USAID
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Maternal and Child Survival Program

Long-Acting Reversible Contraceptives Learning Package

Module 9: Post Abortion Intrauterine Device

Learner Version

The Maternal and Child Survival Program (MCSP) is a global, United States Agency for International Development (USAID) Cooperative Agreement to introduce and support high-impact health interventions with a focus on 24 high-priority countries with the ultimate goal of ending preventable child and maternal deaths within a generation. The Program is focused on ensuring that all women, newborns and children most in need have equitable access to quality health care services to save lives. MCSP supports programming in maternal, newborn and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment.

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Module 9: Post Abortion Intrauterine Device

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Module 9: Post Abortion Intrauterine Device

Module Overview for Learner

Time: 8:30 hours

Module Objectives

By the end of this module, learners will be able to:

- Explain what is unique about the IUD/levonorgestrel intrauterine system (LNG-IUS) in the post abortion context (counseling, timing, and insertion technique).
- Demonstrate appropriate counseling and assessment of a woman for a post abortion IUD/LNG-IUS insertion before or immediately after abortion.
- Perform post abortion insertion of the IUD/LNG-IUS.
- Describe the post-insertion instructions, potential side-effects and complications of the post abortion IUD/LNG-IUS, and how to manage them.
- Correctly document services provided and post-insertion instructions.

Session Plans

- Session 1: Overview of the post abortion family planning, counseling, and client assessment for a woman wanting a post abortion IUD/LNG-IUS
- Session 2: Insertion of the post abortion IUD/LNG-IUS, practice using models
- Session 3: Post-insertion instructions, management of side-effects and potential complications. Clinical practice inserting the IUD/LNG-IUS on clients

Sample Schedule

Facility-based delivery: Three Consecutive Days

Day 1 (PM) (2 hrs 5 min)		Day 2 (PM) (2 hrs 35 min)		Day 3 (PM) (3 hrs 50 min)	
Time	**Session: Activity**	**Time**	**Session: Activity**	**Time**	**Session: Activity**
5 min	One: Introduction	5 min	Two: Recap	5 min	Three: Recap
10 min	One: Pre Test	45 min	Two: Review of Checklist and Demonstration	30 min	Three: Post-Insertion Instructions and Follow-Up Care, Managing Common Side-Effects and Complications
30 min	One: Overview of Post Abortion Family Planning	100 min	Two: Practice on Models: PAIUD Insertion	15 min	Three: Recordkeeping
30 min	One: Choice of Post Abortion Family Planning Methods	5 min	Two: Summary and Closing	120 min	Three: Supervised Clinical Practice in PAIUD Insertion
45 min	One: Role Play Post Abortion Family Planning Counseling and Client Assessment			30 min	Three: Post-Clinical Practice Debrief
5 min	One: Summary and Closing			15 min	Three: Summary and Action Planning
				10 min	Three: Post Test
				5 min	Three: Summary and Closing

Module 9: Post Abortion Intrauterine Device

Pre and Post Test Questionnaire

Instructions

Write the letter of the single BEST answer to each question in the blank next to the corresponding number on the attached answer sheet.

Total time: 10 minutes

1. For health reasons, how long should women wait after an abortion/miscarriage before trying to become pregnant again?
   a. For at least 1 year
   b. For at least 6 weeks
   c. Until regular monthly periods have started again
   d. For at least 6 months

2. After an abortion or miscarriage, fertility returns very quickly. To avoid pregnancy, a woman needs to start a family planning method within:
   a. 1 week after an abortion or miscarriage
   b. After her first menstrual period
   c. After 40 days
   d. 4 weeks

3. When counseling a woman who has undergone an abortion or miscarriage, you should:
   a. Wait until she is calm and has recovered from the procedure
   b. Be sensitive and try to understand what she has been through
   c. Treat her with respect and without judgment and criticism
   d. All of the above

4. What is the optimal time for insertion of an IUD/LNG-IUS after a medical (non-surgical abortion)?
   a. Within 48 hours
   b. Within 4 weeks
   c. When the uterus is completely empty
   d. Within 6 weeks

5. Which one of the following is a contraindication for inserting an IUD/LNG-IUS in the post abortion period?
    a. Infection
    b. Nulliparous
    c. Retroverted uterus
    d. Multiparity

6. To reduce the chances of infection during post abortion IUD insertion, you should:
    a. Use sterile (autoclaved) gloves only
    b. Use the "no-touch" technique for inserting and loading the IUD/LNG-IUS
    c. Give antibiotic cover
    d. Insert the IUD/LNG-IUS 4 weeks after evacuation

7. What contraceptive method should you recommend if a woman is under stress or feeling pain after an abortion?
    a. Encourage her to consider permanent methods of contraception
    b. Do not offer any contraceptive
    c. Encourage her to consider temporary methods at this time
    d. Choose a method for the client yourself

8. When counseling a woman who was pregnant because of contraceptive failure, you should:
    a. Assess the reasons for failure
    b. Avoid discussing methods used in the past
    c. Suggest a permanent method
    d. Suggest long-term contraceptive methods only

9. When counseling a post abortion IUD client about follow-up care, the most important information you should provide is:
    a. The cost of a contraceptive method
    b. Where to go in case of a problem
    c. The need to have regular checkup every month
    d. The need to take an antibiotic for vaginal discharge

10. When should a woman who has had an IUD placed during the post abortion period have a routine follow-up exam?
    a. After a week to check the strings
    b. After 10 weeks
    c. At 4 to 6 weeks post abortion to reinforce counseling, answer any questions, and screen for potential problems
    d. After 5 months

Module 9: Post Abortion Intrauterine Device

Pre and Post Test Answer Sheet

Q.1 _____

Q.2 _____

Q.3 _____

Q.4 _____

Q.5 _____

Q.6 _____

Q.7 _____

Q.8 _____

Q.9 _____

Q.10 _____

Module 9: Post Abortion Intrauterine Device

Checklist 9-1: Long-Acting Reversible Contraceptive Methods Counseling Skills

Adapted for the Post Abortion Period

(To be completed by the trainer)

Place a "**Y**" in the case box if the step/task is performed satisfactorily, an "**N**" if it is not performed satisfactorily, or **N/O** if it is not observed

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

Learner:_____ Activity Dates:_____

Checklist for Long-Acting Reversible Contraceptive (LARC) Methods Counseling (Post Abortion)						
Step/Task	**Cases**					
General Family Planning Counseling						
1. Greets the woman respectfully and with kindness						
2. Introduces herself/himself and develops a rapport						
3. Assesses whether counseling is appropriate at this time (if not, arranges for the client to be counseled at another time)						
4. Is sensitive and lets her know you understand what she has been through.						
5. Treats her with respect and without judgment						
6. Ensures privacy and confidentiality, and is flexible about where the client wants to be counseled						
7. Asks if the client was using contraception before she became pregnant. If she was, finds out if she: a. Used the method correctly b. Discontinued use c. Had any trouble using the method d. Has any concerns about the method						
8. Tells the client that she can become pregnant as early as within 2 weeks after the procedure						
9. Tells the client the benefits of heathy timing and spacing of pregnancy. Informs her that—for health reasons—she should wait 6 months for the next pregnancy						

Checklist for Long-Acting Reversible Contraceptive (LARC) Methods Counseling (Post Abortion)					
Step/Task	**Cases**				
Counseling for all methods					
1. Asks the client: a. Does she want more children in the future? b. Has she already chosen a family planning method? c. Will her partner use condoms? d. Has she had difficulties with any family planning method in the past? e. Tells her the advantages of post abortion family planning f. Tells her that it is easier to receive a long-acting method when she is in the health facility for manual vacuum aspiration (MVA) services, before going home (if she has not already received PAC services)					
2. Based on the client's responses, uses the (BCS+) counseling cards or Flip book to talk about the appropriate methods a. Starts showing the counseling cards/Flip book beginning with the most effective: b. Reads the back of the card and places it down in front of the client, with the picture facing the client.					
3. If the client shows an interest in using one of the LARC methods, continues with the next steps					
4. Discusses the benefits of long-acting methods: a. Can be inserted immediately or prior to discharge b. Are greater than 99% effective in preventing pregnancy c. Have no impact on breastfeeding d. Can be removed when she and her husband are ready to become pregnant again e. Does not need any daily action					
5. If she expresses an interest in using the copper IUD (Copper T 380A)/ levonorgestrel intrauterine system (LNG-IUS), describes post abortion IUD/LNG-IUS insertion and timing of insertion: a. Can be inserted immediately after completion of the procedure or prior to discharge b. If medical abortion, wait till the treatment is complete and you are sure that uterus is completely empty. c. Copper IUD is effective for up to 12 years d. The IUD contains no hormones e. The LNG-IUS is effective up to 3-5 years*, contains low doses of hormones, and is safe for breastfeeding women f. Talks upfront about side-effects and changes to be expected in the bleeding patterns initially. Tells her that these are not harmful and she can come back to the provider if it is of concern to her. * The effectiveness period varies with the type of LNG-IUS used. Studies to confirm the effectiveness period are ongoing.					

Checklist for Long-Acting Reversible Contraceptive (LARC) Methods Counseling (Post Abortion)						
Step/Task	**Cases**					
6. If the client expresses an interest in using the contraceptive implant, describes post abortion implant insertion and timing of insertion: a. Can be inserted prior to discharge b. The implant is effective for up to 3–5 years (depending on the type) c. The implant contains low doses of hormones and is safe for breastfeeding women d. Talks upfront about side-effects and changes to be expected in the bleeding patterns initially. Tells her that these are not harmful and she can come back to the provider if it is of concern to her.						
7. Asks the client if she has any questions and wants the provider to repeat information						
8. Consults World Health Organization (WHO) Medical Eligibility (MEC) Wheel for Contraceptive Use or WHO MEC Quick Reference Chart to check whether the method chosen is safe for her to use. If not, helps her to choose another method.						
9. Confirms the client's understanding by asking open-ended questions and repeating key information						
10. Allows the client to make a final decision by herself (informed choice) without any coercion						
11. Documents the family planning method chosen on the client's record card						
12. Tells the client that she can change her decision at any time and inform the provider about it						
Systematic Screening for Other Services						
1. Asks the client when she last had a cervical and breast cancer screening, and offers to perform these if the last check was more than 3 years ago						
2. Follows national guidelines for prevention of mother-to-child transmission (PMTCT) of HIV and screening for syphilis, tetanus toxoid immunization, intermittent preventive treatment for malaria and iron/folate deficiency						
3. Discusses sexually transmitted infection (STI)/HIV transmission and prevention and dual protection with the client, using the counseling cards						
4. Asks the client if she knows her HIV status a. If positive: i. Reviews the Counseling Card: Positive Health, Dignity, and Prevention with the client ii. Refers the client to a center for wellness care and treatment b. If the client knows that she is negative: i. Discusses timing for repeat testing c. If the client does not know her HIV status: i. Discusses HIV counseling and testing (HCT) with the client ii. Offers/initiates HIV testing as per national protocols						
5. Gives follow-up instructions, and offers condoms for dual protection						
6. Thanks the client for completing the counseling session						
Skill/Activity Performed Satisfactorily						

Trainer Certification

Learner is ☐ Qualified ☐ Not Qualified to counsel clients, based on the following criteria:

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Counseling performed competently: ☐Yes ☐No

Trainer's Signature: _____ **Date:** _____

Module 9: Post Abortion Intrauterine Device

Checklist 9-2: IUD Clinical Skills for the Immediate Post-Evacuation Period

Adapted for the Regular Copper T 380A

(To be completed by the Trainer)

Place a ☑ in case box if step/task is performed **satisfactorily**, and ☒ if it is **not** performed **satisfactorily**, or **N/O** if not observed.

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

Learner:_____ Date Observed:_____

Checklist for IUD Clinical Skills (Regular Copper T 380A)					
Step/Task	**Cases**				
IUD Insertion					
Client is counseled for IUD insertion prior to surgical evacuation.					
Pre-Insertion Steps					
1. When signs of complete evacuation are present, withdraw cannula manual vacuum aspiration (MVA) syringe.					
2. Inspect tissue removed from the uterus and verify that the products of conception (POC) are removed and evacuation is complete.					
3. If verification takes time, then remove the speculum and vulsellum and let the client rest in a comfortable position on the table.					
4. Tell the client that evacuation is complete and the IUD will now be inserted.					
5. Confirm that the woman still wants to have the IUD inserted.					
6. Ensure that she knows that menstrual changes are a common side-effect among IUD users, and that the IUD does not protect against sexually transmitted infections (STIs).					
7. Describe the medical assessment required after evacuation for IUD insertion, as well as the procedures for IUD insertion and removal.					
8. Screen the client carefully to make sure there is no medical condition that would be a problem.					
9. Encourage her to ask questions. Provide additional information and reassurance as needed.					
10. Ensure that equipment and supplies for IUD insertion are available and ready to use.					

Checklist for IUD Clinical Skills (Regular Copper T 380A)						
Step/Task	**Cases**					
11. Load the IUD in the sterile package using the "no-touch" technique.						
12. Set the blue depth gauge to the measurement of the uterus as assessed during the evacuation procedure.						
Skill/Activity Performed Satisfactorily						
IUD Insertion Steps						
Note: If evacuation is complete and the uterus is empty and well contracted, then proceed with the IUD insertion.						
1. Consider changing to clean or high-level disinfected (HLD) gloves, if indicated.						
2. Gently re-insert the speculum to visualize the cervix (if not already done), and cleanse the cervical os and vaginal wall twice with antiseptic.						
3. Gently grasp the cervix with an HLD (or sterile) vulsellum and apply gentle traction.						
4. Carefully insert the loaded IUD, and release it into the uterus using the withdrawal technique.						
5. Gently push the insertion tube upward again until you feel a **slight** resistance.						
6. Withdraw the rod, and partially withdraw the insertion tube until the IUD strings can be seen.						
7. Use HLD (or sterile) sharp Mayo scissors to cut the IUD strings to a length of 3–4 cm.						
8. Gently remove the vulsellum and speculum and place them in a 0.5% chlorine solution for 10 minutes for decontamination.*						
9. Examine the cervix for bleeding.						
10. Ask the client how she is feeling, and begin performing the post-insertion steps.						
Skill/Activity Performed Satisfactorily						
Post-Insertion Steps						
1. Before removing the gloves, place all used instruments in a 0.5% chlorine solution for 10 minutes for decontamination.*						
2. Properly dispose of waste materials.						
3. Process gloves according to recommended infection prevention (IP) practices.						
4. Wash hands thoroughly and dry them.						
5. Provide post-insertion instructions (key messages for IUD users): • Basic facts about her IUD (e.g., type, how long effective, when to replace/remove) • No protection against STIs, need for condoms if at risk • Possible side-effects • Warning signs (PAINS) (See Handout 9-2: Post Abortion IUD (PAIUD) Fact Sheet (Copper T 380A/LNG-IUS) for details about PAINS.) • Checking for possible IUD expulsion • When to return to the clinic						
Skill/Activity Performed Satisfactorily						

* WHO's 2016 Infection Prevention Guidelines no longer recommend soaking instruments in disinfectant prior to cleaning. Please refer to in-country guidelines for this step.

Trainer Certification

Learner is ☐ Qualified ☐ Not Qualified to deliver IUD services, based on the following criteria:

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	With Models		With Clients	
Clinical Skills performed competently:	☐Yes	☐No	☐Yes	☐No

Trainer's Signature: _____ **Date:** _____

Module 9: Post Abortion Intrauterine Device

Checklist 9-3: LNG-IUS Clinical Skills for the Immediate Post-Evacuation Period

Adapted for the LNG-IUS

(To be completed by the Trainer)

Place a ☑ in case box if step/task is performed **satisfactorily**, and ☒ if it is **not** performed **satisfactorily**, or **N/O** if not observed.

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

Learner:_____ Date Observed:_____

Checklist for IUD Clinical Skills (LNG-IUS)						
Step/Task	**Cases**					
LNG-IUS Insertion						
Client is counseled for LNG-IUS insertion prior to surgical evacuation.						
Pre-Insertion Steps						
1. When signs of complete evacuation are present, withdraw cannula manual vacuum aspiration (MVA) syringe.						
2. Inspect tissue removed from the uterus and verify that the products of conception (POC) are removed and evacuation is complete.						
3. If verification takes time, then remove the speculum and vulsellum and let the client rest in a comfortable position on the table.						
4. Tell the client that evacuation is complete and the LNG-IUS will now be inserted.						
5. Confirm that the woman still wants to have the LNG-IUS inserted and that it contains hormones.						
6. Ensure that she knows that menstrual changes, amenorrhea or reduced menstrual flow, are a common side-effect among LNG-IUS users, and that the LNG-IUS does not protect against sexually transmitted infections (STIs).						
7. Describe the medical assessment required after evacuation for LNG-IUS insertion, as well as the procedures for LNG-IUS insertion and removal.						
8. Screen the client carefully to make sure there is no medical condition that would be a problem.						
9. Encourage her to ask questions. Provide additional information and reassurance as needed.						

Checklist for IUD Clinical Skills (LNG-IUS)					
Step/Task	**Cases**				
10. Ensure that equipment and supplies for LNG-IUS insertion are available and ready to use.					
Skill/Activity Performed Satisfactorily					
LNG-IUS Insertion Steps					
Note: If evacuation is complete and the uterus is empty and well contracted, then proceed with the LNG-IUS insertion.					
1. Provide an overview of the insertion procedure. Remind her to let you know if she feels any pain.					
2. Gently re-insert the speculum to visualize the cervix (if not already done), and cleanse the cervical os and vaginal wall twice with antiseptic.					
3. Gently grasp the cervix with an HLD (or sterile) vulsellum and apply gentle traction.					
4. Load the LNG-IUS in its sterile package, using the "no-touch" technique. See Job Aid 9-4: Loading LNG-IUS in Sterile Package					
5. Set the blue depth gauge to the measurement of uterus as assessed during the evacuation procedure.					
6. Gently apply traction on the tenaculum to straighten the alignment of the cervical canal and the uterine cavity.					
7. Slide the loaded LNG-IUS insertion tube through the cervical canal until the upper edge of the flange is 1.5 cm to 2.0 cm from the cervical os.					
8. Release the hold on the tenaculum.					
9. Hold the inserter tube with the dominant hand and the rod with the non-dominant hand.					
10. Hold the rod still and **pull the inserter tube back** to the edge of the second indent (bottom) of the rod.					
11. Wait for 10–15 seconds for the arms of the LNG-IUS to open fully.					
12. Apply gentle traction on the tenaculum before advancing the LNG-IUS up into the uterine cavity.					
13. Advance the inserter tube with the rod up into uterine cavity to the fundus, until you feel a slight resistance (the flange is at the cervical opening).					
14. Hold the rod stable with one hand and pull the inserter tube back to the ring of the rod with the other hand.					
15. While holding the inserter tube, first withdraw the rod from the inserter tube and then withdraw the inserter tube 3 cm to 4 cm.					
16. Use HLD (or sterile) sharp Mayo scissors to cut the LNG-IUS strings to a length of 3–4 cm, while the strings are still in the inserter tube.					
17. Gently remove the tenaculum and place it in a 0.5% chlorine solution for 10 minutes for decontamination.*					
18. Examine the cervix for bleeding; if no bleeding, gently remove the speculum.					
19. Ask the client how she is feeling and begin performing the post-insertion steps.					
Post Insertion Steps					
1. Before removing the gloves, place all used instruments in a 0.5% chlorine solution for 10 minutes for decontamination.*					

Checklist for IUD Clinical Skills (LNG-IUS)						
Step/Task	**Cases**					
2. Properly dispose of waste materials.						
3. Process gloves according to recommended infection prevention (IP) practices.						
4. Wash hands thoroughly and dry them.						
5. Provide post-insertion instructions (key messages for LNG-IUS users): • Basic facts about her LNG-IUS (e.g., type, how long effective, when to replace/remove) • No protection against STIs, need for condoms if at risk • Possible side-effects • Warning signs (PAINS) (See Handout 9-2: Post Abortion IUD (PAIUD) Fact Sheet for details about PAINS.) • Check for possible LNG-IUS expulsion • When to return to the clinic.						
Skill/Activity Performed Satisfactorily						

* WHO's 2016 Infection Prevention Guidelines no longer recommend soaking instruments in disinfectant prior to cleaning. Please refer to in-country guidelines for this step.

Trainer Certification

Learner is ☐ Qualified ☐ Not Qualified to deliver LNG-IUS services, based on the following criteria:

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_____

	With Models		With Clients	
Clinical Skills performed competently:	☐Yes	☐No	☐Yes	☐No

Trainer's Signature: _____ **Date:** _____

Module 9: Post Abortion Intrauterine Device

Checklist 9-4: IUD Clinical Skills for the Delayed Post-Evacuation Period

Adapted for the Regular Copper T 380A

(To be completed by the Trainer)

Place a ☑ in case box if step/task is performed **satisfactorily**, and ☒ if it is **not** performed **satisfactorily**, or **N/O** if not observed.

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

Learner:_____ Date Observed:_____

Checklist for IUD Counseling and Clinical Skills (Regular Copper T 380A)					
Step/Task	**Cases**				
Method-Specific Counseling					
1. Check that she has been appropriately counseled and has chosen the IUD by informed choice without coercion.					
2. Ensure that she knows that menstrual changes are a common side-effect among IUD users, and that the IUD does not protect against sexually transmitted infections (STIs).					
3. Describe the medical assessment required before IUD insertion, as well as the procedures for IUD insertion and removal.					
4. Encourage her to ask questions. Provide additional information and reassurance as needed.					
Skill/Activity Performed Satisfactorily					
IUD Insertion (Before discharge or within a week of evacuation)					
Client Assessment (Use World Health Organization [WHO] Medical Eligibility Criteria [MEC] Wheel for Contraceptive Use to confirm that the woman is eligible for IUD use.)					
1. Review the client's medical records/history for receiving post abortion care services to ensure her eligibility for IUD.					
2. Exclude the presence of any infection or post abortion complication.					
3. Ensure that equipment and supplies are available and ready to use.					
4. Have the client empty her bladder and wash her perineal area.					
5. Help the client onto the examination table.					
6. Tell the client what is going to be done, and ask her if she has any questions.					

Checklist for IUD Counseling and Clinical Skills (Regular Copper T 380A)					
Step/Task	**Cases**				
7. Wash hands thoroughly and dry them.					
8. Palpate the abdomen.					
9. Wash hands thoroughly and dry them again.					
10. Put clean or high-level disinfected (HLD) gloves on both hands.					
11. Inspect the external genitalia. **Note:** • If findings are normal, perform the bimanual exam first and the speculum exam second. • If there are potential problems, perform the speculum exam first and a bimanual exam second.					
11a. Perform a **bimanual exam** (see **Note** above).					
11b. Perform a rectovaginal exam only if indicated.					
11c. If a rectovaginal exam is performed, change gloves before continuing.					
12. Perform a **speculum exam** (see **Note** above). (**Note:** If laboratory testing is indicated and available, take samples now.)					
Skill/Activity Performed Satisfactorily					
Pre-Insertion and Insertion Steps (Using aseptic, "no-touch" technique throughout)					
1. Provide an overview of the insertion procedure. Remind her to let you know if she feels any pain.					
2. Gently insert the HLD (or sterile) speculum to visualize the cervix (if not already done), and cleanse the cervical os and vaginal wall twice with antiseptic.					
3. Gently grasp the cervix with an HLD (or sterile) vulsellum and apply gentle traction.					
4. Insert the HLD (or sterile) sound using the "no-touch" technique.					
5. Load the IUD in its sterile package.					
6. Set the blue depth gauge to the measurement of the uterus.					
7. Carefully insert the loaded IUD, and release it into the uterus using the withdrawal technique.					
8. Gently push the insertion tube upward again until you feel a **slight** resistance.					
9. Withdraw the rod, and partially withdraw the insertion tube until the IUD strings can be seen.					
10. Use HLD (or sterile) sharp Mayo scissors to cut the IUD strings to a length of 3–4 cm.					
11. Gently remove the vulsellum and speculum and place in a 0.5% chlorine solution for 10 minutes for decontamination.*					
12. Examine the cervix for bleeding.					
13. Ask the client how she is feeling and begin performing the post-insertion steps.					
Skill/Activity Performed Satisfactorily					
Post-Insertion Steps					
1. Before removing the gloves, place all used instruments in a 0.5% chlorine solution for 10 minutes for decontamination.*					
2. Properly dispose of waste materials.					

Checklist for IUD Counseling and Clinical Skills (Regular Copper T 380A)						
Step/Task	**Cases**					
3. Process gloves according to recommended infection prevention (IP) practices.						
4. Wash hands thoroughly and dry them.						
5. Provide post-insertion instructions (key messages for IUD users): • Basic facts about her IUD (e.g., type, how long effective, when to replace/remove) • No protection against STIs, need for condoms if at risk • Possible side-effects • Warning signs (PAINS) (See Handout 9-2: Post Abortion IUD (PAIUD) Fact Sheet (Copper T 380A/LNG-IUS) for details about PAINS.) • Check for possible IUD expulsion • When to return to clinic						
Skill/Activity Performed Satisfactorily						

* WHO's 2016 Infection Prevention Guidelines no longer recommend soaking instruments in disinfectant prior to cleaning. Please refer to in-country guidelines for this step.

Trainer Certification

Learner is ☐ Qualified ☐ Not Qualified to deliver IUD services, based on the following criteria:

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_____

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_____

	With Models		With Clients	
Clinical Skills performed competently:	☐Yes	☐No	☐Yes	☐No

Trainer's Signature: _____ **Date:** _____

Module 9: Post Abortion Intrauterine Device

Checklist 9-5: LNG-IUS Clinical Skills for the Delayed Post-Evacuation Period

Adapted for the LNG-IUS

(To be completed by the Trainer)

Place a ☑ in case box if step/task is performed **satisfactorily**, and ☒ if it is **not** performed **satisfactorily**, or **N/O** if not observed.

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

Learner: _____ **Date Observed**: _____

Checklist for IUD Insertion and Removal Clinical Skills Levonorgestrel Intrauterine System (LNG-IUS)					
Step/Task	**Cases**				
Method-Specific Counseling					
1. Once the woman has chosen to use the LNG-IUS, assess her knowledge of the method.					
2. Ensure that she knows that menstrual changes are a common side-effect among LNG-IUS users, and that the LNG-IUS does not protect against sexually transmitted infections (STIs).					
3. Describe the medical assessment required before LNG-IUS insertion, as well as the procedures for LNG-IUS insertion and removal.					
4. Encourage her to ask questions. Provide additional information and reassurance, as needed.					
Skill/Activity Performed Satisfactorily					
LNG-IUS Insertion					
Client Assessment (Use WHO Medical Eligibility Criteria [MEC] Wheel for Contraceptive Use to confirm that the woman is eligible for LNG-IUS use.)					
1. Review the client's medical records/history for receiving post abortion care services to ensure her eligibility for LNG-IUS					
2. Exclude the presence of any infection or post abortion complication.					
3. Ensure that equipment and supplies are available and ready to use.					
4. Have the client empty her bladder and wash her perineal area.					
5. Help the client onto the examination table.					
6. Tell the client what is going to be done, and ask her if she has any questions.					

Checklist for IUD Insertion and Removal Clinical Skills Levonorgestrel Intrauterine System (LNG-IUS)					
Step/Task	**Cases**				
7. Wash hands thoroughly and dry them.					
8. Palpate the abdomen.					
9. Put clean examination gloves on both hands.					
10. Inspect the external genitalia. **Note:** • Routinely, perform the bimanual exam first and the speculum exam second. • If indicated, (e.g., cervical smear, bleeding, etc.) perform the speculum exam first, followed by the bimanual examination.					
10a. Perform a bimanual exam (see **Note** above).					
10b. Perform a rectovaginal exam, only if indicated.					
10c. If a rectovaginal exam is performed, change gloves before continuing.					
11. Perform a speculum exam (see **Note** above). **Note:** If laboratory testing is indicated and available, take samples now.					
Skill/Activity Performed Satisfactorily					
Pre-Insertion and Insertion Steps (Using the aseptic, "no-touch" technique throughout)					
1. Provide an overview of the insertion procedure. Remind her to let you know if she feels any pain.					
2. Gently insert the high-level disinfected (HLD) (or sterile) speculum to visualize the cervix (if not already done), and cleanse the cervical os and vaginal wall with antiseptic twice.					
3. Gently grasp the cervix with an HLD (or sterile) tenaculum and apply gentle traction.					
4. Insert the HLD (or sterile) sound using the "no-touch" technique, and measure the uterine length.					
5. Load the LNG-IUS in its sterile package, using the "no-touch" technique.					
6. Gently apply traction on the tenaculum to straighten the alignment of the cervical canal and the uterine cavity.					
7. Slide the loaded LNG-IUS insertion tube through the cervical canal until the upper edge of the flange is 1.5 cm to 2.0 cm from the cervical os.					
8. Release the hold on the tenaculum.					
9. Hold the inserter tube with the dominant hand and the rod with the non-dominant hand.					
10. Hold the rod still and **pull the inserter tube back** to the edge of the second indent (bottom) of the rod.					
11. Wait for 10–15 seconds for the arms of the LNG-IUS to open fully.					
12. Apply gentle traction on the tenaculum before advancing the LNG-IUS up into the uterine cavity.					
13. Advance the inserter tube with the rod up into uterine cavity to the fundus, until you feel a slight resistance (the flange is at the cervical opening).					
14. Hold the rod stable with one hand and pull the inserter tube back to the ring of the rod with the other hand.					
15. While holding the inserter tube, first withdraw the rod from the inserter tube and then withdraw the inserter tube 3-4 cm.					

Checklist for IUD Insertion and Removal Clinical Skills Levonorgestrel Intrauterine System (LNG-IUS)					
Step/Task	**Cases**				
16. Use HLD (or sterile) sharp Mayo scissors to cut the LNG-IUS strings to a length of 3–4 cm, while the strings are still in the inserter tube.					
17. Gently remove the tenaculum and place it in a 0.5% chlorine solution for 10 minutes for decontamination.*					
18. Examine the cervix for bleeding; if no bleeding, gently remove the speculum.					
19. Ask the client how she is feeling and begin performing the post-insertion steps.					
Skill/Activity Performed Satisfactorily					
Post-Insertion Steps					
1. Before removing the gloves, place all used instruments in a 0.5% chlorine solution for 10 minutes for decontamination.*					
2. Properly dispose of waste materials.					
3. Process gloves according to recommended infection prevention practices.					
4. Wash hands thoroughly and dry them.					
5. Provide post-insertion instructions. Key messages for LNG-IUS users include: • Basic facts about her LNG-IUS (e.g., type, how long it is effective, when to replace/remove it) • No protection against STIs; need for condoms if at risk • Possible side-effects • Warning signs (PAINS) (See Handout 9-2: Post Abortion IUD (PAIUD) Fact Sheet (Copper T 380A/LNG-IUS) for details about PAINS.) • Check for possible LNG-IUS expulsion • When to return to the clinic					
Skill/Activity Performed Satisfactorily					
Post-Removal Steps					
1. Before removing the gloves, place all used instruments and the LNG-IUS in a 0.5% chlorine solution for 10 minutes for decontamination.*					
2. Properly dispose of waste materials.					
3. Process gloves according to recommended infection prevention practices.					
4. Wash hands thoroughly and dry them.					
5. If the woman has had a new LNG-IUS inserted, review the key messages for LNG-IUS users in post-insertion step 5. (If the woman is starting a different method, provide the information she needs to use it safely and effectively [and a backup method, if needed].)					
Skill/Activity Performed Satisfactorily					

* WHO's 2016 Infection Prevention Guidelines no longer recommend soaking instruments in disinfectant prior to cleaning. Please refer to in-country guidelines for this step.

Trainer Certification

Learner is ☐ Qualified ☐ Not Qualified to deliver LNG-IUS services, based on the following criteria:

_____

_____

_____

_____

	With Models		With Clients	
Clinical Skills performed competently:	☐Yes	☐No	☐Yes	☐No

Trainer's Signature: _____ **Date:** _____

Module 9: Post Abortion Intrauterine Device

Handout 9-1: Factors Affecting Postpartum and Post Abortion Family Planning

Postpartum	Post Abortion
Health Systems opportunities and barriers	
Opportunities: • Opportunity for counseling/method delivery possibly increased by women's multiple contacts with health system • Family planning care may be available in the maternity ward • Easy to identify women in postpartum period for follow-up family planning • Preventive approach to care • Typically supportive provider attitudes toward mother **Barriers:** • Too busy ANC clinics and providers do not have time to counsel the pregnant woman. • Non availability of contraceptive supplies in labor delivery ward	**Opportunities:** • Opportunity for counseling/method delivery minimal because woman typically has only one contact with the health system; few returns for follow-up **Barriers:** • Care delivered in emergency or gynecology ward where family planning is not offered routinely • Difficult to identify women in post abortion period for follow-up family planning • Curative, crisis-oriented approach to care • Often insensitive and sometimes punitive provider attitudes toward women who have undergone abortion • Non availability of contraceptive supplies in emergency and PAC room
Clinical	
Opportunities: • Woman can go back home with contraceptive in the same visit after delivery services • Cost effective, follow up visit can be combined with postnatal visits **Barriers:** • Woman consider them safe as resumption of menses might be delayed, especially if breastfeeding • Breastfeeding precludes use of some hormonal methods • Provider biases and misconceptions about use of LARC methods in postpartum period	**Opportunities:** • Woman can go back home with contraceptive in the same visit after PAC services **Barriers:** • Woman is not aware of prompt return of ovulation and menses and chances of getting pregnant • Complications from unsafe abortion may influence choice or timing of method • Provider biases and misconceptions about use of LARC methods in post abortion period

Postpartum	Post Abortion
Psychosocial/Cultural	
• Woman identifies herself as mother and has societal support during the postpartum period • Some postpartum practices postpone risk of future pregnancy such as breastfeeding and abstinence • Societal fertility role confirmed • Women in postpartum period may have low perceived risk of pregnancy	• Little known about women's perceptions of self and of the abortion experience itself. Little societal support after abortion. • Little known about contraceptive practices after abortion • Societal fertility role may not be confirmed so she is less open to FP • Women may not recognize almost immediate return of fertility

Source: Benson J. et al. *Meeting Women's Needs for Post-Abortion Family Planning: Framing the Questions*. Carrboro, NC: Ipas, 1992.

Module 9: Post Abortion Intrauterine Device

Handout 9-2: Post Abortion IUD (PAIUD) Fact Sheet (Copper T 380A/LNG-IUS)

Post abortion family planning is the initiation and use of family planning methods immediately after, and within 48 hours of an abortion, before fertility returns. In most women fertility returns on average about two weeks after an abortion; however, ovulation can occur as early as 11 days post abortion. The objective is to prevent unintended pregnancies, particularly for women who do not want to be pregnant and may undergo a subsequent unsafe abortion if contraception is not made available during this brief interval.

Who Can Use Post Abortion IUD/LNG-IUS?

All women who have undergone surgical abortion or miscarriage can have an IUD/LNG-IUS inserted immediately after post abortion care, provided that:

- There are no severe complications (infection, injury, heavy bleeding) requiring further treatment.
- They receive adequate counseling, choice of contraceptives, assurance for contraceptive resupply, and access to follow-up care.
- The provider screens for any precautions before inserting the device.

Post Abortion Family Planning Services Availability

- In programs where abortions are legal, women can get family planning counseling at the time of the appointment and can receive family planning services immediately after abortion services, before discharge from the facility.
- In programs where abortion services are illegal, emergency treatment and post abortion family planning counseling and services are provided as a single service.
- In programs where surgical evacuation is conducted for treating miscarriage or incomplete abortion, women can be counseled for family planning after the procedure and/or receive family planning services after the procedure, before discharge, or later during a follow-up visit.
- In programs where comprehensive post abortion care (PAC) services are not available, refer the client to a clinic where she can receive family planning services after an abortion.

Even where methods are not provided, family planning information and counseling should be offered to all PAC clients regardless of the method of treatment for uterine evacuation (sharp curettage, electric, foot pump, or manual vacuum aspiration).

Remember: PAC is incomplete without family planning.

What Is Unique about Post Abortion Counseling?

Post Abortion Family Planning Counseling

A woman who has had an abortion needs to be counseled with compassion. She has faced risks associated with terminating pregnancy or undergoing unsafe induced abortion. Do the following:

- Approach the woman when she is calm and has recovered from the procedure.
- Be sensitive and let her know you understand what she has been through.
- Treat her with respect and without judgment and criticism.
- Ensure privacy and confidentiality. Be flexible about where she wants to be counseled.
- Ask if she wants someone she trusts to be present during counseling.
- Inform her that fertility returns soon (within 8-15 days) after abortion
- Provide her with all the information and explanations that allow her to make an informed choice, in a manner that she can understand. Discuss previous use of contraception to identify possible reasons for contraceptive failure.
- Women receiving misoprostol for medical abortion should be counseled for family planning before or at the time of receiving medication and advised to come back as soon as she finishes taking her medication for abortion.

Timing of Insertion

IUD/LNG-IUS can be inserted:

- Immediately or within 7 days after a first- or second-trimester abortion or miscarriage, provided no infection is present. There is no need for a backup method.
- If it is more than 7 days after a first- or second-trimester abortion and no infection is present, then the device can be inserted anytime it is reasonably certain the woman is not pregnant. Advise the use of a backup method for 7 days after insertion (except for Copper T 380A).
- In the case of medical (non-surgical) abortion, delay IUD/LNG-IUS insertion until it is confirmed that the uterus is completely empty.

Insertion Technique

- After a first-trimester abortion: Same as interval IUD/LNG-IUS insertion, using inserter tube, when there is no infection
- After a second-trimester abortion: Same as interval IUD/LNG-IUS insertion, using inserter tube, when there is no infection and the uterus is well-contracted

Side-Effects

Side-effects generally are not signs of a health problem and may diminish or change over time.

IUD (Copper T 380 A)

- Pain or cramping during menses
- Prolonged and heavy menstrual bleeding
- Bleeding or spotting between monthly periods

LNG-IUS

- Pain or cramping during menses
- Amenorrhea is more common with LNG-IUS
- Irregular and lighter menses
- Bleeding or spotting between monthly periods
- Benign ovarian cysts
- Headache, nausea, breast tenderness, acne
- Mood changes, mild depression (less common)

When to Return for Follow-Up

- Routinely at 4 to 6 weeks post abortion to reinforce counseling, answer any questions, and screen for potential problems
- Anytime if having any concerns or side-effects associated with IUD/LNG-IUS use

Warning Signs

Tell the client to return to the clinic if any of the following signs develop: **(P-A-I-N-S)**

- Pregnancy or period related problems
- Acute abdominal cramping: during the first 3–5 days after insertion (perforation)
- Irregular bleeding: irregular bleeding or pain in every cycle (possible dislocation, partial expulsion, or perforation)
- Not feeling well: fever and chills, unusual vaginal discharge, or low abdominal pain (possible infection)
- String problems: missing string (possible expulsion)

Sources: World Health Organization Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge for Health Project. *Family Planning: A Global Handbook for Providers* (2011 update). Baltimore and Geneva: CCP and WHO, 2011; USAID and FHI 360. "Family Planning After Miscarriage or Abortion." In *Facts for Family Planning*. Washington, DC: USAID and FHI360, 2012; EngenderHealth. *Counseling the Postabortion Client: A Training Curriculum.* New York: Engender Health, 2003.

Module 9: Post Abortion Intrauterine Device

Handout 9-3: Post Abortion Family Planning and Post Abortion IUD Technical Update

Women may ovulate soon, as early as 10–11 days, after an abortion (spontaneous or induced), thus it is crucial that women are offered effective counseling and choice of family planning methods immediately after the management of an abortion and before they leave the health facility.

Post Abortion Family Planning

Post abortion family planning is the initiation and use of family planning methods at the time of management of an abortion, or before fertility returns after an abortion. (Fertility may return as early as 10–11 days after the spontaneous or induced abortion occurred.)

After a spontaneous or induced abortion, the recommended minimum interval to the next pregnancy is at least six months in order to reduce risks of adverse maternal and perinatal outcomes (WHO/MPS and RHR 2006).

Importance of Post Abortion Family Planning

Women receive management for abortion at the facility and are not likely to come back for family planning services. Immediately post abortion, when she is still at the facility or in contact with a health care provider, is the opportune time to provide family planning counseling and services to women who experience spontaneous or induced abortion.

The objective is to prevent subsequent unplanned or unintended pregnancies. Women and their partners should ensure that the recommended spacing of at least 6 months is achieved before attempting the next pregnancy. Pregnancy should be avoided—particularly among women who do not want to be pregnant and who may undergo a subsequent induced abortion if contraception is not made available immediately after abortion.

Women who have just experienced an abortion need immediate and easy access to family planning services. It is important to integrate family planning services with post abortion care. To increase the likelihood that women use contraception to avoid unintended pregnancy, family planning services should be offered immediately post abortion. (WHO/RHR and CCP/K4H Project 2011).

The following problems are associated with abortion:

- 20 million unsafe abortions occur each year globally
- 70,000 women die from complications of unsafe abortion each year
- 1 in 8 pregnancy-related deaths are due to unsafe abortion

Post abortion family planning can avert many of these problems. For example, family planning could prevent 90% of the maternal mortality associated with unsafe abortion.

Table 1: Post Abortion Return to Fertility

Time of Abortion	Method for Managing Abortion	Review of Return to Fertility
First-trimester abortion	After vacuum aspiration	A woman may ovulate within 10 days of an abortion (Boyd et al. 1972) and can become pregnant if she resumes sexual intercourse without using any family planning method (Wolf et al. 1994).
	After medical abortion with mifepristone and misoprostol	On average, a woman will ovulate within 20 days of a medical abortion with mifepristone and misoprostol, but she can ovulate as early as 8 days (Schreiber, Sober, Ratcliffe, Creinin 2011).
Second-trimester abortion	After dilation and evacuation	Within 4 weeks after a second-trimester abortion or miscarriage

Post Abortion Counseling Messages

A woman has important choices to make after receiving post abortion care. To make decisions about her health and fertility, she needs to know the following:

- **She should wait at least 6 months before trying to become pregnant.** Waiting at least 6 months reduces the chances of low birthweight, premature birth, and maternal anemia.
- **Fertility returns quickly**—within 10–11 days after a first-trimester abortion or miscarriage and within 4 weeks after a second-trimester abortion or miscarriage. Therefore, she needs protection from pregnancy almost immediately**.**
- **She can choose from among many different family planning methods** that can be started at once. Methods that women should not use immediately after giving birth pose no special risks after abortion**.**
- **She can wait before choosing a contraceptive method for ongoing use, but if she has sex in the meantime, she should consider using a backup method.** If a woman decides not to use contraceptives at this time, providers can offer information on available methods and where to obtain them. Also, providers can offer condoms, oral contraceptives, or emergency contraceptive pills for women to take home and use later.
- **To avoid infection, she should not have sex until bleeding stops**—If being treated for infection or vaginal or cervical injury, she should wait to have sex again until she is fully healed.
- **If she chooses any family planning method,** after being informed of all her family planning options, **she should then receive method-specific counseling**.

Eligibility for Post Abortion Family Planning Methods

In general, all modern family planning methods can be used immediately following spontaneous or induced abortions. When providing a family planning method to a woman after an abortion, it is important to ensure that:

- There are no complications that require further treatment
- The woman receives adequate counseling and gives informed consent
- The provider screens the woman's eligibility for a particular family planning method that the woman has chosen.

Table 2: When to Start Contraceptive Methods after Abortion

	Family Planning Method	Time of Initiation after Abortion
After first-trimester spontaneous abortion Or vacuum aspiration	• Combined oral contraceptive pills • Progestin-only injectables • Male and female condoms	Can be started immediately
	• IUD/LNG-IUS • Female sterilization	Can be started immediately, when infection and injury to the genital tract are ruled out or resolved
After first-trimester medical abortion with mifepristone and misoprostol	• Combined oral contraceptive pills • Progestin-only injectables • Male and female condoms	Can be started immediately Pills or injectables can be started on 3rd day or 15th day of medical abortion protocol, as long as there are no medical contraindications and it is certain that abortion is complete.
	• IUD/LNG-IUS	IUD/LNG-IUS inserted within 5-10 days of successful medical abortion have low expulsion rates and higher continuation. It is important to be reasonably certain that the abortion is complete (on clinical judgment), and there is no bleeding and infection. Note: the provider should note relevant history and carry out a pelvic examination to ensure that the abortion is complete. If pelvic examination does not confirm the expulsion of products of conception (POC) or that the abortion process is complete, or if bleeding continues, send for ultrasound examination.
	• Implant	Implant can be inserted after successful medical abortion any time provided it is reasonably certain that abortion is complete, and there is no continued bleeding. Client should be counseled for some changes in bleeding pattern after implant insertion.
	• Female sterilization	Female sterilization can be done after the first menstrual cycle.
After second-trimester, spontaneous abortion, or dilation and evacuation	• Combined oral contraceptive pills • Progestin-only injectables • Implants • Male and female condoms	Can be started immediately.

	Family Planning Method	Time of Initiation after Abortion
	• IUD/LNG-IUS	Can be inserted immediately, when infection and injury to the genital tract are ruled out. If, after evacuation, the uterus is almost 18–20 weeks in size, then the insertion should be done by a specially trained provider skilled in the postpartum IUD insertion technique.
	• Female sterilization	Within 48 hours after uncomplicated abortion, if she has made a voluntary, informed choice in advance. Minilap tubectomy should be done. Laparoscopic ligation should not be done. This procedure can potentially cause injury to the fallopian tubes. The fallopian tubes can retain excess fluid and swell, causing the rings to slip from the tubes.
Spontaneous or induced abortion	• Male sterilization	Anytime

Almost all modern family planning methods can be used immediately following first-trimester and uncomplicated second-trimester abortions.

Critical for Post Abortion Family Planning Services

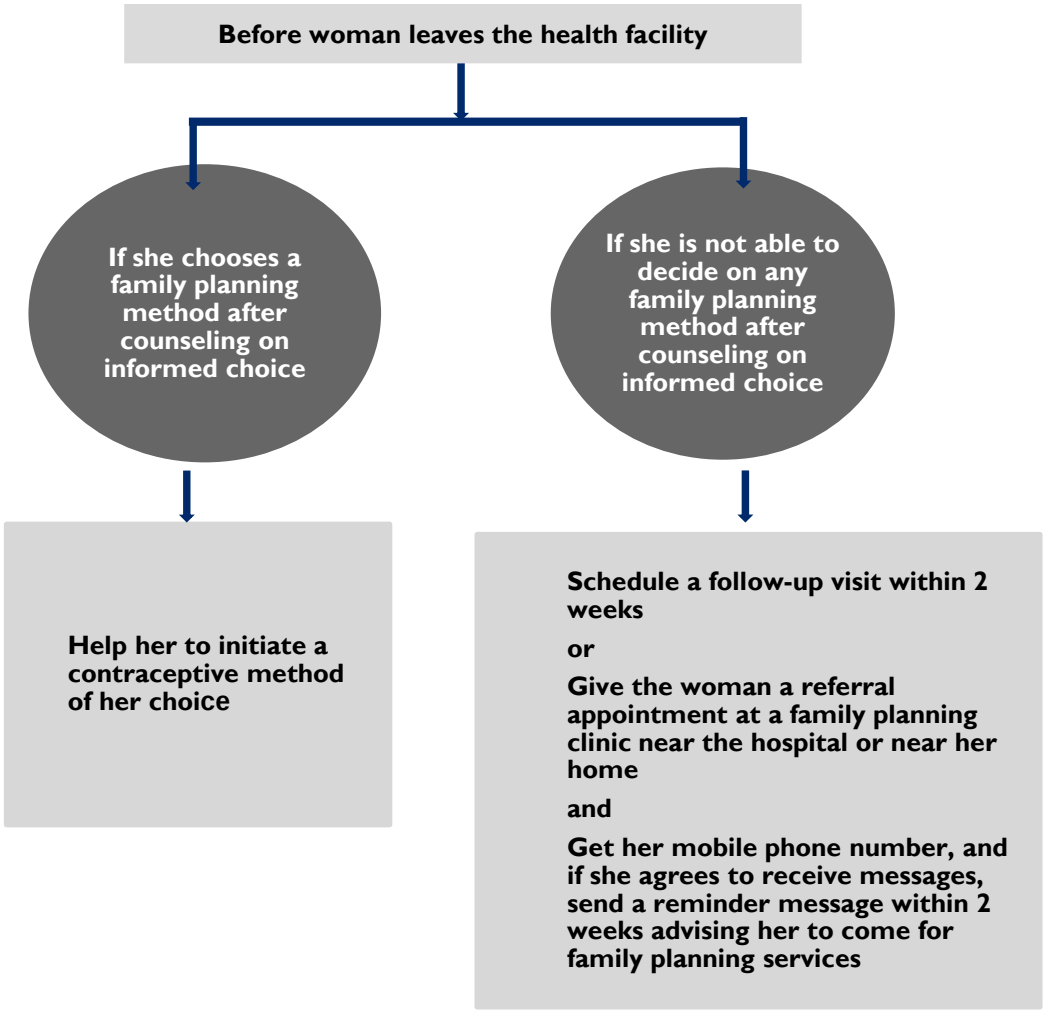

Table 3: Overview of Post Abortion Family Planning Methods

Family Planning Method	When to Start after Spontaneous or Induced Abortion	Advantages	Limitations	Contraceptive Effectiveness
Condoms	**Immediately** • As soon as the woman resumes her sexual activity	• Help protect against pregnancy and sexually transmitted infections (STIs), including HIV • Safe, no hormonal side-effects • Can be used as a temporary or backup method • Can be used without seeing a health care provider	**Latex condoms:** • May cause irritation to some people (people with latex allergy) • May dull the sensation of sex for some men • Require correct use with every act of sex for greatest effectiveness	• Failure rate is 2 pregnancies/100 women in the first year, when used correctly with every act of sex
Oral Contraceptive Pills (OCPs)	**Immediately** • If she is starting within 7 days after a first- or second-trimester spontaneous or induced abortion, no need for a backup method. • If it is more than 7 days after a first- or second-trimester spontaneous or induced abortion, she can start anytime it is reasonably certain she is not pregnant. She will need a backup method for the first 7 days of taking pills.	• Can be provided by health workers other than doctors/nurses • Do not interfere with sex	• Must be taken every day • Re-supply must be available • Not suitable for women who have cirrhosis of the liver or liver disease, high blood pressure, diabetes, gall bladder disease, breast cancer • Not given to women who are taking medications like rifampicin, Dilantin, and griseofulvin because OCP effectiveness may be lowered • Side-effects like changes in menstrual bleeding patterns—lighter and fewer days of bleeding, dizziness, nausea, headaches, breast tenderness	• Highly effective • Failure rate is less than 1 pregnancy/100 women (0.3/100) in the first year, when no pill-taking mistakes are made

Family Planning Method	When to Start after Spontaneous or Induced Abortion	Advantages	Limitations	Contraceptive Effectiveness
Progestin-Only injectables (DMPA)	**Immediately** • If she is starting within 7 days after first- or second-trimester spontaneous or induced abortion, no need for a backup method. • If it is more than 7 days after first- or second-trimester spontaneous or induced abortion, she can start anytime it is reasonably certain she is not pregnant. She will need a backup method for the first 7 days after the injection.	• Can be started immediately even if infection is present • Do not require daily action • Do not interfere with sex	• Side effects like irregular bleeding, prolonged or frequent bleeding, spotting, amenorrhea • Delayed and unpredictable return to fertility after stopping use (may take 6–9 months after last injection) • Must return for injection every 3 months • No protection against STI/HIV	• Highly effective • Failure rate is less than 1 pregnancy/100 women (0.3/100) in the first year, when women do not miss 3 monthly injections
Non hormonal IUD (Copper T 380A)	**Immediately**, provided the risk or presence of infection is ruled out. • If the IUD is inserted within 12 days after a first- or second-trimester spontaneous or induced abortion and if no infection is present, no need for a backup method. • If it is more than 12 days after a first- or second-trimester spontaneous or induced abortion and no infection is present, an IUD can be inserted anytime it is reasonably certain she is not pregnant. No need for a backup method.	• Effective as soon as it is inserted • Long-term contraception, effective for 12 years (IUD Copper T 380A) • Immediate return to fertility on removal • Does not interfere with sex	• Side-effects like increased menstrual bleeding and cramping during the first few months • No protection against STI/HIV • Trained provider needed for insertion and removal	• Highly effective • Failure rate less than 1 pregnancy/100 women (0.6/100) in the first year

Family Planning Method	When to Start after Spontaneous or Induced Abortion	Advantages	Limitations	Contraceptive Effectiveness
Hormonal IUD (LNG-IUS)	• **Immediately**, if it is inserted within 7 days after first- or second-trimester abortion or miscarriage and if no infection is present. No need of backup method. • If it is more than 7 days after an abortion or miscarriage and no infection is present, she can have LNG-IUS at any time it is certain she is not pregnant. Give backup method for the first 7 days after insertion.	• The LNG-IUS is effective for 3-5 years (depending on type of LNG-IUS) • Significantly reduces menstrual blood loss; periods become shorter, lighter, and less painful • The LNG-IUS does not interfere with normal fertility after removal. The woman can become pregnant in the same menstrual cycle.	• Amenorrhea is common and increases over time—counseling should prepare women for this and reassure that it is not harmful • Trained provider needed to insert and remove the LNG-IUS • Pelvic examination before LNG-IUS insertion is mandatory, which is not so for other spacing methods • May cause minor pain or discomfort during insertion and removal procedures • Provide no protection from sexually transmitted infections including HIV	• Highly effective: Less than 1 pregnancy per 100 women (2 per 1,000 women) using it over the first year. Over 5 years of use, less than 1 pregnancy per 100 women (5–8 per 1,000 women)
Implants	• **Immediately** after first- or second-trimester abortion, no need of back up method. • If it is more than 7 days after first- or second-trimester abortion, she can have implant inserted anytime it is reasonably sure she is not pregnant. She will need a backup method for the first 7 days after insertion.	• Long term contraception for 3-5 years depending on the type of implant • Quick return to fertility after removal • No daily action required • Does not interfere with sex	• Only a trained service provider can provide implant services • Changes in menstrual bleeding patterns are common. (Counseling should prepare the woman adequately for this). • Insertion and removal require minor surgery • A woman cannot discontinue the method on her own • Contraceptive implants do not protect a woman from genital tract infections (GTIs) and other STIs, including hepatitis B virus (HBV) and HIV/AIDS	• Highly effective • Failure rate less than 1 pregnancy/100 women using implants over first 5 years (5 per 10,000)
Female Sterilization	• Immediately within 48 hours after an uncomplicated abortion, if she has made a voluntary, informed choice in advance	• Permanent method • Immediately effective • No long-term side-effects • No interference with sex	• Written informed consent is a must, and it is important that the woman understands that it is a permanent method. • Slight possibility of surgical complications • No protection against STI/HIV	• Highly effective • Failure rate less than 1 pregnancy per 100 women (0.5/100) in the first year

Family Planning Method	When to Start after Spontaneous or Induced Abortion	Advantages	Limitations	Contraceptive Effectiveness
Male Sterilization (Vasectomy)	• Can be done anytime independent of the abortion	• Permanent method • No interference with sex • Enables man to take responsibility for preventing pregnancy	• Not immediately effective. First 20 ejaculations after vasectomy may contain sperm. Couple must use another family planning method for at least the first 20 ejaculations or the first 3 months, whichever is earlier. • Semen analysis should be done after 3 months to confirm azoospermia. • No protection against STI/HIV	• Highly effective • Failure rate less than 1 pregnancy/100 women (0.2/100) in first year when men can have their semen examined after vasectomy

Post Abortion IUD: A Safe, Effective, Reversible, and Practical Family Planning Method

Immediate post abortion IUD insertion is an option because the woman is not pregnant, pain of insertion is less because the cervical os is open, and her motivation to use contraception may be high.

Cochrane Database Systematic Review 2014 states that insertion of an IUD immediately after abortion is safe and practical. IUD expulsion rates appear higher immediately after abortion compared with delayed insertion. However, at six months post abortion, IUD use is higher following immediate insertion compared with delayed insertion http://www.ncbi.nlm.nih.gov/pubmed/25101364# (Okusanya, Oduwole, Effa 2014).

The World Health Organization states that IUD insertion immediately after abortion—whether induced or reported as "spontaneous"—is both safe and practical. IUD expulsion rates are higher after second-trimester abortions than after first-trimester abortions. In post abortion IUD insertion, it is important first to rule out current genital tract infection, risk of infection, or hemorrhage and genital tract injury http://apps.who.int/rhl/fertility/contraception/nncom/en/ (Nguyen Thi Nhu Ngoc 2005).
Insertion of an IUD after successful medical abortion does not carry an increased risk of expulsion (Shimoni N et al. 2011).

Post abortion IUD Insertion

1. Post abortion IUD insertion should be done after confirming that a woman has chosen this method after she received counseling on informed choice.
2. Before insertion, it is important first to rule out current genital tract infection, risk of infection, or hemorrhage and genital tract injury.
3. The technique of IUD insertion immediately after abortion depends on the size of the uterus after evacuation of the content.

Follow-Up Visit for Post Abortion IUD Clients

Woman should be advised:

- To come at least once for routine follow-up after 1 month (within 3–6 weeks after insertion), preferably after the next menstrual bleeding
- To come back immediately if any of the warning signs PAINS appear
- Follow-up care and management of IUD post abortion problems will be the same as that provided for the interval IUD.

References

Ipas. *Clinical Updates in Reproductive Health*. Chapel Hill, NC: Ipas, July 2013.

Ipas. *Handbook on Medical Methods of Abortion by Government of Madhya Pradesh and Ipas to Expand Access to New Technologies for Safe Abortion*. Madhya Pradesh, India, and Chapel Hill, NC: Ipas, 2013.

Maternal Health Division, Ministry of Health and Family Welfare (MOHFW), Government of India. *Provider's Manual on Comprehensive Abortion Care*. New Delhi: MOHFW, April 2014.
Nguyen Thi Nhu Ngoc. Immediate postabortion insertion of intrauterine devices: RHL commentary (last revised: 18 January 2005). The WHO Reproductive Health Library; Geneva: World Health Organization. At http://apps.who.int/rhl/fertility/contraception/nncom/en/ (Accessed November 2016).

Okusanya BO, Oduwole O, Effa EE. Immediate postabortal insertion of intrauterine devices. Cochrane Database Syst Rev. 2014 Jul 28;(7):CD001777. At http://www.ncbi.nlm.nih.gov/pubmed/25101364# (Accessed November 2016).

Shimoni N, Davis A, Ramos ME, Rosario L, Westhoff C. Timing of copper intrauterine device insertion after medical abortion. *Obstet Gynecol* 2011;118:623-8.
Wolf et al. 1994

World Health Organization (WHO) Department of Making Pregnancy Safer (MPS) and Department of Reproductive Health and Research (RHR). *Report of a WHO Technical Consultation on Birth Spacing*. Geneva: WHO, 2006.

World Health Organization Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge for Health Project. *Family Planning: A Global Handbook for Providers* (2011 update). Baltimore and Geneva: CCP and WHO, 2011.

Module 9: Post Abortion Intrauterine Device

Handout 9-4: Factors for Long-Acting Reversible Contraceptive (LARC) Counseling during Post Abortion Care

Factors	Recommendations	Rationale
1. If the woman does not want to become pregnant soon	• Consider all long and short acting contraceptive methods	• Seeking treatment for abortion services is an indication of unwanted pregnancy and the need of contraception for a long period.
2. If the woman became pregnant while using a contraceptive method (method failure)	• Assess the reasons for failure, if she is using the method inconsistently or incorrectly, etc. • Help her to choose a method that is highly effective (has a low failure rate), long-acting, provider-dependent, and does not require daily action or frequent resupply.	• Method failure may have occurred as a result of inconsistent or incorrect use. Contraceptive access may still be difficult and may lead to another unwanted pregnancy.
3. If the partner is not willing to use condoms	• If the woman allows, invite the partner to be present during counseling. • Even if she does not invite her partner, protect her confidentiality. • Discuss methods that can be used without her partner's knowledge (e.g., injectables, implants).	• Respect the woman's wishes if she does not want to involve her partner during counseling.
4. If the woman is a victim of sexual abuse	• Inform her about emergency contraception, other discrete methods of contraception and victims' services.	• The woman may be at risk of repeated assault and may need information about different contraceptive choices and emergency contraceptive pills (ECPs).

Factors	Recommendations	Rationale
5. If the woman is under stress or is in pain	• Provide necessary information about the quick return of fertility after an abortion, and advise her to return to the clinic for long-acting contraceptive methods such as the IUD/levonorgestrel intrauterine system (LNG-IUS) or implants when she is feeling better.	• Stress and pain interfere with free, informed decision-making and might lead to discontinuation. • While she is undergoing treatment for abortion complications is not a good time for a woman to make a decision about contraception. • It is best to wait until she is calm and has recovered from the procedure. • Offer her condoms and/or pills if she wants them before leaving the clinic.
6. If the woman has discontinued using a short-term contraceptive method such as pills	• Try to find out reasons for discontinuation, such as unacceptable side-effects, difficulty in resupply, etc. • Reassure her that side-effects are temporary and will subside gradually. Give treatment for side-effects if she agrees. If not and she wants another method with less side-effects • Help her to choose an effective method that does not require daily action and has less side-effects	• Difficulty in resupply and unacceptability may still exist, leading to another unwanted pregnancy.
7. If the woman wants to become pregnant soon	• Advise about the recommended 6-month waiting period. • Do not insist on providing a contraceptive method. • Provide information or referral to a reproductive health clinic for other services.	• If the woman has repeated spontaneous abortions, she may need to be referred to an infertility clinic.

Source: EngenderHealth. Counseling a Postabortion Client: A Training Curriculum. New York: Engender Health, 2003.

Module 9: Post Abortion Intrauterine Device

Handout 9-5: Post-Insertion Instructions and Follow-Up Care

Post-Insertion Instructions

Before the woman leaves the clinic, counsel her on key messages:

- "You have a Copper T 380A IUD/LNG-IUS inserted."
- "It should be replaced in 12 years for Copper T 380A, 5 years for LNG-IUS, but you can come back to have it removed for any reason whenever you want."
- If Copper T 380A, then, "It is effective immediately. You can have sexual intercourse as soon as you desire with no backup protection."
- If LNG-IUS is inserted after 7 days, use backup method for 7 days.
- Ask her to repeat key information to ensure that she understands it.
- Ask her to repeat warning signs and tell her to return to the clinic immediately if she experiences any of the warning signs (or PAINS).
- Encourage her to ask questions and state any concerns she may have.
- Provide reassurance, as needed.
- Give the woman a reminder/follow-up card and tell her to bring it during her follow-up visit.
- Tell her she can come back to the clinic at any time if she wants to have the IUD removed, or for any reason she feels she needs to consult a health care provider.

Follow–Up Care

Follow-up care after an IUD insertion is a vital component for ensuring client satisfaction and quality of care. It is the responsibility of the service provider to provide regular and needs-based follow-up care and manage any problems experienced by the woman or observed during assessment.

Key Objectives

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

After IUD insertion, a woman is advised to return to the clinic for her first routine checkup after her first post-insertion menses (3 to 6 weeks; not later than 3 months) unless she has serious problems that require emergency services. Serious problems requiring immediate care include:

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

The woman is encouraged to return at any time:

- If she is experiencing the above problems.
- If she wants the IUD removed, or for any reason feels that she needs to consult a health care provider.

If the woman lives far from the health facility where the insertion was done, she should be counseled and supported by community health workers to go to the nearby health facility for follow-up care.

During a Follow-Up Visit

- Ask the woman about her satisfaction with the method.
- Conduct a speculum examination to visualize the strings. Cut them short if the woman finds them uncomfortable.
- Reinforce the messages regarding warning signs and spontaneous IUD expulsion during the first few months.
- If the IUD has been expelled, exclude pregnancy. Offer the woman another contraceptive method of her choice OR reinsert the IUD if she so desires.
- Encourage use of condoms for sexually transmitted infection (STI) protection, as appropriate.
- If the IUD is in place and the woman has no problems, no other follow-up visits are required.
- The woman should be advised to return for removal, as desired, or at the end of the recommended period.
- If the woman is not satisfied or has any of the following problems, the IUD may be removed:
    - Partial expulsion
    - Infection
    - Perforation
    - Persistent uterine cramping
    - Pregnancy
- Remind her of the date (month/year) her IUD needs to be removed/replaced.

Module 9: Post Abortion Intrauterine Device

Handout 9-6: Managing Side-Effects and Potential Complications of Post Abortion IUD (PAIUD) Insertion

Giving Advice on Side-Effects

Important: Thorough counseling about bleeding changes and some cramping following insertion must be done prior to IUD/LNG-IUS insertion. Counseling about bleeding changes may be the most important help a woman needs to keep using the method. The client should consult the provider immediately if she is having any of the warning signs (PAINS). For more details about PAINS, see Handout 9-2: Post Abortion IUD (PAIUD) Fact Sheet (Copper T 380A/LNG-IUS).

Describe the most common side-effects

- **Copper T 380A**: Changes in her bleeding pattern: Prolonged and heavy monthly bleeding/irregular bleeding. More cramps and pain during monthly bleeding.
- **Levonorgestrel intrauterine system (LNG-IUS)**: No monthly bleeding, lighter bleeding, fewer days of bleeding, infrequent or irregular bleeding. Some cramps and pain are expected for initial 1–2 days. Acne, headaches, breast tenderness and pain, and possibly other minor hormonal side-effects.

Explain about these side-effects

- Bleeding changes are not a sign of illness.
- In case of LNG-IUS, hormonal side-effects are very mild and usually do not require any treatment.
- Side-effects usually become milder after the first few (3–6) months.
- Chances of no bleeding with LNG-IUS increases over time.
- Client can come back at any time if side-effects bother her.

Manage common side-effects

Manage as appropriate based on findings:

- Heavy or prolonged bleeding (twice as much as usual or longer than 8 days)
    - Reassure her and tell her that, generally, it is not harmful and usually becomes less or stops after several months.
    - Provide tranexamic acid (1500 mg) 3 times daily for 3 days, then 1000 mg once daily for 2 days, beginning when heavy bleeding starts or nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen 600–800 mg orally three times a day or indomethacin 25 mg orally twice a day with food for 5 days, beginning when heavy bleeding starts.
    - Provide iron tablets, if possible, and tell her it is important for her to eat foods rich in iron such as meat and poultry (beef, chicken liver, etc.) fish, green leafy vegetables, and legumes.

- Irregular bleeding (bleeding at unexpected times that bothers her)
  - Reassure her that many women using IUDs experience irregular bleeding. It is not harmful and usually becomes less or stops after the first several months of use.
  - For modest short-term relief: NSAIDs such as ibuprofen (600–800 mg) orally three times a day or indomethacin (25 mg) 2 times daily after meals for 5 days, beginning when irregular bleeding starts.
  - If her menstrual bleeding changes are very bothersome and she wishes to have the IUD removed, remove the IUD as soon as possible.
- Cramping and pain
  - Some cramping and pain are expected for the initial 1–2 days.
  - Suggest a pain reliever, paracetamol/ibuprofen.
  - If cramping continues and occurs outside of monthly bleeding: Evaluate for underlying health conditions and treat or refer. If no underlying condition is found and cramping is severe, discuss removing the IUD/LNG-IUS.

Complication	Risk	Linked to	Reduced through	Management
Perforation	Very Rare	Skill and experience of provider	Supervised training and using correct insertion technique	• Usually occurs during insertion and usually heals without treatment. Stop the procedure immediately and gently remove the instruments. Keep client under observation for approximately 2 hours, and monitor vital signs. Look for signs of shock, if she is having severe pain, fainting, rapid pulse, low blood pressure. Manage immediately. If not recovering and symptoms aggravating, refer immediately to higher level facility for management and ultrasound. Advise follow-up in a week, or as needed. • If uterine perforation is suspected within 6 weeks after insertion or if it is suspected later and is causing symptoms, such as severe pain or cramping refer the client for evaluation and ultrasound* (if available) to a clinician experienced in removing such IUDs. • *availability of ultrasound is not a prerequisite for the facility providing IUD insertion services

Complication	Risk	Linked to	Reduced through	Management
Infection	Rare	Lack of infection prevention practices during insertion	Use of aseptic technique	• Assess vital signs, abdominal and pelvic examination, and appropriate laboratory tests (pregnancy test, CBC, cultures) to rule out other problems: endometritis; appendicitis; partial IUD expulsion; uterine perforation; pregnancy/ectopic pregnancy; or urinary tract infection. Begin treatment immediately with an appropriate antibiotic. • If diagnosis of pelvic inflammatory disease (PID) is confirmed, treat or refer immediately and give appropriate antibiotic therapy. No need to remove the IUD/LNG-IUS if she wants to continue using it.
Expulsion	Rare	Provider's skill, age and parity of client, and timing of insertion	Careful screening, examination, and insertion technique	• Do an assessment including pelvic examination to rule out pregnancy • If complete expulsion of the IUD is confirmed (e.g., seen by the woman, confirmed by X-ray or ultrasound): insert IUD/LNG-IUS if desired after assessing the client for excluding pregnancy and infection or counsel for another family planning method. • If IUD/LNG-IUS is found outside uterus in abdomen, refer immediately for managing perforation and removal of IUD/LNG-IUS. • If partial IUD/LNG-IUS expulsion is confirmed (e.g., felt/seen by the woman or clinician): remove the IUD/LNG-IUS and provide another IUD/LNG-IUS if desired and appropriate (not pregnant or infected) or counsel for another family planning method. • If the IUD/LNG-IUS appears to be embedded in the cervical canal and cannot be easily removed by the standard technique, refer the woman for IUD/LNG-IUS removal to a specialist. **Note:** Ultrasound is never recommended for confirming placement under normal conditions

Complication	Risk	Linked to	Reduced through	Management
Pregnancy	Rare	Undetected or partial expulsion, provider's skill	Careful screening, examination, and proper insertion technique	If a woman is diagnosed with Pregnancy with IUD/LNG-IUS in situ, rule out ectopic pregnancy • When ectopic pregnancy has been ruled out, and if the pregnancy is in the first trimester: Counsel the woman on the risks of immediate removal of the IUD/LNG-IUS: removing the IUD/ LNG-IUS slightly increases the risk of abortion; and leaving the IUD/ LNG-IUS in place can cause second trimester abortion, infection and preterm delivery. • If the woman requests removal, proceed with immediate removal if the strings are visible and the pregnancy is in the first trimester. • If the strings are not visible, do an ultrasound to determine whether the IUD is still in the uterus or has been expelled. If the IUD is still in place, do not try to remove it. • If the woman declines removal, provide antenatal care, close monitoring of the pregnancy by a qualified provider. Stress the importance of returning to the clinic immediately if she experiences signs of spontaneous abortion or infection (e.g., fever, low abdominal pain, and/or bleeding) or any other warning signs. Ensure that IUD is removed at delivery.

Complication	Risk	Linked to	Reduced through	Management
Missing Strings				• Rule out pregnancy. Conduct speculum examination to visualize thread; if not visible, then conduct X-ray/ultrasound for localization of the IUD. • Once pregnancy has been ruled out: Probe the cervical canal using a high-level disinfected (or sterile) long artery forceps or cytobrush to locate the strings, and gently draw them out so that they are protruding into the vaginal canal. • If the strings are not located in the cervical canal (or cannot be drawn out), and the woman does not want to keep the IUD/IUS, refer her for removal by a specially trained provider. A specially trained provider can do an ultrasound to check whether the IUD is in place or has been expelled. If the IUD is still in place, the strings can be drawn out using a long artery forceps or alligator forceps.

Sources: World Health Organization Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge for Health Project. *Family Planning: A Global Handbook for Providers* (2011 update). Baltimore and Geneva: CCP and WHO, 2011; Bluestone J, Chase R, Lu ER (eds). *IUD Guidelines for Family Planning Service Programs: A Problem-Solving Reference Manual*. Third Edition. Baltimore, MD: Jhpiego Corporation, 2006.

Module 9: Post Abortion Intrauterine Device

Handout 9-7: Sample Client Follow-Up Card

Front of Card

Client's Follow-Up Card

Client Full Name:_____

Type of IUD Inserted:_____

Date of Insertion: _____

Provider's Signature:_____

Date of Removal OR Replacement: Month_____Year_____

If you have any problem or question go to:_____

_____

_____

_____

(Name and address of the nearby clinic/center. Take this card with you.)

Back of Card

Client Follow-Up Visit

Date	Reason /Complaint	Advise/Treatment Given	Provider Signature

Note: If you are experiencing any of the following warning signs, please return to your clinic immediately:

- **P**eriod problems or Pregnancy
- **A**cute abdominal cramping: during the first three to five days after insertion
- **I**rregular bleeding: irregular bleeding or pain in every cycle
- **N**ot feeling well: fever and chills, unusual vaginal discharge, or low abdominal pain
- **S**tring problems: missing strings

Module 9: Post Abortion Intrauterine Device

Job Aid 9-1: Contraceptive Method Use after Abortion

Woman's Clinical Situation	Contraceptive Method Issues
No complications	• Recommend starting method use right away. Most methods can be given immediately. • Following uncomplicated abortion, there are no medical restrictions for IUD (copper or levonorgestrel), pills (combined or progestin-only), injectables (combined or progestin-only), implants, barrier methods (diaphragm, cervical cap, spermicide, condoms), female or male sterilization. • Wait until a normal menstrual pattern returns before using natural family planning (rhythm, periodic abstinence).
Infection: (confirmed or presumptive diagnosis), **signs of unsafe or unclean induced abortion**, or signs or symptoms of sepsis or infection, or unable to rule out infection	• Delay female sterilization or IUD/LNG-IUS insertion until infection is either ruled out or fully resolved. • Provide a short-term method and make a follow-up appointment or referral. • Consider any other method.
Trauma to genital tract, uterine perforation, serious vaginal or cervical trauma, chemical burns	• Delay female sterilization until trauma is healed. If abdominal surgery must be done to repair trauma and if no additional risk is involved, sterilization may be done concurrently. • Delay IUD/LNG-IUS insertion until uterine perforation or other serious trauma has healed. Provide a short-term method and make a follow-up appointment or referral. Injuries that affect the vagina or cervix may limit the use of female barriers and spermicides. • Consider any other method.
Hemorrhage and Severe Anemia: Hemorrhage must be resolved before a family planning method (other than natural family planning) can be considered.	• Delay female sterilization because of the risk of further blood loss. Provide a short-term method and make a follow-up appointment or referral. • The increased blood loss that can occur with use of copper IUDs may be a factor for women who are severely anemic. Consider an LNG-IUS, which reduces the amount of menstrual flow.
Second-Trimester Abortion: If there is an excessive clotting disorder, as may be seen with missed abortion, special treatment may be needed prior to use of a contraceptive method.	• It may be more difficult to locate the fallopian tubes if female sterilization procedures are done before the uterus returns to the pre-pregnancy position. Consider inserting an IUD/LNG-IUS or implant after complete recovery or offer short term methods if she does not want to have long-term methods.
A woman's personal preferences, constraints, and social situation are as important in post abortion family planning as her clinical condition.	

Source: Adapted from Leonard AH and Winkler J. Postabortion family planning: A woman's informed choice today can prevent an unwanted pregnancy. Advances in Abortion Care 6(1), Carrboro, NC: Ipas.

Job Aid 9-2: WHO MEC Quick Reference Chart

2016 WHO Medical Eligibility Criteria for Contraceptive Use: Quick Reference Chart for Category 3 and 4

to initiate or continue use of combined oral contraceptives (COCs), depot-medroxyprogesterone acetate (DMPA), progestin-only implants, copper intrauterine device (Cu-IUD), levonorgestral intrauterine system (LNG-IUS)

CONDITION	Sub-condition	COC	DMPA	Implants	Cu-IUD	LNG-IUS
Pregnancy		NA	NA	NA		
Breastfeeding	Less than 6 weeks postpartum				See i.	See i.
	6 weeks to < 6 months postpartum					
	6 months postpartum or more					
Postpartum not breastfeeding VTE = venous thromboembolism	< 21days				See i.	See i.
	< 21days with other risk factors for VTE*					
	≥ 21 to 42 days with other risk factors for VTE*					
Postpartum timing of insertion	≥ 48 hours to less than 4 weeks	See i.	See i.	See i.		
	Puerperal sepsis					
Postabortion (immediate post-septic)						
Smoking	Age ≥ 35 years, < 15 cigarettes/day					
	Age ≥ 35 years, ≥ 15 cigarettes/day					
Multiple risk factors for cardiovascular disease						
Hypertension BP = blood pressure	History of (where BP cannot be evaluated)					
	BP is controlled and can be evaluated					
	Elevated BP (systolic 140-159 or diastolic 90-99)					
	Elevated BP (systolic ≥ 160 or diastolic ≥ 100)					
	Vascular disease					
Deep venous thrombosis (DVT) and pulmonary embolism (PE)	History of DVT/PE					
	Acute DVT/PE					
	DVT/PE, established on anticoagulant therapy					
	Major surgery with prolonged immobilization					
Known thrombogenic mutations						
Ischemic heart disease (current or history of)				I C		I C
Stroke (history of)				I C		
Complicated valvular heart disease						
Systemic lupus erythematosus	Positive or unknown antiphospholipid antibodies					
	Severe thrombocytopenia		I C		I C	

CONDITION	Sub-condition	COC	DMPA	Implants	Cu-IUD	LNG-IUS
Headaches	Migraine without aura (age < 35 years)	I C				
	Migraine without aura (age ≥ 35 years)	I C				
	Migraines with aura (at any age)		I C	I C		I C
Unexplained vaginal bleeding (prior to evaluation)					I C	I C
Gestational trophoblastic disease	Regressing or undetectable β-hCG levels					
	Persistently elevated β-hCG levels or malignant disease					
Cancers	Cervical (awaiting treatment)				I C	I C
	Endometrial				I C	I C
	Ovarian				I C	I C
Breast disease	Current cancer					
	Past w/ no evidence of current disease for 5 yrs					
Uterine distortion (due to fibroids or anatomical abnormalities)						
STIs/PID	Current purulent cervicitis, chlamydia, gonorrhea				I C	I C
	Current pelvic inflammatory disease (PID)				I C	I C
	Very high individual risk of exposure to STIs				I C	I C
Pelvic tuberculosis					I C	I C
Diabetes	Nephropathy/retinopathy/neuropathy					
	Diabetes for > 20 years					
Symptomatic gall bladder disease (current or medically treated)						
Cholestasis (history of related to oral contraceptives)						
Hepatitis (acute or flare)		I C				
Cirrhosis (severe)						
Liver tumors (hepatocellular adenoma and malignant hepatoma)						
AIDS	No antiretroviral (ARV) therapy	See ii.	See ii.	See ii.	I C	I C
	Not improved on ARV therapy				I C	I C
Drug interactions	Rifampicin or rifabutin					
	Anticonvulsant therapy **					

Source: Adapted from *Medical Eligibility Criteria for Contraceptive Use, 5th Edition*. Geneva: World Health Organization, 2015. Available: http://www.who.int/reproductivehealth/publications/family_planning/en/index.html

This chart shows a complete list of all conditions classified by WHO as Category 3 and 4. Characteristics, conditions, and/or timing that are Category 1 or 2 for all methods are not included in this chart (e.g., menarche to < 18 years, being nulliparous, obesity, high risk of HIV or HIV-infected, < 48 hours and more than 4 weeks postpartum).

- **Category 1** There are no restrictions for use.
- **Category 2** Generally use; some follow-up may be needed.
- **Category 3** Usually not recommended; clinical judgment and continuing access to clinical services are required for use.
- **Category 4** The method should not be used.

I/C Initiation/Continuation: A woman may fall into either one category or another, depending on whether she is initiating or continuing to use a method. Where I/C is not marked, the category is the same for initiation and continuation.

NA Not Applicable: Women who are pregnant do not require contraception. If these methods are accidentally initiated, no harm will result.

i The condition, characteristic and/or timing is not applicable for determining eligibility for the method.

ii Women who use methods other than IUDs can use them regardless of HIV/AIDS-related illness or use of ART.

* Other risk factors for VTE include: previous VTE, thrombophilia, immobility, transfusion at delivery, BMI > 30 kg/m2, postpartum hemorrhage, immediately post-caesarean delivery, pre-eclampsia, and smoking.

** Anticonvulsants include: phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine, and lamotrigine. Lamotrigine is a category 1 for implants.

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Job Aid 9-3: Method Effectiveness Chart

Method	If method is used consistently and correctly *(perfect use)*:	If method is occasionally used incorrectly or not used *(typical use)*:
Implants	less than	less than
IUD	less than	less than
Male and Female Sterilization	less than	less than
Injectables	less than	
Pills	less than	
Male condoms		
Standard Days Method		
Female condoms		
Diaphragm		
Withdrawal		
Spermicides		

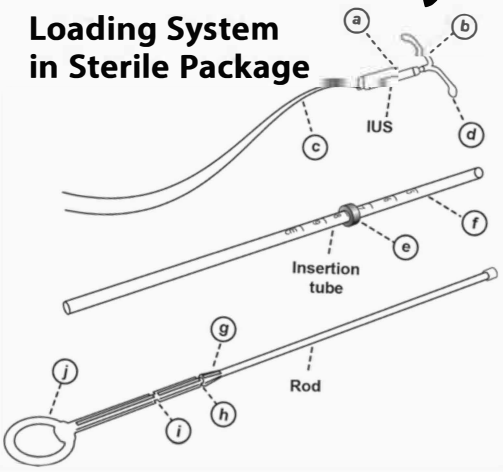
If 100 Women Use a Method for One Year, How Many Will Become Pregnant?

Note: The lactational amenorrhea method (LAM) is a highly effective *temporary* method with 1 to 2 pregnancies per 100 women in the first 6 months after childbirth.

Job Aid 9-4: Instructions for Loading the LNG-IUS in the Sterile Package

Intra-Uterine System (IUS)[1]

Loading System in Sterile Package



- (a) Levonorgestrel reservoir with membrane
- (b) Lateral arms
- (c) Blue removal threads
- (d) Knobs
- (e) Flange
- (f) Centimeter markings
- (g) Thickened mark
- (h) First indent
- (i) Second indent
- (j) Ring

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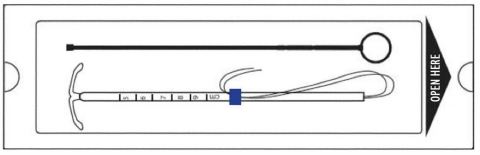
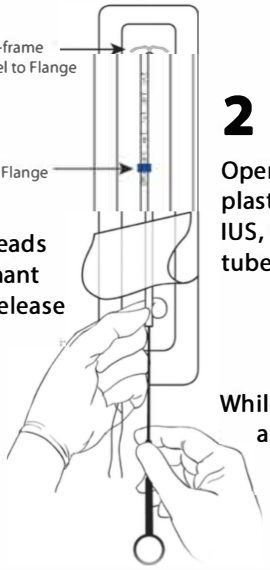


1 Place IUS packet on a flat surface and open from bottom.

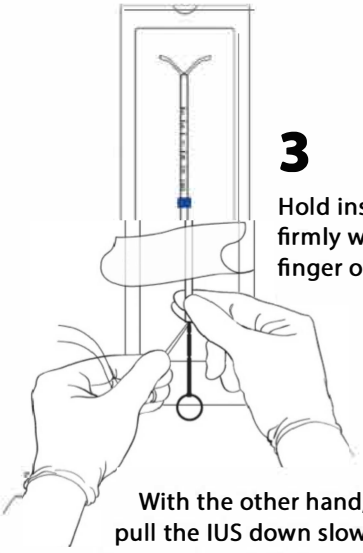


2

Open packet only 1/3, folding plastic back until lower end of IUS, threads, rod and insertion tube are visible.

Pick up threads with dominant hand and release them from flange.

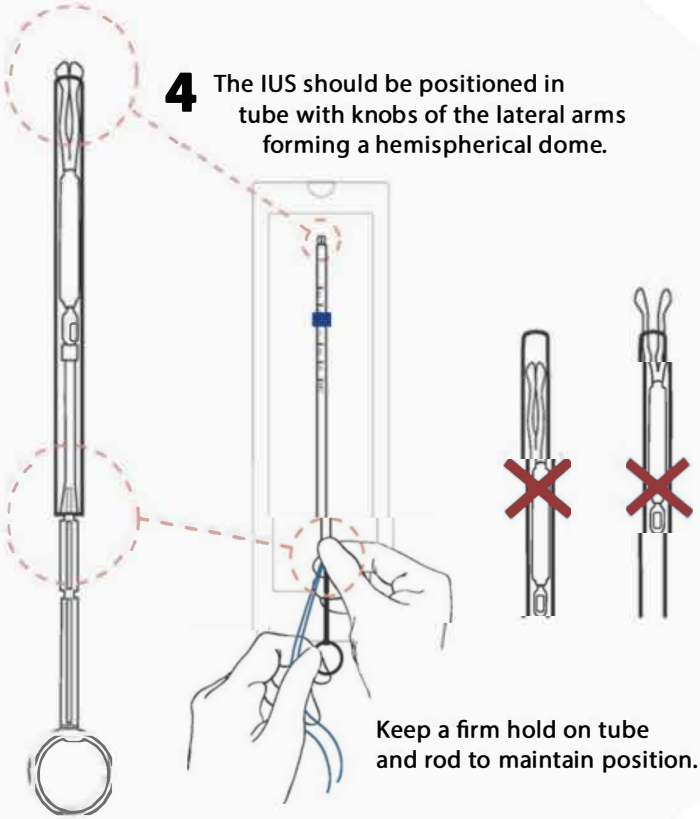
While holding inserter tube and thread, remove rod and insert it into the inserter tube until the tip of rod is at 5 cm marker.



3

Hold inserter tube and rod firmly with thumb and index finger of dominant hand.

With the other hand, grasp threads and pull the IUS down slowly and steadily into the insertion tube until the knobs of the lateral arms cover distal opening of tube.

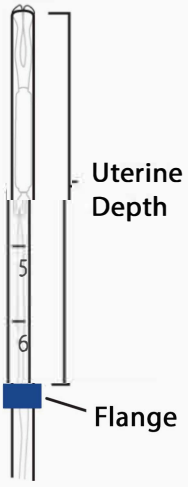


4 The IUS should be positioned in tube with knobs of the lateral arms forming a hemispherical dome.

Keep a firm hold on tube and rod to maintain position.

5

Set blue flange to measurement of uterus through the sterile package and ensure it is parallel to the arms of IUS.



6 Maintain a FIRM HOLD at the bottom of insertion tube and remove loaded IUS insertion tube from packet.

[1] *LILETTA (levonorgestrel-releasing intrauterine system) 52 mg [Prescribing Information]. Parsippany, NJ: Actavis and Medicines360; 2015*

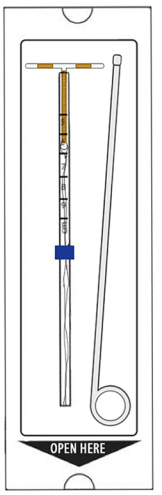
Copper Intra-Uterine Device (Cu-T)[1]

Do not start this loading procedure more than 10 minutes before inserting into the uterus. The arms of Cu-T will not straighten out easily if they are left within inserter tube too long.

USE NO-TOUCH TECHNIQUE THROUGHOUT LOADING

1

Adjust the contents of the package through the clear plastic cover. Confirm the vertical stem of Cu-T is fully inside inserter tube.



Horizontal arms

Vertical stem

Measurement card

Inserter tube

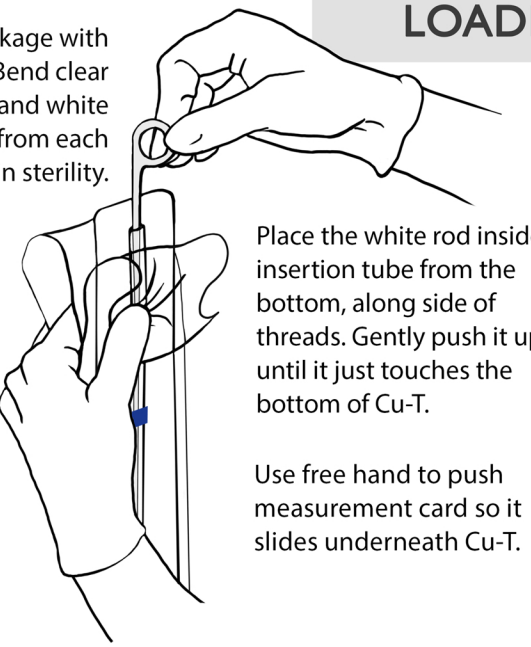
Rod

Depth guage (flange)

Place the package on a clean, flat surface and open only half way from bottom (end farthest from Cu-T).

2

Pick up the package with the open end up. Bend clear plastic cover and white backing away from each other to maintain sterility.

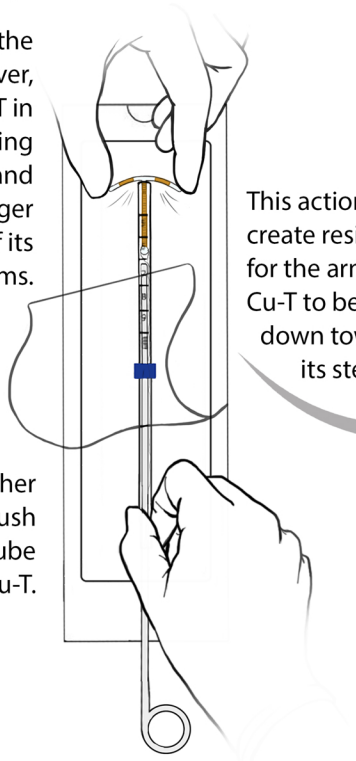


Place the white rod inside insertion tube from the bottom, along side of threads. Gently push it up until it just touches the bottom of Cu-T.

Use free hand to push measurement card so it slides underneath Cu-T.

3

Through the plastic cover, stabilize Cu-T in place by putting thumb and index finger over ends of its horizontal arms.

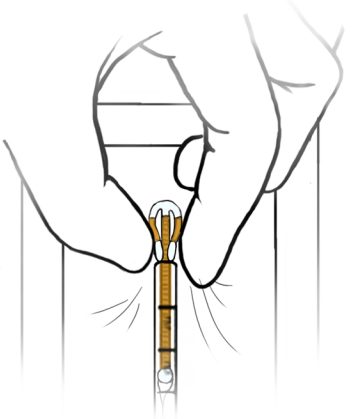


With the other hand, push inserter tube towards Cu-T.

This action will create resistance for the arms of Cu-T to bend down towards its stem.

4

Fold arms enough to touch sides of inserter tube, then pull tube out slightly from under tips of arms.

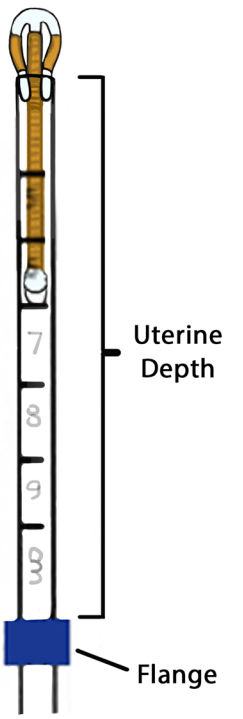


Push and rotate tube over tips of the arms only enough to retain arms inside tube next to the stem.

5

Adjust blue flange to the depth of uterus, measured with uterine sound. Ensure the longest side of the flange is parallel with arms of Cu-T.

The sterile card in package may also be used to set flange according to the premeasured uterine depth.

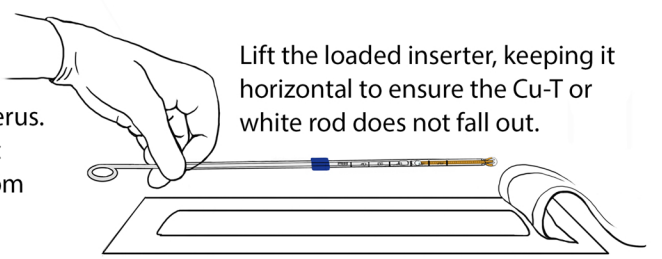


Uterine Depth

Flange

6

Cu-T is now ready to be placed in the woman's uterus. Carefully peel clear plastic cover of package away from the white backing.



Lift the loaded inserter, keeping it horizontal to ensure the Cu-T or white rod does not fall out.

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Source: [1]IUD Guidelines for Family Planning Service Programs: A Problem Solving Reference Manual, 3rd edition Jhpiego