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Intrauterine Devices (IUDs)
Second Edition

Trainer’s Guide

Cathy Solter

Pathfinder International, Watertown MA
February, 2008
Acknowledgements

The development of Pathfinder International’s training curriculum is an ongoing process and the result of collaboration between many individuals and organizations. The development process of this curriculum began with the privately-funded Reproductive Health Projects (RHPs) in Viet Nam. This manual is based on the adaptation of the Family Planning Course Modules, produced by the Indian Medical Association in collaboration with Development Associates, Inc. Parts of this curriculum are adapted from the work of: IPAS, for Manual Vacuum Aspiration, Postpartum/Postabortion Contraception; JHPIEGO for Infection Prevention, Reproductive Tract Infections; Family Health International (FHI) for Postpartum/Postabortion Contraception; Georgetown University for Lactational Amenorrhea Method; and EngenderHealth (AVSC International) for Client’s Rights, Counseling, and Voluntary Surgical Contraception.

This and other Pathfinder training modules were used to train service providers in 1995 under this cooperative project which included Pathfinder International, IPAS, AVSC International, and the Vietnamese Ministry of Health. Individual modules were used to train service providers in: Bolivia, Nigeria (DMPA); Angola, Azerbaijan, Bolivia, Haiti, Kenya, Mozambique, Peru, Tanzania, and Uganda (Infection Prevention); Azerbaijan, Bolivia, Kazakhstan, and Peru (Counseling); Jordan (IUD); Bangladesh, Bolivia, Kazakhstan, and Peru (Training of Trainers) Ecuador, Kenya, and Peru (ECP); Jordan (PoPs & CoCs), Bangladesh, Bolivia, Egypt, Haiti, Peru, Tanzania Uganda (Postabortion Care) and Botswana, Ghana, India, Tanzania and Uganda (Reproductive Health Services for Adolescents). The entire curriculum has been used as the basis for the Ministry of Health’s comprehensive reproductive health curriculum in both Azerbaijan and Ethiopia. Feedback from these trainings has been incorporated into the training curriculum to improve its content, training methodologies, and ease of use.

With the help of colleagues at Pathfinder International, this curriculum has been improved, expanded, and updated to its present form. For the original 1997 module, thanks are due to: Douglas Huber and Betty Farrell, who provided technical support and input; Penelope Riseborough, who provided technical editing and guidance on printing and publication; Tim Rollins and Erin Majernik, who designed, formatted, and edited the document, and coordinated the process; Anne Read, who designed the cover; and Melissa Nussbaum, who entered hundreds of corrections and reproduced numerous corrected pages. Thanks for current research, editing and formatting go to Mary Burket, Margot Kane, Shannon Pryor, and Caitlin Deschenes-Desmond.

Special thanks to the many staff from the Reproductive Health Projects in Viet Nam who have helped with the development of the modules over the years and especially to Dr. Türkiz Gökgöl who was instrumental in the design and development of the project and to Pathfinder’s former Country Representatives in Viet Nam, Kate Bourne and Joellen Lambiotte, and current Country Representative, Laura Wedeen.
Many colleagues in the field of reproductive health reviewed either this revised module or the original and provided invaluable comments and suggestions. These reviewers included:

Faiza Alieva, Baku Family Planning Center, Azerbaijan
May Hani Al-Hadidi, Ministry of Health, Jordan
Abdul Fattah A. Al-Zoubi, Ministry of Health, Jordan
Abdulhafez Awad, Royal Medical Services, Jordanian Army
Traci Baird, Ipas
Kate Bourne, Pathfinder International/Viet Nam
Ellen Eiseman, Pathfinder International
Khalil K. El-Barbarawi, Ministry of Health, Jordan
Nasser Mahmoud El Kholy, Pathfinder International/Egypt
Rob Gringle, International Projects Assistance Services (IPAS)
Zemfira Guseinova, Ministry of Health, Azerbaijan
Lina Halboni, Ministry of Health, Jordan
Bob Hatcher, Consultant to Pathfinder International, Jordan
Laila Jafari, Pathfinder International/Jordan
Laila Kerimova, Medical University of Azerbaijan
Suporn Koetsawong, Mahidol University, Thailand
Enriquito R. Lu, JHPIEGO
Kamil Melikov, Pathfinder International, Azerbaijan
Juilette Mirbakirovna, Medical University of Azerbaijan
John Naponick, AVSC/Engender Health
Fatheih Qtaishat, Ministry of Health, Jordan
Mohammad Said Rawabdeh, Ministry of Health, Jordan
Roberto Rivera, Family Health International
Izzet Shamkolova, Medical University of Azerbaijan
Rick Sullivan, Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO)
Zemfira Topcubasova, Medical University of Azerbaijan
Din Themy, Ministry of Health, Viet Nam
Duong Thi Cuong, Ministry of Health, Viet Nam
Jamie Uhrig, Consultant to Pathfinder International/Viet Nam
Irina Yacobson, Family Health International
Graciela Salvador-Davila, Pathfinder International
Special thanks are due to Suellen Miller, who used her expertise as a clinical trainer to significantly improve the module through editing and the addition of training exercises, new methodologies, and material, and to Bob Hatcher for using this module in its earlier form and for his valuable input.

Special thanks also to the trainers in Jordan for improvements to the pre- and post-tests.

Many thanks to members of the IUD Subcommittee of USAID’s Maximizing Access and Quality Initiative who provided input for the revision of this module. The IUD Subcommittee worked for many months to compile, document, and promote evidence-based practices related to the IUD. Their work culminated in the development of the IUD Toolkit. The toolkit provides comprehensive, standardized, scientifically accurate, and evidence-based information on the IUD. It can be found at http://www.maqweb.org/iudtoolkit.
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Purpose

This training manual was developed for use in training physicians, nurses, and midwives. It is designed to actively involve the participants in the learning process. Sessions include simulation skills practice, discussions, case studies, role plays and clinical practice, using objective knowledge, attitude, and skills checklists.

At the end of this course, the participant will be able to describe the IUD as an effective family planning method, counsel and screen clients seeking IUDs, respond to rumors and misconceptions about the IUD, provide insertion and removal services for IUD clients, recognize common side effects and complications, and provide follow up care for IUD acceptors.

The manual includes a set of knowledge assessment questions, skills checklists, trainer resources, participant materials, training evaluation tools, and a bibliography.

Suggestions for Use

The manual is designed to provide flexibility in planning, conducting, and evaluating the training course. The curriculum is designed to allow trainers to formulate their own training schedule, based on results from training needs assessments. The manual can be adapted for different cultures by reviewing case studies and using only the ones that are appropriate. Additional case studies can be devised based on local statistics, cultural practices, social traditions, and local health issues.

The curriculum can also be lengthened or shortened depending on the level of training and expertise of the participants. The timing of each exercise assumes that there will be no more than 20 participants. To foster changes in behavior, learning experiences must be in the areas of knowledge, attitudes, and skills. For each session, the overall objective, general objective, and specific objectives are presented in terms of achievable changes in these three areas. Training references and resource materials for trainers and participants are identified.

This module is divided into two volumes, a Trainer’s Guide and Participant’s Guide. The Trainer’s Guide contains the main portion as well as a Trainer’s Tools section, which contains transparencies, options for ice breakers, and Pre- and Post-Test answer keys.

The Trainer’s Guide presents the information in two columns:
1. Content: This column contains the necessary technical information.
2. **Methodology:** This column contains the training methodology (lecture, role play, discussion, etc.) by which the information should be conveyed and the time required to complete each activity.

The *Trainer’s Guide* is divided into two units. Unit 1 provides the latest technical information about the IUD. Unit 2 covers the clinical procedure. A training design section is included at the beginning of each unit. It includes the following: an introduction to the unit, the unit training objectives, specific learning objectives, a simulated skills practicum section, clinical practicum objectives, the training/learning methodology, training materials, resource requirements, evaluation methods, time required, and what materials need to be prepared in advance.

The *Participant’s Manual* is also divided into two units and contains:

- Participant Handouts
- Pre- and Post-Tests (Participant Copy)
- Participant Evaluation Form

The *Participant Handouts* are referred to in the Methodology sections of the curriculum and include a number of different materials and exercises, ranging from recapitulations of the technical information from the content of the module, to role play descriptions, skills checklists, and case studies.

The *Participant Handouts* should be photocopied for the trainees and distributed to them in a folder or binder to ensure that they are kept together as a technical resource after the training course has ended. Transparency masters have been prepared where called for in the text. These should be copied onto clear overhead sheets for display during the training sessions. The Participant Evaluation form should also be copied to receive the trainees’ feedback in order to improve future training courses. The Methodology section is a resource for trainers for the effective use of demonstration/return demonstration in training.

To ensure appropriate application of learning from the classroom setting to clinical practice, clinical practicum sessions are an important part of this training. Refer to Pathfinder’s *Infection Prevention* training module for thorough information on necessary infection prevention procedures.
For consistency in the philosophy of client’s rights, the following should be shared with participants, in preparation for their clinical practicum experiences:

**Informed Choice**

Informed choice is allowing a client to freely make a thought-out decision about family planning, based on accurate, useful information. Counseling provides information to support the client in making informed choices.

“**Informed**” means that:

- **Clients have the clear, accurate, and specific information that they need to make their own reproductive health choices.** Service providers should provide the information on each available and appropriate method of family planning and help clients use the method effectively and safely.

- **Clients understand their own needs.** They have thought about their own situation and service providers can support them in matching methods of family planning to their own needs.

“**Choice**” means that:

- **Clients have a range of family planning methods to choose from.** Programs should offer a variety of different methods to suit people’s different needs. If a method is not available at a particular center, clients should be referred to the nearest facility providing the service.

- **Clients make their own decisions.** Clients always select from the available methods for which they are medically eligible. Service providers should not pressure clients to make a certain choice or to use a certain method.

**Client’s Rights During Clinical Training**

The rights of the client to privacy and confidentiality should be considered at all times during a clinical training course. When a client is undergoing a physical examination it should be carried out in an environment in which her or his right to bodily privacy is respected. When receiving counseling, undergoing a physical examination, or receiving surgical contraceptive services, the client should be informed about the role of each individual inside the room (e.g., service provider, individuals undergoing training, supervisors, instructors, researchers, etc.).

The client’s permission must be obtained before having a clinician-in-training observe, assist with, or perform any services. **The client should understand that she or he has the right to refuse care from a clinician-in-training/participant.** Furthermore, a client’s care should not be rescheduled or denied if s/he does not permit a clinician-in-training to be present or provide services. In such cases, the clinical trainer or other staff member should perform the procedure. Finally, the clinical trainer should be present during any client contact in a training situation.
Clinical trainers must be discreet in how coaching and feedback are given during training with clients. Corrective feedback in a client situation should be limited to errors that could harm or cause discomfort to the client. Excessive negative feedback can create anxiety for both the client and clinician-in-training.

The confidentiality of any client information obtained during counseling, history-taking, physical examinations or procedures must be strictly observed. Clients should be reassured of this confidentiality. It can be difficult to maintain strict client confidentiality in a training situation when specific cases are used in learning exercises such as case studies and clinical conferences. Such discussions always should take place in a private area, out of hearing of other staff and clients, and be conducted without reference to the client by name (AVSC, “Tips for Trainers-8,” September 1994; NSV Trainer’s Manual).

Clients should be chosen carefully to ensure that they are appropriate to participate in clinical training. For example, until participants are proficient in performing the procedure, they should not practice with “difficult” clients. Clients have the right to comfort during clinical training. They have the right to feel comfortable during the time they are receiving services. It is the responsibility of clinical trainers to ensure that clinicians-in-training do not cause additional discomfort.

**Demonstration Technique**

The Five-Step Method of Demonstration and Return Demonstration is a training technique useful in the transfer of skills. The technique is used to ensure participants become competent in certain skills. It can be used to develop skills in cleaning soiled instruments, high-level disinfection, IUD insertion, pill dispensing, performing a general physical examination, performing a breast or pelvic examination, etc. In short, it can be used for any skill which requires a demonstration. The following are the five steps:

1. **Overall Picture:** Provide participants with an overall picture of the skill you are helping them develop and a skills checklist. The overall picture should include why the skill is necessary, who needs to develop the skill, how the skill is to be performed, etc. Explain to the participants that these necessary skills are to be performed according to the steps in the skills checklist on models in the classroom. The skills should be practiced until participants become proficient in each skill and before they perform them in a clinical situation.

2. **Trainer Demonstration:** The trainer should demonstrate the skill while giving verbal instructions. If an anatomical model is used, a participant or cotrainer should sit at the head of the model and play the role of the client. The trainer should explain the procedure and talk to the role playing participant as she or he would to a real client.

3. **Trainer/Participant Talk-Through:** The trainer performs the procedure again while the participant verbally repeats the step-by-step procedure. **Note:** The trainer does not demonstrate
the wrong procedure at any time. The remaining participants observe the learning participant and ask questions.

4. **Participant Talk-Through:** The participant performs the procedure while verbalizing the step-by-step procedure. The trainer observes and listens, making corrections when necessary. Other participants in the group observe, listen, and ask questions.

5. **Guided Practice:** In this final step, participants are asked to form pairs. Each participant practices the demonstration with her or his partner. One partner performs the demonstration and talks through the procedure while the other partner observes and critiques using the skills checklist. The partners should exchange roles until both feel competent. When both partners feel competent, they should perform the procedure and talk-through for the trainer, who will assess their performance using the skills checklist.

**Guide To Symbols**

References to participant handouts, transparencies, and trainer’s tools occur as both text and symbols in the Methodology section. The symbols have number designations that refer to specific objectives and the sequence within the specific objectives. Handouts, transparencies, and trainer’s tools are arranged in chronological order and correspond to the numbered symbols in the Methodology section.
Dos and Don’ts of Training

The following “dos and don’ts” should ALWAYS be kept in mind by the trainer during any learning session.

**DOS**

- *Do* maintain good eye contact.
- *Do* prepare in advance.
- *Do* involve participants.
- *Do* use visual aids.
- *Do* speak clearly.
- *Do* speak loudly enough.
- *Do* encourage questions.
- *Do* recap at the end of each session.
- *Do* bridge one topic to the next.
- *Do* encourage participation.
- *Do* write clearly and boldly.
- *Do* summarize.
- *Do* use logical sequencing of topics.
- *Do* use good time management.
- *Do* K.I.S. (Keep It Simple).
- *Do* give feedback.
- *Do* position visuals so everyone can see them.
- *Do* avoid distracting mannerisms and distractions in the room.
- *Do* be aware of the participants’ body language.
- *Do* keep the group on focused on the task.
- *Do* provide clear instructions.
- *Do* check to see if your instructions are understood.
- *Do* evaluate as you go.
- *Do* be patient.

**DON’TS**

- *Don’t* talk to the flip chart.
- *Don’t* block the visual aids.
- *Don’t* stand in one spot—move around the room.
- *Don’t* ignore the participants’ comments and feedback (verbal and nonverbal).
- *Don’t* read from curriculum.
- *Don’t* shout at participants.
Introduction to Training

Introduce the trainers and participants to each other.

**CONTENT**

[Introducing Trainers and Participants]

[Introduction (30 min.):]

*Note to trainer: If this module is part of a comprehensive course you may skip most of the introduction and go straight to the objective of the course.*

The trainer should:

* Greet Participants (Px) and introduce herself/himself.
* Use *Options for Ice Breakers* found in the Trainer’s Tools at the back of this manual to choose an exercise to introduce trainers and Px to each other.

**Norms and housekeeping (15 min.)**

The trainer should:

Ask Px to brainstorm norms for the course. These should include times for breaks and lunch and starting and ending times. Write a list of norms like respecting others’ opinions, active participation, etc.

Divide Px into 5 small groups. Assign each group to be responsible for one day of the training. Explain that on the day they are responsible, they will be expected to get Px back from breaks and lunch on time, collect feedback from Px and meet with trainers at the end of the day to review progress and make suggestions for improvement, prepare
energizers for after lunch, conduct the “Where are We” exercise at the beginning of the day, conduct the “Reflections” exercise at the end of the day, and other responsibilities the group suggests.
Provide suggestions for effective participation in the IUD course.

**CONTENT:**

**Suggestions for making training more effective**

**METHODOLOGY:**

**Brainstorming (10 min.):**

The trainer should:

- Draw a line down the middle of a flip chart. Label the left-hand column “trainer.” Ask Px what a trainer might do to make the training a poor experience for Px. Suggestions might include things like lecturing too much, not giving enough breaks, etc.

- Label the right-hand column “Participants” and ask Px what things that might do that would contribute to making the training a poor training experience. Suggestions might include things like answering cell phone calls, dominating discussions, or not participating in discussions.

- Review what might be done by both the trainer and the Px to make the training experience a good one.

- Review suggestions for effective participation, if these have not been covered. *Px Handout 1.0.1: Suggestions for Effective Participation.*

- Record these on a flip chart.

- Ask Px for their expectations of the course and record these on a flip chart.
Review the exercises “Where Are We?” and “Reflections.”

CONTENT:

Where Are We?

Starting each day with “Where are We?” is our opportunity to share insights, clarify issues, resolve problems, and review important material so that each of us can get the most out of the course and each day’s experiences.

Problems identified during the “Where Are We?” session should be resolved before continuing (whenever possible), since unresolved issues may hinder the learning process for the Px.

METHODOLOGY:

Trainer Presentation (15 min.):

The trainer should:

▶ Explain that the training should be interactive and responsive to the needs of the group. Review what went well or didn’t go well at the end of each day in an exercise called “Reflections.” Also, to make sure we are on track, we use an exercise called “Where are We?”

▶ Explain the “Where are We?” exercise. Each morning one Px from the housekeeping team will review the highlights from the day before. This is an opportunity to share insights, clarify issues, resolve problems, or review important material. Problems will be resolved before continuing.

▶ Provide each Px with 2 pieces of different colored paper. On one, Px write which topic they found most useful from the previous day and how they will apply it to their work. On the other piece they should write a question or concept from the previous day that needs clarification.

▶ Process the exercise by reviewing and grouping the topics Px found most useful and by answering questions raised or clarifying areas of confusion.

▶ Explain that “Where Are We?” will be a regular feature of the beginning of each day during the training session. (See Px Handout 1.0.2: Exercises “Where are We?” and “Reflections.”)
Reflections
At the end of each day, take time to look over what we have done to

✧ Examine what it means to us individually, and
✧ Explore how what we have learned can be applied in a broader setting.

Be sure to close each day’s activities with a session of “Reflections” on the day.

Make a note of the Px and trainers’ feedback, and attempt to address ideas and concerns during the discussion and during the following days’ lesson plans.

Trainer Presentation (15 min.):
The trainer should:
✧ Review how the “Reflections” activity will be performed.
✧ Explain that there are many ways to conduct this exercise.
✧ Pass out 2 colored cards to be completed anonymously.
✧ On card 1 Px write what they liked about the day and what went well.
✧ On card 2 Px write things they did not like and that they hope will improve.
✧ The housekeeping team and the training team will review the results. The trainer will announce the results the following day and will explain how the training team responded to the suggestions.
✧ Explain that in addition to the “Reflections” exercise, Px should bring problems or concerns to the attention of the housekeeping team for discussion with the training team at the end of the day.
Trainer Presentation

**CONTENT:**

1. **Trainer Presentation**

2. **Trainer Presentation and Questions/Answers (10 min.):**

   The trainer should:
   
   ✤ Briefly review objectives as shown in *Transparency 1.1: Unit One Objectives.* Elicit and respond to questions.
   
   ✤ Explain differences between Units 1 and 2:
     
     ✤ Unit 1 emphasizes technical update, counseling, client screening/selection, referral, and follow up management (i.e., no IUD insertion skills are covered in Unit 1).
     
     ✤ Unit 2 builds on Unit 1 and provides skills training for provision of full IUD services.
   
   ✤ Explain the purpose of and then administer the pretest for Unit 1. *Handout 1.0.3: Unit 1 Pretest.*

(Allow 30 minutes for the pretest.)
UNIT 1: An Overview of the IUD

Introduction:
Unit 1 is the theoretical portion of the module. It provides the participant with the latest technical information about the IUD and prepares the participant to be able to explain the IUD as a safe and effective method of contraception.

Unit Training Objective:
To prepare participants to describe the IUD as an effective contraceptive method and counsel, screen, and select, or refer for insertion or removal.

Specific Learning Objectives:
By the end of the unit, participants will be able to
1. Explain key messages related to the IUD as a safe and effective contraceptive method;
2. Describe the types of IUDs available, the mechanism of action, and effectiveness of the IUD;
3. Explain major advantages and disadvantages of the IUD;
4. Describe indications for using the IUD and rationale for each;
5. Identify eligibility criteria for initiating use of the IUD, and explain rationale for each;
6. Respond to rumors and misconceptions about the IUD, raised by clients or service providers;
7. Describe the six key steps of the counseling process using an approach called RESPECT;
8. Screen a potential client for IUD insertion, using an assessment checklist;
9. Discuss when to insert and remove an IUD;
10. Describe IUD insertion and removal procedures to clients; and
11. Recognize IUD side effects and warning signs of complications.

Simulated Skill Practice:
- Discuss and solve IUD case studies related to client selection, screening, and management of common side effects and complications.
- Through role-play exercises using counseling and history checklists, demonstrate method specific counseling of a client, including pre- and post-insertion counseling and instructions, client screening and selection, and counseling when managing a client with common side effects and complications.

Clinical Practicum Objectives:
During the clinical practicum, participants will be able to:
- Counsel potential IUD clients using the IUD counseling skills checklist, including pre- and
post-insertion and follow up counseling;

- Screen potential IUD clients using the History Checklist for IUD Users;
- Manage IUD clients experiencing common side effects or other problems, and refer if necessary; and
- Document counseling services and other pertinent information on IUD clients seen in the clinic.

Note: No minimum number of clients is specified for certification. The number will vary, and the practicum will be considered complete when the trainer and participant are satisfied that the participant is competent.

Training/Learning Methodology:

- Trainer presentations
- Class discussions
- Required reading
- Case studies
- Case history checklist for IUD users
- Learning guide for IUD counseling
- Counseling role-plays
- Clinical practicum

Resource Requirements:

- Hand-held IUD models
- IUD samples
- Flip chart
- Marking pens
- Masking tape
- Overhead projector
- Large picture of female pelvic organs (or Transparency 1.2: Female Pelvic Organs)
- Large picture of female pelvic organs with IUD in place (or Transparency 1.3: Female Pelvic Organs with IUD)
- Life-size pelvic models
- Hand-held uterine models
Evaluation Methods:

- Pre- and Post-Test
- Observation and assessment of participant during role-play, utilizing *Learning Guide for IUD Counseling Skills*
- Observation and assessment of participant during clinical practicum, utilizing *Checklist for IUD Counseling and Clinical Skills*
- Trainer administered examination
- Verbal feedback
- Participant reaction questionnaire

Time Required (assuming there are no more than 20 participants):

<table>
<thead>
<tr>
<th>Specific Objective</th>
<th>Topics</th>
<th>Time Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>Introducing participants, tips for effective participation, expectations, unit objectives, Pretest Unit 1</td>
<td>2 hours 5 min.</td>
</tr>
<tr>
<td>1</td>
<td>Key messages related to the Intrauterine Device (IUD)</td>
<td>15 min.</td>
</tr>
<tr>
<td>2</td>
<td>Type of IUDs, mechanism of action, effectiveness</td>
<td>20 min</td>
</tr>
<tr>
<td>3</td>
<td>Advantages and disadvantages of the IUD</td>
<td>30 min.</td>
</tr>
<tr>
<td>4</td>
<td>Indications for Using the IUD</td>
<td>20 min.</td>
</tr>
<tr>
<td>5</td>
<td>Eligibility criteria for initiating the use of the IUD</td>
<td>30 min.</td>
</tr>
<tr>
<td>6</td>
<td>Counteracting rumors and misconceptions about the IUD</td>
<td>1 hour</td>
</tr>
<tr>
<td>7</td>
<td>Key steps in the counseling process</td>
<td>45 min.</td>
</tr>
<tr>
<td>8</td>
<td>Client assessment and screening</td>
<td>1 hour</td>
</tr>
<tr>
<td>9</td>
<td>Timing for IUD insertion and removal</td>
<td>30 min.</td>
</tr>
<tr>
<td>10</td>
<td>Describing IUD insertion to clients</td>
<td>15 min</td>
</tr>
<tr>
<td>11</td>
<td>IUD side effects and warning signs of complications</td>
<td>1 hour 20 min.</td>
</tr>
<tr>
<td></td>
<td>Post-Test</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total Time Required for Unit 1</strong></td>
<td><strong>9 hours 5 min.</strong></td>
</tr>
</tbody>
</table>
Materials for Trainers to Prepare in Advance

1. Unit 1 Transparencies

2. Participant Handouts

3. Samples of IUDs, pelvic models, and uterine models

4. Prepare flip charts on:
   ▶ Key messages
   ▶ Times for IUD insertion
UNIT 1: An Overview of the IUD

Specific Objective #1: Explain key messages related to the IUD as a safe and effective contraceptive method.

**CONTENT**

- **Key Messages**

1. The IUD is a safe, easy to use, reversible, effective long-term method of contraception.

2. IUD users are very satisfied with their IUD. However, the IUD affects menses, which may be a problem for some women.

3. Careful screening and counseling are essential for successful use of an IUD. *(Note: The provider must know if the client should not use the IUD. The client must know how the IUD works, what the side effects might be, and the signs of possible complications. If the client chooses, the provider should show the client how to check for the IUD’s strings.)*

4. IUDs can be safely used by breastfeeding women. *(The IUD does not affect breastfeeding.)*

5. IUDs are safe, even for women at risk of Sexually Transmitted Infections (STIs) and HIV or women with STIs other than gonorrhea and Chlamydia. An IUD should not be inserted if a woman has purulent cervicitis, Chlamydia infection, gonorrhea, or is at high risk for either.

**METHODOLOGY**

- **Trainer Presentation (15 min.):**

  The trainer should:
  - Prepare a flip chart in advance with key messages.
  - Explain that these messages relate to the major concepts to be covered in the module.
  - Ask Px to offer rationale for each as presented.
  - Clarify or elaborate as needed.

  *(See Px Handout 1.1.1: Key Messages.)*

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**Pathfinder**

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INTRAUTERINE DEVICES (IUDs)
6. IUDs are safe for AIDS clients controlled with antiretroviral therapy.

7. IUDs can be a good choice for women with Combined Oral Contraceptive (COC) precautions. (The IUD does not affect blood pressure, cause headaches, or affect the rest of the body.)

8. IUDs can remain in from 5 to 12 years. The TCu 380A IUD can be used for 12 years.

9. Good infection prevention practices are necessary.
Specific Objective #2: Describe the types of IUD available, and mechanism of action and effectiveness of the IUD.

**CONTENT:**

**Types of IUDs available**

There are two types of IUDs: medicated (hormone releasing) or unmedicated (inert). The inert IUDs include copper-containing devices in a range of shapes and sizes and a non-medicated polyethylene device.

The hormone-releasing IUDs either release progesterone or levonorgestrel. Almost all IUDs have 1 or 2 strings hanging from them. The Copper-T380A (TCu 380A) is widely available around the world. This training module focuses on the Copper-T380A.

**Copper T 380A (TCu 380A)**

More than 25 million TCu 380A IUDs have been distributed in 70 countries throughout the world. It is made of polyethylene with barium sulphate (for X rays). The TCu 380A is T shaped, with 314 mm of copper wire wound around the vertical stem. Each of the 2 arms of the T has a sleeve of copper measuring 33 mm. The bottom has a clear knotted string, creating a double string effect. The TCu 380A is inserted into the cavity of the uterus by pulling the outer barrel over the plunger (withdrawal technique). It has a life span of 12 years, and the pregnancy rate is less than 1 per 100 women years.

**METHODOLOGY:**

**Trainer Presentation and Discussion (20 min.):**

The trainer should:

- Display *Transparencies 1.2: Female Pelvic Organs* and *1.3: Female Pelvic Organs with IUD*, which show the female pelvic organs and the pelvic organs with a TCu 380A in place, respectively.
- Distribute sample IUDs to Px to examine.
- Briefly review characteristics of the TCu 380A.
- Encourage discussion and questions.
- Ask Px to explain the mechanism of action of copper-bearing IUDs.
- Clarify and elaborate as needed.

(See Px Handout 1.2.1: *The IUD as a Method.*)

**Question/Answer (10 min.):**

The trainer should:

- Ask Px what they know about IUDs.
- Correct any misunderstandings immediately. For example, many people have heard that the IUD causes an abortion. This is not so, the IUD stops fertilization (conception) from taking place.
Mechanism of Action
The copper-bearing IUDs’ principal mechanism of action is to prevent fertilization by affecting sperm motility and ova development. Research has shown that sperm counts found in cervical mucus and uterine tube are much lower in women using copper-containing IUDs. In addition to its primary mechanism of action on the sperm, the copper-containing IUD also produces an inflammatory environment in the endometrium. There are 2 types of studies that substantiate this mechanism of action: assays for Human Chorionic Gonadotropin (hCG) levels and evaluations of washings from the vagina and cervix. In one study, the serum hCG levels of 30 IUD users were monitored for 30 months; there were no changes in these levels, meaning that there were no signs of early pregnancy. In another study, researchers studied women who were undergoing sterilization in the middle of their menstrual cycle. The women’s fallopian tubes were flushed and the fluid was examined to look for sperm and fertilized eggs. Eggs were recovered in one-half of the women not using contraception. In women using IUDs, no fertilized, normally-dividing eggs were recovered. IUDs that contain progesterone also cause thickening of cervical mucus, which stops the sperm from entering the uterus. IUDs are not abortifacients.

Effectiveness
The IUD is a highly effective form of long-term, reversible contraception, with an associated failure (pregnancy) rate of
Intrauterine Devices (IUDs)

less than 1% (0.8%) in the first year of use (Trussell 2004). In a long-term, international study sponsored by the WHO, the average annual failure rate was 0.4% or less, and the average cumulative failure rate over the course of 12 years was 2.2%, which is comparable to that of tubal sterilization (United Nations Development Programme et al. 1997). Service providers can tell their family planning clients that the IUD is the most effective, reversible contraceptive currently available.

Continuation Rates and Client Satisfaction

Continuation rates are also high in IUD users—higher than those of most other reversible methods. Large trials conducted in many developing countries show that approximately 70% to 90% of women are still using their IUDs one year after insertion.

*Note:* Continuation rates are not effectiveness rates, but do represent user satisfaction with the method.
Specific Objective #3: Explain the major advantages and disadvantages of the IUD.

CONTENT:

Advantages and Health Benefits

- Highly effective
- Safe for most women
- Reversible and economical
- May be used by lactating and postpartum women
- Good choice for women with COC precautions
- Long duration of use (up to 12 years for TCu 380A)
- One visit for insertion, and minimal follow up required after first 3 to 6 week check-up (unless client has problems)
- Nothing required during sexual intercourse; allows the client privacy and control over her fertility
- Does not interact with medications
- Can be removed at any time
- May have a protective effect against endometrial cancer, and possibly cervical cancer.

Disadvantages and Health Risks

- Does not protect against STIs/HIV
- Pelvic Inflammatory Disease (PID) may occur if the woman has Chlamydia or gonorrhea at the time of IUD insertion.
- May expose client to infection

METHODOLOGY:

Brainstorming (30 min.):

The trainer should:

- Have Px cite advantages and disadvantages.
- List on a flip chart as identified. Add to list as needed.
- Ask Px to explain rationale for selected advantages and disadvantages (i.e., Why is the IUD suitable for a lactating woman? What method does protect from STIs? Why is ectopic pregnancy a disadvantage?).
- Elaborate on advantages and disadvantages as needed and correct any misconceptions immediately.
- Know the cost of IUDs in-country, in case this question is asked.

(See Px Handout 1.3.1: Advantages and Disadvantages.)
Intrauterine Devices (IUDs)

During insertion (The risk is minimal with good infection prevention procedures.)

- Trained provider dependent
- Some pain, cramping, minor bleeding on insertion
- Heavier/longer menstrual periods, increased cramping, and bleeding/spotting fairly common in some women during the first three months
- May contribute to anemia if a woman already has low iron blood stores before insertion and the IUD causes heavier monthly bleeding
- Rarely, the wall of the uterus may be punctured during IUD insertion. Unless severe, this usually heals without treatment.
- Serious complications require immediate attention and good back up services.

**Note:** IUDs do not increase the risk of ectopic pregnancy. A WHO multicenter study found that IUD users are 50% less likely to experience an ectopic pregnancy than women using no contraception. However, in the unlikely event of pregnancy in an IUD user, that pregnancy is more likely to be ectopic than would be a pregnancy in a non-user. Still, pregnancy for an IUD user is far more likely to be normal than ectopic: only an estimated 1 in every 13 to 16 pregnancies, or 6% to 8%, is ectopic.
Specific Objective #4: Describe indications for using the IUD and the rationale for each.

**CONTENT:**

**Appropriate Users of IUDs**

IUDs are an appropriate choice for a client who

- Is not pregnant and wants an effective form of contraception;
- Has a healthy reproductive tract, no signs of gonorrhea or Chlamydia, cancer, or reproductive tract abnormalities;
- Is young and nulliparous (only after thorough consideration—infection during insertion should be carefully ruled-out);
- Has completed childbearing and does not want voluntary surgical contraception (IUDs are highly suitable for older women until menopause);
- Wants a long term, easily reversible method (IUDs have an excellent rate of return to fertility);
- Wants an effective method, but precaution(s) exist for hormonal methods such as COCs (IUDs have little or no effect on body systems other than the reproductive tract);
- Is breastfeeding (IUDs do not affect lactation);
- Is immediately postpartum (IUDs may be inserted immediately after the delivery of placenta or within first 48 hours postpartum. This

**METHODOLOGY:**

**Group Discussion (20 min.):**

The trainer should:

- Review and discuss each indication and its rationale with Px.
- Trainer should ask Px:
  - What do you need to know about a woman before you give her an IUD?
  - Why do you need to know this?
  - Can nulliparous women receive IUDs?
  - Should young nulliparous women receive IUDs?
- Let the Px come up with both the information and why it is important.

(See Px Handout 1.4.1: Indications for Using the IUD.)
procedure requires a specially-trained provider.;

- Has successfully used an IUD in the past (users with positive past experience tend to tolerate IUDs well);
- Is in a mutually faithful sexual relationship (IUDs are appropriate for women who are at no or low risk for STIs/HIV. IUD insertion in the presence of gonorrhea or Chlamydia may increase risk for PID, which can lead to chronic pain, ectopic pregnancy, and infertility); and
- An IUD is a safe method even for women who do hard physical work.

**Women can begin using IUDs**

- Without STI testing,
- Without an HIV test,
- Without any blood tests or other routing laboratory tests,
- Without cervical cancer screening, and
- Without a breast examination.

**Summary**

The crucial elements of safe IUD use are

- The client is not pregnant,
- A careful screening and assessment of STI/HIV risk has been given,
- The provider is competent in IUD insertion and infection prevention practices,
- Reliable back up services are available, and
- Careful and complete client counseling has been provided.
Specific Objective #5: Identify eligibility criteria for initiating use of the IUD, and explain the rationale for each.

CONTENT:

The World Health Organization (WHO) first issued guidance for health care providers to assist them in determining who can use the different types of contraceptives. The guidelines came to be known as the WHO Medical Eligibility Criteria and were revised in 2000, 2003, and 2004.

The conditions affecting eligibility for the use of each contraceptive method were classified under one of the following four categories:

- Category 1 means no restrictions.
- Category 2 implies a condition where the benefits of using the method generally outweigh the theoretical or proven risks.
- Category 3 means the risks usually outweigh the benefits.
- Category 4 indicates an unacceptable health risk.

WHO has recommended that where the technical resources necessary for making advanced diagnosis is limited, the four-category classification framework can be simplified into two categories:

- Yes (use the method)
- No (do not use the method)

METHODOLOGY:

Lecture (30 min.):

Give a mini-lecture on conditions that affect eligibility for the use of IUDs and the rationale for each.

See Px Handout 1.5.1: Eligibility Criteria.
In most facilities where Pathfinder works, the technology is not available to diagnose conditions like thrombogenic mutations, hyperlipidemia, trophoblast disease, or various cancers. For that reason, we use the simplified two-category system.

Listed below are conditions which could effect the decision to use an IUD, followed by the recommendation of whether or not it should be used in that instance.

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES (use the method)</th>
<th>NO (don’t use the method)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Postpartum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Less than 48 hours</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• 48 hours to four weeks</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Four weeks or longer</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Puerperal sepsis</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Postabortion</td>
<td></td>
<td></td>
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<tr>
<td>• First trimester</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Second trimester</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Postseptic abortion</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Menarche to 20 years</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• 20 years or older</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Essential hypertension</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>History of preeclampsia</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### CONTENT: CONTINUED

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES (use the method)</th>
<th>NO (don’t use the method)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Deep venous thromboembolism</td>
<td>X</td>
<td></td>
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<tr>
<td>Pulmonary embolism</td>
<td>X</td>
<td></td>
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<tr>
<td>Superficial venous thrombosis</td>
<td>X</td>
<td></td>
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<tr>
<td>Current and history of ischemic heart disease</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Known hyperlipidaemias</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Valvular heart disease</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td>X</td>
<td></td>
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<tr>
<td>Irregular vaginal bleeding</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Unexplained vaginal bleeding before evaluation</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Breast disease</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Cervical intraepithelial neoplasia</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Cervical cancer (awaiting treatment)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Cervical ectropion</td>
<td>X</td>
<td></td>
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<tr>
<td>Pelvic inflammatory disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Past</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Current</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Condition</td>
<td>YES (use the method)</td>
<td>NO (don’t use the method)</td>
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<tr>
<td><strong>STIs</strong>¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Current purulent cervicitis or chlamydial infection or gonorrhea</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Vaginitis without purulent cervicitis</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Increased risk of STIs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• HIV infected</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• AIDS (not on antiretroviral therapy)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Clinically well on antiretroviral therapy</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• High risk of HIV²</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Biliary tract disease</strong></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>History of cholestasis</strong></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Viral hepatitis</strong></td>
<td>X</td>
<td></td>
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<tr>
<td><strong>Cirrhosis</strong></td>
<td>X</td>
<td></td>
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<tr>
<td><strong>Liver tumors</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Uterine fibroids</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Without distortion of the uterine cavity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• With distortion of the uterine cavity</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Past ectopic pregnancy</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Obesity</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Thyroid problems</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Thalassemia</strong></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
### Condition | YES (use the method) | NO (don’t use the method)
---|---|---
Trophoblast disease | | X
Sickle cell disease | X
Iron deficiency anemia | X
Epilepsy | X
Schistosomiasis | X
Malaria | X
Drug interactions | X
Nulliparous | X
Distorted uterine cavity | X
Severe dysmenorrhea | X
Tuberculosis
• Nonpelvic | X
• Pelvic | X
Endometriosis | X
Benign ovarian tumors | X
History of pelvic surgery | X

1 **Note:** If the woman has a very high individual likelihood of exposure to gonorrhea or chlamydial infection, don’t initiate use of the IUD. “There is no universal set of questions that will determine if a woman is at very high individual risk for gonorrhea and chlamydia. Instead of asking questions, providers can discuss with the client the personal behaviors and the situations in their community that are most likely to expose women to STIs.” (World Health Organization Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), INFO Project. *Family Planning: A Global Handbook for Providers.* Baltimore and Geneva: CCP and WHO, 2007. 138)
Intrauterine Devices (IUDs)

\(^2\) **Note:** IUDs do not protect against STIs/HIV. If there is a risk of STIs/HIV, the correct and consistent use of condoms is recommended.

Specific Objective #6: Respond to rumors and misconceptions about the IUD raised by clients or service providers.

CONTENT:

**Rumors and Misconceptions**

**Rumors** are unconfirmed stories that are transferred from person to person by word of mouth. In general, rumors arise when:

- An issue or information is important to people, but it has not been clearly explained.
- There is no one available who can clarify or correct the incorrect information.
- The original source is perceived to be credible.
- Clients have not received complete and accurate information and had not been given enough time to internalize the benefits and limitations of contraceptive options.
- People have been motivated to spread them for political reasons.

A **misconception** is a mistaken interpretation of ideas or information. If a misconception is filled with elaborate details and becomes a fanciful story, then it acquires the characteristics of a rumor.

Unfortunately, rumors or misconceptions are sometimes spread by health workers who may be misinformed about certain methods.

METHODOLOGY:

**Trainer Presentation and Group Discussion (60 min.):**

The trainer should:

- Ask Px to explain the differences between a rumor and a misconception.
- Write their responses on the board and correct any wrong answers.
- Cite reasons why rumors and misconception might be believable.
- Explain that rumors and misconceptions don’t always come from clients or their families. They may sometimes come from service providers themselves.
- Ask Px to list some of the most common rumors or misconceptions they have heard about the IUD; write their responses on the board, under the headings RUMORS or MISCONCEPTIONS.
- Have Px identify the underlying and immediate causes of some of the rumors they have identified.
- Ask Px for examples of strategies to counteract rumors and misconceptions. Supplement their answers if necessary.
- Explain the importance of knowing the underlying reasons for rumors and misconceptions.

(See Px Handout 1.6.1: Rumors and Misconceptions.)
or who have religious or cultural beliefs pertaining to family planning which they allow to impact on their professional conduct.

The **underlying causes** of rumors have to do with people’s knowledge and understanding of their bodies, health, medicine, and the world around them. Often, rumors and misconceptions about contraception make rational sense to clients and potential clients.
Specific Objective #7: Describe the six key steps of the counseling process using an approach called RESPECT.

**CONTENT:**

Key IUD Information and Messages

When introducing the IUD to the client, effective client-centered counseling is key to successful, ongoing IUD use and effectiveness. Quality counseling at this point can ensure client ownership, which promotes commitment to careful and continued use, demonstrating client satisfaction. The client may come to the session with preconceptions that pose barriers to accepting the IUD. Good client-centered counseling can earn the client's trust by encouraging her to share information about her home relationships, social context, and concerns she may have about contraception in general or the IUD in particular. The counseling session should assist the client to develop her own expectations and make her own well-considered, informed, and voluntary decisions.

Many women come to receive services cautiously, awed by the provider’s social/educational position and inclined to be reserved and withdrawn. Here the provider is especially challenged to put the client at ease and make her comfortable with sharing personal information. The provider must be aware of his or her personal

**METHODOLOGY:**

Trainer Presentation (15 min.):

The trainer should:
- Give a brief presentation on key IUD information and messages
- Review each step in RESPECT using a prepared flip chart and provide examples of tasks typically conducted under each element or step.

(See Px Handouts 1.7.1: The Six-Step Counseling Model (RESPECT) and 1.7.2: Key Elements in IUD Counseling.)

Group Exercise (30 min.):

The trainer should:
- Write each of the key elements of counseling on a slip of paper. Depending on the number of Px, give 1 slip of paper to each Px or to each pair or triad of Px.
- Ask each to describe how they would put their assigned key element of counseling into practice in their own work situation.
- Ask Px to add ideas to each presentation.
- Provide additional examples not mentioned by the Px, if necessary.
- Complete the exercise by explaining that all of the elements discussed are necessary for successful counseling. Successful counseling results in a well-informed decision and a satisfied client. Effective counseling takes knowledge, skill, sensitivity, and tolerance toward the needs and differences of all clients.
presentation and attitude and how the client responds, adjusting his or her style to the situation. Listening skills are essential.

The focus is on RESPECT:
the provider establishes Rapport,
demonstrates Empathy,
Supports the client,
creates a Partnership with the client,
provides comprehensive Explanations about methods,
displays Cultural sensitivity,
and builds Trust.

The key to demonstrating respect is remembering that although the provider is the expert in health care, the client is the foremost expert on her health needs, her social and economic circumstances, and her traditional values and expectations. These forces weigh heavily on her adoption or rejection of a family planning method and her ongoing investment in making the method work for her.

The Key Elements in IUD Counseling are:
✓ Privacy and patience;
✓ Building knowledge and trust;
✓ Reassuring the client of confidentiality;
✓ Answering all questions and concerns;
✓ Using language that is clear and easy to understand;
✓ Assessing the client’s individual risk for STIs with sensitivity;
✓ Providing detailed information about dual protection;
Providing comprehensive information about how the IUD works, IUD safety, effectiveness, correct use, what to expect after IUD insertion, possible side effects, warning signs and complications, as well as where and when to return and the fact that it does not protect against STIs and HIV;

Informing the client about when to return for the follow-up visit; and

Giving the client the message that she should return any time that she has any questions or concerns.
Specific Objective #8: Screen a potential client for IUD insertion, using an assessment checklist.

**CONTENT:**

**Key Client Assessment Questions**

The IUD is more appropriate for some women than for others. Careful screening is crucial for successful IUD use. Some serious side effects can be prevented by thorough screening.

**Why screen?**

- To determine indications for use
- To identify precautions
- To identify other health or special problems

Using a screening checklist helps clinicians obtain information systematically and completely.

**Using the IUD screening checklist**

Refer to *Px Handout 1.8.1: Client Assessment Checklist for Small Group Exercise.*

**METHODOLOGY:**

**Trainer Presentation and Small Group Exercise (60 min.):**

The trainer should:

- Divide Px into groups of 3.
- Hand out to each group a copy of *Px Handout 1.8.1: Client Assessment Checklist for Small Group Exercise.* Before the class, check off “yes” responses to different screening questions on each copy.
- Explain that the purpose of this exercise is to familiarize Px with essential screening questions and the rationale for each.
- It also serves to strengthen Px’ analytic and problem solving skills when screening IUD clients.
- Finally, it encourages them to get into the habit of referring to the checklist when dealing with IUD clients.
- Instruct each group to look up the rationale for asking the question with the “yes” response checked in *Px Handout 1.8.2: Recommendations for Updating Selected Practices in IUD Insertion and Removal.*
- Ask them to fill in the column marked “rationale for question.” Then, depending on the “yes” response checked off, each group will fill in the “Action/Plan” column with their recommendation on how to manage the client.
UNIT 1/OBJECTIVE #8

Intrauterine Devices (IUDs)

CONTENTS: CONTINUED

METHODOLOGY: CONTINUED

- Give the Px 15 minutes in their small group, encourage them to ask questions if they have problems.
- When the Px have filled in the rationales and action plans, ask each small group to present their cases to the larger group.
- They should state the problem or “yes” response, the rationale for **asking the question**, and the plan for managing the client.
- The trainer may guide group discussion and encourage Px to offer each other solutions and constructive feedback.
Specific Objective #9: Discuss when to insert and remove an IUD.

**CONTENT:**

1. **Having menstrual cycle**
   - A woman can have an IUD inserted at any time **within the first 12 days** after the start of menstrual bleeding, at her convenience, not just during menstruation. No additional contraceptive protection is needed.
   - The IUD can also be inserted at any other time during the menstrual cycle, at her convenience, if it is reasonably certain that she is not pregnant. No additional contraceptive protection is needed.

   **Note:** See Px Handout 2.2.2 Client Assessment Checklist for assistance in ruling out pregnancy for nonmenstruating family planning clients.

2. **Switching from another method**
   - She can have the IUD inserted immediately, if it is reasonably certain that she is not pregnant. There is no need to wait for her next menstrual period. No additional contraceptive protection is needed.

3. **Postpartum**
   - Immediately postpartum (within 10 minutes) following delivery of the

**METHODODOLOGY:**

**Timings for IUD Insertion**

- **Trainer Presentation (30 min.):**

  **The trainer should:**
  - List on a flip chart these times for IUD insertions:
    - Anytime during the menstrual cycle if you reasonably certain client is not pregnant.
    - Immediately postpartum.
    - Around 4 to 6 weeks postpartum, and
    - Immediately postabortion up to 7 days.
  - Ask the Px why each of these are the best times.
  - Describe when the IUD should not be inserted immediately postabortion.
  - Again, have the Px tell you under which conditions they would not insert the IUD postabortion.
    - For example, you may say, “Why wouldn’t you insert an IUD postabortion if the pregnancy had been 16 weeks or greater?”
  - Then review the follow up schedule for IUD clients.
  - Again, you may ask the Px why they should schedule these follow up visits.
  - Finally, list the best times for IUD removals and have the Px explain why to remove at these times.
placenta, during or immediately after a cesarean section. This requires special training.

- Within the first 48 hours postpartum. Expulsion rates may be higher for IUDs inserted during this time. Insertions after one week and before four weeks should be avoided because of the higher risk of complications including infection uterine perforation.

**Note:** IUD insertion at immediate or 48 hours postpartum requires special training and should not be attempted without having received the required training.

- As early as 4 to 6 weeks postpartum for those who come for routine postpartum care and who request an IUD. Copper IUDs may be safely inserted at this time.

### 4. Immediately Postabortion

- The IUD may be inserted immediately postabortion (spontaneous or induced) if the uterus is not infected, or during the first 7 days postabortion (or anytime you can be reasonably sure that the client is not pregnant).

IUDs should **not** be inserted immediately postabortion in the following situations:

- Signs of unsafe or unclean induced abortion, signs of infection, or an inability to rule out infection, do not insert an IUD. **Do not insert IUD until risk of infection has been ruled out** or infection has fully resolved.

*(See Px Handout 1.9.1: Timing of IUD Insertion and Removal.)*
Serious trauma to the genital tract (uterine perforation, serious vaginal or cervical trauma, chemical burns). Do not insert IUD until healed.

Hemorrhage and physical signs of severe anemia, inert or copper bearing IUDs are not advised until hemorrhage or severe anemia is resolved. Progestin releasing IUDs decrease menstrual blood loss and can be used in cases of severe anemia.

Immediate postabortion IUD insertion after 16 weeks’ gestation requires special training. If the pregnancy went beyond 16 weeks, delay insertion for 6 weeks postabortion.

**Follow-up schedule after IUD insertion**

a) There should be one follow up visit **approximately** 3 to 6 weeks after insertion. Thereafter, there is no need for a fixed follow up schedule.

b) The client should be strongly encouraged to come to the clinic anytime she has questions or problems, particularly if she has:
   - Late period (possible pregnancy);
   - Prolonged or excessive abnormal spotting or bleeding;
   - Abdominal pain or pain during intercourse;
   - Infection exposure (such as gonorrhea), abnormal vaginal discharge, or pelvic pain, especially with fever; or
   - String missing or change in length.

c) Encourage clients to come in for other preventive reproductive health care if available, including provision of condoms.
Timings and reasons for IUD Removal

- The IUD may be removed at any time during the menstrual cycle. Some clinicians prefer to remove IUDs during menses because the os may be slightly open and the client will not be concerned if she has any bleeding.
- Anytime the client requests—for any stated reason, or for no reason at all.
- Evidence of IUD perforation.
- Known or suspected pregnancy.
- Partial expulsion—the old IUD may be removed and replaced with a new one.
- Persistent side effects unacceptable to client.
- Client is now at risk for STIs.
- When IUD has been in uterus for its effective life—a new IUD may be inserted immediately if no precautions are present.
- Severe pain or severe bleeding with evidence of marked anemia that is getting worse.

Note: In most cases, if PID is known or suspected, the client should be treated with antibiotics, counseled, and the IUD left in place.
Specific Objective #10: Describe the IUD insertion and removal procedure to clients.

**CONTENT:**

**Suggested Simple Explanation**

**One could say:**

“The IUD is a small device made of plastic and copper. It is placed in the uterus through the vagina and the opening of the uterus using a small applicator. It has 2 thin strings attached, which hang down into the vagina. If you feel comfortable doing so, these strings allow you to check that the IUD is still in place each month after your menstrual period and that you are still protected from getting pregnant. The strings are also used to remove the IUD. Removing the IUD takes only a few minutes and is usually not painful. When you want the IUD removed a doctor or trained health worker must do it.

“Inserting the IUD is simple. You may feel uncomfortable for a few minutes. Most women, however, say that it is not too painful and compare the feeling to having heavy menstrual cramps. Before I insert the IUD, I will need to ask you some questions about your medical history, and perform a pelvic examination to make sure the IUD is right for you.”

**DEMONSTRATION AND GROUP DISCUSSION (15 MIN.):**

**The trainer should:**

- Use a modified role play approach, to demonstrate how to explain the insertion and removal procedure to client with a volunteer Px. Important points:
- Use hand held model (or local flip chart) to demonstrate insertion and removal.
- Let the client feel and hold the IUD. (It is a good idea for Px to keep an outdated IUD on their desk for this purpose).
- Encourage Px to use simple/local words for “uterus,” “vagina,” etc.
- Keep description simple and ask client if she has questions after explanation has been given.

(See Px Handout 1.10.1: Describing IUD Insertion and Removal to Clients.)
Specific Objective #11: Recognize IUD side effects and warning signs of complications.

**CONTENT:**

**Common side effects and their management**

As with most contraceptive methods, IUDs are associated with certain common side effects. Most are not serious and can be handled by the provider or practitioner. Some may need referral to a specialist.

**Possible side effects include:**
- Bleeding or spotting for the first few days following insertion,
- Heavier menses, and
- More cramping for the first few periods.

**Signs of possible complications include:**
- Syncope/bradycardia, vasovagal episode during insertion (fainting, becoming dizzy, or lowered heart rate during insertion);
- Abnormal bleeding: no period, heavy bleeding, abnormal spotting;
- Purulent or foul smelling discharge;
- Fever, (a possible sign of pelvic infection);
- Abdominal pain or pain during intercourse; and
- An IUD string that becomes shorter, longer, or missing.

**METHODOLOGY:**

**Trainer Presentation (30 min.):**

The trainer should:
- Ask Px to identify side effects and list them on a flip chart.
- Describe warning signs of possible complications and ask Px to suggest what possible complication may be indicated by each sign.
- List these on a flip chart.
- Elaborate and clarify, as needed.
- Discuss with Px how to prepare a local referral system for their clients with complications. This list should include:
  - To whom to make referrals.
  - How to ensure that client will be seen promptly, and
  - How to get feedback from a specialist on diagnosis/treatment and necessary follow up of the client.
- Review the warning signs of serious side effects and complications.
- Review *Px Handout 1.11.1: Common Side Effects and Warning Signs of Possible Complications.*
- When discussing more complex side effects or complications, stress need for Px to refer immediately to an Ob/Gyn specialist and to ensure that client is seen immediately.
Summary and Closure (20 min.):  
The trainer should:  
✓ Briefly summarize major concepts covered in the unit, and review overall learning objectives.

Administer Post-Test (30 min.):  
The trainer should:  
✓ Administer the Post-Test for Unit 1. Px Handout: 1.12.1: Unit 1 Post-Test.
Unit 2:
Providing Services
UNIT 2: Providing Services

Introduction:
Unit 2 focuses on competency-based clinical skills training that builds on the essential IUD knowledge base that participants acquired in Unit 1 of this module.

Before advancing to the clinical practicum, the trainee must demonstrate
♦ Basic IUD technical knowledge as assessed by a written test; and
♦ Clinical and counseling skill competency in simulated situations (i.e., counseling role play, IUD insertion and removal in anatomical models, and infection prevention practices demonstration).

Note: These will be assessed through direct observation by a trainer, using standardized skills assessment checklists from the appendix.

After the clinical practicum, the participant will be certified as a provider when the trainer is satisfied with her or his competency in all aspects of IUD service delivery. Upon completion of this module and certification of proficiency as described above, the participant will be qualified to offer high-level IUD services in her or his clinic setting, which must fulfill minimum standard criteria explained in this unit. The participant also must agree to be interviewed and possibly observed by a program-designated monitor while delivering IUD services, six to twelve months after completing certificate course requirements. The purpose of these visits is to monitor and provide ongoing improvements in the training of subsequent generations of trainees, as well as to help the trained provider solve any problems encountered and upgrade her or his practical skills.

Unit Training Objective:
To prepare the participants to insert and remove IUDs competently; to provide high-quality IUD services, including counseling, screening, and selecting clients; and to manage and provide follow-up for clients who choose an IUD.

Specific Learning Objectives:
By the end of the unit, participants will be able to:
1. Demonstrate effective IUD counseling through role-playing;
2. Use standard checklists to take a limited history and perform a limited physical exam in order to advise, screen, and select clients who request IUDs;
3. Load the TCu 80A while it is still inside the sterile package, without touching it directly;
4. Perform all steps in safe and gentle IUD insertion and removal, efficiently and in the correct sequence, according to written standardized technique for TCu 380A IUDs;
5. Describe recommended infection prevention practices in the provision of IUD services, in order to minimize risk to client and provider;

6. Provide follow-up management of the IUD client, including appropriate management of common side effects and referrals for complications; and

7. Describe the minimum clinic requirements and recordkeeping tasks necessary for IUD services.

**Simulated Skill Practice:**
- Using a pelvic model, practice and demonstrate speculum and bimanual pelvic exams.
- Using a pelvic model, practice and demonstrate IUD insertion and removal.
- Observe and demonstrate exam-room set-up and infection prevention practices including decontamination, cleaning, High-Level Disinfection (HLD) or sterilization, and waste disposal.

**Clinical Practicum Objectives:**
During the clinical practicum, participants will be able to
- Counsel IUD clients in initial, method-specific, pre- and post-insertion, and follow-up visit sessions;
- Assess and screen potential IUD clients;
- Perform IUD insertions and removals;
- Provide follow-up care to IUD clients;
- Manage IUD clients experiencing side effects and other problems, if available;
- Practice infection prevention activities in the clinical setting; and
- Using a standard form, document history, physical findings, and other pertinent information.

*Note:* In many programs where new service providers are being trained, each participant is expected to provide IUD services to at least five to ten clients. In determining competence, the judgment of a skilled clinical trainer is the most important factor. Thus, in the final analysis, the level of demonstrated competence carries more weight than the number of performed insertions.

**Training/Learning Methodology:**
- Lecture
- Video
- Discussion
- Required reading
- Role-plays
- Case studies
• Simulated practice on models
• Demonstration
• Clinical practicum
• Use of checklists and learning guides

**Resource Requirements:**
• Hand-held IUD models
• IUD samples
• Flip chart
• Marking pens
• Masking tape
• Overhead projector
• Large picture (or transparency) of female pelvic organs
• Large picture (or transparency) of female pelvic organs with IUD in place
• Life size pelvic models
• Infection prevention supplies
• Speculum and other IUD insertion equipment, light source
• Notebooks for use by participants to record results of clinical practicum
• Materials necessary for infection prevention: leak-proof container with tight-fitting lid or plastic bag, plastic bucket, chlorine, gloves (either single-use or reusable), detergent, soft brush, HLD container, cooker pot, forceps

**Evaluation Methods:**
• Pre/Post-Test
• Observation and assessment of participant during simulated practice, utilizing IUD Counseling and Clinical Skills Learning Guide
• Observation and assessment of participant during clinical practicum, utilizing IUD Counseling and Clinical Skills Learning Guide
• Trainer administered examination
• Verbal feedback
• Participant Evaluation Form
### Time Required:

<table>
<thead>
<tr>
<th>Specific Objective</th>
<th>Topics</th>
<th>Time Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Review of six step counseling process and key elements of IUD counseling, counseling role-play, unit 2 pre-test</td>
<td>2 hours 10 min.</td>
</tr>
<tr>
<td>2</td>
<td>Screening checklists, checklists to rule out pregnancy, bimanual examination demonstration and skills practice</td>
<td>3 hours</td>
</tr>
<tr>
<td>3</td>
<td>Loading the TCu380A in the sterile package, demonstration and skills practice</td>
<td>45 min.</td>
</tr>
<tr>
<td>4</td>
<td>Demonstration and return demonstration of sounding the uterus and inserting the IUD on a pelvic model, observing a video</td>
<td>4 hours</td>
</tr>
<tr>
<td>5</td>
<td>Infection prevention in IUD insertion and removal</td>
<td>2 hours</td>
</tr>
<tr>
<td>6</td>
<td>Management of side effects and complications</td>
<td>3 hours 15 min.</td>
</tr>
<tr>
<td>7</td>
<td>Minimum criteria for IUD services, record keeping, course evaluation, post-test</td>
<td>1 hour 30 min.</td>
</tr>
</tbody>
</table>

**Total Time Required**: 12 hours 30 min.

Workshop/simulated practice: 11.5 hours  
Clinical practicum: time depends on availability of clients and experience of participants

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**Materials for Trainers to Prepare in Advance**

1. Unit 2 Transparencies
2. Participant Handouts
3. Samples of IUDs, life-sized pelvic models, uterine models, IUD insertion equipment including light source and other supplies
4. Video player and required videos
Specific Objective #1: Demonstrate effective IUD counseling through role-playing.

**Six Steps of the Counseling Process**

**RESPECT**
- The provider establishes **Rapport**,
- Demonstrates **Empathy**,
- **Supports** the client,
- Creates a **Partnership** with the client,
- Provides comprehensive **Explanations** about the method,
- Displays **Cultural** sensitivity, and
- Builds **Trust**.

**Key Elements in IUD Counseling**
The key elements in IUD counseling are:
- Privacy and patience;
- Building knowledge and trust;
- Reassuring the client of confidentiality;
- Answering all questions and concerns;
- Using language that is clear and easy to understand;
- Assessing the client’s individual risk for STIs with sensitivity;
- Providing detailed information about dual protection;
- Providing comprehensive information about IUD safety, effectiveness, correct use, what to expect following insertion, possible side effects, warning signs and complications, as well as where and when to return and the fact that it does

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**The trainer should:**
- Display **Transparency 2.1: Unit 2 Objectives** and discuss.
- Administer **Px Handout 2.1.0: Unit 2 Pretest.** (Allow 30 minutes.)

**Trainer Presentation (10 min.):**
The trainer should:
- Briefly review the 6 steps of the counseling process and the key elements in IUD counseling.

**Role Play Exercise (1 hr. 30 min.):**
The trainer should:
- Divide the Px into groups of 3. One person to play the client, one the counselor, and the third to observe, using the observer’s role-play checklist.
- Assign each team one of the role plays in **Px Handout 2.1.1: Role-Play Situations.** Only allow the “client” to see the case study.
- Distribute copies of **Px Handout 2.1.2: Competency-Based Checklist for IUD Counseling Skills** to each Px.
- Ask the “client” and “counselor” to role-play the counseling session and the observer to comment on the role-play using **Px Handout 2.1.3: The Observer’s Role-Play Checklist for IUD Counseling Skills.** Refer to this
not protect against STIs and HIV;

- Informing the client about when to return for the follow-up visit; and

- Telling the client that she should return any time that she has any questions or concerns.

- Handout for supplemental information on counseling.

- The “counselor” demonstrating respect, caring, honesty, and confidentiality must identify the client’s feelings to assist in the decision-making process.

- The “client” and “counselor” should give their impressions and/or reactions and the observers should comment on their observation of the case studies.

- Reassign the role-plays, having “observers,” “counselors,” and “clients” switch roles.

- Interrupt role-plays at key moments to point out problems to the Px, and to identify possible solutions.

- To summarize the session, remind the Px that, “the counselor must recognize and respond to each client as a unique person with attitudes, values, and experiences reflected in his or her personal situation. The counselor must recognize the individual needs of each client.”

- Analyze the role-play by asking the following questions:
  - What were the dynamics between “counselor” and “client?”
  - Did the counselor listen actively?
  - Did the counselor respond to questions appropriately?
  - Did the counselor ignore nonverbal cues?
  - Did the counselor convey negative/positive cues?
  - Was the information given too technical, or did the counselor use language the client could understand?
  - Was the information accurate and complete?
Specific Objective #2: Use standard checklists to take a limited history and perform a limited physical exam to advise, screen, and select clients who request IUDs.

**CONTENT:**

**Key Concepts of History Taking and Physical Examination**

Once a client has made the decision to use an IUD based on complete general method counseling, she must receive IUD method-specific counseling (as covered in the previous objective and Unit 1 of this module). Before you can assure her that the IUD is an appropriate choice for her, **you must take a limited history and perform a physical exam** to rule out conditions that might affect eligibility, including the possibility of pregnancy, genital tract abnormalities, pelvic TB infection, or high risk of STIs.

To aid the practitioner in obtaining client history and giving rationale for asking each question (as well as aiding decision-making in case of a precaution), practitioners may use checklists such as *Px Handout 2.2.2: Client Assessment Checklist.*

**Note:** Microscopic examination of vaginal secretions is **not** necessary for IUD insertion.

Once the practitioner has completed the checklist, he or she should **perform a complete pelvic exam** to

- Determine position and size of uterus; and

**METHODOLOGY:**

**Trainer Presentation/Discussion (3 hours):**

The trainer should:

- Discuss key concepts.
- Describe the pelvic exam in detail.
- Introduce and review *Px Handouts 2.2.1: IUD Screening, 2.2.2: Client Assessment Checklist,* and 2.2.3 Pelvic Bimanual and Speculum Exam Check List.
- Review each of the screening checklists in detail.
- Review the checklists to rule out pregnancy. Go over the checklists 1 item at a time and ask Px to explain why each item is included in the checklist.
- Ask Px to discuss the meanings of various positive checklist findings and management options for each.
- Use brainstorming approach as a way to assess the knowledge learned in Unit 1 of this module.

If available, show the JHPIEGO video on insertion and removal of the TCu 380A IUD.
Rule out presence of visible and/or palpable abnormalities, including infections, masses, tumors, etc.

If any of these are present, an IUD should not be inserted until the problem is investigated and resolved. Again, the trainer and practitioner can use Px Handout 2.2.3: Pelvic Bimanual and Speculum Checklist.

Simulated Demonstration of Pelvic Exam and Simulated Practice:

After presenting the content, the trainer should:

- Get a sense of the knowledge and Px’s skill levels from the pretest and other means.
- Some Px will have no experience in performing a pelvic exam, others may have a lot.
- Some Px may have learned habits which must be unlearned.
- Before Px practice on the life-size pelvic model, the trainer should demonstrate on the model, pointing out its parts and how to use them.
- After demonstrating a pelvic exam on the model, the trainer will allow each Px to do the same, while being coached by the trainer at first and then by a fellow Px who will use Px Handout 2.2.3.
- The trainer will then assess the skills of the Px in distinguishing an anteverted from a retroverted uterus, a non-pregnant from a pregnant uterus, and an abnormal from a normal cervix (done by trainer changing optional organs in the pelvic model without Px observing).
- Throughout the simulated practice, Px should practice her or his role as clinician by talking to the “client” while performing the exam, explaining what is taking place and why, what sensations the client might be feeling, and what the findings are.
Specific Objective #3: Load the TCu 380A while it is still inside sterile package, without touching it directly.

**CONTENT:**

**Reasons to load the TCu 380A in the Sterile Package**

There are at least 2 reasons to load the TCu 380A inside the sterile package instead of using sterile gloves to load the IUD outside the package.

- Not touching the IUD directly will ensure its sterility, thus avoiding the risk of PID.
- Loading the TCu 380A while it is in the package eliminates the need to use sterile or HDL gloves. Gloves are frequently inadvertently contaminated by inexperienced practitioners, and will need to be changed before continuing with the insertion, if contaminated.

At first, loading the TCu 380A inside the sterile package may appear awkward and time-consuming, however, with help from the trainer and some practice, the Px will be able to perform this maneuver in less than 20 seconds.

**METHODOLOGY:**

**Demonstration and Practice (45 min.):**

The trainer should:

- Discuss the reasons for loading the TCu 380A in the sterile package.
- Have sample IUDs on hand, some out of the package and some still inside of the sterile package.
- Distribute 1 or 2 TCu 380As in sealed packages to each Px (expired IUDs may be used).
- Display Transparency 2.2: The TCu 380A IUD. Always use the same name for the parts of the IUD.
- Ask the Px to point to the following parts in the packages they are holding and name them: arms, stem, inserter tube, blue depth gauge, ID card, white rod, thumb grip.
- Name the 2 parts of the IUD package—the clear plastic and the white backing flap.
- Demonstrate the steps needed to load the TCu 380A in the sterile package.
- Observe Px as she or he follows the steps in order. (See Px Handout 2.3.1: Instructions for Loading the TCu 380A in the Sterile Package.)
- Allow the Px to practice until competent; alternatively, she or he may choose to practice at home or work and then demonstrate the skill, once acquired, to the trainer.
Specific Objective #4: Perform all steps in safe and gentle IUD insertion and removal, efficiently and in the correct sequence, according to written standardized technique for TCu 380A IUDs.

CONTENT:

Px will achieve this objective through a variety of training methodologies.

Throughout insertion and removal training, certain basic principles are to be emphasized.

- Gentle techniques to minimize discomfort and emotional trauma to the client. In order to perform a comfortable IUD insertion, force is neither necessary nor desirable.
- No-touch technique in which the tip of the uterine sound that will touch the upper genital tract will not have previously touched any unsterile surface: hands, speculum, vagina, table top, etc.
- TCu 380A is loaded inside package, as already indicated in Specific Objective #3.
- The cervix and vagina should be thoroughly prepped with antiseptic. Use a water-based antiseptic such as an iodophor (Betadine or Povidone Iodine) or Chlorhexidine (Hibitane)

Note: If an Iodophor is used, wait 1 or 2 minutes before proceeding because Iodophors take up to 2 minutes of contact time to release free iodine.

- The uterine cavity should always be sounded to confirm the position of the uterus and the depth of the

METHODOLOGY:

Discussion/Video (Up to 4 hours depending on the availability of models and the number of Px)

The trainer should:

- Provide a brief review of key performance features of TCu 380A, referring back to Unit 1.
- Use the JHPIEGO video and/or slide set to describe standard insertion and removal techniques.
- Demonstrate insertion and removal both on the hand-held and life-size pelvic models.
- During this demonstration, role-play a provider, speaking to the “client.”
- Demonstrate insertion and removal exactly, and in the same order, as in Px Handouts 2.4.1: Basic Principles for IUD Insertion and Removal, 2.4.2: Passing a Uterine Sound, and 2.4.3: Inserting the Loaded TCu 380A IUD
- Divide the Px into pairs and distribute Px Handouts 2.4.2 and 2.4.3.
- Have one Px use the guide to coach the other Px, step-by-step, in the insertion technique.
- Each Px will have a chance both to coach a colleague and to insert and remove the IUD on the model under observation by trainer.
- The rest of the Px may spend this time working with hand-held models,
Intrauterine Devices (IUDs)

- Set the depth gauge on the IUD to the level on the uterine sound.
- Insert the IUD high in the fundus of the uterus by withdrawal technique, as there is less risk of expulsion.

Insertion Practice:
The trainer should:

- Be available after this activity, as Px will need access to the life-size pelvic model to practice until they feel ready for competency-based evaluation by trainer.
- The trainer needs to be available at preset times to meet with Px and correct any misinformation or steps not performed correctly, etc.
- The time required per Px will vary and is defined only by the time necessary for trainer and Px to be satisfied with skill competency (i.e., the Px will perform all key steps of IUD insertion and removal in correct manner and in correct order, as determined by the trainer, using Px Handout 2.4.4: Using the Clinical and Counseling Skills Checklist and 2.4.5: Checklist for IUD Counseling and Clinical Skills).

Note: This competency-based checklist also includes counseling skills. Although these do not have to be demonstrated for the purpose of this session, the complete checklist will be used during the clinic practicum.

At the skills acquisition stage, Px may also spend time observing IUD insertions and removals in clients by the trainer or training-center staff and obtaining more experience in pelvic examination.
Clinical Practicum: (Time: depends on availability of clients and experience of Px.)

The trainer should:

- Permit Px to do clinical practicum once certified competent to insert and remove IUDs in the simulated-practice setting.
- Accompany all Px and observe their interpersonal communication with clients, infection-prevention precautions, and other necessary skills.
- Remind Px of any forgotten key steps, monitor the practice of gentle and no-touch techniques, suggest improvements and, if necessary, replace Px if clients may suffer injury or risk without her or his intervention.
- As in Learning Objective #1, discuss each case with the Px and sign off each case in the Px’s client record notebook.
- When confident of Px’s competency (evaluated using checklists), certify Px as capable of delivering IUD services in her or his clinic.

Note: Final certification cannot take place until all Learning Objectives have been achieved.
Specific Objective #5: Describe recommended infection prevention practices in the provision of IUD services to minimize risk to client and provider.

**CONTENT:**

**Infection Prevention Guidelines for IUD Insertion or Removal**

**Decontamination**

1. While still wearing gloves, dispose of contaminated objects (gauze, cotton, etc.) in a properly marked, leak-proof container or plastic bag.

2. Fully immerse all metal instruments in a plastic bucket containing 0.5% chlorine solution (bleach) for 10 minutes before allowing staff and cleaning personnel to handle or clean them. (This prewash soak kills most microorganisms, including HBV and HIV.)

3. All surfaces (such as the procedure table or the instrument stand) that could have been contaminated by blood or mucus should also be wiped with chlorine solution.

4. If single-use (disposable) gloves were used, carefully remove them by inverting and place in the leak-proof waste container. If gloves are reusable, first briefly immerse both gloved hands in bucket containing chlorine solution and then carefully remove by inverting. Deposit gloves in chlorine solution.

**METHODOLOGY:**

**Lecture, Discussion and Demonstration: (2 hours)**

The trainer should:

- Pass out 4-5 index cards to each Px.
- Ask Px to think of possible ways that infection may be spread in connection with IUD insertion or removal procedures.
- Collect all of the index cards.
- Organize them according to various phases in the IUD insertion and removal process. Use this exercise as a way to introduce the topic.
- Review infection prevention guidelines for IUD insertion or removal and infection prevention tips for both IUD insertion and removal as seen in the content column.
- Set up a demonstration area with the following supplies:
  - Leak-proof container or plastic bag
  - Plastic bucket
  - Chlorine
  - Gloves—either single-use or reusable
  - Detergent
  - Soft brush
  - 2% glutaraldehyde or 8% formaldehyde solution
Cleaning and Rinsing

After decontamination, thoroughly clean instruments with water, detergent, and a soft brush, taking care to brush all teeth, joints, and surfaces. After cleaning, rinse well to remove all detergent (some detergents can render chemical disinfectants inert). Dry instruments before further processing.

High-Level Disinfection

High-Level Disinfection (HLD) through boiling or the use of chemicals is recommended. Surgical (metal) instruments and reusable gloves should be boiled for 20 minutes. **Begin timing when boiling action starts.** Alternatively, instruments can be soaked for 20 minutes in a 2% glutaraldehyde or 8% formaldehyde solution. After cooling (if boiled) or rinsing in boiled water (if chemical disinfectants used) and drying, instruments are ready to use. Use immediately or store for up to one week in a clean, dry, HLD container with a tight-fitting lid or cover.

Sterilization

Alternatively, instruments and reusable gloves used for IUD insertion and removal can be sterilized by autoclaving (121°C [250°F] and 106 kPa [15 lb/in²] for 20 minutes if unwrapped and 30 minutes if wrapped).

**Note:** Dry heat sterilization (170°C [340°F] for 60 minutes) can be used only for metal or glass instruments.

- HLD container
- Cooker pot
- Forceps
- Demonstrate all of the steps of infection prevention before, during, and after IUD insertion and removal following the checklist.
- Ask Px to work in pairs or triads, depending on the amount of equipment you have available and demonstrate the steps in instrument processing, using *Px Handouts 2.5.1: Infection Prevention for IUDs and 2.5.2: Competency-Based Skills Checklist For Infection Prevention.*
- Discuss with Px how to best manage specifics of infection prevention in their individual clinics. Who will do cleaning, rinsing, HLD, or sterilization? If not the provider, how will the provider train other staff?
Storage
Unwrapped instruments must be used immediately. Wrapped instruments, gloves, and drapes can be stored for up to 1 week if the package remains dry and intact, 1 month if sealed in a plastic bag.

Infection Prevention Tips: IUD Insertion
To minimize the client’s risk of post-insertion infection, clinic staff should strive to maintain an infection-free environment. To do this:
- Exclude clients who may have current STIs or are at high individual risk of STIs.
- Wash hands thoroughly with soap and water before and after each procedure.
- When possible, have the client wash her genital area before doing the screening pelvic examination.
- Use clean, HLD (or sterilized) instruments and gloves (both hands) or use disposable (single-use) examination gloves.
- Thoroughly apply antiseptic solution to the cervix and vagina several times before beginning the procedure.
- Load the IUD in the sterile package.
- Use a “no-touch” insertion technique to reduce contamination of the uterine cavity (i.e., do not pass the uterine sound or loaded IUD through the cervical os more than once).
- Properly dispose of waste material after inserting the IUD.
- Decontaminate instruments and reusable items immediately after using them.

When these tips are followed, post-insertion infection rates are low; therefore, use of prophylactic antibiotics is not recommended.
Infection Prevention Tips: IUD Removal

IUD removal should be performed with similar care. To minimize the risk of infection during IUD removal:

- Wash hands thoroughly with soap and water before and after each procedure.
- When possible, have the client wash her genital area before doing the screening pelvic examination.
- Use clean, HLD (or sterilized) instruments and gloves (both hands) or use disposable (single-use) examination gloves.
- Apply antiseptic solution several times to the cervix and vagina before beginning the procedure.
- Properly dispose of waste material after removal.
- Decontaminate instruments and reusable items immediately after using them.
Specific Objective #6: Provide follow-up management of the IUD client, including appropriate management of common side effects and referrals for complications.

**CONTENT:**

Post-Insertion Follow-up

Follow-up management of the IUD client involves routine follow-up visits as well as problem visits and management of common side effects. Routine follow-up visits should include at least a first check-up 3 to 6 weeks after IUD insertion.

The client can return for a visit to have the IUD removed when it has been in place for the recommended number of years (12 years for the TCu 380A) or when client wishes to have it removed for any reason. (The latest scientific evidence shows that the TCu 380A is effective for at least 12 years.) In addition, the client should be able to return for a visit if she has questions, concerns, or any signs or symptoms she thinks may be caused by the IUD. If facilities are available, it is also recommended that clients have yearly routine gynecological checkups, but these are not a necessary part of IUD management.

Remember to teach her the warning signs. If she has any of these signs she must return for a visit immediately.

- Fever (a possible sign of infection);
- Abdominal pain, or pain during intercourse;
- Purulent or foul smelling discharge;

**METHODOLOGY:**

Question/Answer: (2.5 hours)

The trainer should:

- Review post-insertion follow-up, using the content found on the left-hand side of the page and Px Handout 2.6.1: IUD Follow-Up Care.
- Review Px Handouts 2.6.2: IUD Post-Insertion Follow-Up Care, 2.6.3: Management of Complications, and 2.6.4: Management of Side Effects and Complications.
- Discuss the management of each of the IUD related problems found in Px Handouts 2.6.4, 2.6.5: Managing Severe Cramping, 2.6.6: Managing Amenorrhea, 2.6.7: Managing Expelled IUD, 2.6.8: Managing Missing Strings, and 2.6.9: Managing Irregular or Heavy Bleeding.

Case Study Exercise (45 min.):

The trainer should:

- Divide the Px into 4 groups.
- Distribute the case studies on IUD complications found in Px Handouts 2.6.10: Case Study #1, 2.6.11, Case Study #2, 2.6.12: Case Study #3, and 2.6.13: Case Study #4. Give 1 to each group.
- Each group should discuss the material and develop a course of action based on the study. Allow 20
 CONTENT: CONTINUED

- An IUD string that becomes shorter, longer, or missing.

When a client comes for follow-up care, follow recommendations in Px Handout 2.6.1. For problem visits and management of side effects and complications, follow protocols and recommendations in the Px Handout 2.6.2 and 2.6.3.

If a complication such as PID, pregnancy with IUD, perforation, difficulty in IUD removal, or missing strings is suspected, the Px should be instructed to refer the client to an Ob/Gyn or specialist (trainer) for management.

- Reconvene the large group and discuss the case studies.
- Finally, have Px help compile a definitive list of local specialists or clinics to which clients may be referred, procedures for referral, and ways to obtain information back from the specialist.
- During clinical practicum, Px will participate in management of clients with side effects or complications.

UNIT 2/OBJECTIVE #6
Specific Objective #7: Describe the minimum clinic requirements and recordkeeping tasks necessary for IUD services.

**CONTENT:**

To offer quality IUD services, the provider needs to meet minimum criteria of space, privacy, equipment, supplies, recordkeeping, and availability of referrals.

**The minimum clinic requirements are**

- Space, separate from waiting area for counseling, which ensures privacy for client;
- Examination table and procedure area which ensures client privacy;
- Supply cabinet to store instruments and IUDs;
- Water, adequate light, and toilet facility in or very near office; and
- Basic standardized equipment and supplies sufficient for 2 IUD insertions:
  - 2 specula,
  - 2 tenacula,
  - 2 uterine sponge forceps,
  - 2 pairs of scissors,
  - 2 uterine sounds,
  - 2 utility forceps,
  - Cotton or gauze,
  - Antiseptic,
  - Covered instrument trays,
  - 6 pairs of reusable gloves or 1 box of disposable gloves,
  - Client record forms,
  - Cooker or stove,
  - Fuel supply,
  - Glutaraldehyde or 8%

**METHODOLOGY:**

**Lecture/Discussion (1 hour)**

The trainer should:

- Discuss how to set up the procedure room for IUD insertion and how to organize client flow throughout the clinic.
- Discuss the minimum criteria needed to give quality IUD services. (See Px Handout 2.7.1: Minimum Standards for IUD Services.)
- Ask Px how their client records are currently stored.
- Discuss effective ways of storing and retrieving client records
- Brainstorm what should be included in the client record for IUD clients.
- Thank Px for their participation in the course. Ask for comments or questions
- Pass out the course evaluation form.
- Allow Px 15 min to complete the course evaluation form
- Pass out the post-test for Unit 2, Px Handout 2.7.2: Unit 2 Post-Test.
- Allow Px 30 min to complete the test.
formaldehyde solution,
- Chlorine solution (bleach), and
- Decontamination bucket.

Client Records

Client records should be stored in a way that facilitates easy retrieval. Each IUD client record should include the following:

- The date of the consultation and the name of the provider,
- The medical and menstrual history (anything unusual should be noted),
- A record of the physical examination (anything unusual should be noted),
- Any laboratory tests performed,
- A record of the counseling session and information provided,
- Any medications given, and
- Detailed notes of the follow-up visit.

Written informed consent is not necessary for IUD insertion, unless required in national clinical standards and guidelines.

The trained provider will also establish a routine for receiving and serving IUD clients: referring them when necessary, and training her or his support staff in infection prevention, waste disposal, etc. Client information materials about the IUD should be made available to clients and families.
Trainer’s Tools
Transparency 1.1: Unit 1 Objectives

By the end of this unit participants will be able to:
1. Explain key messages related to the IUD as a safe and effective contraceptive method;
2. Describe the types of IUDs available, the mechanism of action, and effectiveness of the IUD;
3. Explain major advantages and disadvantages of the IUD;
4. Describe indications for using the IUD and rationale for each;
5. Identify eligibility criteria for initiating use of the IUD, and explain rationale for each;
6. Respond to rumors and misconceptions about the IUD, raised by clients or service providers;
7. Describe the six key steps of the counseling process, using an approach called RESPECT;
8. Screen a potential client for IUD insertion, using an assessment checklist;
9. Discuss when to insert and remove an IUD;
10. Describe IUD insertion and removal procedures to clients; and
11. Recognize IUD side effects and warning signs of complications.
Transparency 1.2: Female Pelvic Organs
Transparency 1.3: Female Pelvic Organs with IUD
Transparency 2.1: Unit 2 Objectives

By the end of this unit participants will be able to:

1. Demonstrate effective IUD counseling through role-playing;
2. Use standard checklists to take a limited history and perform a limited physical exam in order to advise, screen, and select clients who request IUDs;
3. Load the TCu 380A while it is still inside the sterile package, without touching it directly;
4. Perform all the steps in safe and gentle IUD insertion and removal, efficiently and in correct sequence, according to written standardized protocols for TCu 380A;
5. Describe recommended infection prevention practices in the provision of IUD services, in order to minimize risk to client and provider;
6. Provide follow-up management of the IUD client, including appropriate management of common side effects and referrals for complications; and
7. Describe the minimum clinic requirements and recordkeeping tasks necessary for IUD services.
Transparency 2.2: The TCu 380A IUD
Options for Ice Breakers

1. **Lifelines**

   Purpose: To help participants get to know each other
   
   Time Required: 20 – 30 minutes
   
   Materials Required: Flip chart paper and markers

   Description: Ask participants to draw a line on a piece of flip chart paper turned sidewise. If needed, they may use additional paper. At one end is their date of birth. Along the line participants should record the important events in their life that “shaped” the person they have become today. The events may be personal, professional, or simply interesting.

   After each participant completes their “lifeline” they should explain it to the group.

2. **What’s Your Name?**

   Purpose: To help participants and the trainer to learn each other’s name.
   
   Time Required: 15-20 minutes
   
   Materials Required: None

   Description: Ask each participant to introduce themselves to the group by giving their name and one unusual thing about themselves. For example, “My name is Elizabeth and I drove a tank.” The next person repeats the name and information about the first person and adds his or her own name and fact. Each person follows the same procedure, recalling all of the names and facts.

3. **Shout, Whisper, Sing**

   Purpose: To help participants remember new names.
   
   Time Required: 10 minutes
   
   Materials Required: None

   Description:
   - Ask participants to stand in a circle.
   - Explain that you are going to call out someone’s name as you cross the circle towards him or her. The person whose name you called should then take your place in the center of the circle.
   - The person who is now in the center should call out someone else’s name and that person moves to the center.
   - When your name is called again, continue the game, but this time everyone must whisper the person’s name.
   - Finally when your name is called out again, continue the game, but this time everyone must sing the person’s name.
4. The Interview

Purpose: To introduce participants and learn something about them.
Time Required: 20-30 minutes
Materials Required: Pen and paper for note taking
Description: Ask participants to choose a partner they don’t know.
   ✤ Give five minutes for each person to interview their partner. Instruct them to find out as much about their partner as possible. Notes may be taken.
   ✤ After the interviews ask each person to introduce their partner to the rest of the group.

Note: This introduction works best when the group is less than 20 people.

5. The Cocktail Party

Purpose: For larger groups to get acquainted with as many people in the group as possible.
Time Required: This is up to the trainer. Each introduction takes one minute.
Materials Required: None
Description: Ask each person to introduce themselves to someone and spend a minute learning about each other.
   ✤ After one minute ask everyone to find a new person to get acquainted with for one minute.
   ✤ Continue changing every minute as long as you have time. The longer you spend at the exercise the more people each person will meet.

6. Common Ground

Purpose: This introduction works for small groups, especially for a small group working as a team. It also works well when there are several small groups that make up a larger group.
Time Required: 10-15 minutes
Materials Required: Pen and paper
Description: Instruct each group to list everything they can find that they have in common. Give them a time limit (five minutes or so) and tell them to avoid the obvious things like, we are all in this work shop, etc.
   ✤ Ask each group to assign one person to write down the things the group has in common.
   ✤ When the time is up, ask each group to read the things on their list.

7. Who is Who?

Purpose: To help participants and the trainer to learn something about each other. This exercise works best when people already know each other, at least by name.
Time Required: 20 minutes
Materials Required: A slip of paper for each participant and a bowl
Description:

- Hand out a slip of paper to each participant
- Ask each participant to write several things about themselves that would help other participants recognize them such as tall or thin, hair, glasses, etc.
- Ask participants to fold the slips of paper and put them into a bowl
- Ask each participant to pick a slip of paper from the bowl
- One at a time ask participants to identify the person described on their slip of paper

8. Catch the Ball!

Purpose: To help participants learn each others names
Time Required: 30 minutes
Materials Required: A ball, preferably large and easy to catch
Description:

- Have participants form a circle.
- Begin the exercise by throwing the ball to someone else in the circle.
- The person who catches the ball must name the person who threw it.
- The person who caught the ball throws it to another person who names him or her and the game continues.

Variation: With small groups it is possible for each person who catches the ball to recite the names of all the people who have already thrown the ball.

9. Pass the Fruit

Purpose: To help participants learn something about each other
Time Required: 20 minutes depending on the size of the group
Materials Required: A piece of fruit big enough for participants to pass to each other without using their hands.
Description:

- Arrange participants in a circle.
- Give the first person a piece of fruit and ask him or her to pass the fruit to the next person without using his or her hands.

10. Two Truths and a Lie

Purpose: To help participants who already know each other get to know more about each other.
Time Required: 12- 30 minutes, depending on the number of participants.
Materials Required: One small prize
Description:

- Explain the introductory exercise “Two Truths and a Lie.”
- Each participant should first give their name and designation and then tell the rest of the group three interesting things about themselves. The facts should be things the rest of the participants are not likely to know.
- The group has to decide which piece of information is the lie.
- After everyone has introduced themselves and their lie, ask the group to vote on the best or most imaginative lie.
- Give the person who wins a small prize.

11. Two Loves and One Hate

Purpose: To help participants who already know each other get to know more about each other.

Time Required: 12-30 minutes, depending on the number of participants.

Materials Required: One small prize

Description:

- Ask participants to write down two things they really love and one thing they really hate on a piece of paper. Encourage participants to write unusual things, not ordinary everyday things.
- Instruct participants to put their paper face down and not show other participants.
- Ask each person to take a turn reading their two loves and one hate to the rest of the group. Participants should present each item by saying “The first thing I love or hate is—”
- Ask the rest of the group to guess which things the person loves and what is the one thing the person hates. At the same time the person tells the things they love and hate, they should also briefly introduce themselves to the other participants.
- At the end of the exercise ask participants to vote on which was the most interesting or outrageous “hate” and give a prize.

12. Mix and Match

Purpose: To match up participants for mutual introductions.

Time Required: 30 minutes

Materials: Whatever you use, you will need one for each pair of participants. You may use holiday greeting cards or IEC, or BCC material related to the course.

Description:

- Collect the holiday greeting cards or IEC or BCC material you have decided to use.
- If you use greeting cards, cut off everything except the first page with the picture on it. Whatever you use, you will need one picture for each pair of participants. Each pair should
have a different picture if possible.

- Cut each picture in half. If you don’t have a different picture for each pair of participants, then cut the pictures in half in different ways.
- Distribute one half of a picture to each participant.
- Instruct participants to mix with each other until they find the person holding the other half of their picture.
- When they find a partner, each person should find out enough interesting information about their partner to introduce their partner to the rest of the group.
- Gather the group together and have each pair introduce their partner to the rest of the group.

13. The Walking Billboard

Purpose: To provide an interesting way of having a new group of participants mix with each other and share information about themselves.

Time Required: 30 minutes

Materials Required: A half of a piece of flip chart paper for each participant, masking tape, markers for each participant

Description:
- Ask participants to think of some things they would like to learn about other participants.
- Write these on a flip chart. These might include things like where they work, favorite food, how many children they have, hobbies, etc.
- Have the group agree on five or six favorite items.
- Ask them to take the flip chart paper they have been given, write their name on the top and then answer the questions about themselves.
- Now, ask them to take their flip chart paper and attach it to their back using masking tape.
- Ask them to walk around the room and discover who everyone is.

14. Self-Disclosure

Purpose: To introduce participants to each other. It is useful as an opening exercise for participants who already know each other.

Time Required: Two minutes for each person

Materials: None

Description:
- Ask each person to take two items from their purse or pocket. Suggest that they take out things that are important to them for some reason or another.
- Ask each person to introduce themselves and explain why the item is important to them.

Note: You can also relate this exercise to a specific training. For example, ask “How does this item relate to you as a potential trainer?”
The IUD: An Overview
Pre/Post-Test Answer Key
UNIT 1

Participant Name ________________________________________________

Instructions: Circle the letter(s) that correspond to the correct answer(s). Some questions may have more than one correct answer.

1. Who is the best-qualified person to choose a contraceptive method for a woman in good health?
   a. a trained physician
   b. a woman’s mother in law
   c. the woman herself
   d. the person who counseled her

2. Women who are not in a mutually faithful relationship (i.e., she or her partner have other sexual partners) may be at increased risk of
   a. uterine perforation with IUD insertion
   b. Sexually Transmitted Infections (STIs)
   c. ovarian cancer
   d. all of the above

3. The IUD not only protects a woman from undesired pregnancy, but also from
   a. developing fibroids
   b. HIV infection
   c. anemia
   d. all of the above
   e. none of the above

4. When an IUD client presents with a late period, you should rule out
   a. allergy to copper
   b. pregnancy
   c. cervical cancer
   d. PID
5. Following the insertion of an IUD, you should recommend that the client, even if she has no problems, have it checked after
   a. three days
   b. one week
   c. **three to six weeks**
   d. three to six months

6. The most likely mechanism of action of the IUD is that
   a. it interferes with implantation
   b. **it interferes with fertilization**
   c. it interferes with ovulation
   d. it acts as a barrier to prevent sperm from entering uterus

7. The IUD is NOT an appropriate contraceptive method for a woman who
   a. is taking rifampin
   b. is not sure she wishes to have a tubectomy
   c. **has unexplained vaginal bleeding**
   d. gave birth three weeks ago

8. During counseling on the IUD, a client should be informed that common side effects of the IUD may include
   a. nausea
   b. headaches
   c. **mild cramping and light spotting**
   d. heavy vaginal discharge

9. The IUD is
   a. 90-95% effective
   b. **greater than 99% effective**
   c. 100% effective
   d. none of the above
10. Correctly loading the TCu 380A IUD in the sterile package:
   a. should be done only if sterile gloves are available
   b. assures that the IUD will remain sterile until it is removed from the package
   c. is not necessary for physicians
   d. all of above

11. List the five warning signs that alert the client that something is wrong:

   Abnormal bleeding: (no period, heavy bleeding, abnormal spotting)

   Abnormal discharge

   Pain/dyspareunia

   Fever

   String missing or shorter or longer

12. TRUE or FALSE. Mark “T” or “F” in the blank to indicate true or false.

   a. T Counseling should be integrated into each and every interaction with a FP client.
   b. F Following IUD insertion, heavy, yellow vaginal discharge is common.
   c. F An IUD should only be removed during menstruation.
   d. T An IUD may be inserted at any time during the menstrual cycle, if the provider is reasonably certain that the client is not pregnant.
   e. F After an IUD is removed, a healthy woman may expect several months’ delay in return to fertility.
   f. F It is better to change all IUDs after two years, because leaving them in the uterus for a longer period may lead to development of complications.
   g. F IUDs increase the risk of ectopic pregnancy.
The IUD: Providing Services
Pre/Post-Test Answer Key
UNIT 2

Participant Name ____________________________________________________________

Instructions: Circle the letter(s) that correspond to the correct answer(s). Some questions may have more than one correct answer.

1. In counseling a woman about the advantages of the TCu 380A IUD, you would inform her that the IUD
   a. is permanent
   b. is highly effective
   c. has few side effects for most women
   d. does not interfere with sexual intercourse
   e. is effective in preventing anemia.

2. Which of the following conditions are precautions, which influence the suitability of IUD for a particular woman?
   a. pregnancy
   b. three or more children
   c. at risk for STIs
   d. history of candidiasis
   e. retroverted uterus
   f. current pelvic infection

3. Prior to IUD insertion, a pelvic exam is performed to
   a. determine uterine position and size
   b. rule out anteflexion
   c. rule out pregnancy
   d. rule out presence of infection, masses, and tumors

4. Prior to an IUD insertion all metal instruments used should be
   a. decontaminated with soap and water
   b. decontaminated in 0.5% chlorine solution for 10 minutes
c. cleaned with formaldehyde and water
d. cleaned with detergent and water
e. high level disinfected by boiling in a covered pot for 20 minutes
f. high level disinfected by autoclaving (unwrapped) for 20 minutes at 106kPa pressure at 1210 degrees

5. Key infection prevention activities for IUD insertion include
   a. washing hands carefully
   b. cleaning the cervix and vagina with an antiseptic solution
c. decontaminating, cleaning and high level disinfecting or sterilizing all instruments used
d. proper contaminated waste disposal
e. training and supervision of cleaning staff in infection prevention

6. Reasons for follow up visits after an IUD insertion can include
   a. first check up one week after insertion
   b. first check up three to six weeks after insertion
c. client wants device removed because she doesn’t like it
d. removal when the IUD has been in place for one year

7. The following are warning signs that you should teach to an IUD client, which indicate that she may be having a problem with her IUD and should seek medical attention:
   a. cramping with menses
   b. increased length of menstrual cycle
c. sexual partner has abnormal penile discharge
d. string is longer than usual
e. pain with intercourse

8. IUD clients should be counseled
   a. before the insertion
   b. after insertion
c. during each follow up visit
d. all of the above
True or False: Mark “T” or “F” in the blank to indicate true or false.

9. **T** A woman herself is best at selecting her own contraceptive method.
10. **F** Douching daily after an IUD infection is recommended to prevent PID.
11. **T** A physical exam for an IUD client must include abdominal, speculum, and bimanual exams.
12. **F** You must use high level disinfected or sterile gloves to place a copper IUD in its inserter.
13. **T** A tarnished IUD in a sealed, undamaged package can be used.
14. **T** An IUD can be inserted in a woman who is ovulating.
15. **F** The “push” technique should be used when inserting TCu 380A IUDs.
16. **T** The “no touch” technique should be used when inserting IUDs.
17. **F** An IUD client who has moderate bleeding for seven to ten days after insertion should have the IUD removed immediately.
18. **T** If PID is diagnosed in a woman with an IUD; the IUD should be removed, antibiotic treatment should be started and she should be counseled on and provided with an alternative contraceptive.
19. **T** If an IUD is partially expelled, it should be removed, and a new IUD can be inserted immediately.
20. **F** If a woman becomes pregnant with an IUD, it should be left in place unless a problem develops.
IUD Training Course
Participant Evaluation

Rate each of the following statements as to whether or not you agree with them, using the following key:

5  Strongly agree
4  Somewhat agree
3  Neither agree nor disagree
2  Somewhat disagree
1  Strongly disagree

Course Materials
I feel that:
• The objectives of the module were clearly defined.  5  4  3  2  1
• The material was presented clearly and in an organized fashion.  5  4  3  2  1
• The pre-/post-test accurately assessed my course learning.  5  4  3  2  1
• The competency-based performance checklists were useful.  5  4  3  2  1

Technical Information
• I learned new information in this course.  5  4  3  2  1
I will now be able to:
• Provide appropriate counseling to women considering the IUD as a contraceptive method.  5  4  3  2  1
• Screen clients to determine if the IUD is a good method for them.  5  4  3  2  1
• Provide safe IUD insertion and removal services.  5  4  3  2  1
• Manage side effects and complications of IUDs.  5  4  3  2  1

Training Methodology
The trainers’ presentations were clear and organized.  5  4  3  2  1
Class discussion contributed to my learning.  5  4  3  2  1
I learned practical skills in the role plays and case studies.  5  4  3  2  1
The required reading was informative.  5  4  3  2  1
The trainers encouraged my questions and input.  5  4  3  2  1

**Training Location and Schedule**
The training site and schedule were convenient.  5  4  3  2  1
The necessary materials were available.  5  4  3  2  1

Suggestions

What was the most useful part of this training?

What was the least useful part of this training?

What suggestions do you have to improve the module? Please feel free to reference any of the topics above.
Major References and Training Materials

Introduction to Training:


Unit 1

Unit 2

Intrauterine Devices (IUDs)


**Participant Handout 1.8.1**


- Skjeldestad FE, Hammervold, R., Peterson DR, Outcome of pregnancy with an IUD in situ- a population based control study, Advances in Contraception, 1988;4:265-70.

**Participant Handout 1.8.3**

Participant Handout 2.2.2

- Family Health International. *Checklist for Screening Clients who Want to Initiate Use of the Copper IUD 2006*

Participant Handout 2.2.3


Participant Handout 2.3.1


Participant Handout 2.4.2


Participant Handout 2.4.3


Participant Handout 2.5.1


Participant Handout 2.6.2

Participant Handout 2.6.3


Participant Handout 2.6.4


Transparency 1.2


Transparency 1.3


Transparency 2.2
