

5.1 INTRAUTERINE CONTRACEPTIVE (IUC) CANDIDATE/INSERTION/REMOVAL OF DEVICE

TITLE	DESCRIPTION
DEFINITION:	There are two types of IUCs (non-hormonal and progestin only) available in the United States, the Copper IUC and four levonorgestrel containing IUCs. 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. IUCs can be inserted at any time if it is reasonably certain that the woman is not pregnant. Labeling also supports placement immediately after delivery or abortion.
SUBJECTIVE:	<p>Must Include:</p> <ol style="list-style-type: none"> 1. LMP. 2. No contraindications for IUC use per the current U.S. Medical Eligibility Criteria for Contraceptive Use. <p>Should Include:</p> <ol style="list-style-type: none"> 1. Comprehensive medical, family, social, sexual, reproductive life plan and contraceptive history (initial, or updated as indicated). 2. Document any unprotected intercourse 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. 3. If seeking removal of intrauterine devices, determine reason for removal.
OBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Age appropriate physical assessment, as indicated BP. 2. Weight & BMI as indicated. 3. Normal pelvic exam (e.g., no signs of current vaginal or cervical infection, no sign of pregnancy).
LABORATORY:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Pregnancy test if indicated. 2. Chlamydia and Gonorrhea screening, if indicated. 3. Wet mount to rule out bacterial vaginosis and trichomonas vaginitis, if symptomatic.
ASSESSMENT:	Candidate for IUC use.
PLAN:	<ol style="list-style-type: none"> 1. Provide information on effectiveness, benefits, side effects, and risks specific to intrauterine device. Client must demonstrate clear understanding of all information and counseling provided, as documented in the medical record. This must include a signed consent from either the manufacturer or clinic specific. 2. Initiation of Paragard – copper IUC Device (CU-IUC): <ol style="list-style-type: none"> a. The Cu-IUC can be inserted within 5 days of unprotected intercourse as an EC (see Progestin Only Contraceptives: Emergency Contraceptive Pills).

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	<ul style="list-style-type: none"> b. Switching from another contraceptive method: Cu-IUC can be inserted immediately if certain that the woman is not pregnant. No additional contraceptive protection is needed. c. If immediate postpartum insertion – no additional contraceptive protection is needed. d. Post abortion (Spontaneous or Induced) Cu-IUC can be inserted within the first 7 days – no back-up method is needed. <p>3. Initiation of LNG-IUC including Mirena, Skyla, Liletta or Kyleena</p> <ul style="list-style-type: none"> a. LNG-IUC inserted within first 7 days since menses, no additional back-up method is needed. b. If LNG-IUC inserted > 7 days since menses, the client will need to abstain from intercourse or use additional back-up method for 7 days. c. Post abortion (Spontaneous or Induced): the client will need to use back-up method or sustain from intercourse for next 7 days, unless inserted immediately post abortion. d. If switching from the Cu-IUC to the LNG-IUC: If client has had sexual intercourse since the start of her current menstrual cycle and it has been > 5 days since bleeding started, consider ECP at time of LNG-IUC insertion. e. Special Considerations for LNG-IUC: 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 <p>4. Use of NSAIDs: advise IUC users to use NSAIDs prophylactically for first 3 months following IUC insertion. Typical recommendation: Ibuprofen 600 mg PO 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.</p> <p>5. Advise the client to return for routine health care or at any time to discuss side effects or other problems she may experience.</p> <p>6. If IUC expulsion occurs within 3 months after insertion, consult with pharmaceutical representative for possible free replacement of device.</p>
<p>PROCEDURE: PLACEMENT OF INTRAUTERINE DEVICE</p>	<p>1. Premedication has not been found to decrease discomfort of IUC placement, but may be indicated in the following situations:</p> <ul style="list-style-type: none"> a. Misoprostol 400 mg buccal 90 minutes prior to insertion. If client has stenotic cervical canal, particularly if she has failed prior placement attempt using cervical dilators. <p>*NOTE: Routine use of misoprostol for IUC placement is not recommended.</p> <ul style="list-style-type: none"> 1. If client found to have BV, treat with systemic not topical metronidazole. No need to delay IUC placement but reinforce the importance client takes her medication. Women with current purulent cervicitis, chlamydial or gonococcal infection should not undergo IUC insertion until treatment is complete. 2. Important elements for placement include: <ul style="list-style-type: none"> a. After assessment of the uterus, prep cervix with antiseptic solution.

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	<ul style="list-style-type: none"> b. Place tenaculum to cervical lip to straighten axis of uterus & to stabilize uterus. Apply gentle traction on tenaculum to reduce risk of perforation. c. Careful uterine sounding for size to confirm that client is candidate. d. Open IUC package, load IUC and place IUC according to manufacturer's instruction for specific device selected for insertion. e. Trim strings to 1½ - 2 inches. f. Remove tenaculum, observe for bleeding. If bleeding, apply silver nitrate or Monsel as indicated. g. Observe client for any signs of vasovagal response. To reduce the risk of vasovagal, have client strongly tense leg muscles, grip her arm, or move fingers and toes. Document client's response to procedure.
<p>EDUCATION: PLACEMENT OF INTRAUTERINE DEVICE</p>	<ol style="list-style-type: none"> 1. Reinforce IUC education, including signs and symptoms of possible IUC complications (e.g., infection, expulsion, perforation, pregnancy). 2. Instruct client to seek urgent care if any symptoms of PID, heavy vaginal bleeding, severe cramping, or symptoms of pregnancy. 7. Discuss sexually transmitted infections and their associated risk(s) with an IUC. 8. Counsel on safer sex practices, consistent condom use. 9. Instruct client on the appropriate removal time for the IUC. Manufacturers suggested removal time include: *Paragard – 10 years, *Mirena – 5 years, *Skyla – 3 years, *Liletta – 6 years, *Kyleena – 5 years. <ul style="list-style-type: none"> a. Recommendations for removal times will continue to be revised as new studies support longer time frames. Providers may use their discretion to extend recommendations for time frames based on clients' needs if current agency protocols developed from nationally recognized organizations reflecting current standards of care are in place that support it. 10. Encourage annual well woman care and to RTC PRN for problems. 11. Discuss risks of IUC if pregnancy occurs: and need for IUC removal. 12. Advise client that infection risk is greatest within the first month of insertion. 13. Advise client of menstrual changes that can occur with IUC use.
<p>EDUCATION: REMOVAL OF INTRAUTERINE DEVICE</p>	<ol style="list-style-type: none"> 1. Review procedure for removal of intrauterine device. 2. Discuss options for birth control if client is seeking different method. 3. If seeking pregnancy counsel on preconception health.
<p>PROCEDURE: REMOVAL OF INTRAUTERINE DEVICE</p>	<ol style="list-style-type: none"> 1. The intrauterine device is removed by securely grasping the strings at the external os with ring forceps and applying steady gently outward traction, the device should easily be removed. 2. Evaluate the intrauterine device to make sure it is intact. 3. If IUC strings are not visualized and client desires removal, a cytobrush may be inserted into the endocervical canal, twisted and then withdrawn in an attempt to pull retracted strings into view in the vagina.

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	<ol style="list-style-type: none"> 4. If the strings are not found with the cytobrush, an IUC hook may be used to locate the strings in the cervical canal or uterus. 5. A tenaculum is placed on the cervix, the IUC hook is inserted into the cervical canal, and an effort is made to hook the strings and pull them into the vagina, where they can be grasped with ring forceps. 6. Assess client immediately after procedure for any vasovagal response or pain. 7. If unable to remove without difficulty to be referred.
REFFERAL TO MEDICAL PROVIDER:	<ol style="list-style-type: none"> 1. Any client who has difficult insertion or removal. 2. Clients evaluated as category 3 per the current U.S. Medical Eligibility Criteria for Contraceptive Use.
REFERENCES:	<ol style="list-style-type: none"> 1. <i>U.S. Selected Practice Recommendations for Contraceptive Use, June 21, 2016.</i> 2. <i>U.S. Medical Eligibility Criteria for Contraceptive use, 2016, Vol. 65/No. 4, July 29, 2016.</i> 3. <i>Providing Quality Family Planning Services, Vol. 63, No. 4, April 25, 2014.</i> 4. <i>Hatcher RA, et al (2018). Contraceptive Technology, 21st Ed. New York, NY: Ayer Company Publishers, Inc. pp 157-177, 181-183</i> 5. <i>Milton, Sarah, MD Intrauterine Device Extraction Technique.</i>