USAID
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Maternal and Child Survival Program

Long-Acting Reversible Contraceptives Learning Package

Module 10: Contraceptive Implants

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 10: Contraceptive Implants

Module Overview

Module Overview for Learner

Assessments

Pre and Post Test Questionnaire
Pre and Post Test Questionnaire Answer Sheet

Checklists

Checklist 10-1: Long-Acting Reversible Contraceptive Methods Counseling Skills: Interval Period
Checklist 10-2A: Long-Acting Reversible Contraceptive Methods Counseling Skills: Antenatal Period
Checklist 10-2B: Long-Acting Reversible Contraceptive Methods Counseling Skills: Postpartum Period
Checklist 10-3: Long-Acting Reversible Contraceptive Methods Counseling Skills: Post Abortion Period
Checklist 10-4: Client Screening Checklist
Checklist 10-5: One-Rod (Implanon) Implants Clinical Skills: Insertion
Checklist 10-6: Two-Rod (Jadelle, Sino-implant [II]/Levoplant) Implant Clinical Skills: Insertion
Checklist 10-7: One-Rod (Implanon NXT) Implant Clinical Skills: Insertion
Checklist 10-8: Infection Prevention Practices for Providing Implant Services
Checklist 10-9: Implant Clinical Skills: Removal
Checklist 10-10: Implant Clinical Skills: Difficult Removal

Handouts

Handout 10-1: Contraceptive Implants Fact Sheet
Handout 10-2: Rumors and Misconceptions about Implants
Handout 10-3: Implants for Adolescents
Handout 10-4: Tips for Successful Removal of Implants
Handout 10-5: Post-Insertion Instructions and Follow-Up Care
Handout 10-6: Management of Side-Effects and Potential Problems
Handout 10-7: Sample Implant Record Card

Job Aids

Job Aid 10-1: Comparing Effectiveness of Family Planning Methods
Job Aid 10-2: Method Effectiveness Chart
Job Aid 10-3: WHO MEC Quick Reference Chart
Job Aid 10-4: One-Rod (Implanon) Implant Insertion
Job Aid 10-5: Two-Rod (Jadelle or Sino-implant [II]/Levoplant) Implant Insertion
Job Aid 10-6: One-Rod (Implanon NXT) Insertion
Job Aid 10-7: Implant Standard Removal
Job Aid 10-8: Deep Implant Removal

Module 10: Contraceptive Implants

Module Overview for Learner

Time: 10:55 hours

Module Objectives

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

- Explain attributes of contraceptive implants—mechanism of action, effectiveness, benefits, and risks.
- Counsel, assess, and screen clients requesting implants using Job Aids.
- Describe implants common side-effects, potential complications, and their management.
- Insert and Remove two-rod and one-rod implants.
- Provide post-insertion instructions and follow-up care.
- Correctly record implant services provided.

Session Plans

- Session 1: Basic Attributes of contraceptive implants, client assessment, and screening
- Session 2: Side-effects, follow-up care, record keeping and insertion of implants on model
- Session 3: Removal of one-rod and two-rod implants on model and clinical practice
- Session 4: Insertion and removal of one-rod and two-rod implants and clinical practice

Sample Schedule

Facility-based delivery: Four consecutive days

Day 1 (2 hrs 15 min)		Day 2 (2 hrs 55 min)		Day 3 (2 hrs 55 min)		Day 4 (2 hrs 50 min)	
Time	**Session: Activity**	**Time**	**Session: Activity**	**Time**	**Session: Activity**	**Time**	**Session: Activity**
5 min	One: Introduction	5 min	Two: Introduction	5 min	Three: Introduction	5 min	Four: Introduction
10 min	One: Pre Test	30 min	Two: Discussion: Post-Insertion Follow-Up Care and Management of Side-Effects	20 min	Three: Discussion and Demonstration (Video on Implant Removal): Implant Removal Techniques	90 min	Four: Clinical Practice: Insertion and Removal of Implants on Clients (Continued).
10 min	One: Overview: Contraceptive Implants	15 min	Two: Discussion: Record keeping	40 min	Three: Skills Lab Practice: Implant removal on models	15 min	Four: Post Clinical Practice Debrief
30 min	One: Discussion: Attributes of Contraceptive Implants	60 min	Two: Discussion and Demonstration (Video on Implant Insertion): Implant Insertion Techniques	90 min	Three: Clinical Practice	30 min	Four: Game Show: Overview of Contraceptive Implants
15 min	One: Discussion: Rumors and Misconceptions about Implants	60 min	Two: Demonstration and Practice: Implant insertion on models	15 min	Three: Post Clinical Practice Debrief	15 min	Four: Summary
30 min	One: Review: Counseling and Screening Checklists and Job Aids	5 min	Two: Summary	5 min	Three: Summary	10 min	Four: Post Test
30 min	One: Demonstration and Practice: Counsel, assess, and screen clients requesting implants					5 min	Four: Closing
5 min	One: Summary						

Module 10: Contraceptive Implants

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. Which of the following contraceptive methods is *as effective* as progestin-only implants?
   a. COC
   b. Levonorgestrel intrauterine system (LNG-IUS)
   c. DMPA
   d. POP

2. Progesterone-only implants prevent pregnancy primarily by:
   a. Preventing a fertilized egg from embedding in the uterine lining
   b. Thickening cervical mucus
   c. Interfering with sperm movement
   d. Damaging sperm

3. It is safe for breastfeeding women to use implants because they contain only:
   a. Progestin
   b. Estrogen
   c. Human chorionic gonadotropin (HCG)
   d. Prolactin

4. Implant can be inserted after the first 7days of menses, provided you are reasonably sure that client is not pregnant, but there is a need of back up method for:
   a. 5 days
   b. 7 days
   c. 24 hours
   d. 48 hours

5. In order to reduce the chances of infection at the implant insertion site:
    a. Clean the insertion site using only antiseptic solution.
    b. Prepare the site with an antiseptic and give a 3-day course of antibiotics.
    c. Ask the client to wash her arm with soap and water followed by cleaning with antiseptic.
    d. Change the dressing daily for 3 days after insertion.

6. Implants can be removed easily if they are properly:
    a. Inserted into the subcutaneous fat
    b. Inserted under the skin
    c. Removed under general anesthesia
    d. Inserted in the arm muscle

7. When removing the implant, if it is found to be encapsulated by fibrous tissue then :
    a. Gently pull the rod towards you by a straight mosquito forceps.
    b. Stabilize the rod with an artery forceps and make a small incision at the tip to release the rod and pull it with curved mosquito forceps
    c. Stop the procedure and refer to hospital
    d. Leave the rod and call the client after 2 weeks for removal again

8. The most important first step in implants removal is:
    a. Putting on sterile gloves of the correct size
    b. Providing 5 cc of local anesthesia over the rod
    c. Palpating the arm for implants and marking the end tips of the rod(s)
    d. Giving antibiotic cover for 7 days

9. The most common change that women experience while using progesterone only implants is:
    a. Changes in pattern of monthly bleeding
    b. Dizziness
    c. Vomiting
    d. Increased chances of developing diabetes

10. A woman who is using implants requires a follow-up visit:
    a. Every 6 months
    b. Routine periodic visits are not necessary
    c. After every menstrual cycle
    d. After 3 days

Module 10: Contraceptive Implants

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 10: Contraceptive Implants

Checklist 10-1: Long-Acting Reversible Contraceptive Methods Counseling Skills

Adapted for the Interval Period

Learners: Learn and practice the steps required to correctly perform these counseling skills. Ask your peers to use this checklist to evaluate your practice, guide their observations, and provide you with specific feedback.

Trainers: Use this checklist when the learner is ready to test their competence in these skills.

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:_____ Activity Dates:_____

Checklist for Long-Acting Reversible Contraceptive (LARC) Methods Counseling (Interval)					
Step/Task	**Cases**				
General Family Planning Counseling					
1. Greet the woman respectfully and with kindness.					
2. Introduce yourself and develop a rapport with the client.					
3. Ensure privacy and confidentiality.					
4. Obtain biographic information (name, address, etc.).					
5. Inform the client (and partner, if present) that there will be opportunities to address both health needs and family planning needs during this consultation.					
6. Ask the client about her family size, age of her last child, and her current family planning practices and experience.					
7. If the client's last pregnancy was less than 2 years ago, tell her about the health benefits—for the mother and the baby—of using family planning to space at least 24–36 months from birth to the next pregnancy.					
8. Use Checklist 10-4: Client Screening Checklist.					

Checklist for Long-Acting Reversible Contraceptive (LARC) Methods Counseling (Interval)					
Step/Task	**Cases**				
Counseling for All Methods					
9. Ask the woman about her reproductive goals: a. Does she want more children in the future? b. How long do she and her partner want to wait for the next pregnancy? c. Has she used any FP method in the past? What was her experience with the method? d. Is she breastfeeding a baby less than 6 months old? e. Does she have any FP method in mind? f. Will her partner support her in family planning? g. Does she have any medical conditions, or is she taking any medication?					
10. Based on the client's responses, talk about methods that are appropriate for her. Start showing the counseling cards or the flip book, beginning with the most effective method.					
11. Read the back of each card or flip book, then place it in front of the client, with the picture facing the client.					
12. Ask the client if she is interested in using any of these methods.					
13. If the client expresses an interest in using one of the LARC methods, continue with the next steps.					
14. Discuss the benefits of long-acting methods: a. Can be inserted anytime during the menstrual cycle after ruling out pregnancy b. Are greater than 99% effective in preventing pregnancy c. Have no impact on breastfeeding d. Can be removed when she wants another baby or has any major concerns e. Does not need any daily action.					
15. If the client expresses an interest in using the IUD, describes the interval copper IUD (Copper T 380A) and the levonorgestrel intrauterine system (LNG-IUS) insertion procedure and timing: a. Can be inserted anytime during the menstrual cycle (after ruling out pregnancy) b. The copper IUD is effective for up to 12 years c. The copper IUD contains no hormones d. The LNG-IUS is effective up to 3-5 years*, contains low doses of hormones, and is safe for breastfeeding women Talk upfront about side-effects and changes to be expected in the bleeding patterns. Tell her that these changes are not harmful and she can come back to the provider if it concerns her. *Note: The effectiveness period varies with the type of LNG-IUS used. Studies to confirm the effectiveness period are ongoing.					
16. If the client expresses an interest in using the contraceptive implant, describe implant insertion procedure and timing: a. Can be inserted anytime during the menstrual cycle after ruling out pregnancy 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 Talk upfront about side-effects and changes to be expected in the bleeding patterns. Tell her that these changes are not harmful and she can come back to the provider if it is of concern to her.					

Checklist for Long-Acting Reversible Contraceptive (LARC) Methods Counseling (Interval)						
Step/Task	**Cases**					
17. Ask the client if she has any questions or would like the provider to repeat the information.						
18. Consult the World Health Organization (WHO) Medical Eligibility Criteria (MEC) Wheel or Job Aid 10-3 WHO MEC Quick Reference Chart to check whether the chosen method is safe for her. If not, help her to choose another method.						
19. Confirm the client's understanding by asking open-ended questions and repeating key information about the chosen method.						
20. Allow the client to make a final decision by herself (informed choice) without coercion.						
21. Document the family planning method chosen in the client's record card.						
22. Tell the client that she can change her decision at any time and inform the provider about it.						
23. Thank the client and helps her get the method of her choice.						
Systematic Screening for Other Services						
1. Ask the client when she last had a cervical and breast cancer screening, and offer to perform these if the last check was more than 3 years ago.						
2. Follow national guidelines for prevention of mother-to-child transmission of HIV and screening for syphilis, tetanus toxoid immunization, intermittent preventive treatment for malaria, and iron/folate deficiency.						
3. Discuss sexually transmitted infection/HIV transmission and prevention and dual protection with the client, using the BCS+ Counseling Cards or flip book.						
4. Ask the client if she knows her HIV status a. If positive: i. Talk about Positive Health, Dignity, and Prevention with the client ii. Refer the client to a center for wellness care and treatment b. If the client knows that she is negative: i. Discuss timing for repeat testing c. If the client does not know her HIV status: i. Discuss HIV counseling and testing (HCT) with the client and help her get the HIV testing as per national protocols						
5. Give follow-up instructions and offer condoms for dual protection						
6. Thank 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 10: Contraceptive Implants

Checklist 10-2A: Long-Acting Reversible Contraceptive Methods Counseling Skills

Adapted for the Antenatal Period

Learners: Learn and practice the steps required to correctly perform these counseling skills. Ask your peers to use this checklist to evaluate your practice, guide their observations, and provide you with specific feedback.

Trainers: Use this checklist when the learner is ready to test their competence in these skills.

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

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- **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:_____ Activity Dates:_____

Checklist for Long-Acting Reversible Contraceptive (LARC) Methods Counseling (Antenatal)					
Step/Task	**Cases**				
General Family Planning Counseling					
1. Greet the woman respectfully and with kindness.					
2. Introduce yourself and develop a rapport with the client.					
3. Ensure privacy and confidentiality.					
4. Obtain biographic information (name, address, etc.).					
Antenatal Counseling					
1. Explain the health benefits—for the mother and the baby—of using family planning to space births and delay the next pregnancy by at least 24–36 months.					
2. Ask the client if she and her partner would like to have more children after their upcoming delivery.					
3. Ask the client: a. How long do she and her partner want to wait for the next pregnancy? b. Will she be breastfeeding her baby? c. Does her partner support her in family planning? d. Does she have any medical conditions, or is she taking any medication? e. Are there any methods she does not want to use or has not tolerated in the past?					
4. Tell her the advantages of postpartum family planning (PPFP) and discuss pre-discharge methods. a. Tell her that it is easier for the mother to receive a permanent or long-acting method when she is in the health facility for childbirth, before going home. b. Tell her about the advantages of exclusive breastfeeding and using the lactational amenorrhea method (LAM) as a contraceptive.					

Checklist for Long-Acting Reversible Contraceptive (LARC) Methods Counseling (Antenatal)					
Step/Task	**Cases**				
5. Based on the client's responses, use the (BCS+) counseling cards or flip book to talk about the appropriate methods. a. Start showing the counseling cards/flip book, beginning with the most effective. b. Read the back of the card and place it down in front of the client, with the picture facing the client.					
6. If the client expresses an interest in using one of the LARC methods after the delivery, continue with the next steps.					
7. Discuss 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.					
8. If the client expresses an interest in the using the copper IUD (Copper T 380A), intrauterine system (LNG-IUS), or contraceptive implant, display the corresponding method-specific cards and ask the client if she is interested in using any of these methods soon after the delivery or prior to discharge (within 48 hours)					
9. If the client expresses an interest in using the copper IUD or LNG-IUS, describe the postpartum copper IUD and LNG-IUS insertion procedure and timing: a. Can be inserted immediately after delivery, prior to discharge b. The copper IUD is effective for up to 12 years c. The copper IUD contains no hormones d. The LNG-IUS is effective up to 3-5 years*, it contains low doses of hormones, and is safe for breastfeeding women Talk upfront about side-effects and changes to be expected in the bleeding patterns. Tell her that these changes are not harmful and she can come back to the provider if it concerns her. *Note: The effectiveness period varies with the type of LNG-IUS used. Studies to confirm the effectiveness period are ongoing.					
10. If the client expresses an interest in using the contraceptive implant: a. Describe postpartum implant insertion procedure and timing 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 Talks upfront about side-effects and changes to be expected in the bleeding patterns; tells her that these are not harmful and that she can come back to the provider if it concerns her.					
11. Review the World Health Organization (WHO) Medical Eligibility (MEC) Wheel or Job Aid 10-3: WHO MEC Quick Reference Chart to verify whether the chosen method is contraindicated for her. If so, help her to choose another method.					
12. Ask the client if she has any questions or needs clarification about the method.					

Checklist for Long-Acting Reversible Contraceptive (LARC) Methods Counseling (Antenatal)					
Step/Task	**Cases**				
13. If she doesn't want any more children and selects one of the permanent methods: a. Indicate on the antenatal care (ANC) card the client's desire for postpartum tubal ligation OR vasectomy b. Tell her about the need and importance of consent for permanent methods c. Discuss that method in detail (advantages, disadvantages, side-effects, etc.) d. Tell her to inform the doctor about her choice of contraceptive at the time of delivery.					
14. Allow the client to make a final decision by herself (informed choice), without any coercion.					
15. Confirm the client's understanding by asking open-ended questions.					
16. Tell the client that she can change her decision at any time and inform the provider about it.					
17. Document the family planning method chosen on the ANC record card and remind the client to tell the doctor about it at the time of delivery.					
18. If the client does not decide by the end of the session, provide her with some method brochures/leaflets (if available) a. Tell her to read these brochures at home, and that she can come back to ask any questions b. Guide her in obtaining family planning services later.					
19. Conduct systematic screening for other services (if service available) a. Ask the client when she last had a cervical and breast cancer screening and offer to perform these if the last check was more than 3 years ago b. Follow national guidelines for prevention of mother-to-child transmission of HIV and screening for syphilis c. Discuss sexually transmitted infection/HIV transmission and prevention and detection with the client, using the counseling cards d. Offer condoms for dual protection.					
20. Thank the client for completing the counseling session.					

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 10: Contraceptive Implants

Checklist 10-2B: Long-Acting Reversible Contraceptive Methods Counseling Skills

Adapted for the Postpartum Period

Learners: Learn and practice the steps required to correctly perform these counseling skills. Ask your peers to use this checklist to evaluate your practice, guide their observations, and provide you with specific feedback.

Trainers: Use this checklist when the learner is ready to test their competence in these skills.

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

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- **Not Observed**: Step or task or skill not performed by learner during evaluation by clinical trainer

Learner:_____ Activity Dates:_____

Checklist for Long-Acting Reversible Contraceptive (LARC) Methods Counseling (Postpartum)					
Step/Task	**Cases**				
General Family Planning Counseling					
1. Greet the woman respectfully and with kindness.					
2. Introduce yourself and develop a rapport by asking how she and her baby are feeling.					
3. Ensure privacy and confidentiality.					
4. Obtain biographic information (name, address, etc.) if not already available.					
5. Congratulate her for the new baby and give some time to recover and rest.					
Immediate Postpartum Counseling					
1. Help the woman put the baby to breast within one hour of birth; explain the need for exclusive breastfeeding of the baby on demand, day and night, for the first 6 months of life.					
2. Discuss the return to sexual activity, the return of fertility, and healthy spacing of pregnancies a. Too many pregnancies, or those that occur too soon one after the other, can make both the mother and baby unhealthy b. If the mother is not breastfeeding, her fertility can return as soon as 3 weeks after birth c. If she is exclusively breastfeeding, the return of menses is delayed and can be used as an effective method for contraception up to 6 months postpartum (98% effective) d. Another method of contraception should be started before starting to give the baby solid foo, before the mother's menses return, or at the end of 6 months postpartum.					

Checklist for Long-Acting Reversible Contraceptive (LARC) Methods Counseling (Postpartum)					
Step/Task	**Cases**				
3. Ask the woman about her reproductive goals: a. Does she want more children? b. How long do she and her partner want to wait for the next pregnancy? c. Has she used any FP method in the past? d. Was she happy with the method? e. Was she informed of any PPFP methods during the antenatal checkups? f. Does she have any FP method in mind? g. Does she plan to exclusively breastfeed her infant? h. Will her partner support her in family planning?					
4. Explain the advantages of postpartum family planning; discuss pre-discharge methods. Tell her that it is easier for the mother to receive a long-acting method while she is in the health facility and before going home.					
5. Based on the client's responses, talk about methods that are appropriate for her: a. Start showing the counseling cards or the flip book beginning with the most effective method. b. Read the back of the card or flip book and place it in front of the client, with the picture facing her.					
6. If the client expresses an interest in using LARC methods, discuss 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 wants another baby or is having any concerns e. Does not need any daily action.					
7. If the client expresses an interest in using the copper IUD (Copper T 380 A) or levonorgestrel intrauterine system (LNG-IUS), describe postpartum IUD/LNG-IUS insertion procedure and timing: a. The copper IUD is effective for up to 12 years b. The copper IUD contains no hormones c. The LNG-IUS contains low doses of hormones and is safe for breastfeeding women d. Some minor changes in the bleeding pattern may happen.					
8. If the client expresses an interest in using the contraceptive implant, describe the postpartum implant insertion procedure and timing: a. The implant can be inserted prior to discharge from the health facility 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 Talk upfront about side-effects and changes to be expected in the bleeding patterns. Tell her that these changes are not harmful and she can come back to the provider if it concerns her.					
9. Explain LAM and the 3 Criteria: a. The mother's monthly bleeding has not returned b. The baby is exclusively breastfed day and night (less than 4 hours' gap between feeds) c. The baby is less than 6 months old The mother needs to transition to a family planning method of her choice when one of the criteria no longer applies. If a breastfeeding-dependent method was chosen, help her to plan for ongoing contraception after she stops breastfeeding					

Checklist for Long-Acting Reversible Contraceptive (LARC) Methods Counseling (Postpartum)					
Step/Task	**Cases**				
10. Describe any other methods of interest for which the client is eligible.					
11. Ask the client if she has any questions or would like the provider to repeat the information.					
12. Allow the client to decide a method by herself (informed choice) without any coercion. • If the client chooses a method to be started later, help her plan for how, where, and when to obtain that service.					
13. Review the WHO MEC Wheel or Job Aid 10-3 WHO MEC Quick Reference Chart to verify if the chosen method is safe for her. If not, help her choose another method.					
14. Confirm the client's understanding by asking open-ended questions and repeating key information about the chosen method.					
15. Document the family planning method chosen in the client's record card/chart.					
16. Tell the client that she can change her decision at any time and inform the provider about it.					
17. Counsel and refer client for specialized services like breast/cervical cancer screening or treatment, HIV, etc., if needed.					
18. Repeat key information about the chosen method.					

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 10: Contraceptive Implants

Checklist 10-3: Long-Acting Reversible Contraceptive Methods Counseling Skills

Adapted for the Post-abortion Period

Learners: Learn and practice the steps required to correctly perform these counseling skills. Ask your peers to use this checklist to evaluate your practice, guide their observations, and provide you with specific feedback.

Trainers: Use this checklist when the learner is ready to test their competence in these skills.

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

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- **Not Observed**: Step or task or skill not performed by learner during evaluation by clinical trainer

Learner: _____ Activity Dates: _____

Checklist for Long-Acting Reversible Contraceptive (LARC) Methods Counseling (Post-abortion)						
Step/Task	**Cases**					
General Family Planning Counseling						
1. Greet the woman respectfully and with kindness.						
2. Introduce yourself and develop a rapport with the client.						
3. Assess whether counseling is appropriate at this time (if not, arrange for the client to be counseled at another time).						
4. Be sensitive and treat the client with respect and without judgment.						
5. Ensure privacy and confidentiality, and be flexible about where the client wants to be counseled.						
6. Ask 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.						
7. Tell the client that she can become pregnant as early as within 2 weeks after the procedure.						
8. Tell the client the benefits of heathy timing and spacing of pregnancy and inform her that—for health reasons—she should wait 6 months for the next pregnancy.						
Counseling for all methods						
1. Ask the client: a. Does she want more children? 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?						

Checklist for Long-Acting Reversible Contraceptive (LARC) Methods Counseling (Post-abortion)					
Step/Task	**Cases**				
2. Explain the advantages of post-abortion family planning and tell her that it is easier to receive a long-acting method when she is in the health facility for post-abortion care (PAC) services, before going home.					
3. Based on the client's responses, use the (BCS+) counseling cards or flip book to talk about the appropriate methods a. Start showing the counseling cards/flip book beginning with the most effective b. Read the back of the card and place it down in front of the client, with the picture facing the client.					
4. If the client shows an interest in using one of the LARC methods, continue with the next steps.					
5. Discuss 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 partner are ready to become pregnant again e. Do not need any daily action.					
6. If she express an interest in using the IUD, describe the interval copper IUD (Copper T 380A) and the levonorgestrel intrauterine system (LNG-IUS) insertion procedure and timing: a. Can be inserted immediately after completion of the procedure or prior to discharge (if medical abortion, insertion should wait until the treatment is complete and uterus is completely empty) b. The copper IUD is effective for up to 12 years c. The copper IUD contains no hormones d. The LNG-IUS is effective up to 3-5 years*, contains low doses of hormones, and is safe for breastfeeding women e. Talk upfront about side-effects and changes to be expected in the bleeding patterns. Tell her that these changes are not harmful and she can come back to the provider if it concerns her. *Note: The effectiveness period varies with the type of LNG-IUS used. Studies to confirm the effectiveness period are ongoing.					
7. If the client expresses an interest in using the contraceptive implant, describe post-abortion implant insertion procedure and timing: 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. Talk upfront about side-effects and changes to be expected in the bleeding patterns. Tell her that these changes are not harmful and she can come back to the provider if it concerns her.					
8. Ask the client if she has any questions and wants the provider to repeat information.					
9. Consult the WHO MEC Wheel or Job Aid 10-3: WHO MEC Quick Reference Chart to check whether the method chosen is safe for her to use. If not, help her to choose another method.					
10. Confirm the client's understanding by asking open-ended questions and repeating key information					

Checklist for Long-Acting Reversible Contraceptive (LARC) Methods Counseling (Post-abortion)					
Step/Task	**Cases**				
11. Allow the client to decide a method by herself (informed choice) without any coercion.					
12. Document the family planning method chosen on the client's record card.					
13. Tell the client that she can change her decision at any time and inform the provider about it.					
Systematic Screening for Other Services					
1. Ask the client when she last had a cervical and breast cancer screening, and offer to perform these if the last check was more than 3 years ago.					
2. Follow national guidelines for prevention of mother-to-child transmission of HIV and screening for syphilis, tetanus toxoid immunization, intermittent preventive treatment for malaria, and iron/folate deficiency.					
3. Discuss sexually transmitted infection/HIV transmission and prevention and dual protection with the client, using the counseling cards.					
4. Ask the client if she knows her HIV status: a. If positive: i. Review the Counseling Cards for Positive Health, Dignity, and Prevention with the client ii. Refer the client to a center for wellness care and treatment b. If the client knows that she is negative: i. Discuss timing for repeat testing c. If the client does not know her HIV status: i. Counsel and discuss HIV counseling and testing (HCT) with the client ii. Offer/initiate HIV testing as per national protocols					
5. Give follow-up instructions and offer condoms for dual protection.					
6. Thank the client for completing the counseling session.					

Trainer Certification

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

_____

_____

_____

_____

Counseling performed competently: ☐Yes ☐No

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

Checklist for Screening Clients Who Want to Initiate Contraceptive Implants

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

FHI 360 (formerly Family Health International), with support from the U.S. Agency for International Development (USAID), has developed a simple checklist (see center spread) to help health care providers screen clients who have been counseled about contraceptive options and who have made an informed decision to use implants. This checklist is a revised version of the checklist produced by FHI 360 in 2008. Changes reflected in this version are based on recommendations included in the *Medical Eligibility Criteria for Contraceptive Use* (WHO, updated 2015). This revision also includes guidance for providers whose clients may be eligible for emergency contraception.

The checklist consists of 11 questions and provides guidance based on clients' responses. The first five questions are designed to identify medical conditions that would prevent safe use of implants or require further evaluation. Clients who are ruled out because of their response to some of the medical eligibility questions may still be good candidates for implants if the suspected condition can be excluded through appropriate evaluation. The last six questions enable providers to determine with reasonable certainty that a woman is not pregnant before initiating the method.

A health care provider should complete the checklist before inserting the implant(s). In some settings the responsibility for initiating implants may be shared — by a counselor who completes the checklist and an appropriately trained health care provider who performs the insertion. Providers trained to perform insertions may include nurses, nurse-midwives, nurse-practitioners, midwives, physicians, and, depending on the educational and professional standards in a country, physician's assistants and associates.

This checklist is part of a series of provider checklists for reproductive health services. The other checklists include the *Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives,* the *Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN),* the *Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD,* and the checklist entitled, *How to be Reasonably Sure a Client is Not Pregnant*. For more information about the provider checklists, please visit www.fhi360.org.

Assessing Medical Eligibility for Implants

1. Have you ever been told you have breast cancer?

This question is intended to identify women who know they have had or currently have breast cancer. These women are not good candidates for implants because breast cancer is a hormone-sensitive tumor and implant use may adversely affect the course of the disease.

2. Do you currently have a blood clot in your legs or lungs?

This question is intended to identify women with known blood clots, not to determine whether a woman might have an undiagnosed blood clot. Women with blood clots in their legs or lungs usually experience acute symptoms that prompt them to seek health care. For this reason, they would likely be aware of the condition and would answer "yes." Because implant use may make these conditions worse, answering "yes" to the question means that the woman is usually not a good candidate for contraceptive implants. However, women with blood clots in their legs or lungs who are on established anticoagulant therapy generally can use implants.

3. Do you have a serious liver disease or jaundice (yellow skin or eyes)?

This question is intended to identify women who know that they currently have a serious liver disease such as severe cirrhosis, malignant liver tumors, and most benign liver tumors. Women with these conditions should usually not use implants, because the hormones used in implants are processed by the liver and may further compromise liver function. Women with other liver problems, such as acute or chronic hepatitis and focal nodular hyperplasia (a benign tumor that consists of scar tissue and normal liver cells), can use implants safely.

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

This question is intended to identify women who have been diagnosed with systemic lupus disease. Women who have systemic lupus disease and who are not on immunosuppressive treatment should usually not use implants, due to concerns about a possible increased risk of thrombosis.

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

This question is intended to identify women who may have an underlying pathological condition. While these conditions are not directly affected by implants, changes in bleeding patterns which are common among implant users, could make such conditions harder to diagnose. Unusual, unexplained bleeding changes may indicate infection or cancer that should be evaluated without delay or treated by a higher-level health care provider. Implant use should be postponed until the condition can be evaluated. In contrast, women for whom heavy, prolonged, or irregular bleeding constitutes their usual bleeding pattern may initiate and use implants safely.

Determining Current Pregnancy

Questions 6–11 are intended to help a provider determine, with reasonable certainty, whether a client is not pregnant. If a client answers "yes" to any of these questions and has no signs or symptoms of pregnancy, it is highly likely that she is not pregnant. The client can have implants inserted now.

If the client is within 7 days of the start of her menstrual bleeding (5 days for Implanon), she can start the method immediately. No back-up method is needed.

If it has been more than 7 days since her first day of bleeding (more than 5 days for Implanon), she can start the method immediately, but must use a back-up method (i.e., using a condom or abstaining from sex) for 7 days to ensure adequate time for the implants to become effective.

If you cannot determine with reasonable certainty that the woman is not pregnant (using the checklist), you will need to rule out pregnancy using another means (e.g., wait until monthly bleeding resumes, use a pregnancy test if monthly bleeding is delayed). She should be given condoms to use in the meantime.

Checklist for Screening Clients Who Want to Initiate Contraceptive Implants

To determine if the client is medically eligible to use implants, ask questions 1–5. As soon as the client answers **YES** to ***any question,*** stop, and follow the instructions after question 5.

NO	1. Have you ever been told you have breast cancer?	YES
NO	2. Do you currently have a blood clot in your legs or lungs?	YES
NO	3. Do you have a serious liver disease or jaundice (yellow skin or eyes)?	YES
NO	4. Have you ever been told that you have a rheumatic disease, such as lupus?	YES
NO	5. Do you have bleeding between menstrual periods, which is unusual for you, or bleeding after intercourse (sex)?	YES

If the client answered **NO** to ***all of questions 1–5,*** she can use implants. Proceed to questions 6–11.

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

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

Ask questions 6–11 to be reasonably sure that the client is not pregnant. As soon as the client answers **YES** to ***any question,*** stop, and follow the instructions after question 11.

YES	6. Did your last menstrual period start within the past 7 days?	NO
YES	7. Have you abstained from sexual intercourse since your last menstrual period or delivery?	NO
YES	8. Have you been using a reliable contraceptive method consistently and correctly since your last menstrual period or delivery?	NO
YES	9. Have you had a baby in the last 4 weeks?	NO
YES	10. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?	NO
YES	11. Have you had a miscarriage or abortion in the last 7 days?	NO

If the client answered **YES** to ***at least one of questions 6–11*** and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. The client can have implants inserted now.

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

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

If the client answered **NO** to ***all of questions 6–11,*** pregnancy cannot be ruled out using the checklist.

Rule out pregnancy by other means. Give her condoms to use until pregnancy can be ruled out.

Offer emergency contraception if every unprotected sex act since last menses occurred within the last 5 days.

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Module 10: Contraceptive Implants

Checklist 10-5: One-Rod (Implanon*) Implant Clinical Skills: Insertion

Learners: Learn and practice the steps required to correctly perform these clinical skills. Ask your peers to use this checklist to evaluate your practice with anatomical models and gain experience with clients. Your peers should provide specific feedback using this checklist to guide their observations.

Trainers: Use this checklist when the learner is ready to test their competence in these skills.

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 One-Rod (Implanon) Implants Counseling and Clinical Skills: Insertion					
Step/Task	**Cases**				
Pre-Insertion Counseling					
1. Greet the client respectfully and with kindness.					
2. Review Checklist 10-4: Client Screening Checklist to determine if one-rod implants are an appropriate choice for the client.					
3. Perform (or refer for) further evaluation, if indicated.					
4. Assess the woman's knowledge about implants' major side-effects. • Confirm that the client accepts possible menstrual changes with implants.					
5. Describe the insertion procedure and what to expect.					
Getting Ready					
1. Determine that required materials and the one-rod implant are present.					
2. Wash hands thoroughly and dry them completely with a clean cloth or air dry.					
3. Ask the client to thoroughly wash and rinse her arm (if water and soap available).					
4. Tell the client what is going to be done and encourage her to ask questions.					
5. Position the woman's arm and place a clean, dry cloth under her arm.					
6. Mark the position on the arm for insertion of rod 6-8 cm above the elbow fold.					
7. Put on a pair of clean examination gloves					

* This checklist does not include the clinical skills needed for insertion of Implanon NXT—see Checklist 10-7 for the relevant information.

Checklist for One-Rod (Implanon) Implants Counseling and Clinical Skills: Insertion					
Step/Task	**Cases**				
Pre-Insertion Tasks					
1. Prep the insertion site with antiseptic solution.					
2. Inject 1-2 ml of 1% lidocaine just under the skin, raising a wheal at the insertion point and advancing up to 5 cm along the insertion track. Gently massage the area.					
Insertion					
1. Using the "no-touch" technique, remove the sterile disposable one-rod implant applicator from its blister pack and removes the needle shield, making sure not to touch the part of the needle to be introduced into the body.					
2. Visually verify the presence of the implant inside the metal part of the needle.					
3. Stretch the skin around the insertion site with thumb and index finger **or alternatively**, stretch the insertion site skin by slightly pulling with thumb.					
4. Using the needle, puncture the skin at a 30° angle and insert only up to the bevel of the needle.					
5. Release the skin and lower the applicator to a horizontal position.					
6. Gently advance, while lifting the skin and forming a tent, until inserting the full length of the needle without using force. Keep the applicator parallel to the surface of the skin.					
7. Break the seal of the applicator. Turn the obturator 90 degrees.					
8. Fix the obturator with one hand against the arm, and with the other hand slowly pull the needle out of the arm. Never push against the obturator.					
9. Remove the needle and apply pressure to the opening site.					
10. Palpate to check that the rod is in place.					
Post-Insertion Tasks					
1. Wipe the client's skin with alcohol.					
2. Bring the edges of the incision together and close it using surgical tape; then cover it with a Band-Aid® or tape on a sterile gauze (2x2).					
3. Optionally, ask the client to palpate the implant prior to dressing.					
4. Apply a pressure dressing snugly.					
5. Before removing gloves, dispose of materials by: • Placing the used needle (without capping) and trocar in a sharps container, and • Placing waste materials in a leakproof container or plastic bag.					
6. Remove gloves by turning them inside out and place them in a leakproof container or plastic bag.					
7. Wash hands thoroughly and dry them completely.					
8. Complete the client record, including drawing the position of the rod.					
Post-Insertion Counseling					
1. Instruct the client about wound care and inform her that she can make a return visit appointment, if necessary.					
2. Discuss what to do if the client experiences any problems or side-effects following insertion.					
3. Assure the client that she can have the implant removed at any time if she desires.					
4. Ask the client to repeat instructions and answer the client's questions.					

Checklist for One-Rod (Implanon) Implants Counseling and Clinical Skills: Insertion						
Step/Task	**Cases**					
5. Complete the client card indicating which implant she received and by when she needs to return for removal.						
6. Observe the client for at least 15–20 minutes before sending her home.						

Trainer Certification

Learner is ☐ Qualified ☐ Not Qualified to deliver implant 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 10: Contraceptive Implants

Checklist 10-6: Two-Rod Implant Insertion
Clinical Skills: Insertion

Learners: Learn and practice the steps required to correctly perform these clinical skills. Ask your peers to use this checklist to evaluate your practice with anatomical models and gain experience with clients. Your peers should provide specific feedback using this checklist to guide their observations.

Trainers: Use this checklist when the learner is ready to test their competence in these skills.

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 two-rod implants (Jadelle and Sino-implant [II]/Levoplant) counseling and clinical skills: Insertion						
Step/Task	**Cases**					
Pre-Insertion Counseling						
1. Greet the client respectfully and with kindness.						
2. Review Checklist 10-4: Client Screening Checklist to determine if two-rod implants are an appropriate choice for the client.						
3. Perform (or refer for) further evaluation, if indicated.						
4. Assess the woman's knowledge about implants' major side-effects: • Confirm that the client accepts possible menstrual changes with implants.						
5. Describe the insertion procedure and what to expect.						
Getting Ready						
1. Determine that the required instruments and the two implant rods are present.						
2. Wash hands thoroughly and dry them completely with a clean cloth or air dry.						
3. Ask the client to thoroughly wash and rinse her non-dominant arm with soap and water (if water and soap available).						
4. Tell the client what is going to be done and encourage her to ask questions.						
5. Position the woman's arm and place a clean, dry cloth under her arm.						
6. Mark the position on the client's arm for insertion of rods 6-8 cm above the elbow fold (this should form a "V" pattern).						
7. Put on a pair of sterile gloves.						
Pre-Insertion Tasks						

Checklist for two-rod implants (Jadelle and Sino-implant [II]/Levoplant) counseling and clinical skills: Insertion					
Step/Task	**Cases**				
1. Set up the sterile field and place the implant rods and trocar on it.					
2. Prep the insertion site with antiseptic solution.					
3. Place a sterile or high-level disinfected drape over the client's arm (optional).					
4. Inject 2ml of 1% lidocaine applied just under the skin, raising a wheal at the insertion point and advancing up to 5cm along the insertion track. Inject 1 ml of local anesthetic along the track as you withdraw.					
5. Without removing the needle, reorient to the second insertion track, advance up to 5 cm, and again inject 1 ml of local anesthetic along the track as needle is withdrawn. Gently massage the area of infiltration.					
Insertion					
1. Insert the trocar directly (subdermally and superficially).					
2. While tenting the skin, advance the trocar and plunger to mark (1) nearest the hub of the trocar.					
3. Remove the plunger and load the first rod into the trocar with a gloved hand or forceps.					
4. Reinsert the plunger and advance it until resistance is felt.					
5. Hold the plunger firmly in place with one hand and slide the trocar out of the incision until it reaches the plunger handle.					
6. Withdraw the trocar and plunger together to the mark (2) nearest the trocar tip, just clear of incision (do not remove the trocar from the skin).					
7. Move the tip of the trocar away from the end of the rod and hold the rod out of the path of the trocar.					
8. Redirect the trocar about 15° and advance the trocar and plunger to mark (1).					
9. Insert the second rod using the same technique.					
10. Palpate the rods to check that two rods have been inserted in a V-shaped distribution.					
11. Palpate to check that both rods are 5 mm clear of the incision.					
12. Remove the trocar only after insertion of the second rod.					
Post-Insertion Tasks					
1. Remove the drape and wipe the client's skin with alcohol.					
2. Bring the edges of the incision together and close it using surgical tape; then cover it with a Band-Aid® or tape on a sterile gauze (2x2).					
3. Optionally, ask the client to palpate the two rods prior to dressing.					
4. Apply the pressure dressing snugly.					
5. Before removing gloves, dispose of materials by: • Placing the used needle (without capping) and the trocar in a sharps container, and • Placing the waste materials in leakproof container or plastic bag.					
6. Remove gloves by turning them inside out and place them in a leakproof container or plastic bag.					

Checklist for two-rod implants (Jadelle and Sino-implant [II]/Levoplant) counseling and clinical skills: Insertion						
Step/Task	**Cases**					
7. Wash hands thoroughly and dry them completely with a clean cloth or air dry.						
8. Complete the client record, including drawing the position of the rods.						
Post-Insertion Counseling						
1. Instruct the client about wound care and inform her that she can make a return visit appointment, if necessary.						
2. Discuss what to do if the client experiences any problems or side-effects following insertion.						
3. Assure the client that she can have the rods removed at any time if she desires.						
4. Ask the client to repeat the instructions and answer the client's questions.						
5. Complete the client card indicating which type of implant she received and by when she needs to return for removal.						
6. Observe the client for at least 15–20 minutes before sending her home.						

Trainer Certification

Learner is ☐ Qualified ☐ Not Qualified to deliver implant 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 10: Contraceptive Implants

Checklist 10-7: One-Rod (Implanon NXT) Implant Clinical Skills: Insertion

Learners: Learn and practice the steps required to correctly perform these clinical skills. Ask your peers to use this checklist to evaluate your practice with anatomical models and gain experience with clients. Your peers should provide specific feedback using this checklist to guide their observations.

Trainers: Use this checklist when the learner is ready to test their competence in these skills.

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 One-Rod (Implanon NXT) Implants Clinical Skills: Insertion					
Step/Task	**Cases**				
Pre-Insertion Counseling					
1. Greet the client respectfully and with kindness.					
2. Review Checklist 10-4: Client Screening Checklist to determine if one-rod implants are an appropriate choice for the client.					
3. Perform (or refer for) further evaluation, if indicated.					
4. Assess the woman's knowledge about implants' major side-effects. • Confirm that the client accepts possible menstrual changes with implants.					
5. Describe the insertion procedure and what to expect.					
Getting Ready					
1. Determine that the required materials and the one-rod implant are present.					
2. Wash hands thoroughly and dry them completely with a clean cloth or air dry.					
3. Ask the client to thoroughly wash and rinse her non-dominant arm with soap and water (if water and soap available).					
4. Tell the client what is going to be done and encourage her to ask questions.					
5. Position the woman's arm with the elbow flexed and her hand behind her head. Place a clean, dry cloth under her arm.					
6. Mark the position on the arm for insertion of rod 8-10 cm proximal to the medial epicondyle and 3-5 cm posterior to the arm sulcus, above the triceps.					
7. Put on a pair of clean examination gloves.					
Pre-Insertion Tasks					
1. Prep the insertion site with antiseptic solution.					

Checklist for One-Rod (Implanon NXT) Implants Clinical Skills: Insertion					
Step/Task	**Cases**				
2. Inject 1-2 ml of 1% lidocaine just under the skin, raising a wheal at the insertion point and advancing up to 5 cm along the insertion track. Gently massage the area.					
Insertion Tasks					
1. Remove the sterile disposable Implanon NXT applicator from its blister pack and removes the trocar shield, making sure not to touch the part of the needle to be introduced into the body.					
2. Hold the applicator just above the needle at the textured surface area and remove the transparent protection cap from the needle containing the implant.					
3. Visually verify the presence of the implant inside the metal part of the needle. Position self to visualize the insertion site and to ensure it is subcutaneous and parallel to the arm.					
4. Stretch the skin around the insertion site with thumb and index finger, **or alternatively**, stretch the insertion site skin by slightly pulling with thumb.					
5. Using the needle, puncture the skin at a 30° angle and insert only up to the bevel of the needle.					
6. Visualizing the needle, lower the applicator to the horizontal position so that it is parallel to the surface of the skin while continuing to tent or lift the skin with the needle tip to ensure superficial placement.					
7. While lifting the skin with the tip of the needle, slide the needle to its full length toward the guide mark, continuing to tent the skin as the trocar is advanced. Make sure that the entire length of the needle is inserted under the skin.					
8. While keeping the applicator in the same position and the needle inserted to its full length with one hand, unlock the purple slider by pushing it slightly down using the other free hand.					
9. Move the slider fully back until it stops, leaving the implant now in its final subdermal position and locking the needle inside the body of the applicator.					
10. Remove the applicator.					
11. Palpate to check that one rod is in place, subdermal and over the triceps.					
Post-Insertion Tasks					
1. Wipe the client's skin with antiseptic.					
2. Bring the edges of the incision together and close it using surgical tape; then cover it with a Band-Aid® or tape on a sterile gauze (2x2).					
3. Optionally, ask the client to palpate the implant prior to dressing.					
4. Apply a pressure dressing snugly.					
5. Before removing gloves, dispose of materials by: a. Placing the used needle (without capping) and the trocar in a sharps container immediately after use and b. Placing waste materials in a leakproof container or plastic bag.					
6. Remove gloves by turning them inside out and place them in a leakproof container or plastic bag.					
7. Wash hands thoroughly and dry them completely with a clean cloth or air dry.					
8. Complete the client record, including drawing the position of the rod.					
Post-Insertion Counseling					
1. Instruct the client about wound care and inform her that she can make a return visit appointment, if necessary.					

Checklist for One-Rod (Implanon NXT) Implants Clinical Skills: Insertion						
Step/Task	**Cases**					
2. Discuss what to do if the client experiences any problems or side-effects following insertion.						
3. Assure the client that she can have the implant removed at any time if she desires.						
4. Ask the client to repeat the instructions and answer the client's questions.						
5. Complete the client card indicating which type of implant she received and by when she needs to return for removal.						
6. Observe the client for at least 15–20 minutes before sending her home.						

Trainer Certification

Learner is ☐ Qualified ☐ Not Qualified to deliver implant 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 10: Contraceptive Implants

Checklist 10-8: Infection Prevention Practices for Providing Implant Services

Learners: Learn and practice the steps required to correctly perform these clinical skills. Ask your peers to use this checklist to evaluate your practice with anatomical models and gain experience with clients. Your peers should provide specific feedback using this checklist to guide their observations.

Trainers: Use this checklist when the learner is ready to test their competence in these skills.

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

Note: this checklist focuses on the key infection prevention steps applicable during insertion of contraceptive implants.

Learner:_____ Date Observed:_____

Checklist for Infection Prevention Practices for Providing Implant Services				
Step/Task	**Cases**			
Getting Ready				
1. Have the client wash her entire arm and hand (the one she uses less often) with soap and water, and dry with a clean towel or air-day.				
2. Cover the procedure table and arm support with a clean cloth.				
3. Ask the client to lie on her back on the table so that the arm in which the implant(s) will be placed is well supported, turned outwards, and bent at the elbow. If inserting an Implanon NXT implant into the new site above the triceps, the client's hand should be placed beneath her head.				
4. Prepare a clean instrument tray and open the sterile instrument pack without touching the instruments or other items.				
5. For Jadelle and Sino-Implant (II), carefully open the sterile pouch containing the implants by pulling apart the sheets of the pouch and, without touching the rods, allowing them to fall into a sterile cup or bowl.				
6. For Implanon NXT, remove the sterile applicator with the preloaded implant from the package by allowing it to fall on the sterile tray without touching it.				
Pre-Insertion Infection Prevention Tasks				
1. Wash hands thoroughly with soap and water, and dry with clean towel or air-dry.				
2. Put sterile (Jadelle or Sino-Implant) or clean (Implanon NXT) on both hands before each procedure. (If using gloves with powder, rinse them in sterile or boiled water before starting the procedure because the powder may fall into the insertion site and cause scarring.)				

Checklist for Infection Prevention Practices for Providing Implant Services				
Step/Task	**Cases**			
3. Clean the insertion site with a cotton or gauze swab soaked in antiseptic solution and held in a sterile or high-level disinfected forceps.				
4. Use sterile surgical drape with a hole in it to cover the arm. The hole should be large enough to expose the entire area where the implant(s) will lie once they are inserted.				
5. When giving local anesthetic, use a new disposable syringe and needle, from a sealed package.				
Insertion Infection Prevention Tasks				
Jadelle and Sino-Implant (II)				
1. To minimize risk of infection and/or expulsion, ensure that the ends of the rods nearest to the incision are not too close (not less than 5 mm) to the incision. If the tip of the rod protrudes from or is too close to the incision, it should be carefully removed and reinserted in the proper position. Also, to enable easy removal of both rods from a single incision, it is important that the ends of the rods closest to the incision are not farther apart, one from the next, than the width (not length) of one implant.				
2. While inserting the implants, try not to remove the trocar from the incision, particularly when preparing to load and insert the second implant. Keeping the trocar in place minimizes tissue trauma, decreases the changes of infection, and minimizes insertion time.				
Implanon NXT				
1. After confirming that the rod is in the applicator, remove the needle shield. Without the needle shield, the implant can fall out, so keep the applicator in the upright position until the moment of insertion. If it falls out or if contamination otherwise occurs, use a new package with a new sterile applicator.				
Post-Insertion Infection Prevention Tasks				
1. Press down on the incision with gauze for a minute or so to stop any bleeding, and then clean the area around the insertion site with antiseptic solution on a swab.				
2. Use an adhesive bandage or surgical tape with sterile cotton to cover the insertion site. Check for any bleeding. Cover with a dry compress and wrap gauze around the arm tight enough to provide some compression to minimize bleeding under the skin (hematoma), but not so tight that it will cause pain and paleness in the arm.				
3. Dispose of the single-use applicator (for Implanon NXT) or the single-use trocar (Jadelle or Sino-plant) and used disposable syringes and needles in a puncture-resistant container.				
4. Dispose of contaminated objects (gauze, cotton, and other waste items) in a properly marked leak-proof container with a tight-fitting lid or in a plastic bag.				
5. Carefully remove gloves by inverting and place in the waste container.				
6. Clean metal reusable instruments with a brush, using water and either liquid soap or detergent. Avoid bar soap or powdered soap, which can stay on the equipment. Rinse and dry the equipment. While cleaning, wear utility gloves and an apron.				
7. Sterilize instruments in a high-pressure steam autoclave or a dry-heat oven or with chemicals. If sterilization is not possible or practical, high-level disinfect them by boiling, by steaming, or with chemicals.				
8. Decontaminate all surfaces that may have been contaminated, such as the procedure table or instrument stand, by wiping them down with 0.5% chlorine solution.				
9. Wash hands with soap and water and dry with a clean towel or air-dry.				

Trainer Certification

Learner is ☐ Qualified ☐ Not Qualified to deliver implant 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 10: Contraceptive Implants

Checklist 10-9: Implant Clinical Skills: Normal Removal

Learners: Learn and practice the steps required to correctly perform these clinical skills. Ask your peers to use this checklist to evaluate your practice with anatomical models and gain experience with clients. Your peers should provide specific feedback using this checklist to guide their observations.

Trainers: Use this checklist when the learner is ready to test their competence in these skills.

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 Implant Counseling and Clinical Skills Removal						
Step/Task	**Cases**					
Pre-Removal Counseling						
1. Greet the client respectfully and with kindness.						
2. Listen carefully to the client's response for reason for removal to determine if she wants another method, is hoping to get pregnant, or wants to replace her implant.						
3. Confirm with the client what her intentions are. Provide family planning counseling, if appropriate.						
4. Describe the removal procedure and what to expect. If she intends to have another implant, discuss with her where it will be inserted, as there was a safety update to Implanon NXT rod placement in 2020. Explain to the client that, if she chooses Implanon NXT, the implant can be reinserted into the new recommended position in the same arm or in the opposite arm.						
5. Ensure that the client is not allergic to the topical antiseptic or the local anesthetic that is available.						
Getting Ready						
1. Determine that sterile instruments and other required materials for removal are available. Make sure new implants are available if reinserting new implants.						
2. Check that the client has thoroughly washed and rinsed her arm (if water and soap available).						
3. Tell the client what is going to be done and encourages her to ask questions.						
4. Position the woman's arm with her elbow flexed and place a clean, dry cloth under her arm. If removing an Implanon NXT rod which was inserted into the new location above the triceps, place the client's hand behind her head.						

Checklist for Implant Counseling and Clinical Skills Removal					
Step/Task	**Cases**				
5. Palpate the rod(s) to determine the point for removal. Note that because of the update to the Implanon NXT insertion site in 2020, it may be necessary to palpate both possible insertion sites (the prior site over the sulcus and the new site 3-5 cm posterior, over the triceps) to locate the rod.					
6. With a waterproof marker, mark the client's arm where the tip of the rod(s) is palpated.					
Pre-Removal Tasks					
1. Wash hands thoroughly and dry them completely with a clean cloth or let them air dry.					
2. Put sterile gloves on both hands.					
3. Arrange instruments and supplies.					
4. Prep removal site with antiseptic solution twice.					
5. Inject a small amount of local anesthetic (1% without epinephrine) at the incision site and under the end of the rod(s).					
6. Check for anesthetic effect before making skin incision.					
Removal					
1. Push down the proximal end of the implant to stabilize it; a bulge may appear indicating the distal end of the implant.					
2. Make a small (2 mm) incision below the end of the rod.					
3. Push the end of the rod toward the incision to remove it.					
4. Grasp the end of the rod with a curved (mosquito or Crile) forceps.					
5. Use sterile gauze (or scalpel—dull side) to clean off the fibrous tissue sheath that covers the tip of the rod.					
6. Grasp the exposed end of the rod with a second forceps; gently remove and inspect it to ensure that the rod is intact before placing it in a bowl containing 0.5% chlorine solution for decontamination*.					
7. Ensure that **the complete** rod has been removed; show it to the client.					
8. If this is a two-rod system, repeat steps 3–7.					
Re-Inserting Implant (one or two rods)					
1. If the woman choses to have a new Implanon NXT implant placed, confirm whether she would like to have it inserted in the new recommended position in the same arm or in the opposite arm. If the woman would like to have a two-rod implant reinserted, the rods can be inserted along the same tracks as the recently-removed implants.					
2. For Implanon NXT implants, follow the new recommended steps for insertion (see Checklist 10-7). For reinsertion of a two-rod implant, provide additional local anesthesia by infiltrating 1% lidocaine along the track(s) of the previously removed implant rod(s).					
3. Wait for 1–2 minutes for the anesthetics to take effect.					
4. Insert the implant as per the appropriate insertion steps (including post-insertion steps and post-insertion counseling).					
Post-Removal Tasks					
1. Wipe the client's skin with an antiseptic.					

Checklist for Implant Counseling and Clinical Skills Removal						
Step/Task	**Cases**					
2. Bring the edges of the incision together and close it using surgical tape; then covers it with a Band-Aid® or tape on a sterile gauze (2x2).						
3. Apply a pressure dressing snugly.						
4. Before removing gloves, dispose of materials by: • Placing the used needle (without capping) and the trocar in a sharps container, and • Placing waste materials in a leakproof container or plastic bag.						
5. Remove gloves by turning them inside out and places them in a leakproof container or plastic bag.						
6. Wash hands thoroughly and dry them completely.						
7. Complete the client record.						
Post-Removal Counseling						
1. Instruct the client about wound care and inform her that she can make a return visit appointment, if needed.						
2. Discuss what to do if any problems occur and answer any questions.						
3. Counsel the client about a new contraceptive method and provide one, if desired.						
4. Observe the client for at least 15–20 minutes before sending her home.						

* Note: 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 implant 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 10: Contraceptive Implants

Checklist 10-10: Implant Clinical Skills: Difficult Removal

Modified-U technique for implant removal

Learners: Learn and practice the steps required to correctly perform these clinical skills. Ask your peers to use this checklist to evaluate your practice with anatomical models and gain experience with clients. Your peers should provide specific feedback using this checklist to guide their observations.

Trainers: Use this checklist when the learner is ready to test their competence in these skills.

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 Implant Counseling and Clinical Skills: Difficult Removal						
Step/Task	**Cases**					
Pre-Removal Counseling						
1. Greet the client respectfully and with kindness.						
2. Listen carefully to the client's reason for removal to determine if she wants another method, is hoping to get pregnant, or wants to replace her implant.						
3. Confirm with the client what her intentions are. Provide family planning counseling if appropriate.						
4. Assess the visibility, arrangement, and position of the rod(s) through palpation. Note that the insertion site for Implanon NXT was updated in 2020. It may be necessary to palpate both possible insertion sites (the prior site over the sulcus and the new site 3-5 cm posterior, over the triceps) to locate the rod.						
5. If rod(s) are not palpable, reference the X-ray or ultrasound reports to identify the position.						
6. Describe the removal procedure and what to expect. If she intends to have another implant, discuss with her where it will be inserted. Explain to the client that, if she chooses Implanon NXT, the implant can be reinserted into the new recommended position in the same arm or in the opposite arm.						
7. Ensure that the client is not allergic to the topical antiseptic or the local antiseptic that is available.						

Checklist for Implant Counseling and Clinical Skills: Difficult Removal					
Step/Task	**Cases**				
Removal of Implant Rod(s)					
Getting Ready					
1. Determine that sterile and other required materials for removal are available. Make sure a new implant is available if desired.					
2. Check that the client has thoroughly washed and rinsed her arm.					
3. Tell the client what is going to be done and encourage her to ask questions.					
4. Position the woman's arm with her elbow flexed and place a clean, dry cloth under her arm. If removing an Implanon NXT rod which was inserted into the **new** location above the triceps, place the client's hand behind her head.					
5. Through deep palpation or by viewing the X-ray or ultrasound image, note the position of the rods.					
6. With a waterproof marker, mark the client's arm at the parallel position of the rod(s) as felt.					
Pre-Removal Tasks					
1. Wash hands thoroughly and dries them with single use towel or air dries them.					
2. Put sterile gloves on both hands using "no-touch" technique.					
3. Arrange instruments to include modified vasectomy forceps and supplies.					
4. Prep the removal site with antiseptic solution twice.					
5. Inject and make a wheal of 1.5 ml of 1% local anesthetic at the incision site at the tip of the rod(s) as located by palpation or viewed on the x-ray image or ultrasound.					
6. Check for anesthetic effect before making skin incision.					
Removal of the rod(s)					
1. Make a 4mm longitudinal incision at the most superficial tip of the rod(s). Then gently and bluntly dissect through the tissue with a mosquito forceps until the implant is felt.					
2. While firmly pressing on the rod with the index finger of the non-dominant hand, introduce the modified vasectomy forceps through the cut gently downward until the rod is felt.					
3. Pass the modified vasectomy forceps under the rod, while still pressing on the rod with the index finger of the non-dominant hand.					
4. Tilt the modified vasectomy forceps ring and open it, grasping the rod while the index finger pushes the rod into the ring.					
5. Grasp the rod at its shaft, bringing it to the incision, and use the straight mosquito forceps to clear off the tissue sheath enveloping it.					
6. Using the curved mosquito forceps, grasp the rod and release the modified vasectomy forceps.					
7. Lift the implant from below pulling it out in a 'U' shaped loop. Clear the tissue around it and free the rod.					

Checklist for Implant Counseling and Clinical Skills: Difficult Removal					
Step/Task	**Cases**				
8. Ensure that the complete rod has been removed and show it to the client.					
9. If this is a two-rod implant, repeat steps 3-9.					
Re-Inserting Implant (One or two rods)					
1. If the woman choses to have a new Implanon NXT implant placed, confirm whether she would like to have it inserted in the new recommended position in the same arm or in the opposite arm. If the woman would like to have a two-rod implant reinserted, they can be inserted along the same tracks as the recently-removed implants.					
2. For Implanon NXT implants, follow the new recommended steps for insertion (see Checklist 10-7). For reinsertion of a two-rod implant, provide additional local anesthesia by infiltrating 1% lidocaine along the track(s) of the previously removed implant rod(s).					
3. Wait 1-2 minutes for the anesthetics to take effect.					
4. Insert the one- or two-rod implant as per the appropriate insertion steps (including post-insertion steps and post-insertion counseling).					
Post-Removal Tasks					
1. Wipe the client's skin with an iodine-soaked gauze swab.					
2. Bring the edges of the incision together and closes it using surgical tape. Then cover it with a Band-Aid® or tape on a sterile gauze (2x2).					
3. Apply pressure dressing snugly.					
4. Before removing gloves, dispose of materials by: a. Placing used syringe, needle (without capping), trocar, and surgical blade into sharps container, and b. Placing waste materials in leak-proof assorted containers or plastic bag.					
5. Remove gloves by turning inside out and place them in a leak-proof container or plastic bag.					
6. Wash hands thoroughly and dry them with a single use towel or air dry them.					
7. Complete the client's card and fill in the daily activity register.					
Post-Removal Counseling					
1. Instruct the client about wound care and when to return to the health facility. She should return if there is: a. profuse bleeding b. pus or redness on the infection site.					
2. Discuss what to do if any problems occur and answers any questions.					
3. Counsel the client about new contraceptive method if she didn't take implant and provides one, if desired.					
4. Observe the client for at least 15-20 minutes before sending her home.					

Trainer Certification

Learner is ☐ Qualified ☐ Not Qualified to deliver implant 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 10: Contraceptive Implants

Handout 10-1: Contraceptive Implants Fact Sheet

Progestin-only implants consist of hormone-filled capsules or rods that are inserted under the skin in a woman's upper arm. They are more than 99% effective and provide a significant advantage to women in that little to no action is required of the user once the implants are inserted, except to return to a provider for removal. Hormone passes into the blood stream constantly through the walls of capsule at a steady rate. Implants can be removed at any time by a trained provider with no delay in return to fertility.

Current systems consist of one or two rods:

Type	Number of Rods	Years of Protection	Content
Implanon	1	3 Years	68 mg Etonogestrel
*Implanon NXT	1	3 Years	68 mg Etonogestrel
Jadelle	2	5 Years	75 mg Levonorgestrel
Sino-implant (II)/Levoplant	2	3-4 Years†	75 mg Levonorgestrel

*Implanon NXT: Is radio opaque and the application trocar is different; its contents are the same as Implanon.
†Sino-implant (II)/Levoplant is registered for 3-year use in some countries, and 4-year use in others. Check with your local regulatory body to confirm locally registered duration of use.

Mechanism of action

- Thickens cervical mucus (making it difficult for sperm to penetrate)
- Inhibition of ovulation

Timings of insertion

Implants may be inserted at any time during the menstrual cycle when the provider is reasonably certain that the client is not pregnant. Post-insertion, the hormone levels in implants rise rapidly and are effective depending on timing of insertion per the woman's menstrual cycle or use of other contraception.

- No need of any back up method if insertion is done within 7 days of menstrual cycle.
- If it is more than 7 days (more than 5 days for one rod implant) after the start of monthly bleeding, she can have implant inserted any time if it is reasonably certain that she is not pregnant. She will need a backup method for the first 7 days after insertion.
- If switching from another non-hormonal method use back up method for 7 days.
- If she is switching from injectables, she can have implants inserted when the repeat injection would have been given. No need for a backup method.
- If switching from IUD/LNG-IUS: starting during the first 7 days of monthly bleeding, insert implant and remove the IUD. No need for a backup method.
- If switching from LNG-IUS and amenorrhic, rule out pregnancy first, insert implant and remove the IUD. No need to wait for the next menstrual bleeding. No need for a backup method.
- Can be inserted during immediate postpartum period (Category 2)

Characteristics and Benefits of Progestin-only Implants

- Are highly effective
- Require no further action other than follow-up visits and return for removal
- Do not interfere with normal daily activities
- Are long-acting and reversible
- Have one of the lowest doses of any hormonal contraceptive and contain no estrogen
- Can be used during the immediate postpartum period or before discharge of the patient from the health center
- Have no effect on the quality or quantity of breast milk
- Require a minor surgical procedure for insertion and some discomfort for a day or two
- Are comfortable—once the insertion site has fully healed (about 1 week), the rods should not cause any pain and are not noticeable in most women
- Have non-contraceptive health benefits (improves iron deficiency anemia due to amenorrhea or scanty periods)

Limitations

- Can only be provided by a trained service provider
- Commonly lead to changes in menstrual bleeding (counseling should be done to prepare the woman adequately for this)
- May be associated with bruising (discoloration of the arm), infection, or bleeding that arise during the minor surgical procedures for insertion and removal.
- Cannot discontinue the method without a provider
- May be visible under the skin of some women, especially when the skin is stretched
- Do not protect a woman from genital tract infections (GTIs) and other STIs, including hepatitis B virus (HBV) and HIV/AIDS.

Side-effects

Side-effects, if any, are minor and may diminish or change over time.

Changes in Bleeding Patterns

The most common side effect with contraceptive implants is a change in the menstrual bleeding pattern. Menstrual bleeding changes are essentially universal, although the pattern in any individual woman cannot be predicted. Typical changes include lighter bleeding, fewer days of bleeding, irregular bleeding, and infrequent or no monthly bleeding (Respond Project 2013). One-rod users are more likely to have infrequent or no monthly bleeding than irregular bleeding (WHO/RHR and Johns Hopkins University School of Public Health Center for Communication Programs, Knowledge for Health Project 2011). Among two-rod implant users, prolonged bleeding and irregular bleeding and spotting are common, especially during the first 6–9 months of use.

Other Possible Side-Effects

- Weight change
- Abdominal pain
- Acne (can improve or worsen)
- Headaches, dizziness, mood changes, nausea, and breast tenderness (less common than with combined oral contraceptives)
- Reduced libido

Who can use progestin-only implants?

Women of any parity or reproductive age (including adolescents), married or unmarried, who:

- Want to use this method of contraception
- Have no known conditions that preclude safe use (such conditions are rare)
- Postpartum women

Who should not initiate progestin-only implants?

Women who:

- Are pregnant (known or suspected)
- Have a history of past or current breast cancer (Category 4)
- Have liver tumor or severe liver disease (Category 3)
- Have acute venous thromboembolism (Category 3)

Who should be advised to discontinue use of progestin-only implants and switch to a non-hormonal method?

- Women with unexplained vaginal bleeding
- Women with migraine headaches with aura

Use of progestin-only implants by women with HIV and AIDS

- Women with HIV who do not take antiretroviral drugs (ARVs) can use progestin-only implants without restrictions
- Women with AIDS who take ARVs can generally use progestin-only implants because the effectiveness of implants seems not to be significantly affected by ARVs
- However, women on Efaverizine (EFVs) should be advised about the possible drug interactions between EFV and implants that may lead to a higher than usual contraceptive failure rate
- Women with HIV or AIDS who have contraceptive implants should be advised to use condoms.

Provide follow-up and counseling for

- Any client concerns or questions
- Side-effects, especially irregular bleeding or spotting or amenorrhea

- Any signs of complications (although rare); counsel the woman to come back immediately if any of the following symptoms develop:
    - Infection or pus at the insertion site
    - Unusually heavy or prolonged bleeding
    - Severe pain in the lower abdomen (symptom of ectopic pregnancy)
    - Amenorrhea after having regular cycles (signs of pregnancy)
    - Expulsion of rod
- Explain to the client that implants can be removed at any time for any reason.

Dispelling myths regarding progestin-only implants

Progestin-only implants **do not:**

- Break and move around within a woman's body **if inserted correctly**
- Cause birth defects
- Cause cancer
- Cause abortion if inserted during a pregnancy
- Have any contraindication for use by adolescents, despite myths or fears that adolescents should not use them

Source: Technical Resource Package for Family Planning Contraceptive Implants Module, Family Planning Global Handbook, 2011.

Module 10: Contraceptive Implants

Handout 10-2: Rumors and Misconceptions about Implants

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

- An issue or information is important to people, but it has not been clearly explained
- There is nobody available who can clarify or correct the incorrect information
- The original source is perceived to be credible
- Clients have not been given enough options for contraceptive methods
- People are motivated to spread them for political reasons.

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

Unfortunately, rumors or misconceptions are sometimes spread by health care workers who may be misinformed about certain methods or who have religious or cultural beliefs pertaining to family planning that they allow to affect their professional conduct.

The underlying causes of rumors have to do with people's knowledge and understanding of their bodies, health, medicine, and the world around them. Often, rumors and misconceptions about family planning make rational sense to clients and potential clients. Immediate causes (e.g., confusion about anatomy and physiology) are usually the basis for people's belief in a given rumor or piece of misinformation.

Methods for Counteracting Rumors and Misinformation

1. When a client mentions a rumor, always listen politely. Don't laugh.
2. Define what a rumor or misconception is.
3. Find out where the rumor came from and talk with the people who started it or repeated it. Check whether there is some basis for the rumor.
4. Explain the facts.
5. Use strong scientific facts about family planning methods to counteract misinformation.
6. Always tell the truth. Never try to hide side-effects or problems that might occur with various methods.
7. Clarify information with the use of demonstrations and visual aids.
8. Give examples of people who are satisfied users of the method (only if they are willing to have their names used). This kind of personal testimonial is most convincing.
9. Reassure the client by examining her and telling her your findings.
10. Counsel the client about all available family planning methods.
11. Reassure clients, and let them know that you care by conducting home visits.

Rumors or Misinformation and Facts and Realities	
Rumor or Misinformation	**Facts and Realities: Information to Combat Rumors**
I have heard that you can remain infertile after removal of implants.	Implants stop working once they are removed, and their hormones do not remain in your body. The implant will not affect your ability to have another child. You can become pregnant again once your implant is removed.
I am afraid the implant will move from my arm to other parts of my body.	If paced correctly it is highly unlikely that they can move. They remain where they are inserted until they are removed. In rare cases, a rod may start to come out of the skin, usually during the first four months after insertion. This typically happens because the implants were not inserted well or because of an infection at the insertion site. If the implant does come out, you should return to the clinic as soon as possible and use a backup family planning method in the meantime. Your health care provider can replace the implant.
It stops my bleeding so that blood cannot leave my body.	Changes in menstrual bleeding—like spotting, or prolonged bleeding, or no menstrual bleeding—are common. These side-effects are normal and are not a sign of sickness. Blood does not build up in your body. There is no need to have a monthly period if you are not trying to get pregnant. Your regular periods will return within a few months of removing the implant, and you can become pregnant even before they return.
Implants can't be used following an abortion.	Implants are appropriate for use immediately post abortion (spontaneous or induced), in either the first or second trimester, and should be initiated within the first seven days post abortion, or anytime the provider can be reasonably sure the client is not pregnant. Ovulation returns almost immediately post abortion: within two weeks for first-trimester abortion and within four weeks for second-trimester abortion. Within six weeks after an abortion, 75% of women have ovulated.
I heard that an implant may cause an abortion if you are pregnant when it is inserted.	Implants do not cause an abortion. There is good evidence that the implant will not harm a baby if you are already pregnant when the implant is put in. Your provider will check carefully to make sure you are not pregnant before the implant is inserted.
I have heard that the implant is very painful to have inserted, and sometimes it causes an infection, and it is hard to remove once it has been inserted.	Health providers who insert implants have been specially trained to insert them. The provider will give you a small injection in your arm so that you do not feel the insertion. The incision is very small and does not require stitches. Your arm may be a bit sore for a few days, but this will go away. Infection can occur after implants have been inserted, but this is very rare. If it happens, you should return to your provider to be treated. To have your implant removed, visit the provider who inserted it or another nearby health facility so that they can remove it themselves or refer you to a provider who can do it.
You might get cancer or go blind if you have an implant inserted.	You will not get cancer or go blind because of using implants. After an implant is inserted, you may have changes in your menstrual bleeding. In some cases, women complain of headaches, abdominal pain, or breast tenderness. These are not signs of illness and will usually go away within the first year of use.

Source: Adapted from the Technical Resource Package for Family Planning Contraceptive Implants Module

Implants for Adolescents:

An option worth considering for healthy timing and spacing of pregnancy

The long-acting contraceptive implant is often considered for use in women who have chosen to stop childbearing or who are unsure of whether they want any children in the future. However, implants can be appropriate for all women, including adolescents who want to delay or space childbearing to ensure healthy timing and spacing of pregnancy.

Contraceptive use among adolescents is often low and inconsistent.

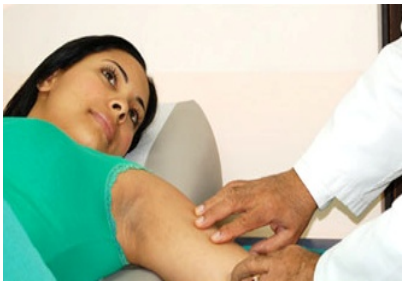
- In less than half of the countries in sub-Saharan Africa, fewer than 20 percent of young women have ever used a modern contraceptive method.[i]
- Adolescents have a high unmet need for contraceptives. One study reported that nearly 11.5 million or 24.5 percent of married adolescent women ages 15-19 in low and middle income countries have unmet need for contraceptives[ii].
- Poor compliance, inconsistent use and discontinuation among adolescents are common and often lead to unplanned and repeat pregnancies[iii].
- User error is a common reason for method failure with oral contraceptives and condoms, temporary methods often used by adolescents.
- Preliminary findings on the use of implants among young women in Kenya found that only 11% of implant users switched methods or quit the method as compared to 42% of oral contraceptive and DMPA users[iv].

Implants are convenient, safe and effective for adolescents.

- According to the World Health Organization[v], implants are safe and suitable for nearly all women, including adolescents.
- The implant is effective for three to five years, and for young women who want to become pregnant, fertility returns immediately once the rods are removed.
- The implant is discreet and easy to use. Unlike pills and condoms, the implant does not depend on the regular compliance of the user.
- Adolescents are less likely to have certain medical conditions that preclude them from using the implant (i.e. deep vein thrombosis, liver tumors and breast cancer).[vi]

Implants virtually eliminate the problem of user error or incorrect use and therefore reduce the chance of method failure.

The implant can help delay the first pregnancy among adolescents.



- Compared to women in their twenties, teens are twice as likely to die from pregnancy and child-birth related causes and their babies face a 50 percent higher risk of dying before the age of 1 year old[vii].
- Health experts recommend that young women delay their first pregnancy until at least age 18, when the risk of adverse outcomes for mother and baby are reduced[viii].
- However, adolescents often do not use contraception due to lack of knowledge, misconceptions about side effects, and fear of judgment from health providers.
- Offering this method to more young women can increase effective contraceptive use, and reduce risks related to early pregnancies.

The implant can help adolescents avoid unintended or repeat pregnancies.

- In one study, adolescent mothers using a method other than the implant or no method at all were 35 times more likely to become pregnant again within the first year postpartum as compared to implant users[ix].

- The implant may be a good option for adolescent women who discontinued or experienced a method failure, and would like to try something different to delay her first or space her next pregnancy.

Studies show that even when adolescent mothers say they do not want more children anytime soon and are given special attention and contraceptive counseling during the postpartum period, repeat pregnancies within two years are common (Stevens-Simon et al, 1999; Berenson et al, 1993).

The implant may be a good option for adolescents who are at high risk of unintended pregnancy.

- Young adolescent mothers may want to avoid getting pregnant again soon, but may also have little control over their fertility due to other social and economic factors.
- Barriers to effective contraceptive use among at-risk adolescents include lack of access and transportation to a clinic and personal funds to pay for a regular supply of contraceptives; little control and decision-making power in relationships, especially if in a relationship with an older man, and family or community pressure to get pregnant.
- The convenience, ease, confidentiality and long duration of the implant can help at-risk adolescents overcome common barriers to contraceptive use.

The implant has few disadvantages.

- Side effects are minimal and similar to other methods, including changes in menstrual bleeding, headaches, and mood changes. Implant users sometimes experience acne.
- One study showed that adolescent compliance with return visits was low, but not significantly worse than adolescent users of other methods[x]. Nonetheless, providers should emphasize the importance of follow-up visits, especially for addressing concerns about side effects, sexually transmitted infections, or removal of the implant if requested.

The implant may be a good option for adolescent clients.

Many adolescents are uninformed about *all* their contraceptive options, including the implant. When properly counseled, adolescents may choose implants over other methods[xi]. Studies show that adolescent mothers who choose implants over pills have higher rates of continued use and lower rates of new pregnancy[xii]. Providers may want to consider counseling adolescents on implants, in addition to other methods, as it may address the unique family planning needs of young people.

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viii UNICEF, Facts for Life 3rd edition, New York, United nations Children's Fund , 2002; WHO/UNFPA Pregnant Adolescents: Delivering on Global Promises of Hope, WHO, 2006
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x D. Rainey, L. Parsons, P. Kenney, and D. Krowchuk. 1995. Compliance with return appointments for reproductive health care among adolescent Norplant users, *Journal of Adolescent Health*, Volume 16, Issue 5, Pages 385-388.
xi FHI Technical Brief (see above)
xii Polaneczky, Margaret; Slap, Gail; Forkey, Christine; Rappaport, Aviva; and Sondheimer, Steven. 1994. The Use of Levonorgestrel Implants (Norplant) for Contraception in Adolescent Mothers. *The New England Journal of Medicine.* Volume 331, pages 1201-1206.

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Source: USAID/ESD. Used with permission from Pathfinder.

Module 10: Contraceptive Implants

Handout 10-4: Tips for Successful Removal of Implants

Avoiding Injury to the Client's Arm

Remove implants gently, carefully, and patiently.

Easy removal depends on proper insertion. If implants are inserted too deep, removal may be difficult. Routine removals usually take slightly longer than insertion (5–10 minutes).

Follow these guidelines

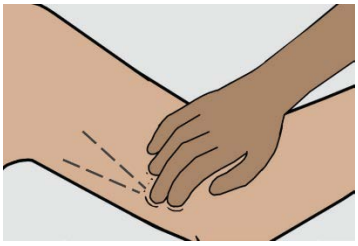
- Use recommended infection prevention practices.
- Palpate the location of the rod(s) and mark it with a pen.
- Inject a small amount of local anesthetic (not more than 1 ml) under the rod end nearest the original incision site.
- If rods are positioned correctly, a small incision (4 mm) is enough. If removing two rods, remove the rod nearest the incision first.
- If additional anesthetic is needed, inject it under the rod end.
- Control bleeding by applying pressure.
- If you are unable to remove the rods within 30 minutes, then please stop the procedure for the client's comfort.

If one rod is left in the arm

- Provide a backup method.
- Tell the woman to come back after 4–6 weeks, when the area is fully healed.
- Re-assess and make a second attempt for removal after 4–6 weeks.

Tips for two-rod removal

Ideally, rods are placed in a "V" shape as shown here, and thus are easily accessed during removal using just one incision at the base of the "V" and first removing the rod that is nearest to the incision. However, in some cases one rod is much further from the other, or in a parallel configuration. In that event, you push the rods to a common point in between them, where the tips of both rods meet. This is where you can make your incision, then remove the rods beginning with the more difficult-to-reach rod first.



If rods cannot be palpated

Removal of implants at times may be difficult and need to be properly localized by imaging if they are not palpable:

Type of Implant	X-Ray	Ultrasound	CT Scan	MRI	Positive ENG/LNG plasma level
Implanon Classic	No	Yes	No	Yes	Yes
Implanon NXT	Yes	Yes	Yes	Yes	Yes
Jadelle	Yes	Yes	Yes	Yes	Yes

- If you cannot locate the implant through palpation, check the alternate insertion site (see Job Aids 10-7 and 10-8 on standard and deep implant removals for more information) and the opposite arm before proceeding with further examination.
- Advise X-ray/ultrasound/CT scan or MRI to find the exact location depending on the type of implant which is inserted
- Refer the client to an expert if it is too deep.
- Never attempt to remove an implant without first locating it via palpation or imaging.

If rods are broken

- Re-palpate the arm to locate the broken pieces.
- Inject more anesthetic.
- Use a curved mosquito forceps to grasp the broken piece at its upper end, and gently bring this piece to the incision site.
- Rarely, an additional incision at the proximal end may be required.
- Do not manipulate too much for a very long time.
- Ask client to revisit after 4-6 weeks if there is still any piece left.
- Re-assess and make a second attempt for removal of left over piece after 4–6 weeks.
- Refer the client to an expert if you are unable to remove the leftover piece.

Module 10: Contraceptive Implants

Handout 10-5: Post-Insertion Instructions and Follow-Up Care

Post-Insertion Instructions

- The client does not need to return to the clinic until the implant reaches the end of its effective life.
- However, she can come back if she:
  - Wants to have a baby
  - Thinks she is pregnant
  - Wants to have the implant system removed for any reason
  - Is experiencing any side-effects that are bothering her
  - Wants to switch to other method
  - Has started taking some medication that might decrease the implant system's effectiveness
  - Has any warning signs: infection or pus at the insertion site, severe abdominal pain, unexplained excessive vaginal bleeding, amenorrhea (signs/symptoms of pregnancy), expulsion of rod(s)

Client Instructions for Wound Care at Home after Insertion/Removal

- The client should keep the area around the wound dry and clean for 48 hours.
- She should leave the gauze or pressure bandage in place for 48 hours and cover it with a Band-Aid® for 3–5 days.
- Slight bruising, swelling at the insertion site is normal and will subside in a few days.
- She can start doing routine work immediately. She should avoid lifting heavy weight, bumping or applying unusual pressure at the incision site.
- After healing, the area can be washed and touched as usual.

Re-Insertion of Implant (if requested)

A new implant can be re-inserted right after the previous one is removed. If the client wants a new implant, discuss where it will be inserted. There was a safety update to Implanon NXT rod placement in 2020. Explain to the client that, if she chooses Implanon NXT, the implant can be reinserted into the new recommended position over the triceps in the same arm or in the opposite arm. If the woman chooses to use another type of implant or had her previous Implanon NXT implant inserted into the new site over the triceps, the new implant can be re-inserted through the same incision and direction or rotated slightly to the right or left.

Follow all infection prevention practices while doing re-insertion:

- Cover the incision site with sterile gauze
- Wash and dry your hands and put on new sterile gloves
- Clean the incision site with antiseptic again
- Consider giving local anesthesia again if the client is feeling pain.

Module 10: Contraceptive Implants

Handout 10-6: Management of Side-Effects and Potential Problems

Management of Vaginal Bleeding Problems

Irregular bleeding and prolonged spotting or bleeding (8 days or more) are common and expected in contraceptive implant users—over 65% experienced this during the first year. In addition, moderate menstrual bleeding more than twice as long as a normal menses occurs in 20%–30% of implants users during the first 3–6 months. For a woman with prolonged spotting or moderate bleeding, the first approach should be counseling and reassurance. It should be explained that in the absence of other causes (e.g., cervicitis or cervical polyp), this type of bleeding is not harmful, even if it is prolonged for several weeks. Furthermore, these prolonged bleeding or spotting episodes typically become lighter and shorter in succeeding months.

Management of Irregular Bleeding

Reassure the woman, if she is still unhappy with the irregular bleeding but wants to continue using two-rod implants, a short course (1–3 cycles) of combined oral contraceptives (COCs) may be tried, using:

- A low-dose COC (30–35 μg ethynyl estradiol [EE]) once daily for 21 days

If COCs are not appropriate for personal or medical reasons, try:

- Ibuprofen (or another non-steroidal anti-inflammatory drug [NSAID]) up to 800 mg, three times daily after meals for 5 days

COCs control or stop bleeding by rebuilding the endometrium, while ibuprofen, which blocks prostaglandin synthesis, decreases uterine contractions and blood flow to the endometrium.

Management of Heavy Bleeding

Heavy bleeding (twice as long or twice as much as normal) is very uncommon with contraceptive implants, but usually can be managed with low-dose COCs (with or without ibuprofen).

If the bleeding is not reduced in 3–5 days or is much heavier (1–2 pads or cloths per hour):

- Determine whether there are other causes for the uterine bleeding
- Give 2 low-dose COC pills per day for the remainder of the cycle (at least 3–7 days), followed by 1 cycle (1 pill per day) of COCs
- Alternatively (if available), give a 50 μg EE-containing COC or 1.25 mg conjugated estrogen (Premarin®) for 14–21 days.

Note: Check to be sure vaginal bleeding has decreased within 3 days.

If COCs or estrogens fail to correct the bleeding problem, the implants may need to be removed for medical reasons (excessive bleeding) or to comply with the client's wishes.

Do not perform a dilation and curettage procedure unless another medical condition (e.g., endometrial polyp or incomplete abortion) is suspected. (If uterine evacuation is necessary, manual vacuum aspiration, not a dilation and curettage procedure, is the preferred method for emptying the uterine cavity.)

For anemia, give nutritional advice on increasing iron intake. Use oral iron treatment (one tablet containing at least 100 mg elemental iron, $FeSO_4$, daily for 1–3 months) if hemoglobin ≤9 g/dl or hematocrit ≤27.

It is also possible that the woman is experiencing amenorrhea, or the absence of monthly bleeding. In this case, first rule out possible pregnancy. Once it is established that she is not pregnant, you should reassure her that her reproductive system is still functioning normally and that the absence of monthly bleeding will not cause problems.

Management of Other Side-Effects

Problem	Assessment	Management
Acne	Ask how and how often she cleans her face. Ask if she is under great stress.	In some women, use of implants can make acne worse. Recommend cleaning the face twice a day and avoiding use of heavy facial creams. Counsel as appropriate. If the condition is not tolerable, help the client choose another (non-hormonal) method.
Breast fullness or tenderness (mastalgia)	Check breasts for: Lumps or cysts, and Discharge or galactorrhea (leakage of milk-like fluid), if not breastfeeding. If she is breastfeeding and breast(s) is tender, examine for breast infection.	If physical examination shows lump or discharge suspicious for cancer (e.g., firm, non-tender, or fixed and does not change during menstrual cycle), refer to appropriate source for diagnosis. If no abnormality, reassure. If breast(s) is not infected, recommend a bra that provides additional support. If breast infection is present, use warm compresses, advise to continue breastfeeding, and give antibiotics as appropriate. For any of the above conditions, do not remove rods/capsules unless the client requests it after counseling.
Chest pain (especially if it occurs with exercise)	Assess for possible cardiovascular disease (CVD). Also, check: Blood pressure (BP) Heart for irregular beats (arrhythmias).	If evidence for CVD, refer for further evaluation. Low-dose progestins do not increase the risk of CVD; therefore, removal of implants is not necessary unless the client requests it.
Mood changes, loss of interest in sex, depressive symptoms	Discuss changes in mood or libido.	Depression and loss of interest in sex may both be associated with use of hormonal contraception; therefore, if the client is exhibiting depressive symptoms or she thinks her depression has worsened, help her to explore her options (e.g. seeking treatment for depression and/or choosing a different method that is non-hormonal).
Excess hair growth (hirsutism) or hair loss	Review history, before and after insertion.	Pre-existing conditions such as excess facial or body hair might be worsened by use of implants. Changes usually are not excessive, may improve over time, and do not require rod/capsule removal unless the client requests it after counseling.

Problem	Assessment	Management
High BP (>160/100 mm Hg)	Ask if this is the first time anyone has told her she has high BP. Ideally, ask the client to return in 24 hours and repeat the BP reading. If unable to return, ask the client to lie down and rest in a quiet area and then reassess BP in 30 minutes.	Counsel client that a mild increase in BP (<160/100) does not require removal of implants unless she requests it. If requested, help the client choose another method. In addition, tell her that high BP usually goes away within 1–3 months. Take BP monthly to be sure it returns to normal. If after 3 months it has not returned to normal, refer for further evaluation. If BP is >160/100 or she has arterial vascular problems (e.g., heart attack, stroke, kidney failure, or retinopathy), the implants should be removed. Help her choose another method.
Headache	Ask if there has been a change in pattern or severity of headaches since insertion of implants.	If headaches are mild or moderate, and without aura, treat with analgesics and reassure. Re-evaluate after 1 month if mild headaches persist. If client feels uncomfortable and insists on removal, then remove it.
Migraine with aura (also known as headache with visual and/or auditory effects)	Ask if there has been a change in pattern or severity of headaches since insertion of implants.	If headaches are preceded or accompanied by aura, and/or with numbness or tingling, loss of speech, visual changes, or blurred vision, remove implants and help client choose another (non-hormonal) method.
Rod/capsule coming out	Check for partial or complete expulsion of rod(s)/capsule(s).	Remove partially expelled rod(s)/capsule(s). Check to determine if remaining rod(s)/capsule(s) are in place. If the area of insertion is not infected (no pain, heat, and redness), replace the rod/capsule. If the area of insertion is infected: Remove the remaining rod(s)/capsule(s), Insert a new set in the other arm, or Help the client choose another method.
Infection at the insertion site	Check the area of insertion for infection (pain, heat, and redness), pus, or abscess.	If infection (not abscess), clean the area with antiseptic solution and give an appropriate oral antibiotic for 7 days. Do not remove the rod(s)/capsule(s). Ask the client to return after 1 week. If no improvement, remove the rod(s)/capsule(s) and insert a new set in the other arm or help the client choose another method. If abscess: Prep with antiseptic. Incise and drain. Remove rod(s)/capsule(s). Perform daily wound care. Give oral antibiotics for 7 days. Insert a new set in the other arm or help the client choose another method.

Problem	Assessment	Management
"Missing" rod(s)/capsule(s)	Usually due to rod(s)/capsule(s) being inserted too deep (not palpable) or, rarely, a rod/capsule is spontaneously expelled and forgotten by the client.	Can be detected by sonography (or for Implanon NXT, by X-ray). If regular sonography is used, the focal length needs to be increased to about 15cm to focus accurately. Rods/capsules are best seen in cross-section (transverse) as a shadow (echo-free area) underneath each rod/capsule. If all rods or capsules are present, note this in the client's chart. If implants are deep and difficult removal is expected, then an expert in implants removal should be consulted.
Jaundice	Acute jaundice occurring after insertion is not method-related. Check for: Active liver disease (hepatitis) Gall bladder disease Benign or malignant liver tumors	Limited studies suggest no significant elevation of liver enzymes. Further medical evaluation is recommended to rule out liver and/or gallbladder disease.
Nausea/dizziness/ vomiting	Check for pregnancy by checking symptoms, performing a pelvic examination (speculum and bimanual), and a pregnancy test (if indicated and available).	If not pregnant, reassure that this is not a serious problem and that these symptoms usually disappear with time.
Thromboembolic disorders (including blood clots in legs, lungs, or eyes)	Assess for active blood clotting problem.	Levonorgestrel implants do not increase the risk of blood clotting problems; therefore, remove rod(s)/capsule(s) only at client's request. If there is strong evidence of a blood clotting disorder, refer for further evaluation.

Source: Providing Contraceptive Implants. Reference Manual, Jhpiego, 2014.

Module 10: Contraceptive Implants

Handout 10-7: Sample Implant Record Card

(Mark the insertion site on the drawing)

Client: _____

Name of the facility/clinic: _____

Type of implant: _____

Date of insertion: _____

Provider: _____

Remove or replace by: Month _____ Year _____

In case of any problem or question, go to: (name and location of facility)_____

_____

Follow-up visit

Date: _____

Reason: _____

_____

_____

Treatment: _____

In case of any of the following complaints, please contact your provider immediately:

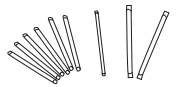
- Infection or pus at the insertion site
- Expulsion of rod/rods
- Severe abdominal pain
- Excessive vaginal bleeding
- Sign/symptoms of pregnancy

Job Aid 10-1: Comparing Effectiveness of Family Planning Methods

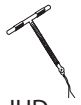
Comparing Effectiveness of Family Planning Methods

More effective

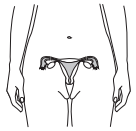
Less than 1 pregnancy per 100 women in 1 year



Implants

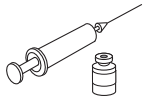


IUD



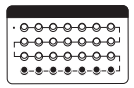
Female sterilization

Vasectomy



Injectables

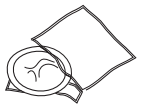
LAM



Pills

Patch

Vaginal ring



Male condoms

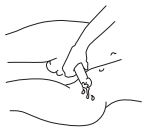
Diaphragm

Female condoms

Fertility awareness methods

Less effective

About 30 pregnancies per 100 women in 1 year



Withdrawal

Spermicides

How to make your method more effective

Implants, IUD, female sterilization: After procedure, little or nothing to do or remember

Vasectomy: Use another method for first 3 months

Injectables: Get repeat injections on time

Lactational amenorrhea method, LAM (for 6 months): Breastfeed often, day and night

Pills: Take a pill each day

Patch, ring: Keep in place, change on time

Condoms, diaphragm: Use correctly every time you have sex

Fertility awareness methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be easier to use.

Withdrawal, spermicides: Use correctly every time you have sex

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World Health Organization

Sources:

Steiner MJ, Trussell J, Mehta N, Condon S, Subramaniam S, Bourne D. Communicating contraceptive effectiveness: a randomized controlled trial to inform a World Health Organization family planning handbook. *Am J Obstet Gynecol* 2006;195:85–91.

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Trussell J. Choosing a contraceptive: efficacy, safety, and personal considerations. In: Hatcher RA, Trussell J, Stewart F, Nelson AL, Cates W Jr., Guest F, Kowal D, eds. *Contraceptive Technology, Nineteenth Revised Edition*. New York: Ardent Media, Inc., in press.

2007

Job Aid 10-2: 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.

Training Resource Package for Family Planning, Contraceptive Method Effectiveness, 11/2011

Job Aid 10-3: 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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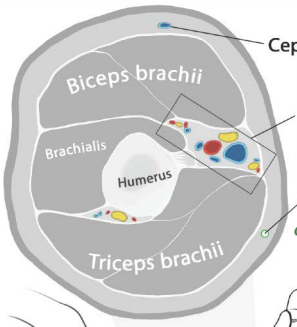
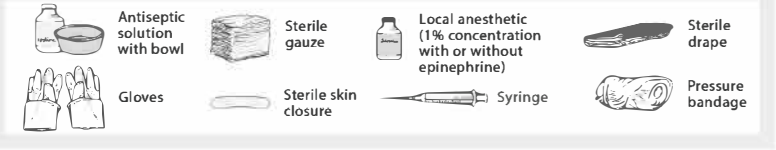
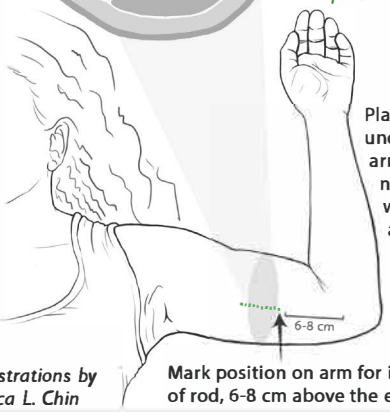
ONE-ROD IMPLANT INSERTION



Implant *should be inserted subdermally (just under the skin) over the triceps muscle, avoiding the neurovascular bundle, for proper placement and easy removal.*



1



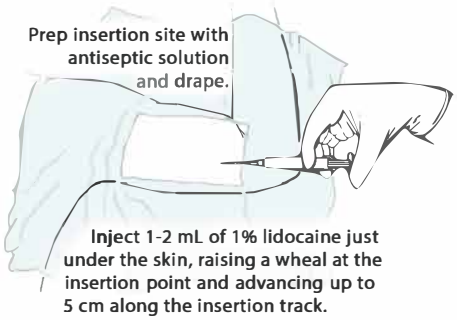
Place a clean, dry cloth under the woman's arm and position the non-dominant arm with elbow flexed and hand parallel to ear.

Mark position on arm for insertion of rod, 6-8 cm above the elbow fold.

Illustrations by Erica L. Chin

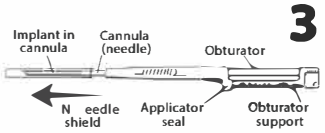
2

Prep insertion site with antiseptic solution and drape.



Inject 1-2 mL of 1% lidocaine just under the skin, raising a wheal at the insertion point and advancing up to 5 cm along the insertion track.

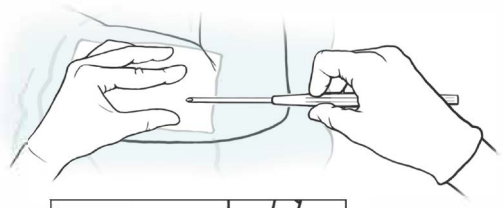
3



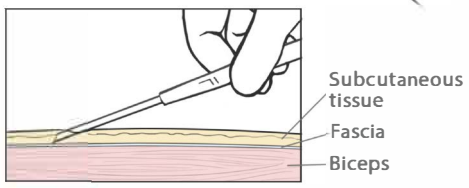
Using the no-touch technique, remove sterile disposable one-rod implant applicator from blister pack. Visually verify presence of implant inside needle. Remove needle shield. **Do not tip the applicator downwards** or implant may fall out of applicator.

4

Stretch skin near insertion site with thumb and index finger.



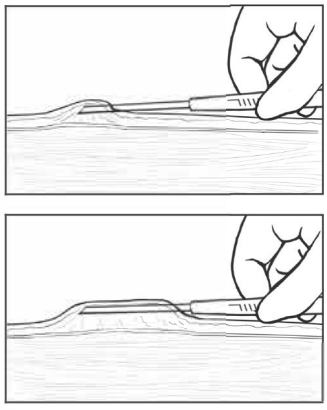
Puncture skin with applicator at a 20° - 30° angle and insert only the bevel of the needle.



5

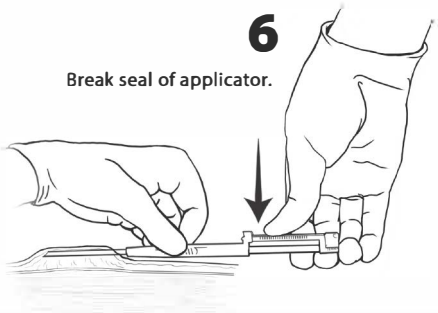
Lower applicator until parallel with surface of the skin and gently advance, while lifting skin upwards to ensure superficial placement.

Insert full length of the needle without using force.



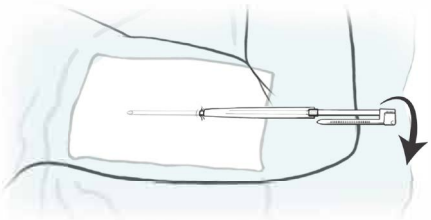
6

Break seal of applicator.

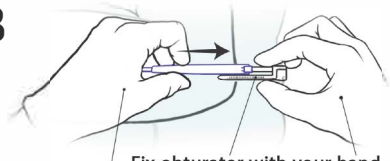


7

Turn obturator 90 degrees.



8



Fix obturator with your hand against the arm or table.

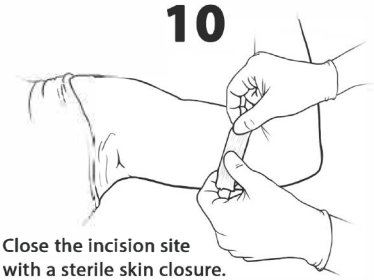
With the other hand slowly pull the needle out of the arm; never push against obturator.

Check needle for absence of implant.

9

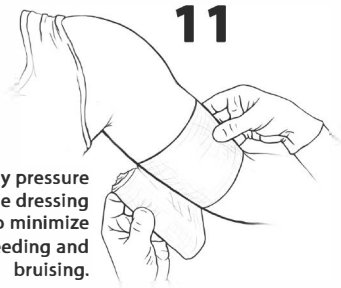
Palpate to check the implant is in place. Ask the woman to palpate the implant to confirm its presence.

10



Close the incision site with a sterile skin closure.

11



Apply pressure bandage dressing to minimize bleeding and bruising.

12

Complete the client record and client card, indicating which implant she received and its length of effectiveness. Inform her that she can return at any time if she has questions or to have the implant removed.

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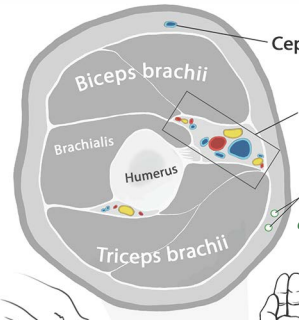
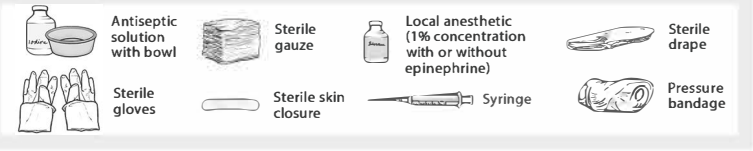
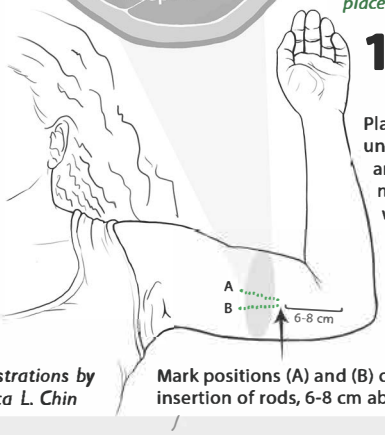
TWO-ROD IMPLANT INSERTION



Implants *should be inserted subdermally (just under the skin) over the triceps muscle, avoiding the neurovascular bundle, for proper placement and easy removal.*



1

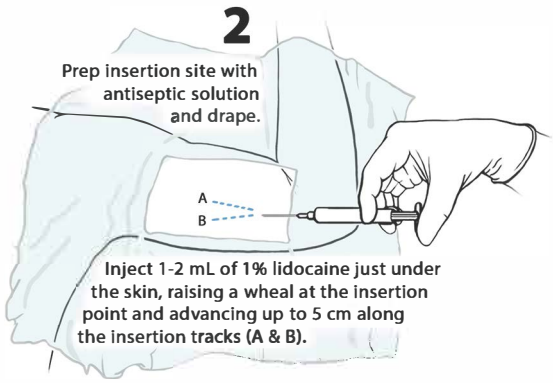


Place a clean, dry cloth under the woman's arm and position the non-dominant arm with elbow flexed and hand parallel to ear.

Mark positions (A) and (B) on arm for insertion of rods, 6-8 cm above the elbow fold.

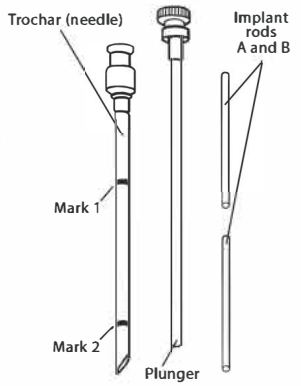
Illustrations by Erica L. Chin

2



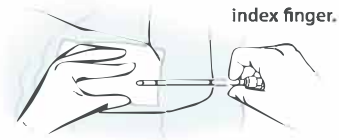
Prep insertion site with antiseptic solution and drape.

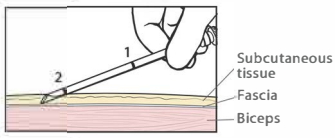
Inject 1-2 mL of 1% lidocaine just under the skin, raising a wheal at the insertion point and advancing up to 5 cm along the insertion tracks (A & B).



3

Stretch skin near insertion site with thumb and index finger.

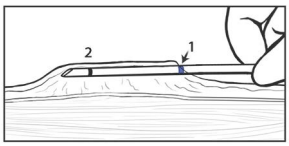




Puncture skin with trocar at a 20° angle and insert only the bevel of the needle.

4

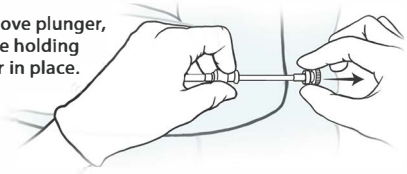
Lower applicator until parallel with surface of the skin and gently advance, while lifting skin upwards to ensure superficial placement.



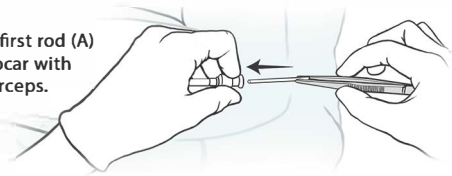
Advance trocar and plunger to mark (1) nearest the hub of the trocar.

5

Remove plunger, while holding trocar in place.



Load first rod (A) into trocar with tissue forceps.

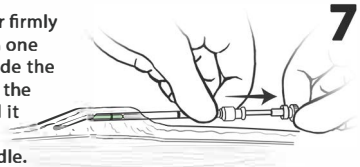


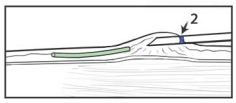
6

Reinsert plunger, advancing until resistance is felt.

7

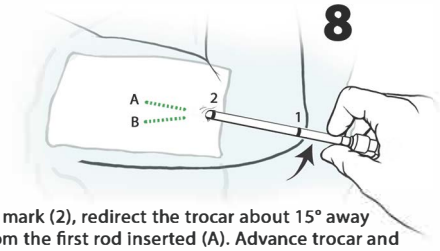
Hold plunger firmly in place with one hand, and slide the trocar out of the incision until it reaches the plunger handle.





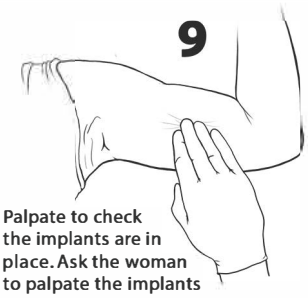
Withdraw trocar and plunger together until mark (2) nearest the trocar tip (do not remove trocar from incision).

8



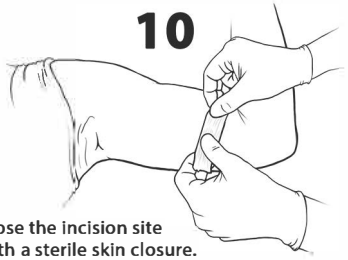
At mark (2), redirect the trocar about 15° away from the first rod inserted (A). Advance trocar and plunger towards (B) up to mark (1) and insert second rod (B) using the same technique **(repeat steps 5–7).**

9



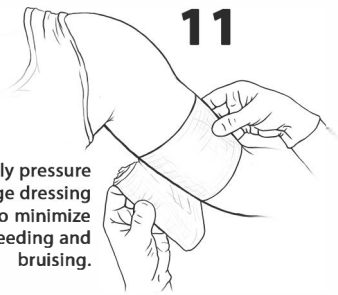
Palpate to check the implants are in place. Ask the woman to palpate the implants to confirm their presence.

10



Close the incision site with a sterile skin closure.

11



Apply pressure bandage dressing to minimize bleeding and bruising.

12

Complete the client record and client card, indicating which implant she received and its length of effectiveness. Inform her that she can return at any time if she has questions or to have the implant removed.

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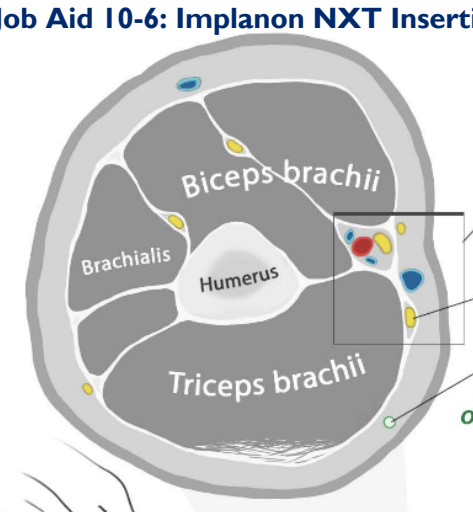
Implanon NXT Insertion

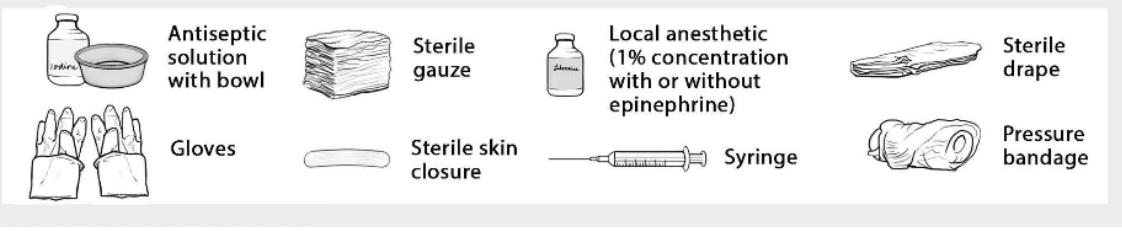
Updated March 2020



Sulcus area, Neurovascular bundle

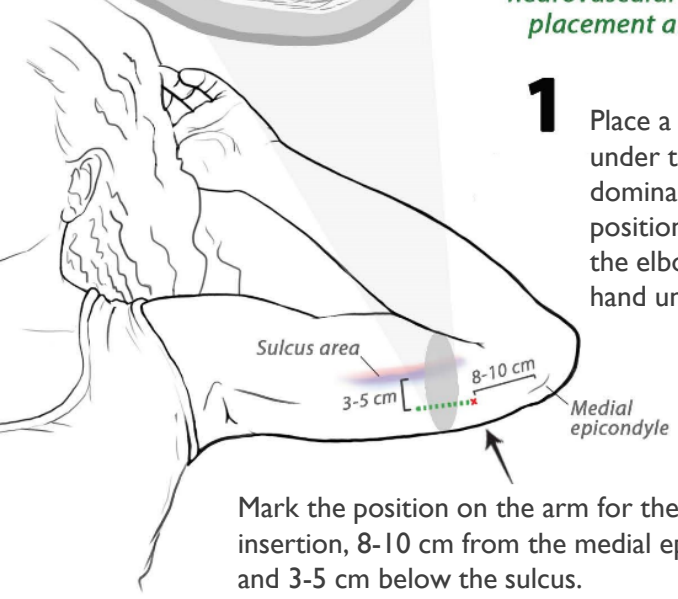
Ulnar nerve

Implant *should be inserted subdermally (just under the skin) over the triceps muscle, avoiding the neurovascular bundle, for proper placement and easy removal.*



1

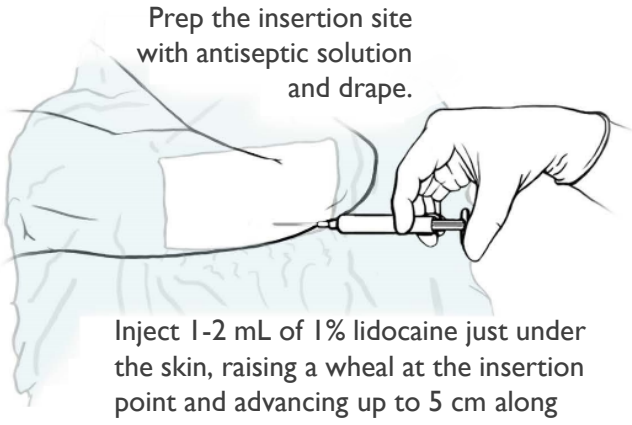
Place a clean, dry cloth under the woman's non-dominant arm and position the arm with the elbow flexed and the hand under her head.



Mark the position on the arm for the rod's insertion, 8-10 cm from the medial epicondyle and 3-5 cm below the sulcus.

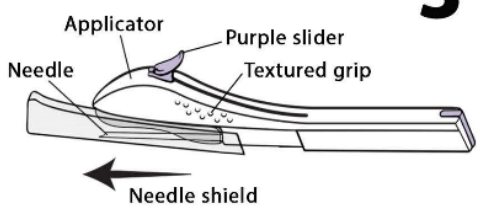
2

Prep the insertion site with antiseptic solution and drape.



Inject 1-2 mL of 1% lidocaine just under the skin, raising a wheal at the insertion point and advancing up to 5 cm along the insertion track.

3

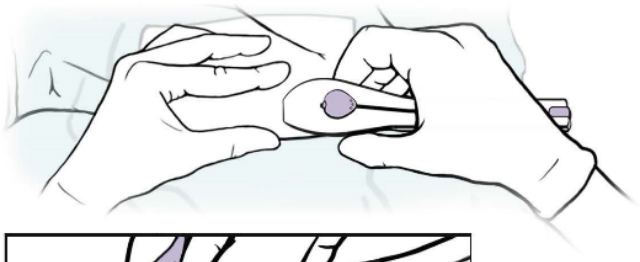


Using the no-touch technique, remove the sterile disposable one-rod implant applicator from the blister pack. Hold it at the textured surface area. Visually verify the presence of the implant inside the needle. Remove the needle shield.

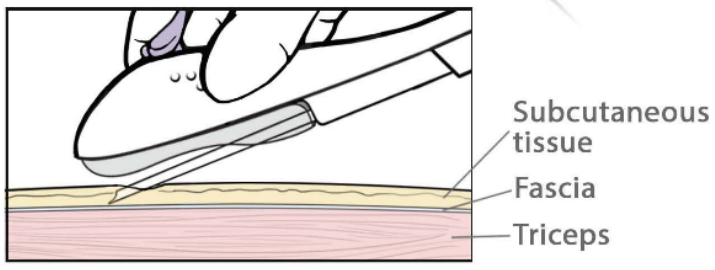
4

The provider should be positioned to visualize the insertion and ensure it is subcutaneous and parallel to the arm.

Stretch the skin near the insertion site with your thumb and index finger.

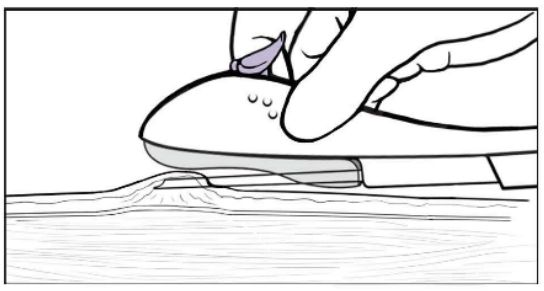


Puncture the skin with the applicator at a 30˚ angle and insert only the bevel of the needle.



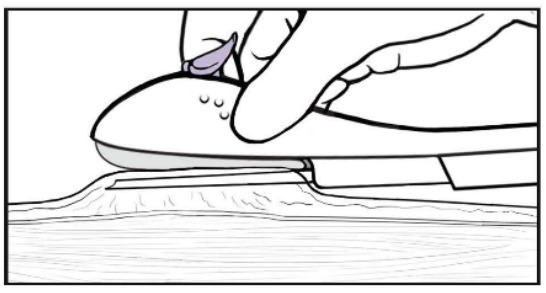
5

Visualizing the needle, lower the applicator until it is parallel with the surface of the skin and gently advance, while lifting the skin upwards to ensure superficial placement.



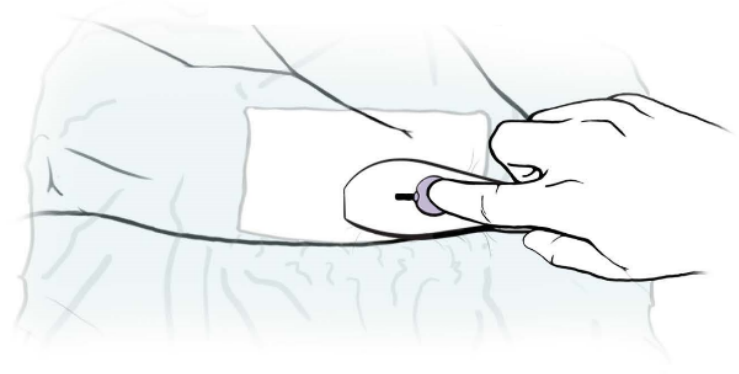
Insert the entire length of the needle without using force.

Verify that the entire length of the needle as been inserted in the skin before the next step.



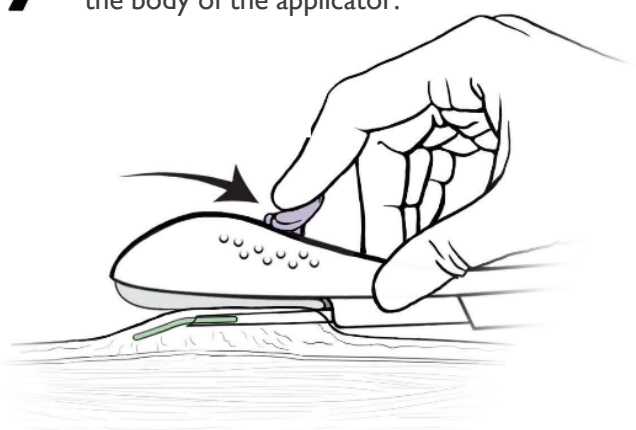
6

Hold the applicator in this position and press the purple slider downwards until it stops.



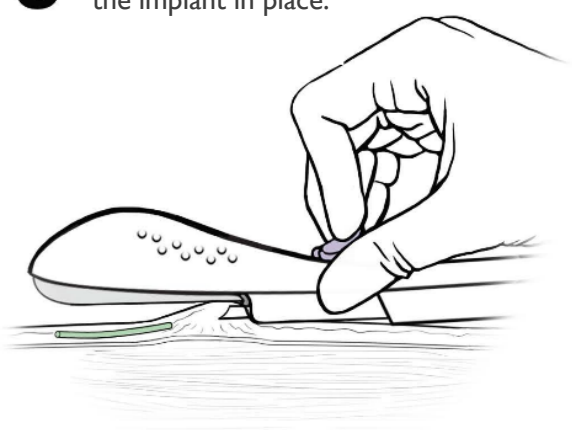
7

This action will retract the needle into the body of the applicator.



8

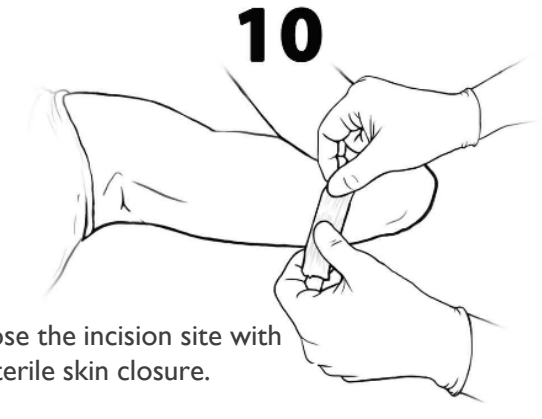
Gently remove the applicator, leaving the implant in place.



9

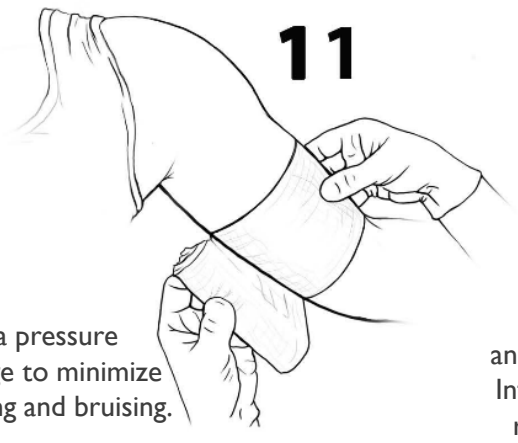
Palpate to check that the implant is in place. Ask the woman to palpate the implant to confirm its placement.

10



Close the incision site with a sterile skin closure.

11



Apply a pressure bandage to minimize bleeding and bruising.

12

Complete the client record and client card, indicating which implant she received and its length of effectiveness. Inform the client that she can return at any time if she has questions or to have the implant removed.

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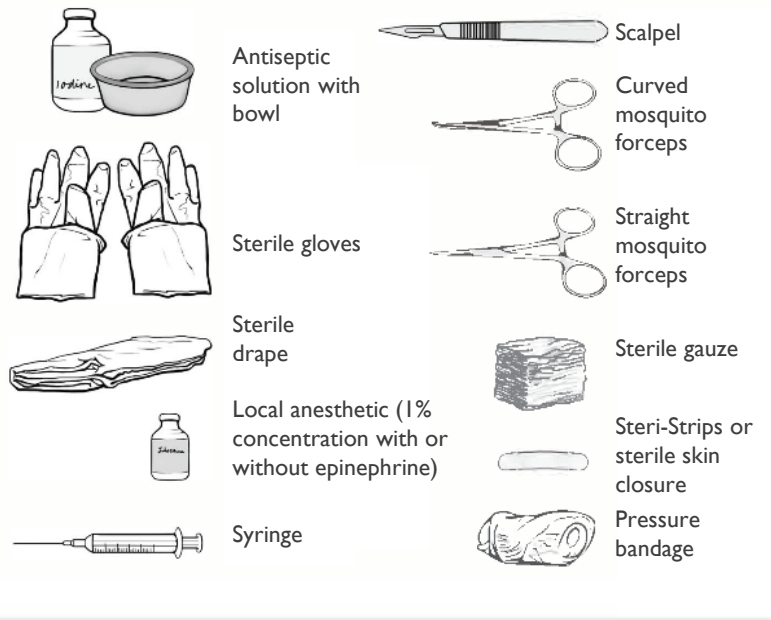
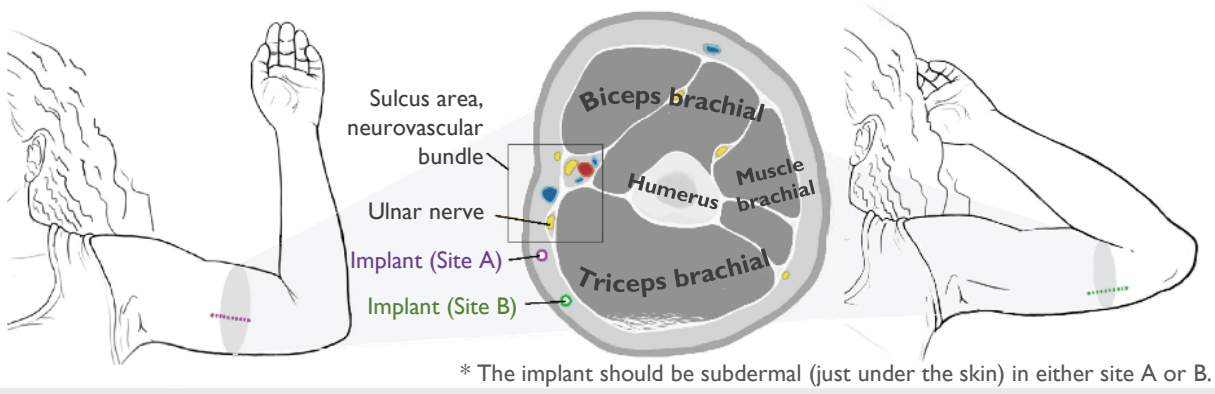
Standard Implant Removal
(Updated March 2020)

Job Aid 10-7: Standard implant removal



Site A: Location for 2-rod systems or for Implanon NXT prior to 2020*

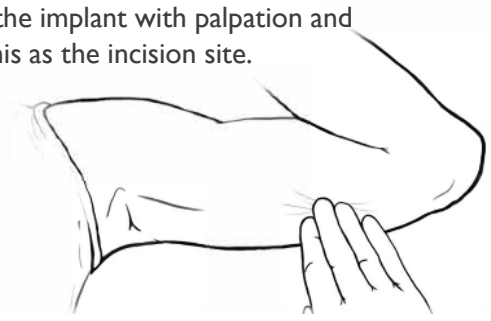
Site B: Implanon NXT location updated in 2020*



* The implant should be subdermal (just under the skin) in either site A or B.

1

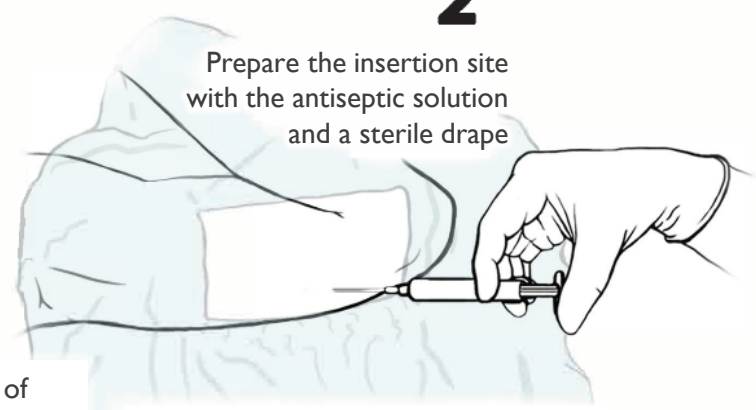
Locate the one- or two-rod implant by palpation and pressing down. Determine the location of the distal end of the implant with palpation and mark this as the incision site.



If the implant cannot be located, check both of the possible insertion sites (A and B), as well as both arms. If it is not possible to find the implant, refer the woman for further examination.

2

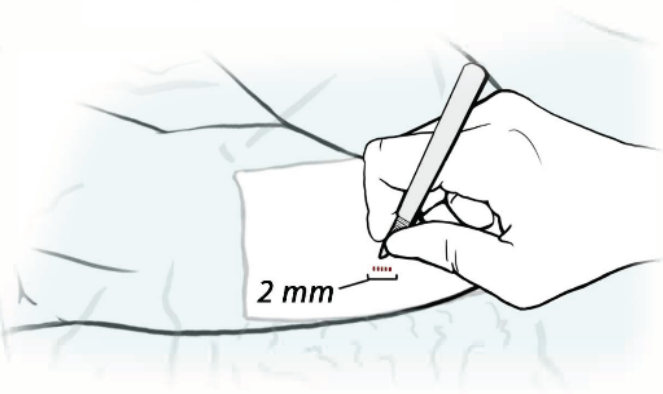
Prepare the insertion site with the antiseptic solution and a sterile drape



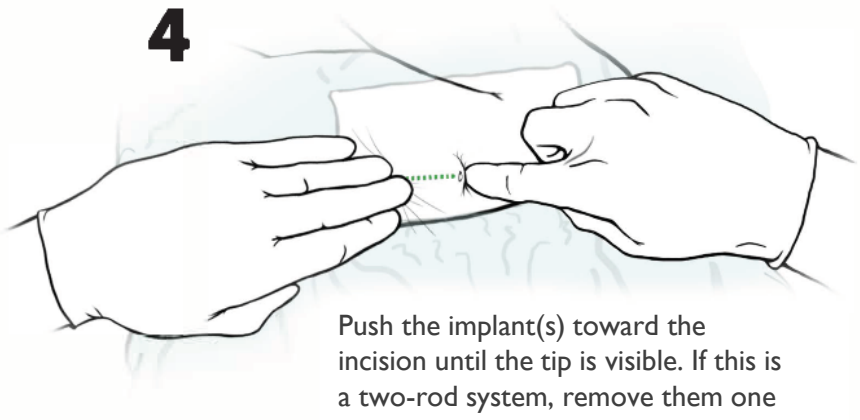
Inject 1-2 mL of 1% lidocaine just under the implant so not to obscure it. If this is a two-rod system, inject between the two rods.

3

Make a small incision (2 mm) at the tip(s) of and parallel to the implant(s).

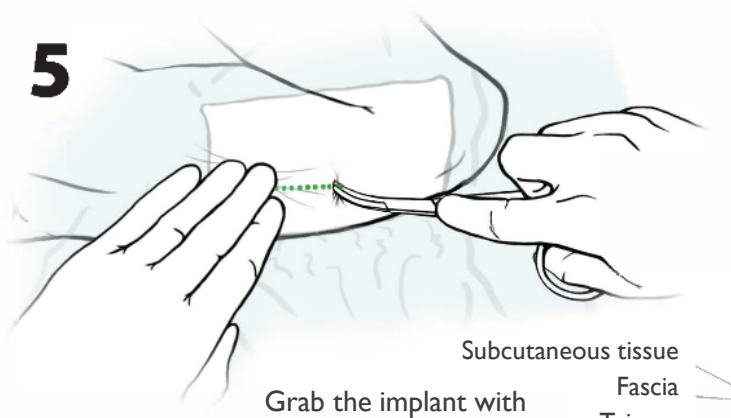


4

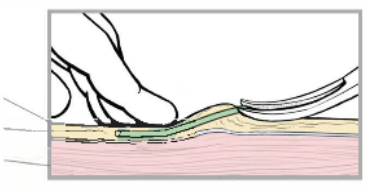


Push the implant(s) toward the incision until the tip is visible. If this is a two-rod system, remove them one at a time.

5

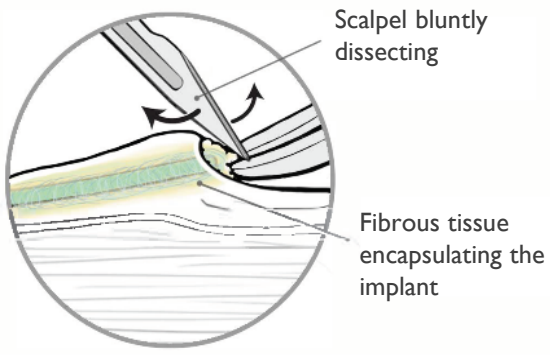


Grab the implant with a curved mosquito forceps and gently remove it.



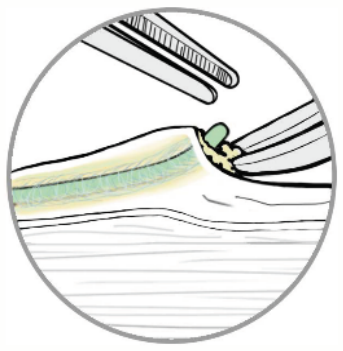
6

If the tip of the implant does not become visible in the incision, insert a forceps tip into the incision, grasp the implant, and remove the fibrous tissue with the back of the scalpel blade and/or gauze.



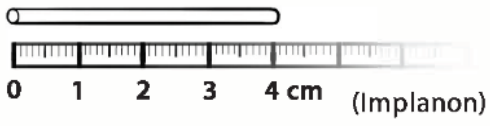
7

After the implant is exposed, grasp it with the second pair of mosquito forceps and gently remove it.

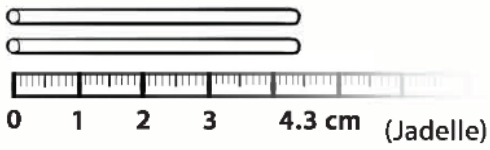


8

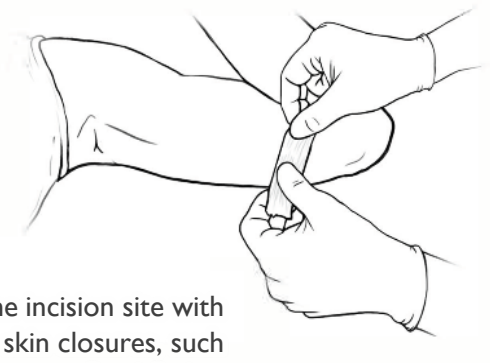
Ensure that the entire rod has been removed; show it to the client.



If this is a two-rod system, repeat steps 4-7 to remove the second rod.



9



Close the incision site with a sterile skin closures, such as Steri-Strips.

10

Apply a pressure bandage dressing to minimize bleeding and bruising.

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Maternal and Child Survival Program

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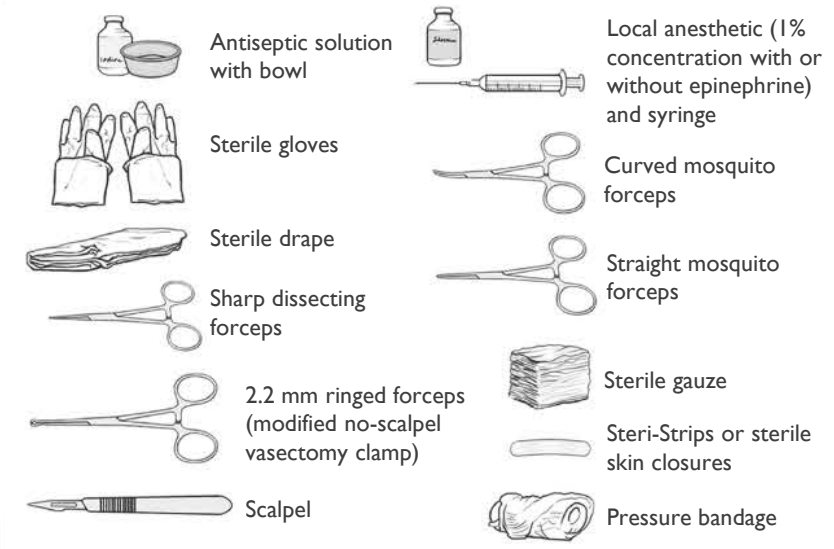
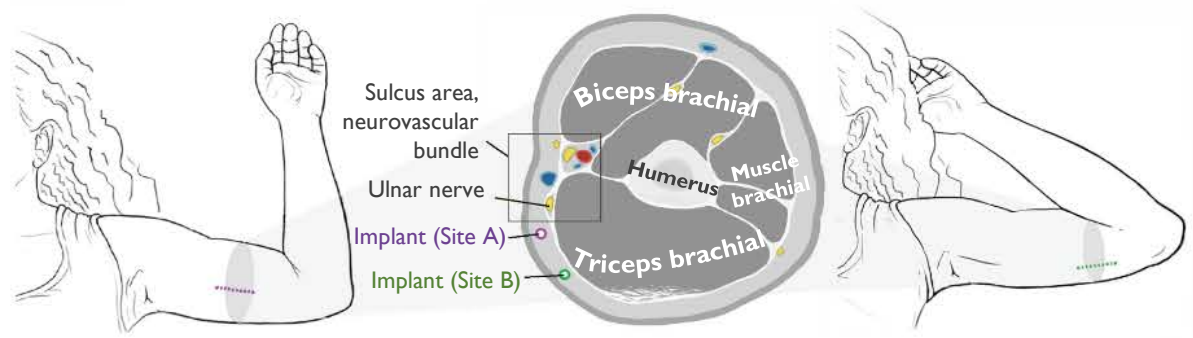
Deep Implant Removal: Modified-U Technique
(Updated March 2020)

Job Aid 10-8: Deep implant removal



Site A: Location for 2-rod systems or for Implanon NXT prior to 2020*

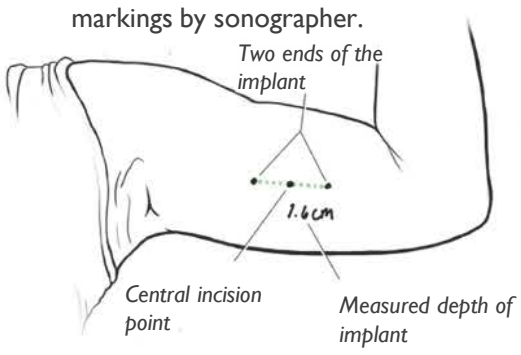
Site B: Implanon NXT location updated in 2020*



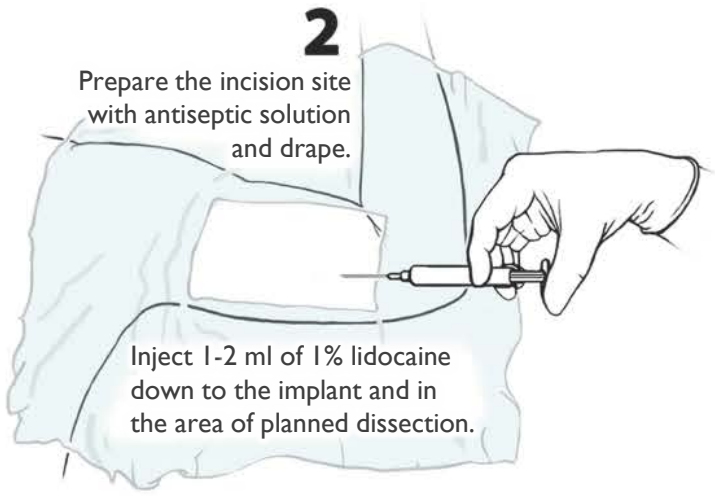
* The implant should be subdermal (just under the skin) in either site A or B.

It is very important to locate the implant by deep palpation or ultrasound before attempting removal.

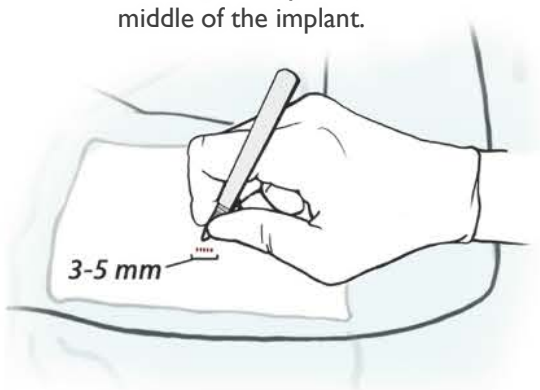
1 Perform the procedure after the implant has been located by deep palpation or ultrasound. Mark the position of the implant from deep palpation OR, if ultrasound was used, position the arm exactly as it was during the ultrasound localization and identify markings by sonographer.



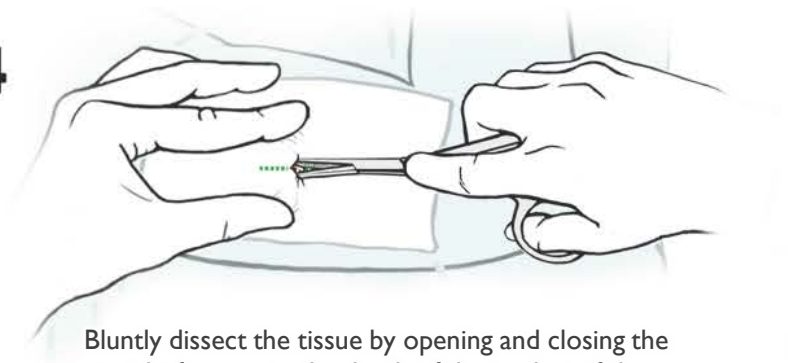
2 Prepare the incision site with antiseptic solution and drape.



3 Make a longitudinal 3-5 mm incision, directly above the middle of the implant.

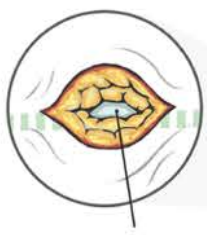


4

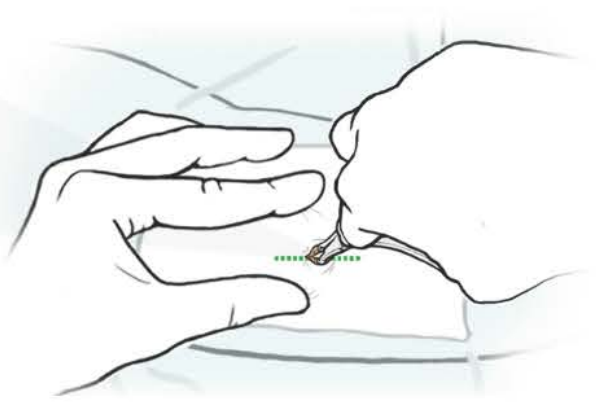


Bluntly dissect the tissue by opening and closing the straight forceps to the depth of the implant; if the implant is under muscle fascia, use sharp and blunt dissection with the forceps to slightly open the fascia.

5



After reaching the implant, use the ringed forceps to grasp the implant perpendicularly and bring the implant/sheath complex to the level of incision.



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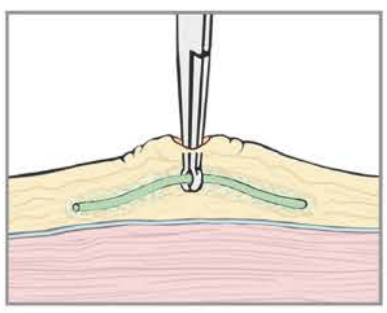
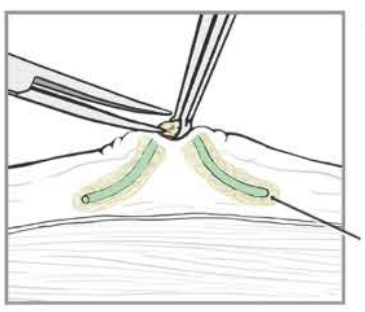


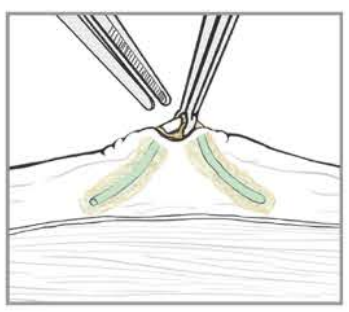
The ring portion of the forceps should fit snuggly around the width of the implant.

7



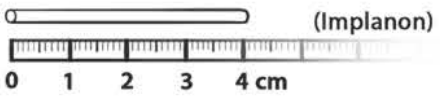
Use sharp dissecting forceps, mosquito forceps, or the back of a scalpel blade and gauze to dissect off the fibrous capsule formed around the implant.

8

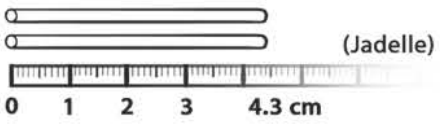


Pull the implant out from where it is exposed with the straight or ringed forceps.

9 Ensure that the entire rod has been removed; show it to the client.



If this is a two-rod system, repeat steps 4-7 to remove the second rod.



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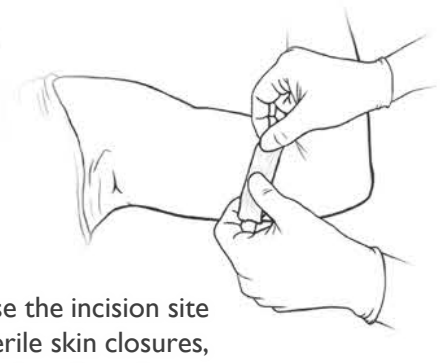
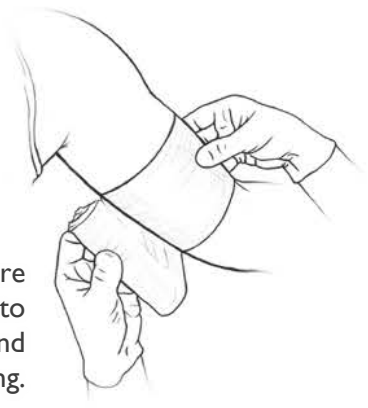


Close the incision site with sterile skin closures, such as Steri-Strips.

11



Apply a pressure bandage dressing to minimize bleeding and bruising.

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