency of the participants using the checklist.	• Video on PAIUCD insertion • Skill stations for PAIUCD • PAIUCD checklists (uterine size less than 12 weeks)
45 minutes	**Lunch Break**		

Duration	Title of Session	Training/Learning methods	Resource Material
60 minutes	• Demonstration of 2nd trimester PAIUCD insertion technique on simulation models/ clients by facilitator • Supervised clinical skill practice by participants for 2nd trimester PAIUCD insertion on simulation models/ clients	• Start the session by playing the PAIUCD insertion video. • Skill stations with necessary humanistic uterine simulation model, equipment and supplies for PAIUCD insertion (uterine size more than 12 weeks) should be prepared before the start of this session. • Divide the participants in two groups for demonstration of PAIUCD insertion (uterine size more than 12 weeks). Ask both the groups to gather around the allotted skill stations where each facilitator will make the demonstration. Instruct the participants to refer to the checklists for PAIUCD insertion (uterine size more than 12 weeks) alongside demonstration. • Welcome queries or concerns and address them, if any. • Now ask the participants to practice PAIUCD insertion technique again as demonstrated for 20 minutes under facilitator's supervision. • After practicing insertion technique on models, participants along with the facilitator will visit labour room and OT to see PPIUCD/ PAIUCD insertion technique. If no clients are available for PPIUCD/ PAIUCD insertion at this point, take the participants to ANC ward, OPD, PNC ward and allow them to counsel the clients. If any client is ready for PPIUCD/ PAIUCD insertion after counselling, allow participant to insert PPIUCD/ PAIUCD under facilitator's supervision. (The AYUSH providers would only observe PAIUCD insertion) • Facilitators will assess the competency of the participants using the checklist.	• Skill stations for PAIUCD • PAIUCD checklists (uterine size up to 12 weeks) • PAIUCD checklists (uterine size more than 12 weeks)

Duration	Title of Session	Training/Learning methods	Resource Material
90 minutes	Practice of Counselling and PPIUCD/PAIUCD insertion and removal skills on model/clients	• Participants along with the facilitator will again visit labour room and OT to see PPIUCD/ PAIUCD insertion technique. If no clients are available for PPIUCD/ PAIUCD insertion at this point, take the participants to ANC ward, OPD, PNC ward and allow them to counsel the clients. If any client is ready for PPIUCD/ PAIUCD insertion after counselling, allow participant to insert PPIUCD/ PAIUCD under facilitator's supervision. (The AYUSH providers would only observe PAIUCD insertion) • Facilitators will assess the competency of the participants using the checklist.	• PAIUCD checklists (uterine size up to 12 weeks) • PAIUCD checklists (uterine size more than 12 weeks) • PPIUCD insertion checklists
20 minutes	Post-course knowledge assessment	• Inform the participants about Post-course assessment. Tell them that it is not an individual knowledge assessment but group knowledge assessment. • Instruct to write same number on the sheet provided that they had written on pre-test and attempt all questions • Allow 20 minutes for the Post course Knowledge Assessment and facilitators to collect filled assessment sheet. • After submission of assessment sheets by participants, co-facilitators will grade the papers, matching with answer keys and fill the post-course knowledge assessment matrix	• Post Course Assessment sheets • Answer sheets for facilitators
10 minutes	Review of the day	Summarize the day's learning for the participants. Select volunteers for recap session next day.	
Day 3			
10 minutes	Warm up and recap of Day 2	Welcome the volunteers to take a recap from the learnings from day 2. Add any point, if missed, by the volunteers. Thank the volunteers	
20 minutes	Feedback on Post Course assessment and clarification of doubts	Discuss the correct answers to the post-course assessment test and answer any doubts that the participants may have.	• Answer sheet for post-course assessment

Duration	Title of Session	Training/Learning methods	Resource Material
45 minutes	Programme Determinants and Quality Assurance in IUCD services	• Begin by brainstorming on determinants of quality of family planning services. Display the determinants on slides and explain each of them. • Highlight the eligibility criteria for service provider for Interval IUCD, PPIUCD and PAIUCD • Highlight the management of FP supply chain and importance of regular uninterrupted supply for quality services • Discuss what is meant by quality of care and key areas of quality assurance. Explain the performance standards for all the key areas • Summarize and ask participants to provide key messages of the session	• PowerPoint slides
60 minutes	Record keeping and reporting for IUCD/ PPIUCD/PAIUCD	• Explain the importance of record keeping and reporting. Discuss how timely reporting helps in monitoring of the program, identification of gaps and effective implementation of the strategies. • Explain the registers that are to be filled up for IUCD services. • Discuss/ demonstrate how to fill client and facility section of IUCD card. • Highlight that written key information on IUCD card should be explained to clients before she leaves the facility and show that there are key information for providers (as reminders) written on the section to be kept in the facility.	• Power point slides • IUCD Card
120 minutes	Assessment of individual participants on Counselling and PPIUCD/ PAIUCD insertion skills on simulation models/ clients	• In this session, participants will practice insertion of PPIUCD/ PAIUCD on models/ clients and the facilitators will assess them using standard checklists.	
45 minutes	**Lunch Break**		

Duration	Title of Session	Training/Learning methods	Resource Material
45 minutes	Assessment of individual participants on Counselling and PPIUCD/ PAIUCD insertion skills on simulation models/ clients	• In this session, participants will practice insertion of PPIUCD/ PAIUCD on models/ clients and the facilitators will assess them using standard checklists.	
30 minutes	Training Evaluation and participant's feedback	• Thank all the participants for participating in the training. Reiterate that quality in services is paramount. Facilitators would provide contact information so that the participants can contact them whenever required.	• Evaluation form
15 minutes	Closing remarks	• Give closing remarks and thank the organizers	

Session Plan: One day Orientation Course on PAFP including PAIUCD for Service Providers

Duration	Title of Session	Details of session	Resource Material
20 minutes	Opening: • Welcome & Introduction, Participants expectations, Group Norms • Goals and objectives, Course Outline	• Organizers would welcome the participants and introduce the facilitators • Facilitator would ask the participants to introduce themselves • Share goals and objectives of the training and introduce each component of the training package. • Display the group norms and emphasize that some ground rules should be followed throughout the training. • Provide information related to breaks; facilities, (washroom, drinking water, lunch area, rooms for practice sessions)	• Name Badges • Bag/folder • Reference manual for IUCD services • Training Package • Flip Chart with 'Group Norms' • Tape to put up charts on the wall. • Markers

Duration	Title of Session	Details of session	Resource Material
20 minutes	Pre course Knowledge Assessment	• Write the number on each sheet in advance. • Distribute Pre-Course Knowledge Assessment sheet to each participant. Explain the importance of Pre course knowledge assessment and tell them that it is not an individual knowledge assessment but group knowledge assessment. • Ask them to remember number written on the sheet till end of the training.	• Pre numbered copies of Pre-Course Knowledge Assessment Sheets • Answer key for facilitators • Pre-Course Knowledge Assessment Matrix
		• Allow 20 minutes for the Pre-Course Knowledge Assessment and facilitators would collect the filled assessment sheets from them. Co-facilitators will grade the papers, matching with answer keys and fill the pre-course knowledge assessment matrix	
60 minutes	Overview of family planning methods including new contraceptives	• Ask participants about available family planning methods in public health system. Use slides to explain. • Display samples of FP methods and discuss each method separately. Provide technical details of the method including details of who can use, how to use the method, its effectiveness, benefits and potential side effects. • Summarize the session by showing basket of choice including all commodities for recap. Ask the participants about key messages.	• Power Point Slides • Two Samples each of different spacing contraceptives (COC, ECP, IUCD 375 A, IUCD 380, Condom, MPA, centchroman, POP, tubal rings)
40 minutes	Post abortion family planning including technical update on PAIUCD	• Share that abortions were legalized in India in 1971. Display the abortion parameters. • Emphasize that fertility can return quickly after abortions. • Discuss the importance of PAFP indicating the contribution of 'abortions and related complications' in maternal and infant deaths in India which can be prevented by Family Planning. • Emphasize on the need for a structured mechanism for data recording and reporting for PAFP, especially in case of spacing methods.	• Power Point Slides • Technical Update on Post Abortion Family Planning • Reference Manual for IUCD Services

Duration	Title of Session	Details of session	Resource Material
		• Share the efforts put in by the MOHFW for revitalization of PAFP. Ask participants to quickly recapitulate mechanism of action of IUCD. • Introduce PAIUCD insertion and enumerate its key points. • Draw attention towards level of facility and eligibility of providers performing PAIUCD insertion according to trimester of abortion and level of facility. • Explain the steps of client assessment for PAIUCD insertion. • Summarize the session by stating that post abortion family planning needs to be strengthened in the existing program and service provision along with data recording should be equally emphasized.	
45 minutes	Counselling clients on family planning methods in Post Abortion period	• Begin by telling the participants that the session focuses on "what to tell" women and how to respond to the concerns of clients about PAFP. • Now discuss the key points of FP Counselling. Revise the GATHER approach and display the slide on 6 steps of GATHER • Emphasize on the importance and need of PAFP Counselling and mention that it increases the acceptability of PAFP. Also draw the attention of the participants on the fact that confidentiality should be maintained by Counsellor. • Now discuss the timing of PAFP Counselling and follow up Counselling • Enumerate key counselling messages in post abortion period. • With the help of slides show timing of initiation of contraceptive methods after abortion (1st trimester abortion/ second trimester abortion/ MMA) • Method Specific Counselling for contraceptives: Divide the participants into 5 small groups and ask them to list the key messages to be given to women during method specific counselling for each method: Time 5 min Ø Gr1-MPA Ø Gr 2-Centchroman Ø Gr 3-POP	• Power point presentation; role-plays written on paper, flip chart, markers. • Counselling kit on FP methods.

Duration	Title of Session	Details of session	Resource Material
		Ø Gr 4-COCs Ø Gr 5-IUCDs Ø Gr 6- Sterilization • In next 10 min, invite each group to present the key messages related to one method. • Facilitator to summarize/complete the messages, with the help of PPT slides. • Conclude the session by re-emphasizing the importance of counselling in post abortion period.	
25 minutes	Exercise for family planning methods	• Introduce the exercise on contraceptives methods in post abortion period. Tell the participants that the exercise would be done individually and would be distributed to each participant. • The exercise consists of list of all contraceptive methods available in post abortion period which are given specific codes. Additionally, key facts about contraceptive methods available in post abortion period are given. • The participants are required to recall which fact would best suit which contraceptive method. They are required to write the contraceptive code in front of each fact best suited for it. More than one method may be applicable for each fact given • The participants would have 15 mins to complete the exercise. • The facilitators would ask volunteers to tell the response for each statement and clarify the answers, if required. • Wrap up by appreciating participants for successfully completing the exercise	• Exercise Sheets • Answer sheets for the exercise
30 minutes	• Medical **eligibility** criteria using MEC wheel, GOI 2015 and Client Assessment	• Discuss that once the woman has chosen IUCD or any other method, the provider should make sure that she is eligible for that method. • Enquire if participants have ever used India adopted MEC wheel. Explain that the purpose of the MEC is to assist the provider in making decisions about client's eligibility for contraceptive method based on her medical condition	• WHO MEC wheel- one for each participant • PowerPoint slides • Reference manual • Screening Checklist

Duration	Title of Session	Details of session	Resource Material
	• Follow up care of clients	• Explain four categories of WHO MEC. • Introduce the India adopted MEC Wheel 2015 by giving a brief history of development of MEC wheel (2015) and its usefulness. • Distribute MEC wheel. Explain how it is used while screening the client for IUCD use or any other contraceptive method. Reiterate the need to rule out pregnancy and demonstrate how that can be done by using pregnancy checklist. • Introduce topic of client assessment for IUCD. Brainstorm and explain components of client assessment and how client assessment is done. Emphasize on important points for PPIUCD and PAIUCD client assessment • Summarize and ask participants to provide key messages of the session	
45 minutes	**Lunch Break**		
90 minutes	• Video on PAIUCD insertion • Demonstration of 1st trimester PAIUCD insertion technique on simulation models/ clients by facilitator • Supervised clinical skill practice by participants for 1st trimester PAIUCD insertion on simulation models/ clients	• Start the session by playing the PAIUCD insertion video. • Skill stations with necessary humanistic uterine simulation model, equipment and supplies for PAIUCD insertion (uterine size less than 12 weeks) should be prepared before the start of this session. • Divide the participants in two groups for demonstration of PAIUCD insertion (uterine size less than 12 weeks). Ask both the groups to gather around the allotted skill stations where each facilitator will make the demonstration. Instruct the participants to refer to the checklists for PAIUCD insertion (uterine size less than 12 weeks) alongside demonstration. • Welcome queries or concerns and address them, if any. • Now ask the participants to practice the PAIUCD insertion technique as demonstrated. Participants will practice insertion of PAIUCD on models/ clients (if available) and the facilitators will supervise them. • Facilitators will assess the competency of the participants using the checklist.	• Video on PAIUCD insertion • Skill stations for PAIUCD • PAIUCD checklists (uterine size up to 12 weeks)

Duration	Title of Session	Details of session	Resource Material
60 minutes	• Demonstration of 2nd trimester PAIUCD insertion technique on simulation models/ clients by facilitator • Supervised clinical skill practice by participants for 2nd trimester PAIUCD insertion on simulation models/ clients	• Start the session by playing the PAIUCD insertion video. • Skill stations with necessary humanistic uterine simulation model, equipment and supplies for PAIUCD insertion (uterine size more than 12 weeks) should be prepared before the start of this session. • Divide the participants in two groups for demonstration of PAIUCD insertion (uterine size more than 12 weeks). Ask both the groups to gather around the allotted skill stations where each facilitator will make the demonstration. Instruct the participants to refer to the checklists for PAIUCD insertion (uterine size more than 12 weeks) alongside demonstration. • Welcome queries or concerns and address them, if any. • Now ask the participants to practice the PAIUCD insertion technique as demonstrated. Participants will practice insertion of PAIUCD on models/ clients (if available) and the facilitators will supervise them. • Facilitators will assess the competency of the participants using the checklist.	• Skill stations for PAIUCD • PAIUCD checklists (uterine size more than 12 weeks)
20 minutes	Post-course knowledge assessment	• Inform the participants about Post-course assessment. Tell them that it is not an individual knowledge assessment but group knowledge assessment. • Instruct to write same number on the sheet provided that they had written on pre-test and attempt all questions • Allow 20 minutes for the Post course Knowledge Assessment and facilitators to collect filled assessment sheet. • After submission of assessment sheets by participants, co-facilitators will grade the papers, matching with answer keys and fill the post-course knowledge assessment matrix	• Post Course Assessment sheets • Answer sheets for facilitators

Duration	Title of Session	Details of session	Resource Material
40 minutes	• Programme Determinants and Quality Assurance in IUCD services • Record keeping and reporting	• Begin by brainstorming on determinants of quality of family planning services. Display the determinants on slides and explain each of them. • Highlight the eligibility criteria for service provider for PPIUCD and PAIUCD • Highlight the management of FP supply chain and importance of regular uninterrupted supply for quality services • Discuss what is meant by quality of care and key areas of quality assurance. Explain the performance standards for all the key areas • Explain the importance of record keeping and reporting. Discuss how timely reporting helps in monitoring of the program, identification of gaps and effective implementation of the strategies. • Explain the registers that are to be filled up for IUCD services. • Discuss/ demonstrate how to fill client and facility section of IUCD card. • Highlight that written key information on IUCD card should be explained to clients before she leaves the facility and show that there are key information for providers (as reminders) written on the section to be kept in the facility.	• PowerPoint slides
15 minutes	Feedback on Post Course assessment and clarification of doubts	Discuss the correct answers to the post-course assessment test and answer any doubts that the participants may have.	• Answer sheet for post-course assessment
10 minutes	Training Evaluation and participant's feedback	• Thank all the participants for participating in the training. Reiterate that quality in services is paramount. Facilitators would provide contact information so that the participants can contact them whenever required.	• Evaluation form
10 minutes	Closing remarks	• Give closing remarks and thank the organizers	

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SECTION V:
List of Experts

List of Experts

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