

## IUCD Insertion Register

### **Instruction Sheet- IUCD Insertion Register:**

Column 1	Fill Monthly S No. Each month the serial number starts with 1
Column 2	Fill the OPD/ IPD number (as applicable)
Column 3-7	Fill in the information of client as indicated
Column 8	Mention the number of living children
Column 9	Mention the period of last child birth (month and year)
Column 10-13	Tick the period when the client was counselled. Interval period refers to any phase of the menstrual cycle, 6 weeks postpartum or 12 days after abortion
Column 14	Mention date of Last Menstrual Period (dd/mm/yy). For women who are in lactational amenorrhea, write LA in respective column
Column 15	Mention per speculum/per vaginal findings- write findings if any abnormality detected/ NAD if No Abnormality detected
Column 16	Mention the type of IUCD inserted (380 A/ 375)
Column 17-21	Tick the Timing of IUCD insertion as applicable (Interval/Post Placental/ Postpartum/ Intracesarean/ PAIUCD) (*IUCD inserted after medical method of abortion should be reported under Interval IUCD)
Column 22	Mention the date of IUCD insertion (date, month and year)
Column 23	Write due date (date, month and year) of follow up- First follow up visit has to be done at 6 weeks or after next menstrual periods, whichever is earlier
Column 24	Mention the name of provider who has inserted IUCD
Column 25	Mention the name of the accompanying ASHA (mention 'x' if ASHA is not accompanying the client)
Column 26	Indicate whether IUCD card has been issued or not
Column 27	Mention additional remarks, if any. Also, mention any complications that the client may have faced during/ immediately after IUCD insertion

### IUCD Insertion Register

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	
									Counseled During (Tick as applicable)							Timing of IUCD insertion											
Monthly SNo.	OPD/ IPD no. (as applicable)	Client's Name	Client's Age	Husband's Name	Client's Address	Contact No.	No. of living children	Last Child Birth (mm/yy)	Interval Period	Antenatal Period	Early labour/ at facility before abortion	Postpartum Period/ Post abortion period	LMP (write LA for Lactational amenorrhea)	Per Speculum/ Per vaginal findings (if done) (write NAD if no abnormality found)	Type of IUCD inserted (380 A / 375)	Interval IUCD	Post Placental IUCD (within 10 min)	Postpartum (upto 48 hours)	Intra Caesarean	Post Abortion (Concurrent/ within 12 days of spontaneous or surgical abortion)	Date of insertion	Due date of follow up	Name of provider who inserted IUCD (Interval IUCD/ PPIUCD/ PAIUCD)	Name of Accompanying ASHA (If not accompanied by ASHA, put ×)	IUCD Card issued (Yes/No)	Remarks	

## IUCD follow up register

### **Instruction Sheet- IUCD Follow up Register:**

Column 1	Fill in the Monthly S No. Each month the serial number starts with 1
Column 2	Fill the OPD/ IPD number (as applicable)
Column 3-7	Fill in the information of client as indicated
Column 8	Mention the name of facility where IUCD was inserted
Column 9	Mention the date (date, month and year) of IUCD insertion
Column 10	Mention the type of IUCD inserted (380A/375)
Column 11-13	Mention timing of IUCD insertion (Interval IUCD/ PPIUCD/ PAIUCD) (*IUCD inserted after medical method of abortion should be reported under Interval IUCD)
Column 14	Mention the due date for follow up (dd/mm/yy). First follow up visit has to be done at 6 weeks or after next menstrual period, whichever is earlier. Second follow up visit can to be done at 3 months and third follow up visit can to be done at 6 months
Column 15	Mention the actual date when follow up is done (dd/mm/yy)
Column 16	Mention date of LMP (dd/mm/yy). For women who are in lactational amenorrhea, write LA in respective column
Column 17	Mention per speculum and per vaginal findings if indicated- write findings if any abnormality detected and NAD if No Abnormality Detected
Column 18-19	Mention if any complications (Abnormal vaginal discharge, Excessive bleeding etc) related to IUCD are detected during follow up visit
Column 20	Specify the post follow up advice given
Column 21	Mention if the IUCD has expelled. Only completed expulsion should be reported in this column.
Column 22	Mention if IUCD has been removed in the follow up visit
Column 23-26	If the client has come for IUCD removal, fill in the reasons of removal
Column 27-28	Mention if any other contraceptive method suggested to the client after IUCD removal. In case reason of removal is desire to get pregnant, please mention NA in column 27-28
Column 29	Mention the name of the provider who followed up
Column 30	Mention the additional remarks, if any

### IUCD follow up Register

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	Monthly SNo.	OPD/ IPD no. (as applicable)	Client's Name	Client's Age	Husband's name	Client's Address	Contact no.	Name of facility of IUCD insertion	Date of IUCD insertion	Type of IUCD inserted (380 A/ 375)	Timing of IUCD insertion		Due date for follow up	Actual date of follow up	LMP (Write LA for lactational amenorrhea)	Per Speculum/ Per vaginal findings (may be done if indicated) (write NAD/Actual finding)	Complications related to IUCD reported during follow up (yes/no)	If Yes, please specify	Post Follow up advice (specify)	Method discontinuation/ method switching								Name of the provider who followed up	Remarks
										Interval IUCD	Postpartum IUCD (within 48 hours of delivery)	Post Abortion (within 12 days of spontaneous or surgical abortion)								IUCD removed (yes/ no)	Reasons for Removal				Any other method provided (yes/no/NA)	If yes, which method provided?			
																				Partial Expulsion	Pain/Cramps	Menstrual changes	Any other (specify)						