

PPIUCD Pre-insertion Screening

In preparation for insertion of the IUCD, confirm the following information about the woman and her clinical situation:

Ask the woman whether she still desires the IUCD for PPF	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Review her antenatal record and be certain that:

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| <ul style="list-style-type: none"> • her antenatal screening shows that an IUCD is an appropriate method for her | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <ul style="list-style-type: none"> • she has had FP counseling while not in active labor and there is evidence of consent in her chart OR | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <ul style="list-style-type: none"> • she is being counseled in the post partum period | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Review the course of her labor and delivery and ensure that none of the following conditions are present:

If planning an *immediate post placental insertion*, check that none of the following conditions are present:

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| <ul style="list-style-type: none"> • Chorioamnionitis (during labor) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • More than 18 hours from rupture of membranes to delivery of baby | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • Unresolved postpartum hemorrhage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If planning a *postpartum insertion*, check that none of the following conditions are present:

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| <ul style="list-style-type: none"> • Puerperal sepsis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • Postpartum endometritis/metritis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • Continued excessive postpartum bleeding | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • Extensive genital trauma where the repair would be disrupted by postpartum placement of an IUCD | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

<p>Confirm that sterile instruments are available*</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>Confirm that IUCDs are available and accessible on the labor ward*</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes

If **ANY** box is checked in this column, defer insertion of the IUCD and provide the woman with information about another method.

If **ALL** the boxes in this column are ticked, then proceed with IUCD insertion.

* If correct instruments or sterile IUCDs are not available, proceed with IUCD insertion if they become available within an appropriate time period.