

# DIGITAL TRAINING APPROACHES FOR FAMILY PLANNING PROVIDERS

*Emerging Evidence & Resources*

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Thursday, June 2, 2022



9:00-10:00 EDT | 14:00-15:00 WAT | 16:00-17:00 EAT



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**Research for  
Scalable Solutions**



# AGENDA

## Opening Remarks

*Elaine Menotti, USAID*

## The Need for Digital FP Training Solutions

*Dr. Kayode Afolabi, Nigeria FMOH*

## Evaluation of Hybrid Digital Training in Nigeria

*Dr. Ezechukwu Nwokoma, Society for Family Health*

*Dr. Helen Anyasi, FHI 360*

## Round Robin: Digital Training Resources

### **Training Resource Package for Family Planning**

*Neeta Bhatnager (Jhpeigo) & Kate Dieringer (USAID)*

### **Bayer Digital Training Materials**

*Kai Risse (Bayer)*

### **Medicines360 Digital Training Materials**

*Jill Keesbury (Medicines360)*

## Q&A

*Moderator: Kate Rademacher, FHI 360*

## Words of Reflection

*Dr. Abdulmumin Saad, Bill & Melinda Gates Foundation*



Please ask questions using the **Q&A box** indicated by this icon

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# Overview of Digital Training

Dr Kayode Afolabi. *MD, FWACS(O&G), MHE*

Former Director and Head

Reproductive Health, FMOH, Nigeria

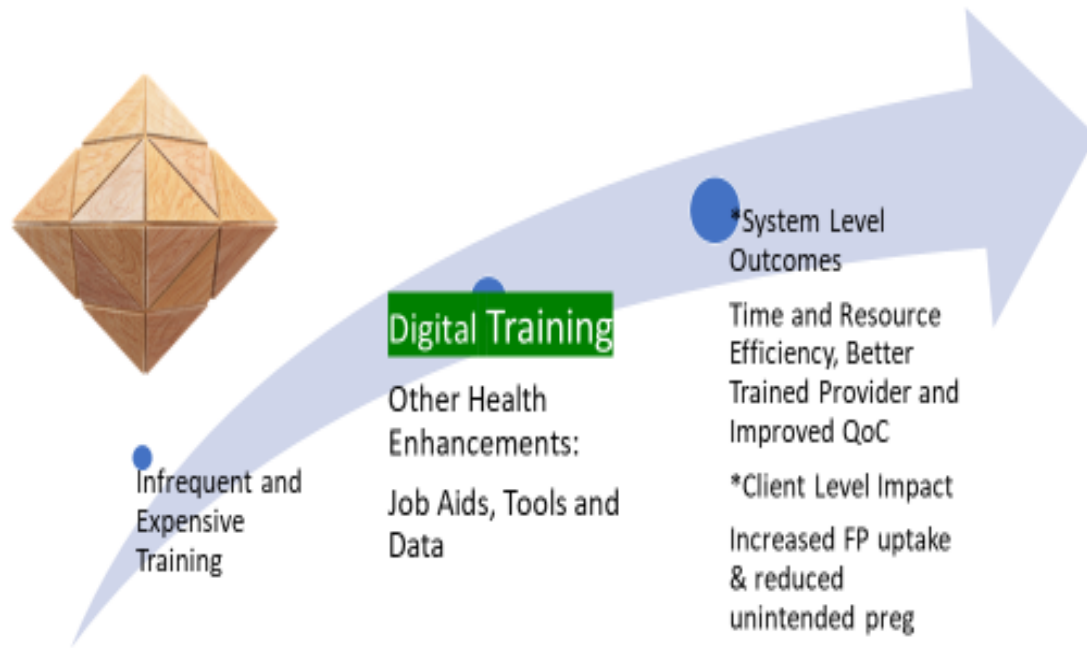


# Background & Local Context

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- Scarce resources for training
- High ownership of Smart Phones and other digital devices
- Limited and often poor internet coverage
- Implementations need to be made appropriate to the local needs, intended users, and overall ecosystem - ICT and enabling environment.
- Upfront investments on hardware and software; ongoing maintenance.
- KPIs for digital training must be incorporated from the outset – (% providers with improved knowledge and training, competency and proficiency; improved adherence to protocol; Digital provider performance feedback)

# Justifications and Benefits of Digital Training



## Benefits of Digital Training

Enhances efficient use of resources, supports service providers in delivering quality contraceptive services.

Use of digital tools by providers supports a range of outcomes including improve continuity of care, and improved adherence to treatment approaches.

Promotes consistent and successful adherence to evidence-based delivery protocols.

Can improve clinical and non-clinical knowledge through refresher trainings and continuous learning opportunities.





Thank You



**Learning about Expanded Access & Potential (LEAP) of Hormonal IUD**

# **Digital Training Approaches for Hormonal IUD Providers: A Mixed-Methods Evaluation in Nigeria**



**Dr Helen Anyasi (FHI 360)**

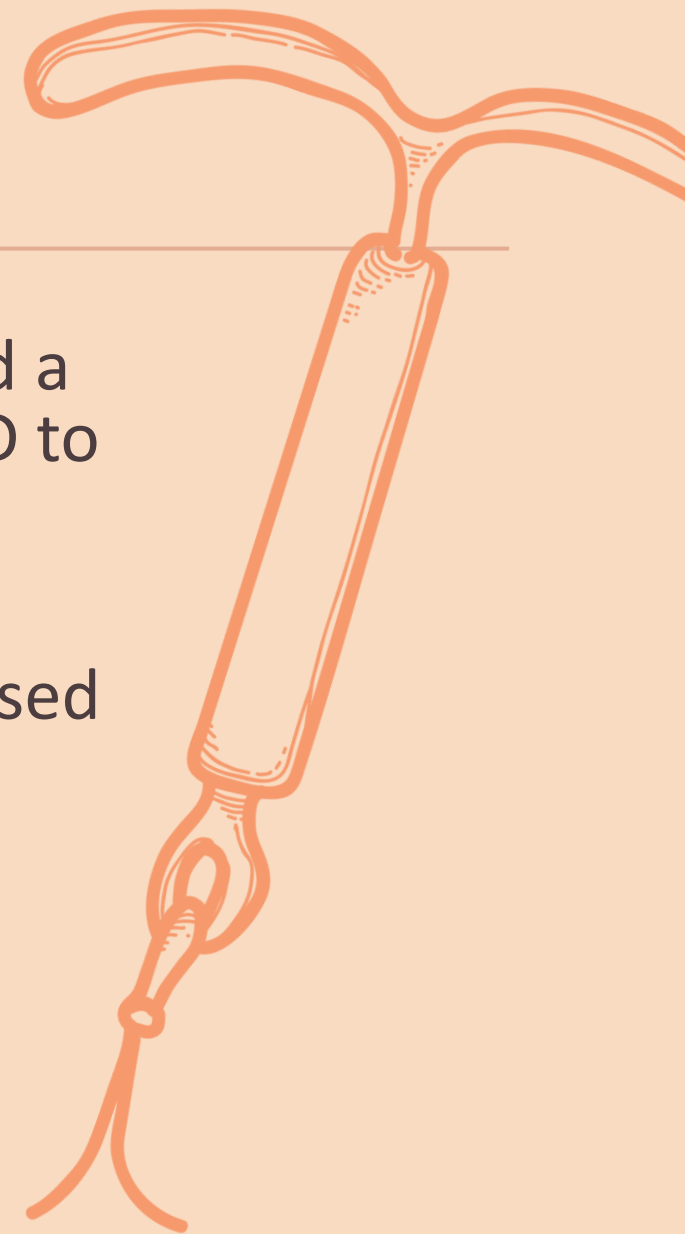
**Dr Ezechukwu Nwokoma (Society for Family Health, Nigeria)**



**FEDERAL MINISTRY OF  
HEALTH**

## ➤ Introduction

- In 2021, the federal Ministry of Health of Nigeria adopted a national plan to introduce and scale up the hormonal IUD to expand method choice
- FP provider training typically classroom-based (didactic learning + practice on pelvic models) followed by supervised practicum with clients
- Alternative training approaches needed
  - COVID-19 travel/gathering restrictions
  - More cost-effective training approaches
  - Lessons can be applied to other FP method introduction





## ➤ Existing Evidence & Gaps

- Digital training for FP providers recommended by WHO (2019) & referenced in High Impact Practices in Family Planning, Digital Health (2020)
- Most described digital training models use digital technologies to deliver provider post-training “refreshers”

### HIP ENHANCEMENT

Digital Health to Support Family Planning Providers: Improving knowledge, capacity, and service quality

**What is the program enhancement that can intensify the impact of High Impact Practices in Family Planning?**

Use digital technologies to support service providers in delivering quality contraceptive services.



## ➤ Rationale

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### Hybrid digital training model:

- Opportunity to explore **cost-efficient training options for hormonal IUD** in context of **expanding method choice** in Nigeria, even when **in-person gatherings are restricted** e.g., during the COVID-19 pandemic

### Research Aims:

- To evaluate hybrid digital training **feasibility, acceptability**, impact on **knowledge**, and **costs** of hybrid digital training for FP providers.



## ➤ Study overview

**Overview:** Evaluation of hybrid digital training model for hormonal IUD including **online training modules** and in-person practicum

**Implementation and Design:** PSI, FHI 360, SFH, EVIHDAF, FMOH

**Included:** LARC-trained private and public sector health care providers (n=60) in Oyo, Enugu, and Kano states in Nigeria

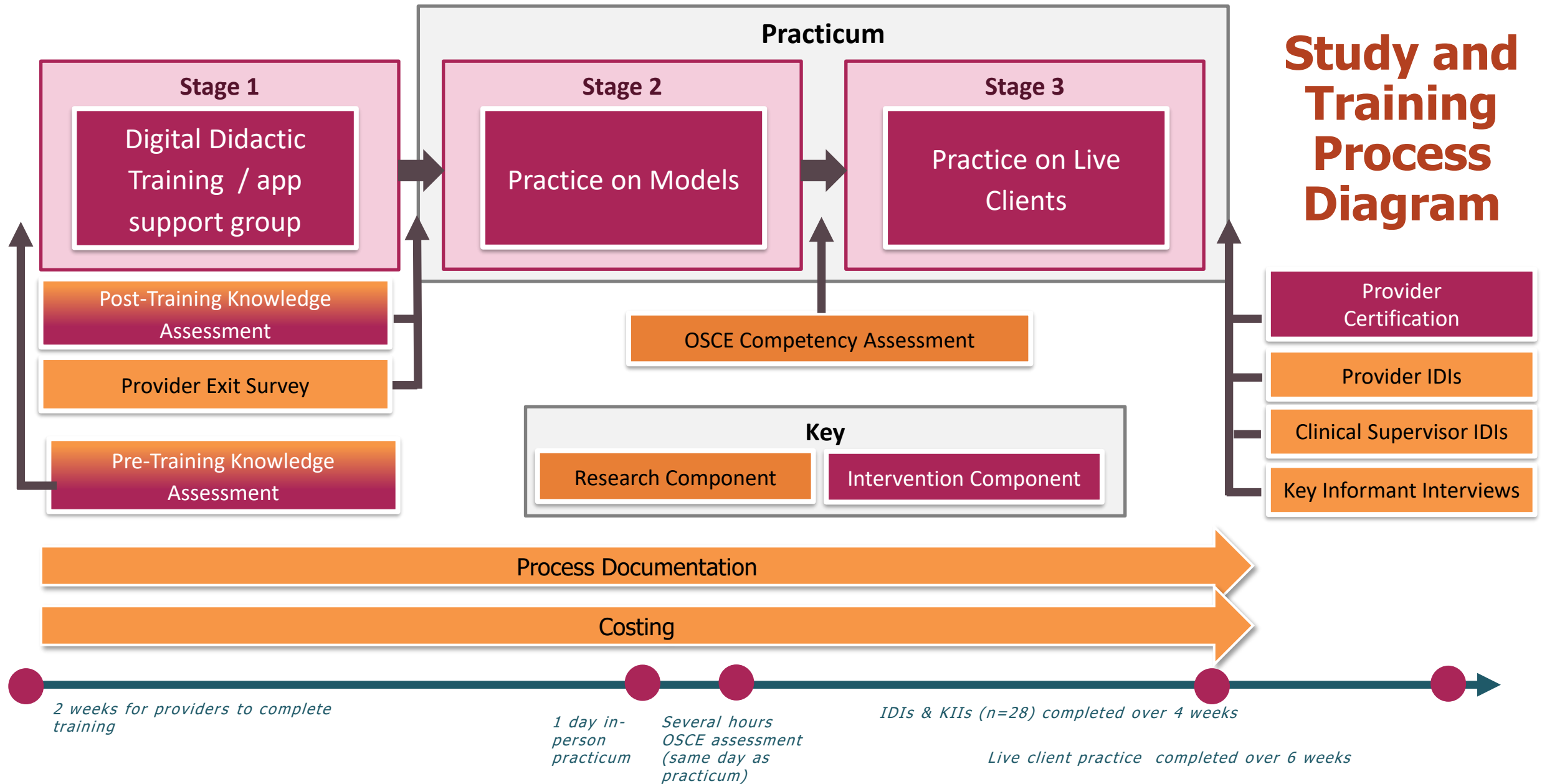
**Primary study measures:**

- Knowledge (pre- and post-training)
- Competency in counseling, insertion, and removal (assessed via OSCE)
- Experience of use from clinical trainers, providers, and subnational health teams (qualitative)
- Cost associated with training, practicum and practice on live clients



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**HEALTH**

# Study and Training Process Diagram



## ➤ Data Sources

### **Pre-/Post-Training Knowledge Assessment**

- Multiple choice questions on hormonal IUD and other FP methods
- Same assessment applied before and after digital training

### **Objective Structured Clinical Examination (OSCE)**

- 3 stations: counseling, insertion, removal
- Standardized patient for counseling
- Assessed by standardized master trainers; standards drawn from national tool

### **Exit survey**

- Quantitative survey
- All providers who completed the digital training were invited to respond to exit survey

### **Qualitative Interviews**

- In-depth interviews (IDIs) with providers who completed the training, stratified by high and low scoring participants
- IDIs with practicum clinical supervisors
- Key informant interviews with federal and state MOH stakeholders

### **Costing**

- R4S Implementation Tracking Tool (ITT) used to capture activities and costs
- Financial analysis conducted on intervention costs



# ➤ RESULTS

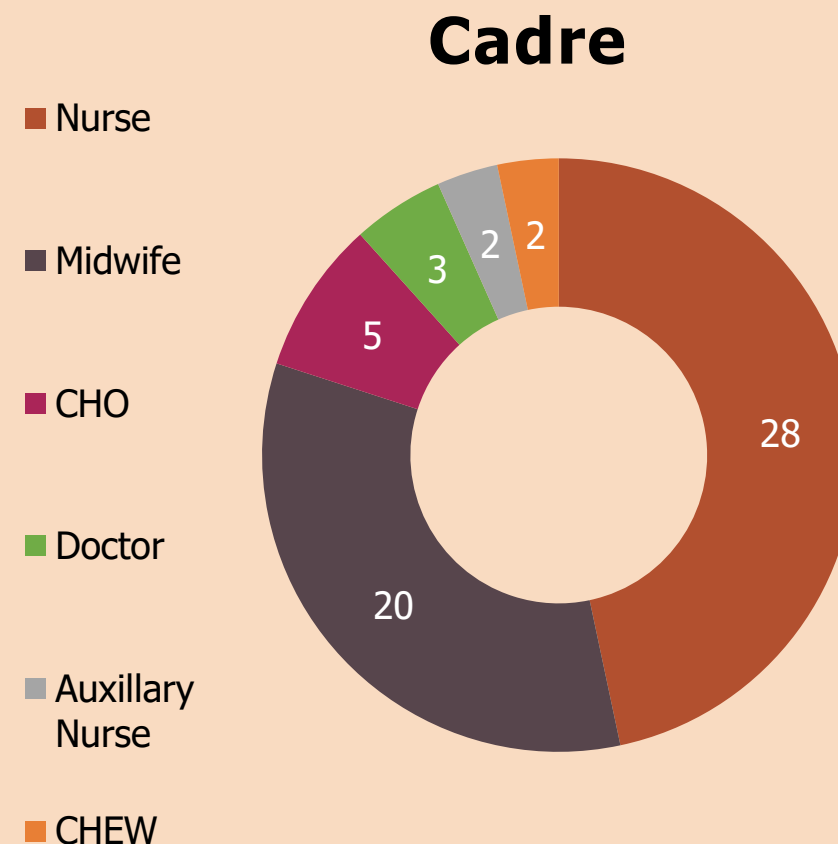
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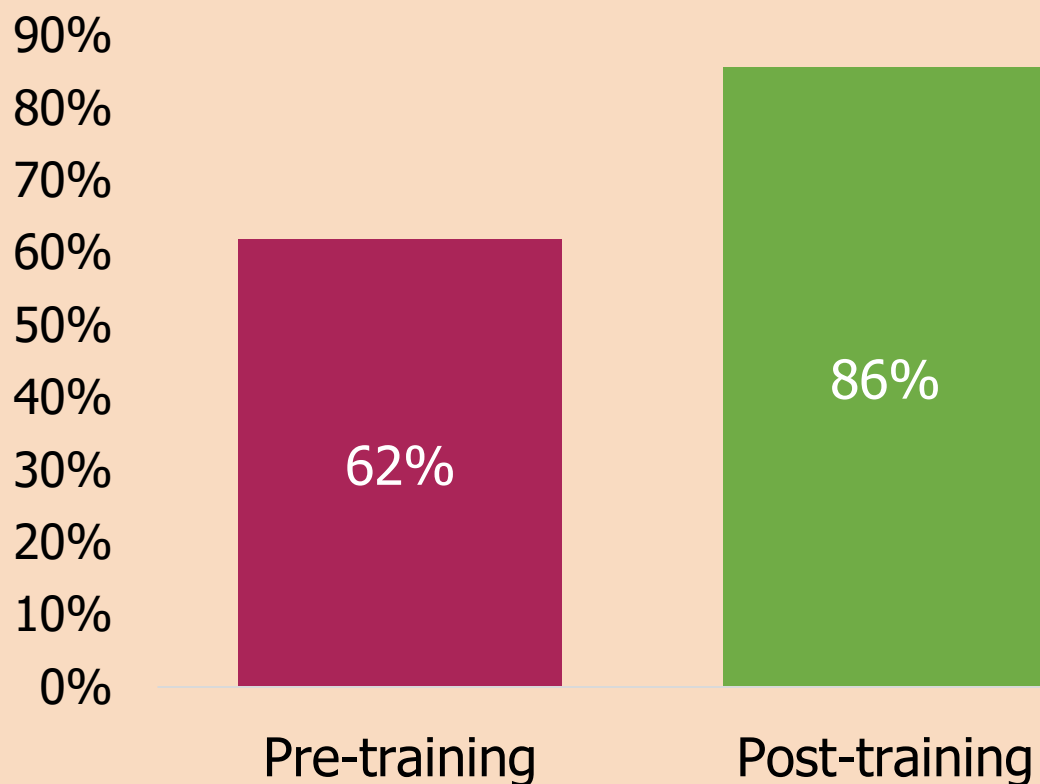
## ➤ Provider Demographics

Characteristic		N (Total N = 60)	%
State	Enugu	25	42
	Kano	14	23
	Oyo	21	35
Sector of employment	Public	36	60
	Private	15	25
	Both public & private	9	15
Age (average, range)		48 (21-65)	--
Previous FP digital training experience		15	25



# Pre- & Post-Training Knowledge Assessments (n=55)

Average knowledge assessment scores



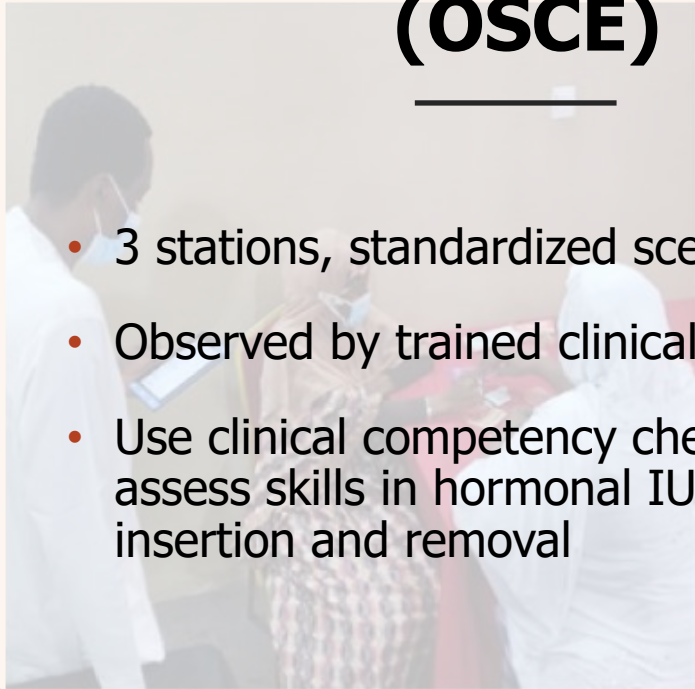
	Pre-Training	Post-training
Mean	62%	86%
Median	62%	92%
Range	(39-76)	(52-100)

## 1. Counseling station

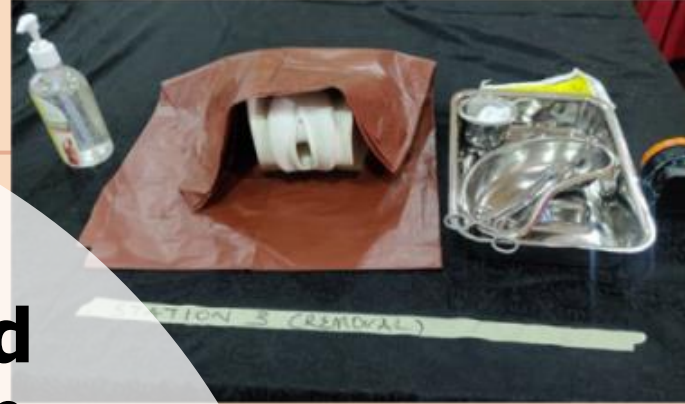


# Objective Structured Clinical Examination (OSCE)

- 3 stations, standardized scenarios
- Observed by trained clinical supervisor
- Use clinical competency checklists to assess skills in hormonal IUD counseling, insertion and removal



## 2. Insertion station



## 3. Removal station



## ➤ OSCE Skills Assessment (N = 62)

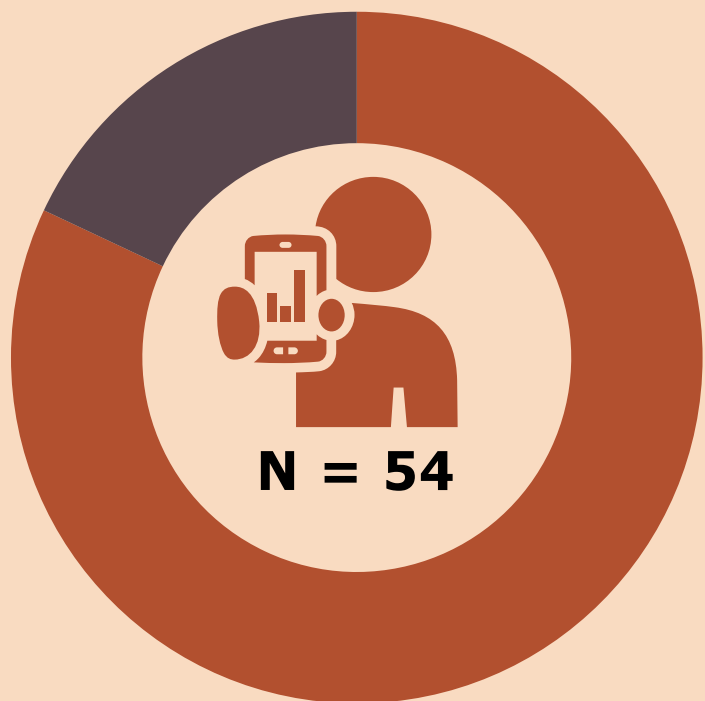
Performance very high for all stations  
(3 providers 'failed' due to missing critical step)

	Counseling	Insertion	Removal	All stations
Average score (%)	95	95	94	94
Lowest score (%)	81	76	82	81
No. of trainees failed the station	1	2	0	3

OSCE Scores by Station



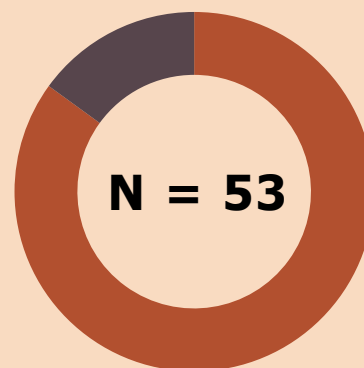
## ➤ High satisfaction with digital training



**83%**

Felt that digital training was more convenient than in-person training

**100%** agreed they felt very prepared for the practicum



**85%**

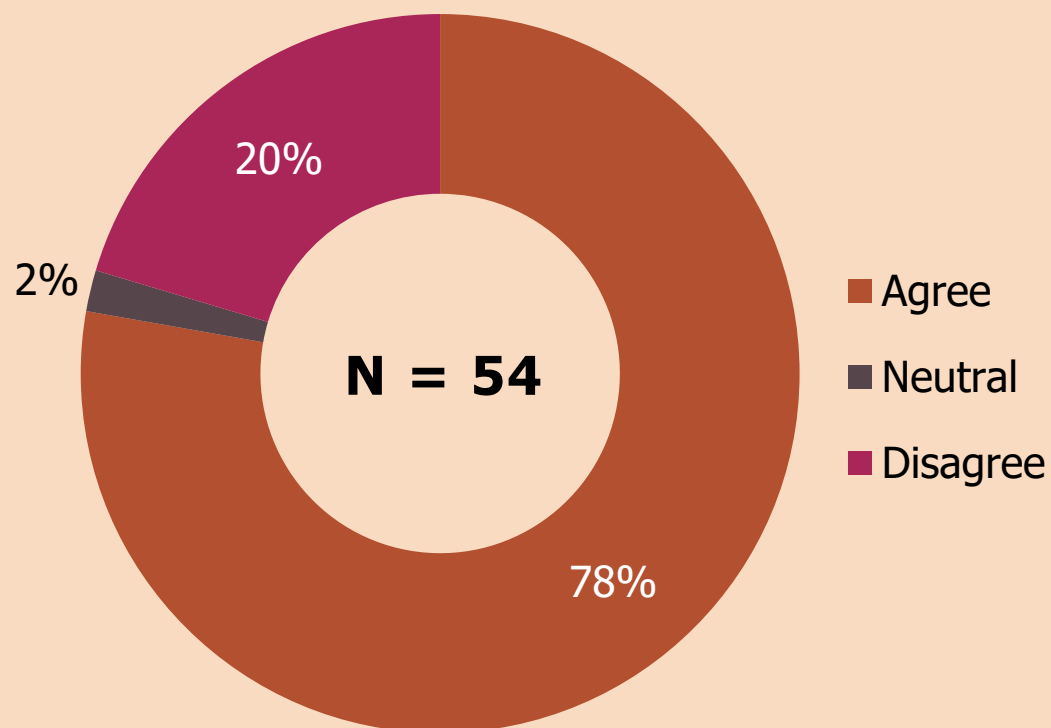
Indicated that they would recommend digital training to other providers

Note: Agreed = Strongly agreed and somewhat agreed



## ➤ Provider preferences - online vs. in-person

*I got the same understanding from digital training compared to in-person training*



Note: Agree = Strongly agree and somewhat agree

60%

Providers felt there were sufficient opportunities to ask questions\*

67%

Providers did not report difficulty navigating the training platform\*\*

\* N = 55; \*\* N = 54





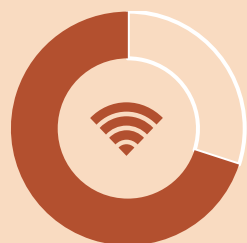
## ➤ User Experience & Technical Challenges (N = 56)



Almost everyone (96%) reported using a smartphone for the training



Most providers reported completing the training at home, after working hours



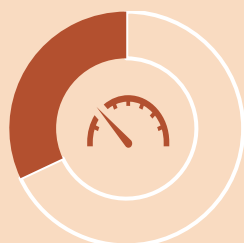
70%

Connection problems



59%

Log-in problems



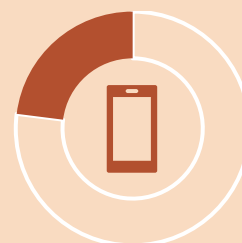
32%

Bandwidth issues/slow connection



29%

Difficulty navigating the platform



23%

Lack of access to an internet-enabled device



21%

Training would not load

Almost everyone (95%) reported encountering at least one technical challenge.



“

*The e-learning training is...more comfortable for us because of our working condition and leaving our family to go to other places to stay two or three days coming back. Instead, you will be at your home, doing everything at your leisure time, even after, even when you finish every work you want to do...with the e-learning, you can continue even till late at night to do your work. So, I prefer e-learning to that classroom work"*

- Public and Private Sector Provider from Enugu



# ➤ Recommendations to Improve Training Model

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## **Access to better network / data allowance**

- Larger data allowance and fewer network issues would improve training
- Larger data stipend was needed by clinical supervisors to cover internet costs

## **Practicum Improvements**

- Provision of hormonal IUD commodities for the practicum ahead of time
- Increase number of days for the practicum
- Schedule live client practicum immediately following skills lab practicum

## **Incentive: CME Credits & Certificate**

- Certificates would add value to training and boost morale
- Provider digital orientation ahead of e-training
- Expanding pool of clinical supervisors / need to grow workforce of clinical supervisors in States

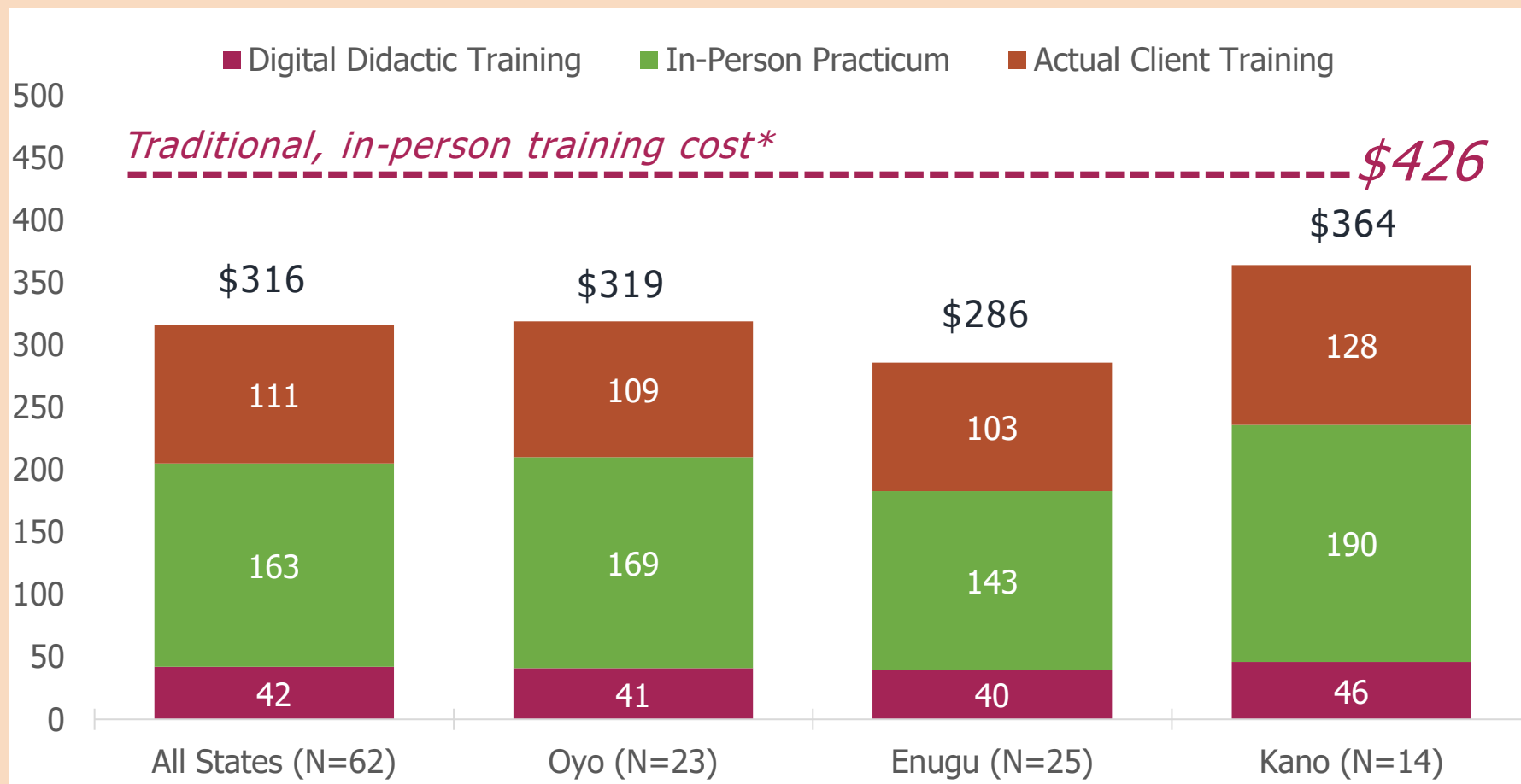


“

*So, we can as well start to prepare for scale-up because we are really excited about the digital training, from the government perspective and as a policy maker too, I am keenly interested in it. It will allow me a very rapid traction and invariably will also support access to family planning information services as well as enhancing uptake" -Key Informant*



## ➤ Cost Per Provider Trained, USD



- The hybrid training cost **\$316** per provider trained
- A previous evaluation of a traditional, in-person training on hormonal IUD cost **\$426** per provider trained\*

Brunie A, Rademacher KH, Nwala AA *et al.* Provision of the levonorgestrel intrauterine system in Nigeria: Provider perspectives and service delivery costs *Gates Open Res* 2020, 4:119 (<https://doi.org/10.12688/gatesopenres.13135.1>)

## ➤ Conclusion

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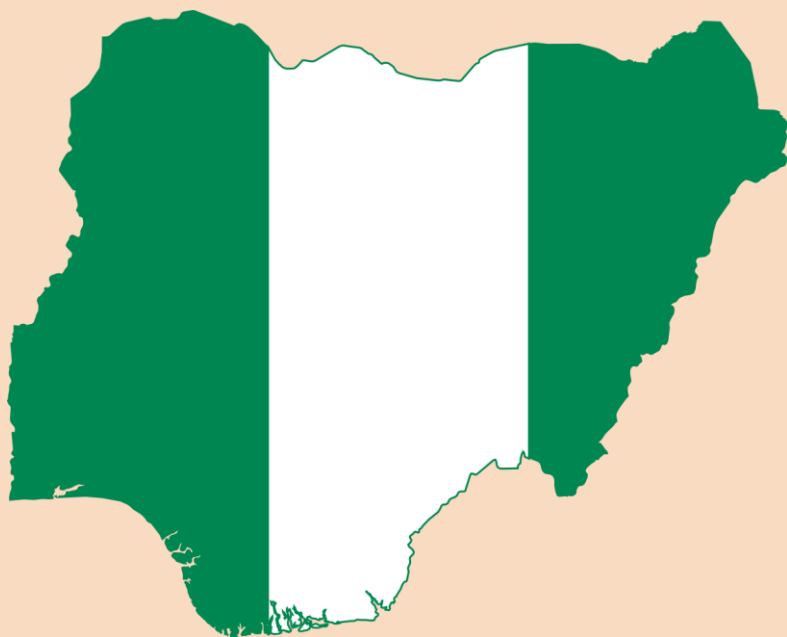
- This study found a hybrid digital training approach to hormonal IUD to be **highly acceptable**, produced **high knowledge gains and skill levels**, and resulted in potential **cost-savings relative to traditional, in-person training** alternatives.





## ➤ Next steps

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National scale-up of digital  
training approach

<https://kayaconnect.org/c/hormonal-iud-training>



**Coming soon!** Global version of  
the hormonal IUD digital training  
(including French translation)



## ➤ FMOH training materials validation



# Thank you for listening!

Research for Scalable Solutions & LEAP Initiative

## Study Team

- **Nigeria Federal MOH:** Dr. Kayode Afolabi
- **FHI 360:** Dr. Marya Plotkin, Marga Eichleay, Kate Rademacher, Samantha Archie, Dr. Helen Anyasi
- **PSI:** Dr. Kristen Little, Kendal Danna, Eden Demise, Brett Keller
- **SFH/Nigeria:** Dr. Anthony Adindu Nwala, Dr. Jennifer Anyanti, Chinedu Onyezobi, Dr. Eze Nwokoma
- **EVIHDAF:** Dr. Funmi OlaOlorun

# ROUND ROBIN

## DIGITAL TRAINING RESOURCES

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### **Training Resource Package for Family Planning**

*Neeta Bhatnager, Jhpeigo*

*Kate Dieringer, USAID*

### **Bayer Digital Training Materials**

*Kai Risse, Bayer*

### **Medicines360 Digital Training Materials**

*Jill Keesbury, Medicines360*







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Organization



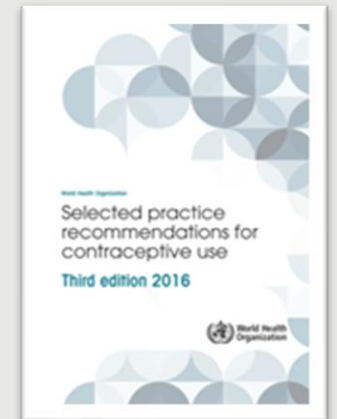
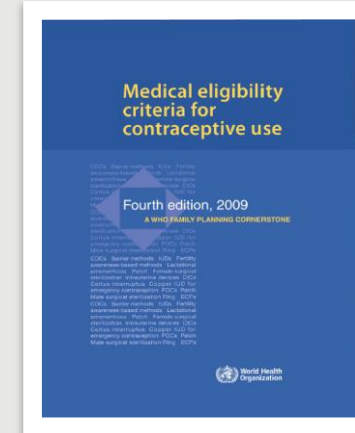
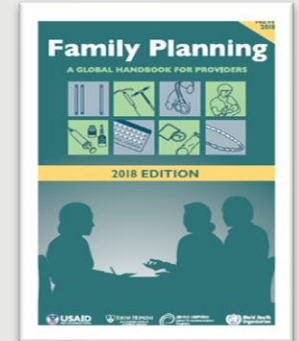
# TRAINING RESOURCE PACKAGE FOR FAMILY PLANNING



# Global Good for Clinical Professional Development

- Virtual platform that offers a collection of the curricular components and standardized tools to **design, implement, and evaluate** up-to-date FP/RH training and **enhance opportunities for health professionals to advance clinical competency in family planning**
- Adapted from global evidence-base of technical guidance and information: WHO Global Family Planning Handbook for Providers, Medical Eligibility Criteria, SPR
- Incorporates competency-based training approaches and adult learning principles designed for adaptation to practice context, for range of cadres and in both pre and/or in-service clinical education

[www.fptraining.org](http://www.fptraining.org)





## Platform Enhancement 2020-2022

**Task:** Momentum Country and Global Leadership led an extensive engagement process, built on HRH2030's user analytic and landscaping research


Data collection engaged from stakeholders (donors, clinical trainers, program managers, clinicians and academics) in order to inform platform redesign and to identify opportunities to best meet demand with improve accessibility features and functionality


**Goal:** Understand global perspectives on accessibility, connectivity, functionality of clinical training curricula in order to revise and adapt

**Response:** New features include personalization, peer community exchange forum, embedded method specific video content, smaller files for download, lo-fi functionality, streamlined navigation and offline utilization capabilities for providers

# Home Page

[Matériaux en Français](#) [FAQs](#) [Contact Us](#)

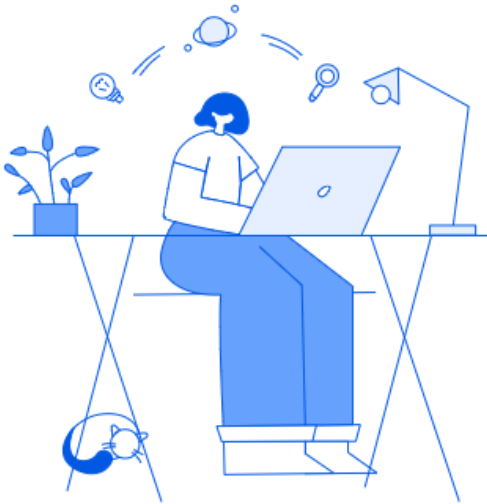
 **Training Resource Package for Family Planning**


[Training Modules](#) [Training Guides](#) [Community](#) [About TRP](#) [Account](#) 


## Training Resource Package for Family Planning


TRP – Training Resource Package for Family Planning offers curriculum components and tools for trainers to design, implement, and evaluate family planning and reproductive health training.

[Getting Started with TRP](#) [Browse Training Modules >](#)



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# Training Module

[Home](#) / [Training Modules](#) / [Hormonal Intrauterine Device](#)

## Hormonal Intrauterine Device

[Overview](#) [Preparing A Session](#) [All Downloads](#) [Discuss \(0\)](#)

### Purpose

This training module is designed to support health care workers in developing the knowledge, skills and attitudes needed to provide accurate information and counseling on Hormonal Intrauterine Devices (Hormonal 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 insert and remove Hormonal IUDs, if this is appropriate to their scope of practice and job description. It is designed to actively involve the trainees in the learning process. Training sessions include the use of PowerPoint presentations, skills practice in the form of role plays, case studies and discussions, as well as clinical practice, with anatomic models and clients, using objective competency-based skills checklists.

### Hormonal Intrauterine Device Facilitators Guide

The facilitator's guide intends to prepare and guide you in facilitating the training course for Hormonal Intrauterine Devices (Hormonal IUDs). It provides detailed information about using the required materials available on this website--slides, handouts, evaluation materials, and additional references. It is recommended that you familiarize yourself with this guide before conducting the training course.

#### Start Preparing for A Session

Session plans, slides, handouts and more.



#### Additional Training Tools

General Facilitator's Guide, case studies and more.



#### Getting started with modules

View short guide about module structure



Category	Long Acting Reversible Contraceptives(LARC)
Language	English
Updated on	Jul 19, 2021

# Contents of the Module

[Overview](#) [Preparing A Session](#) [All Downloads](#) [Discuss](#)

## Module Session Plan

The session plan describes the subject content, method of instruction, learning activities, resources and materials that will support you in preparing for and conducting the session. It includes a training schedule that provides a breakdown of the module by day, time, and topic.

**Illustrative Module Session Plan – Hormonal IUDs**

The session plan summarizes how the resources and documents in the module should be used to achieve the learning objectives.

Word Doc • 186.97 kB

**Hormonal IUDs: Training Schedule**


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

Word Doc • 43.99 kB

## Presentation slides

The presentation slides provide technical information on the subject matter. The text for these slides can be found in the speaker notes.

All slides are color coded according to information. [Learn more](#)



[Download All Slides](#)

## Evaluation Tools

The module contains tools for evaluating the knowledge and skill of trainees. These include pre- and post-knowledge assessment questionnaires having objective questions, with instructions for scoring the tests and competency-based skills checklists for assessing the acquired skills during and after the training. It also contains the course evaluation tool.

## Handouts

The module has a set of handouts with specific information and key take away messages and Job aids to support learning at workplace. Handouts should be printed and distributed to the learners.

**Hormonal Intrauterine Devices: Competency-Based Training (CBT) Skills Assessment Checklist**

Word Doc • 75.08 kB

**Hormonal Intrauterine Devices: Pre-Test**

Word Doc • 32.24 kB

**Hormonal Intrauterine Devices: Post-Test**

Word Doc • 31.4 kB

**Hormonal Intrauterine Devices: Course Evaluation**

Word Doc • 25.77 kB

**Hormonal Intrauterine Devices Handout #1: Comparing Effectiveness of Family Planning Methods**

PDF • 1.25 MB

**Hormonal Intrauterine Devices Handout #2: Alternate Effectiveness Chart: If 100 Women Use a Method for One Year, How Many will Become Pregnant?**

PDF • 110.02 kB

**Hormonal Intrauterine Devices Handout #3: Fact Sheet: Hormonal IUDs**

Word Doc • 34.79 kB

**Hormonal Intrauterine Devices Handout #4: WHO Medical Eligibility Criteria Wheel for Contraceptive Use**

PDF • 1.21 MB

- Facilitators Guide
- Session Plan & Schedule
- Presentation Slides with Videos
- Evaluation Tools
- Handouts
- References
- Discussion Section

## French Translation Now Available

### References

The main references for the implants module as well as for other modules of the TRP are the World Health Organization's four cornerstones of family planning guidance.

**Family Planning: A Global Handbook for Providers (2018 update)**

This book serves as a quick-reference resource for all level of health care workers. It provides practical guidance on delivering family planning methods appropriately and effectively.

[Reference Link](#)

**The Medical Eligibility Criteria for Contraceptive Use (5th edition 2015).**

This resource provides guidance on whether people with certain medical conditions can safely and effectively use specific contraceptive methods.

[Reference Link](#)

**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.

[Reference Link](#)

**The WHO Medical Eligibility Criteria Wheel for Contraceptive Use (2015)**

A tool that makes it easy to identify medical eligibility for use of family planning methods.

[Reference Link](#)

# Thank You!





# Digital Training Approaches for Family Planning Providers: Emerging Evidence & Resources

## Bayer Materials Overview

Kai Risse

Head Sustainability Family Planning LARC



# Mirena® Training slides available at [www.hormonaliud.org](http://www.hormonaliud.org)

## Effect on endometrium and ovaries

Mirena has mainly local progestogenic effects in the uterine cavity. High local levels of LNG lead to morphological changes, including<sup>1,2</sup>:

- Stromal pseudodecidualization



## Bleeding pattern with Mirena

Mirena users experience a significant decrease in the average number of menstrual bleeding days<sup>1,2</sup> and blood loss<sup>3,4</sup>.



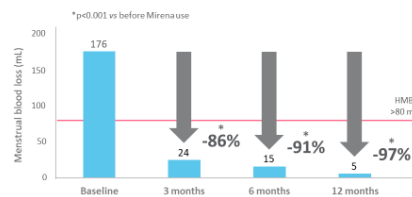
## WHO Medical Eligibility Criteria for LNG-IUS

Condition	Category	Clarification
Post-partum (≥ 4 weeks)	1	
Post-abortion (1 <sup>st</sup> trimester)	1	IUS can be placed immediately after first-trimester spontaneous or induced abortion.
Past ectopic pregnancy	1	
History of pelvic surgery	1	
Adequately controlled or moderately high hypertension	1	Moderately high hypertension = systolic <160 mm Hg, diastolic <100 mm Hg.
Obesity		
Non-mi (even if Irregular)		
Depres		
Endom		
Benign		
Dysmer		

1. No restriction to use
2. Advantages generally outweigh the risks
3. Risks generally outweigh the advantages

## Mirena for treatment of heavy menstrual bleeding

Mirena significantly reduces menstrual blood loss from as early as 3 months after placement



Andersson JK & Rybo G. Br J Obstet Gynaecol 1990; 97: 690-94.

## Preparations for Mirena placement

1. Counsel patient, have her sign the consent form in the Patient Information Booklet, note lot number
2. Rule out contraindications (such as acute liver disease or hypersensitivity to levonorgestrel) and pregnancy
3. Ensure all equipment needed for placement is available to hand

## IUS counseling checklist

Proper counseling increases patient satisfaction<sup>1</sup>, avoids unnecessary removals and improves continuation rates<sup>2</sup>

### Counseling Checklist

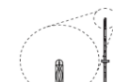
1. Mode of action, benefits and risks

## Step 2: Load the IUS into the insertion tube

### Step 2

#### Load the Mirena into the insertion tube

Push the slider **forward** as far as possible in the direction of the arrow thereby moving the insertion tube over the T-body to load the IUS.



Note:  
• The arrow on the slider indicates the direction of the loading

## Post-placement checklist

### Post-placement checklist

- ✓ Record lot number
- ✓ Reassure woman regarding potential bleeding pattern during first months
- ✓ Advise that she can return to the clinic if she has any concerns
- ✓ Prescribe analgesics if indicated
- ✓ Counsel woman on how to check the threads
- ✓ Inform her that intercourse and careful use of tampons/menstrual cups are possible after placement

If there is clinical concern, exceptional pain or bleeding during or after placement, appropriate steps (e.g. physical examination and ultrasound) should be taken immediately to exclude perforation

Woman should be advised to be careful to avoid getting the IUS threads caught when removing tampon/menstrual cup. Checking threads after removal should be recommended

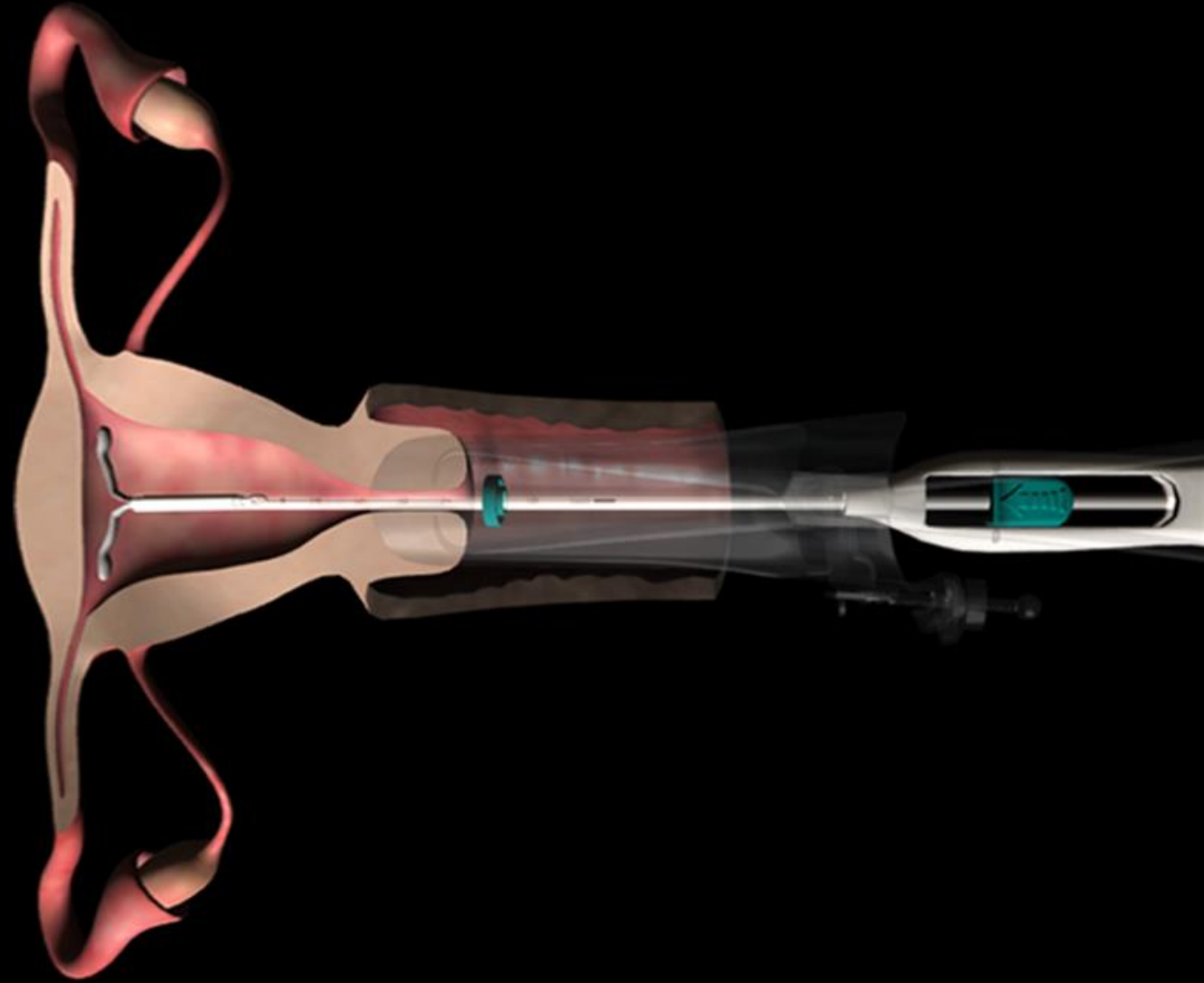
Mirena Prescribing Information





# Mirena<sup>®</sup> hormonal IUD Insertion & Removal SimulationOnline<sup>™</sup>

POWERED BY  
**VIRTAMED<sup>+</sup>**





# Interactive hormonal IUD didactic material for independent learning

POWERED BY

VIRTAMED<sup>+</sup>

Mirena® Training Manual

## Mechanisms of action

LNG-IUS mainly have a local contraceptive effect<sup>1,3</sup>

Due to this local effect, plasma levels of LNG are low, meaning that ovulation is not inhibited<sup>1,2</sup>

Studies of Mirena and similar LNG-IUS products have suggested several mechanisms that may prevent pregnancy such as<sup>1-4</sup>:

- Thickening of cervical mucus
- Inhibition of sperm maturation/survival
- Suppressing endometrial maturation

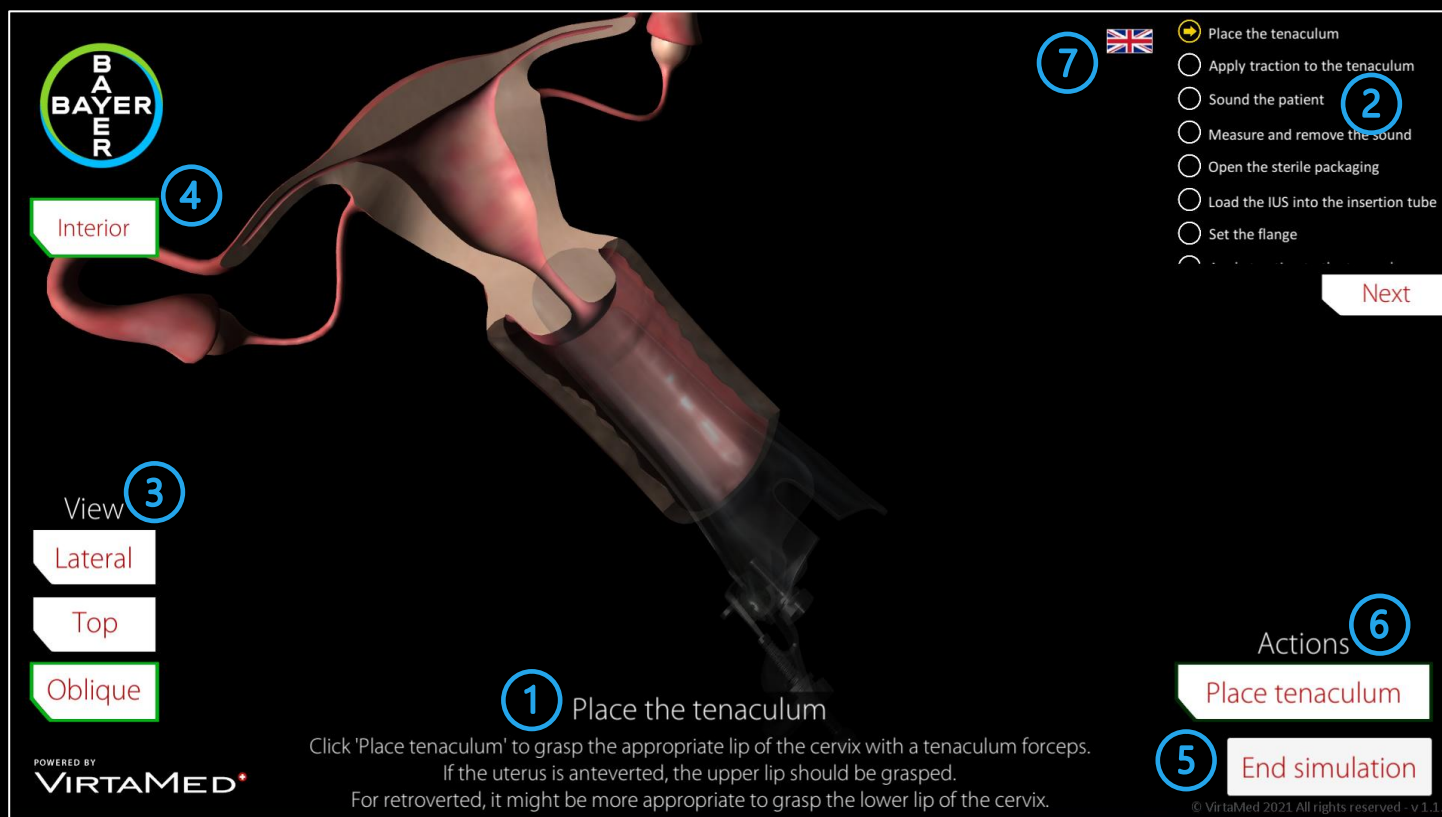
Alteration of the endometrium

UTERUS

VAGINA

To continue, click through all the blue icons first

1. Stanford JB, et al. *Am J Obstet Gynecol* 2002;187:1699–708; 2. Attia AM, et al. *Patient Prefer Adherence* 2013;7:777-85; 3. Rivera R, et al. *Am J Obstet Gynecol* 1999;181(5 Pt 1):1263–9; 4. Sivin I. *Stud Fam Plann* 1989;20:355–9.



1. Task description
2. Task list with next and back buttons to skip the steps
3. Change view of the uterus or device
4. Show or hide the interior of the uterus
5. End the simulation and get feedback report
6. Action buttons for the current task
7. Change the language

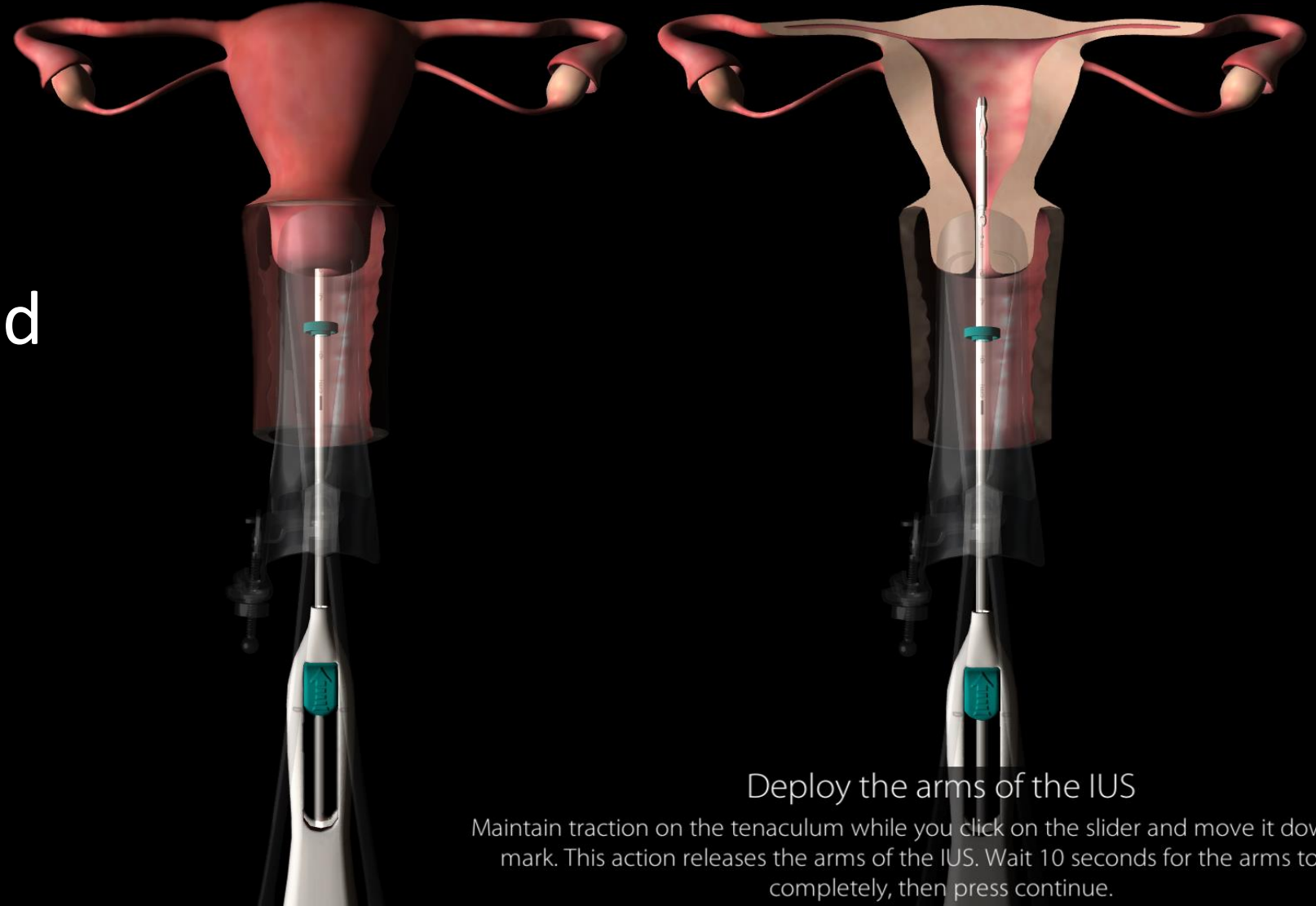
POWERED BY

**VIRTAMED**+



Choose between  
blind and proctored  
training guidance

POWERED BY  
**VIRTAMED** 

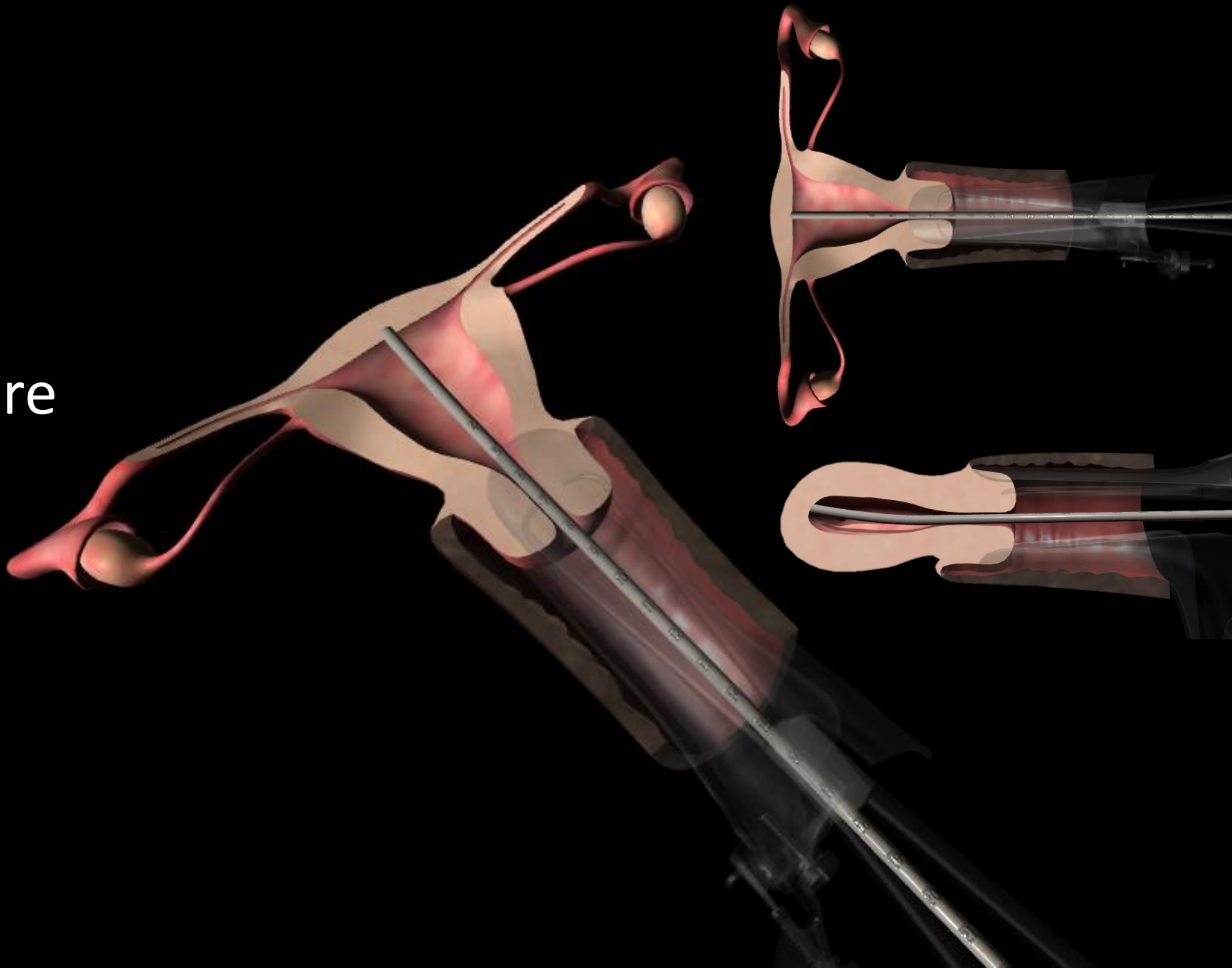


Deploy the arms of the IUS

Maintain traction on the tenaculum while you click on the slider and move it down to the mark. This action releases the arms of the IUS. Wait 10 seconds for the arms to open completely, then press continue.



View the procedure  
from different  
perspectives



POWERED BY

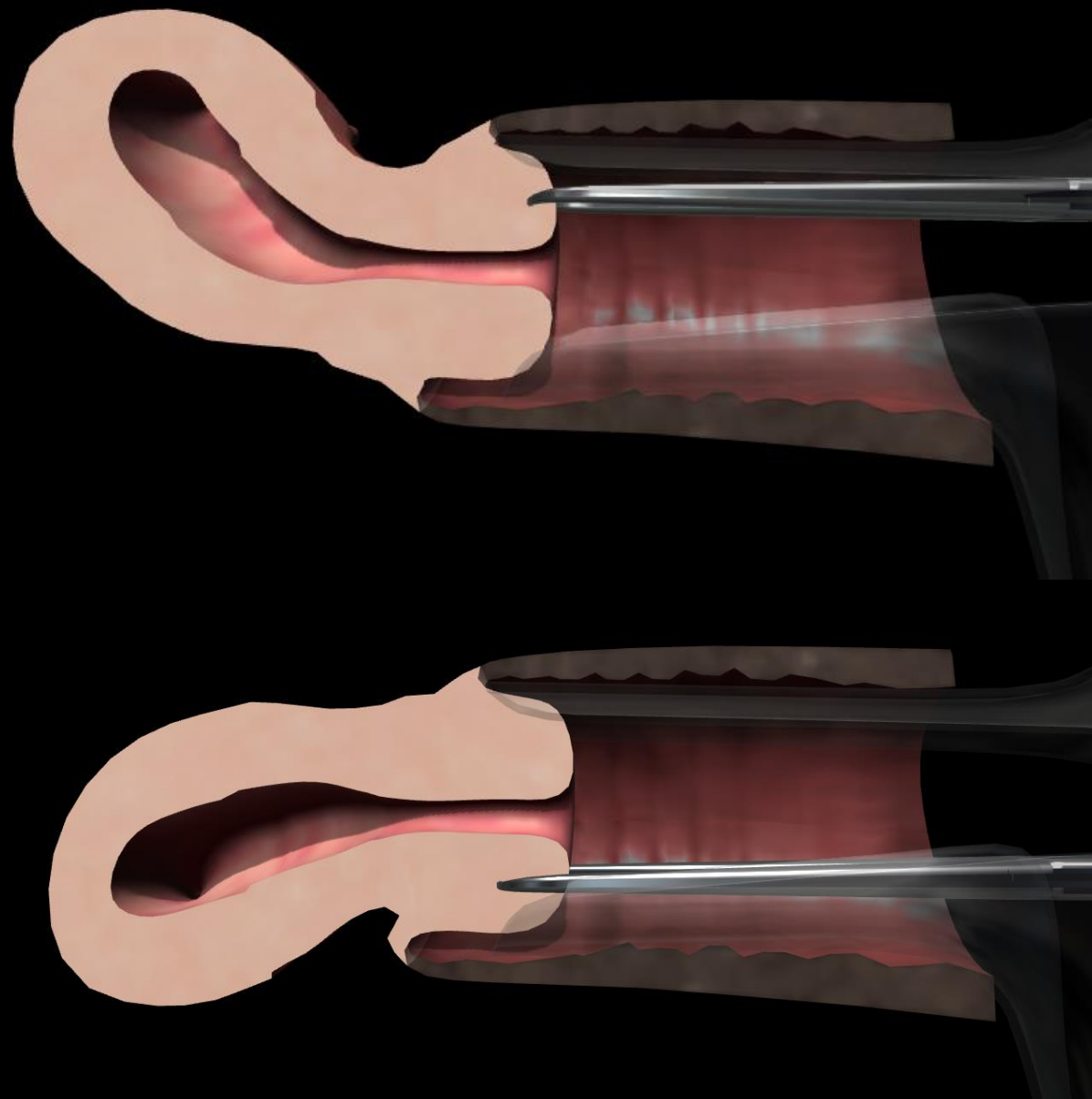
**VIRTAMED<sup>+</sup>**



# Compare techniques for anteverted and retroverted uteri

POWERED BY

**VIRTAMED<sup>+</sup>**



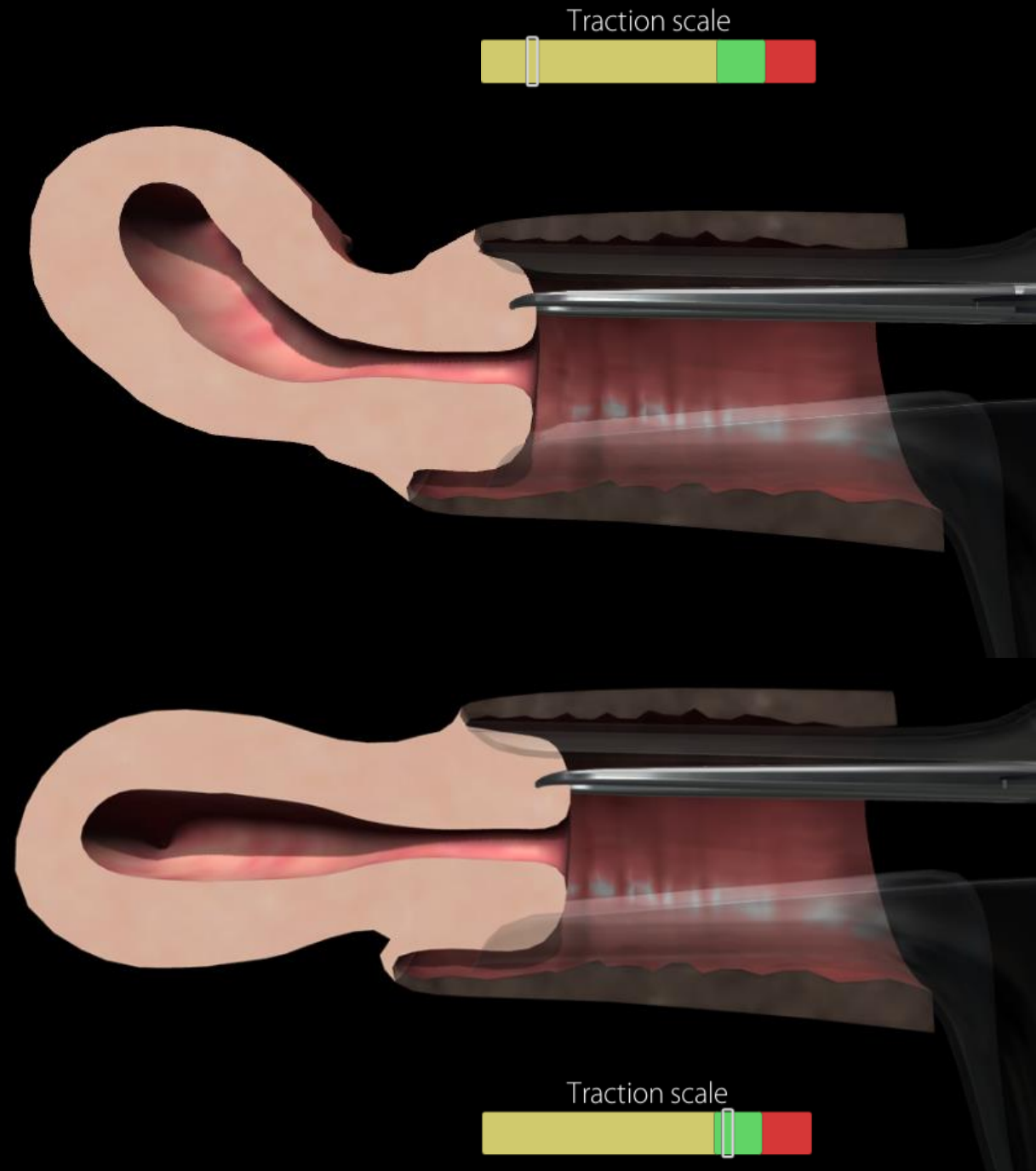




Increase understanding  
of key steps, including  
applying traction

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VIRTAMED<sup>+</sup>







# Review training progress with objective feedback

## Task List

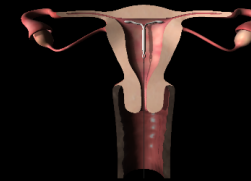
- ✓ Place the tenaculum
- ✗ Apply traction to the tenaculum
- ✓ Sound the patient
- ✓ Measure and remove the sound
- ✓ Open the sterile packaging
- ✓ Load the IUS into the insertion tube
- ✓ Set the flange
- ✓ Apply traction to the tenaculum
- ✓ Introduce the insertion tube
- ✓ Deploy the arms of the IUS
- ✓ Advance to fundal position
- ⊖ Release the IUS

## Procedure summary

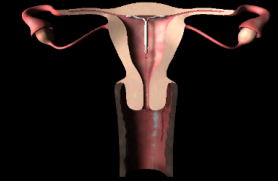
### Feedback metrics

Description	Measured	Goal value
Time needed for procedure	02:18	
Number of trials until the correct depth was sounded	1	1
Uterus pulled for alignment for sounding	No	Yes
Correct length of uterine cavity sounded	Yes	Yes

Your Placement



Ideal Placement



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VIRTAMED<sup>+</sup>



Repeat training  
until all skills are  
mastered

Task List

✓

Place the tenaculum

✓

Apply traction to the tenaculum

✓

Sound the patient

✓

Measure and remove the source

✓

Open the sterile packaging

✓

Load the IUS into the inserter

✓

Set the flange

✓

Apply traction to the tenaculum

✓

Introduce the insertion tube

✓

Deploy the arms of the IUS

✓

Advance to fundal position

✓

Release the IUS

Procedure summary

Feedback metrics

Description	Measured	Goal value
Distance from optimal position when opening the arms	1 mm	≤ 5 mm
Time waited for the arms to open	00:11	≥ 00:10
Distance of final device position to optimal position	0 mm	≤ 3 mm
Distance of threads cut position to optimal position	6 mm	≤ 5 mm

Your Placement

Ideal Placement

Medicines®  
**360**  **IMPACT**  
**RH360**

**Avibela®**   
(levonorgestrel-releasing intrauterine system) 52 mg

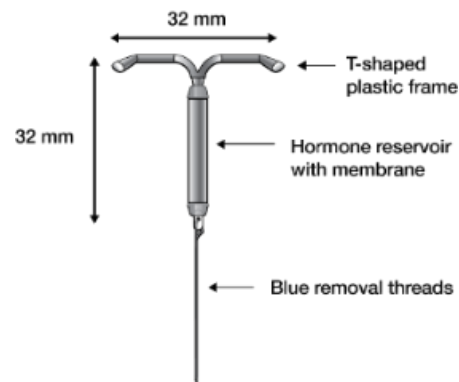
Digital Training Resources

June 2, 2022



# Avibela® is a hormonal IUD indicated for prevention of pregnancy and treatment of heavy menstrual bleeding

- **Duration of Use:** up to 6 years<sup>1</sup>
- **Shelf-life:** 60 months (5 years)



<sup>1</sup> Depending on local regulatory approvals

Source: Avibela Summary of Product Characteristics & Prescribing Information, 2022

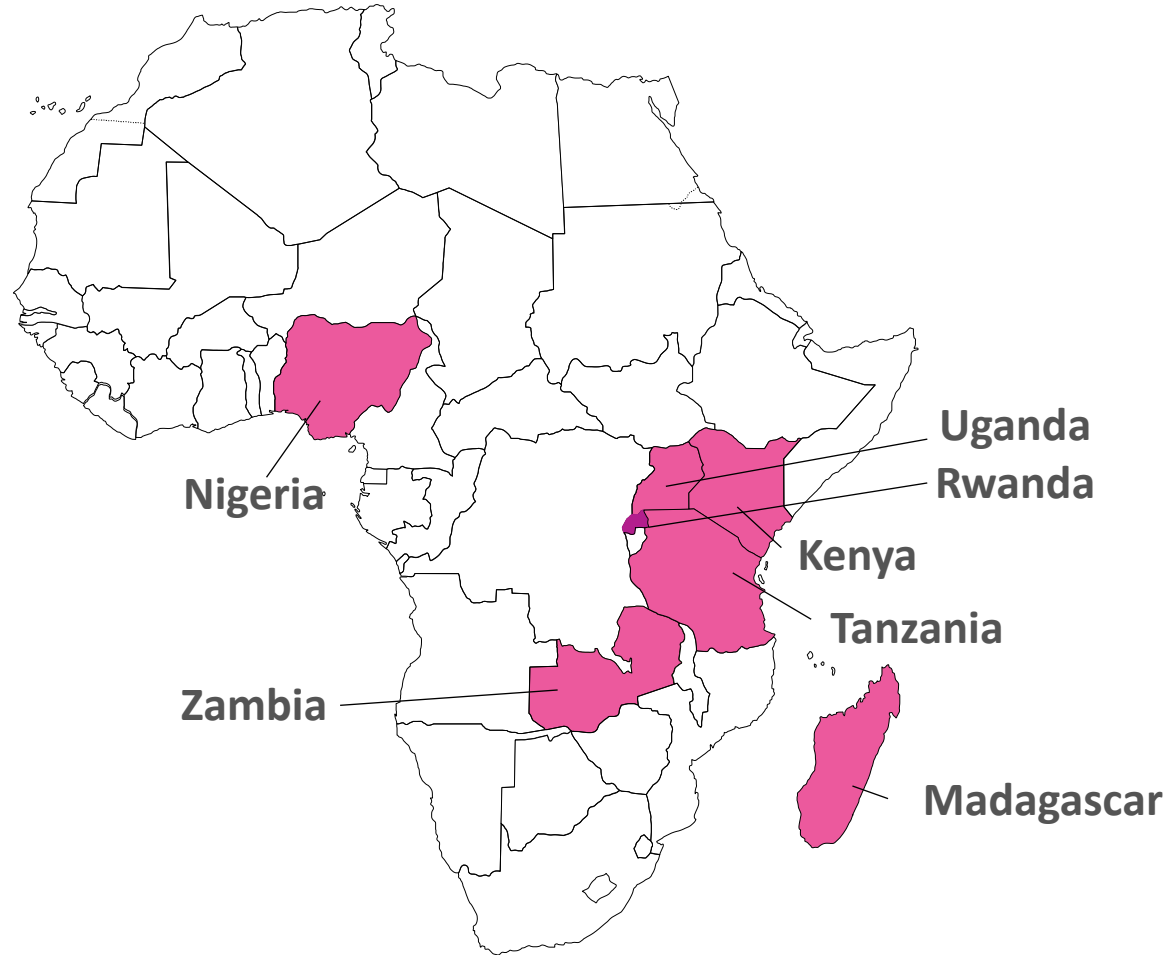
# Avibela® is registered in 6 countries with additional registrations in process

6

regulatory  
approvals

3

registrations in  
process



25

submissions  
planned by 2025

\$9.50

public sector  
price<sup>1</sup>



Registered



Registration in process

<sup>1</sup> Through global procurement catalogs or ordered on behalf of public sector programs in the Hormonal IUD Access Group's priority countries



Medicines®  
**360**♀



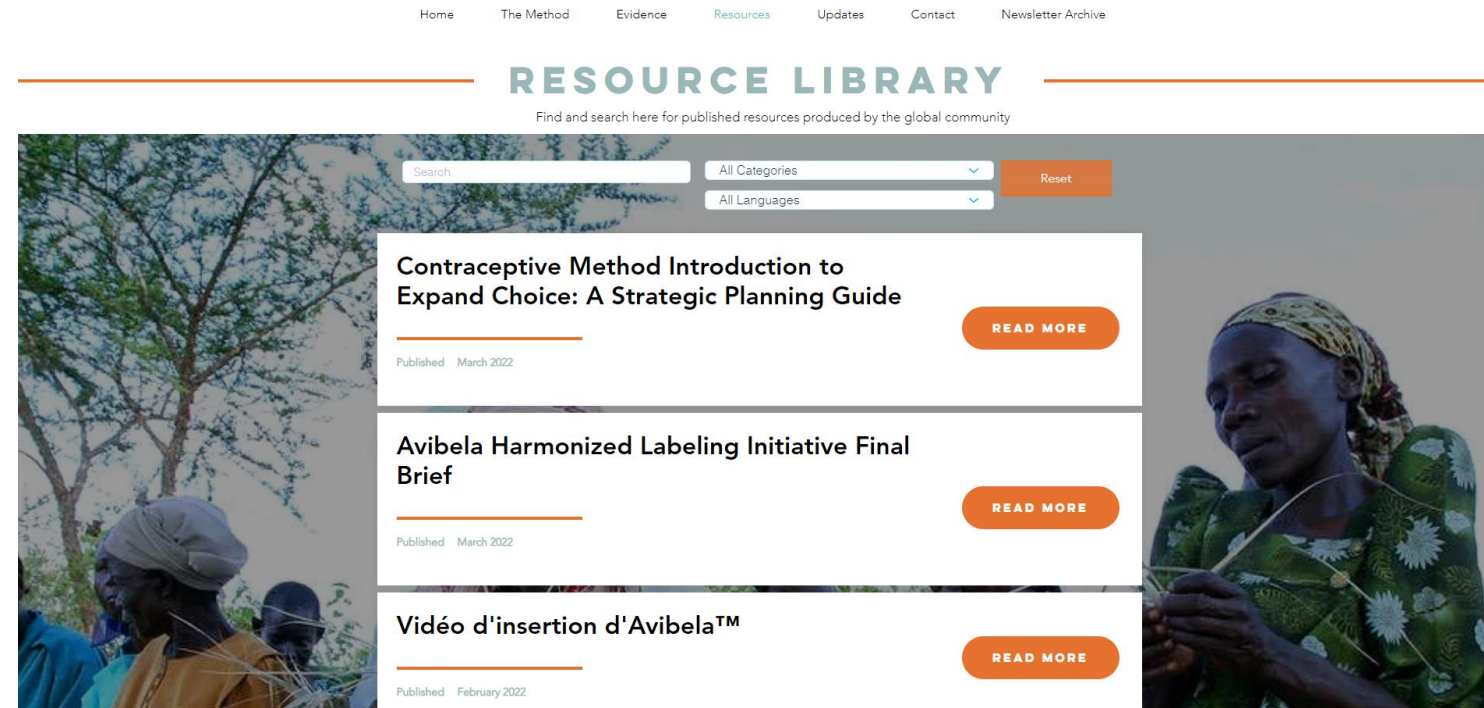
# Avibela<sup>®</sup> training tools are available online

To support introduction, we provide:

- Insertion and removal training deck
- Insertion training video
- Master trainer

Find the training deck and insertion training video on the Hormonal IUD Access Portal Website:

- [www.hormonaliud.org/resource-library](http://www.hormonaliud.org/resource-library)
- **Deck:** [English](#), [French](#), [Spanish](#)
- **Video:** [English](#), [French](#), [Spanish](#)



# Insertion and removal training deck


**Insertion & Removal Procedures**

**Items for Insertion**

- ✓ Gloves
- ✓ Sterile speculum
- ✓ Sterile uterine sound
- ✓ Sterile tenaculum
- ✓ Antiseptic solution
- ✓ AVIBELA with inserter in sealed pouch
- ✓ Sterile, blunt-tipped scissors

*Additional items that may be useful could include:*

- Local anesthesia, needle, and syringe
- Sterile os finder and/or cervical dilators
- Ultrasound with abdominal probe

 7

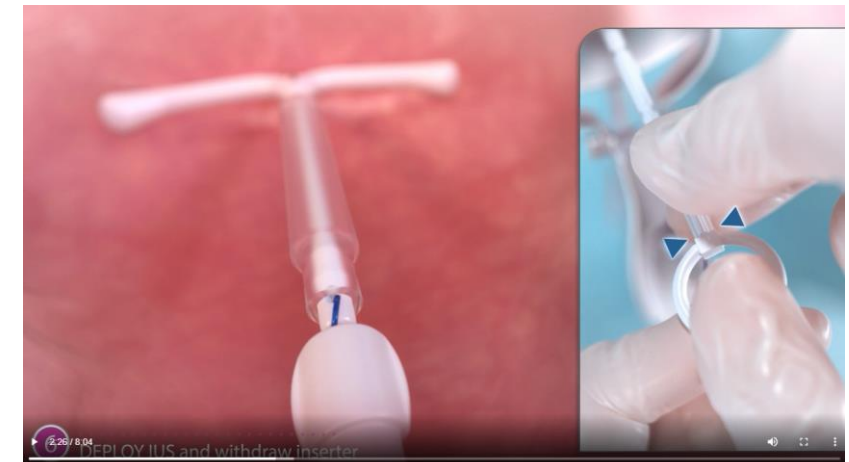
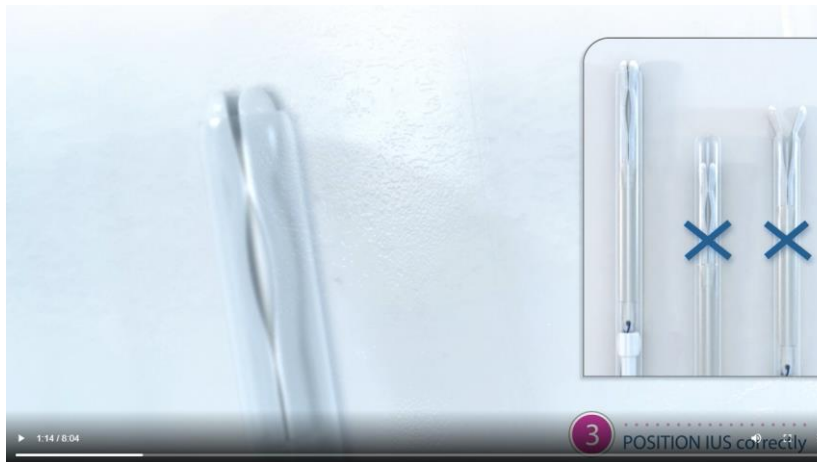
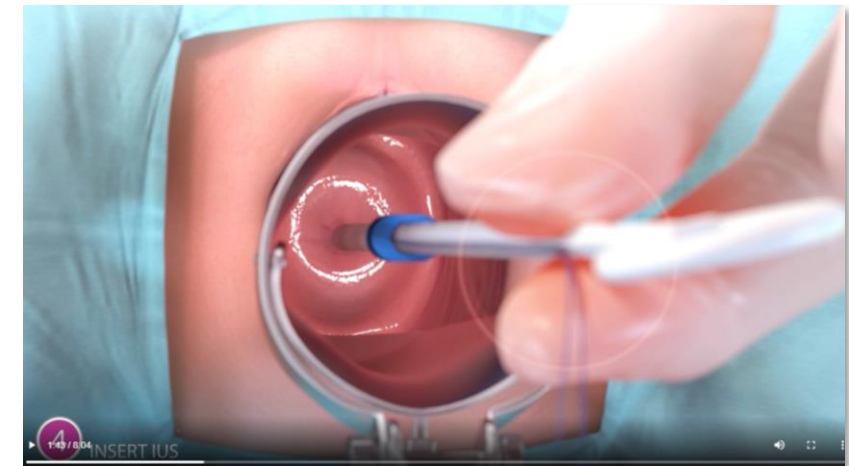
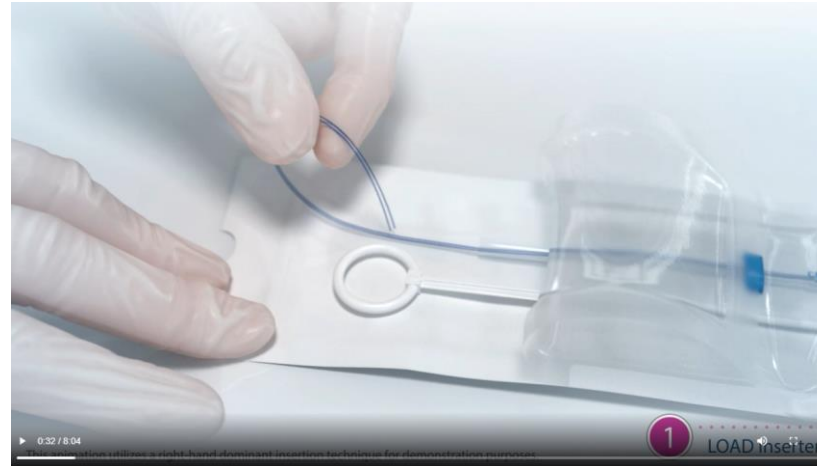
- Insertion of Avibela®
  - Planning for insertion
  - Timing of insertion
  - Items required for insertion
  - Preparation for insertion
  - Sounding the uterus
  - Loading the IUS into the inserter
  - IUS insertion into the uterus
  - Important information to consider during and after insertion
  - Patient counseling, record-keeping and follow-up
- Removal of AVIBELA
  - Timing of removal
  - Items required for removal
  - Removal instructions
  - Continuation of contraception after removal
- Important Safety Information
- Manufacturer and supplier information



# Insertion video for the two-handed inserter

1. Loading the two-handed inserter
2. Adjusting the flange to uterine depth
3. Positioning the IUS correctly
4. Inserting the IUS
5. Releasing the arms of the IUS and position at fundus
6. Deploying the IUS and withdrawing the inserter

Important Safety Information



# Virtual Training with Marie Stopes Kenya



**Thank you!**

**Avibela<sup>®</sup>**   
(levonorgestrel-releasing intrauterine system) 52 mg

# Q&A





**Special thanks to  
Dr. Kayode Afolabi!**  
Recognizing over 30 years  
of leadership & service!



# THANK YOU!

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*To learn more:  
[www.hormonaliud.org](http://www.hormonaliud.org)*

