

Checklist for Screening Clients Who Want to Initiate Contraceptive Implants

Contraceptive implants, such as Jadelle, Sinoplant, Implanon, and Nexplanon are safe and effective for use by most women, including those who are at risk of cardiovascular disease, sexually transmitted infections (STIs) and HIV infection, or those living with HIV. For some women, implants are generally not recommended because of the presence of certain medical conditions, such as breast cancer. Women who desire to use implants must therefore be screened for certain medical conditions to determine if they are appropriate candidates.

The simple checklist below was developed to help health care providers screen clients who have been counseled about contraceptive options and who have made an informed decision to use implants.

The checklist is based on recommendations included in the *Medical Eligibility Criteria for Contraceptive Use* (WHO, updated 2015). The questions are designed to identify medical conditions that would prevent safe use of implants or require further evaluation. Clients who are ruled out because of their response to some of the medical eligibility questions may still be good candidates for implants if the suspected condition can be excluded through appropriate evaluation. A health care provider should complete the checklist before inserting the implant(s).

Ask the client the questions below about known medical conditions. Examinations and tests are not necessary. If she answers “no” to all of the questions, then she can have implants inserted if she wants. If she answers “yes” to a question, follow the instructions. In some cases she can still start using implants.

1. Do you have or have you ever had breast cancer?

NO **YES** Do not provide implants. Help her choose a method without hormones.

2. Do you have a serious problem now with a blood clot in your legs or lungs?

NO **YES** If she reports a current blood clot (not superficial clots), and she is not on anticoagulant therapy, do not provide implants. Help her choose a method without hormones.

3. Do you have severe cirrhosis of the liver, a liver infection, or liver tumor? (Are her eyes or skin unusually yellow? [signs of jaundice])

NO **YES** If she reports serious liver disease (such as severe cirrhosis or liver tumor), do not provide implants. Help her choose a method without hormones.

4. Are you having vaginal bleeding that is unusual for you?

NO **YES** If she has unexplained vaginal bleeding that suggests pregnancy or an underlying medical condition, implants could make diagnosis and monitoring of any treatment more difficult. Help her choose a method to use while being evaluated and treated (not progestin-only injectables or a copper-bearing or LNG-IUD). After treatment, re-evaluate for use of implants.

5. Have you ever been told that you have a rheumatic disease, such as lupus?

NO **YES** Women should not use implants if they report having lupus with positive (or unknown) antiphospholipid antibodies and are not on immunosuppressive therapy.

If the client answered **NO** to *all of questions 1–5*, she can use implants. Proceed to questions 6–10.

If the client answered **YES** to *question 1*, she is not a good candidate for implants. Counsel about other available methods or refer.

If the client answered **YES** to *any of questions 2–5*, implants cannot be initiated without further evaluation. Evaluate or refer as appropriate, and give condoms to use in the meantime.

Ask questions 6–10 to be reasonably sure that the client is not pregnant. As soon as the client answers **YES** to *any question*, stop, and follow the instructions after question 10.

6. Did your last menstrual period start within the past 7 days?

7. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?

8. Have you abstained from sexual intercourse since your last menstrual period or delivery?

9. Have you had a miscarriage or abortion in the last 7 days?

10. Have you been using a reliable contraceptive method consistently and correctly?

If the client answered **YES** to *at least one of questions 6–10* and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. The client can have implants inserted now.

If the client began her last menstrual period within the past 7 days (5 days for Implanon), she can have implants inserted now. No additional contraceptive protection is needed.

If the client began her last menstrual period more than 7 days ago (5 days for Implanon), she can have implants inserted now, but instruct her that she must use condoms or abstain from sex for the next 7 days. Give her condoms to use for the next 7 days.

If the client answered **NO** to all of questions 6–10, pregnancy cannot be ruled out. She must use a pregnancy test or wait until her next menstrual period to have implants inserted. Give her condoms to use in the meantime.

Roleplay Scenarios and Instructions

Role Play Scenario 1—Client with HIV is interested in and is eligible for implants

Client Description

You are a 29-year-old married woman with HIV. You are monogamous and have three children. You have met previously with a provider at the PMTCT clinic, have learned about different methods of contraception, and are very interested in implants.

Offer this information *only* when the provider asks relevant questions:

- You and your spouse are both HIV-positive.
- Your youngest child is two years old.
- You do not want to become pregnant again for now.
- You have been using condoms consistently and correctly.
- You worry about a condom slipping or breaking and desire a more effective method that is easy to use.
- You feel healthy, have regular menstrual cycles every four weeks, and have no other health problems.

Provider Instructions for Role Plays

Pretend that you are meeting the client for the first time. Ask the client for his or her name and age. Pretend that there is a health center nearby to which you can refer the client, if needed. Remember to:

- Address the reasons for the client's visit
- Facilitate the client's decision-making process
- Integrate information and services related to other RH issues as appropriate
- Help the client act on her or his decision(s)
- Apply your prior experience along with what you have learned from the training and use job aids and tools as appropriate to address the client's concerns.

Observer Instructions for Role Plays

Prior to the start of the interaction:

- Review the Competency-based Checklist so that you are familiar with the behaviors that you are observing and where they appear on the checklist
- Review the case-specific issues on the observer information sheet for the role play

While observing the interaction between the provider and client, remember to:

- Use the Roleplay Observation Checklist to take notes on what happens during the interaction
- Record how well the provider addresses the case-specific issues in the space provided
- Be prepared to give feedback to the provider regarding how well he or she addressed the client's needs

Pay particular attention to whether the provider:

- Helped the client deal with anxiety
- Facilitated communication with a partner
- Allowed the client to make an informed decision
- Verified that the client understood instructions
- Helped the client carry out her decision

Client Instructions for Role Plays

Prior to the start of the interaction:

- Read the client description and make sure you understand your character's situation
- Pick a name for your character. Tell the provider your name, age, and whether you are male or female
- During the interaction, offer information *only* when the provider asks relevant questions. Use the information given in your client

information sheet to respond to the provider's questions. Feel free to ask questions of the provider.

Role Play Scenario 2—Client without children is interested in but is *not* eligible for implants

Client Description

You are a 28-year-old married woman with a busy professional career. You do not want to have children. You have been married and monogamous for over eight years. You have recently seen a promotion for progestin-only implants and have come to the family planning site to learn more about them.

Offer this information *only* when the provider asks relevant questions:

- You are interested in implants, but your husband is concerned that they will make you infertile.
- You are currently using COCs but are tired of the daily pill-taking routine.
- You do not want to have children, but your husband has recently said that he might want children someday.
- You have recently had unexplained bleeding after intercourse.
- You feel healthy and have no other health problems.
- Your last period started four days ago.
- You smoke cigarettes, about 10 to 15 per day.

Provider Instructions for Role Plays

Pretend that you are meeting the client for the first time. Ask the client for his or her name and age. Pretend that there is a health center nearby to which you can refer the client, if needed. Remember to:

- Address the reasons for the client's visit
- Facilitate the client's decision-making process
- Integrate information and services related to other RH issues as appropriate
- Help the client act on her or his decision(s)
- Apply your prior experience along with what you have learned from the training and use job aids and tools as appropriate to address the client's concerns.

Observer Instructions for Role Plays

Prior to the start of the interaction:

- Review the Competency-based Checklist so that you are familiar with the behaviors that you are observing and where they appear on the checklist
- Review the case-specific issues on the observer information sheet for the role play

While observing the interaction between the provider and client, remember to:

- Use the Roleplay Observation Checklist to take notes on what happens during the interaction
- Record how well the provider addresses the case-specific issues in the space provided
- Be prepared to give feedback to the provider regarding how well he or she addressed the client's needs

Pay particular attention to whether the provider:

- Helped the client deal with anxiety
- Facilitated communication with a partner
- Allowed the client to make an informed decision
- Verified that the client understood instructions
- Helped the client carry out her decision

Client Instructions for Role Plays

Prior to the start of the interaction:

- Read the client description and make sure you understand your character's situation
- Pick a name for your character. Tell the provider your name, age, and whether you are male or female
- During the interaction, offer information *only* when the provider asks relevant questions. Use the information given in your client information sheet to respond to the provider's questions. Feel free to ask questions of the provider.

Role Play Scenario 3—Postpartum, breastfeeding client is interested in but is *not* currently eligible for implants

Client Description

You are a 20-year-old woman who gave birth to your first child four weeks ago. You are unmarried and are not in a serious relationship. You read about progestin-only implants in a family planning brochure, and you have come to the family planning site to learn more.

Offer this information *only* when the provider asks relevant questions:

- You love your infant, but your pregnancy was unintentional.
- You use condoms pretty consistently.
- You are in school, want to finish, and cannot afford to have another child anytime soon.
- You have not had a menstrual period since your baby was born.
- You are fully breastfeeding, but you intend to start weaning the baby soon because of the demands of school.
- You feel healthy and have no health problems.
- You have not had sex since the baby was born, but you do have a casual boyfriend.

Provider Instructions for Role Plays

Pretend that you are meeting the client for the first time. Ask the client for his or her name and age. Pretend that there is a health center nearby to which you can refer the client, if needed. Remember to:

- Address the reasons for the client's visit
- Facilitate the client's decision-making process
- Integrate information and services related to other RH issues as appropriate
- Help the client act on her or his decision(s)
- Apply your prior experience along with what you have learned from the training and use job aids and tools as appropriate to address the client's concerns.

Observer Instructions for Role Plays

Prior to the start of the interaction:

- Review the Competency-based Checklist so that you are familiar with the behaviors that you are observing and where they appear on the checklist
- Review the case-specific issues on the observer information sheet for the role play

While observing the interaction between the provider and client, remember to:

- Use the Roleplay Observation Checklist to take notes on what happens during the interaction
- Record how well the provider addresses the case-specific issues in the space provided
- Be prepared to give feedback to the provider regarding how well he or she addressed the client's needs

Pay particular attention to whether the provider:

- Helped the client deal with anxiety
- Facilitated communication with a partner
- Allowed the client to make an informed decision
- Verified that the client understood instructions
- Helped the client carry out her decision

Client Instructions for Role Plays

Prior to the start of the interaction:

- Read the client description and make sure you understand your character's situation
- Pick a name for your character. Tell the provider your name, age, and whether you are male or female
- During the interaction, offer information *only* when the provider asks relevant questions. Use the information given in your client information sheet to respond to the provider's questions. Feel free to ask questions of the provider.

Role Play Scenario 4—Client requires management of implants side effects and an understanding of management instructions

Client Description

You are a 39-year-old woman with three adolescent children. You and your husband are relatively sure you do not want any more children, but your mother-in-law does not think that sterilization would be a good idea. Six weeks ago, you had progestin-only implants inserted. Since then, you have experienced a number of side effects and are very concerned. You are returning to the family planning site because you think you would like to try another method.

Offer this information *only* when the provider asks relevant questions:

- You have been experiencing heavy, irregular bleeding, whereas you had regular cycles with no heavy bleeding before.
- The bleeding concerns you, and you will not be comfortable or satisfied if it continues.
- Your mother-in-law heard from a friend that using implants could result in infertility.

- You feel that your decision to use implants was made too quickly, and you are now having second thoughts.
- You last had sex five days ago.
- You are otherwise healthy.

Provider Instructions for Role Plays

Pretend that you are meeting the client for the first time. Ask the client for his or her name and age. Pretend that there is a health center nearby to which you can refer the client, if needed. Remember to:

- Address the reasons for the client's visit
- Facilitate the client's decision-making process
- Integrate information and services related to other RH issues as appropriate
- Help the client act on her or his decision(s)
- Apply your prior experience along with what you have learned from the training and use job aids and tools as appropriate to address the client's concerns.

Observer Instructions for Role Plays

Prior to the start of the interaction:

- Review the Competency-based Checklist so that you are familiar with the behaviors that you are observing and where they appear on the checklist
- Review the case-specific issues on the observer information sheet for the role play

While observing the interaction between the provider and client, remember to:

- Use the Roleplay Observation Checklist to take notes on what happens during the interaction
- Record how well the provider addresses the case-specific issues in the space provided

- Be prepared to give feedback to the provider regarding how well he or she addressed the client's needs

Pay particular attention to whether the provider:

- Helped the client deal with anxiety
- Facilitated communication with a partner
- Allowed the client to make an informed decision
- Verified that the client understood instructions
- Helped the client carry out her decision

Client Instructions for Role Plays

Prior to the start of the interaction:

- Read the client description and make sure you understand your character's situation
- Pick a name for your character. Tell the provider your name, age, and whether you are male or female
- During the interaction, offer information *only* when the provider asks relevant questions. Use the information given in your client information sheet to respond to the provider's questions. Feel free to ask questions of the provider.

Role Play Scenario 5—Client with HIV is using implants but needs to discontinue due to new health condition

Client Description

You are a 28-year-old single woman with HIV. You started implants about four months ago. Initially you experienced mild side effects which recently escalated. You have returned to the clinic to express your concern.

Offer this information *only* when the provider asks relevant questions:

- You have been experiencing bleeding patterns that are irregular and somewhat heavier and more prolonged than what is typical for you.
- You began getting headaches soon after the implants were inserted, but recently you have been experiencing migraine headaches with an aura.

- About two months ago, you were prescribed a new antiretroviral drug regimen.
- You have no other health conditions and have been feeling well since starting the new ARV regimen.
- You are in a relationship with a partner who is also HIV-positive, and you do not want to become pregnant at this time.

Provider Instructions for Role Plays

Pretend that you are meeting the client for the first time. Ask the client for his or her name and age. Pretend that there is a health center nearby to which you can refer the client, if needed. Remember to:

- Address the reasons for the client's visit
- Facilitate the client's decision-making process
- Integrate information and services related to other RH issues as appropriate
- Help the client act on her or his decision(s)

Apply your prior experience along with what you have learned from the training and use job aids and tools as appropriate to address the client's concerns.

Observer Instructions for Role Plays

Prior to the start of the interaction:

- Review the Competency-based Checklist so that you are familiar with the behaviors that you are observing and where they appear on the checklist
- Review the case-specific issues on the observer information sheet for the role play

While observing the interaction between the provider and client, remember to:

- Use the Roleplay Observation Checklist to take notes on what happens during the interaction
- Record how well the provider addresses the case-specific issues in the space provided
- Be prepared to give feedback to the provider regarding how well he or she addressed the client's needs

Pay particular attention to whether the provider:

- Helped the client deal with anxiety
- Facilitated communication with a partner
- Allowed the client to make an informed decision
- Verified that the client understood instructions
- Helped the client carry out her decision

Client Instructions for Role Plays

Prior to the start of the interaction:

- Read the client description and make sure you understand your character's situation
- Pick a name for your character. Tell the provider your name, age, and whether you are male or female
- During the interaction, offer information *only* when the provider asks relevant questions. Use the information given in your client information sheet to respond to the provider's questions. Feel free to ask questions of the provider.

Roleplay Observation Checklist

Case: _____ Provider: _____ Client: _____ Observer: _____ Date: _____								
Overall: Communicate Effectively and Maintain Rapport Shows respect and avoids judging client Maintains relaxed, friendly and attentive body postures and eye contact Uses simple, clear language Uses open-ended and probing questions correctly Listens carefully to client (paraphrases and reflects) Asks client about feelings (and shows empathy) Encourages client participation Explains what will occur during visit and procedures Ensures client understanding and corrects misunderstandings Uses job aids appropriately Offers to involve client's partner Records data according to protocols Establish Rapport and Assess Client's Needs and Concerns Greets client appropriately Ensures confidentiality and privacy and that client is comfortable Asks about reason for visit Asks about client's partner(s), children, family, sexual behavior, health Asks about plans to have children, desire for FP (e.g., spacing, limiting)... Explores STI risk and what client does to avoid STIs	Yes	No	N/A	Help Client Make an Informed Decision or Address a Problem Asks client if he or she has any questions about methods of interest Asks client to choose a method Uses screening checklist to determine if client can use the method Agrees on decision or plan in partnership with client Provide Assistance to Support Client's Decision Gives contraceptive method and condoms for dual-method use, if needed Explains and/or demonstrates correct use Asks client to explain or demonstrate correct use, and reinforces client's understanding and/or corrects client's demonstration Reminds client about side effects and reasons for returning Gives treatment, supplies, medications (as indicated) Role plays or rehearses negotiation skills and helps client plan approach Arranges follow-up, resupply, and referral to other services, as needed ... Case-Specific Observations or Questions:	Yes	No	N/A	

Identifies areas to evaluate during physical exam (if indicated)			
Provide Information and Options Related to Client's Concerns						
Advises on preventing STIs (i.e., abstain, fewer partners, use condoms)						
Advises on achieving desired pregnancy as safely as possible			
Explains benefits of FP and healthy spacing			
Helps client identify FP methods suited to her or his needs.....						
Gives information on FP methods of interest.....						
Responds to other client questions or concerns			

Competency-based Skills Checklist for Contraceptive Implants Counseling and Clinical Skills

Date of Assessment: _____ Dates of Training: _____

Place of Assessment: Facility: _____ Classroom: _____

Name of Facility: _____

Type of Facility: ☐ MOH/Gov't ☐ NGO ☐ Other

Level of Facility: ☐ Primary ☐ Secondary ☐ Tertiary

Name of the Student: _____

Name of the Assessor: _____

This assessment tool contains the detailed steps that a student should follow in counseling and providing client instructions for implants. The checklist may be used during training to monitor the progress of the trainee as s/he acquires the new skills and it may be used during the clinical phase of training to determine whether the student has reached a level of competence in performing the skills. It may also be used by the trainer or supervisor when following up or monitoring the student. The student should always receive a copy of the assessment checklist so that s/he may know what is expected of her/him.

Instructions for the Assessor

1. Always explain to the client what you are doing before beginning the assessment. Ask for the client's permission to observe.
2. Begin the assessment when the trainee greets the client.
3. Use the following rating scale:
1= Needs Improvement. Step or task not performed correctly or out of sequence (if necessary) or is omitted.
2= Competently Performed. Step or task performed correctly in proper sequence (if necessary) but participant does not progress from step to step efficiently.
3= Proficiently Performed. Step or task efficiently and precisely performed in the proper sequence (if necessary).
Not observed: Step, task, or skill not performed by the student during evaluation by the trainer.
4. Continue assessing the student throughout the time s/he is with the client, using the rating scale.
5. Observe only and fill in the form using the rating numbers. Do not interfere unless the student misses a critical step or compromises the safety of the client.
6. Write specific comments when a task is not performed according to standards.
7. Use the same copy for several observations.
8. When you have completed the observation, review the results with the student. Do this in private, away from the client or other students.

TASK/ACTIVITY	CASES			COMMENTS
Initial Interview	1	2	3	
Greets client in a friendly and respectful manner.				
Maintains eye contact with the client.				
Concentrates fully on what the client is saying.				
Asks what MCH/FP service she is seeking and respond to any general questions she may have.				
Provides general information about MCH services and FP methods available.				
Explains what to expect during clinic visit.				
Asks client if she has a method in mind.				
Asks client her feelings about or experience with a method.				
Helps client to make an informed choice: e.g.,				
• Asks client about reproductive goals, to space or limit births				
• Explores any attitudes or religious beliefs that may favor or rule out one or more methods				
• Briefly explains contraceptive choices available				
• Briefly explains benefits/advantages of				
• Briefly explains risks/disadvantages of each				
• Asks client if she has any questions and responds to these				
• Asks client which method she prefers				
Method-Specific Counseling	1	2	3	
Ensures necessary privacy.				
Obtains necessary biographical data (name, address, age, etc.).				

TASK/ACTIVITY	CASES			COMMENTS
Method-Specific Counseling, continued	1	2	3	
If the client chooses implants:				
<ul style="list-style-type: none"> Asks her what she knows about implants. Corrects any myths, rumors or misinformation she may express. 				
<ul style="list-style-type: none"> Asks if she has used implants in the past. What was her experience? 				
<ul style="list-style-type: none"> Gives client an implant to look at and handle. 				
<ul style="list-style-type: none"> Explains advantages of the implants, including non- contraceptive benefits. 				
<ul style="list-style-type: none"> Explains that implants are one of the most effective methods and last for 3-5 years, (depending on the kind of implant). 				
<ul style="list-style-type: none"> Briefly explains how implants work. 				
<ul style="list-style-type: none"> Explains potential common side effects of the implant. Stress that she may experience some (or possibly none) of these and that they can all be managed: <ul style="list-style-type: none"> Changes in bleeding patterns Headaches Abdominal pain Acne (can improve or worsen) Weight changes Breast tenderness Dizziness Mood changes Nausea 				
<ul style="list-style-type: none"> Reassures client that most side effects are not serious and will decrease or stop after a few months of use. 				
<ul style="list-style-type: none"> Describes the insertion process and what the client should expect during and after the procedure. 				
<ul style="list-style-type: none"> Responds to any questions or concerns the client may have. 				

TASK/ACTIVITY	CASES			COMMENTS
<ul style="list-style-type: none"> Explains that s/he will ask the client some questions and performs a pelvic examination to insert the implant. 				
Client Screening	1	2	3	
Screens client using <i>Checklist for Screening Clients Who Want to Initiate Contraceptive Implants</i>. Asks all questions on checklist and record responses.				
1. Have you ever been told you have breast cancer?				
2. Do you currently have a blood clot in your legs or lungs?				
3. Do you have severe cirrhosis of the liver, a liver infection, or liver tumor? Are her eyes or skin unusually yellow? (signs of jaundice)				
4. Do you have bleeding between menstrual periods, which is unusual for you?				
5. Have you ever been told that you have a rheumatic disease, such as lupus?				
<ul style="list-style-type: none"> If the client answered NO to <i>all of questions 1–5</i>, she can use implants. Proceed to questions 6–10. If the client answered YES to <i>question 1</i>, she is not a good candidate for implants. Counsel about other available methods or refer. If the client answered YES to <i>any of questions 2–5</i>, implants cannot be initiated without further evaluation. Evaluate or refer as appropriate, and give condoms to use in the meantime. 				

TASK/ACTIVITY	CASES			COMMENTS
Client Screening, continued	1	2	3	
Ask questions 6–10 to be reasonably sure that the client is not pregnant. As soon as the client answers YES to <i>any question</i> , stop, and follow the instructions after question 10.				
6. Did your last menstrual period start within the past 7 days?				
7. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?				
8. Have you abstained from sexual intercourse since your last menstrual period or delivery?				
9. Have you had a miscarriage or abortion in the last 7 days?				
10. Have you been using a reliable contraceptive method consistently and correctly?				
<ul style="list-style-type: none"> If the client answered YES to <i>at least one of questions 6–10</i> and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. The client can have implants inserted now. If the client began her last menstrual period <i>within the past 7 days (5 days for Implanon)</i>, she can have implants inserted now. No additional contraceptive protection is needed. If the client began her last menstrual period <i>more than 7 days ago (5 days for Implanon)</i>, she can <i>have implants inserted now</i>, but instruct her that she must <i>use condoms or abstain from sex for the next 7 days</i>. Give her condoms to use for the next 7 days. If the client answered NO to <i>all of questions 6–10</i>, pregnancy cannot be ruled out. She must use a pregnancy test or wait until her next menstrual period to have implants inserted. Give her condoms to use in the meantime. 				

TASK/ACTIVITY	CASES			COMMENTS
Preparing For Implant Insertion	1	2	3	
Checks to be sure client has washed her entire				
Covers the procedure table and arm support with a clean cloth.				
Asks client to lie on her back with arm resting on the arm support.				
Prepares clean instrument tray and opens the sterile instrument pack without touching sterile items.				
Opens implant package according to instructions.				
Before Implant Insertion	1	2	3	
Washes hands with antiseptic soap and dries them on a clean towel or air-dries them.				
Puts sterile or high level disinfected (HLD) gloves on both hands without contaminating them.				
Arranges instruments and supplies so that they are easily accessible.				
Cleans insertion site with antiseptic, using cotton or gauze and a tissue forceps.				
Covers insertion arm with sterile or HLD drape.				
Determines optimal insertion site by measuring 8cm/3inches above the elbow fold and marks where the incision will be made.				
Asks client whether she has ever had an allergic reaction to local anesthetic.				
Injects local anesthetic (1% without epinephrine) just under skin, using sterile syringe and needle.				
Injects local anesthetic into tracks where implant will be placed and gently rubs the area to spread the anesthesia.				
Observes for allergic reaction to anesthetic before making incision.				

TASK/ACTIVITY	CASES			COMMENTS
Implant Insertion: <i>Jadelle</i> or <i>Sino-Plant</i>	1	2	3	
Gently touch the insertion site with forceps to make sure the anesthetic is working.				
Holds the scalpel at about a 45° angle, makes a small 2mm incision which just penetrates the skin.				
Inserts the trocar and plunger through the incision at a shallow angle with the beveled tip of the trocar facing up and moves the trocar forward, stopping as soon as the tip is completely beneath the dermis.				
While tenting the skin, advances trocar and plunger to mark (1) nearest hub of trocar.				
Removes plunger.				
Inserts first rod into trocar sleeve.				
Reinserts plunger and advances it until resistance against the rod is felt.				
Holds plunger firmly in place with one hand and slides trocar out of incision until it reaches plunger handle.				
Withdraws trocar and plunger together until mark (2) nearest trocar tip just clears incision (does not remove trocar from skin).				
Moves tip of trocar away from end of first rod and holds rod out of the path of the trocar.				
Redirect trocar about 15 degrees and advances trocar and plunger to mark.				
Inserts remaining rod using same technique.				
Palpates ends of rods to be sure the rods are placed correctly ("V" shape) and palpates incision to check that ends of rods are about 5mm away from incision.				
Carefully withdraws the trocar and presses down on the incision with a gauzed finger for a minute or so to stop any bleeding.				
Implant Insertion: <i>Jadelle</i> or <i>Sino-Plant</i>, <i>cont'd</i>	1	2	3	
Removes the drape and cleans the area around the insertion site with sterile disinfectant and cotton or gauze				

TASK/ACTIVITY	CASES			COMMENTS
Brings edges of incision together and closes it with band aids or surgical tape with sterile cotton.				
Applies pressure dressing snugly.				
Implant Insertion: <i>Implanon</i>	1	2	3	
While keeping the shield on the needle, visually verifies the presence of the implant.				
Stretches skin around the insertion site with thumb and index finger.				
Inserts tip of the needle at a slight angle until the tip of the bevel just barely goes under the skin.				
Releases the skin and lowers the applicator to a horizontal position.				
Lifts the skin with the tip of the needle.				
While tenting the skin, gently inserts the needle to its full length (keeping the cannula parallel to the surface of the skin).				
Breaks the seal of the applicator by pressing the obturator support.				
Turns the obturator 90 degrees with respect to the cannula.				
Fixes the obturator firmly against the arm				
With the free hand, slowly pulls the cannula out of the arm				
Checks the needle for absence of the implant				
Verifies presence of implant by palpitation				
Removes the drape and cleans the area around the insertion site with sterile disinfectant and cotton or gauze				
Implant Insertion: <i>Implanon, continued</i>	1	2	3	

TASK/ACTIVITY	CASES			COMMENTS
Brings edges of incision together and closes it with band aids or surgical tape with sterile cotton.				
Applies pressure dressing snugly.				
Post-Insertion Tasks	1	2	3	
Places used instruments in chlorine solution for decontamination before removing gloves.				
Disposes of waste materials according to guidelines.				
Removes reusable gloves and places them in chlorine solution.				
Washes hands with soap and water.				
Completes the client record.				
Post-Insertion Counseling	1	2	3	
Instructs client to keep the insertion area dry for 4 days and that she can take off the elastic bandage or gauze after 2 days and the adhesive bandage after 5 days.				
Explains to the client that her arm may be sore for a few days and that she may have some swelling or bruising at the insertion site.				
Assures the client that she can come back any time she has concerns and tell her the month and year when the implant should be removed.				
Assures the client that she can have the implant removed any time she desires				
Explains in a non-alarming way the <u>warning signs</u> , stressing the rarity of these:				
• Infection at the insertion (red with increased heat and tenderness or pus)				
• Implant begins to come out of the arm				
• Heavy bleeding, twice as long or twice as much as normal				
• Severe lower abdominal pain				
• Repeated very painful headache or blurred vision				

TASK/ACTIVITY	CASES			COMMENTS
Post-Insertion Counseling, continued	1	2	3	
Discusses what to do if the client experiences any side effects or problems.				
Asks client a few questions to ensure that she understands and remembers key instructions.				
Observes the client for 15-20 minutes before sending her home.				
Reassures client that s/he is available to see her if she has any problems or questions or needs advice.				
Documents/records the visit according to local clinic guidelines.				
Return Visit Counseling	1	2	3	
Greets the client in friendly and respectful manner.				
Ensures privacy.				
Asks the following questions:				
• Have you been happy using the implant?				
• Have you had any concerns or problems?				
• Has your health changed in any way since you had your implant was inserted?				
• Do you have any questions you would like me to answer?				
• How are you protecting yourself from STIs? (Explains dual protection)				
• Do you need some condoms?				
• May I examine you?				
Pre-Removal Counseling	1	2	3	
Greets the client in friendly and respectful manner.				
Establishes the purpose of the visit.				
Asks the client her reason for removal and answers any questions she may have.				

TASK/ACTIVITY	CASES			COMMENTS
Reviews the client's present reproductive goals (e.g., does she want to continue spacing or limiting births?).				
Pre-Removal Counseling, counseling	1	2	3	
A new implant can be inserted through the same incision or in the opposite arm if continued use of an implant system is requested.				
Describes the removal procedure and she should expect during the removal and afterwards.				
Removal of Implants	1	2	3	
Checks to be sure that all removal equipment is present, in good condition, and has been properly sterilized.				
Checks to be sure client has thoroughly washed and rinsed her entire arm.				
Washes hands thoroughly with soap and water and dries with a clean cloth or allows to air dry.				
Positions woman's arm over a clean, dry cloth and palpates rod(s) to determine point for incision.				
Confirms the position of each rod by making a mark at both ends of the rod(s).				
Prepares an instrument tray.				
Puts new examination (disposable) or HLD or sterile (reusable) gloves on both hands.				
Prepares removal site with antiseptic solution.				
Places high level disinfected drape over arm.				
Injects small amount of anesthetic (1% without epinephrine) at the incision site and <u>under</u> the end of the capsules.				
Checks for anesthetic effect before make skin incision.				

TASK/ACTIVITY	CASES			COMMENTS
"U" Removal Technique for Jadelle/ Sino-Plant Rods	1	2	3	
Chooses a point for incision between the rods, about 5 mm from the ends of the rods nearest the elbow.				
Makes a small (4 mm) vertical incision with a scalpel to with a scalpel, close to the proximal ends of the implant (below the bottom of the V).				
Pushes each implant gently towards the incision with the finger.				
When the tip of the rod is visible, grasp it with the forceps and gently pull it out. Repeat with the second rod.				
Stabilizes the rod that is closest to the incision by placing the index finger parallel to the rod.				
Advances the forceps until the tip touches the rod. Then opens the forceps and grasps the rod at a right angle to its long axis about 5 mm above the distal end.				
Cleans off and opens the fibrous tissue sheath surrounding the rod by gently rubbing with sterile gauze to expose the rod for easy removal.				
Uses the curved forceps (mosquito or Crile) to grasp the exposed part of the rod. Releases the holding forceps and slowly and gently removes the rod.				
Places the rod in a small bowl containing 0.5% chlorine solution for 10 minutes for decontamination prior to disposal.				
Removes the remaining rod using the same technique outlined above.				
Forceps Technique for Implanon Removal	1	2	3	
Pushes down the proximal tip to fix the implant.				
Makes a longitudinal incision of 2 mm from below the distal tip of the implant toward the distal tip of the implant.				
Gently pushes the implant towards the incision with fingertip until the tip of the implant is visible.				
Grasps the implant with forceps and removes it by gently pulling it toward the incision.				

TASK/ACTIVITY	CASES			COMMENTS
Closes the incision with butterfly closure.				
Post-Removal Tasks	1	2	3	
Places used instruments in chlorine solution for decontamination.				
Disposes of waste materials according to guidelines.				
Removes reusable gloves and places them in chlorine solution.				
Washes hands with soap and water.				
Records implant removal in client record.				
Post-Removal Counseling	1	2	3	
Discusses what to do if the client experiences any problems such as signs of infection or pain at the removal site.				
Answers any questions.				
Reviews general and method-specific information about family planning methods, if the client wants to continue spacing or limiting				
Assist the client in obtaining new contraceptive methods or provides temporary (barrier) method until method of choice can be started.				
Observes the client for five minutes before sending her home.				

Comments: _____



Implant Checklist for Providers

Before inserting the implant, discuss these points with the client and check that she understands them.

- ☐ We offer a variety of contraceptive methods, and you can choose the one you want.
- ☐ It will hurt a bit to get the implant inserted and probably a bit more to get it removed.
- ☐ The implant will change your bleeding pattern and probably will cause lighter bleeding and fewer days of bleeding, irregular bleeding that lasts more than 8 days, infrequent bleeding, and no monthly bleeding.
- ☐ The insertion and removal procedures may bruise your arm and leave a small visible scar.

Checklist: Providing Implants, With Appropriate Infection Prevention Practices

Although insertion and removal of implants are minor surgical procedures, careful infection prevention procedures must be followed with every client. Infection prevention during insertion and removal involves aseptic technique (performing the procedures under sterile conditions). Proper infection prevention procedures minimize the chances of blood-borne infections such as HIV and hepatitis B and of infections at the insertion site. Infection at the insertion site may require early removal or cause spontaneous expulsion of implants. Generally, sterilization is required for instruments such as scalpels and needles that touch tissue beneath the skin. If sterilization is not possible or practical, instruments must be high-level disinfected.

Family planning providers can use this checklist to help ensure that the procedure is done safely:

Getting Ready

- ☐ Have the client wash her entire arm and hand (the one she uses less often) with soap and water, and dry with clean towel or air-dry.
- ☐ Cover the procedure table and arm support with a clean cloth.
- ☐ Ask the client to lie on her back on the table so that the arm in which the implants will be placed is turned outwards and bent at the elbow and is well supported.
- ☐ Prepare a clean instrument tray and open the sterile instrument pack without touching the instruments or other items.
- ☐ For *Jadelle* and *Sino-Implant (II)*, carefully open the sterile pouch containing the implants by pulling apart the sheets of the pouch and, without touching the rods, allowing them to fall into a sterile cup or bowl.
- ☐ For *Implanon*, remove the sterile applicator with the preloaded implant from the package by allowing it to fall on the sterile tray without touching it.

Before Insertion

- ☐ Wash hands thoroughly with antiseptic soap and water and dry with clean towel or air-dry.
- ☐ Put sterile or high-level disinfected gloves on both hands before each procedure. (If using gloves with powder, rinse them in sterile or boiled water before starting the procedure because the powder may fall into the insertion site and cause scarring.)
- ☐ Clean the insertion site with a cotton or gauze swab soaked in antiseptic solution and held in a sterile or high-level disinfected forceps.
- ☐ Use sterile surgical drape with a hole in it to cover the arm. The hole should be large enough to expose the entire area where the implants will lie once they are inserted. (If sterile drape is not available, use a clean drape or linen that has been washed, dried, ironed, and stored in a clean closet.)
- ☐ When giving local anesthetic, use a new disposable syringe and needle, from a sealed package, if available. An auto-disable syringe is preferable.



During Insertion

Jadelle and Sino-Implant (II):

- ☐ To minimize risk of infection and/or expulsion, make sure that the ends of the rods nearest to the incision are not too close (not less than 5 mm) to the incision. If the tip of the rod protrudes from or is too close to the incision, it should be carefully removed and reinserted in the proper position. Also, to enable easy removal of both rods from a single incision, it is important that the ends of the rods closest to the incision are not farther apart, one from the next, than the width (not length) of one implant.
- ☐ While inserting the implants, try not to remove the trocar from the incision. Keeping the trocar in place minimizes tissue trauma, decreases the chances of infection, and minimizes insertion time.

Implanon:

- ☐ After confirming that the rod is in the applicator, remove the needle shield. Without the needle shield, the implant can fall out, so keep the applicator in the upright position until the moment of insertion. If it falls out or if contamination otherwise occurs, use a new package with a new sterile applicator.

After Insertion

- ☐ Press down on the incision with gauze for a minute or so to stop any bleeding, and then clean the area around the insertion site with antiseptic solution on a swab.
- ☐ Use an adhesive bandage or surgical tape with sterile cotton to cover the insertion site. Check for any bleeding. Cover with a dry compress and wrap gauze around arm tight enough to provide some compression to minimize bleeding under the skin (hematoma), but not so tight that it will cause pain and paleness in the arm.

- ☐ Dispose of the single-use applicator (for *Implanon*) and used disposable syringes and needles in a puncture-resistant container.

- ☐ Immediately after inserting or removing the implants, decontaminate the trocar, scalpel, syringe and needle, and any other nondisposable instruments by soaking them in a 0.5% chlorine solution for 10 minutes. Decontamination makes them safer for final processing of the instruments (described below).

- ☐ Dispose of contaminated objects (gauze, cotton, and other waste items) in a properly marked leak-proof container with a tight-fitting lid or in a plastic bag.

- ☐ If disposable gloves were used, carefully remove gloves by inverting and place in the waste container.

- ☐ If reusable gloves were used, immerse both gloved hands briefly in the chlorine solution to decontaminate the outside, and then remove the gloves by inverting.
- ☐ Clean instruments and gloves after they have soaked in the chlorine solution for 10 minutes (as described above). Wash instruments with a brush, using water and either liquid soap or detergent. Avoid bar soap or powdered soap, which can stay on the equipment. Rinse and dry the equipment. While cleaning, wear utility gloves and an apron.
- ☐ Sterilize instruments and gloves in a high-pressure steam autoclave or a dry-heat oven or with chemicals. If sterilization is not possible or practical, high-level disinfect them by boiling, by steaming, or with chemicals.
- ☐ Decontaminate all surfaces that could have been contaminated by blood, such as the procedure table or instrument stand, by wiping them down with 0.5% chlorine solution.
- ☐ Wash hands with soap and water and dry with clean towel or air-dry.

Sources: McIntosh 1993 (8), Organon 1999 (9), Organon 2005 (10), EngenderHealth 2001 (4), World Health Organization 2004 (16), and World Health Organization and Johns Hopkins Bloomberg School of Public Health 2007 (17)

