

Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD

Research findings over the past 30 years have established that intrauterine devices (IUDs) are safe and effective for use by most women, including those who have not given birth, who want to space births, and those living with or at risk of HIV infection. For some women, IUDs are not recommended because of the presence of certain medical conditions, such as genital cancer and current cervical infection. For these reasons, women who desire to use an IUD must be screened for certain medical conditions to determine if they are appropriate candidates for the IUD. This simple checklist can be used to help health care providers screen clients who were counseled about contraceptive options and made an informed decision to use an IUD. This updated checklist complies with the recommendations of the *Medical Eligibility Criteria for Contraceptive Use* (WHO, updated 2015). A health care provider should complete the checklist before inserting an IUD. Adapted from *Screening Clients Who Want to Initiate Use of the Copper IUD*, FHI 360, 2016 www.fhi360.org.

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. Did you give birth more than 48 hours ago but less than 4 weeks ago?

NO **YES** Delay inserting an IUD until 4 or more weeks after childbirth.

2. Do you have an infection following childbirth or abortion

NO **YES** If she currently has an infection of the reproductive organs during the first 6 weeks after childbirth (puerperal sepsis) or she just had an abortion related infection in the uterus (septic abortion), do not insert the IUD. Treat or refer if she is not already receiving care. Help her choose another method or offer a backup method. After treatment, re-evaluate for IUD use.

3. Do you have bleeding between menstrual periods that is unusual for you, or bleeding after intercourse (sex)?

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

4. Do you have any female conditions or problems (gynecologic or obstetric conditions or problems), such as genital cancer or pelvic tuberculosis? If so, what problems?

NO **YES** Known current cervical, endometrial, or ovarian cancer; gestational trophoblast disease; pelvic tuberculosis: do not insert the IUD. Treat or refer for care if she is not already receiving care. Help her choose another method. In case of pelvic tuberculosis, re-evaluate for IUD use after treatment.

5. Do you have AIDS?

NO **YES** If she has severe or advanced HIV clinical disease, do not insert an IUD. You can insert an IUD if she has HIV clinical disease that is mild or with no symptoms (including doing well on ART). If a woman who has an IUD in place becomes infected with HIV or her HIV clinical disease becomes severe or advanced, she can keep the IUD.

6. Assess whether she is at very high individual risk for STIs.

NO **YES** Women who have a very high individual likelihood of STIs should not have an IUD inserted.

If the client answered **NO** to **all of questions 1–6**, she can use an IUD. Proceed to questions 7–11.

Ask questions 7–11 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 11.

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

8. 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?

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

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

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

If the client answered **YES** to **at least one of questions 7–11** and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. The client can have an IUD inserted now.

In many cases a woman can start the IUD any time it is reasonably certain she is not pregnant.

If the client answered **NO** to all of questions 7–11, pregnancy cannot be ruled out. She must use a pregnancy test or wait until her next menstrual period to have the IUD inserted. Give her condoms to use in the meantime.

Adapted from: World Health Organization Department of Reproductive Health and Research and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, Knowledge for Health Project, *Family Planning: A Global Handbook for Providers*, Baltimore and Geneva, 2007, 2008, 2011, 2017.

2. Have you been told that you have any type of cancer in your genital organs, trophoblastic disease, or pelvic tuberculosis?

NO YES Do not insert the IUD. Clients with genital cancer or trophoblastic disease are at higher risk of perforation and bleeding at the time of insertion. IUD insertion in clients with current pelvic tuberculosis may lead to a higher risk of secondary infection and bleeding.

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

NO YES This question is intended to identify women who have been diagnosed with systemic lupus disease with severe thrombocytopenia. Women with severe thrombocytopenia have an increased risk of bleeding and should usually not initiate use of an IUD.

4. Within the last 3 months, have you had more than one sexual partner?

Clients who have multiple sexual partners are at high risk of contracting STIs. Unless chlamydia and/or gonorrhea infection can be reliably ruled out, these clients are not good candidates for IUD insertion.

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 for Copper Intrauterine Devices

Role Play Scenario 1—Client is interested in and is eligible for an IUD

IUD Scenario 1—Client information Sheet	IUD Scenario 1—Observer Information Sheet
<p>Client Description: You are a 23-year-old woman who gave birth to your first child six weeks ago, and you have abstained from sexual intercourse since the birth. You and your husband are mutually monogamous. You are interested in IUDs.</p> <p>Offer this information <u>only</u> when the provider asks relevant questions:</p> <ul style="list-style-type: none"> • You have been married for one year. • You and your spouse are both HIV positive. • You do not want to become pregnant. • You used condoms before, but worry about condom slippage and breakage. • You feel healthy and have no other health problems. • You are not breastfeeding because you don't want to pass HIV to the baby. 	<p>Make note of whether the provider performs these case-specific tasks:</p> <ul style="list-style-type: none"> • Assesses the client's reproductive health goals, fertility intentions, and life plans • Ensures that the client understands her contraceptive options, including emergency contraception • Screens client for medical eligibility using the checklist • Outlines insertion and follow-up procedures • Emphasizes the benefits of using condoms even though both partners are HIV-positive • Offers couples counseling <p>Methods for which the client is eligible:</p> <ul style="list-style-type: none"> • Implants • IUD • DMPA or NET-EN • COCs

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Copper Intrauterine Devices

Role Play Scenario 2—Client is interested in and is not yet eligible for an IUD

IUD Scenario 2—Client Information Sheet	IUD Scenario 2—Observer Information Sheet
<p>Client Description You are a 32-year-old married woman. You do not want to have children. You have been married and monogamous for over eight years. You have recently seen a promotion for IUDs and have come to the family planning site to learn more about them.</p> <p>Offer this information <u>only</u> when the provider asks relevant questions:</p> <ul style="list-style-type: none"> • You are interested in an IUD, but your husband is concerned that they will make you infertile. • You do not want to have children but your husband has recently said that he does. • You have recently had unexplained bleeding after intercourse. • Your last menstrual cycle started four days ago. • You feel healthy and have no other health problems. 	<p>Make note of whether the provider performs these case-specific tasks:</p> <ul style="list-style-type: none"> • Assesses the client’s reproductive health goals, fertility intentions, and life plans • Ensures the client understands possible side effects, especially the likelihood of cramping and prolonged bleeding • Addresses the husband’s concern about infertility and corrects misunderstandings about IUDs • Screens client for medical eligibility using the checklist • Explains the needs for an evaluation or exam to determine cause of unexplained bleeding (before initiation of an IUD) • Offers couples’ counseling, particularly if husband needs further reassurance about the safety of IUDs <p>Methods for which the client is eligible:</p> <ul style="list-style-type: none"> • COCs • Male or female condoms

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Role Play Scenario 3—Client is interested in but is not eligible for an IUD

IUD Scenario 3—Client Information Sheet	IUD Scenario 3—Observer Information Sheet
<p>Client Description You are a 20-year-old woman who gave birth to your first child three weeks ago. You are unmarried and are not in a serious relationship. You read about IUDs in a family planning brochure, and you have come to the family planning site to learn more.</p> <p>Offer this information only when the provider asks relevant questions:</p> <ul style="list-style-type: none"> • You adore your child, but your pregnancy was unintentional. • You use condoms consistently. • You are in school and want to finish. You do not think you can afford to have another child. • You have not had a menstrual period since your baby was born. • You are fully breastfeeding, but you intend to stop because of the demands of school. • You have not had sex since the baby was born, but you do have a casual boyfriend. • You feel healthy and have no health problems. 	<p>Make note of whether the provider performs these case-specific tasks:</p> <ul style="list-style-type: none"> • Assesses the client’s reproductive health goals, fertility intentions, and life plans • Ensures the client understands her contraceptive options described in the FP brochure. • Ensures the client understands possible side effects, especially those related to cramping and prolonged bleeding • Screens clients for medical eligibility using the checklist • Discusses the need to postpone IUD insertion until client is four or more weeks postpartum • Briefly explains insertion and follow-up procedures <p>Methods for which the client is eligible:*</p> <ul style="list-style-type: none"> • Male or female condoms <p><i>* She is not currently eligible for an IUD because she is less than four weeks postpartum.</i></p>

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Role Play Scenario 4—Managing side effects of IUDs

IUD Scenario 4—Client Information Sheet	IUD Scenario 4—Observer Information Sheet
<p>Client Description You are a 39-year-old woman with three adolescent children. You are relatively sure you do not want any more children, but your husband feels otherwise. A month ago, you had an IUD inserted. Since then you have had a number of side effects. You are very concerned. You are returning to the family planning site because you think you would like to try another method.</p> <p>Offer this information <u>only</u> when the provider asks relevant questions:</p> <ul style="list-style-type: none"> • You last had sex five days ago. • You have had only one period since the IUD insertion, but experienced unusually heavy and prolonged bleeding. • The bleeding concerns you and you will not be comfortable if it continues. • You heard from a friend that using an IUD could result in infertility. • You feel like you made the decision to use an IUD too quickly and you are now having second thoughts. • You have no other health problems. 	<p>Make note of whether the provider performs these case-specific tasks:</p> <ul style="list-style-type: none"> • Reassesses the client’s reproductive health goals, fertility intentions, and life plans • Corrects misconceptions about IUDs and infertility • Assesses if heavy, prolonged bleeding may be due to underlying condition, such as infection • Discusses common side effects and offers reassurance • Suggests that she use ibuprofen or tranexamic acid; ensures that she knows not to use aspirin • Reviews the expected side effects as well as the benefits of the IUD • After providing reassurance and counseling, asks if she still wishes to have the IUD removed. If she does, the provider should offer to remove it as soon as possible and help her choose another method. <p>Methods for which the client is eligible:</p> <ul style="list-style-type: none"> • COCs • DMPA or NET-EN • Implants • IUD • Male or female condoms

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Role Play Scenario 5—Managing side effects of IUDs

IUD Scenario 5—Client Information Sheet	IUD Scenario 5—Observer Information Sheet
<p>Client Description You are a 28-year-old woman who is HIV-positive. You started using an IUD three months ago. You have been experiencing mild side effects which have recently escalated. You have returned to the clinic to express your concern.</p> <p>Offer this information only when the provider asks relevant questions:</p> <ul style="list-style-type: none"> • You have been experiencing some bleeding between menstrual periods. • You also noticed more cramps and pain during menses. • About a month ago, you started a new antiretroviral (ARV) drug regimen. • You feel healthy and have no other health problems. 	<p>Make note of whether the provider performs these case-specific tasks:</p> <ul style="list-style-type: none"> • Reassesses the client’s reproductive health goals, fertility intentions, and life plans • Assesses if irregular bleeding may be due to an underlying condition, such as infection or pregnancy (which is very rare with IUD in place) • Discusses IUD side effects, including how they diminish with time • Probes to see if the client used ibuprofen or other NSAIDs to ease cramps, and bleeding • If she has not, suggests that she could try to use ibuprofen, and ensures that she knows not to use aspirin • Discusses AIDS, ARV therapies and IUDs and reassures client that there is no need to remove an IUD if she wants to continue using it • If client wants IUD removed, discusses removal and helps her choose another method <p>Methods for which the client is eligible:</p> <ul style="list-style-type: none"> • COCs* • DMPA or NET-EN • Implants • IUD

- Male or female condoms

** She is eligible for COCs unless her ARV therapy includes ritonavir*

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Role Play Scenario 6—Managing side effects of IUDs; possible expulsion

IUD Scenario 6—Client Information Sheet	IUD Scenario 6—Observer Information Sheet
<p>Client Description You are a 35-year-old married woman. You are breastfeeding your fifth child, who is three-and-a-half months old. You had an IUD inserted immediately following the birth of your baby. Yesterday you checked for the IUD strings and could not feel them. You have returned to the clinic because you are concerned the IUD may have migrated out of your uterus to somewhere else in your body, or has been expelled.</p> <p>Offer this information only when the provider asks relevant questions:</p> <ul style="list-style-type: none"> • You do not want any more children. • You and your husband are monogamous. • You give the baby formula daily, as well as breastfeeding him. • You had your first menses two weeks ago. You also noticed cramps and pain during this menses. • You had sex four days ago, and it was the first time since giving birth. • You would like another IUD inserted if the other one has come out, but you want to know if this might happen again. • You have no other health problems 	<p>Make note of whether the provider performs these case-specific tasks:</p> <ul style="list-style-type: none"> • Reassesses the client’s reproductive health goals, fertility intentions, and life plans • Reassures client that an IUD cannot migrate to other parts of the body and explains possibility of IUD expulsion • Examines client to locate IUD strings but cannot find them (<i>Observer: Tell the “provider” to assume that an x-ray was done and expulsion was confirmed.</i>) • Screens client for eligibility for IUD reinsertion, including ruling out pregnancy; determines that pregnancy cannot be ruled out • Asks client if she would like to have another IUD inserted • Explains that an IUD can serve as emergency contraception so there is no need to worry about pregnancy • Reviews possible side effects of IUDs and reassures that some cramps and pain are normal and usually diminish over time • Explains that expulsion is rare but could happen again, so client should be aware that is a possibility • Makes arrangements for insertion of a new IUD

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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 Identifies areas to evaluate during physical exam (if indicated) Provide Information and Options Related to Client's Concerns	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

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			

Copper-Bearing Intrauterine Devices (IUDs): Competency-Based Skills Checklist for IUD 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 IUDs. The checklist may be used during training to monitor the progress of the student as s/he acquires the new skills and it may be used during the clinical phase of training to determine whether the trainee 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 trainee 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 each				
• 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.).				
If the client chooses IUDs:				
• Asks her what she knows about IUDs. Corrects any myths, rumors or misinformation she may express				

TASK/ACTIVITY	CASES			COMMENTS
<ul style="list-style-type: none"> Asks if she has used IUDs in the past. What was her experience? 				
<ul style="list-style-type: none"> Gives client an IUD to look at and handle. 				
<ul style="list-style-type: none"> Explains advantages of the IUD, including non-contraceptive benefits. 				
<ul style="list-style-type: none"> Briefly explains how IUDs work. 				
<ul style="list-style-type: none"> Explains potential common side effects of the IUD. Stress that she may experience some (or possibly none) of these and that they can all be managed: <ul style="list-style-type: none"> Some cramps for several days Some spotting for a few weeks Longer and heavier periods Bleeding or spotting between periods More cramps or pain during periods 				
<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. 				
<ul style="list-style-type: none"> Explains that s/he will ask the client some questions and performs a pelvic examination to insert the IUD. 				
CLIENT SCREENING	1	2	3	
Screens client using <i>Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD</i>. Asks all questions on checklist and record responses.				
1. Have you had a baby in the last 4 weeks?				
2. 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?				
3. Have you abstained from sexual intercourse since your last menstrual period or delivery?				
4. Did your last menstrual period start within the past 12 days?				

TASK/ACTIVITY	CASES			COMMENTS
5. Have you had a miscarriage or abortion in the last 12 days?				
6. Have you been using a reliable contraceptive method consistently and correctly?				
<p>If the client answered YES to any one of questions 1–6 and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. Proceed to questions 7–14.</p> <p>However, if she answers YES to question 1, the insertion should be delayed until 4 weeks after delivery. Ask her to come back at that time.</p> <p>If the client answered NO to all of questions 1-6, pregnancy cannot be ruled out. The client should await menses or take a pregnancy test.</p>				
<p>To determine whether the client is medically eligible to use an IUD, ask questions 7-14. As soon as the client answers YES to any question, stop and follow the instructions after question 14.</p>				
7. Do you have bleeding between menstrual periods that is unusual for you, or bleeding after intercourse (sex)?				
8. Have you been told that you have any type of cancer in your genital organs, trophoblastic disease, or pelvic tuberculosis?				
9. Have you ever been told that you have a rheumatic disease such as lupus?				
10. Within the last 3 months, have you had more than one sexual partner?				
11. Within the last 3 months, do you think your partner has had another sexual partner?				
12. Within the last 3 months, have you been told you have an STI?				
13. Within the last 3 months, has your partner been told that he has an STI, or do you know if he has had any symptoms – for example, penile discharge?				
14. Are you HIV-positive, and have you developed AIDS?				
<p>If the client answered NO to all of questions 7–14, proceed with the pelvic exam. During the pelvic exam, the provider should determine the answers to questions 15–21.</p> <p>If the client answered YES to any of questions 7–9, an IUD cannot be inserted. Further evaluation of the condition is required.</p> <p>If the client answered YES to any of questions 10–13, she is not a good candidate for an IUD unless chlamydia and/or gonorrhea infection can be reliably ruled out.</p>				

TASK/ACTIVITY	CASES			COMMENTS
If she answered YES to the second part of question 14 and is not currently taking ARV drugs , IUD insertion is not usually recommended. If she is doing clinically well on ARVs, the IUD may generally be inserted. HIV-positive women without AIDS also generally can initiate IUD use.				
15. Is there any type of ulcer on the vulva, vagina, or cervix?				
16. Does the client feel pain in her lower abdomen when you move the cervix?				
17. Is there adnexa tenderness?				
18. Is there purulent cervical discharge?				
19. Does the cervix bleed easily when touched?				
20. Is there an anatomical abnormality of the uterine cavity that will not allow appropriate IUD insertion?				
21. Were you unable to determine the size and/or position of the uterus?				
If the answer to all of questions 15–21 is NO , you may insert the IUD.				
If the answer to any of questions 15–21 is YES , the IUD cannot be inserted without further evaluation. See explanations for more instructions.				
Physical Examination Prior to IUD Insertion	1	2	3	
Ensures that high-level disinfected (HLD) instruments are prepared on an HLD tray				
Asks client to empty her bladder and rinse the skin area around her vagina if possible.				
Explains the procedure to the client				
Washes hands and air dries hands or uses a clean towel.				
Checks the client for signs of anemia				
Palpates the lower abdomen to check for tenderness, swelling or other abnormalities				
Puts new exam (disposable) or HLD or sterile (reusable) gloves on both hands				
Performs visual exam of external genitalia -- checking for				

TASK/ACTIVITY	CASES			COMMENTS
ulcers, lesions, sores, or discharge				
If no problems found, proceeds to bimanual exam. If problems found, performs speculum exam next.				
Performs bimanual exam checking for checking for cervical, adnexal, or uterine abnormalities that would preclude insertion				
Removes and disposes of gloves correctly				
Puts new exam (disposable) or HLD or sterile (reusable) gloves on both hands				
Performs speculum exam, checks for purulent vaginal discharge, ulcers, lesions or sores. Locates cervix checking for purulent cervicitis, bleeding, erosions, narrowing of the cervical canal or any other vaginal problems that might preclude insertion at this time				
Makes appropriate findings based decision on whether or not to proceed with insertion and explains decision to client				
If decision is to NOT insert the IUD at this time, then terminates exam and explains reasons to client and makes recommendations for other method and for any necessary treatment needed.				
If decision is to go ahead with insertion, proceeds with the procedures that follow				
IUD INSERTION	1	2	3	
Loads the IUD inside the sterile package according to package instructions/protocols				
Puts new examination (disposable) or HLD or sterile (reusable) gloves on both hands.				
Inserts vaginal speculum (and vaginal wall elevator if using single valve speculum).				
Swabs cervix and vagina with antiseptic at least twice. Waits for two minutes if using an iodophor.				
Gently grasps cervix with tenaculum or Vulsellum Forceps.				

TASK/ACTIVITY	CASES			COMMENTS
Sounds uterus using no touch technique.				
Sets blue depth gauge on the loaded IUD inserter to the depth of the sound.				
Inserts the IUD using the withdrawal technique.				
Cuts strings and gently removes tenaculum.				
POST-INSERTION 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.				
Completes the client record.				
POST-INSERTION COUNSELING	1	2	3	
Teaches client how and when to check for strings, if she wants.				
Assures the client that she can have the IUD removed at any time.				
Explains in a non-alarming way the <u>warning signs</u> , stressing the rarity of these:				
<ul style="list-style-type: none"> Some bleeding and severe abdominal cramping within a few days post-insertion. 				
<ul style="list-style-type: none"> Irregular bleeding or pain every cycle. 				
<ul style="list-style-type: none"> Fever, unusual vaginal discharge, low abdominal pain. 				
<ul style="list-style-type: none"> Missing IUD strings, missed period. 				
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.				

TASK/ACTIVITY	CASES			COMMENTS
Observes the client for at least 15 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.				
Plans for a return visit after her first monthly bleed or in 3-6 weeks.				
Documents/records the visit according to local clinic guidelines.				

TASK/ACTIVITY	CASES			COMMENTS
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 IUD?				
• Have you had any concerns or problems?				
• Has your health changed in any way since you had your IUD 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?				
FOLLOW UP EXAMINATION (3-6 WEEKS AFTER INSERTION)	1	2	3	
Explains to the client why and how she will do the pelvic examination.				
Prepares the client while ensuring dignity and privacy.				
Performs a pelvic examination and checks to make sure the string is visible and that there is no partial or complete expulsion.				
Checks for pelvic infection.				
Explains findings and reassures the client.				
PRE-REMOVAL COUNSELING	1	2	3	
Greets the client in friendly and respectful manner.				
Establishes the purpose of the visit.				

TASK/ACTIVITY	CASES			COMMENTS
Asks the client her reason for removal and answers any questions she may have.				
Reviews the client's present reproductive goals (e.g., does she want to continue spacing or limiting births?).				
Describes the removal procedure and she should expect during the removal and afterwards.				
REMOVAL OF IUD	1	2	3	
Washes hands thoroughly with soap and water and dries with a clean cloth or allows to air dry.				
Puts new examination (disposable) or HLD or sterile (reusable) gloves on both hands.				
Performs bimanual exam.				
Inserts vaginal speculum and looks at length and position of strings.				
Swabs cervix and vagina with antiseptic.				
Grasps strings close to the cervix and pulls gently but firmly to remove the IUD.				
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 IUD removal in client record.				
POST-REMOVAL COUNSELING	1	2	3	
Discusses what to do if the client experiences any problems (e.g., prolonged bleeding or abdominal or pelvic pain).				
Asks the client to repeat the instructions.				
Answers any questions.				

TASK/ACTIVITY	CASES			COMMENTS
Reviews general and method-specific information about family planning methods, if the client wants to continue spacing or limiting births.				
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: _____

Copper-Bearing Intrauterine Devices (IUDs): Competency-Based Skills Checklist for Infection Prevention Related to IUD Insertion or Removal

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 in infection prevention that a student should accomplish when performing IUD insertion or removal. The checklist may be used during training to monitor the progress of the student as s/he acquires the new skills and during the clinical phase of training to determine whether the trainee has reached a level of competence in performing the skills. The checklist 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
PRIOR TO IUD INSERTION	1	2	3	
Prepare a bucket containing 0.5% chlorine solution for decontaminating instruments.				
Wash hands thoroughly and dries them.				
Put new examination or HLD surgical gloves on both hands.				
Arrange instruments and supplies on HLD disinfected or sterile tray.				
DURING CLIENT ASSESSMENT AND IUD INSERTION	1	2	3	
If rectovaginal exam is performed: immerse both gloved hands in 0.5% chlorine solution. Remove gloves by turning them inside out and dispose of them properly.				
Puts on gloves correctly.				
Asks client if she has a method in mind.				
Load TCu 380A in sterile package.				
FOLLOWING IUD INSERTION	1	2	3	
Places all instruments in 0.5% chlorine solution for only 10 minutes immediately following the procedure.				
Reusable gloves are decontaminated in 0.5% chlorine for 10 minutes.				
Wipes down exam table with chlorine between clients.				
CLEANING INSTRUMENTS	1	2	3	
Collects all supplies needed, including large and small brushes, detergent, and large basin				
Wears utility gloves.				
Completely disassembles instruments and/or opens jaws of jointed items.				
Washes all surfaces with a brush or cloth until visibly clean.				
Thoroughly cleans serrated edges.				

TASK/ACTIVITY	CASES			COMMENTS
Rinses all surfaces with clean water.				
Dries by air or towels before further processing.				
HIGH-LEVEL DISINFECTION OF INSTRUMENTS BY BOILING	1	2	3	
Completely submerges items in water.				
Starts timing when boiling begins.				
Keeps at rolling boil for 20 minutes.				
Air dries equipment.				
Boiled items removed using HLD forceps.				
HIGH-LEVEL CHEMICAL DISINFECTION	1	2	3	
Uses one of the following:				
• Chlorine 0.5% for 20 minutes				
• One part 35%-40% formaldehyde to four parts water) for 20 minutes				
• Glutaraldehyde (Cidex) for 20 minutes				
• Hydrogen peroxide 6% (one part 30% to four parts water) for 20 minutes				
• Prepares fresh solution				
• Immerses items completely				
• Rinses items with boiling water and allows to air dry				
• Stores items in HLD container				
STERILIZATION BY AUTOCLAVE	1	2	3	
Decontaminates, cleans, and dries instruments.				
Disassembles items.				
Wraps instruments.				
Arranges packs loosely in autoclave.				
Puts holes in drums in open position.				
Heats water until steam escapes from pressure valve only.				

TASK/ACTIVITY	CASES			COMMENTS
Follows directions for operating autoclave				
Sterilizes for 30 minutes for wrapped items and 20 minutes for unwrapped items at 121° C (250° F) and 106 kPa (15 lbs/in ²)				
After autoclaving, opens the lid and lets instruments dry for 30 minutes before removing.				
STERILIZATION BY DRY HEAT	1	2	3	
Decontaminates, cleans, and dries instruments				
Puts instruments on traps or wraps loosely				
Begins timing after temperature has been reached				
• 170° C (340° F): 60 minutes				
• 160° C (320° F): 120 minutes				
• 150° C (300° F): 150 minutes				
• 140° C (285° F): 180 minutes				
• 121° C (250° F): Over night				
After cooling, removes instruments with HLD forceps.				
WASTE DISPOSAL	1	2	3	
Needles are disposed of in a separate container filled with 0.5% chlorine				
Medical waste is removed daily				
Medical waste is destroyed by burning				
SUM				
SUM/TOTAL				