IUCD

Facilitator Manual – Samoa

2021

UNFPA
Australian AID
FA'AVAE I LE ATUA SAMOA
family planning nsw
Reproductive & Sexual Health

Acknowledgements Training Package

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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Contents

About this course

This course outlines the specialised skills and knowledge required by clinicians to appropriately counsel women on the IUCD and competently insert and remove the IUCD. Course participants will cover this subject via a face to face delivery mode, which may include activity-based learning, individual research and reflection and simulated practise. This module is one of a suite of subjects which may be delivered as a stand-alone subject or as part of a comprehensive family planning course.

Course learning outcomes

Discuss understanding of the IUCD as a safe and effective method of contraception for most women

Apply knowledge of the medical eligibility criteria and other contraindications to IUCD insertion

Outline management approach for commonly encountered IUCD related issues

Demonstrate knowledge and understanding for safe IUCD insertion and removal technique on a pelvic model

Course values

Sexual and reproductive health and rights embrace human rights recognised in national laws and international human rights legislation and agreements. These rights rest on the recognition that all couples and individuals have the right to decide freely and responsibly the number, spacing and timing of children as well as the right not to have children. It is the right to have the information and means to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions concerning reproduction free of discrimination, coercion, and violence.

Assessment

Training participants will undertake a variety of assessments for this unit. Assessment methods include case study, written questions, simulation, and peer assessment/reflection.

Facilitator checklist

- ☐ Welcome participants
- ☐ Attendance sheet
- ☐ Opening prayer
- ☐ Introduce facilitator/s and background
- ☐ Cover work health and safety, and facility details as relevant to the location: fire exits, fire evacuation, location of toilets
- ☐ Course overview: Brief outline of topics as per session agendas
- ☐ Note breaks, food provided, start and finish time
- ☐ The course offers an opportunity for participants to reflect on their work practices
- ☐ Keep an open mind and stay open to learning
- ☐ Acknowledge the prior experience and promote the concept of collective expertise
- ☐ The course involves interactive and discussion-based learning – encourage everyone to get involved to make the most of learning from one another
- ☐ Encourage questions
- ☐ Acknowledge training is part of the implementation of UNFPA Transformative Agenda

Facilitator instructions

Active involvement enhances learning

The facilitator manual has been designed to guide facilitators through a series of educational topics identified as essential for clinicians when delivering sexual and reproductive care to the community.

Each session details the essential knowledge needed to enhance clinical competence in IUCD and applies an activity-based learning framework to provide a safe and positive learning environment.

Activities are delivered using a wide range of techniques such as:

- Problem-solving and critical reflection exercises to extend a participant's critical thinking skills to encourage curiosity, enhance creativity and to foster independence
- Small and large group activities, role-play, feedback sessions, to encourage participants to engage in the learning process actively and to develop their skills, knowledge and understanding in different ways

Each activity delivers information which is reflected in the activities purpose, and the method for implementation. The facilitator should outline to the participants why the activity is essential at the start of the session. There are handouts and answer sheets at the end of the activity to be used or distributed as the steps required. It is essential to prepare handouts and resources before commencing an action.

The participatory nature of the activities reflects different styles of adult learning techniques and offers participants the opportunity to link new knowledge learned from the sessions with their own experience. There is a suggested time frame for each activity in which participants are asked to complete a group discussion, role-play, or individual work. Within the set time, the facilitator seeks feedback from the group or modifications required by participants with disabilities.
By staying within the times suggested, the activity will be completed within a suitable timeframe.

Activity feedback is an integral part of the learning process. The facilitator supports and encourages the participants in this process through active listening and positive feedback throughout the activity. At the end of each activity, the facilitator is asked to share the key messages with the group. This feedback is a crucial way to summarise with the participants and to reinforce the key points.

Preparation for training – Better prepared the better the outcome

Tips to help facilitators to deliver successful training:

- Read through the Facilitator Manual and make your notes in the language you will use. The preparation time for each session will vary depending on the group's needs, disability-related modifications, and the facilitator's knowledge
- Think about how you will link the subject with previous sessions to build on participants existing skills and knowledge
- Prepare for energisers, ice breakers or specific games
- Consider the time frames for group activities. You may need to adjust these times as some groups may need more time than others
- Look at the session's resource list. This is found at the beginning of each Activity or Session. Get the resources ready in the correct order in which you will use them. You may need to photocopy handouts before you go
- Organise the area to encourage people to sit in small groups. Consider if you have any attendees with disabilities, who require additional space to manoeuvre or alternative seating arrangements. This action will help communication as people can share ideas without feeling as threatened as they may feel when talking in a large group

- Consider the accessibility of the venue when selecting the location of the training. You may need to hire a local Disabled Peoples Organisation (DPO) or individual with a disability to conduct an accessibility audit
- People are also more likely to share ideas if they can see each other's faces. Participants generally become more vocal and relaxed as the training progresses
- Ensure you arrive at the training area or venue to check the site is prepared before participants arrive

Tips for effective training

- Before starting, announce the schedule for the session so participants will know how long it will last
- Speak loudly so that all participants can hear the presentation easily
- Lower the lighting in the room while using an overhead projector, but leave enough light so that participants can read their own documents and write notes. Moderate lighting also helps keep participants from becoming sleepy
- Avoid moving around too much or making too many gestures while you are presenting because this can distract participants
- Speak slower than normal conversation speed
- Offer frequent opportunities for participants to ask questions or request clarification
- Look at participants' faces and posture to detect problems such as lack of understanding or boredom
- Use icebreaking activities to refocus the participants' attention during the session if necessary
- While using the facilitating questions or group exercise techniques, encourage participants to openly share their opinions and their understanding of the material they are learning
- Avoid interrupting or criticizing participants who respond to a facilitating question or who are participating in a group exercise
- Allow a short silent pause after presenting a new idea or after completing an exercise to help participants to think about the information they have just learned

Facilitating the training

Use active listening and questioning

Active listening and questioning encourage two-way communication by making the participant feel heard and understood. Some tips to help the facilitator:

1. Look at the person who is speaking to show that you are both interested and listening to what they are saying
2. Pay attention to your body language to show that you are listening
3. Summarise what you have heard to show that you have understood what has been said
4. Give and ask for feedback after group work and presentations

Facilitating group work

When facilitating group work, the facilitator is enabling people to exchange information and learn from each other. Some tips to help the facilitation work:

1. Have clear instructions about how to run activities or group work
2. Keep activities focused and on track
3. Encourage all group members to contribute and participate in the session or activity
4. End by summarising the discussion and clarifying any points
5. Provide a recap of the main points from the session or activity

Make the training content accessible

Ensure that participants with disabilities can engage with training materials on an equal basis as participants without disabilities. Some tips to help the facilitator:

- All participants, including facilitators and clinicians, should use the microphone when speaking
- Read aloud the content of all PowerPoint slides and describe any images that appear on the slides
- Have handouts available in electronic format and large print for participants who may need alternative formats
- When conducting an activity that includes a visual component or writing something on butchers paper, make sure to describe what is happening or being written

The facilitator should ensure that all the participants know what has been taught. Go over the learning objectives and allow participants to clarify information or ask questions about the training activities. Ideally, this is done at the end of the session or day.

If the workshop goes over several days, the facilitator should select a few participants to provide feedback on the previous day's learning. People need to be given notice if they are to provide feedback so they can be prepared. This action is best done by asking participants at the beginning of the workshop to be involved in delivering the training recap or feedback. Make these sessions fun, inclusive and factual.

Icons

Throughout the sessions, there are icons in the text for specific resources you can use in that session. These have all been titled and colour coordinated throughout. Please see the key below to help explain resources and when to use them.

Icon	What it represents	How to use it
A	Activity	At this point in the session, pause for the facilitator to run the activity for the participants
PP	PowerPoint	These are PowerPoint slides that are to be used where the theory information from the module is summarised for the participants
V	Video	Videos are used to reinforce information from the module
H	Handout	This represents a handout that is to be given to the participants that are a supportive piece of information for the theory content

Course outline

Day	Time	Session	Learning outcomes	Activities	Resources
1.	**8.30-9.10am**	**Session 1 (40 minutes)** Introduction to IUCD modules	Describe the learning outcomes of the training Provide an overview of the program	**Prayer and devotion** – 10 minutes **Welcome and housekeeping** – 10 minutes **Activity 1.1 – Group expectations** – 10 minutes **Activity 1.2 – Group agreement** – 10 minutes	• Pens, paper, and blu tack • Group agreement list
	9.10-10.20am	**Session 2 (70 minutes)** Cu-IUCD	Discuss understanding of the Cu-IUCD as a safe and effective method of contraception for most women Apply knowledge of the medical eligibility criteria and other contraindications to Cu-IUCD insertion Outline management approach for commonly encountered Cu-IUCD related issues	**Pre-recorded PowerPoint Presentation** – 25 minutes + 5 mins discussion post recording **Activity 2.1 – Myths and Misconceptions** – 10 minutes **Pre-recorded PowerPoint Presentation** – 25 minutes + 5 mins discussion post recording	• Download PPT Videos x 2 • Counselling scenarios for Activity 2.1
	Morning Tea (20 minutes)				
	10.40-11.20am	**Session 3 (40 minutes)** LNG-IUCD	Discuss understanding of the LNG-IUCD as a safe and effective method of contraception for most women Apply knowledge of the medical eligibility criteria and contraindications to LNG-IUCD insertion	**Pre-recorded PowerPoint Presentation** – 15 minutes + 5 mins discussion post recording **Activity 3.1 – Frequently asked questions** – 20 minutes	• PowerPoint slides • Download PPT Video
	11.20-12.50am	**Session 4 (90 minutes)** Pre-insertion consultation	Discuss understanding of the Cu-IUCD as a safe and effective method of contraception for most women Apply knowledge of the medical eligibility criteria and other contraindications to Cu-IUCD insertion Outline management approach for commonly encountered Cu-IUCD related issues	**Presentation of PowerPoint content** – 20 minutes Reference to Appendix's 1-4 in Participant Workbook re: Explaining your procedure – page 98, Pre-insertion counselling checklist - page 101, Information after your Copper IUCD – page 100 and Consent form – page 99 – 10 minutes **Activity 4.1** – Case Studies – 70 minutes	• Participant Handouts
	Lunch (45 minutes)				

Course outlined cont...

Day	Time	Session	Learning outcomes	Activities	Resources
1. cont...	**1.35-3.10pm**	**Session 5 (95 minutes)** Insertion and removal procedure	Demonstrate knowledge and understanding for safe Cu-IUCD insertion and removal technique on a pelvic model.	**Presentation of PowerPoint content** – 35 minutes **Activity 5.1 – Video** – 5 minutes **Activity 5.2 – Simulation** – 45 minutes FPNSW video loading copper IUCD and Insertion – 10 minutes NB Competency checklists at back of Participant workbooks Appendix 5 page 105 and Appendix 7 page 113	IUCD Insertion/Removal Competency Checklist • Video • Gloves • Pelvic models (1 for every 2-3 participants) Per Pelvic model need • Water based lubricant • 1x Speculum • 1x Long artery forceps • 1x Tenaculum • 1x Uterine sound • 1x Long handle scissors • 1x Kidney dish • 2 x Galley Pots • Sterile cotton wool balls/ Gauze • Antiseptic solution (can use water for simulation purposes) • 1 x Copper and/or LNG IUCD (placebo) • Cleaning equipment (to clean pelvic models once simulation complete)
	Afternoon Tea (15 minutes)				
	3.25-4.00pm	**Session 6 (35 minutes)** Managing IUCD problems	Outline management approach for commonly and less common encountered IUCD related issues	**Pre-recorded PowerPoint Presentation** – 30 minutes + 5 minutes discussion post recording	• Download PPT Video
	4.00-5.00pm	**Session 7 (60 minutes)** Role plays	Discuss understanding of the IUCD as a safe and effective method of contraception for most women Apply knowledge of the medical eligibility criteria and other contraindications to IUCD insertion Outline management approach for commonly encountered IUCD related issues	**Activity 7.1 – Role plays** – 60 minutes	• Handout for Activity 7.1
	Day in review (15 minutes)				

2 Session 2 – Copper intrauterine devices (Cu-IUCDs)

Learning outcomes

- Discuss understanding of the Cu-IUCD as a safe and effective method of contraception for most women
- Apply knowledge of the medical eligibility criteria and other contraindications to Cu-IUCD insertion
- Outline management approach for commonly encountered Cu-IUCD related issues

TIMING 70 MINS

Activities

2.1. Myths and Misconceptions – 10 minutes

2.2 Counselling – 20 minutes

Resources

- Pre-recorded PowerPoint presentation x 2. Download PPT Videos x 2
- Counselling scenarios provided for Activity 2.1

[PP 2.1]

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

Facilitator notes:

Highlight to participants the advantages of LARCs as included in the slide.

[PP 2.2]

Cu-IUCD

- The copper-bearing intrauterine device (Cu-IUCD) is a small, flexible plastic frame with copper sleeves or wire around it. A specifically trained clinician inserts it into a woman's uterus through her vagina and cervix
- Copper IUCDs have two strings, or threads, tied to them. The strings hang through the cervix into the vagina
- Works by causing a chemical change that damages the sperm and egg before they can meet

Facilitator notes:

Explain the main points on the slide.

Source: WHO Family Planning, *A Global Handbook for Providers (2018).*

[PP 2.3]

Cu-IUCD: Duration of use

- TCu-380A, “Copper T”: most widely used copper IUCD.

  Labelled advice: effective for ten years.

  Off label advice: effective for up to 12 years

- Multiload 375: is another copper IUCD commonly available in some countries. Effective for up to 5 years

Facilitator notes:

Studies have found that the TCu-380A is effective for 12 years. The TCu-380A is labelled for up to 10 years of use; however, providers should follow national guidelines as to when the IUCD should be removed.

Only the TCu-380A is available in Fiji. The following slides primarily describe the TCu-380A intrauterine device.

[PP 2.4]

Cu-IUCD: Mechanism of action

Works primarily by:

- Inhibiting sperm migration to the upper genital tract
- Interferes with ovum survival
- Prevents implantation

[PP 2.5]

Cu-IUCD: Efficacy and benefits

Efficacy

- Cu-IUCD are 99.5% effective in perfect use and 99.2% effective in typical use

Non contraceptive benefits

May help protect against:

- cancer of the lining of the uterus (endometrial cancer)
- cervical cancer

Facilitator notes:

The mechanism of action of copper-bearing IUCDs appears to be the prevention of fertilization. The presence of the IUCD in the uterine cavity creates a local inflammatory reaction that prevents sperm from reaching the fallopian tubes and fertilising the ovum.

It interferes with ovum survival, changes the lining of the uterus and prevents implantation.

Less than 1 pregnancy per 100 women using an IUCD over the first year (6 per 1,000 women who use the IUCD perfectly and 8 per 1,000 women as commonly used). This means that 6-8 users of the Cu-IUCD out of every 1,000 users using the Cu-IUCD will become pregnant.

There is some evidence suggesting that clients who use the Cu-IUCD have a lower incidence of cervical and endometrial cancer than non-users.

[PP 2.6]

Cu-IUCD: Advantages

- Can be used by women with contraindications to hormonal contraceptives
- Can be inserted in the immediate postpartum period (up to 48 hours)
- Immediately reversible
- The woman does not need to remember to do anything while the Cu-IUCD is in place
- Reduces risks of pregnancy
- Reduces risk of ectopic pregnancy

Facilitator notes:

For ectopic pregnancy: Rate in IUCD users is 12 in 10,000.

Rate in women using no contraception is 65 in 10,000.

Other advantages include:

For women having an IUCD inserted in the immediate postpartum, this procedure must be done by a clinician that has specific training in postpartum insertion either by hand or ring forceps. There is an increased risk of expulsion but clinical judgement must be used to determine the risk of the woman not being able to return at a later date to be fitted with the device.

- Immediately reversible
- Non-oral, therefore bypasses gastrointestinal tract and is not affected by gastro issues
- Does not interfere with sex
- Is discrete – usually no one else can tell a woman is using contraception (sometimes a partner may feel the strings during sex)

[PP 2.7]

Cu-IUCD: Disadvantages

- Does not protect against STIs/BBVs
- Minor procedure to insert and remove by trained clinician
- Causes non-harmful changes to bleeding patterns
- May be associated with discomfort at time of insertion and removal
- May be associated with complications relating to insertion procedure (including uterine perforation, pelvic infection, vasovagal reactions)
- The client may expel the device without realising

Facilitator notes:

- Does not protect against STIs/BBVs
- Minor procedure to insert and remove by trained clinician
- Causes non-harmful changes to bleeding patterns (longer and heavier periods – see next slide)
- Maybe associated with discomfort at time of insertion and removal
- The client may expel the device without realising (up to 5% of women will expel their device)

[PP 2.8]

Cu-IUCD: Side effects

Most commonly, changes in bleeding patterns, especially in the first 3 to 6 months include:

- Prolonged and heavy monthly bleeding
- Irregular bleeding
- More cramps and pain during monthly bleeding

It is **essential** to counsel women on bleeding changes and side effects before inserting. Bleeding side effects are **not** a sign of illness.

Facilitator notes:

Bleeding changes are normal and not harmful. Irregular bleeding for 3-6 months after the IUCD has been inserted and is not indicative of what bleeding patterns will be like for the remaining duration. If a woman finds them bothersome, she should be advised that she can 'come back at any time' to discuss her concerns. Counselling and support can help.

Information sheet for the observer on debriefing points
Role play 2 – Teresa

Points for the observer during debriefing:

- Did the clinician establish why the client has come to the clinic today?
- Did clinician offer reassurance and listen to the concerns of the client appropriately?
- First – did the clinician establish more about the abdominal pain? (location, intensity, duration, relived with medications, additional symptoms i.e. vaginal discharge?)
- As the client is new to the clinic – did the clinician take a thorough sexual and reproductive health and appropriate general medical history?
- Did the clinician ask about the IUCD insertion – when it was performed, previous contraceptive use prior to insertion, time of cycle it was inserted, was an STI screen or pelvic examination performed?
- Did the clinician do a pregnancy test? (IUCD inserted on day 20 of cycle, was she taking POP consistently and correctly prior to insertion?) (Need to eliminate chance of uterine or ectopic pregnancy)
- Did the clinician state they would perform a pelvic examination?
- Did the clinician state they would take swabs of the cervix and discharge on examination?
- Did the clinician suggest referring for ultrasound to check placement of IUCD (if available)?
- Did the clinician correctly suspect PID as cause of symptoms?
- Did the clinician refer for management or (if within scope), suggest treating client with antibiotics for a suspected PID infection potentially caused by and STI infection present at the time of insertion?
- Did the clinician make a plan with the client to phone or visit the clinic again to check symptoms are improving?
- Did the clinician correctly suggest to the client that the IUCD could be left in place to see if antibiotics were effective and symptoms improving over the next 2 days?
- Did the clinician correctly give the information to the client that if the symptoms not improving the IUCD would need to come out?

After the role play

- The person playing the clinician is to ask their client and observer for feedback about their method of delivery and the information given. What did they do well? What could be improved?

General debriefing questions for the facilitator

- How was your experience of being the clinician?
- Did the observer and client provide you with helpful feedback?
- Were you surprised about your counselling skills? Gaps in practice?
- What did the clinicians think was happening in this situation? (Ask individual groups to contribute to the discussion of management and add suggestion of how the scenario was differently managed between the groups).
- What kinds of investigations were done for this client? (Ask individual groups to contribute to the discussion of possible investigations).
- Did the clinicians appropriate begin treatment for PID? (If not, what was the conclusion of the appointments?)
- What types of management plans were made with the clients?

Information sheet for the observer on debriefing points
Role play 3 – Janet

Points for the observer during debriefing:

- Did the clinician take a thorough general medical history from the client (including asking about medications)?
- Did the clinician take a thorough sexual and reproductive health history?
- Did they ask about the clients last menstrual period (LMP)?
- Did the clinician ask about pattern of bleeding (regular/ irregular), duration of bleeding, usual flow (heaviest day), dysmenorrhea?
- Did the clinician ask questions about the heavy bleeding? (Are there clots? How many pads are used on the heaviest day? Did the clinician ask about bleeding patterns before the Jadelle implant was inserted?)
- Did the clinician ask about any post coital bleeding?
- Did the clinician establish when the Jadelle was inserted and when it is due to expire?
- Did the clinician ask about any other sexual partners? Regular or casual? Using condoms? What about for Janet's husband?
- Did the clinician ask about last cervical screen test? What type of test was it? When was it last done? Any abnormalities? Any treatment?
- Did the clinician ask about any other gynaecological symptoms, apart from the heavy bleeding? (unusual vaginal discharge, dysuria, itchiness, pelvic pain, dyspareunia, post coital bleeding, soreness, lumps/bumps, ulcers/lesions?)
- Did the clinician ask about the obstetric history (ask: Gravida? Parity? Live births? Miscarriages? Terminations? Pregnancy complications? Birth complications? NVB? Caesarean?)
- Did the clinician give the correct information about bleeding patterns on Jadelle implant?Did the clinician discuss possible reasons for the irregular bleeding?
- Did the clinician check for the presence of the rods in Janet's arm? (are they in place, have they moved, are they bent etc.)
- Did the clinician suggest any investigations? (pelvic examination to check for any other gynaecological symptoms, cervical screening test(whatever is available), STI screen for chlamydia, ultrasound (if available)
- Did the clinician explain what examinations and/or tests they are offering and why they are doing them?
- Did the clinician refer the client for further investigation and appropriate management after initial investigations?

After the role play

- The person playing the clinician is to ask their client and observer for feedback about their method of delivery and the information given. What did they do well? What could be improved?

General debriefing questions for the facilitator

- How was your experience of being the clinician?
- Did the observer and client provide you with helpful feedback?
- Were you surprised about your counselling skills? Gaps in practice?
- Did the clinician establish the heavy bleeding patterns prior to IUCD insertion?
- How was the situation managed? (Ask individual groups to contribute to the discussion of management and add suggestion of how the scenario was differently managed between the groups).
- What kinds of investigations were done for this client? (Ask individual groups to contribute to the discussion of possible investigations).
- Did the clinician appropriately explain the significance of the change in the client's bleeding patterns?
- Why it is important to investigate possible causes and refer the case on for further management?
- What was the conclusion of the appointment

A Appendix

Appendix 1: Explaining the procedure to the client:

A step by step guide

1. Explain that the procedure will take no longer than 10 minutes.

Inform the client they will need to remove their clothing from the waist down and lie recumbent on the examination bed, with their knees apart.

2. Explain that you will be doing a 'bimanual exam' and that is involves inserting two gloved fingers into the client's vagina whilst pressing down on her lower abdomen (just above her pelvic bone).

The reason you're doing this is to determine the size of the uterus and the position of her cervix and uterus and check for any tenderness that may indicate PID or masses that may indicate uterine abnormalities.

Explain that this may feel a little bit uncomfortable but shouldn't hurt.

3. From this point you will change gloves and clean the outside of the vagina with antiseptic before inserting the speculum into the vagina.

Once the speculum has been inserted, the cervix should be easily visible.

Explain you will then be using the tenaculum to 'clamp' the cervix so as to hold it steady during the insertion.

Advise the client she may feel some cramping when the tenaculum is first placed on.

4. You will pass the sound (measuring device) gently through the opening of the cervix and advance it all the way to the top of the uterine cavity where you feel some resistance. This lets you as the clinician know that is as far as you need to go.

When the sound reaches the top of the uterus, the client will likely feel cramping again.

Explain you will then remove the sound and check the depth measured and then measure the IUCD applicator to the same length.

5. Explain that you will then slowly and gently pass the inserter through the opening of cervix, to the same point (top of the uterus) you just measured with the sound.

The client will again experience cramping when you reach the top of the uterus but no more or less than what she did a minute or so ago.

You will then release the IUCD into the uterine cavity and remove the inserter.

6. From this point, advise the client you will cut the strings on the IUCD, leaving about 3 cm hanging out of the cervix, in the vagina.

The client will be able to feel the strings when she checks each month.

Tell the client that you will remove the tenaculum and the speculum. The procedure is complete.

7. After the insertion, the client will remain lying down until she feels ready to get dressed (usually about 10 minutes).

Appendix 2: IUCD pre-insertion counselling checklist

Menstrual history and current contraception

Menstrual history and current contraception		
Considerations:	Clinical notes:	
• Heavy menstrual bleeding requires investigation prior to IUCD insertion appointments and malignancy must always be excluded (especially if 40+ years of age) • ANY abnormal bleeding (intra-menstrual, breakthrough or post-coital) needs investigation prior to IUCD insertion	Current contraception (incl. expiry date if applicable)	
	Menstrual cycle (eg. 5/28) Regular/ irregular?	
	Last menstrual period (LMP)	
	Any intra menstrual or post coital bleeding?	
	Flow on heaviest day of bleeding	
	Period pain	

Gynaecological and obstetric history		
Considerations:	Clinical notes:	
• Investigation is required prior to insertion for any of the following symptoms: – Abnormal vaginal discharge – Pelvic pain – Abnormal vaginal bleeding • IUCD insertion should not be attempted in clients with a history of endometrial ablation • The risk of perforation is increased 6-fold in people who are breastfeeding	Number of pregnancies	
	Normal vaginal birth (NVB) Year of birth	
	Caesarean section (LSCS) Year of birth	
	Ectopic pregnancy	
	Currently breastfeeding	
	Previous IUCD use	
	Previous IUCD problems	
	Current gynaecological symptoms and any known uterine abnormalities (incl: vaginal d/c, dyspareunia, pelvic pain, dysuria, sores, ulcers, lumps, bumps, itchiness)	
	Details of symptoms and any investigations (ultrasound report, swabs, etc.)	