## Return on contraceptive failures, complications & poor quality products

This form should be completed for all complications and failures that occur due to contraceptive use such as OCP, DMPA, Implants, IUD, Condoms & Sterilizations (*Refer instructions overleaf*).

Part	: A			
1.	RDHS			Circle year and
2.	MOH Area			quarter (qtr)
3.	Name of client & Age	Name	Age	2010 / 2011 / 2012
4.	Parity / No of children		l	1 <sup>st</sup> qtr / 2 <sup>nd</sup> qtr
5.	H 1200 registration no of client			3 <sup>rd</sup> qtr / 4 <sup>th</sup> qtr
6.	Name of clinic & Reg. No	Name		Reg. No
7.	<b>Name the method</b> that caused the complication/failure (delete as appropriate)	□ OCP □ DMPA □ Implants □ IUD □ Condoms □ Female sterilization □ Male sterilization (√ one box only)		
8.	Service provider	□ MOH □ MO □ RMO □ A	AMO	□ PHNS
		☐ PHM ☐ Other (specify)		(√ one box only)
9.	Duration of use (in months)	LMP :		
10.				
	or <b>complication</b>			
	(E.g. anaphylaxis, abscess following DMPA injection, Perforation of uterus during IUD insertion)			
11.	If it is a <i>failure</i> (i.e. becoming pregnant while on a method), give a cause for the failure	<ul> <li>□ Failure due to non compliance of user</li> <li>□ Failure due to the method (Please fill Part B, if appropriate)</li> <li>□ Failure due to service provision</li> <li>□ Other (specify)</li> </ul>		
		, , , , , , , , , , , , , , , , , , ,		(√ one or more boxes)
12.	Comments/suggestions			
Part	B Any quality failure of a contraceptive product provided by the FHB should be notified to			
Director/ MCH <u>immediately</u> on completion of the following:				
1.	Name of Contraceptive & Brand			
	(e.g. DMPA: Provera or Depogestin OCP: Oralcon- F, IUD: Eve's or Pregna)			
2.	Batch no			
3.	Expiry date			
4.	Physical appearance of package	☐ Good ☐ Damaged ☐ Discold	oured 🗆	Other (specify)
5.	Comments/suggestions			
Name	)	Designation		Date

## Instructions

- 1. This return should be **photocopied** and made available at all family planning clinics (field and/or Institution).
- 2. A single form should be completed for each client who has had a complication or failure (Part A).
- 3. The completed forms from each FP clinic (field and/or Institution) should be sent to the MOH office *quarterly* along with the RH- MIS 527 (MCH clinic return).
- 4. The MOH should send all completed forms to the Family Health Bureau *quarterly* along with the RH- MIS 509 (MCH return).
- 5. A **quality failure** of a contraceptive product should be reported in **Part B** and sent to Director/MCH, Family Health Bureau, 231 De Saram Place, Colombo 10, *immediately*.