

# POSTABORTION IUD (COPPER T 380A) INSERTION SKILLS CHECKLIST

Name of provider assessed \_\_\_\_\_

Name of person who performed this assessment \_\_\_\_\_ Date \_\_\_\_\_

This is a checklist for the essential skills for postabortion IUD insertion. It can be used to evaluate the participant's competence for training certification. The trainer evaluates the competence of each participant based on direct observation of the participant's provision of the skills outlined below.

Certification in postabortion IUD insertion requires demonstrating competency on all items. If a participant does not demonstrate competency or cannot be observed, recommendations should be made as to how performance might be improved to achieve competency.

Instructions for observation: Introduce yourself to the woman and explain why you are there. Quietly observe and evaluate the skill session. Do not give feedback to the provider while in the room with the woman. Check "yes" or "no" as to whether the provider demonstrated each skill during the session, and write comments. After completing the form, discuss the results in private with the participant.

INSERTION			
Skills expectations	YES	NO	Comment
<b><i>Performs pre-insertion screening and counseling (see Counseling Skills Checklist)</i></b>	<b>YES</b>	<b>NO</b>	
a) Determines that the woman is eligible for an IUD			
b) Ensures woman understands risks, benefits and alternatives to IUD			
c) Woman has given voluntary informed consent for IUD			
<b><i>Ensures vacuum aspiration is complete with no complications</i></b>	<b>YES</b>	<b>NO</b>	
a) Prepares instrument tray and opens the sterile instrument pack or HLD container without touching the instruments. If MVA kit and instruments are already open, adds scissors to the kit.			
b) Arranges instruments and supplies so they are readily accessible.			
c) Prior to vacuum aspiration/D&E, does bimanual exam to check position and size of uterus. Does thorough inspection for signs and symptoms of STIs.			
d) Successfully completes the procedure.			

e) Ensures that there are no signs of hemorrhage, perforation or infection.			
f) Checks products of conception carefully to determine that vacuum aspiration is complete. Tenaculum/ring forceps and speculum can be left in if this can be done quickly in the same room.			
<b><i>Inserts the intrauterine device using sterile or no-touch technique throughout</i></b>	<b>YES</b>	<b>NO</b>	
a) Washes hands and changes into sterile or clean gloves prior to IUD insertion.			
b) If the speculum and tenaculum were removed, insert sterile or HLD speculum, recleanse the cervix with an appropriate antiseptic, and re-grasp cervix gently with the tenaculum/ring forceps.			
c) Load the IUD sterilely in its package. Set the depth gauge to the approximate size of the uterus at the end of the procedure (you may have to put the depth gauge all the way to the end of the insertion tube). The depth gauge should be horizontal and aligned with the arms.			
d) Remove the IUD completely from its package, being careful not to touch anything that is not sterile.			
e) Hold the IUD so that the depth gauge is horizontal and aligned with the arms of the IUD. Using gentle traction on the tenaculum/ring forceps, advance the loaded IUD through the vagina and into the uterus, being careful not to touch the vaginal walls.			
f) Gently advance the loaded IUD into the uterine cavity and STOP when slight resistance is felt at the uterine fundus			
g) Holding the tenaculum/ring forceps and white stabilizing rod in place, pull the insertion tube back no more than 1cm to release the arms of the IUD.			
h) Holding the stabilizing rod in place, advance the tube until you feel slight resistance to ensure fundal placement.			
i) Remove the white stabilizing rod while holding the insertion tube in place.			
j) Partially withdraw the insertion tube until 3-4cm of IUD string is extending from the cervical os but the string ends are still in the tube.			
k) Cut both strings using a sharp scissor.			

l) Remove tube completely and string ends.			
m) Remove the tenaculum/ring forceps and check for bleeding at the tenaculum site. If there is bleeding, apply pressure using HLD or sterile ring forceps or gauze.			
<b>Performs post-insertion tasks</b>	<b>YES</b>	<b>NO</b>	
a) Once the insertion is complete, allows the woman to rest until she is able to move to the recovery area.			
b) Places all reusable instruments into water and properly disposes of sharps and contaminated disposable supplies.			
c) Washes hands thoroughly with soap and water.			
d) Completes the woman's record.			
<b>Performs post-insertion counseling</b>	<b>YES</b>	<b>NO</b>	
a) Discusses what to do if the woman experiences any problems or side effects following IUD insertion.			
b) Assures the woman that she can have the IUD removed at any time if she desires.			
c) Asks the woman to repeat instructions and answers her questions.			
d) Arranges for follow-up in four to six weeks.			
<b>Performs infection prevention tasks throughout the procedure according to protocol</b>	<b>YES</b>	<b>NO</b>	
a) Disposes of waste materials by placing in leak-proof container or plastic bag. Disposes of sharps appropriately.			
b) Removes gloves by turning inside out. Disposes of gloves by placing them in leak-proof container or plastic bag.			
c) Washes hands thoroughly and dries them.			
d) Processes and stores instruments and other items according to protocol.			

**Recommendations:**