**FEDERAL MINISTRY OF HEALTH**

# MANUAL

# FOR TRAINING

# DOCTORS AND NURSES/MIDWIVES

# ON

# POST-PARTUM LONG-ACTING REVERSIBLE

# CONTRACEPTIVE (PP LARC) METHODS

## TRAINERS' MANUAL

## 2017

## TABLE OF CONTENTS

**ACRONYMS**

| | |
|---|---|
| **AIDS** | **Acquired Immune Deficiency Syndrome** |
| **ANC** | **Antenatal Care** |
| **ART** | **Antiretroviral Therapy** |
| **ARV** | **Antiretroviral** |
| **BCS** | **Balanced Counseling Strategy** |
| **BCS+** | **The Balanced Counseling Strategy Plus** |
| **CBO** | **Community Based Organization** |
| **CSO** | **Community Serving Organization** |
| **FMOH** | **Federal Ministry of Health** |
| **GON** | **Government of Nigeria** |
| **HCT** | **HIV Counseling and Testing** |
| **HIV** | **Human Immunodeficiency Virus** |
| **IEC** | **Information Education and Communication** |
| **IUD** | **Intra-uterine Device** |
| **IP** | **Infection Prevention** |
| **LGA** | **Local Government Area** |
| **MCHIP** | **Maternal and Child Health Integrated Programmes** |
| **M&E** | **Monitoring and Evaluation** |
| **MEC** | **Medical Eligibility Criteria** |
| **MIS** | **Management Information System** |
| **NACA** | **National Agency for the Control of AIDS** |
| **NDHS** | **Nigeria Demographic and Health Survey** |

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| **NGO** | **Non-Governmental Organization** |
| **NPC** | **National Population Commission** |
| **PPIUD** | **Postpartum Intrauterine Device** |
| **PMTCT** | **Prevention of Mother to Child Transmission** |
| **PNC** | **Postnatal Check** |
| **PP Implants** | **Postpartum Implants** |
| **RTI** | **Reproductive Tract Infections** |
| **SDP** | **Service Delivery Point** |
| **SOP** | **Standard Operating Procedure** |
| **STI** | **Sexually Transmitted Infection** |
| **SOPs** | **Standard Operating Procedures/Standards of Practice** |
| **USAID** | **United State Agency for International Development** |
| **VCT** | **Voluntary Counseling and Testing** |
| **WHO** | **World Health Organization** |

## SECTION A
## INTRODUCTION TO THE TRAINING PROGRAM

The World Health Organization (WHO) defines Postpartum Family Planning as *The prevention of unintended pregnancies and closely spaced pregnancies through the first 12 months following childbirth.* Several contraceptive methods, including the IUD and Implants, are appropriate for use soon after a woman delivers a baby. Post-partum contraception offers several benefits for women e.g. convenience, meeting women's needs, particularly healthy mothers and babies, and providing access to services amongst others.

The Post-partum Long-Acting Reversible Contraceptive Methods (LARC) Training Manual is designed to equip Doctors and Nurses/Midwives with the necessary skills to perform PPIUD and PP Implants insertions.

**COURSE GOAL:**

To equip Doctors and Nurses/Midwives with the required skills to provide safe and effective Postpartum LARCs services.

**TRAINING OBJECTIVES:**

By the end of the training, the participants should be able to:

- Describe key points about PPIUD Postpartum Implants and how they work.
- Describe the uniqueness of counseling for PPIUD and PP Implants and basic steps to follow when confirming informed choice.
- Counsel for PPIUD and PP Implants.
- Perform PPIUD insertion using appropriate technique for each timing.
- Perform PP Implants insertion using appropriate technique.
- Explain post insertion instructions.
- Describe appropriate infection prevention procedure before, during and after PPIUD /PP Implants insertion.
- Discuss actions to be taken in the event of problems/complications.
- Discuss procedure for follow-up.

**COURSE DESIGN:**

This is a competency-based training course. It will focus on the skills, facts and attitudes needed to perform PPIUD and PP Implants insertions. The training will progress from classroom to practical demonstration of skills on models and clients. Participants are expected to perform 5 IUD and 5 Implant insertions to be certified. Successful completion will be based on acquisition of knowledge, attitudes and skills.

**DURATION OF TRAINING - 5 days**

**TRAINING/LEARNING METHODS**

- Illustrated lectures
- Discussion
- Group work
- Demonstration/return demonstration
- Model practice
- Role play
- Supervised clinical practice

**TRAINING MATERIALS**

- Flip charts/markers
- Masking tape
- IUD samples
- Mama U model
- ZOE pelvic model
- Arm models
- Cu T 380A
- Implants – Jadelle, Implanon® (classic) and Implanon NXT™
- Kelly's forceps
- Sterile gloves
- Disinfectant e.g. Jik
- Plastic buckets
- Video tapes

- Participants handout
- Overhead projector, power point projector

**EVALUATION**

- Pre and post tests
- Competency based checklist
- Feed back

**COURSE**

- End of course questionnaire

**TRAINERS**

- Trainers' evaluation questionnaire

## MODULE ONE
## OVERVIEW OF FAMILY PLANNING IN NIGERIA

Time: 1 hour

**LEARNING OBJECTIVES:**

By the end of the session participants should be able to:

- Describe Nigeria's rapid population growth and the age structure of Nigeria's population.
- Discuss the trends in Nigeria's Fertility Rates and how they impact development.
- Compare Nigeria's Fertility Rate with those of other countries.
- Discuss the use of modern contraception.
- Discuss the trends in Nigeria's Contraceptive Prevalence Rates (CPR).
- Mention the effects of High Fertility on Education, Health, Agriculture, Economy and Security.
- Classify the different types of modern contraceptives methods.
- Discuss the barriers to the use of modern contraception in Nigeria.

**SESSION OVERVIEW**

- Nigeria's Rapid Population Growth.
- Age Structure of Nigeria's population.
- Trends in Nigeria's Fertility Rates and how they impact development.
- Comparison of Nigeria's Fertility Rate with those of other countries.
- Use of modern contraception in Nigeria.
- The effects of High Fertility on Education, Health, Economy and Security.
- Classification of the different types of modern contraceptive methods.
- The barriers to the use of modern contraception in Nigeria.

**METHODS**

- Lecture
- Presentation
- Discussion

- Brainstorming
- Exercises/Evaluation

**MATERIALS**

- Flip chart
- Markers
- Projector
- Laptop

## MODULE 1: OVERVIEW OF FAMILY PLANNING IN NIGERIA

### MODULE PLAN

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Nigeria's Population Growth and its Effects on Economy and Social Development | 1 hour | • Describe Nigeria's rapid population growth and the Age Structure of Nigeria's population.<br>• Discuss the trends in Nigeria's Fertility Rates and how they impact development.<br>• Compare Nigeria's fertility rates with those of other countries.<br>• Discuss the use of modern contraception.<br>• Discuss the trends in Nigeria's Contraceptive Prevalence Rates (CPR).<br>• Mention the effects of High Fertility on Education, Health, Economy and Security.<br>• Classify the different types of modern contraceptives methods.<br>• Discuss the barriers to the use of modern | • Lecture<br>• Presentation<br>• Discussion<br>• Brainstorming<br>• Exercises | • Flip chart<br>• Markers<br>• Projector<br>• Laptop |

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| | | contraception in Nigeria. | | |

## MODULE 1: OVERVIEW OF FAMILY PLANNING IN NIGERIA

### MODULE PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
|---|---|---|
| Introduction – Describe Nigeria's rapid population growth the age structure of the population. | 10 minutes | The Trainer displays and reviews the learning objectives for this module.<br><br>The Trainer displays the slide containing Figure 1.1.1 – "Population of Nigeria –Rapid Growth" and emphasizes that:<br>The country has tripled its population between 1963 and 2011 (48 years) with:<br>• Sustained Total Fertility Rate of 5.5, and Growth Rate of 3.2% (NDHS 2013).<br><br>The Trainer displays and explains the slide containing Figure 1.1.2 – "Age Structure of Nigeria's Population" and emphasizes the following:<br>The ratio of people who are in the working age to people who are too young (less than 18 years old) or too old to work (greater than 60 years old) (dependents) is low, about 1:4. That is, every working class person is feeding at least four mouths, and little is left to grow its economy, such as investing in economic activities, business, and more education.<br><br>This implies that the more dependents a population has, the harder it is for it to grow its economy because all the money is spent on just trying to help these dependents to survive (feeding them, giving them the basics they need to survive). |

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| Discuss the trends in Nigeria's Fertility Rates and how they impact development. | 10 minutes | The Trainer displays the slide containing Figure 1.3 – "Current Fertility Rates by Zones", and notes that:<br>• The average woman in Nigeria gives birth to almost six children.<br>• There is a regional variation in Nigeria; it is higher in the North—more than seven children per woman—and in the South a little under five. So, 5.5 is the national average.<br><br>The Trainer emphasizes that this is also contributing to the rapid population growth and poor development of the country.<br><br>The Trainer provides the participants with following information:<br>• Fertility decline helps many families out of poverty.<br>• "Slower population growth has encouraged overall economic growth in developing countries".<br>• It is known that fertility can relate to development because if families have fewer children per woman, then they have fewer mouths to feed.<br>• At the family level, having fewer mouths to feed could help to reduce poverty and free more money to educate or help each child.<br>• Many analysts, including UNFPA analysts, have done research that shows slower population growth also reduces poverty at the national level. |

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| Compare Nigeria's Fertility Rates with those of other countries. | 5 minutes | The Trainer displays the slide containing Figure 1.4 – "Comparison of Nigeria's Fertility Rates with Other Countries", and notes that:<br>• Nigeria has very high fertility rate compared with other nations, irrespective of religion, social class or population size.<br>• One main reason that fertility rate is high in Nigeria is the low use of modern contraceptives.<br>• Only 10 % of our married women of childbearing age use modern contraception (NDHS 2013).<br>• In comparison, some of the other countries have up to 77% of married women using modern contraception. |
| Discuss the use of modern contraceptive methods. | 5 minutes | The Trainer also displays the slide containing Figure 1.1.8 – "Trends in Contraceptive Prevalence Rates" and notes that:<br>• Currently Nigeria is working towards achieving the target Contraceptive Prevalence Rate (CPR) of 36% by Year 2018. |

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| Mention the effects of High Fertility on Education, Health, Economy and security. | 15 minutes | The Trainer discusses the effects of High Fertility as it affects:<br>*Education:*<br>• High Fertility leads to increased population of students, need for more schools, more teachers.<br>• Low Fertility will lead to fewer students, less pressure to build more schools.<br>*Health*<br>• High Fertility Scenario => More strain on the nation's health system and health workers.<br>• Low Fertility Scenario => Less strain on the nation's health system and health workers.<br>*Agriculture*<br>• High Fertility Scenario => Food requirements increase leading to the need for more food production.<br>• Low Fertility Scenario => Less money needed to pay for food importation.<br>*Economy*<br>• High Fertility Scenario => More people, average gross domestic product (GDP) will not grow very fast.<br>• Low Fertility Scenario => Fewer people, the nation can invest in them, spread the wealth among fewer people; GPD per person will grow faster. |
| Discuss the different types of modern contraceptive Methods. | 5 minutes | The Trainer displays the slide on "Classification of Family Planning Methods"<br>The Trainer emphasizes that:<br>• The wide choice of family planning methods now available allows health programmes to offer an appropriate method to each individual. |

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| | | • Most family planning methods are generally safe and in addition, offer substantial benefits besides preventing pregnancies. |
| Discuss the barriers to the use of modern contraception in Nigeria. | 5 minutes | • The Trainer requests the participants to brainstorm on what they consider as barriers to the use of modern contraceptive methods in their communities.<br>• He/She displays the slide of Figure 1.6- "Barriers to the use of Contraception" displaying the various barriers and fills in the gaps. |
| Summary/ Evaluation | 5 minutes | The Trainer reminds the participants about the adverse effects of rapidly growing population on the quality of life, development and security, and advocates for:<br>• Increased funding for and availability of family planning commodities and services.<br>• Adequate support for family planning at the state, local, and community levels.<br>• Expanded access to family planning commodities through community distribution.<br>• Strengthened health systems.<br>• Implementation of the National Health Act to support primary health care, including reproductive health. |

## MODULE TWO

## OVERVIEW OF POST-PARTUM INTRAUTERINE DEVICE (PPIUD) AND POSTPARTUM IMPLANTS (PP IMPLANTS)

This module covers key points about PPIUD and Post-Partum Implants and how they work, the benefits of postpartum contraception services, including PPIUD and Post-Partum Implants, clients' rights and quality of care, and the key components of service delivery, including the importance of the client- provider interaction.

Session 1: Overview of Postpartum IUD.

Session 2: Overview of Postpartum Implants.

## MODULE TWO: SESSION 1

## OVERVIEW OF PPIUD

Time: 30 minutes

**LEARNING OBJECTIVES:**

**By the end of the session, participants should be able to:**

- Explain key points about PPIUD and how it works.
- Explain the benefits of postpartum contraception including PPIUD.

**SESSION OVERVIEW**

- Key points about PPIUD.
- Benefits of postpartum contraception.

**METHODS**

- Lecture
- Discussion
- Brainstorming
- Handout

**MATERIALS**

- Flip chart Stand/paper
- Markers
- Projector
- Laptop
- Masking tape
- Cu T 380A

**SUMMARY**

**EVALUATION**

## MODULE TWO: SESSION 1
## SESSION PLAN

| Title | DURATION | OBJECTIVES | METHODs | MATERIALS |
|---|---|---|---|---|
| Overview of Postpartum IUD. | 30 minutes | • Explain key points about PPIUD and how it works.<br>• Explain benefits of post-partum contraception including PPIUD. | • Lecture<br>• Discussion<br>• Brainstorming<br>• Handout | • Flip chart stand/paper<br>• Marker<br>• Projector<br>• Laptop<br>• Cu T380A |

## MODULE TWO – OVERVIEW OF PPIUD

## SESSION PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
|---|---|---|
| Explain key points about PPIUD and how it works. | 20 minutes (Brainstorming/ Lecture) | The Trainer displays and reviews the learning objectives for this module.<br><br>The Trainer requests the participants to define IUDs and notes the answers on the flip chart.<br><br>The Trainer clarifies the participants' responses by defining IUDs as a "small flexible devices made of metal and/or plastic that can prevent pregnancy when inserted into a woman's uterus through her vagina."<br>Similarly, the trainer asks the participants to state how IUDs work and notes the responses on a flip chart.<br><br>He clarifies the answer by stating that:<br>IUDs prevent pregnancy by inhibiting fertilization, transport of the egg, and the migration of sperm into the upper female genital tract.<br><br>The Trainer asks the participants to mention the various times PPIUD |

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| | | can be inserted and notes the answers on the flip chart.<br>Again, he clarifies their responses by mentioning the various times thus:<br><br>**Post placental**: insertion within the 1st 10 minutes after delivery of the placenta (active management of the third stage of labor following a vaginal delivery before the woman leaves the delivery room). Expulsion rate ≈ 9.5%.<br><br>**Pre-discharge:** insertion after the placental period, but within 48 hours of delivery and before the woman leaves the hospital. Expulsion rate ≈ 37%.<br><br>**Trans-caesarean**: insertion that takes place following a Caesarean delivery, before the uterus is closed before the woman leaves the operating theater.<br><br>**Early postpartum:** Not immediately following the delivery/removal of the placenta but within 2 days/48 hours of the birth (preferably within 24 hours, such as on the morning of postpartum Day 1), the IUD is inserted with an instrument during a separate procedure. |

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| | | **Post-abortion**: IUD insertion following abortion. Following a second trimester abortion a postpartum insertion technique is used. After a first trimester abortion the IUD is inserted using an interval technique<br>Interval: Insertion that takes place anytime more than six weeks after delivery.<br><br>The Trainer asks the participants to compare the expulsion rates between PPIUD and interval IUD.<br><br>He/She clarifies that:<br>Postplacental 9.5%<br>Pre discharge 37%<br>Interval 3%<br><br>He/she asks the participants to state the main difference between PPIUD and interval IUD.<br><br>He/she explains that the main difference are the insertion techniques and timing of insertion. |
| Explain the benefits of postpartum contraception including postpartum contraceptive IUD. | 5 minutes (Brainstorming) | The trainer requests the participants to brainstorm on the benefits of postpartum contraception and notes their responses.<br><br>He/She clarifies their responses. |

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| Summary/Evaluation | 5 minutes | The Trainer reminds the participants that:<br>• Intrauterine devices (IUDs) are small flexible devices made of metal and/or plastic that can prevent pregnancy when inserted into a woman's uterus through her vagina.<br>• The Cu T 380A for PPIUD can either be inserted into the uterus within 10 minutes of expulsion of placenta (post placental), 48 hours after delivery (pre-discharge) or at caesarean section (Trans-caesarean).<br>He/She requests the participants to provide answers to the following questions:<br>• Describe how PPIUD works?<br>• List 3 benefits of postpartum contraception? |

## MODULE TWO: SESSION 2 - OVERVIEW OF POSTPARTUM IMPLANTS

## SESSION PLAN

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Overview of Postpartum Implants. | 30 minutes | • Explain key points about postpartum implants and how they work.<br>• Explain benefits of postpartum contraception including postpartum implants. | • Lecture<br>• Discussion<br>• Brainstorming<br>• Handout | • Flip chart Stand/paper<br>• Markers<br>• Projector<br>• Masking tape<br>• Jadelle, Implanon® classic, Implanon NXT™ |

## MODULE PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
|---|---|---|
| Explain key points about postpartum implants and how they work. | 20 minutes (Lecture/Brainstorming) | The Trainer displays and reviews the learning objectives for this module.<br><br>The Trainer requests the participants to define Contraceptive Implants and notes the answers on the flip chart.<br><br>The Trainer clarifies the participants' responses by defining Implants as:<br>• Contraceptive implants are progestin-only contraceptives inserted under the skin of woman's upper arm by a minor surgical procedure.<br>• A blood level of the progestin sufficient to prevent conception is reached within a few hours after placement of the implants and is maintained at an effective level for 3 to five years, depending on the type of implant.<br><br>Similarly, the Trainer requests the participants to classify Contraceptive Implants and |

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| | | notes the answers on the flip chart.<br>Again, the Trainer clarifies the participants' responses by classifying Contraceptive Implants as:<br>• Jadelle – two silicon rods; each containing 75mg levonorgestrel. It is an improved version of Norplant. It is effective for 5 years.<br>• Implanon®– one rod containing 68mg of etonogestrel. It is effective for 3 years.<br>• Implanon NXT™ – a newer version of Implanon®which can be seen on X-ray, making it possible to check the location of the implant.<br>• Implanon NXT™ also has a preloaded sterile applicator which is for single use and disposable.<br><br>*Mechanisms of action*<br>The Trainer requests the participants to brainstorm on the mechanisms of action of implants and notes their responses:<br>He/She clarifies thus |

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| | | • Pregnancy is prevented in implants users by combination of mechanisms. The most important are the:<br>• Inhibition of ovulation.<br>• Thickening of the cervical mucus, making it impermeable to sperm.<br>• Thinning of the endometrium.<br><br>The Trainer asks the participants on when the implant can be inserted postpartum.<br><br>He/She clarifies that it can be inserted in the delivery room or any other time postpartum before hospital discharge.<br><br>The Trainer asks the participants to brainstorm on the contraindications to the use of contraceptive implants.<br><br>He/She projects the slide on contraindications and clarifies. |
| Explain the benefits of postpartum contraception including PP Implants. | 5 minutes | The Trainer asks the participants to mention the benefits of postpartum contraceptive implants and he/she clarifies thereafter. |
| Summary/Evaluation | 5 minutes | The Trainer reminds the participants that : |

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| | | • Contraceptive implants are progestin-only contraceptives inserted under the skin of a woman's upper arm by a minor surgical procedure.<br>• Can be inserted in the delivery room or at any other time postpartum before hospital discharge.<br>• A blood level of the progestin is reached within a few hours after placement and is maintained at an effective level for at least 3-5 years.<br>• The technique for implant insertion does not differ from that for interval insertion.<br><br>The Trainer requests the participants to provide answers to the following questions:<br><br>• List the various types of contraceptive implants?<br>• Describe their mechanisms of action? |

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| | | • List 4 benefits of postpartum implant insertion? |

## MODULE THREE

## ANATOMY AND PHYSIOLOGY OF THE FEMALE HUMAN REPRODUCTIVE SYSTEM

**Session 1:** Anatomy and Physiology of the Female Reproductive System.

**Session 2:** Changes in the uterus, cervix and vagina during the postpartum period.

**Session 3:** Ovulation, Menstruation and Fertilization/Conception.

## MODULE THREE: SESSION 1

## ANATOMY AND PHYSIOLOGY OF THE FEMALE REPRODUCTIVE SYSTEM

Time: 40 minutes

**LEARNING OBJECTIVES:**

**By the end of this session, the participants should be able to:**

- Identify on a diagram the names of the external and internal organs of the female reproductive system.
- Mention the functions of each of the female reproductive organs.

**SESSION OVERVIEW**

- Introduction.
- External Female Reproductive Organs.
- Internal Female Reproductive Organs.

**METHODS**

- Lecture
- Discussion
- Brainstorming

**MATERIALS**

- Flip chart/Newsprint
- Markers
- Projector
- Laptop
- Full Diagram of the Female Reproductive Organs
- Unlabeled diagram of the Female Reproductive Organs Pelvic Models

## MODULE THREE: SESSION 1: ANATOMY AND PHYSIOLOGY OF THE FEMALE REPRODUCTIVE SYSTEM

### SESSION PLAN

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Anatomy of the Female Reproductive System. | 40 minutes | • Identify on a diagram the names of the external and internal organs of the female reproductive system.<br>• Mention the function(s) of each of the female reproductive organs. | • Lecture<br>• Presentation<br>• Discussion<br>• Brainstorming<br>• Exercises | • Flip chart<br>• Markers<br>• Projector<br>• Laptop |

## MODULE THREE: SESSION 1: ANATOMY OF THE FEMALE REPRODUCTIVE SYSTEM

## SESSION PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
|---|---|---|
| Introduction. | 5 minutes | The Trainer displays and introduces the session objectives.<br>The Trainer explains the objectives to the participants. |
| Identify on a diagram the names of the external and internal organs of the female reproductive system. | 25 minutes | The Trainer displays the full diagram of the female reproductive system (Figure 3.1.1 and 3.1.2) depicting the anatomy and informs the participants that:<br>• The female reproductive system is the part of a woman responsible for producing a baby.<br>• The system consists of two parts: External and Internal.<br>The Trainer displays the diagram of the external genitalia and asks the participants to brainstorm, identify and name the external organs.<br>The Trainer clarifies the participants' responses and points to each organ while He/She describes and explains the functions of each organ as follows:<br>*Mons pubis*<br>• This is spread over the pubic bone and becomes covered with hair at puberty.<br>• It protects the external organs. |

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| | | *Labia majora*<br>• These are two thick outer lips immediately below the fatty pad.<br>• They protect the vagina.<br>*Labia minora*<br>• These are two thin soft inner lips, pinkish in colour and very sensitive.<br>• They cover and protect the opening of the urine tube and the opening to the inner body.<br>*Clitoris*<br>• The clitoris lies between the upper part of the labia majora and minora, just above the opening of the vagina.<br>• It is the most sensitive part of a woman and responds to sexual stimulation.<br>• This is the part that is erroneously cut and removed during female circumcision (genital mutilation/genital cutting).<br>• It is the centre of female sexual excitement.<br><br>The Trainer requests a participant to come forward and repeat the process.<br><br>The Trainer explains that the internal organs cannot be seen.<br>• He/She displays the diagram of the internal organs of the female reproductive system, naming each organ and describing its function as follows: |

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| | | *Vagina*<br>• It is the opening to the mouth of the cervix and other reproductive organs.<br>• It serves as an outlet for menstruation.<br>• It holds the penis during intercourse.<br>• It serves as a passage for the baby.<br>• It also serves as a route for drug administration.<br>*Bartholin's gland*<br>• These are two small glands situated under the labia majora of the vagina.<br>• They release drops of lubricant into the labia minora when a woman is sexually stimulated and this prevents friction and discomfort during sexual intercourse.<br>*Hymen*<br>• This is thin fringe-like membrane that encircles and sometime covers part of the vagina, with an opening to allow menstrual blood to pass through.<br>• The hymen is often stretched or torn during first exposure to sexual intercourse (which may cause bleeding).<br>• The hymen may also stretch or tear during vigorous exercise or use of tampons. Some girls are born without a hymen. |

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| | | • It may protect the vagina from infection before puberty.<br>*Urethra*<br>• This is the opening situated between the vagina and the clitoris.<br>• It serves as a passage for urine.<br>*Cervix*<br>• The cervix is the lowest part of the uterus that protrudes into the vagina. In a non-pregnant woman, it feels like the tip of the nose when touched.<br>• It opens up (dilates) during labour to allow the baby to be delivered (born).<br>• It is the passage for menstruation.<br>• It produces a secretion (mucus) which helps the sperm to move.<br>• It is the passage through which the IUD is placed into the womb.<br>*Uterus*<br>• The uterus lies in the pelvic cavity behind the bladder and in front of the rectum.<br>• It accommodates and protects the fertilized egg that gets implanted there until it is fully developed into a baby and delivered.<br>• During labour, it helps to push the baby out.<br>• It is the place where an IUD is placed.<br>*Fallopian tubes*<br>• They are two in number and are located on each side of the uterus |

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| | | near the fundus of the uterus. Each has a finger-like structure (fimbria) at both ends to assist in drawing the ripe egg into the Fallopian tube.<br>• It serves as a place for the sperm and egg to unite (fertilization).<br>• It serves as the passage for the united egg and sperm (fertilized egg) to move to the uterus.<br>*Ovaries*<br>• They are two small egg-shaped bags on each side of the egg-carrying Fallopian tube. They produce ripe eggs once a month.<br>• They produce the female sex hormone that make a woman look like a female and keep the reproductive system in good order.<br>*Ovum*<br>• This is the female sex cell. It is about the size of a pinhead.<br>• A ripe egg is released each month into the fallopian tube for fertilization by the male's seed. If not fertilized, it dissolves and is absorbed into the body. |
| **Summary/Evaluation** | 10 minutes | The Trainer requests the participants to provide answers to the following questions:<br>• Name the external parts of the female reproductive organs?<br>• Name the internal parts of the female reproductive organs?<br>• Display the diagram of the female reproductive organs and ask the |

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| | | participants to name and describe each organ you point to each?<br>• Describe the functions of each organ? |

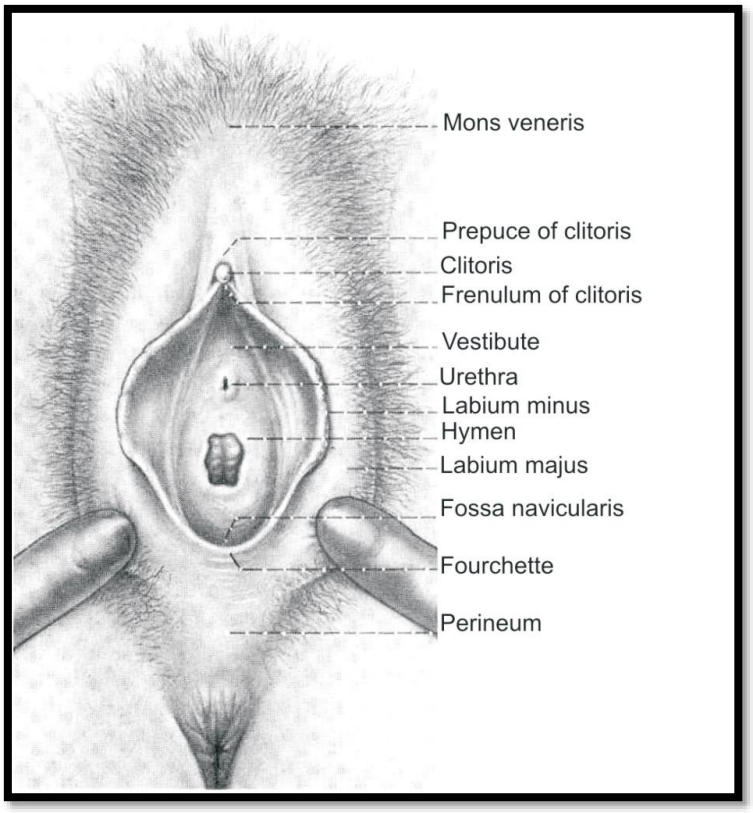


**Figure 3.1.1: The Female External Reproductive Organs**

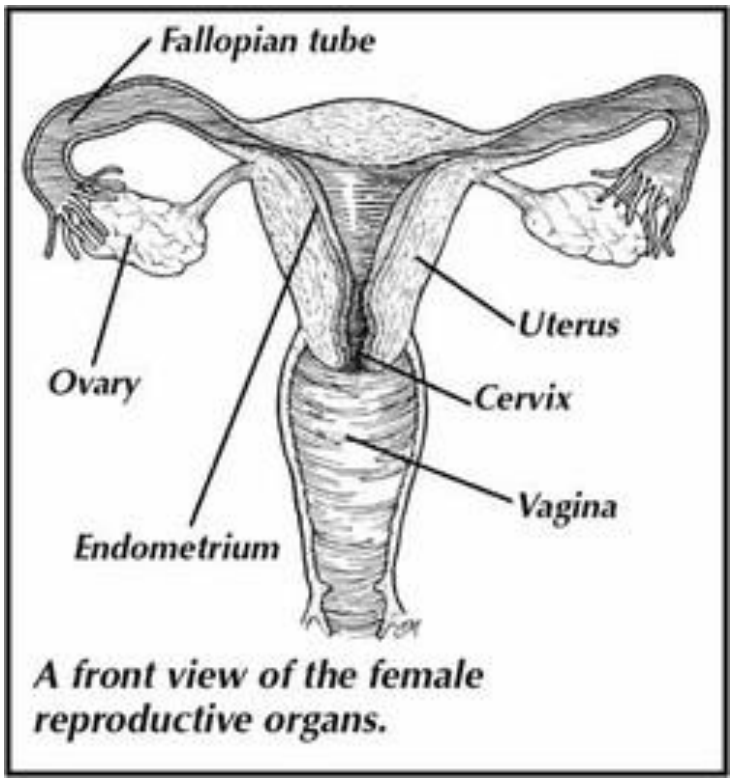


**Figure 3.1.2: The Female Internal Reproductive Organs (Internal Genitalia)**

## MODULE THREE: SESSION 2

## CHANGES IN THE UTERUS, CERVIX AND VAGINA DURING THE POSTPARTUM PERIOD

TIME: 40 minutes

**LEARNING OBJECTIVES:**

**By the end of this session, the participants should be able to:**

- Describe changes that occur in the uterus, cervix and vagina during the post-partum and non-pregnant anatomy and physiology.
- Enumerate key differences between postpartum and non-pregnant anatomy and physiology.
- Explain why the immediate post-partum period is the most appropriate time for PPIUD insertion, as opposed to the period between 48 hours and six weeks post-partum.

**SESSION OVERVIEW**

- Changes in the uterus, cervix and vagina during the post-partum period.
- Key differences between post-partum and non-pregnant anatomy and physiology.
- Post placental and pre discharge periods: appropriate times for IUD insertion.

**METHODS**

- Brainstorming
- Lecture
- Discussion

**MATERIALS**

- Flip chart stand/paper
- Markers
- Projector
- Laptop
- Masking tape

## SUMMARY

## EVALUATION

## MODULE THREE: SESSION 2

## CHANGES IN THE UTERUS, CERVIX AND VAGINA DURING THE POSTPARTUM PERIOD

## SESSION PLAN

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Changes in the uterus, cervix and vagina during the postpartum period. | 40 minutes | • Describe changes that occur in the uterus, cervix and vagina during the post-partum and non-pregnant anatomy and physiology.<br>• Enumerate key differences between postpartum and non-pregnant anatomy and physiology.<br>• Explain why the immediate post-partum period is the most appropriate time for PPIUD insertion, as opposed to the period between 48 | • Brainstorming<br>• Lecture<br>• Discussion<br>• Handout | • Flip chart stand/paper<br>• Markers<br>• Projector<br>• Laptop<br>• Masking tape |

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| | | hours and six weeks post-partum. | | |

## MODULE THREE: SESSION 2

## CHANGES IN THE UTERUS, CERVIX AND VAGINA DURING THE POSTPARTUM PERIOD

## SESSION PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
|---|---|---|
| Introduction.<br><br>Describe changes that occur in the uterus, cervix and vagina during the post-partum and non-pregnant anatomy and physiology? | 5 minutes<br><br>20 minutes | The Trainer displays and reviews the learning objectives for this session.<br><br>He/She asks the participants to define puerperium and notes their responses.<br><br>He/She clarifies it by defining puerperium as “then period of adjustment after pregnancy and delivery when the anatomic and physiologic changes of pregnancy are reversed and the body returns to the normal non pregnant state.”<br><br>The Trainer requests the participants to describe what changes occur in the following organs during puerperium<br>• Uterus<br>• Cervix<br>• Vagina<br>He/She clarifies their responses.<br><br>The Trainer asks the participants to describe anatomic changes that occur at the lower uterine |

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| | | immediate postpartum, and the significance of this.<br>He/She explains that:<br>• In the immediate postpartum period, the lower uterine segment is contracted.<br>• This anatomic change may cause a provider to mistakenly believe that he or she has already reached the fundus when inserting an IUD, and that the IUD is being properly placed at the fundus when it is not.<br>• This is important because inserting the IUD in this incorrect position is more likely to result in an expulsion.<br><br>The Trainer explains to the participants what to do to overcome this difficulty when inserting PPIUD<br>• You will need to exert slight pressure to move the IUD past the contracted lower uterine segment.<br>• To do this, place your other hand (the one not holding the IUD) on the client's abdomen where the uterine fundus can be palpated.<br>• The IUD should be directed towards this hand at the fundus.<br>The Trainer asks the participants whether the involuting uterus pushes the PPIUD out and listens to their responses.<br>He/She clarifies that: |

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| | | • The walls of the uterus coming back together actually help keep the IUD in place. |
| Enumerate key differences between postpartum and non-pregnant anatomy and physiology. | 5 minutes | The Trainer projects the slide on key differences between Postpartum and Non-pregnant anatomy and physiology of the uterus, cervix, and vagina, and explains.<br><br>He/She asks the participants if there are questions and clarifies. |
| Explain why the immediate post-partum period is the most appropriate time for PPIUD insertion, as opposed to the period between 48 hours and 4-6 weeks post-partum? | 5 minutes | The Trainer asks the Participants to brainstorm on why the immediate postpartum period is the most appropriate time for PPIUD insertion, and notes their responses on a flip chart.<br><br>He/She clarifies as follows :<br>• The cervix is dilated so it is easy to ensure high fundal placement of the IUD manually or with forceps.<br>• IUD side effects are often less noticeable to the client because they are masked by normal postpartum physiological changes, such as cramping and postpartum lochia.<br>• Puerperal insertion (from 1-6 weeks after delivery) is not recommended because the uterus is soft, the risk of perforation is increased, and the position of the fundus is not easy to determine. |

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| Summary/Evaluation | 5 minutes | The Trainer reminds the participants the key points on the anatomy and physiology of the female reproductive organs and the changes that occur in the uterus, cervix and vagina during the postpartum period.<br><br>The Trainer also reminds them on why the immediate postpartum period is most appropriate for PPIUD insertion.<br>The Trainer requests the Participants to provide answers to the following questions:<br>• Describe the changes in the female reproductive organs in the post-partum period?<br>• Why is the first 48 hours important for post-partum IUD insertion? |

## MODULE THREE: SESSION 3

## OVULATION, MENSTRUATION AND FERTILIZATION/CONCEPTION

Time: 45 minutes

**LEARNING OBJECTIVES:**

***By the end of this session, the participants should be able to:***

- Explain the meaning of ovulation.
- Understand how ovulation occurs.
- Explain what menstruation is.
- Describe the process of fertilization and conception.
- Discuss the type of health education necessary during menstruation.

**SESSION OVERVIEW**

- Introduction
- Ovulation
- Definition of menstruation
- Menstrual process and cycle
- Useful information for women when menstruating
- Fertilization/Conception
- Definition of fertilization
- Process of fertilization
- Implantation

**METHODS**

- Lecture
- Discussion
- Brainstorming

**MATERIALS**

- Flip chart/Newsprint
- Markers
- Projector
- Laptop

## SUMMARY

## EVALUATION

## MODULE THREE: SESSION 3: OVULATION, MENSTRUATION AND FERTILIZATION/ CONCEPTION

### SESSION PLAN

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Ovulation, Menstruation and Fertilization/ Conception. | 45 minutes | • Explain the meaning of ovulation.<br>• Understand how ovulation occurs.<br>• Explain what menstruation is .<br>• Describe the process of fertilization and conception.<br>• Discuss the type of health education necessary during menstruation. | • Lecture<br>• Presentation<br>• Discussion<br>• Brainstorming<br>• Exercises | • Flip chart stand/Paper<br>• Markers<br>• LCD Projector<br>• Laptop |

## MODULE THREE: SESSION 3- OVULATION, MENSTRUATION AND FERTILIZATION/CONCEPTION

## SESSION PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
|---|---|---|
| Explain the meaning of ovulation? | 5 minutes | The Trainer displays the session objectives, reads them out and encourages the participants to comment.<br>The Trainer displays the diagram of the female internal reproductive organs. |
| Understand how ovulation occurs. | 10 minutes | The Trainer asks the participants to discuss how ovulation occurs and how it is related to menstruation.<br>He/She notes the responses on a flip chart and clarifies by illustrating with a diagram of a female reproductive organs as follows:<br>*Ovulation*<br>• Ovulation is the release of a matured egg from the ovaries (egg bags) into the Fallopian tubes (egg tubes).<br>• It usually happens once every month after a girl reaches puberty.<br>• This period is known as the fertile period, when a woman can become pregnant if she has sexual intercourse.<br>• Ovulation usually occurs 14 days before a woman sees her next menses. Therefore, in women |

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| | | with a 28 days cycle, ovulation occurs in the middle of the menstrual cycle. |
| Explain what menstruation is? | 5 minutes | The Trainer asks the participants to brainstorm on menstruation and discuss the process.<br><br>The Trainer clarifies the response as follows:<br>• Menstruation is the process whereby the lining of the womb that has prepared itself to welcome a fertilized egg peels off or sheds off because fertilization has not occurred.<br>• This results in a flow of blood through the vagina.<br>• The flow of blood is referred to as menstruation or "period".<br><br>*When menstruation begins*:<br><br>The Trainer explains that:<br>• Menstruation normally starts when a girl reaches between 10 and 14 years of age.<br>• Menstruation occurs every 21 to 35 days and lasts 3 to 7 days. |
| Describe the process of fertilization and conception? | 20 minutes | The trainer displays the diagram of the menstrual cycle (Figure 3.3.1) and explains the menstrual cycle.<br><br>He/She asks a volunteer to explain the menstrual cycle and clarifies as follows:<br><br>*28 day menstrual cycle* |

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| | | Day 1 – 5<br>• Menstrual bleeding occurs. This normally lasts for 3 to 7 days. The first day of menstrual period is referred to as “day 1” of the menstrual cycle.<br><br>Day 5 – 7<br>• Each month after the last bleeding, the body begins to produce secretions (hormones) which help the eggs in the egg-bag to begin to grow.<br><br>Day 7 – 11<br>• The lining of the womb starts to build up to receive the female's egg in case it is united with the male seed (sperm).<br><br>Day 11– 14<br>• A ripe egg is released from the ovary. This is known as ovulation.<br><br>Day 14 – 21<br>• The released ripe egg moves to the egg-carrying tube (Fallopian tube). The body makes sure that the lining of the womb is nourished and filled with blood to ensure that the fertilized egg survives.<br><br>Day 21 – 28<br>• If the sperm fails to reach and unite with the female egg, the |

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| Process of fertilization/ Implantation. | | prepared lining of the womb will start peeling or shedding off.<br>• At the end of the cycle, this shedding comes in the form blood called “period” or menstruation.<br>• When this happens, a new cycle starts.<br><br>The Trainer conducts the following:<br>He/She<br>• Briefly reviews the female reproductive organs.<br>• Reviews the process of ovulation.<br>• Reviews the process of ejaculation, the journey of the sperm to the Fallopian tube and the fusion of male seed and the female egg in the Fallopian tube.<br><br>The Trainer describes the process of fertilization illustrating with the diagram below (Figure 3.3.3):<br>*Step 1:*<br>• Every 14$^{th}$ day (of a 28 days cycle) in the month, when ovulation occurs, a ripe egg leaves one of the ovaries where thousands of eggs are stored.<br>• The ripe egg moves into the fallopian tube (egg-carrying tube) to wait for the sperm.<br><br>*Step 2:*<br>• Likewise, the sperm that is produced by the testes gets |

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| | | released in millions into the vas deferens.<br>• During intercourse, the man ejaculates and deposits his sperm into the vagina.<br><br>*Step 3:*<br>• The sperm which is very active and fast swims through the cervix into the uterus.<br>• If intercourse occurs during or near the time of ovulation when a ripe egg is ready and live sperm meets a ripe egg in one of the tubes, fertilization occurs.<br>• This can happen within 1 hour to 1I/2 hours after ejaculation.<br>• The sperm or female egg may also arrive in the Fallopian tube to await each other. The sperm has an average life span of 2 to 3 days (48 – 72 hours) to fertilize the female egg within the woman's body.<br>• Likewise, the ovum (female egg) can only survive for 40 hours after ovulation.<br>• Therefore, fertilization can only occur if a woman has sexual intercourse during the period of ovulation (peri-ovulatory period, i.e., two to three days before ovulation or one to two days after ovulation).<br>• If fertilization fails to happen, the egg is absorbed into the body. |

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| | | *Step 4:*<br>Fertilization then occurs. A single sperm is usually responsible for fertilizing the female egg<br>• If fertilization fails to happen, the egg is absorbed into the body.<br>The Trainer describes the process of implantation as follows:<br>• Implantation of the fertilized egg occurs when it attaches itself to the upper part of the uterus (womb).<br>• That is when pregnancy or conception has occurred.<br>• The attached fertilized egg now develops inside the womb for the next 40 weeks until it is delivered as a baby. |
| Summary/Evaluation | 5 minutes | The Trainer requests participants to answer the following questions:<br>• What is ovulation?<br>• Describe how it occurs?<br>• What is menstruation?<br>• What is fertilization?<br>• Explain how pregnancy occurs? |

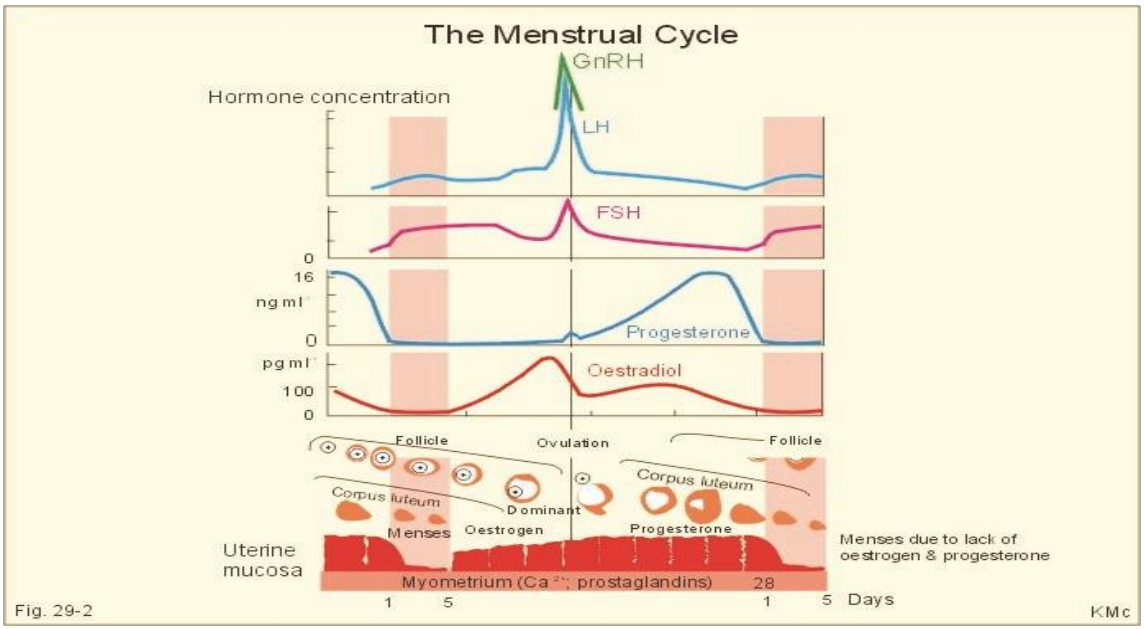


**Figure 3.3.1: The Menstrual Cycle**

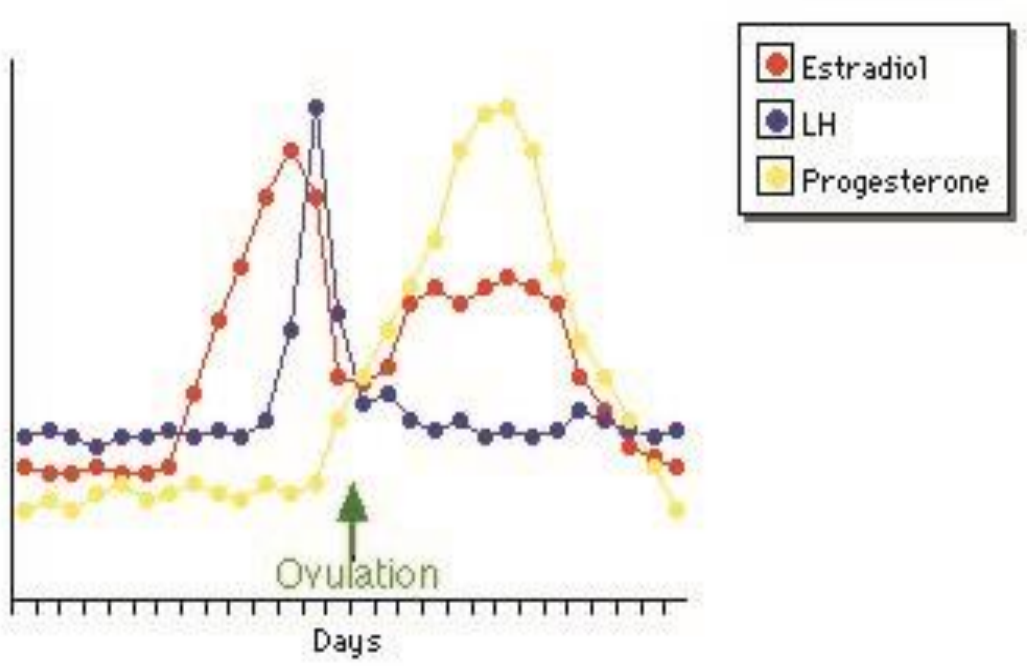


**Figure 3.3.2: Hormonal Factors in Ovulation**

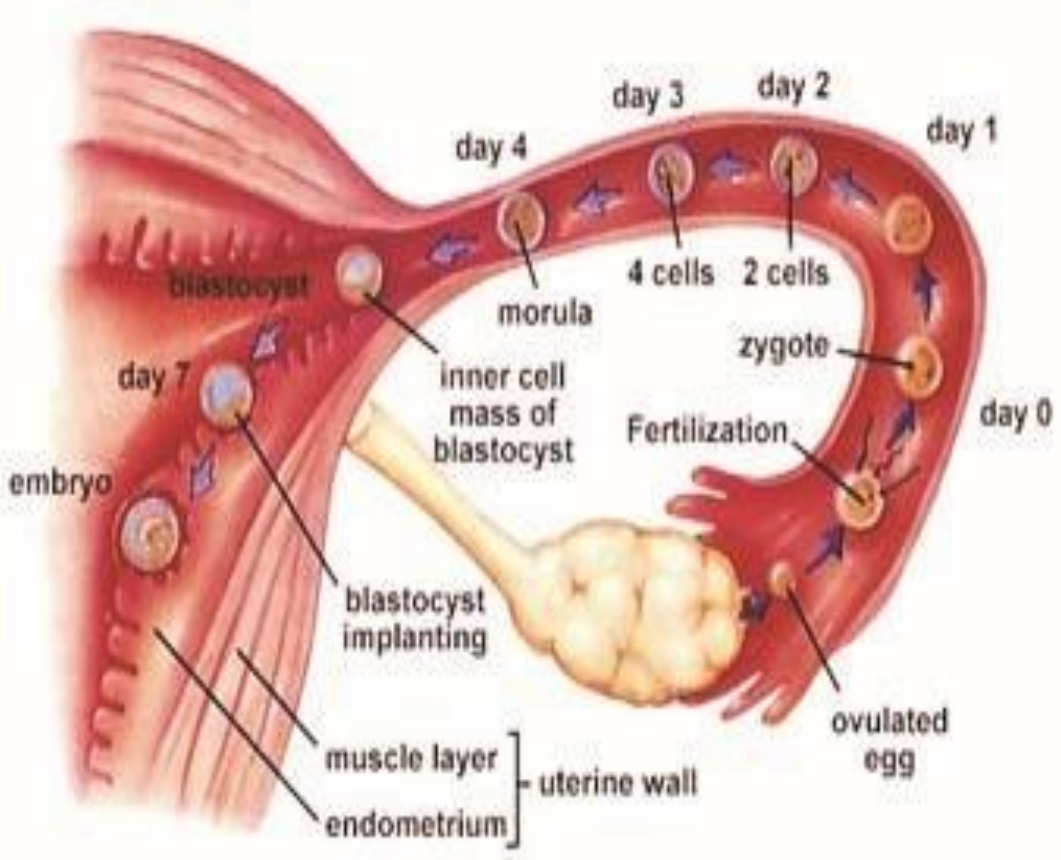


**Figure 3.3.3: The Process of Implantation**

## MODULE FOUR

## COUNSELING FOR PPIUDs AND IMPLANTS

**Session 1:** Introduction to Counseling

**Session 2:** The Balanced Counseling Strategy Plus

## MODULE FOUR

## SESSION 1: INTRODUCTION TO COUNSELING

Time: 1 hour

### LEARNING OBJECTIVES

**By the end of this session, participants should be able to:**

- Define Counseling.
- State the objectives of Counseling in Family Planning.
- Discuss the qualities of a successful counselor.
- Mention the types of Counseling required for PPIUD and Implant services.
- Discuss the concerns and perceptions of potential users of IUDs and Implants.
- Explain the term “Informed Choice”.
- Discuss the “Rights of the Client”.

### SESSION OVERVIEW

- Definition of Counseling.
- Objectives of Counseling in family planning.
- Qualities of a successful counselor.
- Types of Counseling required for IUD and implant services.
- Concerns and perceptions of potential users of IUDs and implants.
- “Informed choice”.
- “Rights of the client”.

### METHODS

- Brainstorming
- Presentation
- Discussion
- Demonstration and Return Demonstration
- Role Play

**MATERIALS**

- Flip chart
- Markers
- Projector
- Laptop
- Cu T 380A IUD
- Jadelle, and Implanon® Implants
- Learning Guide for IUD Counseling Techniques
- Learning Guide for Implant Counseling Techniques

## MODULE FOUR SESSION 1: INTRODUCTION TO COUNSELING

### MODULE PLAN

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Introduction to Counseling. | 1 hour | • Define Counseling.<br>• State the objectives of Counseling in Family Planning.<br>• Discuss the qualities of a successful counselor Mention the types of Counseling required for PPIUD and Implant services.<br>• Discuss the concerns and perceptions of potential users of IUDs and Implants.<br>• Explain the term "Informed Choice".<br>• Discuss the "Rights of the Client". | • Brainstorming<br>• Presentation<br>• Discussion<br>• Demonstration and return demonstration<br>• Role Play | • Flip chart<br>• Markers<br>• Projector<br>• Laptop<br>• Cu T 380A IUD<br>• Jadelle and Implanon® Implants<br>• Learning Guide for IUD Counseling Techniques<br>• Learning Guide for Implant Counseling Techniques |

## MODULE FOUR SESSION 1: INTRODUCTION TO COUNSELING

## MODULE PRESENTATION

| **Learning Objectives** | **Duration** | **Learning Methodology/Activity** |
|---|---|---|
| Introduction.<br><br>Define Counseling? | 5 minutes<br><br>(Brainstorming/ Lecture) | The Trainer displays and reviews the learning objectives for this module.<br><br>The Trainer requests the participants to define Counseling and notes their responses on the flip chart.<br><br>The Trainer clarifies the responses and defines Counseling as:<br>• A form of interpersonal communication in which the counselor helps the client to identify, clarify and resolve problems, makes informed decision and act on the decision.<br><br>The Trainer informs the participants that:<br>• Counseling refers to providing the client with information and support to allow her to make a decision regarding her immediate reproductive health needs, for example, by describing to the woman (and sometimes her partner as well) the contraceptive options available to her, the benefits and risks of the methods, and what side effects to expect. |

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| State the objectives of Counseling in Family Planning? | 5 minutes (Brainstorming/Lecture) | The Trainer requests the participants to state the objectives of Counseling and notes their responses on the flip chart.<br><br>The Trainer clarifies their responses and states the objectives as:<br>• To provide complete, accurate information in terms the client can understand.<br>• Identify and discuss any concerns or fears a client may have.<br>• To help the client choose the best family planning method for her.<br>• To inform the client adequately about effectiveness, side effects, benefits, and risks on available methods. |
| Discuss the qualities of a successful Counselor? | 10 minutes (Brainstorming/ Lecture) | The Trainer requests the participants to state the qualities of a successful counselor and notes their responses on the flip chart.<br><br>The Trainer clarifies the responses and states that a successful counselor has:<br>• A sensitivity that earns the trust of the client.<br>• A good understanding of all available family planning methods, not only IUDs and sub-dermal implants.<br>• An understanding of the cultural and psychological factors that affect a woman's or a couple's decision to use IUD or sub-dermal |

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| | | implants or other family planning methods.<br>• A non-judgmental approach, treating the client with respect and kindness.<br>• A way of encouraging clients to ask questions.<br>• An ability to listen.<br>• The ability to recognize when he or she cannot sufficiently help a client and to refer the client to other professionals.<br>• An appreciation of non-verbal communication (body language).<br>The Trainer informs the participants to note that:<br>• When Counseling is done effectively, women will be more satisfied with their choices and less likely to discontinue use after a short period of time or because of unexpected bleeding disturbances.<br>• Sound knowledge and good communication skills are essential if the counselor is to discuss IUDs or sub-dermal implants (and other methods) appropriately and to reduce the number of women who discontinue the method because of ignorance or unnecessary anxiety. |
| Mention the types of Counseling required for | 15 minutes (Presentation/ Discussion) | The Trainer displays the slides on “What types of Counseling are Required?” and informs the participants that Cu T 380A |

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| IUD and Implant services? | | and sub-dermal implant users will need three stages of Counseling as follows:<br><br>**Pre Insertion Counseling**<br><br>• Given prior to a decision to use IUD and sub-dermal Implants.<br>• Discuss the woman's (or couple's) fertility intentions.<br>• Then provide information on all available contraceptive methods.<br>• Present an overview of Cu T 380A and sub-dermal implants:<br>  ○ Facts<br>  ○ Reversibility<br>  ○ Advantages and disadvantages including side-effects (particularly those related to menstrual irregularities)<br>  ○ The timing of insertion<br>  ○ The contraceptive to use until insertion and<br>  ○ The freedom of the client to discontinue the method whenever desired.<br><br>**Post-Insertion Counseling**<br><br>• Though usually given immediately after the insertion of the IUD or implant, some elements of post-insertion Counseling should be given earlier and reinforced at this time (e.g. post insertion care). |

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| | | • Information on a follow-up schedule and indications for a quick return to the clinic must be provided.<br><br>**Follow-up Counseling**<br><br>• Information given during post-insertion Counseling should be reinforced at each visit<br>• Counselors need to listen attentively and be prepared to answer questions on the problems the patient has encountered. Answering questions helps a client to cope with any problem or side effects.<br>• Again, counselors should reassure clients that removal is available on demand.<br><br>**Counseling for postpartum family planning.**<br>The Trainer explains that:<br>• The best time to counsel for postpartum family planning is during the antenatal period.<br>• If counseling was not provided during the antenatal period, maternity staff can provide it before the woman is discharged.<br>• Effective counseling and provision of postpartum family planning services require good communication between |

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| | | antenatal, labour, delivery, and family planning services.<br>• Both counseling and service provision for post-partum family planning are usually provided by maternity staff. |
| Discuss the myths, misconceptions and perceptions of users of IUDs and Implants | 5 minutes<br>( Brainstorming/ Discussion) | The Trainer requests the participants to mention the myths, misconceptions and perceptions of users of IUDs and Implants, and notes their responses on the flip chart.<br><br>The Trainer clarifies their responses and refers them to the Participants' Reference Book on the listed myths, misconceptions and perceptions of users of IUDs and Implants.<br><br>The Trainer addresses any issues or concerns raised by the participants. |
| Explain the term "Informed Choice" | 10 minutes (Discussion) | The Trainer requests the participants to define "Informed Choice" and notes their responses on the flip chart.<br><br>The Trainer clarifies their responses and states that "Informed" means that:<br>• Clients have the clear, accurate, and specific information they need to make their own reproductive choices including a choice among family planning methods. |

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| | | • Good quality family planning programs can explain each family planning method as needed, without information overload and can help clients use each method effectively and safely.<br><br>Furthermore, the Trainer clarifies "Choice" as:<br>• Clients having a range of family planning methods to choose from. Good quality family planning services offer different methods to suit people's differing needs – not just 1 or 2 methods. If programs cannot provide a method or service, they refer clients somewhere else for that method.<br><br>The Trainer emphasizes that:<br>• Clients make their own decisions. Family planning providers help clients think through their decisions, but they do not pressure clients to make a certain choice or to use a certain method. |
| Discuss the "Rights of the Client". | 5 minutes<br>(Discussion) | The Trainer informs the participants that the service provider must endeavour to respect the rights of the client seeking family planning and reproductive health services by providing them with relevant information concerning their reproductive health. Such rights include:<br>• Information |

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| | | • Access to services o Informed Choice<br>• Safe services<br>• Privacy and Confidentiality<br>• Dignity, comfort and expression of opinion.<br><br>The Trainer discusses these issues and addresses any concerns raised by the participants. |
| Summary/ Evaluation | 5 minutes (Discussion) | The Trainer summarizes the session by stating that:<br>• Counseling provides clients with information that would help her make informed choice.<br>• A good counselor is sensitive to the clients' needs and is ready to address user concerns regarding future reproductive goals, choice of contraceptive method and adverse effect of the chosen method.<br><br>The Trainer requests the participants to respond to the following questions:<br>• What is Counseling?<br>• Why is Counseling important?<br>• What types of Counseling are mandatory when providing IUD and implant services? |

## MODULE FOUR

## SESSION 2: THE BALANCED COUNSELING STRATEGY PLUS (BCS+)

Time: 1 hour

### LEARNING OBJECTIVES

**By the end of this session, participants should be able to:**

- Define the Balanced Counseling Strategy Plus.
- State the objectives of the Balanced Counseling Strategy Plus.
- Discuss the tools and job aids necessary for offering Balanced Counseling Strategy Plus.
- Discuss the steps in the Balanced Counseling Strategy Plus.
- Effectively counsel family planning clients using the steps, tools and job-aids in the Balanced Counseling Strategy Plus.

### SESSION OVERVIEW

- Definition of the Balanced Counseling Strategy Plus.
- Objectives of the Balanced Counseling Strategy Plus.
- Tools and job aids necessary for offering Balanced Counseling Strategy Plus.
- Steps in the Balanced Counseling Strategy Plus.
- Demonstration of Counseling family planning clients using the steps, tools and job-aids in the Balanced Counseling Strategy Plus.

### METHODS

- Brainstorming
- Presentation
- Discussion
- Demonstration and Return Demonstration
- Role Play

### MATERIALS

- Flip chart and flip chart stand
- Markers

- Projector
- Laptop
- Tools and Job Aids of BCS+

**SUMMARY**

**EVALUATION**

## MODULE FOUR

## SESSION 2: THE BALANCED COUNSELING STRATEGY PLUS (BCS+)

## MODULE PLAN

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| The Balanced Counseling Strategy Plus (BCS +). | 1 hour | • Define the Balanced Counseling Strategy Plus.<br>• State the objectives of the Balanced Counseling Strategy Plus.<br>• Discuss the tools and job aids necessary for offering Balanced Counseling Strategy Plus.<br>• Discuss the steps in the Balanced Counseling Strategy Plus.<br>• Effectively counsel family planning clients using the steps, tools and job | • Brainstorming<br>• Presentation<br>• Discussion<br>• Demonstration and return demonstration<br>• Role Play | • Flip chart Stand/Paper<br>• Markers<br>• LCD Projector<br>• Laptop<br>• Tools and Job Aids of BCS+ |

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| | | aids in the Balanced Counseling Strategy Plus. | | |

## MODULE FOUR

## SESSION 2: THE BALANCED COUNSELING STRATEGY PLUS

## MODULE PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
|---|---|---|
| Introduction.<br><br>Define the Balanced Counseling Strategy (BCS) and the Balanced Counseling Strategy Plus (BCS+)? | 5 minutes<br><br>(Brainstorming/ Lecture) | • The Trainer displays and reviews the learning objectives for this module.<br><br>• The Trainer requests the participants to define the Balanced Counseling Strategy (BCS) and notes their responses on the flip chart.<br><br>• The Trainer clarifies the responses and defines Balanced Counseling Strategy (BCS) as:<br><br>○ A practical, interactive, and client-friendly strategy for improving Counseling within family planning consultations. This strategy comprises a series of steps to determine the contraceptive method that best suits the client according to her/his preferences and needs.<br>○ This strategy improves the quality of the service provider's counseling and allows the client to take ownership of the decision. |

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| | | • The Trainer states that the Balanced Counseling Strategy Plus (BCS+) integrates counseling on STI/HIV transmission and prevention along with family planning by helping the provider to conduct an STI/HIV risk assessment, discuss dual protection, and discuss and offer the client opportunities for HIV C&T. |
| State the objectives of the Balanced Counseling Strategy Plus (BCS+)? | 5 minutes<br><br>(Discussion) | • The Trainer states that the objectives Balanced Counseling Strategy Plus (BCS+) as follows:<br><br>  • The BCS+ assumes that the motive of a client's visit is for family planning but serves to also offer the client STI/HIV services in the clinic or through referral. |

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| | | • The Trainer clarifies any issues raised by the participants. |
| Discuss the tools and job aids necessary for offering Balanced Counseling Strategy Plus (BCS+)? | 10 minutes<br><br>(Discussion/ Demonstration) | The Trainer informs the participants that the BCS uses three key job aids for Counseling clients about family planning:<br><br>• An algorithm to guide the provider through the Counseling process<br><br>• A set of Counseling cards for contraceptive methods, and<br><br>• Corresponding brochures for each method<br><br>**The BCS Algorithm**<br><br>• This summarizes the 19 steps recommended to implement the BCS during a family planning consultation.<br><br>• The steps are organized under four stages of the consultation: pre-choice needs assessment; method choice; post-choice actions; and STI/HIV prevention, risk |

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| | | assessment, and Counseling and testing.<br><br>• During each stage of the consultation, the provider is given step-by step guidance on how to use the BCS+ job aids. Depending on the client's response to the issues discussed, the algorithm outlines which action to take.<br><br>**The Counseling Cards**<br><br>• These are the cards that a provider uses during a Counseling session. There are 19 Counseling cards.<br><br>• The first card contains 6 questions that the service provider asks to rule out whether a client is pregnant.<br><br>• There are 14 method-specific cards that contain information about each family planning method.<br><br>• Each method card has an illustration of the contraceptive method on the front side of the card. The back of the card contains a list 5 to 7 key features of the method and describes the method's effectiveness. |

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| | | • These cards are used to first exclude those methods that are inappropriate for the client's reproductive intentions and then to narrow down the choice to reach a final decision.<br><br>• Four Counseling cards provide information on STI/HIV transmission and prevention, risk assessment, dual protection, and HIV C&T that are used during the fourth stage of the consultation.<br><br>**Method Brochures**<br><br>• These brochures on each of the 14 contraceptive methods are designed to help the client better understand the method chosen.<br><br>• The service provider gives the client the brochure of the selected method and a brochure with information on condoms to take home.<br><br>• Providers should encourage low-literate clients to take the brochure home so that their partner or other trusted friend can review the brochure with them again. |

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| Discuss the steps in the Balanced Counseling Strategy Plus (BCS+)? | 15 minutes (Discussion/ Demonstration) | The Trainer informs the participants that:<br><br>• The BCS+ is divided into four Counseling stages. Each stage contains a sequence of steps to follow:<br><br>**Pre-Choice Stage**<br><br>• During this stage, the provider creates the conditions that help a client select a family planning method.<br><br>**Method Choice Stage**<br><br>• During this stage, the provider offers more extensive information about the methods that have not been set aside, including their effectiveness.<br><br>• This helps the client select a method suited to his/her reproductive needs.<br><br>• Following the steps in the BCS+ algorithm, the provider continues to narrow down the number of Counseling method cards until a method is chosen.<br><br>**Post-Choice Stage**<br><br>• During this stage, the provider uses the method brochure to give the |

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| | | client complete information about the method that has been chosen.<br>• If the client has conditions where the method is not advised or is not satisfied with the method, the provider returns to the Method Choice Stage to help the client select another method.<br><br>**STI/HIV Prevention, Risk Assessment, and Counseling and Testing Stage**<br><br>• During this stage, the service provider uses the four Counseling cards to discuss STI/HIV transmission and prevention, conduct a risk assessment, define dual protection, and discuss and offer the client opportunities for HIV C&T.<br><br>• If the client is willing to be tested, the service provider encourages the client to disclose their STI/HIV status to their partner(s), and lets the client know both the benefits and risks of disclosure.<br>.<br>• The service provider gives follow-up instructions, the method brochure and condom brochure, emphasizing dual protection. |

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| Effectively counsel family planning clients using the steps, tools and job-aids in the Balance Counseling Strategy Plus (BCS+). | 20 minutes (Demonstration/Role Play) | The Trainer demonstrates (through a Role Play) how to effectively counsel family planning clients using the Algorithm for Balance Counseling Strategy Plus (BCS+).<br><br>**Pre-Choice Stage**<br><br>**Step 1**: Establish and maintain a warm, cordial relationship. Listen to the client's contraceptive needs.<br><br>**Step 2:** Rule out pregnancy using the pregnancy using the pregnancy checklist card with 6 questions.<br><br>**Step 3:** Display all of the method cards. Determine whether the client wants a particular method.<br><br>**Step 4:** Ask questions using the displayed method cards. Set aside cards based on the client's responses.<br><br>**Method Choice Stage**<br><br>**Step 5:** Give information on the methods that have not been set aside and indicate their effectiveness.<br><br>**Step 6:** Ask the client to choose the method that is most convenient for her/him.<br><br>**Step 7:** Using the method-specific brochure, determine whether the client |

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| | | has any conditions for which the method is not advised.<br><br>**Post-Choice Stage**<br><br>**Step 8:** Discuss the method chosen with the client using the method brochure as a counseling tool.<br><br>**Step 9**: Determine the client's comprehension and reinforce key information.<br><br>**Step 10:** Make sure the client has made a definite decision: Give her/him the method chosen and/or a referral and back-up method, depending on the method selected.<br><br>**Step 11:** Encourage the client to involve partner(s) in decisions about/practice of contraception through discussion or a visit to the clinic.<br><br>**STI/HIV Prevention, Risk Assessment, and Counseling and Testing Stage**<br><br>**Step 12:** Discuss STI transmission and prevention and the client's HIV status using the counseling card.<br><br>**Step 13:** Conduct STI/HIV risk assessment using the counseling card. If the client has STI symptoms, treat her/him syndromically. |

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| | | **Step 14:** Discuss dual protection using the counseling card. Offer condoms and instruct client in correct and consistent use.<br><br>**Step 15:** Conduct HIV counseling and testing (C & T) awareness using the counseling card. If the client is HIV positive, skip to Step 17.<br><br>**Step 16:** Discuss and offer the client an opportunity for HIV C & T.<br><br>**Step 17:** Encourage the client to disclose HIV status to her/his partner(s). Let the client know the benefits and risks of disclosure.<br><br>**Step 18:** Give follow-up instructions, a condom brochure and the brochure of the method chosen.<br><br>**Step 19:** Complete the Counseling session. Invite the client to return at any time. Thank her/him for the visit. End the session. |
| Summary/ Evaluation | 5 minutes (Discussion) | The Trainer summarizes the session by stating that:<br>• The Balanced Counseling Strategy Plus (BCS+) is a practical, interactive, and client friendly tool for improving Counseling within family planning consultations.<br><br>• The strategy improves the quality of the provider's Counseling and |

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| | | allows the client to take ownership of the decision.<br><br>• The BCS has proved to be an effective tool that assists family planning providers to improve the quality of their care. The approach is practical, low cost, and easy to adapt to local contexts.<br><br>The Trainer requests the participants to respond to the following questions:<br><br>• Mention the job aids of the BCS+?<br><br>• List the four Counseling stages of the BCS+?<br><br>• Why is it important to give the BCS+ Method Brochure to the client to take home? |

## MODULE FIVE

## CLIENT ASSESSMENT FOR PPIUD AND POSTPARTUM IMPLANTS

This module covers the various aspects of client assessment- taking the client medical history, performing a physical examination, and comparing the findings to the PPIUD and PP Implant criteria. It enumerates the contraindications to PPIUD and PP implant insertion.

Session 1: Client Assessment for PP IUD Insertion.

Session 2: Client Assessment for PP Implants insertion.

Session 3: The WHO Medical Eligibility Criteria (MEC).

## MODULE FIVE

## CLIENT ASSESSMENT FOR PPIUD AND PP IMPLANTS

## MODULE PLAN

| SESSION | DURATION | OBJECTIVES | METHOD | RESOURCES |
|---|---|---|---|---|
| Session 1: Client Assessment For postpartum IUD Insertion. | 30 minutes | • State what should be included in a medical history and physical exam, and which lab procedures are appropriate for a PPIUD client assessment.<br>• Perform an STI risk assessment and respond appropriately.<br>• List contraindications for PPIUD. | • Lecture<br>• Discussion<br>• Case studies<br>• Demonstration and return demonstration | • Flip chart Stand/paper<br>• Markers<br>• Masking tape<br>• MEC Wheel<br>• Handout<br>• Projector<br>• Laptop |
| Session 2: Client Assessment for postpartum Implant insertion. | 30 minutes | • State what should be included in a medical history and physical exam, and which lab procedures are appropriate for a PP Implant client assessment.<br>• Perform an STI risk assessment and respond appropriately. | • Lecture<br>• Discussion<br>• Case studies<br>• Handout<br>• Demonstration and return demonstration | • Flip chart Stand/paper<br>• Markers<br>• Masking tape<br>• MEC Wheel<br>• Projector<br>• Laptop |

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| | | • List contraindications for PP Implant. | | |
| Session 3: the WHO Medical Eligibility Criteria (MEC). | 35 minutes | • Define WHO Medical Eligibility Criteria.<br>• Explain how to select contraceptive method using WHO MEC.<br>• Discuss the practical approach to the use of the WHO 2015 MEC wheel.<br>• Discuss the WHO Postpartum Family Planning Compendium and its recommendations on PPIUD and Implants. | | • Flip chart Stand/paper<br>• Markers<br>• Masking tape<br>• WHO MEC Wheel 2015<br>• Projector<br>• Laptop |

## MODULE FIVE: SESSION 1

## CLIENT ASSESSMENT FOR PPIUD

TIME: 30 minutes

**LEARNINGOBJECTIVES**

**By the end of this session, participants should be able to:**

- State what should be included in a medical history and physical examination, and which lab procedures are appropriate for a PPIUD client assessment
- Perform an STI risk assessment and respond appropriately
- List contraindications for PPIUD

**SESSION OVERVIEW**

- What to be included in medical history and physical examination, and laboratory procedure appropriate for PPIUD client assessment
- STI risk assessment
- Contraindications to PPIUD

**METHODS**

- Lecture
- Discussion
- Case studies
- Demonstration and Return Demonstration

**MATERIALS**

- Flip chart stand/paper
- Coloured markers
- Masking tape
- MEC Wheel
- Handout

## SUMMARY

## EVALUATION

## MODULE FIVE: SESSION 1

## CLIENT ASSESSMENT FOR PPIUD

## SESSION PLAN

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Client assessment for PPIUD. | 30 minutes | • State what should be included in a medical history and physical examination, and which lab procedures are appropriate for a PPIUD client assessment.<br>• Perform an STI risk assessment and respond appropriately.<br>• List contraindications for PPIUD. | • Lecture<br>• Discussion<br>• Case studies<br>• Demonstration and Return Demonstration | • Flip chart stand/paper<br>• Markers<br>• Masking tape<br>• WHO MEC Wheel 2015<br>• Handout<br>• Projector<br>• Laptop |

## MODULE FIVE: SESSION 1

## CLIENT ASSESSMENT FOR PPIUD

## SESSION PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
|---|---|---|
| Introduction.<br><br>State what should be included in a medical history and physical examination, and which laboratory procedures are appropriate for a PPIUD client assessment. | 10 minutes | The Trainer displays and reviews the learning objectives of this session<br>The Trainer informs the participants that:<br>• One component of quality care in a clinical setting is a thorough client assessment.<br>• In the family planning setting, the client assessment, combined with effective client counseling, allows for an appropriate match to be made between the client's contraceptive selection(s) and the clinical evaluation.<br>• A client assessment that is well done will address client safety and satisfaction, and will consider the client's general health.<br>He/She asks the participants to list the components of client assessment and notes them on the flip chart; clarifies their responses as:<br>• Detail medical history<br>• Physical examination<br>He/She displays the three essential components of a client history for PPIUD and offers explanation<br>• General medical, obstetric, and menstrual history<br>• STI is risk assessment<br>• Evaluation of access to follow-up-up care |
| Perform an STI risk assessment and respond appropriately. | 10 minutes | The Trainer highlights basic questions for STI Risk Assessment which includes: |

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| | | • Do you currently have any of the following symptoms?<br>  • Vaginal discharge with unusual color on odour<br>  • Genital sores<br>  • Bleeding after intercourse<br>• Do you have a partner with any of the following symptoms?<br>  • Urethral discharge<br>  • Genital sores<br>  • Pain when urinating<br>• Have you recently had an STI or pelvic inflammatory disease (PID), or have you had previous syndromic treatment for a reproductive tract infection (RTI)?<br>• Have you had a new sexual partner in the last three months?<br>• Have you had more than one sexual partner in the last three months?<br>• Does your partner have other sex partners?<br>The Trainer further explains to the participants what next to do if client answers yes to any of the above. |
| List contraindications for PPIUD | 5 minutes | The Trainer informs the participants to brainstorm on contraindications to PPIUD and clarifies their responses as follows:<br>  • If the client has fever or any other signs of abdominal or pelvic infection, (especially following prolonged rupture of membranes).<br>  • If client has current PID, gonorrhea or chlamydia, or |

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| | | purulent discharge, or is at high risk (partner has STI or purulent discharge).<br>• Unresolved postpartum hemorrhage that continues after completely emptying the uterus, or unexplained vaginal bleeding not resolved by this delivery.<br>• Bleeding disorders, such as disseminated intravascular coagulation (DIC).<br>• Anatomical uterine abnormality that makes proper fundal placement of the IUD impossible. This is unlikely if she has had a normal pregnancy.<br>• Prolonged rupture of membranes (greater than 24 hours), without signs of infection at the time of postpartum insertion.<br>• Chorioamnionitis.<br>• Do not have access to a health center for follow-up care. |
| Summary/Evaluation | 5 minutes | The Trainer summarizes the session by stating that:<br>• A client assessment that is well done will address client safety and satisfaction, and will consider the client's general health.<br>• A provider skilled in client assessment will involve the client in the process in a way that furthers the woman's understanding of why the assessment is needed, of her own health status, and of some of the potential problems that can result |

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| | | with inappropriate provision of the PPIUD.<br>• Few women are clinically inappropriate PPIUD candidates. A thorough client assessment will enable the 'provider to identify those women and help them select a clinically suitable contraceptive method that the client will be satisfied with.<br>He/She requests the participants to respond to the following questions:<br>• List the basic questions you will ask a client for STI Risk Assessment?<br>• List 2 laboratory procedures to be performed before PPIUD insertion?<br>• List 4 contraindications to PPIUD insertion? |

## MODULE FIVE: SESSION 2

## CLIENT ASSESSMENT FOR POSTPARTUM IMPLANTS

TIME: 30 minutes

**LEARNING OBJECTIVES**

**By the end of the session, participants should be able to;**

- State what should be included in a medical history and physical examination, and which laboratory procedures are appropriate for a PP implant client assessment.
- Perform an STI risk assessment and respond appropriately.
- List contraindications for PP implant insertion.

**SESSION OVERVIEW:**

- Medical history and physical examination, and laboratory procedures appropriate for postpartum implant client assessment.
- STI risk assessment.
- Contraindications to PP Implant insertion.

**METHODS:**

- Lecture
- Discussion
- Case studies
- Demonstration and Return Demonstration
- Energizer

**MATERIALS**

- Flip chart stand/paper
- Markers
- Masking tape

- Projector
- Laptop
- Handout

**SUMMARY**

**EVALUATION**

## MODULE FIVE: SESSION 2

## CLIENT ASSESSMENT FOR POSTPARTUM IMPLANTS

## SESSION PLAN

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Client assessment for postpartum implants. | 30 minutes | • State what should be included in a medical history and physical examination, and which lab procedures are appropriate for a PP implant client assessment<br>• Perform an STI risk assessment and respond appropriately<br>• List contraindications for PP implant insertion | • Lecture<br>• Discussion<br>• Case studies<br>• Demonstration and Return Demonstration | • Flip chart stand/paper<br>• Markers<br>• Masking tape<br>• Projector<br>• Laptop<br>• Handout |

## MODULE FIVE: SESSION 2

## CLIENT ASSESSMENT FOR POSTPARTUM IMPLANTS

## SESSION PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
|---|---|---|
| Introduction.<br><br>State what should be included in a medical history and physical examination, and which lab procedures are appropriate for a PP implant client assessment. | 10 minutes | The Trainer displays and reviews the learning objectives of this session.<br><br>Refer to Module Five session 2 of the participants reference book. |
| Perform an STI risk assessment and respond appropriately. | 10 minutes | Refer to Module Five session 2 of the participants reference book. |
| List contraindications for PP implant insertion. | 5 minutes | The Trainer informs the participants to list the contraindications to the use of postpartum contraception implants. He/She clarifies as follows:<br>• Had past history of lactational insufficiency.<br>• Past or current history of breast cancer.<br>• Hormonal contraceptives are contraindicated.<br>• Do not have access to a health center for follow-up care. |
| Summary/Evaluation | 5 min | The Trainer summarizes the session by saying that: |

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| | | • The clinician who inserts the PP implant may not need to conduct an entire history-taking session if it has already been done.<br>• This clinician is responsible for reviewing the history and confirming the information with the client.<br>• Confirming the history with the client helps her to understand the importance of a clinical evaluation.<br>• The provider must perform a post-delivery physical examination before the PP implant is inserted to ensure that insertion is appropriate, given the client's current condition.<br>The Trainer requests the participants to provide answers to the following questions:<br>• List 2 laboratory procedures to be performed before PP implant insertion?<br>• List 4 contraindications to PP Implants insertion? |

## MODULE FIVE: SESSION 3

## THE WORLD HEALTH ORGANIZATION MEDICAL ELIGIBILITY CRITERIA (MEC)

Time: 35 minutes

**LEARNING OBJECTIVES**

**By the end of the session, the Participants should be able to:**

- Define WHO Medical Eligibility Criteria (MEC).
- Explain how to select contraceptive method using WHO MEC.
- Explain the practical approach to the use of the WHO 2015 MEC wheel.
- Discuss the WHO Postpartum Family Planning Compendium and its recommendations on PPIUD and Implants.

**SESSION OVERVIEW**

- Definition of WHO Medical Eligibility Criteria.
- How to select contraceptive method using WHO MEC.
- Practical approach to the use of the WHO 2015 MEC wheel.
- The WHO Postpartum Family Planning Compendium and its recommendations on PPIUD and Implants.

**METHODS**

- Lecture
- Discussion
- Case studies
- Demonstration and Return Demonstration

**MATERIALS**

- Flip chart stand/paper
- Coloured markers
- Masking tape
- WHO 2015 MEC Wheel

- WHO Postpartum Family Planning Compendium 2016
- Handout
- Projector
- Laptop

**SUMMARY**

**EVALUATION**

## MODULE FIVE: SESSION 3

## THE WORLD HEALTH ORGANIZATION MEDICAL ELIGIBILITY CRITERIA (MEC)

## SESSION PLAN

| Title | Duration | Objectives | Method | Materials |
|---|---|---|---|---|
| The World Health Organization Medical Eligibility Criteria (MEC**).** | 35 minutes | • Define WHO Medical Eligibility Criteria (MEC)?<br>• Explain how to select contraceptive method using WHO MEC 2015?<br>• Explain the practical approach to the use of the WHO 2015 MEC wheel?<br>• Discuss the WHO Postpartum Family Planning Compendium and its recommendations on PPIUD and Implants? | • Lecture<br>• Discussion<br>• Case studies<br>• Demonstration and Return Demonstration | • Flip chart stand/paper<br>• Coloured markers<br>• Masking tape<br>• WHO MEC Wheel 2015<br>• WHO Postpartum Family Planning Compendium 2016<br>• Handout |

## MODULE FIVE: SESSION 3

## The World Health Organization Medical Eligibility Criteria (MEC)

## SESSION PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
|---|---|---|
| Define WHO Medical Eligibility Criteria (MEC)? | 5 minutes | The Trainer requests the participants to define the WHO Eligibility Criteria<br>He clarifies their responses and defines it as:<br>• A document that reviews the medical eligibility criteria for use of contraception, offering guidance on the safety of use of different methods for women and men with specific characteristics or known medical conditions. |
| Explain how to select contraceptive method using WHO MEC? | 5 minutes | The Trainer requests the participants to brainstorm on how to select contraceptive method using WHO MEC.<br>He/She displays the four categories as follows:<br>1) A condition for which there is no restriction for the use of the contraceptive method. No restriction to use. Use method under any circumstance.<br>2) A condition where the advantages of using the method generally outweighs the theoretical or proven risks. Benefits generally outweigh the risks. Generally use the method.<br>3) A condition where the theoretical of proven risks usually outweigh the advantages of using the method. Risks generally outweigh the benefits. Use of the method not usually recommended except where |

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| | | other methods are unavailable/unacceptable.<br>4) A condition which represents an unacceptable health risk if the contraceptive method is used. Unacceptable health risks. Method not to be used. |
| Explain the practical approach to the use of the WHO 2015 MEC wheel? | 10 minutes | The Trainer displays figure 5.3.1 in the Participants' manual reference book and explains, using some case studies. |
| Discuss the WHO Postpartum Family Planning Compendium and its recommendations on PPIUD and Implants? | 10 minutes | The trainer makes reference to Figure 5.3.2 in the Participants' manual and discusses the WHO Postpartum Family Planning Compendium of 2016 with the participants.<br><br>He/She refers to the website and demonstrates how it is used. |
| Summary/Evaluation | 5 minutes | The Trainer recaps the key points in this session and requests the participants to respond to the following questions:<br>• Define the WHO MEC?<br>• List the four categories using WHO MEC?<br>• What are the recommendations of the WHO Postpartum Family Planning Compendium on PPIUD and Implants? |

## MODULE SIX:

## POST-PARTUM IUD AND IMPLANTS INSERTION AND REMOVAL TECHNIQUES

This module covers the various types of PPIUD and PP Implants insertion and removal techniques and when they are used. It also explains how the techniques differ because of the various timings. The advantages and disadvantages of the different techniques as well as the differences and similarities of post-partum and interval IUD are discussed.

**Session 1**: PPIUD insertion techniques.

**Session 2**: PP Implants Insertion techniques;

- Jadelle insertion technique
- Implanon®insertion technique

**Session 3**: IUD removal technique.

**Session 4:** Implant removal technique.

## MODULE SIX: SESSION 1

## POSTPARTUM IUD INSERTION TECHNIQUES

TIME: 2 hours 30 minutes

### LEARNING OBJECTIVES

**By the end of this session, participants should be able to:**

- Identify the 2 types of insertion technique.
- Identify the technique that is appropriate to each particular timing.
- Explain the advantages of different techniques.
- Describe the key steps of each technique.
- Describe key points of post insertion instructions.
- Describe key differences and similarities for post-partum and interval insertion.

### SESSION OVERVIEW

- Types of insertion technique.
- Appropriate technique for various timings.
- Advantages of different techniques.
- Key points of post insertion instructions.
- Differences and similarities: Interval and post-partum insertion.

### METHODS

- Lecture
- Discussion
- Demonstration and return demonstration
- Checklist

### MATERIALS

- Flip chart stand/paper
- Checklist
- Handout
- Video on PPIUD insertion

- Markers
- Masking tape
- Cu T 380 A IUDs
- Pelvic Models (Mama U and Zoe)

## MODULE SIX: SESSION 1

## POSTPARTUM IUD INSERTION TECHNIQUES

## SESSION PLAN

| TITLE | DURATION | OBJECTIVES | METHOD | MATERIALS |
|---|---|---|---|---|
| Postpartum IUD Insertion Techniques. | 2 hours 30 minutes | • Identify the 2 types of insertion techniques?<br>• Identity the techniques that is appropriate to each particular timing?<br>• Explain the advantage of different techniques?<br>• Describe the points of post insertion instruction?<br>• Describe key differences and similarities for postpartum and interval insertion? | • Lecture<br>• Discussion<br>• Demonstration and return demonstration<br>• Checklist | • Flip chart Stand/paper<br>• Coloured Markers<br>• Checklist<br>• Masking tape<br>• Handout<br>• Zoe Pelvic Models (Mama U and Zoe)<br>• Demonstration videos on PPIUD insertion |

## MODULE SIX: SESSION 1

## POSTPARTUM IUD INSERTION TECHNIQUES

## SESSION PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
|---|---|---|
| Introduction.<br><br>Identify the 2 types of insertion techniques? | 10 minutes | The Trainer displays and reviews the learning objectives for this session<br>He/she requests the participants to list the types of insertion techniques and he notes their responses on the flip chart<br>He/She clarifies as follows:<br>• There are 2 types of insertion techniques: Forceps and Manual Insertion |
| Identity the techniques that is appropriate to each particular timing? | 20 mins | The Trainer explains to the participants that:<br>• Forceps insertion is performed after expulsion of the placenta and within 48 hours of delivery.<br>• The manual method of insertion is appropriate when performed within 10 minutes of expulsion of the placenta. |
| Explain the advantages of the different techniques? | 1 hour | The Trainer further informs the participants of the advantages of the different insertion techniques as follows:<br>• The forceps insertion technique is simple to perform and more comfortable for the client.<br>• Post placental forceps insertion is less uncomfortable for the client than manual insertion, especially if she has not received anesthesia for delivery; lower risk of contamination; less risk of pulling |

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| | | out the IUD while taking out the hand; is easier to perform than manual insertion; easy to teach.<br>• The manual insertion requires no special instruments but may be less comfortable for the client than insertion with ring forceps.<br>• Post placental manual insertion lowers chances of perforation than with instruments insertion; no need for manipulation of the client after the delivery; done on the delivery table.<br>He/She demonstrates the two insertion techniques using the pelvic model.<br>He/She clarifies their difficulties. |
| Describe the points of post insertion instruction? | 15 mins | The Trainer informs the participants that:<br>• It is important to give the PPIUD client clear instructions to help her use the method safely, effectively, and with satisfaction.<br>He/She informs the participants to brainstorm on post-insertion instructions to be given to the client.<br>He/She displays the slide on post insertion instructions and clarifies. |
| Describe key differences and similarities for postpartum and interval insertion? | 10 mins | The Trainer displays the table showing differences and similarities between postpartum and interval insertions and clarifies. |
| Summary/Evaluation | 5 minutes | The Trainer reminds the participants on the key points of this session.<br>He/She requests them to respond to the following questions:<br>• Describe the types of insertion techniques? |

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| | | • Describe the appropriate timing for each technique?<br>• List 3 Advantages of each technique?<br>• Describe key differences and similarities for postpartum and interval insertion? |

## MODULE SIX: SESSION 2

## JADELLE INSERTION TECHNIQUES

Time: 1 hour

**LEARNING OBJECTIVES**

**By the end of this session, participants should be able to:**

- Identify the equipment and materials for Jadelle Implant insertion procedures.
- Demonstrate the correct insertion technique with regard to asepsis, anaesthesia, location of incision, and careful correct placement of the implants.
- Demonstrate the unique insertion techniques of Jadelle implant.
- Demonstrate the correct application of dressing after insertion.
- Explain the instructions to be given to clients after insertion.
- Schedule follow-up appointments with the clients after the procedure.

**SESSION OVERVIEW**

- Equipment and materials for Jadelle implant insertion procedures.
- Demonstration of the correct insertion technique for Jadelle implant with regard to asepsis, anaesthesia, location of incision, and careful correct placement of the implant.
- Demonstration of the correct application of dressing after insertion.
- Instructions to be given to clients after insertion.
- Scheduling follow-up appointments with the clients after the procedure.

**METHOD**

- Lecture
- Discussion
- Demonstration and return demonstration
- Checklist

**MATERIALS**

- Flip chart
- Checklist

- Markers
- Masking tape
- Jadelle
- Arm model
- Hand out

**SUMMARY**

**EVALUATION**

## MODULE SIX: SESSION 2

## JADELLE INSERTION TECHNIQUES

## SESSION PLAN

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Jadelle Implants' Insertion Techniques. | 1 hour | • Identify the equipment and materials for Jadelle Implants insertion procedures?<br>• Demonstrate the correct insertion technique with regard to asepsis, anaesthesia, location of incision, and careful correct placement of the implants?<br>• Demonstrate the unique insertion techniques of Jadelle implants?<br>• Demonstrate the correct application of dressing after insertion?<br>• Explain the instructions to be given to clients after insertion?<br>• Schedule follow-up appointments with the clients after the procedure. | • Lecture<br>• Presentation<br>• Discussion<br>• Brainstorming<br>• Demonstration and Return Demonstration | • Flip chart<br>• Markers<br>• LCD Projector<br>• Laptop<br>• Jadelle Implants<br>• Learning Guide for Jadelle Implant Insertion Techniques |

## MODULE SIX: SESSION 2

## JADELLE INSERTION TECHNIQUES

## MODULE PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
|---|---|---|
| Identify the equipment and materials for Jadelle Implants insertion procedures? | 10 minutes | The Trainer displays the instrument and materials for Jadelle implant insertion procedures and requests the participants to identify each, including the following:<br>• One set of implant capsules<br>• Trocar and cannula as supplied<br>• Sterilized surgical drapes<br>• Sterile gloves preferably devoid of talcum powder<br>• Antiseptic solution like Hibitane, Povidone or Betadine<br>• Local anesthetic agent like Xylocaine 1% without adrenaline<br>• Syringe and needle<br>• Sterile gauze or cotton wool<br>• Plaster<br>• Artery forceps (2)<br>• Examination couch with arm rest<br>• Disinfectant solution, e.g.Jik<br>• Plastic bowl |
| Demonstrate the correct insertion technique with regard to asepsis, anaesthesia, location of incision, and careful correct | 20 minutes (Presentation/ Demonstration) | The Trainer demonstrates the following steps as *Client preparation:*<br>• Give clear information about probable changes in bleeding pattern during the menstrual cycle and other possible side effects.<br>• Describe the insertion and removal procedures and what the client |

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| placement of the implants? | | should expect during and afterwards.<br>• Ensure client's cooperation and relaxation.<br>• Review client assessment data to determine if the client is an appropriate candidate for implants or if she has any problems that should be monitored more frequently while the implants are in place.<br>• Do a general examination.<br>• Instruct the client to lie on the couch with arm stretched out comfortably.<br>• Support arm with arm rest.<br>• Use proper infection prevention procedure.<br>• Wash hands.<br>• Ask the patient to lie down on the examination table with her non-dominant arm extended on a sterile cloth on the other table, at right angles to her body.<br>• Clean the area of insertion with antiseptic solution: iodine (if available) and finally with spirit.<br>• Apply sterile drapes exposing the insertion area only (under the skin of the upper arm).<br><br>The Trainer explains and demonstrates the steps for the correct and sub-dermal placement of Jadelle by displaying the following slides containing: |

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| | | • Figure 6.2.1 (showing the correct and sub-dermal placement of the implants).<br>• Figure 6.2.2 (Anaesthetizing the insertion area).<br>• Figure 6.2.3 (The trocar and cannula).<br>• Figure 6.2.4 (Introducing the trocar just beneath the skin).<br>• Figure 6.2.5 (Advancing to the mark while tenting).<br>• Figure 6.2.6 (Removing the plunger and loading the first implant).<br>• Figure 6.2.7 (Holding the plunger steady and pulling the trocar to the mark near the tip.<br>• Figure 6.2.8 (Inserting the second implant advancing again to the mark following a narrow V).<br>• Figure 6.2.9 (Loading the second implant).<br>• Figure 6.2.10 (Holding the plunger steady while pulling the trocar back).<br>• Figure 6.2.11 (Closing the incision).<br><br>The Trainer informs the participants that the client should be observed at the clinic for 10 – 15 minutes for signs of syncope or bleeding from the incision before she is discharged.<br><br>The Trainer provides the participants with clear instructions regarding *Waste Disposal and Decontamination* as follows:<br>• Before removing gloves, place instruments into a container filled |

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| | | with 0.5% chlorine solution for decontamination.<br>• The surgical drape (if used) must be washed before reuse. Place in a dry covered container and remove to the designated washing area.<br>• While still wearing gloves, place all contaminated objects (gauze, cotton and other waste items) in a properly marked, leak-proof container with a tight-fitting lid or in a plastic bag.<br>• Immerse both gloved hand briefly in chlorine solution and then carefully remove gloves by turning inside out and place in the waste container.<br>• Wash hands thoroughly with soap and water.<br>All waste materials should be disposed of by burning or burying. |
| Explain the instructions to be given the clients after insertion? | 10 minutes (Demonstration/ Role Play) | The Trainer demonstrates the following procedure to be followed after the insertion of the implants:<br><br>*Covering the Insertion*<br>• Bring the edges of the incision together and use a band-aid or surgical tape with sterile cotton to cover the incision. Sutures are not necessary and may increase scarring. o Check for any bleeding.<br>• Cover the insertion area with a dry compress (pressure dressing) and wrap gauze snugly around the arm to be sure there is no bleeding and to minimize the bruising (subcutaneous bleeding).<br><br>*Client Care* |

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| | | • Place a note in the client's record indicating the location of the capsules and specifying any unusual events that may have occurred during insertion. (A simple drawing showing the approximate location of the capsules in the client's arm is helpful).<br>• Observe the client for at least 15 to 20 minutes for bleeding from the incision or adverse effects before sending her home. She should be given written post insertion care instructions (if available) as appropriate.<br>*Client's instructions for wound care at home*<br>• There may be bruising, swelling or *tenderness* at the insertion site for a few days. This is normal.<br>• Keep the area around the insertion site dry and clean for at least 48 hours. The incision could become infected if the area gets wet while bathing.<br>• Leave the gauze pressure and plaster in place for 48 hours and the band-aid or surgical tape in place until the incision heals (i.e. normally 3 to 5 days).<br>• Routine work can be done immediately. Avoid bumping the area, carrying heavy loads or applying unusual pressure to the site. |

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| | | • After healing, the area can be touched and washed with normal pressure.<br>• If signs of infection occur, such as fever with inflammation (redness plus heat) at the site, or if there is persistent arm pain for several days, return to the clinic. |
| Schedule follow-up appointments with the clients after the procedure | 10 minutes | The Trainer displays the slide on "Follow-up Visits" and outlines the instructions as follows:<br><br>*First visit (3 – 5 days after insertion)*<br>• Ask the client about her health generally; o Inspect the wound at the insertion site.<br>• Ask about any complaints Third Month after insertion.<br>• Ask about variations in her menstrual cycle, including inter-menstrual bleeding or spotting and excessive blood loss.<br><br>*Schedule of subsequent follow-ups* (if all is well):<br>• Ask about variations in her menstrual cycle, including inter-menstrual bleeding or spotting and excessive blood loss.<br>• Yearly visits until the client wishes to have the device removed or the life span of the device.<br>• Expires at 5 years. |

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| | | • Repeat the activities of first visit at each subsequent visit; Encourage a pap smear every two years. |
| Summary/ Evaluation | 10 minutes | The Trainer summarizes the session by stating that:<br>• Insertion techniques involve paying attention to asepsis, anaesthesia, as well as the length and location of the puncture site.<br>• Careful sub-dermal placement ensures easy removal thereafter.<br>• Standard insertion techniques are similar for Jadelle, while Implanon®has a single use pre-loaded applicator as will be discussed in the next session.<br><br>The Trainer requests the participants to respond to the following questions:<br>• Mention the steps of the correct procedure for Jadelle insertion technique?<br>• List the post-insertion instructions given to the client.<br>• State the correct procedure for follow-up visits?<br>• State the warning signs a client must report after implant insertion? |

## MODULE SIX: SESSION 2

## IMPLANON®(CLASSIC) AND IMPLANON NXT™ CONTRACEPTIVE IMPLANTS INSERTION TECHNIQUES

Time: 1 hour

### LEARNING OBJECTIVES

**By the end of this session, participants should be able to:**

- Identify the instrument and materials for Implanon® and Implanon NXT™ Implants' insertion procedures.
- Demonstrate the correct insertion technique with regard to asepsis, anaesthesia, location of incision, and careful correct placement of the implants.
- Demonstrate the unique insertion techniques of Implanon® (classic) and Implanon NXT™ implants.
- Demonstrate the correct application of dressing after insertion.
- Explain the instructions to be given to clients after insertion.
- Schedule follow-up appointments with the clients after the procedure.

### SESSION OVERVIEW

- Equipment and materials for Implanon® and Implanon NXT™ implants insertion procedure.

- Demonstration of the correct insertion technique for Implanon® implants with regard to asepsis, anaesthesia, location of incision, and careful correct placement of the implants.
- Demonstration of the correct application of dressing after insertion.
- Instructions to be given to clients after insertion.
- Scheduling follow-up appointments with the clients after the procedure.

**METHODS:**

- Lecture
- Discussion
- Hand out
- Demonstration and return demonstration
- Checklist

**MATERIALS:**

- Flip chart
- Checklist
- Markers
- Masking tape
- Sample Implanon
- Arm model
- Learning Guide for Implanon®Insertion

## MODULE SIX: SESSION 2
## IMPLANON$^{R}$ (CLASSIC) AND IMPLANON NXT™ CONTRACEPTIVE IMPLANTS INSERTION TECHNIQUES

### SESSION PLAN

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Implanon® (Classic) and Implanon NXT™ Contraceptive Implants Insertion Techniques. | 1 hour | • Identify the equipment and materials for Implanon® and Implanon NXT™ Implants' insertion procedures.<br>• Demonstrate the correct insertion technique with regard to asepsis, anaesthesia, location of incision, and careful correct | • Lecture/ Presentation<br>• Demonstration and Return Demonstration<br>• Discussion<br>• Brainstorming | • Flip chart stand/paper<br>• Markers<br>• Projector<br>• Laptop<br>• Implanon® (classic) and Implanon NXT™ implants<br>• Arm Models<br>• Learning Guide for Implanon® (classic) and Implanon NXT™ implants' |

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| | | placement of the implants.<br>• Demonstrate the unique insertion techniques of Implanon® (classic) and Implanon NXT™ implants.<br>• Demonstrate the correct application of dressing after insertion.<br>• Explain the instructions to be given to clients after insertion.<br>• Schedule follow-up appointments with the clients after the procedure. | | Insertion techniques |

## MODULE SIX: SESSION 2
## IMPLANON (CLASSIC) AND IMPLANON NXT™ CONTRACEPTIVE IMPLANTS INSERTION TECHNIQUES

### SESSION PRESENTATION

| Learning Objective | Duration | Learning Methodology/Activity |
|---|---|---|
| Identify the equipment and materials for Implanon® and Implanon NXT™ Implants insertion procedures. | 5 minutes | The Trainer displays the equipment and materials for IUD insertion procedures He/She also displays the slide containing Figure 6.2.14 – "Materials required for Implanon® insertion" and requests the participants to identify each, including the following itemized below with the number they are labelled within the picture placed in parenthesis:<br>• One set of implant capsules<br>• Examining table for the patient to rest her arm on<br>• Sterile cloth<br>• Marker pen<br>• Antiseptic solution<br>• Sterile gloves<br>• Local anaesthetic spray, or injection of 1 mL Lidocaine [Xylocaine]<br>• Preloaded, sterile Implanon®applicator containing a single rod<br>• Sterile gauze and compress |

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| Demonstrate the correct insertion technique with regard to asepsis, anaesthesia, location of incision, and careful correct placement of the implants. | 10 minutes | The Trainer demonstrates the following steps as Client preparation:<br>• Give clear information about probable changes in bleeding pattern during the menstrual cycle and other possible side effects.<br>• Describe the insertion and removal procedures and what the client should expect during and afterwards.<br>• Ensure client's cooperation and relaxation.<br>• Review client assessment data to determine if the client is an appropriate candidate for Implanon®implants or if she has any problems that should be monitored more frequently while the implants are in place; Do a general examination.<br>• Instruct the client to lie on the couch with arm stretched out comfortably o Support arm with arm rest o Use proper infection prevention procedure.<br>• Wash hands.<br>• Ask the patient to lie down on the examination table with her non-dominant arm extended on a sterile cloth on the other table, at right angles to her body.<br>• Clean the area of insertion with antiseptic solution: iodine (if available) and finally with spirit.<br>• Apply sterile drapes exposing the insertion area only (under the skin of the upper arm). |

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| Demonstrate the unique insertion techniques of Implanon® (classic) and Implanon NXT™ implants. | 15 minutes | <u>Implanon®Classic</u><br>The Trainer explains and demonstrates the steps for the correct and sub-dermal placement of Implanon® as He/She displays the following slides containing:<br>• Figures 6.2.15 (showing the correct and subdermal placement of the implants at the inner side of the arm).<br>• Figure 6.2.17 (Inserting the needle at $20^0$).<br>• Figure 6.2.18 (Lowering the application to the horizontal position).<br>• Figure 6.2.19 (Lifting the skin with the needle during insertion).<br>• Figure 6.2.20 (Breaking the seal of the applicator).<br>• Figure 6.2.21 (Turning the obturator $90^0$C).<br>• Figure 6.2.22 (Retracting the cannula [needle] out of the skin).<br>• Figure 6.2.23 (Checking the needle for the absence of the implant).<br><br>The Trainer instructs the participants to note that they should:<br>• Never push against the obturator.<br>• Check the needle for the absence of the implant. Do not confuse the protruding end of the obturator with the implant (same colour). (Figure 6.2.23). |

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| | | • Note that this procedure is opposite to giving an injection, where the plunger is pushed and the syringe is fixed. By keeping the obturator in its place and simultaneously pulling the cannula, the implant will remain in the upper arm.<br>• Always verify the presence of the implant by palpation and have the woman palpate it herself.<br>• Apply sterile gauze with a pressure bandage to prevent bruising.<br>The Trainer informs the participants that the client should be observed at the clinic for 10 – 15 minutes for signs of syncope or bleeding from the incision before she is discharged.<br><br>The Trainer provides the participants with clear instructions regarding Waste Disposal and Decontamination as follows:<br>• Properly discard the ImplanonR Inserter.<br>• Before removing gloves, place any used instrument into a container filled with 0 .5% chlorine solution for decontamination.<br>• The surgical drape (if used) must be washed before reuse. Place in a dry covered container and remove to the designated washing area.<br>• While still wearing gloves, place all contaminated objects (gauze, cotton and other waste items) in a properly marked, leak-proof container with a tight-fitting lid or in a plastic bag. |

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| | | • Immerse both gloved hand briefly in chlorine solution and then carefully remove gloves by turning inside out and place in the waste container.<br>• Wash hands thoroughly with soap and water.<br>• All waste materials should be disposed of by burning or burying. |
| Demonstrate the correct insertion technique with regard to asepsis, anaesthesia, location of incision, and careful correct placement of the implants NXT™. | 10 minutes | **<u>Implanon NXT™</u>**<br>The Trainer reminds the participants that of Implanon NXT™ is a sub-dermal, long acting hormonal contraceptive, effective for up to 3 years.<br>• It is a progestogen-only implant preloaded in a disposable applicator.<br>• Implanon®NXT™ is radiopaque and comparable to Implanon.<br>• It has a preloaded, sterile applicator which is for single use and disposable.<br>• Inserters familiar with the applicator for Implanon® need to familiarize themselves with the one for Implanon NXT™.<br>• Insertion of Implanon NXT™ should be performed under aseptic conditions.<br>• Insertion of the implant should only be performed with the preloaded applicator. |

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| | | • It is recommended that the health care provider performs the procedure in a sitting position.<br>• Confirm no allergies to antiseptic and anesthetic.<br>• Allow the woman to lie on her back with her non-dominant arm turned outwards and bent at the elbow.<br>• To minimize the risk of neural or vascular damage, the implant should be inserted sub dermally at the inner side of the non-dominant upper arm about 810 cm above the medial epicondyle of the humerus in order to avoid the large blood vessels and nerves that lie deeper in the subcutaneous tissue in the sulcus between the triceps and biceps muscles.<br>• Figures 5.2.24 (Correct Placement of Implanon NXT™ Sub-dermally).<br>• Figure 5.2.25 (Removing the sterile disposable applicator carrying the implant from its blister).<br>• Figure 5.2.26 (Puncture the skin with the tip of the needle angled about 30°C).<br>• Figure 5.2.27 (Sliding the needle to its full length).<br>• Figure 5.2.28 (Unlocking the purple slider by pushing it slightly down).<br>• Figure 5.2.29 (Feeling the Implant under the skin). |
| Explain the instructions to be given to clients after insertion. | 10 minutes | The Trainer demonstrates the following procedure to be followed after the insertion of the implants:<br>*Covering the Insertion* |

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| | | • Bring the edges of the incision together and use a band-aid or surgical tape with sterile cotton to cover the incision. Sutures are not necessary and may increase scarring.<br>• Check for any bleeding.<br>• Cover the insertion area with a dry compress (pressure dressing) and wrap gauze snugly around the arm to be sure there is no bleeding and to minimize the bruising (subcutaneous bleeding).<br><br>**Client Care**<br>• Place a note in the client's record indicating the location of the capsules and specifying any unusual events that may have occurred during insertion. (A simple drawing showing the approximate location of the capsules in the client's arm is helpful).<br>• Observe the client for at least 15 to 20 minutes for bleeding from the incision or adverse effects before sending her home. She should be given written post insertion care instructions (if available) as appropriate.<br><br>**Client 's instructions for wound care at home**<br>• There may be bruising, swelling or tenderness at the insertion site for a few days. This is normal. |

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| | | • Keep the area around the insertion site dry and clean for at least 48 hours. The site could become infected if the area gets wet while bathing.<br>• Leave the gauze pressure and plaster in place for 48 hours and the band-aid or surgical tape in place until the incision heals (i.e. normally 3 to 5 days).<br>• Routine work can be done immediately. Avoid bumping the area, carrying heavy loads or applying unusual pressure to the site.<br>• After healing, the area can be touched and washed with normal pressure.<br>• If signs of infection occur, such as fever with inflammation (redness plus heat at the site, or if there is persistent arm pain for several days, return to the clinic. |
| Schedule follow-up appointments with the clients after the procedure | 5 minutes | The Trainer displays the slide on "Follow-up Visits" and outlines the instructions as follows:<br>• First visit (3 – 5 days after insertion) o Ask the client about her health generally; o Inspect the wound at the insertion site.<br>• Ask about any complaints Third Month after insertion.<br>• Ask about variations in her menstrual cycle, including inter-menstrual bleeding or spotting and excessive blood loss. |

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| | | Schedule of subsequent follow-ups (if all is well):<br>• Ask about variations in her menstrual cycle, including inter-menstrual bleeding or spotting and excessive blood loss.<br>• Yearly visits until the client wishes to have the device removed or the life span of the device expires at 5 years.<br>• Repeat the activities of first visit at each subsequent visit.<br>• Encourage a pap smear every two years. |
| Summary/Evaluation | 5 mins | The Trainer summarizes the session by stating that:<br>• As in the Jadelle Insertion techniques attention must be paid to asepsis, anaesthesia, as well as the length and location of the puncture site.<br>• Careful sub-dermal placement ensures easy removal thereafter.<br>• Implanon® (and Implanon NXT™) has a single use pre-loaded applicator unlike Jadelle implants.<br><br>The Trainer requests the participants to respond to the following questions:<br>• Mention the steps of the correct procedure for Implanon® and Implanon NXT™ insertion?<br>• List the post-insertion instructions given to the client?<br>• State the correct procedure for follow-up visits following Implanon® and Implanon NXT™ insertion? |

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| | | • State the warning signs a client must report after Implanon® and Implanon NXT™ insertion? |

## MODULE SIX: SESSION 3

## IUD REMOVAL TECHNIQUE

Time: 1 hour

**LEARNING OBJECTIVES:**

By the end of this session, participants should be able to:

- Identify the indications for removal of IUDs.
- Identify the equipment and materials for IUD removal procedures.
- Demonstrate the correct removal techniques with regards to asepsis, and removal procedure.
- List what to do when difficulties arise during removal.
- List appropriate steps for reinsertion, if needed.
- Demonstrate post-removal Counseling techniques.

**SESSION OVERVIEW**

- Indications for removal of IUDs.
- Equipment and materials for IUD removal procedures.
- Demonstration of the correct removal techniques with regards to asepsis and removal procedure.
- What to do when difficulties arise during removal.
- Appropriate steps for reinsertion, if needed.
- Demonstration of post-removal Counseling techniques.

**METHODS**

- Lecture
- Discussion
- Demonstration and Return Demonstration

**MATERIALS**

- Pelvic model
- Video Films of Removal Techniques
- Removal Kit

- Projector
- Laptop
- Cu T 380A
- Antiseptic Solution
- Sterile Gloves

**SUMMARY**

**EVALUATION**

# MODULE SIX: SESSION 3
# IUD REMOVAL TECHNIQUE

## SESSION PLAN

| Title | Duration | Objectives | Methods | Materials |
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| IUD removal techniques. | 1 hour | • Identify the indications for removal of IUDs.<br>• Identify the equipment and materials for IUD removal procedures.<br>• Demonstrate the correct removal techniques with regards to asepsis and removal procedure.<br>• List what to do when difficulties arise during removal.<br>• List appropriate steps for reinsertion, if needed.<br>• Demonstrate post-removal Counseling techniques. | • Lecture<br>• Discussion<br>• Demonstration and Return Demonstration | • Pelvic model<br>• Video Films or Removal Techniques<br>• Removal Kit<br>• LCD projector<br>• Laptop<br>• Cu T 380A<br>• Plaster and Dressing<br>• Antiseptic Solution<br>• Sterile Gloves |

## MODULE SIX: SESSION 3

## IUD REMOVAL TECHNIQUE

## SESSION PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
|---|---|---|
| Introduction.<br><br>Identify the indications for removal of IUDs. | 10 minutes (Lecture/Brainstorming) | The Trainer displays and reviews the learning objectives for this module.<br><br>The Trainer informs the participants that:<br>• IUDs such as Cu T 380A can be removed anytime she is ready to be pregnant.<br>• Unless an IUD is being removed for a medical reason or at the client's request, a new IUD can be inserted immediately after removing the old, if the client so desires.<br>• IUD removal is usually a routine, uncomplicated and painless procedure provided the provider is gentle and careful.<br>• For routine removals, especially if the client wants a replacement, it may be easier to remove the IUD during the menses. |

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| | | • To avoid breaking the strings, the provider should apply gently, steady traction and remove the IUD slowly.<br>• As with IUD insertion, to minimize the risk of infection with IUD removal, the same infection prevention practices must be followed**.**<br><br>The Trainer requests the participant to mention the indications for removal of Cu T 380A IUD, and notes their responses on the flip chart<br><br>The Trainer displays the slide on "Reasons for Removal of IUDs" and clarifies the responses of the participants as follows:<br>***<u>Reasons for removal</u>***<br>• Client desires pregnancy.<br>• Menopause, no need for contraception.<br>• Client desires another method of contraception.<br>• Life of IUD has expired.<br>• Accidental pregnancy.<br>• Client is not able/willing to tolerate side effects. |

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| | | • Dyspareunia (painful intercourse).<br>• Partial expulsion of the device.<br>• Cervical perforation.<br>• Uterine perforation.<br><br>The Trainer requests the participants when to remove Cu T 380A IUD, and notes their responses on the flip chart<br>The Trainer clarifies the participants' responses by stating that:<br>• IUDs can be removed whenever a client insists on having it removed or when there are indications for removal.<br>• The best time to remove is during menses, because the cervix is slightly dilated, soft and removal is less uncomfortable. |
| Identify the equipment and materials for IUD removal procedures. | 10 minutes (Demonstration/Discussion) | The Trainer displays the equipment and materials for Cu T 380A IUD removal procedures.<br>The Trainer informs the participants that:<br>• The instruments and equipment for removal are the same as for insertion.<br>• In addition, an alligator forceps and a retrieval hook should be available. All instruments should be high- |

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| | | level disinfected (or sterilized). |
| Demonstrate the correct removal techniques with regards to asepsis and removal procedure. | 10 minutes (Demonstration) | The Trainer demonstrates the removal procedure for Cu T 380A as follows using a pelvic model:<br>• Explains the removal procedure to the client to ensure her cooperation and relaxation.<br>• Ensures that the client has emptied her bladder.<br>• Places the client in the dorsal position with the legs flexed at the hip and knees.<br>• With sterile-gloved hand, parts the labia and gently pass a Cusco's speculum.<br>• Visualizes the cervix and IUD string.<br>• Tells the client that you are going to remove the IUD.<br>• Asks her to take slow, deep breaths and relax.<br>• Informs her that there may be some cramping, which is normal.<br>• Grasps the IUD strings near the external Os with artery forceps and applies gentle and steady traction to remove device.<br>• To avoid breaking the strings, applies steady, but |

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| | | gentle, traction and remove the IUD slowly.<br>• If the strings break off, but the IUD is still visible, grasps the device with the forceps and remove it.<br>• Checks that no part has broken off the device.<br>• Show device to the client<br>• Apply a perineal pad.<br><br>The Trainer emphasizes to the participants that:<br>• The device can usually be removed without difficulty and excessive force should not be applied. |
| List what to do when difficulties arise during removal. | 10 minutes<br>(Brainstorming/Lecture) | The Trainer requests the participants to mention what to do when difficulties arise during removal and notes their responses on the flip chart. He/She displays the slides on "Difficulty in the removal of IUDs" and clarifies the responses of the participants as follows:<br>• If traction, as described above, does not result in the removal of the device, or strings are not visible or strings are too short, proceed as follows:<br>• Probe the cervical canal with narrow artery forceps |

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| | | and attempt removal (if this fails, device might be embedded in the endometrium).<br>• Explore the uterine cavity with alligator forceps, Sharman's curette, or retriever hook.<br>• If this fails, dilate the cervix with small dilators and attempt removal again (cervical block may be necessary, or give appropriate analgesics).<br>• X-ray or scan with ultrasound to exclude partial or complete extrusion through the uterine wall. If this is found, explore the uterine cavity under general anesthesia and be prepared to remove a completely extruded IUD by laparoscopy or laparotomy.<br><br>The Trainer informs the participants that only trained family planning doctors should conduct the complicated removal of IUDs. |
| Demonstrate post-removal | 10 minutes | The Trainer discusses the following post-removal |

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| Counseling techniques | | instructions with the participants:<br>• Explain to the client that slight vaginal spotting may continue for a few days.<br>• If client wishes to use another method of contraception, counsel and/or initiate accordingly. |
| Summary/ Evaluation | 10 minutes | The Trainer summarizes the session by stating that:<br>• IUD removal is usually a routine, uncomplicated and painless procedure provided the provider is gentle and careful.<br>• For routine removals, especially if the client wants a replacement, it may be easier to remove the IUD during the menses.<br>• To avoid breaking the strings, the provider should apply gently, steady traction and remove the IUD slowly.<br>• As with IUD insertion, to minimize the risk of infection with IUD removal, the same infection prevention practices must be followed. |

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| | | The Trainer requests the participants to respond to the following questions:<br>• List the essential steps in standard removal technique?<br>• List 5 key points for successful removal?<br>• Enumerate indications for removal? |

## MODULE SIX: SESSION 4

## IMPLANT REMOVAL TECHNIQUE

Time: 1 hour

### LEARNING OBJECTIVES

**By the end of this session, the participants should be able to:**

- Identify the equipment and materials for implant removal procedure
- Demonstrate the correct removal techniques with regards to asepsis, anaesthetic, length and location of incision, and removal procedure.
- List what to do when difficulties arise during removal.
- List appropriate steps for reinsertion.
- Demonstrate post-removal Counseling technique.
- Identify indication for removal.

### SESSION OVERVIEW

- Equipment and materials for implant removal procedure.
- Demonstration of the correct removal techniques with regards to asepsis, anaesthetic, length and location of incision, and removal procedure.
- What to do when difficulties arise during removal.
- Appropriate steps for reinsertion.
- Demonstration of post-removal Counseling technique.
- Identification of indications for removal.

### METHODS

- Lecture
- Discussion
- Demonstration and Return Demonstration

### MATERIALS

- Arm model
- Video Films for Removal Technique
- Removal Kit
- Projector

- Laptop
- Implant Capsules
- Plaster and Dressing
- Antiseptic Solution
- Sterile Gloves

**SUMMARY**

**EVALUATION**

## MODULE 6: SESSION 4

## IMPLANT REMOVAL TECHNIQUE

### SESSION PLAN

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Postpartum implant Removal Techniques. | 1 hour | • Identify the equipment and materials for implant removal procedure.<br>• Demonstrate the correct removal techniques with regards to asepsis, anaesthetic, length and location of incision, and removal procedure.<br>• List what to do when difficulties arise during removal.<br>• List appropriate steps for reinsertion.<br>• Demonstrate post-removal | • Lecture<br>• Discussion<br>• Demonstration and Return Demonstration | • Arm model<br>• Video Films for Removal Techniques<br>• Removal Kit<br>• Projector<br>• Laptop<br>• Implant Capsules,<br>• Plaster and Dressing<br>• Antiseptic Solution<br>• Sterile Gloves |

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| | | Counseling technique.<br>• Identify indication for removal. | | |

## MODULE 6: SESSION 4

## IMPLANT REMOVAL TECHNIQUE

### SESSION PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
|---|---|---|
| Introduction – List the indications for removal of contraceptive implants. | 10 minutes (Lecture/Brainstorming) | The Trainer displays and reviews the learning objectives for this module.<br><br>He/She informs the participants that:<br>• Unlike insertion, removal of implants does not have to be timed to the menses and can be done at any time.<br>• Correct insertion – with the capsules placed sub-dermally – makes the removal procedure much easier. |

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| | | • While all types of clinicians (physicians, nurses and midwives) can be trained to insert and remove the capsules, a clinician skilled in removal should be consulted if difficulty in removing the capsules is anticipated.<br>• Clinicians need to work gently, carefully and patiently when removing capsules.<br>• As with insertion, using the recommended practices for the prevention of infection is essential for minimizing the risk of disease transmission and infections following removal of the implants. |

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| | | • Removal requires more patience and skill than insertion. Moreover, with atypically placed capsules (i.e., those inserted too deep and/or in an irregular pattern), removal using any technique takes longer and is associated with more blood loss than insertion (WHO, 1990).<br>The Trainer requests the participants to mention the indications for removal of Implants, and notes their responses on the flip chart.<br><br>The Trainer displays the slide on "Indications for Removal of IUDs" and clarifies the responses of the participants as follows:<br><br>***Indications for Removal***<br>***Medical Reasons:***<br>• Excessive bleeding<br>• Pregnancy |

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| | | • Jaundice<br>• Seizure<br>• Migraine<br>• Severe headache<br>• Blurred vision<br>• Weight problems<br>• Personal Reasons<br>• Planned pregnancy<br>• Client dissatisfaction<br>• At the end of 3-5 years depending on the type being used<br><br>The Trainer emphasizes to the participants that:<br>• The indication for removal may be personal or medical.<br>• Providers may perceive implants as 3-5 years method; however clients need constant reassuring that the implant may be removed at any time and for any reason.<br>• One of the advantages of Implant is that when the implanted capsules are removed, the woman's fertility returns to normal almost immediately. |

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| | | • If the woman wishes to have the implant removed, it is important that access to removal is readily available.<br>• Experience shows that in some instances, where the providers have been trained to do insertion only, they may be hesitant about doing removal thus preventing easy access to removal for the client.<br><br>The Trainer informs the participants to offer Pre-removal Counseling which includes:<br>• Before removing the capsules, talk with the client about her reason for removal and answer any questions.<br>• Ask the client about her present reproductive goals (e.g. does she want to continue spacing or limiting births?). |

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| | | • Briefly describe the removal process and what she should expect both during the removal and afterwards. |
| Identify the instrument and materials for implant removal procedure. | 10 minutes (Demonstration/Discussion) | The Trainer displays the equipment and materials for implant removal procedures. They include:<br>• Examining table for the woman to lie on.<br>• Arm support or side table.<br>• Soap for washing the arm.<br>• Sterile (or clean), dry surgical drape.<br>• Three bowls (one for the antiseptic solution, one for cotton balls soaked in boiled or sterile water to remove the talc from gloves and one containing 0.5% chlorine solution for decontaminating removed capsules).<br>• Pairs of sterile (or high-level disinfected) surgical gloves.<br>• Antiseptic solution |

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| | | • Local anaesthetic - 1:5 concentration without epinephrine (adrenaline).<br>• Syringe (5 or 10 ml) and 2.5 to 4cm (1 – 1 ½ inches) long needle (22 gauge).<br>• Scalpel with #11 blade.<br>• Curved and straight forceps (mosquito and Crile).<br>• Implant holding forceps.<br>• Ordinary and straight forceps (mosquito and Crile).<br>• Ordinary band-aid or sterile gauze with surgical tape or plaster.<br>• Sterile gauze and compresses.<br>• Epinephrine (Adrenaline) readily available for emergency use in anaphylactic shock.<br><br>The Trainer displays the slide containing Figure 6.4.1 to emphasize the “Basic items required for removal of implants” |

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| Demonstrate the correct removal techniques with regards to asepsis, anaesthetic, length and location of incision, and removal procedure. | 10 minutes (Demonstration) | The Trainer explains and demonstrates the steps for the removal of implants as He/She displays the following slides containing:<br>• Figures 6.4.2 (Locating the capsules by palpation).<br>• Figure 6.4.3 (Marking the position of the capsules).<br>• Figure 6.4.4 (Injecting local anaesthetic under the narrow V-end of the implants).<br>• Figure 6.4.5 (Making an incision).<br>• Figure 6.4.6 (Pushing the implant with the fingers gently towards the incision).<br>• Figure 6.4.7 (Inserting the curved mosquito forceps).<br>• Figure 6.4.8 (Opening the tissue capsule).<br>• Figure 6.4.9 (Grasping the end of the implant with crile forceps). |

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| | | • Figure 6.4.10 (Releasing the mosquito forceps and removing the implant gently).<br>• Figure 6.4.11 (Be sure that all implants are removed).<br><br>The Trainer informs the participant about the following procedures to be followed immediately after removal of implant:<br>• If the client does not want another set of implants, clean the area around the incision site with a small amount of antiseptic solution applied to a cotton or gauze swab.<br>• Use the forceps to hold the edges of the incision together briefly (10 to 15 seconds). This will help reduce bleeding from the incision. Then apply gauze soaked in slight iodine solution to the incision area. |

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| | | • With the edges of the incision together, close with a band-aid, or surgical tape with sterile cotton. Sutures are not necessary and may increase scarring. Check for any bleeding.<br>• Waste Disposal.<br>• Before removing gloves, gently place instruments into a container filled with a 0.5% chlorine solution for decontamination. Soak all items for 10 minutes, and then rinse immediately with clean water to avoid discoloration or corrosion of metal items.<br>• While still wearing gloves, place all contaminated objects (capsules, gauze, cotton and other waste items) in a properly marked, leak-proof container with a tight fitting lid or in a plastic bag. |

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| | | • Immerse both gloved hands briefly in chlorine solution and then carefully removed gloves by turning inside out and place in the waste container.<br>• Wash hands thoroughly with soap and water.<br>• All waste material should be disposed of by burning or burying.<br><br>The Trainer informs the participants that the client should be observed at the clinic for 10 – 15 minutes for signs of syncope or bleeding from the incision before she is discharged. |
| List what to do when difficulties arise during removal. | 10 minutes (Brainstorming/Lecture) | The Trainer requests the participants to mention what to do when difficulties arise during removal and notes their responses on the flip chart. |

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| | | He/She displays the slides on “Removing Hard-to-Retrieve Capsules” and clarifies the responses of the participants as follows:<br>• Feel both tips of the capsule with the forefinger and middle finger. Keeping the middle finger on the tip of the capsule nearest the client's shoulder and the forefinger on the tip nearest elbow, push the capsule as close to the incision as possible.<br>• Insert the forceps (curved mosquito or Crile) into the incision until the jaws are well beneath the capsule. At the same time keep pressure on the capsule with your fingers to stabilize it. |

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| | | • Firmly grasp the capsule from below with the jaws of the curved forceps. Although 1 to 2 cm of the forceps is now inside the incision, do not try to pull the capsule out. Instead, while continuing to push the capsule toward the incision, flip the handle of the forceps 1800 toward the client's shoulder and grasp the handle with the opposite hand.<br>• If the capsule does not become visible after flipping, twist the forceps 1800 around its main axis. With gentle pulling, the tip of the capsule should then become visible in the incision on the opposite side of the forceps. |

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| | | • Clean off and open the fibrous tissue sheath surrounding the capsule by rubbing with sterile gauze to expose the tip of the capsule. Alternatively, if rubbing with gauze does not open the fibrous tissue sheath, the scalpel can be used.<br>• After opening the fibrous sheath, use the second forceps to grasp the part of the capsule that becomes visible. Release the first forceps and gently remove the capsule.<br>The Trainer informs the participants to note that remaining "difficult-to-remove" capsule can be removed using the same technique. If necessary, inject additional small amounts of local anaesthetic under any remaining capsules. |

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| | | The Trainer informs the participants that only trained family planning doctors/nurses should conduct the removal of implants. |
| List appropriate steps for reinsertion. | 5 minutes (Discussion) | The Trainer informs the participants that if the client wants to continue using implants, a new set of capsules can be inserted at the time the current set is removed. The provider should note the following:<br>• The capsules may be placed through the same incision in the same general direction as the previous set.<br>• Alternatively, the capsules can be inserted in the opposite direction. Be sure the tips of the capsules do not lie so close to the elbow fold as to interfere with movement. |

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| | | • A new incision should be necessary only if there is too much soft tissue trauma (bruising) in the area of the original insertion or if there is not enough room between the incision and the elbow fold.<br>• In the unlikely event that the removal site is unsuitable, or at the client's request, the new set can be inserted in the other arm. |
| Demonstrate post-removal Counseling techniques. | 10 minutes (Lecture/Discussion) | The Trainer displays the various slides on "Procedure to follow after removal of capsules" and discusses the following issues:<br><br>*Client Care*<br>• Place a note in the client's record indicating the date of removal and specifying any unusual events that may have occurred during removal. |

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| | | • Observe the client for at least 15 to 20 minutes for bleeding from the incision or adverse effects before sending her home.<br><br>*Client Instructions for Wound Care at Home*<br>• There may be bruising swelling or tenderness at the insertion site for a few days. Clients should be reassured that this is normal.<br>• Keep the area around the removal site dry and clean for at least 48 hours. (The incision could become infected if the area gets wet while bathing).<br>• If used, leave the gauze pressure and plaster in place for 48 hours and the band-aid or surgical tape in place until the incision heals (i.e. normally 3 to 5 days). |

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| | | • Routine work can be done immediately. Avoid bumping the area, carrying heavy loads or applying unusual pressure to the site.<br>• After healing, the area can be touched and washed with normal pressure.<br>• If signs of infection occur, such as fever, inflammation (redness plus heat) at the site or persistent arm pain for several days, return to the clinic.<br>• The client should be told when to come back for a follow-up visit, if needed.<br>• Discuss what to do if she experiences any problems. Answer any questions.<br><br>The Trainer informs the participant to note the fibrous sheaths in the arm (tracks where the capsules were located) may be felt for some time. |

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| | | This sensation will disappear within a few months. |
| Summary/Evaluation | 5 minutes (Discussion) | The Trainer summarizes the session by stating that:<br>• Correct removal techniques involve paying proper attention to asepsis, adequate anaesthesia and appropriate location of the incision.<br>• The service provider needs to work gently, carefully and patiently. Removal procedures take longer time than insertions.<br>• The removal procedure can be interrupted if difficulties are encountered and the client asked to return after 4-6 weeks for completion of the removal of remaining capsule(s).<br>• Clients should always be given instructions for wound care at home on discharge. |

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| | | The Trainer requests the participants to respond to the following questions:<br>• List the essential steps in standard removal technique of implants.<br>• List 5 key points for successful removal of implants.<br>• Enumerate indications for removal of contraceptive implants. |

## MODULE SEVEN

## INFECTION PREVENTION

This module covers the information necessary for participants to perform, or supervise, the infection prevention (IP) practices used in providing reproductive health/family planning services. These are practices that help reduce the risk of transmitting infection in health care facilities.

Session 1: Introduction and Definition of terms.
Session 2: Aseptic Techniques.
Session 3: Steps for Processing Instruments.
Session 4:· Use and Disposal of Needles and other Sharps.
Session 5: Housekeeping and Waste Disposal.

## MODULE 7: SESSION 1
## INTRODUCTION AND DEFINITION OF TERMS

Time: 35 minutes

### LEARNING OBJECTIVES

**By the end of this session, participants should be able to**:

- Discuss importance of infection prevention (IP).
- Explain disease transmission cycle.
- Identify roles of family planning provider in infection prevention.
- Identify potential consequences of poor infection prevention practices.
- Define infection prevention terms.
- Explain standard precautions.

### SESSION OVERVIEW

- Importance of infection prevention and the disease transmission cycle.
- Roles of family planning provider in Infection Prevention.
- Potential consequences of poor IP practices during clinical service.
- Definition of infection prevention terms.
- Standard precautions.

### METHODS

- Discussion
- Demonstration and return demonstration
- Hand out
- Group exercise
- Case studies.

### MATERIALS

- Flip chart stand/paper
- Coloured markers
- Masking tape
- Projector
- Laptop

- TV and Video tapes

**SUMMARY**

**EVALUATION**

## MODULE SEVEN: SESSION 1

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Introduction and definition of terms. | 35 mins | • Discuss importance of infection prevention (IP).<br>• Explain the disease transmission cycle.<br>• Identify roles of family planning provider in infection prevention.<br>• Identify potential consequences of poor infection prevention practices<br>• Define infection prevention terms.<br>• Explain standard precautions | • Discussion<br>• Demonstration and return demonstration<br>• Hand out<br>• Group exercise<br>• Case studies. | • Flip chart stand/paper<br>• Coloured markers<br>• Masking tape<br>• Projector<br>• TV and Video tapes |

## MODULE SEVEN: SESSION 1

## INTRODUCTION AND DEFINITION OF TERMS

## SESSION PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
|---|---|---|
| Introduction.<br><br>Discuss importance of infection prevention (IP) practices. | 5 minutes | The Trainer displays and reviews the learning objectives for this session.<br>The Trainer informs the participants that:<br>• Proper infection prevention practices must be followed in order to minimize the risk of infection and serious disease for the client, the provider, and all facility staff members.<br>• People with infections, both clients and staff member, may not have any sign or symptoms of the infections they carry.<br>• This is particularly notable for HIV and hepatitis viruses, but is the case for other infections as well.<br>• Therefore, it is important for all staff to practice proper infection prevention with all clients at all times.<br>• All health providers are responsible for client and staff |

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| | | safety. This includes ensuring that appropriate infection prevention practices are followed at the facilities. |
| Explain the disease transmission cycle. | 5 minutes | The Trainer explains the six components of disease transmission cycle to the participants. He explains that the cycle involves:<br>• Infectious agent<br>• Reservoir<br>• Portal of exit from reservoir<br>• Mode of transmission<br>• Portal of entry<br>• Susceptible host<br>He/She explains that the "mode of transmission" is the easiest point at which to break the disease transmission cycle. The mode of transmission include:<br>• Contact<br>• Vehicle<br>• Airborne<br>• Vector<br>He/she offers explanations and clarifies their doubts. |
| Identify roles of family planning provider in infection prevention | 5 minutes | The Trainer explains that the roles of family planning service provider in infection prevention are as follows:<br>• Establish procedures to address situations in which clients and staff are exposed to risk of infection. |

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| | | • Provide staff with orientations and training before new infection prevention procedures are begun.<br>• Provide adequate equipment, supplies, and facilities for implementing new or improved infection prevention practices.<br>• Conduct periodic reviews to make sure the implementation of infection prevention practices is going well, and to bring to light any staff concerns.<br>• The service provider's role includes making sure that staff receive training in infection prevention. All staff will need to be oriented to the importance of infection prevention. |
| Identify potential consequences of poor infection prevention | 5 minutes | The Trainer requests the participants to mention the potential consequences of poor Infection Prevention practices and notes the responses on the flip chart.<br><br>The Trainer clarifies the responses from the participants and states the potential consequences of poor Infection Prevention practices as:<br>• Infection, such as HIV, hepatitis and others commonly found in clinic settings (e.g. Staphylococcus and Streptococcus) may be transmitted to clients, providers or clinic staff. |

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| | | • Many infections related to service use are consequences of inappropriate IP procedure used during the service provision.<br>• A provider-caused (iatrogenic) reproductive tract infection, such as endometritis or pelvic inflammatory disease (PID), may result from poor infection prevention practices.<br>• A client who acquires a post-procedure infection as a result of using a family planning method may never want to use the method again. |
| Define infection prevention terms | 5 minutes | The Trainer requests the participants to define the following Infection Prevention terms and notes the responses on the flip chart:<br>• Microorganisms<br>• Antisepsis<br>• Decontamination<br>• Cleaning<br>• Disinfection<br>• High-level Disinfection (HLD)<br>• Sterilization<br>The Trainer clarifies the responses of the participants and refers them to the definitions in Module 7 Session 1 of the Participants Reference Manual. |
| Explain standard precautions | 5 minutes | The trainer requests the participants to define standard precaution<br>He/She defines it as follows: |

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| | | • Standard precautions are a set of clinical practice recommendations designed to help minimize the risk of exposure to infectious materials, such as blood and other body fluids, by both client and staff. They help break the disease-transmission cycle at the means of transmission step.<br><br>He/She explains the components of standard precautions using Figures 7.1.2 and 7.1.3 the Participants' manual. |
| Summary/Evaluation | 5 minutes | The Trainer summarizes the session by stating that:<br>• Adoption of Aseptic Techniques when conducting medical procedures remains one of the major strategies for preventing infection.<br>• The understanding of the various procedures of proper hand washing, gloving and removal of used gloves and the wearing of proper attires is imperative for the maintenance of a sterile field.<br>The Trainer requests the participants to respond to the following questions:<br>• Why is infection prevention important in family planning services? |

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| | | • Define Asepsis, Antisepsis, Decontamination, High Level Disinfectant and Sterilization?<br>• Identify the family planning service provider' roles in Infection Prevention?<br>• List activities involved in Standard Precautions? |

## MODULE SEVEN: SESSION 2

## ASEPTIC TECHNIQUE

TIME: 40 minutes

### LEARNING OBJECTIVES

**By the end of this session, participants should be able to:**

- Define aseptic technique.
- Explain the importance of hand washing in Infection Prevention (IP).
- Describe ways to properly prepare a client for PPIUD/PP Implant procedures.
- Determine proper use of gloves.
- Demonstrate appropriate attire for Reproductive Health/Family Planning service provision.
- Explain the importance of establishing and maintaining a sterile field.

### SESSION OVERVIEW

- Definition of aseptic techniques.
- Importance of hand washing in Infection Prevention.
- Proper use of gloves.
- Appropriate attire for procedure.
- Preparation of a client for clinical procedures.
- Importance of establishing and maintaining a sterile field.

### METHODS

- Lecture
- Discussion
- Demonstration and return demonstration
- Handout
- Case studies

### MATERIALS

- Flip chart stand/paper

- Coloured markers
- Masking tape
- Projector
- TV and Video tapes
- Samples of locally available antiseptics and disinfectants
- Mask
- Gloves
- Apron
- Drape

**SUMMARY**

**EVALUATION**

**MODULE SEVEN: SESSION 2**

**ASEPTIC TECHNIQUE**

**SESSION PLAN**

| **Title** | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Aseptic technique | 40 minutes | • Define aseptic technique.<br>• Explain the importance of hand washing in Infection Prevention (IP).<br>• Describe ways to properly prepare a client for PPIUD/PP Implant procedures.<br>• Determine proper use of gloves.<br>• Demonstrate appropriate attire for Reproductive Health/Family Planning service provision. | • Discussion<br>• Demonstration and return demonstration<br>• Handout<br>• Case studies | • Flip chart stand/paper<br>• Coloured markers<br>• Masking tape<br>• Power point slides projector<br>• TV and Video tapes<br>• Samples of locally available antiseptics and disinfectants<br>• Mask<br>• Gloves<br>• Apron<br>• Drapes |

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| | | • Explain the importance of establishing and maintaining a sterile field. | | |

**MODULE SEVEN: SESSION 2**

**ASEPTIC TECHNIQUE**

**SESSION PRESENTATION**

| **Learning Objectives** | **Duration** | **Learning Methodology/Activity** |
|---|---|---|
| Define aseptic technique. | 5 minutes | The trainer requests the participants to define aseptic technique and notes the responses on the flip chart.<br><br>The trainer clarifies the responses of the participants and states that:<br>• *Asepsis and aseptic technique* are general terms used to describe the combination of efforts made to prevent entry of microorganisms into any area of the body where they are likely to cause infection.<br>• The goal of asepsis is to reduce to a safe level, or eliminate, the number of microorganism on both animate (living) surfaces such as skin and tissue, and inanimate objects such as surgical instruments and other items. |
| Explain the importance of hand washing in Infection Prevention (IP). | 5 mins | The trainer requests the participants to mention indications for hand washing and notes the responses on the flip chart.<br><br>The trainer clarifies the responses of the participants and states that: |

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| | | • Hand washing may be the single most important procedure for preventing infection. It is indicated:<br>• When examining a client (before and after each client).<br>• When putting on sterile gloves for surgical procedure.<br>• After any situation that may make hands to be contaminated after removing gloves. |
| Determine proper use of gloves. | 5 minutes | The trainer requests the participants to brainstorm on when to wear gloves and notes their responses on the flip chart. He/She clarifies their responses as follows:<br>*You wear gloves when*<br>• When performing a procedure, such as inserting or removing IUCD in the clinic.<br>• When disposing contaminated waste items (e.g. cotton wool, gauze or dressings).<br>• When in contact with blood and body fluid from any client.<br>**Note:**<br>• A separate pair of gloves must be used for each client to avoid cross-contamination.<br>• Remove used gloves before touching anything.<br>• Processing gloves for reuse is not recommended, since gloves are difficult to properly process. |

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| | | • Studies have shown that invisible holes or tears are likely to occur when gloves are processed. |
| Demonstrate the use of appropriate attire for RH/FP service provision. | 5 minutes | The Trainer demonstrates the use of appropriate attires for the various service provision as follows:<br>• Surgical attire, surgical gloves, caps, masks, and gown help to reduce the risk of post procedure infections in clients.<br>• This attire as well as protective eyewear, waterproof and sturdy footwear-protect the service providers from exposure to clients' potentially infectious blood and other body fluid.<br>• Appropriate attire, including cap and mask should be worn when sterile packs are opened and during most surgical procedures.<br>• Some minor surgical procedures (e.g. vasectomy, insertion/removal of Implants) can be performed safely without wearing a cap, mask or sterile gown. |

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| Explain the importance of establishing and maintaining a sterile field and safe working environment. | 10 minutes | The Trainer requests the participants to explain why we need to maintain a sterile field during PPIUD/PP Implant procedures, and notes the responses on the flip chart.<br><br>The Trainer clarifies the responses of the participants and explains the steps for maintaining a sterile field, which are listed below:<br>• Place only sterile items within the sterile field.<br>• Open, dispense, and transfer sterile items without contaminating them.<br>• Consider items located below the level of draped painted as unsterile.<br>• Do not allow scrubbed personnel to reach across unsterile areas or touch unsterile items.<br>• Do not allow unscrubbed personnel to reach across sterile field or touch sterile items.<br>• Recognize and maintain sterile field.<br>• Recognize that the edges of a package containing sterile items are unsterile.<br>• Recognize that a sterile barrier that has been penetrated is considered contaminated. |

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| | | • Be conscious of where you are at all times and move within or around the sterile field.<br>• Do not place sterile items near open windows or doors.<br><br>The trainer requests the participants to mention how we can maintain a safe environment during PPIUD/PP Implant procedures, and notes the responses on a flip chart.<br>The trainer clarifies the responses of the participants and further explains the following:<br>• Limit entry of unauthorized individuals to surgical/procedure areas.<br>• Close doors and draw curtains during all procedures.<br>• Ensure that all personnel in the surgical area wear clean clothes, masks, caps and good footwear.<br>• Enclose the surgical procedure area; to minimize dust and eliminate insects.<br>• Decontaminate and clean examination/operating tables, counters, instrument trolleys, etc, before a new client is brought into the room.<br>• Remove used gloves before touching anything. Countertops, faucets, and pens and pencils are frequently contaminated because |

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| | | health care workers touch them while wearing used gloves.<br>• Processing gloves for reuse is not recommended, since gloves are difficult to properly process. Processing and reusing disposable gloves is especially not recommended.<br>• Studies have shown that invisible holes or tears are likely to occur when gloves are processed. o Surgical gloves are the most expensive. Whenever possible, they should be used only for procedures in which there will be contact with the bloodstream or tissues under the skin. |
| Describe ways to properly prepare a client for PPIUD/PP Implant procedures. | 5 minutes | The Trainer describes the following ways of preparing clients for PPIUD and PP Implants procedures:<br>• Clean vagina with antiseptic such as Chlorhexidine with Cetrimide, e.g. Savlon.<br>• Clean cervix with Iodophor, e.g. Betadine.<br>• Prepare the skin using antiseptic, e.g., Iodophor (Betadine), 4% Chlorhexidine (e.g. Hibitane), 1-3 % Iodine, followed by 60-90% alcohol).<br>• Wipe off excess antiseptic with sterile dry gauze. |

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| Summary/Evaluation | 5 minutes | The Trainer summarizes the session by stating that:<br>• Use of aseptic techniques.<br>• when conducting medical procedures (PPIUD/PP Implant) remains one of the major strategies for preventing infection.<br>• The understanding of the various procedures of proper hand washing, gloving, removal of used gloves and the wearing of proper attires is imperative for the maintenance of a sterile field.<br><br>The Trainer requests the participants to respond to the following questions:<br>• Define aseptic technique<br>• State the importance of hand washing and describe the seven steps of handwashing.<br>• Describe the activities for preparing a client for PPIUD/Implant procedure |

## MODULE SEVEN: SESSION 3

## STEPS FOR INSTRUMENTS PROCESSING AND STORAGE

TIME: 30 Minutes

**LEARNING OBJECTIVES**

**By the end of this session, participants should be able to**:

- Explain steps for processing instruments and other items.
- Demonstrate appropriate order for conducting the steps.
- Discuss how to appropriately store processed equipment instruments.

**SESSION OVERVIEW**

- Steps for processing instruments and other items.

- Organizing an area for processing instruments and other items in the health facility.
- Storage of processed instruments.

**METHODS**

- Lecture
- Discussions
- Demonstration and return demonstration
- Hand out
- Case studies

**MATERIALS**

- Flip chart stand/paper
- Colored markers
- Masking Tape
- Projector
- Drum
- Rectangular Plastic containers

**SUMMARY**

**EVALUATION**

**MODULE SEVEN: SESSION 3**

**STEPS FOR INSTRUMENTS PROCESSING AND STORAGE**

**SESSION PLAN**

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Steps for instrument processing and storage. | 30 minutes | • Explain steps of processing instruments and other items.<br>• Demonstrate appropriate order for conducting the steps.<br>• Discuss how to appropriately store processed equipment instruments. | • Lecture<br>• Discussions<br>• Demonstration and return demonstration<br>• Hand out<br>• Case studies | • Flip chart stand and paper<br>• Colored markers<br>• Masking Tape<br>• Projector<br>• Drum<br>• Rectangular plastic containers |

**MODULE SEVEN: SESSION 3**

**STEPS FOR INSTRUMENTS PROCESSING AND STORAGE**

**SESSION PRESENTATION**

| **Learning Objectives** | **Duration** | **Learning Methodology/Activity** |
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| Introduction.<br><br>Lists the steps of processing instruments and other items. | 5 minutes | The Trainer displays and reviews the learning objectives for this session.<br><br>The Trainer informs the participants that:<br>• To prevent transmission of infections via medical instruments, each step of instrument processing i.e.,<br>1. Decontamination,<br>2. Cleaning and<br>3. Sterilization or high level disinfection, must be followed properly. |
| Demonstrate appropriate order for conducting the steps. | 10 minutes | The Trainer displays the slide on "Step 1: Decontamination" and discusses the content as follows:<br>• Decontamination kills many disease-causing microorganisms such as hepatitis virus and HIV, making instruments and other items safer for handling during cleaning.<br>• Decontamination is performed by soaking used instruments and other |

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| | | items in 0.5% Chlorine solution for 10 minutes.<br><br>The Trainer displays the slide on "Making a Chlorine Solution" and explains the formula on how to prepare a dilute chlorine (Refer to Module Seven Session 3 of the participants 'reference book).<br><br>The Trainer displays the slide on "Step 2: Cleaning" and discusses the content as follows:<br><br>• Cleaning instruments with detergent and water removes blood and particulate matter and improves the quality of subsequent high-level disinfection or sterilization.<br>• A brush should be used for cleaning most instruments. Staff members must wear thick utility gloves while cleaning instruments.<br>The Trainer displays the slide on "Step 3: Sterilization or High-level Disinfection" and discusses the content as follows:<br><br>• To be effective, both sterilization and high-level disinfection (HLD) must be preceded by decontamination, careful |

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| | | cleaning, and thorough rinsing. When sterilization of instruments is not possible, HLD is the only acceptable alternative.<br><br>The Trainer displays the slides on types and steps of processing instruments and other items by sterilization and explains the following:<br>• Steam sterilization<br>• Dry heat sterilization<br>• Chemical sterilization |
| Discuss how to appropriately store processed equipment instruments. | 10 minutes | The Trainer informs the participants that proper storage of HLD or sterilized items is as important as the HLD or sterilization process itself. Therefore:<br>• Items should be stored dry.<br>• If possible, store processed items in an enclosed cabinet.<br>• Do not store pick-up forceps in a bottle filled with antiseptic solution (microorganisms will multiply in the standing solution even if an antiseptic has been added).<br>• High level disinfect or sterilize pick-up forceps |

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| | | each day and store them dry in a high-level disinfected or sterile bottle.<br>• Wrapped items must be considered contaminated when:<br>- The package is torn or damaged.<br>- The wrapping is wet.<br>- The expiration date is exceeded.<br>• Wrapped items can be used for up to one week.<br>• Unwrapped items must be used immediately or stored in a covered sterile or HLD container (for up to one week). |
| Summary/Evaluation | 5 minutes | The Trainer summarizes the session by stating that:<br>• The session highlighted the importance of processing instruments and other medical items in stepwise manner to avoid contamination.<br>• Infections prevention in medical settings relies on the effective decontamination and sterilization of instrument in use. |

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| | | The Trainer requests the participants to respond to the following questions:<br>• Describe steps for processing instrument and other medical items?<br>• Demonstrate appropriate order for processing instrument in the health facility?<br>• Explain strategies for storing processed instrument? |

## MODULE SEVEN: SESSION 4

## USE AND DISPOSAL OF NEEDLES AND SHARPS

TIME: 30 Minutes

### LEARNING OBJECTIVES

By the end of this session, participants should be able to:

- List ways that health workers can get injured by sharps.
- Describe the steps that service providers can take to prevent or minimize injuries by needles/sharps.
- Describe the proper procedures for safe use and disposal of needles and other sharps.
- Describe the proper procedures for giving injections and use of multi-dose vials.

### SESSION OVERVIEW

- How injuries commonly occur.
- Injury prevention strategies.
- Special consideration for service providers living with HIV.
- Post exposure care for the injured service providers and other health care workers.
- Procedure for giving injections and use of multi dose vials.

### METHODS

- Lecture

- Discussions
- Demonstration and return demonstration
- Hand out
- Case studies

**MATERIALS**

- Flip charts stand and paper
- Coloured markers
- Masking Tape
- Projector
- Sharp containers

**SUMMARY**

**EVALUATION**

## MODULE SEVEN: SESSION 4

## USE AND DISPOSAL OF NEEDLES AND SHARPS

### SESSION PLAN

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Use and disposal of needles and sharps. | 30 minutes | • List ways that health workers can get injured by sharps.<br>• Describe the steps that service providers can take to prevent or minimize injuries with needles/sharps.<br>• Describe the proper procedures for safe use and disposal of needles and other sharps.<br>• Describe the proper procedures for giving injections and use of multi-dose vials. | • Lecture<br>• Discussions<br>• Demonstration and return demonstration<br>• Hand out<br>• Case studies | • Flip chart stand and paper<br>• Coloured markers<br>• Masking Tape<br>• Projector<br>• Sharps container<br>• Various sharps |

**MODULE SEVEN: SESSION 4**
**USE AND DISPOSAL OF NEEDLES AND SHARPS**
**SESSION PRESENTATION**

| **Learning Objectives** | **Duration** | **Learning Methodology/Activity** |
|---|---|---|
| Introduction.<br><br>List ways that service providers can get injured by sharps. | 5 minutes | The Trainer displays and reviews the learning objectives for this session<br>The Trainer informs the participants that:<br>• All staff that comes in contact with are at risk of infections.<br>The Trainer requests the participants to list the ways that service providers can get injured by sharps, and notes their responses on the flip chart.<br><br>• The Trainer clarifies the participants' responses and displays the slide on *"How Injuries commonly occur".*<br>• He/She also refers them to Module 7 session 4 of the Participant's Reference Book. |
| Describe steps that service providers can take to prevent or minimize injuries by needles/sharps. | 5 minutes | The Trainer requests the participants to identify the ways by which service providers can get injured by sharps, and notes their responses on the flip chart.<br><br>The Trainer clarifies the participants' responses and displays the slides on *"How to prevent Injuries"* and *"The Hand-free Technique for passing Sharps during Clinical Procedures."* S/he also refers them to Module Seven Session 4 of the Participant's Reference Book. |

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| | | The Trainer notes and addresses any concerns by the participants. |
| Describe the proper procedures for safe use and disposal of needles and other sharps. | 5 minutes | The Trainer informs the participants that:<br>• Improper disposal of contaminated sharp objects can cause infections in the health care facility and the community.<br>• Hypodermic needles and other sharps should be made unusable by incinerating them.<br>• If an industrial incinerator that will destroy hypodermic needles and other sharps is not available, reduce the risk of infections by decontaminating sharps before disposal, and bury them in a pit to make it difficult for others to scavenge them.<br><br>The Trainer displays a "Sharp-disposal container, "a puncture-resistant container for disposal of used needles and other sharp objects" and demonstrates how it is used.<br><br>The Trainer informs the participants that a sharps-disposal container may be made out of a heavy cardboard box, an empty plastic jug, or a metal container. |
| Describe the proper procedures for giving injections and use of multi-dose vials. | 10minutes | The Trainer requests the participants to describe the proper procedures for giving injections and use of multi-dose vials and notes their responses on the flip chart. |

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| | | The Trainer clarifies the responses of the participants and states that:<br><br>*In giving injections to reduce the risk of transmitting infections between clients, the following must be observed:*<br><br>• Always use a new or correctly reprocessed hypodermic needle and syringe every time an injection is given.<br>• Never change the needle without also changing the syringe between clients. Reusing the same syringe to give injections to multiple clients – even if the needle is changed – is not a safe practice.<br>• Before giving an injection if there is visible dirt, wash the injection site with soap and water.<br>• Wipe the client's skin at the injection site with an antiseptic solution to minimize the number of microorganisms and reduce the risk of infections. Using a fresh swab, wipe in a circular motion from the center outward.<br>• If alcohol is used, allow the alcohol to dry in order to provide maximum effectiveness in reducing microorganism.<br>*To avoid transmitting infections when giving IV fluids:*<br><br>• Unhook the needle or catheter from the IV line, and dispose of it in a sharps-disposal container.<br>• Throw away the IV line and any remaining fluid. Microorganisms can |

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| | | survive and grow in IV fluids; if the IV line and bag/bottle of fluid are used again, infection can be transmitted to other clients.<br>• Never use the same IV line and fluid bag/bottle for multiple clients.<br>The Trainer emphasizes that unexpected client motion at the time of injection can lead to accidents. Therefore, always warn clients when you are about to give an injection.<br>• The Trainer informs the participants that before filling a syringe from a multi-dose vial, they should:<br>• Check the vial to be sure there are no leaks or cracks;<br>• Check the solution to be sure it is not cloudy and that there is no particulate matter in the vial. (Most solutions that come in vials are clear. One exception is the injectable contraceptive Depo-Provera, which is milky).<br>• Wipe the top of the vial with a fresh cotton swab soaked with 60-70% alcohol; allow to dry before withdrawing the content |
| Summary/Evaluation | 5 minutes | The Trainer summarizes the session by stating that:<br>• All staff that comes in contact with sharps – from doctors and nurse to those who dispose of the trash – are at risk of injury and infections. |

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| | | • Proper disposal of sharps, effective housekeeping within the health facility, and appropriate disposal of dry and wet wastes are essential for infection prevention.<br>The Trainer requests the participants to respond to the following questions:<br>• List ways by which health care workers can be injured by sharps?<br>• Describe strategies for the prevention of injuries during surgery?<br>• Describe the appropriate procedures for the disposal of needles and sharps? |

## MODULE SEVEN: SESSION 5

## HOUSEKEEPING AND WASTE DISPOSAL

TIME: 30 minutes

**LEARNING OBJECTIVES**

**By the end of this session, participants should be able to:**

- Explain housekeeping in a health facility.
- List general housekeeping guidelines.
- Describe appropriate waste disposal.
- State the importance of correct disposal of waste.

**SESSION OVERVIEW**

- Importance of Housekeeping and waste disposal.
- Role of Housekeeping in infection prevention.
- List 5 general housekeeping guidelines.
- Preparation of disinfectant cleaning solution.

**METHODS**

- Lecture
- Discussion
- Demonstration and return demonstration
- Handout
- Case studies

**MATERIALS**

- Flip charts stand paper
- Markers
- Masking tape
- Power point slide  projector

**SUMMARY**

**EVALUATION**

## MODULE SEVEN: SESSION 5

## HOUSEKEEPING AND WASTE DISPOSAL
## SESSION PLAN

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Housekeeping and waste disposal. | 30 minutes | • Explain housekeeping in a health facility.<br>• List general housekeeping guidelines.<br>• Describe appropriate waste disposal.<br>• State the importance of correct disposal of waste. | • Lecture<br>• Discussion<br>• Demonstration and return demonstration<br>• Handout<br>• Case studies | • Flip chart stand/paper<br>• Markers<br>• Masking tape<br>• Projector |

## MODULE SEVEN: SESSION 5

## HOUSEKEEPING AND WASTE DISPOSAL

## SESSION PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
|---|---|---|
| Explain housekeeping in a health facility. | 5 minutes | The Trainer requests the participants to define Housekeeping and state its importance, and notes their responses on the flip chart.<br><br>The Trainer clarifies the participants' responses and defines Housekeeping as:<br>• The general cleaning and maintenance of cleanliness in a health care facility.<br>• In addition to cleanliness, the purpose of housekeeping is to reduce the number of micro-organisms in the facility.<br>He/She states that the purpose of proper waste disposal of clinic wastes is to:<br>• personnel who handle the waste and to the local community.<br>• Protect those who handle wastes from accidental injury.<br>• Provide an aesthetically pleasing atmosphere. |
| List general housekeeping guidelines. | 10 minutes | The Trainer requests the participants to list the general housekeeping guidelines and notes their responses on the flip chart.<br><br>He/She then displays the slide on general housekeeping guidelines and explains thus: |

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| | | • Cleaning schedules should be created, pasted where all staffs responsible for housekeeping can see them and closely followed.<br>• Always wear gloves (preferably heavy utility gloves) and shoes when cleaning client care areas.<br>• Cleaning should be done in a way that minimizes the scattering of dust and dirt that may contain microorganisms. Use a damp or wet mop to clean walls, floors and surfaces; avoid dry dusting or sweeping which increases the spread of dust and micrograms.<br>• Scrubbing is the most effective way to remove dirt and micro-organisms. Scrubbing should be a part of every cleaning procedure.<br>• Wash surfaces, such as walls from top to bottom so that debris falls to the floor, where it can be cleaned up last. Similarly clean highest fixtures first and work down for example, clean ceiling lamps first, then shelves, then tables and then the floor.<br>• Change cleaning solutions where they appear dirty. The disinfectant's ability to kill potentially infectious |

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| | | microorganisms is reduced when the solution contains a lot of soil. |
| Describe appropriate waste disposal. | 5 minutes | The Trainer informs the participants that:<br>• Wastes from procedure rooms, delivery rooms, operating rooms and laboratories should be considered contaminated.<br>• Contaminated wastes should be transported to disposal sites in covered containers where available. Persons handling wastes should wear heavy gloves.<br>• All sharp items should be disposed in puncture-resistant containers.<br>• Liquid waste should be carefully poured down a utility drain or flushable toilet or latrine.<br>• It is best to burn or bury contaminated waste rather than use community waste collection. |
| State the importance of correct disposal of waste. | 5 minutes | The Trainer requests the participants to brainstorm on the importance of correct waste disposal and clarifies as follows:<br>• Prevent spread of infection to clinic personnel who handle the waste and to the local community.<br>• Protect those who handle wastes from accidental injury.<br>• Provide an aesthetically pleasing atmosphere. |

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| Summary/Evaluation | 5 minutes | The Trainer summarizes the session by stating that:<br>• All staff that come in contact with sharps are at risk of injury and infections.<br>• Proper disposal of sharps, effective.<br>• Housekeeping within the health facility, and appropriate disposal of dry and wet wastes are essential for infection prevention.<br>• Observing the general guidelines for housekeeping is the easiest way to keep the facility infection free.<br>The Trainer requests the participants to respond to the following questions:<br>• List ways by which health care workers can be injured by sharps?<br>• Describe strategies for the prevention of injuries during surgery?<br>• Describe the appropriate procedures for the disposal of needles and sharps?<br>• Mention five Housekeeping guidelines? |

## MODULE EIGHT

## FOLLOW UP AND MANAGEMENT OF SIDE EFFECTS AND COMPLICATIONS Of PPIUD AND PP IMPLANT

This module covers routine follow-up care, assessment and management of side effects and complications and prevention of complications. If you have experience with interval IUDs, It will be helpful in studying PPIUD follow-up

Session 1: Routine Follow-up for PPIUD.

Session 2: Management of side effects and complications of PPIUD.

Session 3: Management of side effects and complications of PP Implants.

## MODULE EIGHT
## FOLLOW-UP AND MANAGEMENT OF SIDE EFFECTS AND COMPLICATIONS OF PPIUD/IMPLANT

### MODULE PLAN

| SESSION | DURATION | OBJECTIVES | METHOD | RESOURCES |
|---|---|---|---|---|
| Session 1:<br><br>Routine follow-up. | 20 minutes | • List key components of the first routine PPIUD follow-up visit and subsequent visits. | • Lecture<br>• Discussion<br>• Handout | • Flip chart stand/paper<br>• Masking tape<br>• Markers<br>• Projector<br>• Laptop |
| Session 2:<br><br>Management of side effects and complications of PPIUD. | 1 hour | • Define side effects and complications and distinguish between them.<br>• List potential PPIUD side effects and complications.<br>• State how to prevent insertion-related side effects.<br>• Describe clinical management of the most common side effects and complications.<br>• Demonstrate appropriate client- | • Lecture<br>• Discussion<br>• Handout | • Flip chart stand/paper<br>• Masking tape<br>• Markers<br>• Projector<br>• Laptop |

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| | | provider interaction. | | |
| Session 3:<br>Management of side effects and complications of PP Implants. | 1 hour | • List the common side effects, the occasional side effects and the warning signs requiring prompt medical attention in implant users.<br>• Indicate what actions should be taken medically for each side effect.<br>• Demonstrate through case studies and role plays ways of handling client concerns about side effects of implant.<br>• Demonstrate counseling clients on side effects of implants in the language the client understands. | • Brainstorming<br>• Discussion<br>• Illustrated lecture<br>• Small group discussion | • Flip chart stand/paper<br>• Masking tape<br>• Markers<br>• Projector<br>• Laptop |

## MODULE EIGHT: SESSION 1

## ROUTINE FOLLOW-UP FOR PPIUD

TIME: 20 minutes

### LEARNING OBJECTIVES

**By the end of this session, participants should be able to:**

- List key components of the first routine PPIUD follow-up visit and subsequent visit.
- List key components of annual visit.

### SESSION OVERVIEW

- Key component of first routine PPIUD follow-up visit.
- Annual follow-up visits.

### METHODS

- Lecture
- Discussion
- Copies of Participants Reference Book

### MATERIALS

- Flip chart stand/paper
- Masking tape
- Markers
- Projector
- Laptop

## MODULE EIGHT: SESSION 1

## ROUTINE FOLLOW-UP FOR PPIUD

## SESSION PLAN

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Routine follow up for PPIUD. | 20 minutes | • List key components of the first routine PPIUD follow-up visit and subsequent visit.<br>• List key components of annual visit. | • Lecture<br>• Discussion<br>• Copies of Participants Reference Book | • Flip chart stand/paper<br>• Masking tape<br>• Markers<br>• Projector<br>• Laptop |

## MODULE EIGHT: SESSION 1

## ROUTINE FOLLOW-UP FOR PPIUD

## SESSION PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
|---|---|---|
| List key components of the first routine PPIUD follow-up visit and subsequent visit. | 10 minutes | The Trainer requests the participants to state the time for the first follow-up visit and list key components of the visit.<br><br>He clarifies as follows:<br>• The first PPIUD follow-up visit is done at the same time as the routine 4-6 week postpartum checkup.<br>The following should be attended to, in addition to the usual elements of the postpartum checkup:<br>• Perform a physical exam, including a speculum examination to inspect the cervix.<br>• Confirm the presence of the strings.<br>• If necessary, shorten string length of 3-4 cm from the cervical Os.<br>• If no strings are present and the client has not noticed and expulsion, follow the protocol for missing strings (see "Missing Strings," National Reproductive Health/Family Planning Service Protocols Chapter 9, page 178).<br>• Advise the client to return for routine annual exams, or anytime she is concerned about IUD-related problem.<br>• If the PPIUD has been expelled, offer the client another contraceptive method or insert another IUD, if the woman wishes. |

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| List key components of<br><br>annual visit. | 5 minutes | The Trainer requests the participants to state how frequent subsequent visits should be and list key components of the annual visit.<br><br>He/She notes their responses on the flip chart and clarifies as follows:<br>• Ask the client if she has any questions, complaints, or side effect or complications and respond appropriately.<br>• Conduct a speculum and bimanual examination.<br>• Confirm the presence of the strings.<br>• Look for signs of any reproductive tract infection, and treat or refer if present.<br>• Review the client for warning signs that require immediate medical attention (see National Reproductive Health/Family Planning Service Protocols Chapter 9 page 172).<br>• Make an appointment for the next visit (annual or otherwise, as needed).<br>• Remind the client when the IUD needs to be removed. |
| **Summary/Evaluation** | 5 minutes | The Trainer reminds the participants on the key components of the first routine PPIUD follow up visit and subsequent visits. |

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| | | He/She request the participants to list the components of the first routine PPIUD follow up visit. |

## MODULE EIGHT: SESSION 2
## MANAGEMENT OF SIDE EFFECTS AND COMPLICATIONS OF PPIUD

TIME: 1 hour

**LEARNING OBJECTIVES**

**At the end of the Session, participants should be able to**:

- Define side effects and complications and distinguish between them.
- List potential PPIUD side effects and complications.
- State how to prevent insertion-related complications.
- Describe clinical management of the most common side effects and complications.
- Demonstrate appropriate client provider interaction.

**SESSION OVERVIEW**

- Definition of Side effects and complications.
- Potential PPIUD side effects and complications.
- Prevention of complications.
- Management of PPIUD side effects and complications.
- Appropriate client provider interaction.

**METHODS**

- Lecture
- Discussion
- Handout
- Case study

**MATERIALS**

- Flip chart stand/Paper
- Masking tape
- Markers
- Projector
- Laptop

**SUMMARY**

**EVALUATION**

**MODULE EIGHT: SESSION 2**
**MANAGEMENT OF SIDE EFFECTS AND COMPLICATIONS OF PPIUD**
**SESSION PLAN**

| **Title** | **Duration** | **Objectives** | **Methods** | **Materials** |
|---|---|---|---|---|
| Management of side effects and complications of PPIUD. | 1 hour | • Define side effects and complications and distinguish between them.<br>• List potential PPIUD side effects and complications.<br>• State how to prevent insertion-related complications.<br>• Describe clinical management of the most common side | • Lecture<br>• Discussion<br>• Handout<br>• Case study | • Flip chart stand/Paper<br>• Masking tape<br>• Markers<br>• Projector |

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| | | effects and complications.<br>• Demonstrate appropriate client provider interaction. | | |

## MODULE EIGHT: SESSION 2
## MANAGEMENT OF SIDE EFFECTS AND COMPLICATIONS OF PPIUD
## SESSION PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
|---|---|---|
| Define side effects and complications and distinguish between them. | 5 minutes | The Trainer requests the participants to define side effect and complication.<br><br>He/She clarifies as follows:<br><br>*Side effect:* A consequence of a procedure, contraceptive method, or medication other than that intended. A side effect does not require exceptional intervention, but it may require attention and management. For example, spotting with an IUD in place is a side effect.<br><br>*Complication:* An unexpected condition that requires intervention or management beyond what was planned or what is normally provided. For example, Pelvic inflammatory disease is a PPIUD complication. |

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| List potential PPIUD side effects and complications. | 5 minutes | The Trainer request them to list the potential side effects and complications of PPIUD and notes their responses on the flip chart.<br>He/She clarifies their responses by displaying the slide on potential complications:<br><br>*<u>Potential side effects</u>*<br><br>• Cramping.<br>• Spotting or bleeding between menstrual periods.<br>• Heavier menstrual periods.<br>• Partner complaints about string.<br><br>*<u>Potential PPIUD-Related Complications</u>*<br>• Insertion-related complications include vasovagal reaction, uterine perforation, and cervical perforation.<br>• Post-insertion complications include bleeding, PID, expulsion, pregnancy, and missing strings. |
| State how to prevent insertion-related complications. | 5 minutes | The trainer asks the participants to explain how to prevent insertion-related complications, and clarifies their responses which may include:<br>• Careful screening of clients.<br>• Following proper infection prevention techniques.<br>• Following appropriate insertion technique. |

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| Describe clinical management of the most common side effects and complications. | 20 minutes | The Trainer displays the slide on "suspected perforation" and discusses the actions that should be taken medically:<br>• If perforation is suspected based on the signs such as fainting during or after insertion, pain, rapid pulse and respiration, fatigue.<br>• If intra-abdominal bleeding is suspected.<br>The Trainer displays the slide on "Bleeding changes" and discusses the actions that should be taken medically:<br>• If there is spotting or irregular bleeding.<br>• If there is heavy or prolonged monthly bleeding.<br>• If irregular, heavy or prolonged bleeding continues or starts after several months of normal bleeding or long after the IUD was inserted.<br>The Trainer displays the slide on "Severe pain in the lower abdomen" and discusses the actions that should be taken medically:<br>• If there is suspicion of PID.<br>• If there is suspicion of ectopic pregnancy.<br>The Trainer displays the slide on "Pain and/or Cramping" and discusses the actions that should be taken medically: |

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| | | • If pain or cramps occurred since IUD insertion (first three months) and are linked to monthly bleeding.<br>• If cramping continues and occurs outside of monthly bleeding.<br>The Trainer displays the slide on "Missing Strings" and discusses the actions that should be taken medically:<br>• If strings are neither visible nor felt and client is not pregnant.<br>• If tail is found.<br>• If strings are not found after cervical exploration.<br>• If the IUD is located within the uterine cavity.<br>• If ultrasonography or x-ray indicates that the device is in the abdominal cavity.<br>The Trainer should explain to the participants that at the first routine visit after postpartum insertion:<br>• IUD strings may not be visible.<br>• This may indicate either an unrecognized expulsion or<br>• That the IUD is in place but the strings have not spontaneously descended.<br>The Trainer displays the slide on "Uterine pregnancy" and discusses the actions that should be taken medically:<br>• If strings are visible. |

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| | | • If strings are not visible.<br><br>The Trainer displays the slide on "IUD expulsion" and discusses the action that should be taken medically:<br>• If strings are unusually long or stem of device is at cervical Os and pregnancy is ruled out.<br>• If strings are unusually long or stem of device is at cervical Os, and unable to exclude pregnancy.<br>• If client reports that IUD came out.<br><br>The Trainer informs the participants to strongly consider referral for hospitalization with acute low abdominal pain if:<br>• Diagnosis is uncertain.<br>• Surgical emergency (e.g. appendicitis, ectopic pregnancy) is suspected.<br>• Pelvic abscess is suspected.<br>• Client is pregnant.<br>• Client is unable to follow or tolerate outpatient therapy.<br>• Client fails to respond to outpatient therapy.<br>• Out-patient follow-up after 48–72 hours cannot be arranged. |
| Demonstrate appropriate client provider interaction. | 20 minutes | The Trainer distributes handouts of prepared case studies and request the participants to either:<br>• Discuss them, or |

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| | | • Act them as<br>Role Play<br>The Trainer clarifies any issues raised by the participants during the discussion of the case studies or role plays. |
| Summary/Evaluation | 5 minutes | The Trainer summarizes the session by stating that:<br>• Long-term success, as defined by satisfied clients and high continuation rates, will occur only if clinic staff recognize the importance of providing follow-up care (including Counseling) and prompt management of side effects as well as other problems should they occur.<br>• Most side effects and other health problems associated with IUD are not serious.<br>The Trainer requests the participants to respond to the following questions:<br>• List the common side effects of the use of IUDs?<br>• What are the warning signs that require prompt medical attention?<br>• Discuss the management of IUD-related pregnancy?<br>• Discuss the management of a missing string? |

## MODULE EIGHT: SESSION 3

## PROBLEM MANAGEMENT DURING USE OF IMPLANTS

Time: 1 hour

**LEARNING OBJECTIVES:**

**By the end of this session, participants should be able to:**

- List the common side effects, the occasional side effects and the warning signs requiring prompt medical attention in implant users.
- Indicate what action should be taken medically for each side effect.
- Demonstrate through case studies and role plays ways of handling client concerns about side effects of implant.

**SESSION OVERVIEW:**

- Common side effects, the occasional side effects and the warning signs requiring prompt medical attention in implant users.
- What action should be taken medically for each side effect.
- Demonstration through case studies and role plays of ways of handling client concerns about side effects of implant.

**METHODS:**

- Brainstorming
- Discussion
- Illustrated Lecture
- Small group discussion

**MATERIALS:**

- Flip chart and Stand
- Markers
- Laptop
- Projector

**SUMMARY**

**EVALUATION**

## MODULE EIGHT: SESSION 3
## PROBLEM MANAGEMENT DURING USE OF CONTRACEPTIVE IMPLANTS

### SESSION PLAN

| Title | Duration | Objectives | Methods | Materials |
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| Problem Management during use of Implants. | 1 hour | • List the common side effects, the occasional side effects and the warning signs requiring prompt medical attention in Implant users.<br>• Indicate what action should be taken medically for each side effect.<br>• Demonstrate through case studies and role plays ways of handling client concerns about side effects of Implants. | • Brainstorming<br>• Presentation<br>• Discussion<br>• Demonstration and Return Demonstration<br>• Role Play | • Flip chart stand/paper<br>• Markers<br>• Projector<br>• Laptop<br>• Hand out<br>• Case studies |

**MODULE EIGHT – SESSION 3:**

**PROBLEM MANAGEMENT DURING USE OF CONTRACEPTIVE IMPLANTS**

**SESSION PRESENTATION**

| **Learning Objectives** | **Duration** | **Learning Methodology/Activity** |
|---|---|---|
| Introduction –<br><br>List the common side effects, the occasional side effects and the warning signs requiring prompt medical attention in Implant users. | 10 minutes<br><br>(Brainstorming) | The Trainer displays and reviews the learning objectives for this session.<br><br>The Trainer inform the participants that:<br>• Most side effects and other health problems associated with the use of implants are not serious.<br>• Changes in menstrual bleeding patterns are by far the most common adverse effect.<br>• In addition to menstrual bleeding changes, women using Jadelle implants occasionally develop enlarged ovarian follicles. Fortunately, they rarely cause symptoms and usually are discovered only incidentally at pelvic examinations. In addition, they generally shrink and disappear spontaneously and rarely require treatment.<br>• Ectopic pregnancies also have occurred, although clinical studies have shown no increase in the rate of ectopic pregnancies per year among implants users compared with women not using any contraceptive method.<br><br>The Trainer requests the participants to mention the common health problems and side effects associated with use of Implants use and notes the responses on the flip chart.<br><br>The Trainer clarifies the responses from the participants and classifies these common health problems and side effects associated with implant use, as: |

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| | | • Pain after insertion or removal.<br>• Infection at the insertion site.<br>• Irregular or heavy bleeding.<br>• Severe pain in the lower abdomen.<br>• Headaches.<br><br>The Trainer also informs the participants that several other conditions that may or may not be associated with the use of implants have been reported.<br>• They include breast tenderness and/or discharge, weight gain, increased body or facial hair (hirsutism) and vaginal infection (vaginitis). |

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| Indicate what action should be taken medically for each side effect. | 30 minutes<br>(Presentation/ Brainstorming/ Discussion) | • The Trainer displays the slide on "Pain after insertion or removal" and discusses the actions that should be taken medically.<br>• If no signs of infection.<br><br>The Trainer displays the slide on "Infection at the insertion site" and discusses the actions that should be taken medically:<br>• If there is redness, heat, pain, pus.<br>• If there is an abscess.<br><br>The Trainer displays the slide on "Irregular or Heavy vaginal bleeding" and discusses the actions that should be taken medically:<br>• If no underlying condition is suspected (implant is still in place and bleeding started after implant initiation).<br>• If bleeding is due to gynaecological problems.<br>• Unexplained abnormal vaginal bleeding that suggests underlying medical condition unrelated to method use.<br><br>The Trainer displays the slide on "Severe Pain in the lower abdomen" and discusses the actions that should be taken medically:<br>• If ectopic pregnancy or another serious condition is suspected.<br>• If pain is due to ovarian cyst. |

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| | | • The Trainer displays the slide on "Missing Strings" and discusses the actions that should be taken medically.<br>• If it is ordinary headache.<br>• If migrainous headaches with aura (blurred vision, temporary loss of vision, seeing flashing lights or zigzag line).<br>• If there is no pregnancy and amenorrhea is less than six weeks<br>• If the client is pregnant. |

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| | | The Trainer informs the participants to note the Warning Signs/Special Concerns of Implant use. The client should report to the nearest family planning clinic if she notices any of the following:<br>• Severe lower abdominal pain<br>• Heavy vaginal bleeding<br>• Arm pain<br>• Pus or bleeding at the insertion site (this may indicate infection)<br>• Expulsion of an implant (this rarely occurs with proper placement)<br>• Episodes of migraine, repeated severe headaches, or blurred vision<br>• Delayed menstrual cycles after along interval of regular cycles<br>• Suspicion of pregnancy<br>• Jaundice |
| Demonstrate through case studies and role plays, ways of handling client concerns about side effects of Implants. | 15 minutes<br>(Case Studies/<br>Discussion/<br>Role Play) | The Trainer distributes handouts of prepared case studies and request the participants to either:<br>• Discuss them, or<br>• Act them as Role Plays.<br>The Trainer clarifies any issues raised by the participants during the discussion of the case studies or role plays. |

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| Summary/ Evaluation | 5 minutes<br><br>(Discussion) | The Trainer summarizes the session by stating that:<br>• Most of the health problems associated with implants' use are mild.<br>• Good counseling about these side effects enables the client to tolerate them while improving continuation rates.<br>• Changes in menstrual bleeding patterns are by far the most common side effect.<br>• Management of the side effects ranges from simple reassurance, medical treatment, to referral for further care.<br>• User concerns must be patiently listened to and addressed accordingly.<br><br>The Trainer requests the participants to respond to the following questions:<br>• List the common side effects of implants' use?<br>• What are the warning signs requiring prompt medical attention?<br>• What are the known medical treatments for vaginal bleeding in implant users?<br><br>• Describe five examples of user concerns? |

# MODULE NINE

# RECORD KEEPING AND HEALTH MANAGEMENT INFORMATION SYSTEM

# CONTRACEPTIVE LOGISTICS MANAGEMENT SYSTEM

Session 1: Record Keeping and Health Management Information System (HMIS).

Session 2: Contraceptive Logistics Management System (CLMS).

## MODULE NINE - SESSION 1

## RECORD KEEPING AND HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

Time: 50 Minutes

**LEARNING OBJECTIVES:**

**By the end of this session, participants should be able to:**

- Describe the HMIS.
- Mention the importance of HMIS.
- State the reasons for accurate record keeping and its implication for data quality.
- List the advantages of Record Keeping.
- Explain the disadvantages of NOT keeping records.
- Explain the content of the various national record keeping forms.

**SESSION OVERVIEW**

- Description of the HMIS.
- The importance of HMIS.
- Reasons for accurate record keeping and its implication for data quality.
- Advantages of Record Keeping.
- Disadvantages of NOT keeping records.
- Content of the various national record keeping forms.

**METHODS**

- Brainstorming
- Discussion
- Lecture
- Group work

**MATERIALS**

- Flip chart stand/paper

- Markers
- Laptop
- Projector
- Various HMIS tools

## MODULE NINE - SESSION 1:

## RECORD KEEPING AND HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

### SESSION PLAN

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Record Keeping and Management Information System (MIS). | 50 minutes | • Describe the MIS.<br>• Mention the importance of MIS.<br>• State the reasons for accurate record keeping and its implication for data quality.<br>• List the advantages of Record Keeping.<br>• Explain the disadvantages of NOT keeping records .<br>• Explain the content of the various national record keeping forms. | • Brainstorming<br>• Presentation<br>• Discussion<br>• Demonstration and Return Demonstration | • Flip chart stand/paper<br>• Markers<br>• LCD Projector<br>• Laptop<br>• Various HMIS tools |

## MODULE NINE - SESSION 1

## RECORD KEEPING AND MANAGEMENT INFORMATION SYSTEM (MIS)

## SESSION PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
|---|---|---|
| Introduction- Describe the HMIS. | 10 minutes<br><br>(Brainstorming/ Presentation/ Discussion) | The Trainer displays and reviews the learning objectives for this session.<br><br>The Trainer informs the participants that:<br>• This session discusses the importance of Record Keeping in FP Programme; information needed to measure programme success and inform programme or service delivery Improvement.<br><br>The Trainer requests the participants to define Health Management Information System (HMIS), and notes their responses on the flip chart.<br><br>The Trainer clarifies the participants' responses and stares that:<br>• Health Management Information System (HMIS) is an organized way of recording, collating, and interpreting information for planning and decision-making. |
| Mention the importance of HMIS. | 5 minutes<br><br>(Presentation/ Discussion) | The Trainer requests the participants to mention the importance of HMIS, and notes their responses on the flip chart.<br><br>The Trainer clarifies the participants' responses and displays the slides on *"Importance of HMIS."* |

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| | | *He/She* also refers them to the Participant's Reference Book.<br>The Trainer notes and addresses any concerns by the participants. |
| List the advantages of Record Keeping. | 10 minutes<br><br>(Brainstorming/ Discussion) | The Trainer requests the participants to state the advantages of Record Keeping, and notes their responses on the flip chart.<br><br>The Trainer clarifies the participants' responses and states that Record Keeping allows the programme to:<br>• Know the total number of client.<br>• Know the number of new clients and old clients to determine the number of new acceptors and revisits for each method.<br>• Know the number of clients attending the family planning clinics at the various locations in the community for comparison.<br>• Use data for assessment, planning, implementation, evaluation e.g. give an account of commodities and determine future needs.<br>• Determine future needs regarding staffing and facilities.<br>• Know the progress of family planning in the community and society.<br>• Use data for future planning.<br>• Use data for research purpose.<br>• Use for referral purposes. |

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| Explain the disadvantages of NOT keeping record. | 10 minutes (Brainstorming/ Discussion) | The Trainer requests the participants to state the disadvantages of NOT keeping records, and notes their responses on the flip chart. The Trainer clarifies the participants' responses and states that the provider would not:<br>• Know the total number of clients served.<br>• Be able to determine the rate of acceptors for each method/procedure.<br>• Be able to compare number of clients with other Family Planning facilities in the community.<br>• Be able to assess or plan for future improvements and evaluate up-to-date progress.<br>• Be able to supply evidence of past work.<br>• Be able to conduct good research due to lack of statistics.<br>• Give good impression of clinic activities.<br>• Be able to help planners determine the general needs of the clinic.<br>• Be able to make planning and evaluation easy.<br>• Be able to obtain adequate information in case a problem of a nature arises. |
| Explain the content of the national record keeping forms. | 10 minutes Discussion/ Demonstration) | ¨The Trainer informs the participants that HMIS tools are used for keeping track of various services provided by the programme. Below are the types of the *National Family Planning HMIS Tools:*<br>• Family Planning Register (Facility Register).<br>• Daily Consumption Record (DCR)<br>• Requisition, Issue and Report Form (RIRF). |

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| | | • Community Based Distributor (CBD) Voucher.<br>• Client Record form/Instruction (Form A).<br>• Tally Sheets/daily activity summary Forms (Form B1.1 & B1.2).<br>• Monthly Summary Form (Form C1.1 & C1.2).<br>• Facility Based Referral Form (Form D).<br>• Quarterly Summary Form (Form E).<br>• Annual Summary forms (Form F).<br>• Outreach activity Form (Form G).<br>• Monthly Outreach Summary Form (Form H.1).<br>• Quarterly/annual Outreach Summary form (Form H.2).<br>• Outreach Referral Forms (Form J).<br>• Appointment Card (Form K). |
| Summary/ Evaluation | 5 minutes (Discussion) | The Trainer summarizes the session by saying that:<br>• Record Keeping in FP Programme helps to generate information needed to measure programme success and inform programme or service delivery improvement.<br>• Effective management of FP programme depends on availability of information for optimal decision-making.<br>• The setting up of MIS will provide the programme management with necessary information for decision.<br>• The quality of management decision-making will be determined by the quality of MIS.<br>He/She requests the participants to respond to the following questions: |

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| | | • State the importance of record keeping in FP programme?<br>• List the advantages of record keeping?<br>• Describe the content of the national record keeping forms? |

## MODULE NINE - SESSION 2: CONTRACEPTIVE LOGISTICS MANAGEMENT SYSTEM (CLMS)

Time: 35 Minutes

### LEARNING OBJECTIVES

**By the end of this session, participants should be able to:**

- Explain logistics management.
- State the objectives of the CLMS.
- Describe National Contraceptive Logistics Management system (CLMS).
- Demonstrate use of CLMS tools.

### SESSION OVERVIEW

- Introduction.
- Logistics management.
- Objectives of the CLMS.
- The National Contraceptive Logistics Management System (CLMS).
- Demonstration of use of CLMS tools.

### METHODS

- Brainstorming
- Discussion
- Lecture

### MATERIALS

- Flip Chart Stand/Paper
- Marker
- Laptop
- Projector
- Screen

## SUMMARY

## EVALUATION

## MODULE NINE - SESSION 2:

## CONTRACEPTIVE LOGISTICS MANAGEMENT SYSTEM (CLMS)

## SESSION PLAN

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Contraceptive Logistics Management System (CLMS). | 35 minutes | • Explain logistics Management.<br>• State the objectives of the CLMS.<br>• Describe National Contraceptive Logistics Management system (CLMS).<br>• Demonstrate use of CLMS tools. | • Brainstorming<br>• Presentation<br>• Discussion<br>• Demonstration and Return<br>• Demonstration | • Flip Chart stand/paper<br>• Markers<br>• Projector<br>• Laptop |

## MODULE NINE - SESSION 2

## CONTRACEPTIVE LOGISTICS MANAGEMENT SYSTEM (CLMS)

## SESSION PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
|---|---|---|
| Introduction- Explain logistics management. | 10 minutes<br><br>(Brainstorming/ Presentation/ Discussion) | The Trainer displays and reviews the learning objectives for this session.<br><br>The Trainer informs the participants that:<br>• A logistics management system is an organized system that uses data and information gathered from various communities and service sites to provide a steady supply of consumables that are required to maintain uninterrupted services in those communities.<br>• The Contraceptive Logistics Management System (CLMS) provides commodities for effective contraceptive services at all service points, ensuring that all Nigerians are able to receive the contraceptives they need through their service delivery point or Community Based Distributor (CBD). |
| State the objectives of the CLMS. | 10 minutes (Presentation/ Discussion) | The Trainer requests the participants to mention the objectives of the CLMS, and notes their responses on the flip chart.<br><br>The Trainer clarifies the participants' responses and displays the slides on *"Objectives of the CLMS."*<br>He/She also refers them to the Participant's Reference Book.<br><br>The Trainer notes and addresses any concerns by the participants. |

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| Describe National Contraceptive Logistics Management system (CLMS). | 10 minutes<br><br>(Brainstorming/ Discussion) | The Trainer explains the following:<br>**Contraceptive Security**<br>This is guaranteed by a program's ability to:<br>• Accurately estimate requirements.<br>• Control financial resources.<br>• Technical capacity to procure products.<br>• Distribute products to the customer for the medium to long-term.<br>• Guarantee maximizing quality through good storage practices.<br>• Guarantee maximizing quality through Inventory control.<br>• Ensure maximizing quality through supervision of supplies.<br>**Flow of contraceptives through the public sector supply system:**<br>• The CLMS focuses on forecasting and procuring the right contraceptive quantities, storing and distributing them through all levels of the health system and delivering them to clients, as displayed in in Figure 9.2.1 (Participants' Reference Book).<br><br>**Contraceptive Commodities Selection**<br>• Selection depends on factors such as the pattern of: clients' preferences, the capacity of service providers to offer wide range of FP methods and the quality of care.<br><br>**Contraceptive Commodities Forecasting and Procurement**<br>• Once the commodities to be procured are determined, the next step is to ascertain the quantities required for procurement. |

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| | | • The process of determining those quantities to procure is what is called forecasting.<br>• Forecasting is usually done at LGA or state levels and covers a period of more than one year.<br><br>The following data sources are used to forecast:<br>• **Logistics data**: This is applied in availability of consumption and stock position.<br>• **Demographic data***:* this takes into account the population being served and the extent of unmet need for FP in the area.<br>• ***Service statistics****:* This is very important in forecasting because it helps inform the project managers whether there is the need to recruit more staff to achieve the goals of the forecast or to reduce on expected consumption due to limited staff in the field.<br>• **Targets:** Every service point should have annual targets in volume of services to be rendered, which will derive from LGA and State targets.<br>Once the forecast has been discussed and approved, then a procurement plan is developed.<br><br>**Contraceptive Commodities Distribution and Storage**<br>• The commodities distribution process begins when the commodities are sent from the manufacturers or suppliers and ends when the commodity consumption |

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| | | information is sent to the Central Medical level.<br>• An effective system should not only maintain a constant supply of the commodities but also keep the commodities in good conditions throughout the distribution process, minimize losses due to spoilage and expiry, maintain accurate records, reduce theft and fraud and provide information for forecasting future commodity needs.<br><br>**Contraceptive commodity consumption**<br>• The CLMS delivers the correct commodities to the service delivery points.<br>• Rational use of the commodities requires that FP clients receive FP methods that are appropriate to their needs and choices, in adequate doses that meet their individual requirements, for the adequate period of time, at the lowest cost to them and their community.<br><br>***Management Support***<br>• The commodity logistics management cycle is driven by factors that must be in place for the system to operate smoothly.<br>These factors include:<br>• Competent human resources,<br>• Sufficient finances to fund the activities and purchase the commodities,<br>• A functional logistics management information system that provides vital information for planning, and managerial support in form of supervision and evaluation. |

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| Summary/ Evaluation | 5 minutes (Discussion) | The Trainer summarizes the session by stating that:<br>Prompt and regular remittance of data compiled from good records kept on contraceptive services rendered at service points to the CBA Supervisor helps the CLMS to place orders for adequate quantity of contraceptive commodities from manufacturers, which are then distributed to the service sites to ensure uninterrupted availability of services to clients.<br><br>The Trainer requests the participants to respond to the following questions:<br>• Explain CLMS;<br>• Mention 4 objectives of the CLMS<br>• Describe the flow of contraceptive through the public sector supply system. |

## MODULE TEN

## COMPETENCY-BASED CHECKLIST AND LEARNING GUIDES

Time: 1 Hour

**LEARNING OBJECTIVES**

**By the end of the session, participants should be able to:**

- Discuss progress in skill area.
- Explain the use of learning guides and checklists.
- Discuss the advantages and disadvantages of competency-based skill assessment instruments.
- Demonstrate the use of competency based assessment instrument.
- Discuss the care of anatomic models.

**SESSION OVERVIEW**

- Progress in skill area.
- Description of learning guides and checklists.
- Advantages and disadvantages of competency-based skill assessment.
- Demonstration of the use of competency based assessment.
- Care of anatomic models.

**METHODS**

- Illustrated Lecture
- Discussion
- Group work
- Demonstration & Return Demonstration

**MATERIALS**

- Projector
- Laptop
- Flip Chart Stand/Paper
- Markers

- Varieties of clinical skills Learning Guides and Checklists
- Anatomic models
- Learning Guide for PPIUD Insertion Techniques
- Learning Guide for PPIUD Counseling  Skills
- Learning Guide for Implant (Jadelle Insertion Techniques
- Learning Guide for Implant (Implanon) Insertion Techniques
- Learning Guide for Implant (Implanon NXT™)Insertion Techniques
- Learning Guide for Implant Removal Skills (All Implants)

## MODULE TEN

## COMPETENCY-BASED CHECKLIST AND LEARNING GUIDES

### MODULE PLAN

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Using Learning Guides during model and clinical practice. | 1 hours | • Discuss progress in skill area.<br>• Explain the use of learning guides and checklist.<br>• Discuss the Advantages and disadvantages of competency-based skill assessment instruments.<br>• Demonstrate the use of competency based assessment instrument.<br>• Discuss the care of anatomic models. | • Illustrated Lecture<br>• Discussion<br>• Group work<br>• Demonstration & Return Demonstration | • Projector<br>• Laptop<br>• Flip Chart Stand/Paper<br>• Marker<br>• Varieties of clinical skills Learning Guides and Checklists<br>• Anatomic models |

## MODULE TEN

## COMPETENCY-BASED CHECKLIST AND LEARNING GUIDES

## MODULE PRESENTATION

| Learning Objective | Duration | Learning Methodology/Activity |
|---|---|---|
| Introduction.<br><br>Discuss progress in skill area. | 15 minutes (Lecture/ Brainstorming) | The Trainer displays and reviews the learning objectives for this module.<br>The Trainer explains to the participants that:<br>• In the past, deciding whether a participant was competent (qualified) to perform a skill or activity during and, most important, after clinic al training was often extremely difficult.<br>• This was due, in part, to the fact that competency was tied to the completion of a specified number of supervised procedures or activities.<br>• Unfortunately, unless participant performance is objectively measured relative to a predetermined standard, it is difficult to determine competency.<br>• Competency-based skill assessments (learning guides and checklists), which measure clinical skills or other observable behaviours relative to a predetermined standard, have made this task much easier.<br>• While learning guides are used to facilitate learning the steps or tasks (and sequence, if necessary) in performing a particular skill or activity, checklist are used to evaluate |

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| | | performance of the skill or activity objectively.<br><br>The Trainer emphasizes that progress in the skill area is measured with reference to various levels or stages of performance. The three levels of performance in acquiring a new skill are:<br>• Skill Acquisition - This represents the initial phase in learning a new clinical skill or activity. Assistance and coaching are necessary to achieve correct performance of the skill or activity.<br>• Skill Competency - This represents an intermediate phase in learning a new clinical skill or activity. The participant can perform the required steps in the proper sequence (if necessary) but may not progress from step to step efficiently.<br>• Skill Proficiency - This represents the final phase in learning a new clinical skill or activity. The participant efficiently and precisely performs the steps in the proper sequence (if necessary).<br><br>The Trainer expatiates on these levels of skill acquisition and cites examples of tasks that involve psychomotor or skill area, such as:<br>• Counseling a client.<br>• Inserting contraceptive implants.<br>• Inserting a Copper T 380A IUD. |

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| | | • Conducting all infection prevention behaviours, including hand washing, putting on and removing sterile gloves, proper cleansing technique, proper handling of sterile instruments. |
| Explain the use of learning guides and checklist. | 15 minutes | The Trainer informs the participants that:<br>• A learning guide contains the individual steps or tasks in sequence (if necessary) required in performing a skill or activity in a standardized way.<br>• Learning guides are designed to help the participant learn the correct steps and sequence in which they should be performed (skill acquisition), and measure progressive learning in small steps as the participant gains confidence and skill (skill competency).<br>• Learning guides can be used as a self-or peer assessment tool. Examples of how learning guides can be used at different stages of the course are given below.<br><br>The Trainer reiterates that the participant is not expected to perform all the steps or tasks correctly the first time s/he practices them Instead the learning guides are intended to:<br>• Assist the participant in learning the correct steps and sequence in which they should be performed (skill acquisition).<br>• Measure progressive learning in small steps as the participant |

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| | | gains confidence and skill (skill competency).<br>The Trainer emphasizes that this is also contributing to the rapid population growth and poor development of the country.<br><br>The Trainer provides the participants with following information on the use of the learning guides:<br>• Initially, participants can use the learning guides to follow the steps as the clinical trainer role-plays Counseling a client or demonstrates a clinical procedure using anatomic models.<br>• Subsequently, during the classroom sessions in which participants are paired, one "service provider" participant performs the procedure while the other participant uses the learning guide to prompt the "service provider" on each step.<br>• During these session, the clinical trainer(s) can circulate from group to group to monitor how learning is progressing and check to see that the participants are following the steps outlined in the learning guide.<br>• After participants become confident in performing the skill or activity (e.g. inserting an IUD in the pelvic model), they can use the learning guide to rate each other's performance. This exercise can serve as a point of |

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| | | discussion during a clinical conference before participants provide services to clients.<br>• Before the first clinic session, participants again are paired. Here, one "service provider" participant performs the procedure while the other observes and uses the learning guide to remind the "service provider" of any missed steps. During this session, the clinical trainer circulates, coaching the participants as necessary as they perform the procedure.<br><br>The Trainer explains that:<br>• The Checklist generally is derived from a learning guide. Unlike learning guides, which are by necessity quite detailed, competency-based checklists should contain only sufficient detail to permit the clinical trainer to evaluate and record the overall performance of the skill or activity.<br>• If a checklist is too detailed, it can distract the clinical trainer from the primary purpose, which is to observe the overall performance of the participant objectively.<br><br>Using checklists in competency-based clinical training:<br>• Ensures that participants have mastered the clinical skills and activities, first with models and then with clients. |

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| | | • Ensures that all participants will have their skills measured according to the same standard.<br>• Forms the basis for follow up observations and evaluations |
| Discuss the advantages and disadvantages of competency-based skill assessment instruments. | 10 minutes | The Trainer demonstrates the use of one or two of the following learning guides on a task performed on an anatomic model:<br>• Sample of Learning Guide for IUD Insertion Techniques.<br>• Sample of Learning Guide for IUD Counseling Skills.<br>• Sample of Learning Guide for Implant.<br>• (Jadelle) Insertion Techniques.<br>• Sample of Learning Guide for Implant (Implanon® and Implanon NXT™) Insertion Techniques.<br>• Sample of Learning Guide for Implant.<br>• Removal Skills (All Implants). |
| Demonstrate the use of competency based assessment instrument. | 10 minutes | The Trainer informs the participants that:<br>• The single greatest advantage of a competency-based assessment is that it can be used to facilitate learning a wide variety of skills or activities and measure participant behaviour in a realistic job related situation.<br>• Competency-based assessment instruments such as learning guides:<br>  • Focus on a skill that the participant typically would be expected to perform on the job, and<br>  • Break down the skill or activity into the essential |

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| | | steps required to complete the procedure.<br><br>The Trainer emphasizes that using competency-based clinical training:<br>• Ensures that training is based on a standardized procedure.<br>• Standardizes training materials and audiovisual aids.<br>• Forms the basis of classroom or clinical demonstrations as well as participant practice sessions.<br><br>The Trainer informs the participants about the limitations of competency-based skill assessment instruments, which include the following:<br>• It will take and energy first to develop the instruments/tools and then to them to each participant.<br>• An assessment can be applied only by a clinical trainer who is proficient in the clinical procedure or activity being learned.<br>• An adequate number of skilled clinical trainers must be available to conduct the training because competency-based clinical training usually requires a one-on-one relationship. |
| Discuss the care of anatomic models. | 5 minutes | The Trainer demonstrates the care of the pelvic and arm models, emphasizing the guidelines for:<br>• Handling during use.<br>• Dismantling the arm models to retrieve inserted implants or IUDs. |

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| Summary/Evaluation | 5 minutes | The Trainer summarizes the module by stating that:<br>• Providing participants with good Counseling and clinical skills is one of the central purposes of most family planning training courses.<br>• Being able to measure learning progress satisfactorily and evaluate performance objectively are extremely important elements in the process of improving the quality of clinical training.<br>• The checklists can be used to measure a wide variety of participant skills and behaviours in realistic job-related situations.<br><br>The Trainer requests the participants to respond to the following questions:<br>• What are the terms associated with learning?<br>• What is a competency-based training?<br>• State three advantages of using the learning guide during training? |

## MODULE ELEVEN:

## SUPERVISED CLINICAL PRACTICE

Time: 1 hour

### LEARNING OBJECTIVES

**By the end of this session, participants should be able to:**

- Explain the rationale for the use of models during IUD and implant training.
- Discuss the “Client's Rights” during clinical training.
- List the guidelines for clinical observation and practice and decorum in the clinical area.
- Mention “Infection Prevention Reminders”.
- Discuss the guidelines for the daily Post-practice sessions.
- List the guidelines for completing the “Clinical Procedures Record Sheet”.

### SESSION OVERVIEW

- Rationale for the use of models during IUD and implant training.
- “Client's Rights” during clinical training.
- Guidelines for clinical observation and practice, and decorum in the clinical area.
- “Infection Prevention Reminders”.
- Guidelines for the daily Post-practice sessions.
- Guidelines for completing the “Clinical Procedures Record Sheet”.

### METHODS

- Illustrated lecture
- Discussion
- Brainstorming

### MATERIALS

- Flip Chart and Stand
- Markers
- Projector
- Laptop

## SUMMARY

## EVALUATION

## MODULE ELEVEN: SUPERVISED CLINICAL PRACTICE

## MODULE PLAN

| Title | Duration | Objectives | Methods | Materials |
|---|---|---|---|---|
| Clinical Practicum. | 1 hour | • Explain the rationale for the use of models during IUD and implant training.<br>• Discuss the "Client's Rights" during clinical training.<br>• List the guidelines for clinical observation and practice and decorum in the clinical area.<br>• Mention "Infection Prevention Reminders".<br>• Discuss the guidelines for the daily Post-practice sessions.<br>• List the guidelines for completing the "Clinical Procedures Record Sheet". | • Illustrated lecture<br>• Discussion<br>• Brainstorming | • Flip Chart Stand/paper<br>• Markers<br>• Projector<br>• Laptop |

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## MODULE ELEVEN: SUPERVISED CLINICAL PRACTICE

## MODULE PRESENTATION

| Learning Objectives | Duration | Learning Methodology/Activity |
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| Explain the rationale for the use of models during IUD and implant training. | 5 minutes | The Trainer requests the participants to list the rationale for the use of Models during IUD and implant training.<br>He/She notes their responses on the flip chart, and explains the following:<br>• Facilitates learning,<br>• Shortens training time, and<br>• Helps participants to correct mistakes in technique that could hurt the client. |
| Discuss the "Client's Rights" during clinical training. | 15 minutes | The Trainer informs the participants to brainstorm on client's right during clinical training.<br>He clarifies as follows:<br>• Client safety and client satisfaction are the goals of this training in long-acting contraceptive services.<br>• The client's permission must be obtained before any participant observer assists with or performs any services.<br>• Clients who consent to participate in training should be informed in advance that they will receive care from a trainee under the direct supervision of a qualified trainer.<br>• The client should be informed about the role of each individual inside the service area, e.g., supervisors, trainers, participants, service providers.<br>• When conducting Counseling, performing a physical examination or giving services, an environment that protects the client's bodily privacy and |

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| | | confidentiality of speech must be created and maintained.<br>• Communication between the participant and the trainer during feedback encounters or coaching must be discreet. |
| List the guidelines for clinical observation and practice and decorum in the clinical area. | 10 minutes | The Trainer requests the participants to list the guidelines for clinical observation and practice and he notes them on the flip chart.<br>He/She refers them to the Participants reference book and clarifies their responses. |
| Mention "Infection Prevention Reminders". | 10 minutes | The Trainer explains Infection prevention highlights before, during and after the procedure using the participants' reference book.<br><br>He/She offers clarifications. |
| Discuss the guidelines for the daily Post-practice sessions. | 10 minutes | The Trainer discusses the guidelines for the daily post-practice sessions with the participants.<br><br>He/She discusses the following questions with them:<br>• What new learning needs did you have?<br>• What new skill(s) did you learn?<br>• What did not go well?<br>• What do you think would have helped to make the procedures go better?<br>• How could problems, which arose, have been avoided?<br>• What was done to solve the problem?<br>• How did the team members work together?<br>• How could they have worked more effectively? |

| | | |
|---|---|---|
| | | • Are there steps that you want to review before the next clinical practice session?<br><br>• The feedback should highlight the positive aspects and address the mistakes. |
| List the guidelines for completing the "Clinical Procedures Record Sheet". | 5 minutes | The Trainer requests the participants to list the guidelines for completing the "clinical procedures record sheet" and he notes them on the flip chart.<br><br>He clarifies their responses and explains the participants Clinical Service Record Sheet. |
| Summary/Evaluation | 5 minutes | The Trainer reminds the participants that:<br>• This module provides the information and guidelines as to how the model and clinical practice sessions of this training programme will be conducted so that IUDs and implants will be correctly placed and/or removed safely.<br>• The ultimate goal is to provide high quality IUD and implant services both during and after the training programme.<br>• The client's right to confidentiality must be protected.<br>• The priority concerns during clinical observation and practice are the client's comfort and safety and performing an effective procedure.<br><br>He/She requests the participants to provide answers to the following questions: |

| | | |
|---|---|---|
| | | • Why are models used during IUD and Implant training programmes?<br>• Mention the rights of the client during clinical training programme?<br>• Why must decorum be maintained in the clinical area during training?<br>• Mention four “infection prevention reminders” during clinical procedures? |

## POST- PARTUM FAMILY PLANNING (PRE AND POST TEST) ANSWER KEY

Pre and Post test (questions and answers)
**Instructions:** Select the single best answer to each question.
State True or False OR Circle/ Tick your answer.

**A. Anatomy and Physiology of the female reproductive system, and ovulation, menstruation, fertilization/conception**

1. The ultimate stoppage of menstrual cycle is called

a. Puberty
b. Menarche
**c. Menopause**
d. Old age

2. The fertilized egg is called _____

a. Ovum
b. Blastocyst
c. Diploid cell
**d. Zygote**

**B. Postpartum IUD Overview**

3. Postpartum contraception helps couples practice healthy spacing of pregnancies.
**__T___**

4. The most appropriate timing for postpartum IUD insertion is between 48 hours and four weeks postpartum. **_F___**

5. In many developing countries, postpartum women have:
a. BETTER access to family planning services than women who are not postpartum
**b. Worse access to family planning services than women who are not postpartum**
c. No interest in family planning services

6. For health reasons, how long should women wait after delivering a baby before trying to become pregnant again?
a. For at least 1 year

b. **For at least 2 years**
c. Until regular monthly periods have started again

## C. Postpartum Anatomy and Physiology (1 mark /question)

7. The immediate postpartum uterus is a smooth cavity with narrow apposition of the anterior and posterior walls, each of which is 4–5 cm thick. _T____

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

## D. Counseling and Informed Choice (1 mark /question) 3 marks

9. The best time to counsel a client for postpartum family planning is immediately following delivery ___F__

10. Counseling about the use and benefits of a PPIUD *can* be provided:
a. Only during routine antenatal care visits, if the husband has agreed to it.
b. During active labor, so that the IUD can be placed immediately after delivery of the placenta.
**C. During the latent phase labor, if the woman is comfortable.**

## E. Infection Prevention (1 mark /question)

11. Decontamination and cleaning of the table top are necessary at the end of each day, not in between clients. __F___

12. Which of the following IP practices is acceptable?
a. Surgical (metal) instruments that have been decontaminated and thoroughly cleaned can be safely used for insertion of the IUD postpartum.
b. It is not necessary to use an antiseptic when inserting an IUD immediately after delivery because the provider is still wearing sterile gloves.

**c. To minimize the risk of staff contracting hepatitis b or hiv/aids during the cleaning process, instruments used in iud insertion should be soaked first for 10 minutes in 0.5% chorine solution.**

13. If an IUD is still inside an undamaged, sealed package but appears tarnished or discolored, the provider should:

**a. Insert the iud if the package is not beyond the expiration date.**

b. Send the IUD back to the manufacturer.

c. Discard the IUD because it is unsterile.

## F. Client Assessment ( 1 mark /question)

14. Prolonged rupture of membranes or prolonged labor could increase the risk of infection; the provision of an IUD postpartum might need to be postponed. __T___

15. Which of the following is a condition for which PPIUD insertion is considered Category 4 (meaning the method should not be used), according to the World Health Organization's Medical Eligibility Criteria (WHO MEC)?

a. AIDS

**b. Puerperal sepsis**

c. Cesarean section

## G. Postpartum IUD Insertion Techniques ( 1 mark /question)

16. There is the same probability of IUD expulsion after a ringed forceps post placental insertion as after a ringed forceps immediate postpartum insertion. __F___

17. If a woman has had a normal vaginal delivery and an immediate/postplacental IUD insertion is planned:

a. The IUD should be inserted 30 minutes after active management of the third stage of labor is performed

b. **Active management of the third stage of labor should be performed as usual, immediately before the iud is inserted**

c. Active management of the third stage labor should be avoided, if possible, if the woman is having a PPIUD

## H. Post-partum IUD Follow-Up (1 mark/question)

18. Which one of the following is TRUE about IUD strings?

a. The strings should be passed through the cervix into the vagina during intracesarean placement.
b. **The strings should not be visible at the cervix after immediate/postplacental insertion of the iud.**
c. The woman should check for the strings each month to make sure the IUD has not fallen out.

19. If the IUD strings are not visible at the first routine follow-up visit after a postpartum insertion, expulsion has definitely occurred. __F___

**I. Prevention and Management of Side Effects and Complications (1 mark /question)**

20. The risk of expulsion after postpartum IUD insertion is minimal. __F___

21. Sometimes during the first postpartum IUD post insertion visit, the strings may have not yet descended. ___T__

**J. Implant (4 marks/each)**

22. The following are correct regarding counseling on all implants use.
    a. Insertion is painless __F___
    b. Dislocation of the rod is very unlikely___T__
    c. Removal is after 5 years ___F__
    d. Can be done in the consulting room __T___

23. Removal of implants:
    a. Local infiltration is necessary ___T__
    b. Can be done only during menstruation. ___F__
    c. Counseling is not mandatory. ___F__
    d. Can be done with a new razor blade where scalpel is in short supply. __F___

**K. CLMS (1 mark /question)**

24. Which of the following is good storage practice

a. **Store medical supplies away from insecticides, chemicals, old files, office supplies, and other materials**
b. Clean and disinfect store room only when products are issued or received.
c. Store commodities beside the window, directly on the ground and under direct sunlight
d. Store supplies in a manner accessible for first-in first-out (FIFO)

25. Which of the following is **NOT** a contraceptives logistics management system (CLMS) tool

a. Daily consumption record (DCR)
b. Request, Issue and Receipt Form (RIRF)
c. Inventory control card (ICC)/ Tally card
**d. Family Planning (FP) register**