**Postpartum IUD Insertion** **Privileging**

**Clinician:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requirements for Training:**

* Familiarity with the Clinical Guidelines for Postpartum Intrauterine Device Insertion
* Viewing of a postpartum IUD insertion technique demonstration video (As an example, the SPIRES postpartum IUD Insertion is available at:<http://www.youtube.com/watch?v=uMcTsuf8XxQ>)
* Practice IUD insertion on the postpartum IUD model
* At least two proctored postpartum IUD insertions

**Documentation of Training:**
**1. I have read and am familiar with the Clinical Guidelines for Postpartum IUD Insertion.**
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Clinician Signature    Date
**2. The clinician has viewed the Postpartum IUD Insertion Demonstration video.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Privilege Granter Date
**3. The clinician has practiced IUD insertion on the postpartum uterine model.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Privilege Granter                                           Date
**4. I have proctored the clinician through \_\_\_\_\_ postpartum IUD insertions and they are able to perform postpartum IUD unassisted.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Proctoring Clinician                                               Date
**5. The clinician has met the requirements for credentialing in postpartum IUD insertion.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Privilege Granter                                           Date