

2.1 INTRAUTERINE CONTRACEPTIVE (IUC)

DEFINITION: There are 3 IUCs available in the United States, the Copper IUC (Paragard) and two levonorgestrel containing IUCs (Mirena and Skyla). Less than 1 woman out of 100 becomes pregnant in the first year of using an IUC with typical use. IUCs are long-acting, reversible and can be used by women of all ages, including adolescents, and by parous and nulliparous women. IUCs can be inserted at any time if it is reasonably certain that the woman is not pregnant.

SUBJECTIVE:

1. LNMP.
2. No current signs or symptoms of infection.
3. Document any unprotected coitus in last 5 days. Copper IUC can be inserted as emergency contraception up to 5 days after unprotected intercourse if the woman desires long-term contraception.
4. Evaluation of medical history to assess for use of IUC as adapted from guidelines “U.S. Medical Eligibility Criteria for Contraceptive Use, 2010” (U.S. MEC).
5. No contraindications for IUC use. (Refer to the U.S. MEC in Appendix A)

OBJECTIVE:

1. Current physical examination per Title X guidelines.
2. Blood pressure.
3. Weight & BMI.
4. Normal pelvic exam (e.g., no signs of current vaginal or cervical infection, no sign of pregnancy)

LABORATORY: Must include:

1. Pap test according to current Pap screening guidelines.
2. Negative pregnancy test if any unprotected intercourse since LMP.

May include:

1. Chlamydia and Gonorrhea screening, if indicated.
 2. Wet mount to rule out bacterial vaginosis and trichomonas vaginitis, if symptomatic.
 3. HBG/HCT if recent history of excessive menstrual blood loss or anemia
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ASSESSMENT: Candidate for IUC use.

PLAN:

1. Review U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 for condition(s) which represent an unacceptable risk to IUC use, category 4 (See Appendix A)
2. Answer all patients’ questions. If she desires IUC, have her sign informed consent form before insertion.
3. Consider delaying IUC insertion if any concern about possible cervical infection exists. Treat infection and have patient return in 7 days for IUC insertion.
4. If IUC is not inserted at current visit, provide an interim birth control method and advise patient when to return for insertion.
5. Insertion can be done any time if it is reasonably certain the woman is not pregnant.
 - a. Copper IUC is effective as emergency contraception for up to 5 days after unprotected intercourse.
 - b. May replace the IUC immediately after removal of existing IUC if she desires another IUC.
 - c. Review the U.S. MEC for IUC insertion during postpartum period.
 - d. Insert immediately following first trimester pregnancy loss is an option.
6. Administer paracervical block or topical anesthetic, as indicated. If any history of difficult insertion or cervical stenosis, consult with physician.
7. Insert IUC according to manufacturer’s instructions with close attention to aseptic technique. Trim strings to 1 ½ to 2 inches.
8. Record depth of uterine sounding, depth to which IUC inserted, type of IUC, lot number, expiration date, and length of strings trimmed to in procedure note.

9. May call patient within 48-72 hours after IUC insertion to assess how she is feeling.
10. May schedule a return visit to the clinic within 6 to 8 weeks after insertion.
11. Unless patient has contraindications to use of NSAIDs, advise IUC users to use NSAIDs prophylactically for first 3 months following IUC insertion. Typical recommendation: Ibuprofen 600 mg by mouth every 6 hours when awake for first 3-5 days of every cycle for 3 cycles. Other OTC NSAIDs at equivalent doses may be used.
12. Special Considerations for LNG-IUC
 - a. If the LNG-IUC is inserted >7days since menstrual bleeding started, advise patient to abstain from intercourse or use additional contraceptive protection for the next 7 days.
 - b. If woman is ≥ 21 days postpartum and not fully breastfeeding and no return of menses she needs to abstain from intercourse or use a backup method for 7 days.
 - c. If switching from the Cu-IUC to the LNG-IUC and she has had sexual intercourse since the start of her current menstrual cycle and it has been >5 days since bleeding started, theoretically, residual sperm might be in the genital tract which could lead to fertilization if ovulation occurs – consider ECP at time of LNG-IUC insertion.
13. Advise patient to call clinic with any questions or concerns.

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- PATIENT EDUCATION:**
1. Reinforce IUC education, including checking strings monthly, signs and symptoms of possible IUC complications (e.g., infection, expulsion, perforation, pregnancy)
 2. Instruct patient to seek urgent care if any symptoms of PID, heavy vaginal bleeding, severe cramping, or symptoms of pregnancy.
 3. Discuss sexually transmitted infections and their associated risk(s) with an IUC.
 4. Advise on safer sex practices, consistent condom use.
 5. Instruct patient on the appropriate removal time for the IUC. (Paragard-10 years, Mirena-5 years, Skyla-3 years)
 6. Encourage annual well woman care and to RTC PRN for problems.
 7. Discuss risks of IUC if pregnancy occurs: ectopic pregnancy; need for IUC removal.
 8. Advise patient infection risk is greatest within the first month of insertion.
 9. Advise patient of menstrual changes that can occur with IUC use.
 10. Review IUC warning signs.

PAINS “Early IUC Warning Signs”	
P	Pregnancy
A	Abdominal pain; pain with intercourse
I	Infection exposure (STI); abnormal vaginal discharge
N	Not feeling well, fever, chills
S	String missing, shorter or longer

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- CONSULT/ REFER TO MD**
1. Patients evaluated as category 3 according to the “U.S. Medical Eligibility Criteria for Contraceptive Use, 2010”.
 2. Any patient who has difficult insertion.
 3. Patient with an abnormal pap result.