











This comprehensive Training Package which includes facilitator notes, participant handouts, activities and slide deck drew heavily from the Family Planning Global Handbook for providers (WHO, 2019), the Medical Eligibility Criteria for Contraceptive Use (WHO, Fifth Edition, 2015), and Selected Practice Recommendations for Contraceptive Use (WHO, Third Edition, 2016).

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The World Health Organisation

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Welcome to the Jadelle Implant Module. This training draws on international and Pacific standards including from the World Health Organisation. It reflects good practice in contraceptive education. We are confident that you will find this course relevant, interesting and memorable.

Teaching activities used in the course

This course uses activity-based learning such as case studies, small group activities, research, and presentations. These are designed to suit a range a learning styles. Most courses are run with less than 15 people to encourage discussion and participation. The facilitators will go through the program at the start of the course, so you know what is expected for you to get the most out of the course.

Student support

The welfare of people who come to our courses is very important to us.

No one will be unfairly disadvantaged in accessing or participating in a course due to gender, age, culture or disability. If you experience any difficulties in participating in the course these can be discussed with the facilitator and will be responded to with sensitivity and confidentiality.

We want to create a safe learning environment and so we aim to prevent or respond quickly to concerns such as discrimination, harassment or bullying. We will also aim to prevent or respond to any safety issues in the training room. Complaints will be investigated quickly, in confidence and resolved as quickly as possible. If you wish to provide feedback or a complaint, there are many ways you can do this. You can provide feedback to the UNFPA office in-country or by providing your feedback in writing or via email to UNFPA or Family Planning NSW via our websites.

At the end of this training, you will be given an opportunity to be part of a formal evaluation where you will be asked to comment on your satisfaction with the services provided.

Student records

All information provided to us by you is treated as private and confidential. UNFPA and your country's health ministry may also receive information from this course. We do not provide personal information to any other person or organisation.

We hope you enjoy the course.

Welcome to the training course

This course has been developed by Family Planning NSW to help you improve your knowledge and skills on the contraceptive implant Jadelle.

The course will consist of a face to face theory component followed by a simulation practice workshops that includes insertion and removal of Jadelle on clinical model arms. The following days will involve clinical training where participants will firstly, observe Jadelle be inserted and removed by the trainer, before undertaking supervised clinical training in your local health centre to gain competence and confidence in insertion and removal of Jadelle. Following the training course, a "Statement of Attainment" will be handed to each participant who is competent to insert Jadelle in their home country.

By the end of this course participants will be able to demonstrate current knowledge of the contraceptive implant Jadelle, competently counsel women on the different methods of contraception and advise appropriately, competently insert and remove Jadelle.

Course objectives

- Apply knowledge of Jadelle implants in a client consultation
- Use effective communication to provide accurate information on Jadelle
- Identify and manage the troublesome side effects of Jadelle
- Demonstrate the safe and effective insertion and removal of the contraceptive implant Jadelle
- Demonstrate the appropriate management of a difficult implant removal

Course values

Sexual and reproductive rights embrace human rights that are already recognised in national laws, international human rights documents, and other consensus documents. It is the fundamental right of all couples and individuals to decide whether to have or not have children, to decide freely and responsibly the number, spacing and timing of their children and to have access to the information and services to do so. The right to attain the highest standard of sexual and reproductive health also includes the right to make decisions concerning reproduction free of discrimination, coercion, and violence, as expressed in human rights documents

How to use the workbook

The Participant Workbook contains all the activities and group work that will be delivered throughout this course and provides a space where participants can take notes and use as reflection. Throughout the course you will be asked to participate in group discussions or role plays in order to enhance your learning.

Activity feedback is an important part of the learning process. You are encouraged to provide feedback on the activities and the Facilitators will support you in this process through active listening and positive feedback. The participatory nature of the activities reflect the different styles of adult learning techniques and offer you the opportunity to link new knowledge learned from the sessions with your own experience.

At the end of each activity, the Facilitator will share key messages with the group so as to summarise and reinforce these.

Course outline

Day	Time	Session	Learning outcomes	Activities	Resources
1.	8.30am	Session 1 (90 minutes) Introduction to Jadelle and Clinical Instruction Modules	Describe the objectives of the training Provide an overview of the program	Prayer and Devotion – 10 minutes Welcome and housekeeping – 30 minutes Activity 1.1 – Pre-training survey – 30 minutes Activity 1.2 – Group expectations – 10 minutes Activity 1.3 – Group agreement – 10 minutes	Pre-training survey Pens, paper, and blu tack Group agreement list
	Morning Tea	(20 minutes)		- 10 milliotes	
	10.20am (optional)	Session 2 (60 minutes) Revision		Presentation of content – 10 minutes Activity 2.1 – Case Studies – 45 minutes	Pens, paper, and blu tack
	11.20am	Session 3 (80 minutes) Jadelle implants (theory)	Apply knowledge of Jadelle implants in a client consultation Identify and manage the troublesome side effects of Jadelle	Presentation of PowerPoint content – 40 minutes Activity 3.1 – MEC for implants – 20 minutes Activity 3.2 – Excluding pregnancy – 20 minutes	
	Lunch (60 mi	nutes)			
	1.40pm	Session 3 continued (45 minutes) Jadelle implants (theory)	Apply knowledge of Jadelle implants in a client consultation Identify and manage the troublesome side effects of Jadelle	Presentation of PowerPoint content – 15 minutes Activity 3.3 – Case studies – 30 minutes	• Pens, paper
	Afternoon Te	ea (15 minutes)			
	2.25pm	Session 4 (105 minutes) Jadelle implant simulation	Demonstrate the safe and effective insertion and removal of the contraceptive implant Jadelle Demonstrate the appropriate management of a difficult implant removal	Presentation of PowerPoint content – 20 minutes Activity 4.1 – Reasons for removal – 30 minutes Activity 4.2 – Videos of insertion and removal – 5 minutes Activity 4.3 – Simulated practice – 50 minutes	Nodel arms Jadelle placebos Trocars Gloves Hand sanitizer Marker (optional) Local anaesthetic (can use sterile water) Needles and syringe (drawing up needle and 25 gauge long needle) Sterile scalpel Forceps (straight or
					curved mosquito) • Skin closure (steri-strips)
	Day in review	w (15 minutes)			



Session 1 – Introduction: Jadelle and clinical instruction modules

1.3

Activity: Group agreement



The success of the group will depend on the cooperation and professionalism of its members.

A group agreement acknowledges that all participants' have the right to be treated respectfully.

You can record below some of the main points from the group agreement to remember throughout the training.



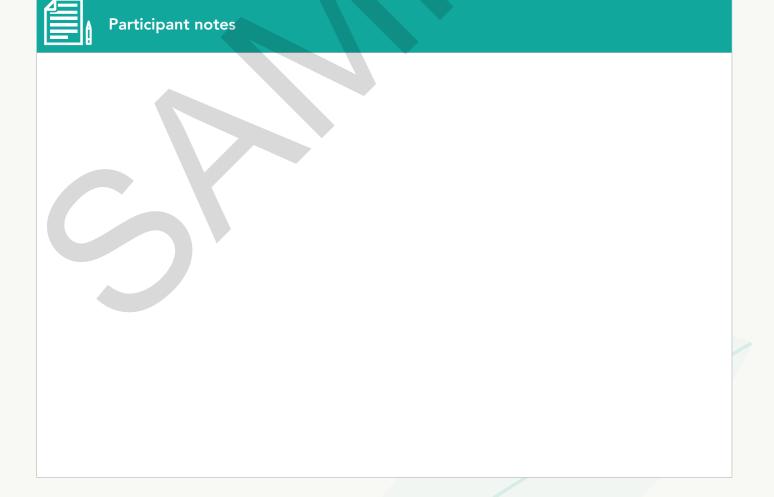
Session 2 – Revision (optional)

Long acting reversible contraceptives

- Known as LARCs
- Include implants and intrauterine devices
- Very effective methods of contraception (>99%)
- Once in place, the woman does not need to remember to do anything
- Quickly reversible once removed
- Do not interfere with sex
- Can be used by most women including those with contraindications to estrogen
- Progestin only or no hormones

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2.1

Activity: Case study revision



Case study 1

Brianne is a 35 year old female who presents to the clinic for her 6 week post-natal check-up. She is seeking a reliable option for contraception. She is not currently using hormonal contraception with her male partner. Brianne reports having sexual intercourse 10 days ago.

Medical history

She is 6 weeks post-partum

Is currently breastfeeding and complimentary bottle feeding

G2 P2 (2 children; x1 NVD and x1 Caesarean section)

Regular medications

Multivitamins

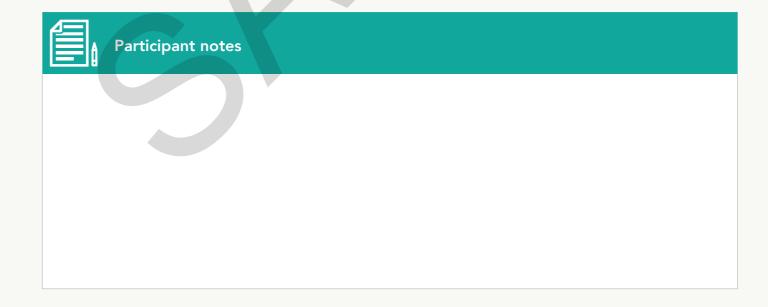
Questions

1. List the relevant questions you will need to ask Brianne to obtain a thorough sexual and reproductive history.

Session 2 – Revision (optional) cont...

2. Brianne has stated that she wants reliable contraception. What options will you discuss with her? What do you need to consider?
3. Brianne discloses that she and her husband are not looking to have more children for at least 3-4 years and she definitely wants a method that is long acting. What methods will you tell her about?
4. What else do you need to tell her?

5. List all the MEC 3 and 4 contraindications for these methods	5.
6. List all relevant investigations and/or examinations required	d prior to the safe insertion of a LARC.



Session 2 – Revision (optional) cont...

Case study 2

Arya is a 15 year old woman, who presents to the clinic inquiring about contraception. She has a regular male partner who she has been seeing for 3 months. Prior to this she was not sexually active or using any hormonal contraception.

Medical history

Occasional headaches, nil migraines

Social smoker

Nil significant medical

Nil regular medications

Nil known drug allergies

BP: 129/86
Questions
 List the relevant questions you will need to ask Arya to obtain a thorough sexual and reproductive history.

2.	List all the appropriate types of contraception available to Arya at this time.
3.	How might you adapt your communication and history taking when working with a young person?
4.	Discuss 2 other matters that should be considered and explored in this consultation.

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Session 2 – Revision (optional) cont...

Case study 3

Marie is a 38 year old woman who presents to the clinic for a DMPA injection. Marie is married and has two young children. Marie's last DMPA injection was 11 weeks ago. She has been using DMPA as a form of contraception for the past 18 months and would like to continue.

Medical history

BMI of 31

Type 2 diabetes

Hypertension - BP today is 140/90.

Nil known drug allergies

Nil regular medications

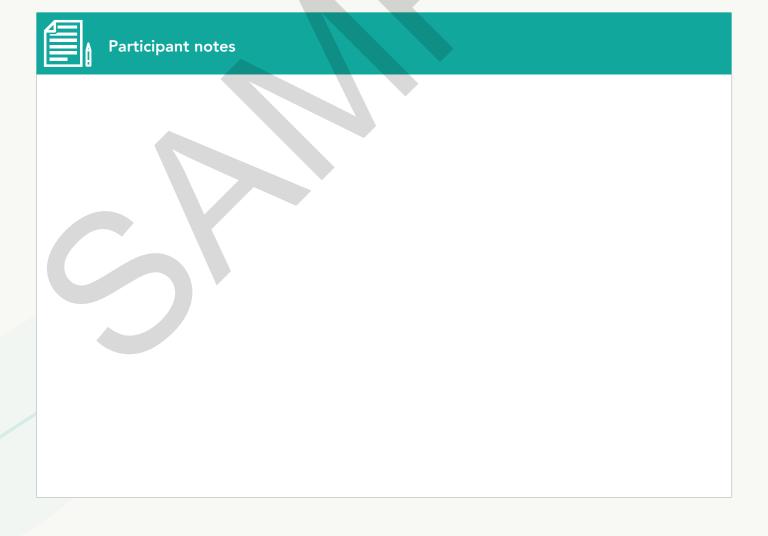
Questions

1. What does the MEC guidelines say about giving this client DMPA?
2. Is giving DMPA today safe/within your scope of practice?

3. If not within your scope of practice who should you discuss this with?
4. What alternative methods of contraception could you discuss as options for Marie?

Session 3 – Jadelle implants (theory)

Implants There are different types of implants depending on the country and accessibility of device. These can include: Jadelle (levonorgestrel) Implanon NXT(etonorgestrel) Levoplant/Sinoplant (levonorgestrel)



Jadelle

Notes on Jadelle

Mechanism of action	
Effectiveness	
Advantages	
Disadvantages	
Side effects	
Bleeding patterns	
Myths and misconceptions	
Complications	