

2.2 IUC Insertion Visit

DEFINITION: This protocol covers the steps by which a previously identified candidate for intrauterine contraception is re-evaluated and an attempt is made to provide her an intrauterine contraceptive.

SUBJECTIVE: Must include:

1. LNMP and PMP.
2. Patient previously assessed to be eligible for IUC use according to protocol 2.1 *Identification of Intrauterine Contraceptive Candidate* and desires IUC insertion after reading product consent form.
3. Medical and sexual history update with special attention to reconfirm IUC candidacy.
4. Patient is ≥ 4 weeks postpartum if recently pregnant. May insert immediately after uncomplicated first trimester pregnancy loss.
5. No symptoms of pregnancy.

OBJECTIVE:

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

LABORATORY: Must include:

1. Pap test according to current Pap guidelines.
2. Negative urine pregnancy test, if indicated.

May include:

1. Chlamydia or Gonorrhea screening.
2. Wet mount with negative results for trichomonas vaginalis and bacterial vaginosis.

ASSESSMENT: Candidate for insertion of intrauterine contraceptive.

PLAN:

1. Review patient product information brochure with patient, answer all questions, and obtain informed consent.
2. Consider delaying IUC insertion if any concern about possible cervical infection exists. Treat infection and have patient return in 7 days for IUC insertion.
3. Administer paracervical block or topical anesthetic, as indicated. If any history of difficult insertion or cervical stenosis, consult with physician.
4. Insert IUC according to manufacturer's instructions with close attention to aseptic technique. Trim strings to 1 ½ -2 inches.
5. Record depth of uterine sounding, depth to which IUC inserted, type of IUC, lot number, expiration date, and length strings trimmed to in procedure note.
6. Schedule a return visit to the clinic within 6 to 8 weeks after insertion.
7. Advise patient to call clinic with any questions or concerns.
8. Unless patient has contraindications to use of NSAIDs, advise PRN problem: 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.

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. Instruct patient with Paragard that IUC removal is recommended by 10 years and with Mirena that IUS removal is necessary in 5 years.
 5. Encourage routine health care.
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REFER/CONSULT
PHYSICIAN

1. Any patient who has difficult insertion.
2. Patient with abnormal pap results.