

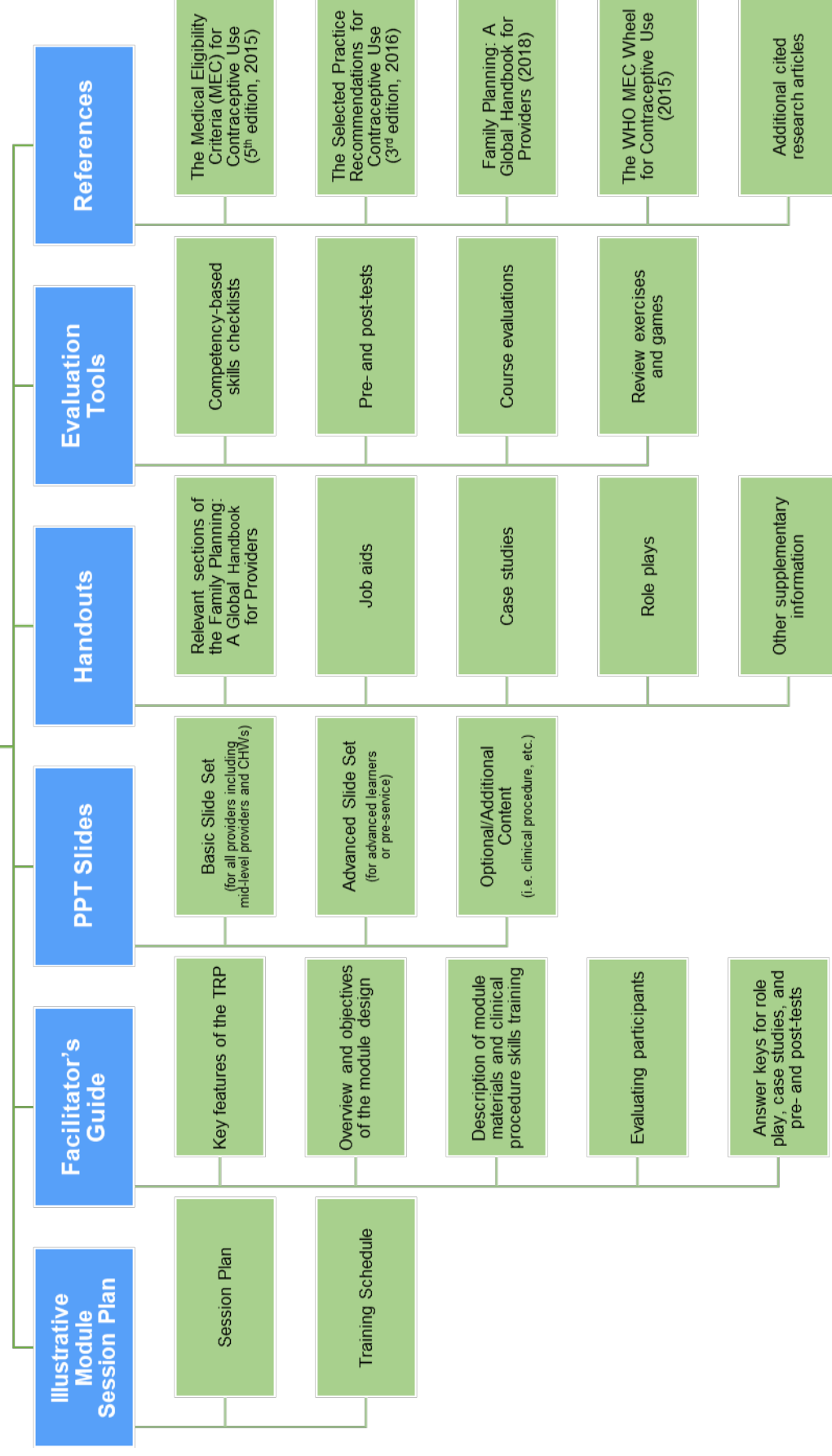
Hormonal Intrauterine Devices (H-IUDs): Facilitator's Guide to the Training Resource Package

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Training Resource Package

Module: Levonorgestrel Intrauterine Devices (LNG-IUD)



Hormonal Intrauterine Devices (H-IUDs): Facilitator's Guide to the Training Resource Package

Overview of the Hormonal Intrauterine Devices (H-IUDs) Facilitator's Guide

This method-specific facilitator's guide is designed to complement the General Facilitator's Guide to the Training Resource Package. The general facilitator's guide provides an overview of the TRP materials and how they are intended to be used as well as overall guidance on how to conduct effective training in different types of settings and with different audiences. There is guidance on how to use each training technique, such as case studies and role plays incorporated into the TRP session plans.

In this method-specific facilitator's guide, you will find additional information on how to use the training materials and techniques specific to H-IUDs. Most importantly, you will also find method-specific tools and answer keys that support the delivery of training.

Purpose of the Hormonal Intrauterine Devices (H-IUDs) Module

This training module is designed to support healthcare workers in developing the knowledge, skills, and attitudes needed to provide accurate information and counseling on H-IUDs to clients and promote voluntary and informed choice. In addition, it can also be used to train physicians, nurses, midwives, and other health care providers to safely insert and remove H-IUDs, if this is appropriate to their scope of practice and job description. It is designed to actively involve the participants in the learning process. Training sessions include the use of PowerPoint slides, skills practice in the form of role plays, case studies, and discussions, as well as clinical practice, with anatomic models and clients, using job aids and objective competency-based skills checklists.

At the end of this module, the trainee will be able to describe H-IUDs as an effective FP method, counsel and screen clients seeking H-IUDs, respond to rumors and misinformation about H-IUDs, provide safe and quality services to H-IUD clients, recognize and manage common side effects and complications, and provide follow up care for H-IUD users.

Using the H-IUDs Module to Develop and Deliver Training

All the materials needed to develop a curriculum for H-IUDs training are included in the TRP module on H-IUDs. The diagram following the Table of Contents shows how the different components of the module fit together. As described in the General Facilitator's Guide, each component of the H-IUDs module may be adapted to fit the circumstances in the country where they will be used, the trainers who will be conducting training, and the level of expertise and skills of the participants. The module can be adapted to fit any style of training, for example, face-to-face or self-study combined with clinical practicum and on-the-job training. It can also be adapted to meet the purpose for training: refresher training; training new providers; pre-service education.

It can be used as a stand-alone course on a single method or as part of a comprehensive course in FP. The module and its materials should be translated into the local language whenever possible.

The module consists of 6 sessions.

Session 1: General characteristics of H-IUDs

Session II: Who can and cannot use H-IUDs

Session III: Providing H-IUD services

Session IV: Providing Interval H-IUD services using the Two-handed Inserter

Session V: Providing Interval H-IUD services using the One-handed Inserter

Session VI: Providing Immediate postpartum H-IUD services

Depending on the learning needs of the intended participants and their scope of work, the content of this module can be adapted and used for conducting training on:

- **Option 1**-Stand-alone training for H-IUD in the interval timing
- **Option 2**-Stand-alone training for H-IUD in the postpartum timing OR
- **Option 3**-Combined training for interval and postpartum timing

For the convenience of adapting the training to any of the above options, you may use the following guidance:

- **For option 1-Interval H-IUD, use Sessions I-V.** The demonstration and practice session will focus on the interval H-IUD procedure only. These sessions include demonstration and practice for using the one-hand and two-hand type of inserters. Allow participants to practice skills for both types and focus on the type of IUD available in the country.
- **For option 2- Postpartum H-IUD-Session I-III and Session VI.** The demonstration and practice sessions will focus on the postpartum procedure only.
- **For option 3- For combined training on interval and postpartum insertions use all Sessions 1-VI.** In this case, you may reduce the time allocated for some sessions by eliminating or shortening some activities. The demonstration and practice sessions will be combined for both Interval and PPIUD simulation stations where participants practice in pairs on one station and then rotate to the other.

Overview of the Design of the TRP Module on H-IUDs

To understand the design of the module, it is helpful to see the diagram on page two. The basic design includes the following:

The Learning Objectives

By the end of the training, as appropriate to their scope of practice and job description, participants will be able to:

- Describe the general characteristics of H-IUDs in a manner that clients can understand.
 - Demonstrate the ability to screen clients for medical eligibility to use the H-IUD safely at interval and postpartum times.
 - Describe the timings for initiating the use of H-IUDs
 - Explain what is different about the postpartum period
 - Address common concerns and misinformation about H IUDs.
 - Explain insertion and follow-up procedures to clients, and reasons to return to the clinic.
 - Counsel clients on how to manage side effects.
 - Identify and manage side effects and potential complications related to H-IUDs in the interval and postpartum timings.
 - Describe, demonstrate, and practice the technique for the insertion and removal of H-IUDs in the interval and postpartum periods.
- **Method Specific Facilitator's Guide**
This Facilitator's Guide – which you are reading right now - contains information on the module design, a description of the materials, learning objectives, instructions and answer keys for role plays, case studies, games, and pre-and post-tests, as well as a sample course evaluation form. It also includes a detailed competency-based checklist for counseling, loading, insertion, and removal of H-IUDs in the interval and postpartum periods. However, it does not contain the illustrative session plan and training schedule for training in H-IUDs, described in the next section. This has its own tab in the module – **Illustrative Module Session Plan**.

The Training Resource Package General Facilitator's Guide provides overall guidance on how to conduct effective training in different types of settings and with different audiences which may be helpful to you.

- **Illustrative Module Session Plan with Illustrative Training Schedule**
The session plan and training schedule are found in the **Illustrative Module Session Plan** tab within the module. The session plan summarizes how the resources and documents in the module should be used to achieve the learning objectives. Each section of the session plan addresses a module topic, such as characteristics of the method or medical eligibility. The slides to be shown with each section and appropriate handouts are identified. The H-IUDs module is divided into five sessions:
 - **Session I** describes the general characteristics of H-IUDs and includes key points for providers and clients, effectiveness, mechanism of action, health benefits and side effects.
 - **Session II** describes information on who can and who cannot use H-IUDs, medical eligibility for the use of H-IUDs, and information on screening clients for contraceptive use in the interval and postpartum timings.

- **Session III** describes the provision of H-IUDs. It includes information on when women can start using an H-IUD, how an H-IUD is inserted and removed, counseling H-IUD users, correcting rumors and misinformation, follow up, management of side effects, warning signs of complications, and problems that may require discontinuing the use of an H-IUD or switching to another method.
- **Session IV** describes steps for the insertion and removal of H-IUD using a two-handed inserter and to prevent infection during insertion and removal. Participants practice inserting and removing the H-IUD on anatomical models. (This session is conducted as appropriate to the job description and scope of work of the participant)
- **Session V** describes steps for the insertion and removal of H-IUD using a one-handed inserter and to prevent infection during insertion and removal. Participants practice inserting and removing the H-IUD on anatomical models. (This session is conducted as appropriate to the job description and scope of work of the participant)
- **Session VI:** Describes steps on the insertion of H-IUDs in the immediate postpartum timing. (As appropriate to the job description and scope of work of the participant)

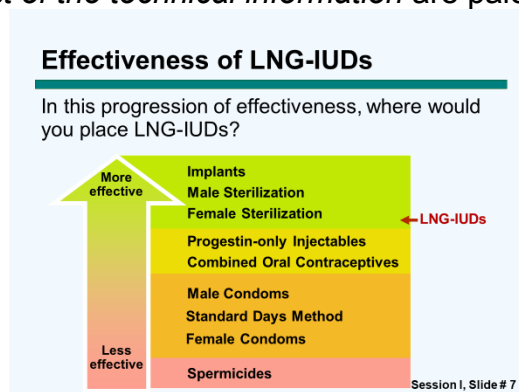
The Training Schedule provides a snapshot of the breakdown of the module by day, time, and topic covered. For example:

DAY 1			
Time	Topic	Method	Resources
8:00-8:15	Welcome and Introduction	Discussion	Basic Slide Set: Session I, Slide 2-3
8:15-8:45	Pre-Test	Test	Evaluation Tool: The Hormonal Intrauterine Devices (H-IUDs) Pre-Test
DAY 2			
Time	Topic	Method	Resources
8:00-10:00	Session III, continued		
	Role Plays		Handouts #10
	Case Studies		Handouts #11

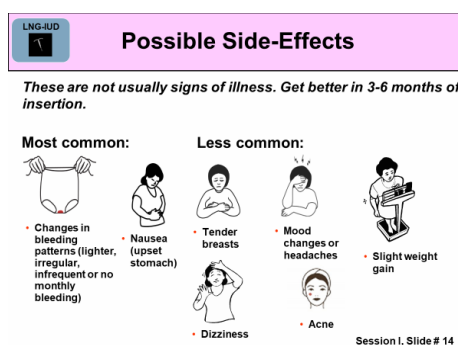
- **Presentation (PowerPoint slides)**
The **PowerPoint presentations** include technical information on H-IUDs. Text and information for these slides are included in the slides' speakers notes, as

well as in the session plans where each slide is used. There are three types of slides:

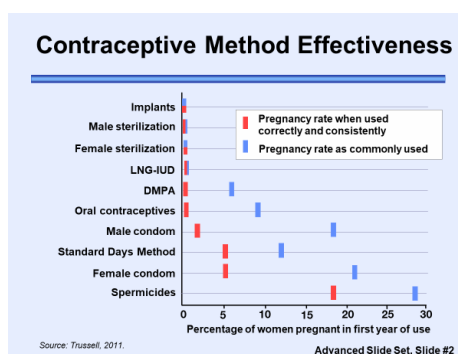
Slides conveying *most of the technical information* are pale blue/green:



The pale green slides with a pink header are *Basic Slides* that include basic information needed by most, if not all, providers and simple illustrations



The pale blue *advanced slides* present research that supports the recommendations in the *Global Handbook* and the *Training Resource Package* and can be included or excluded by the facilitator as appropriate. They are especially appropriate for physicians who may desire additional information from supporting research studies. The text for these slides can be found in the speaker's notes, rather than in the session guide.



This module has another set of slides called *Optional Slides/Additional Slides*. These are slides that provide detailed information on the clinical aspects of the method, for example, on how to load, insert, and remove an IUD. The facilitator may decide to use or not use these slides depending on the cadre of the learners and their job description or scope of work.

- **Handouts**

Role plays

The H-IUDs module includes a set of Role play scenarios that enable participants to practice using the knowledge and skills they are learning. Each role-play describes a typical client scenario and the tasks specific to that scenario. The role-play scenarios and the observation guide are included in the facilitator's guide and the Handouts tab of the module.

Case studies

The module also includes case studies with progressive case descriptions and questions that enable participants to analyze a situation and think through how to apply their newly learned technical information. The answer keys for the case studies are in this method-specific facilitator's guide, while the case studies themselves are in the **Handouts** tab of the module.

Job aids/ Handouts/Checklists

The module includes job aids, handouts and checklists that describe how and when to perform important provider tasks-for example, client screening checklists and job aids for explaining method effectiveness, Instructions for loading and insertion of H-IUDs, checklists for clinical skills, etc. Learning activities in the modules give participants opportunities to practice using these job aids so they can more easily incorporate the use of these tools at the workplace.

Counseling tools

The activities in the module can be used with various counseling approaches and job aids. The term *counseling tool* in TRP materials refers to the counseling tool or job aid that participants will be using. Examples include WHO's [Balanced Counseling plus strategy](#) counseling cards or other approaches and tools. Facilitators should incorporate activities that enable participants to use the counseling tool or job aids that they use at work.

- **Evaluation Tools**

The H-IUDs module contains several options for evaluating participants including pre- and post-tests which contain objective questions, with instructions for scoring the tests. The module also contains competency-based clinical skills checklists and instructions for evaluating role plays and case studies.

Pre- and Post-tests

The Pre-Test knowledge evaluation should be given at the beginning of the course and again at the end of the course (post-test). The trainee's pre-and post-test scores should be compared to measure changes in knowledge. The Pre-Test contains the same test items as the post-test. The pre- and post-tests are objective and comprised of true/false and multiple-choice questions. Instructions are given on how to score the tests. The pre-test/post-test questionnaire can be used with any training option.

Competency-based Skills Checklists

Facilitators may observe participants practicing and applying skills, tools, and techniques during the session. This can be done through direct observation of clinical skills, role plays, simulations, or case studies.

A competency-based checklist is developed by breaking down the clinical skill or activity into its essential steps. Each step is then analyzed to determine the most efficient and safe way to perform and learn it. These checklists make learning the necessary steps or tasks easier and evaluate the learner's performance more objectively.

In addition to using checklists to learn a skill, participants and trainers keep track of progress in the clinical area by using checklists. The checklists contain enough detail to permit the trainer to evaluate and record the overall performance of the skill or activity.

Using checklists in competency-based clinical training:

- Ensures that participants have mastered the clinical skills and activities, first in simulated practice with anatomical models or role plays, and then with clients.
- Ensures that all participants will have their skills measured according to the same standard; and
- Forms the basis for follow-up observations and evaluations.

Criteria for satisfactory performance by the participants are based on the knowledge, attitudes, and skills demonstrated and practiced during training. In preparing for formal evaluation by the trainer, participants can familiarize themselves with the content of the checklist by critiquing each other's skills.

When evaluating the performance of a trainee, the trainer will judge each step of the skill to be:

NI= Needs Improvement. Step or task not performed correctly or out of sequence

CP= Competently Performed. Step or task performed correctly in proper sequence, but participant does not progress from step to step efficiently.

PP= Proficiently Performed. Step or task efficiently and precisely performed in the proper sequence

N/O=Not observed: Step or task not performed by the trainee during evaluation'

An Illustrative Competency-based Skills Checklist for H-IUD Counseling and Clinical Skills can be found in Appendix C.

Course Evaluations

The course evaluation is an important first step in determining the success of a training program. Participant's reactions help determine the effectiveness of a program and how it can be improved.

The Course Evaluation cannot measure the ability to apply the learning, changes in attitudes or beliefs, organizational impact, or the trainer's technical knowledge. Rapid evaluations can be done quickly to determine a trainee's reactions to the day's session. Ask the following:

1. How valuable was today's session for you using a 5-point scale?
2. What are the most important things you learned today?
3. How do you plan to apply those ideas to your job?

If you choose not to use the course evaluation form, a quick alternative at the end of training (or during) is to put up two flip charts. On one flip chart write, "Here are some things we found especially useful in the training." On the other write, "Here are some suggestions for how the training could be even better." Make sure the trainer leaves the room while the participants are writing.

- **Conducting Clinical Practice**

Ensuring an effective and safe clinical practice experience is both essential and challenging. Participants should practice and become competent under the guidance of the facilitator, to perform a procedure on anatomical models before practicing on clients. The following are key points to consider when designing the clinical practicum. For more information on each of these areas please refer to "General Resources on Training"; there are several documents listed there that will provide additional guidance.

- The clinical practice site must expose participants to adequate cases and a supportive environment that reinforces the classroom standards. Clear criteria for site selection are needed. Clinical sites may need to be prepared for this role and that can take time and resources.
- Expert clinical trainers are needed at the site to ensure adequate supervision of participants. Not only must they be expert clinicians, but they also need mentoring skills. These individuals' skills may need to be developed and standardized.
- Standards for certification of learners – the level of skill they must demonstrate independently, without supervision, perform a procedure – must be determined in advance. Caseload, the number of trainers, the number of participants, the complexity of skill, and the time available are all factors to be considered.

- The time available for clinical training and the ratio of trainers to participants are additional important planning considerations.

References

The main references for the H-IUDs module as well as for other TRPs are the World Health Organization's cornerstones of family planning guidance:

1. *Family Planning: A Global Handbook for Providers (2022 update)*. This book serves as a quick reference resource for all levels of health care workers. It provides practical guidance on delivering family planning methods appropriately and effectively. [Global Family Planning Handbook 2022](#)
2. *The Medical Eligibility Criteria for Contraceptive Use (5th edition 2015)*. This resource guides whether people with certain medical conditions can safely and effectively use specific contraceptive methods. [The Medical Eligibility Criteria for Contraceptive Use 2015](#)
3. *The Selected Practice Recommendations for Contraceptive Use (3rd Edition 2016)*. This resource provides guidance on how to use contraceptive methods safely and effectively, once they are deemed to be medically appropriate.
4. [Selected Practice Recommendations](#) *Medical Eligibility Criteria Wheel for Contraceptive Use (2015)* is a tool that makes it easy to identify medical eligibility for use of family planning methods. http://www.who.int/reproductivehealth/publications/family_planning/mec-wheel-5th/en/
5. The *New app for WHO's medical eligibility criteria for contraceptive use-2019* is a digital tool to facilitate the task of family planning providers in recommending safe, effective and acceptable contraceptive methods for women with medical conditions or medically relevant characteristics. [New app for WHO's Medical eligibility criteria for contraceptive use](#)
6. [WHO updated guidance statement: Contraceptive eligibility for women at high risk of HIV](#)-August 2019
7. USAID has published a new technical update, "[Contraception for Women at High Risk of HIV](#)," summarizing the above current evidence and WHO revised guidance regarding the use of contraception by women at high risk of acquiring HIV, specifically that this population group can use all methods of contraception without restriction

Other resources related to H-IUDs:

- *Job aid on when to use Pregnancy Tests vs. Pregnancy Checklist:* <https://www.fhi360.org/resource/job-aid-how-and-when-use-pregnancy-checklist-and-pregnancy-tests>
- *Providing Long-Acting Reversible Contraception (LARC) Learning Resource Package (Modular/Facility-Based), Module 7: Hormonal Intrauterine Device (LNG-IUS) (Maternal Child Survival Program, 2017).* [Providing Long-Acting Reversible Contraception \(LARC\) Learning Resource Package \(mcsprogram.org\)](https://mcsprogram.org)
- *Medical illustrations and content for one handed Inserter.* <http://bayer.co.uk>.
- *Decontamination and reprocessing of Medical devices for Health Care facilities WHO 2016* <https://apps.who.int/iris/bitstream/handle/10665/250232/9789241549851-eng.pdf;jsessionid=D1491511C20FB36BA52BC71DD829B26E?sequence=1>
- *Infection Prevention and Control-Module 6 Processing surgical instruments and medical devices* https://www.jhpiego.org/wp-content/uploads/2020/03/IPC_M1_IPC_Introduction.pdf

APPENDICES

Appendix A: Role Plays' Instructions Observation Checklist and Scenarios**Provider Instructions for Role Plays**

Pretend that you are meeting the client for the first time. Ask the client for his or her name, gender (male or female) and age. Pretend that there is a health center nearby to which you can refer the client, if needed. Remember to:

- Assess the client's reproductive health (RH) goals, concerns, and fertility intentions.
- Address the primary and secondary reasons for the client's visit.
- Facilitate the client's decision-making process.
- Integrate information and services related to other RH issues as appropriate.
- Help the client act on her or his decision(s).

Apply your prior experience along with what you have learned from the training and use job aids and tools as appropriate to address the client's concerns.

Observer Instructions for Role Plays

Prior to the start of the interaction:

- Review the Role Play Observation Checklist so that you are familiar with the behaviors that you are observing and where they appear on the checklist.
- Review the case-specific issues on the observer information sheet for the role play.

While observing the interaction between the provider and client, remember to:

- Use the observation checklist to take notes on what happens during the interaction.
- Record how well the provider addresses the case-specific issues in the space provided.
- Be prepared to give feedback to the provider regarding how well he or she addressed the client's needs.

Pay particular attention to whether the provider:

- Greeted the client and treated her with respect and dignity throughout.
- Helped the client deal with anxiety
- Facilitated communication with a partner
- Allowed the client to make an informed and voluntary decision
- Ensured that the chosen method is safe for the client.
- Helped the client carry out her decision

Client Instructions for Role Plays

Prior to the start of the interaction:

- Read the client information sheet and make sure you understand your character's situation.
- Pick a name for your character. Tell the provider your name, and age.

During the interaction, offer information *only* when the provider asks relevant questions. Use the information given in your client information sheet to respond to the provider's questions. Feel free to ask questions of the provider.

Role Play Observation Checklist				
Case: _____		Provider: _____		Client: _____
Observer: _____				Date: _____
Overall: Communicate Effectively and Maintain Rapport Shows respect and avoids judging client Maintains relaxed, friendly and attentive body postures and eye contact Uses simple, clear language Uses open-ended and probing questions correctly Listens carefully to client (paraphrases and reflects) Asks client about feelings (and shows empathy) Encourages client participation Explains what will occur during visit and procedures Ensures client understanding and corrects misunderstandings Uses job aids appropriately Offers to involve client's partner Records data according to protocols Establish Rapport and Assess Client's Needs and Concerns Greets client appropriately Ensures confidentiality and privacy and that client is comfortable Asks about reason for visit Asks about client's partner(s), children,	Yes	No	N/A	
Help Client Make an Informed Decision or Address a Problem Asks client if he or she has any questions about methods of interest. Asks client to choose a method Uses screening checklist to determine if client can use the method Agrees on decision or plan in partnership with client Provide Assistance to Support Client's Decision Gives contraceptive method and condoms for dual method use, if needed Explains and/or demonstrates correct use Asks client to explain or demonstrate correct use, and reinforces client's understanding and/or corrects client's demonstration Counsels' client about side effects and reasons for returning				

family, sexual behavior, health Asks about plans to have children, desire for FP (e.g., spacing, limiting) Explores STI risk and what client does to avoid STIs Identifies areas to evaluate during physical exam (if indicated) Provide Information and Options Related to Client's Concerns Advises on preventing STIs (i.e., abstain, fewer partners, use condoms) Advises on achieving desired pregnancy as safely as possible Explains benefits of FP and healthy spacing Helps client identify FP methods suited to her or his needs Gives information on FP methods of interest Responds to other client questions or concerns				Gives treatment, supplies, medications (as indicated) Arranges follow-up, resupply, and referral to other services, as needed Case-Specific Observations or Questions:		
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Role Play Scenario 1—The client is interested in and is eligible for an H-IUD

Scenario 1—Client information Sheet	Scenario 1—Observer Information Sheet
Client Description: You are a 23-year-old woman who gave birth to your first child six weeks ago, and you have abstained from sexual intercourse since the birth. You and your husband are mutually monogamous. You are interested in H-IUDs.	Make note of whether the provider performs these case-specific tasks: - Assesses the client's reproductive health goals, fertility intentions, and life plans - Ensures that the client understands her

Offer this information only when the provider asks relevant questions:

- You have been married for one year.
- You and your spouse are both HIV positive.
- You do not want to become pregnant.
- You used condoms before but worry about condom slippage and breakage.
- You feel healthy and have no other health problems.
- You are not breastfeeding because you don't want to pass HIV to the baby.

- contraceptive options, including emergency contraception
- Screens client for medical eligibility using the checklist
 - Outlines insertion and follow-up procedures
 - Emphasizes the benefits of using condoms even though both partners are HIV-positive
 - Offers couples counseling

Role Play Scenario 2—The client is interested in and is not yet eligible for an H-IUD

Scenario 2—Client Information Sheet	Scenario 2—Observer Information Sheet
Client Description You are a 32-year-old married woman. You do not want to have children. You have been married and monogamous for over eight years. You have recently seen a promotion for H-IUDs and have come to the family planning site to learn more about them. Offer this information only when the provider asks relevant questions: - You are interested in an H-IUD, but your husband is concerned that they will make you infertile. - You do not want to have children but your husband has recently said that he does. - You have recently had unexplained bleeding after intercourse. - Your last menstrual cycle started four days ago. - You feel healthy and have no other health problems.	Make note of whether the provider performs these case-specific tasks: - Assesses the client's reproductive health goals, fertility intentions, and life plans - Ensures the client understands possible side effects, especially the likelihood of irregular, prolonged, or no monthly bleeding and mild systemic side effects (breast tenderness, acne, nausea, dizziness, mood changes) - Addresses the husband's concern about infertility and corrects misunderstandings about H-IUDs - Screens client for medical eligibility using the checklist - Explains the needs for an evaluation or exam to determine cause of unexplained bleeding (before initiation of an H-IUD) - Offers couples' counseling, particularly if husband needs further reassurance about the safety of H-IUDs

Role Play Scenario 3—The client is interested in but is not eligible for an H-IUD

Scenario 3—Client Information Sheet	Scenario 3—Observer Information Sheet
Client Description You are a 19-year-old woman who gave birth to your first child three weeks ago. You are unmarried and are not in a serious relationship. You read about H-IUDs in a family planning brochure, and you have come to the family planning site to learn more. Offer this information only when the provider asks relevant questions: • You love your child, but your pregnancy was unintentional. • You use condoms consistently. • You are in school and want to finish. You do not think you can afford to have another child. • You have not had a menstrual period since your baby was born. • You are fully breastfeeding, but you intend to stop because of the demands of school. • You have not had sex since the baby was born, but you do have a casual boyfriend. • You feel healthy and have no health problems.	Make note of whether the provider performs these case-specific tasks: • Assesses the client's reproductive health goals, fertility intentions, and life plans • Ensures the client understands her contraceptive options described in the FP brochure. • Ensures the client understands possible side effects, especially those related to cramping and prolonged bleeding • Screens clients for medical eligibility using the checklist • Discusses the need to postpone H-IUD insertion until client is four or more weeks postpartum • Briefly explains insertion and follow-up procedures

Role Play Scenario 4—Managing side effects of H-IUDs

Scenario 4—Client Information Sheet	Scenario 4—Observer Information Sheet
Client Description You are a 39-year-old woman with three adolescent children. You are relatively sure you do not want any more children, but your husband feels otherwise. A month ago, you had an H-IUD inserted. You have a history of heavy periods and chose the H-IUD because you thought it would reduce your bleeding. You are returning to the family planning site because you think you would like to try another method. Offer this information <u>only</u> when the provider asks relevant questions: • You last had sex five days ago. • You have had only one period since the H-IUD insertion but experienced unusually heavy and prolonged bleeding. • The bleeding concerns you and you will not be comfortable if it continues. • You heard from a friend that using an H-IUD could result in infertility. • You feel like you made the decision to use an H-IUD too quickly and you are now having second thoughts. • You have no other health problems.	Make note of whether the provider performs these case-specific tasks: • Reassesses the client's reproductive health goals, fertility intentions, and life plans • Corrects misconceptions about H-IUDs and infertility • Assesses if heavy, prolonged bleeding may be due to an underlying condition, such as infection • Discusses common side effects and offers reassurance that heavy bleeding is not harmful and usually becomes less or stops after the first several months of use. • Provide iron tablets if possible and tell her it is important for her to eat foods containing iron. • Reviews the expected side effects as well as the benefits of the H-IUD • After providing reassurance and counseling, asks if she still wishes to have the H-IUD removed. If she does, the provider should offer to remove it as soon as possible and help her choose another method. •

Appendix B: Answer Key for the H-IUD Case Studies

Case Study 1—Answer Key

Answers to Question Set 1

1. How effective are H-IUDs compared with other methods?

Using the *Comparing Effectiveness of Family Planning Methods* chart from WHO, shows Lena how H-IUD effectiveness compares with other contraceptive methods; H-IUD is one of the most effective methods of contraception available – more than 99% effective.

2. How does the H-IUD keep her from becoming pregnant?

H-IUDs prevent pregnancy mostly by preventing sperm from uniting with an egg. This is done in two ways: 1) H-IUDs cause the cervical mucus to thicken. Thicker mucus acts as a barrier, making it more difficult for sperm to enter the uterine cavity and 2) H-IUDs interfere with sperm movement, making it less likely that a sperm will reach an egg even when it enters the uterine cavity. If the sperm cannot reach the egg, it cannot fertilize it.

3. Will the medicine in the H-IUD get into her breast milk?

A very small amount of the hormone from the H-IUD does make its way into the breast milk. However, studies have shown that there is no effect on the quantity or quality of breast milk or the development or health of her infant.

4. What are the limitations of H-IUD?

- They have common side effects, especially changes in the menstrual bleeding pattern (Irregular bleeding, prolonged bleeding, lighter bleeding, or complete absence of bleeding). These side effects are normal, not harmful to your health, and often diminish with time.
- They cannot be initiated or discontinued without a provider's help because a minor procedure is required for both insertion and removal.
- Like other hormonal methods, H-IUD provide no protection against STIs, including HIV.

Answers to Question Set 2

1. What tool(s) would you select to screen for medical eligibility of H-IUD?

The *Checklist for Screening Clients Who Want to Initiate Contraceptive H-IUD* is specifically designed for such a purpose. If the checklist is not available, the *WHO Medical Eligibility Criteria Wheel for Contraceptive Use*, the *New digital app for WHO's MEC for contraceptive use* or the *Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use*, the *New app for WHO's Medical eligibility criteria for contraceptive use* can be used. These tools help to identify clients who have conditions or characteristics that prevent the safe use of H-IUD - conditions classified as category 3 and 4 in the *Medical Eligibility Criteria for Contraceptive Use* (WHO, 2015).

2. Does Lena's history of hypertension during pregnancy affect her eligibility for H-IUD?

Lena's prior history of hypertension during pregnancy does not affect her eligibility for H-IUDs.

3. How soon can Lena start using H-IUD?

Lena can start using H-IUD immediately without the need for a backup method.

This is because H-IUDs can be initiated in postpartum women during the first 48 hours after childbirth or any time after 4 weeks postpartum as long as the provider can be reasonably sure the woman is not pregnant. Lena is five weeks postpartum. She has been fully breastfeeding her infant for five weeks and hasn't had her monthly bleeding yet, so you can be reasonably sure that she is not pregnant.

Answers to Question Set 3

1. What tool(s) would you use to help conduct this counseling session?

- *Fact Sheet: H-IUDs*
- FP counseling tool, an illustrated client brochure or poster on H-IUD
- H-IUD itself and uterine model (if available)

2. How can you help Lena anticipate and manage possible side effects?

Counseling about what to expect in terms of side effects is the best way to help Lena to decide if H-IUD is a good method for her and to cope with side effects if/when she experiences them.

Explain the possible side effects and ensure that Lena understands that they are not signs of disease or health problems. While some women may not have any side effects, the majority of women experience menstrual changes. Light bleeding or spotting, irregular bleeding that occurs frequently, prolonged bleeding that lasts more than eight days, infrequent bleeding, and no bleeding at all (amenorrhea) are menstrual irregularities that women report. Typically, the frequency of these menstrual changes—especially prolonged bleeding—decreases with time and is less of a problem by the end of the first year of use. Non-menstrual side effects include headaches, acne that can worsen or improve, weight change, breast tenderness, dizziness, mood changes, and nausea. Tell Lena that if she experiences side effects that are unacceptable, there are some ways to manage them.

3. What type of medical examination does Lena require before initiating H-IUD?

Lena will need a pelvic examination and an STI risk assessment (based on history and signs/symptoms).

If available, a hemoglobin test and laboratory tests for STIs including HIV can contribute to safe and effective use but are not required. The pelvic examination is necessary to identify the size and position of the uterus and assess if there are conditions that would rule out H-IUD insertion. Cervical cancer screening, blood pressure check, or breast exams are not required to start using this method.

4. What should you tell Lena about the insertion procedure and what to expect afterwards?

Describe the procedure simply, with just enough detail so Lena will know what to expect. For example, you may describe the procedure in this way:

“The H-IUD is placed in the uterus through the vagina and the opening of the uterus, using a small applicator. Inserting the H-IUD is simple. You may feel uncomfortable for a

few minutes. Most women, however, say that it is not too painful and compare the feeling to having heavy menstrual cramps.

You could add more details to describe the procedure, such as:

Before inserting the H-IUD, I will clean the cervix and vagina with a special antiseptic.

Next, I will insert a thin rod into the uterus to measure the length of your uterus. Then I will use an inserter tube to insert the H-IUD through the cervix, or opening of the uterus, and place it into the uterus. I will cut the strings on the H-IUD so they hang just a few centimeters into the vagina. After the insertion, you will rest.

The strings are also used to remove the H-IUD. Removing the H-IUD takes only a few minutes and is usually not painful. When you want the H-IUD removed, it must be done by a doctor or trained health worker.

Answers to Question Set 4

1. Are Lena's symptoms a cause for concern; what health problem might she have?

Lena's symptoms—complaints of chest discomfort or chest pain beginning during exertion and subsiding during rest—could be symptoms of ischemic heart disease. While women with ischemic heart disease can initiate H-IUD, those who develop the disease while using the H-IUD, should be advised to switch to a non-hormonal method of contraception.

2. How will you proceed?

Refer Lena to the specialist for evaluation. If ischemic heart disease is confirmed, help her to choose another contraceptive method.

3. If Lena's condition requires removal of the H-IUD, is there another long-acting method for which she would be eligible?

If ischemic heart disease is confirmed, it will be necessary to remove the H-IUD.

Counsel Lena about availability of Copper IUD, which is similar in its effectiveness and other benefits to H-IUD but doesn't contain hormones, which makes it safe for her to use.

Case Study 2—Answer Key

Answers to Question Set 1

1. How effective is the H-IUD compared with other methods? How long does it keep working?

Using Comparing Effectiveness of Family Planning Methods, show Anna how H-IUDs effectiveness compares with other contraceptive methods. The H-IUD is one of the most effective methods of contraception available—more than 99 percent effective.

2. How does the H-IUD work?

H-IUDs prevent pregnancy mostly by preventing sperm from uniting with an egg. This is done in two ways: 1) H-IUDs cause the cervical mucus to thicken. Thicker mucus acts as a barrier, making it more difficult for sperm to enter the uterine cavity and 2) H-IUDs interfere with sperm movement, making it less likely that a sperm will reach an egg even when it enters the uterine cavity. If the sperm cannot reach the egg, it cannot fertilize it.

3. How would you respond to Anna's concerns about H-IUDs stopping monthly bleeding, causing abortion, and pain during insertion?

Confirm Anna's information that the H-IUD can cause reduced, irregular, or no monthly bleeding. Reassure her that these bleeding changes, including absence of bleeding is not harmful and that there is no need to lose blood every month. It is similar to not having monthly bleeding during pregnancy. Having no bleeding doesn't mean she is pregnant or infertile, and blood is not building up inside her.

Reassure Anna that the H-IUD does not cause an abortion. It works mainly by preventing the sperm from meeting the egg. If sperm can't unite with an egg, pregnancy cannot occur, so there is nothing to abort.

Tell Anna that she may feel some discomfort or mild pain, briefly, during the insertion. Most women don't think it is painful and say that it feels like having heavy menstrual cramps. She can take an analgesic, like ibuprofen, before the procedure, to help with any discomfort.

Answers to Question Set 2

1. What screening tool(s) would you select to screen for medical eligibility for H-IUDs?

The *Checklist for Screening Clients Who Want to Initiate Contraceptive H-IUD* is specifically designed for such a purpose. If checklist is not available, the *WHO Medical Eligibility Criteria Wheel for Contraceptive Use*, the *New digital app for WHO's MEC for contraceptive use* or the *Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use*, *New app for WHO's Medical eligibility criteria for contraceptive use* can be used. These tools help to identify clients who have conditions or characteristics that prevent safe use of H-IUD -- conditions classified as category 3 and 4 in the *Medical Eligibility Criteria for Contraceptive Use* (WHO, 2015).

2. Does her boyfriend's history of having unprotected sex with another sexual partner within the past three months affect her eligibility for H-IUDs? Why or why not?

Yes. Questions 12-15 on the screening checklist assess risk of STI infection. Because Anna would answer yes to question 13, she is at high risk of having an STI.

3. Is Anna eligible to have an IUD inserted at this time? Why or why not?

No. Because she is at high risk of having an STI, she should not have an H-IUD inserted unless chlamydia and/or gonorrhea infection can be ruled out or unless other methods are unavailable or inaccessible to her.

4. What plan of action would you recommend, and why?

Because Anna worries about not being able to remember to take COCs every day, and wants a long-lasting, reversible method, counsel her about availability of contraceptive implants. If testing is available and she still wants to use an H-IUD, recommend testing her and her boyfriend for STIs and treating as appropriate prior to H-IUD insertion. If testing is not available, you can treat her for both gonorrhea and chlamydia presumptively prior to insertion (if national guidelines allow). She should be advised to use condoms consistently, at least until treatment is completed and the H-IUD is inserted. Emphasize that H-IUD provides no protection from STIs/HIV and encourage using condoms in addition to H-IUD.

Answers to Question Set 3

1. What tool(s) would you use to help conduct this counseling session?

- An H-IUD that Anna can hold and feel, and a model of a uterus, if available.
- Fact Sheet: H-IUDs
- FP counseling tool, an illustrated client brochure or poster on H-IUD

2. How can you help Anna anticipate possible side effects and prepare to manage them?

Counseling about what to expect in terms of side effects is the best way to help Anna to decide if H-IUD is a good method for her and to cope with side effects if/when she experiences them.

Explain the possible side effects and ensure that Anna understands that they are not signs of disease or health problems. While some women may not have any side effects, the majority of women experience menstrual changes. Light bleeding or spotting, irregular bleeding that occurs frequently, prolonged bleeding that lasts more than eight days, infrequent bleeding, and no bleeding at all (amenorrhea) are menstrual irregularities that women report. Typically, the frequency of these menstrual changes—especially prolonged bleeding—decreases with time and is less of a problem by the end of the first year of use. Non-menstrual side effects include headaches, acne that can worsen or improve, weight change, breast tenderness, dizziness, mood changes, and nausea. Tell Anna that if she experiences side effects that are unacceptable, there are some ways to alleviate discomfort.

3. What type of medical exam does Anna require before having the H-IUD inserted?

A pelvic examination (bimanual and speculum) is required prior to H-IUD insertion. The pelvic examination is necessary to identify the size and position of the uterus and assess if there are conditions that would rule out H-IUD insertion. Cervical cancer screening, blood pressure check, or breast exams are **not** required to start using this method.

4. What should you tell Anna about the insertion procedure and what to expect?

Describe the procedure simply, with just enough detail so Anna will know what to expect. For example, you may describe the procedure in this way:

“The H-IUD is placed in the uterus through the vagina and the opening of the uterus, using a small applicator. Inserting the H-IUD is simple. You may feel uncomfortable for a few minutes. Most women, however, say that it is not too painful and compare the feeling to having heavy menstrual cramps. Before I insert the H-IUD, I will need to ask you some questions about your medical history and perform a pelvic examination to make sure the H-IUD is right for you.”

You could add more details to describe the procedure, such as:

Before inserting the H-IUD, I will clean the cervix and vagina with a special antiseptic. Next, I will insert a thin rod into the uterus to measure the length of your uterus. Then I will use an inserter tube to insert the H-IUD through the cervix, or opening of the uterus, and place it into the uterus. I will cut the strings on the H-IUD so they hang a few centimeters into the vagina. After the insertion, you will rest.

The strings are also used to remove the H-IUD. Removing the H-IUD takes only a few minutes and is usually not painful. When you want the H-IUD removed, it must be done by a doctor or trained health worker.

Answers to Question Set 4:**1. What is the likely cause of Anna's symptoms?**

Pelvic inflammatory disease (PID) due to gonorrhea or chlamydia infection.

2. Does she need to have the H-IUD removed, why or why not?

No need to remove the H-IUD. PID is a WHO MEC Category 4 only for H-IUD initiation, but a Category 2 for H-IUD continuation. PID can be treated with the H-IUD in place.

3. What is your plan of action?

Provide antibiotics to treat PID. Because PID may be caused by either gonorrhea or chlamydia infection, or by anaerobic bacterial infection, it would be appropriate to treat for all three infections at this point (even if testing is available, you don't want to waste time waiting for test results). Advise her to avoid sex until treatment is completed and recommend that her partner be treated as well. Explain where her partner should go for treatment and offer referral as appropriate. Make a follow-up appointment according to national guidelines.

Case Study 3—Answer Key**Answer to Question 1****Is Lily eligible for initiating H-IUDs now? Why or why not?**

Lily is currently not eligible to use the H-IUD. She has had leaking PV for 2 days with pain and fever. These symptoms indicate sepsis, is a medical condition that contraindicates the insertion of IUDs.

Answer to Question 2**What information should the provider give to Lily and her husband?**

The provider should Inform the woman that the IUD is not appropriate for her at this time and explain the medical condition that is preventing the safe use of PPIUD.

The provider should offer her other postpartum contraceptive options and help her choose one.

Talk to the woman about LAM and its benefits.

Help client get another method of her choice

Counsel client to return at 4 weeks if she still wants the IUD

Note to facilitator: The recommendations provided in the Answer Key comply with the guidance in *Family Planning: A Global Handbook for Providers (2022update)*. If national guidelines are available, make sure that the recommendations are in line with the national guidelines and adapt as appropriate.

Appendix C: Answer Key for H-IUDs Pre- and Post-Test

Participant Name _____

Instructions: Circle the letter(s) for all that apply. Follow specific directions for each section. There is a total of 50 points.

Scoring: Each correct answer is worth 2 points. Multiply score by 2 to get total percentage. It is recommended that a passing score is 80% and above.

1. Which of the following contraceptive methods are less effective than H-IUDs?
 - a. Oral contraceptives
 - b. Injectables/DMPA
 - c. Male or female condoms
 - d. Lactational amenorrhea (LAM)
 - e. **All of the above**
2. H-IUDs prevent pregnancy primarily by:
 - a. Preventing ovulation (the release of eggs from the ovaries)
 - b. Damaging sperm
 - c. **Causing cervical mucus to become thicker and interfering with sperm movement**
 - d. Preventing a fertilized egg from embedding in the uterine lining
 - e. Preventing ovulation, but also causing cervical mucus to become thicker
3. In counseling a woman about the advantages of the H-IUD, which of the below is NOT accurate:
No delay in return to fertility once the IUD is removed
Is highly effective
Reduces risk of ovarian cysts
Does not interfere with sexual intercourse
Reduced risk of ectopic pregnancy
4. What procedure must a woman need before she has an H-IUD inserted?
 - a. **A pelvic exam**
 - b. Blood tests
 - c. Cervical cancer screening
 - d. A breast exam
 - e. Blood pressure taken
5. Which of the following conditions suggests a woman should not have an H-IUD inserted?

Retroverted uterus
 Three or more children
 Has mild clinical HIV and is taking ARVs
 History of candidiasis
History of breast cancer

6. Women living with HIV:

Should never get H-IUDs
 Must start ARVs before they can get an H-IUD
Can safely have an H-IUD inserted if they have mild or no clinical disease, whether or not they are on ARVs
 Should have their H-IUD removed in their clinical disease becomes advanced or severe

7. Post-insertion H-IUD instructions should include:

- The client should return for first check-up one week after insertion
- Client should return for first check-up three to six weeks after insertion**
- The client should check her H-IUD strings every day
- Removal when the H-IUD has been in place for one year

8. Which of the following is NOT a warning sign that indicates that she may be having a problem with her H-IUD and should seek medical attention:

- Decreased menstrual bleeding**
- Missing H-IUD string
- Irregular bleeding or pain every cycle
- Unusual vaginal discharge and low abdominal pain

True or False

Check off either "True" (T) or "False" (F) in the space provided.

- | | | | |
|-----|---|------------|------------|
| 9. | H-IUDs protect against sexually transmitted infections. | T ____ | F <u>x</u> |
| 10 | H-IUDs are 99 percent effective in preventing pregnancy. | T <u>x</u> | F ____ |
| 11. | Women can have an H-IUD inserted within 48 hours after giving birth. | T <u>x</u> | F ____ |
| 12. | No delay in return to fertility after an H-IUD is removed. | T <u>x</u> | F ____ |
| 13. | An H-IUD inserted immediately postpartum is less likely to be expelled than one inserted after four weeks postpartum. | T ____ | F <u>x</u> |
| 14. | H-IUDs may help protect against certain kinds of cancer. | T <u>x</u> | F ____ |
| 15. | If a woman becomes pregnant with an H-IUD, it should be left in place unless a problem develops. | T ____ | F <u>x</u> |
| 16 | An H-IUD can be inserted in a woman who has not had children. | T <u>x</u> | F ____ |

17. Following H-IUD insertion, heavy, yellow vaginal discharge is common. T ____ F x
18. An IUD may be inserted at any time during the menstrual cycle if the provider is reasonably certain that the client is not pregnant. T x F ____
19. It is better to change all IUDs after two years, because leaving them in the uterus for a longer period may lead to the development of complications. T ____ F x

Fill in the Blank

Complete the following sentences with one of these words. (Words may be used more than once or may not be used.) Each blank is worth 2 points.

Weight loss Blood clots Nausea Ectopic pregnancy Cramping

Perforation PID Anemia Infertility Endometrial cancer

Headaches Reduced/Irregular bleeding No monthly bleeding Expulsion Pregnancy

Common side effects associated with using an H-IUD are headaches, reduced/irregular bleeding, no monthly bleeding, and nausea.

Rare complications of H-IUD use include perforation.

Partial or unnoticed expulsion of an IUD can result in pregnancy.

H-IUD Applied Learning Case Study Answer Key

Nora is a 33-year-old mother of two children. She recently got married and she does not want to have more children right away. Nora is HIV positive, but she feels healthy. She and her husband are mutually faithful and have been using condoms. Nora has used a copper IUD before but had it removed because of heavy and painful monthly bleeding. She has come to the clinic somewhat informed about H-IUDs and expresses interest in using this contraceptive method.

Does Nora fit the medical eligibility criteria for initiating H-IUDs? Why or why not?

Yes, Nora is eligible. According to the eligibility criteria, HIV infection is not a contraindication for H-IUD use. Women living with HIV can safely have an H-IUD inserted if they have mild or no clinical disease, whether or not they are on antiretroviral therapy (category 2).

b) Assuming Nora has made an informed choice to start using an H-IUD, what are three key counseling messages Nora's healthcare provider should share with her?

Apart from providing information on the method characteristics including the examinations required before having the H-IUD inserted and explaining the H-IUD insertion procedure in simple terms, the provider should:

Counsel her that H-IUDs provide no protection from STIs and that she should use condoms consistently and correctly in addition to the H-IUD to avoid becoming reinfected with HIV or other STIs, and to prevent passing the infection to her partner. Provide her with condoms if needed.

Talk upfront about common side effects and changes in the bleeding patterns to be expected after insertion. Tells her that these are not harmful, often diminish with time, and she can come back to the provider if it is of concern to her.

Common side effects include:

Lighter bleeding and fewer days of bleeding

Infrequent, irregular, or no monthly bleeding

Headaches, breast tenderness, nausea, acne, dizziness, mood changes, weight gain.

Explain that she should come back to the clinic approximately one month after the H-IUD insertion. At that time, the provider should check for signs of infection and if she had adapted well to the H-IUD.

Also, remind her that she can return any time she has questions or concerns or wants the H-IUD removed for any reason.

Nora has been using her H-IUD for six months. She has returned to the clinic because she has been diagnosed with advanced HIV clinical disease. She is not taking any antiretroviral drugs.

a) Does Nora fit the medical eligibility criteria for continuation of the H-IUD? Why or why not?

Yes. She can continue with the H-IUD. An advanced HIV clinical disease diagnosis, with or without ARV treatment is a Category 3 for initiation, but a Category 2 for continuing use of an H-IUD. However, going forward, she may require more careful follow-up for pelvic infection.