

### 5.3 INTRAUTERINE CONTRACEPTIVE (IUC) COMPLICATION – EXPULSION

TITLE	DESCRIPTION
DEFINITION:	Women using a copper IUC may find their menses become heavier, longer, more uncomfortable, particularly in the first several cycles of copper IUC use. Partial IUC expulsion often presents with acute vaginal bleeding. The client needs to be evaluated to exclude other sources of bleeding. Decision about management depends upon the client's clinical status and her preferences.
SUBJECTIVE:	<p><b>May Include:</b></p> <ol style="list-style-type: none"> <li>1. Acute vaginal bleeding.</li> <li>2. Prolonged and/or heavy menses.</li> <li>3. Intermenstrual bleeding or post-coital bleeding.</li> <li>4. Symptoms of anemia.</li> </ol>
OBJECTIVE:	<p><b>May Include:</b></p> <ol style="list-style-type: none"> <li>1. Signs of anemia and/or hypovolemia (e.g. orthostatic BP or pulse changes).</li> <li>2. Blood from cervical os.</li> <li>3. IUD string(s) length increased.</li> <li>4. IUD in cervical canal.</li> <li>5. Missing IUD string.</li> </ol>
LABORATORY:	<p><b>Must Include:</b></p> <ol style="list-style-type: none"> <li>1. Sensitive urine pregnancy test.</li> </ol> <p><b>May Include:</b></p> <ol style="list-style-type: none"> <li>1. Hemoglobin/hematocrit, if heavy bleeding seen or if patient symptomatic.</li> <li>2. Tests to rule out STI, cervicitis or trichomonal vaginitis, if indicated.</li> </ol>
ASSESSMENT:	Intrauterine Contraceptive Complications – Expulsion
PLAN:	<ol style="list-style-type: none"> <li>1. If client is stable and the IUC is expelling: <ol style="list-style-type: none"> <li>i. Remove the IUC.</li> <li>ii. If not pregnant, may re-insert.</li> <li>iii. If complete expulsion suspected and client does not know if IUC came out or not, confirm by abdominal x-ray or ultrasound.</li> </ol> </li> <li>2. For other abnormal bleeding or anemia: <ol style="list-style-type: none"> <li>i. For post-coital bleeding: check for cervical infection or polyps.</li> <li>ii. For spotting/hypermenorrhea: <ol style="list-style-type: none"> <li>1) Offer NSAIDS to start at onset of each menses to reduce menstrual blood loss (Ibuprofen 400mg-800mg Q4-6 hours PO X 3 days).</li> <li>2) Instruct client to keep menstrual calendar for 2 cycles.</li> <li>3) Consider ruling out infection and/or pregnancy.</li> </ol> </li> </ol> </li> <li>3. Treat anemia per protocol.</li> <li>4. For clients not satisfied with method or not responding to the above plan, offer to remove the IUC (<b>see Intrauterine Contraceptive: IUC Candidate Insertion/Removal of Device</b>).</li> </ol>
EDUCATION:	<ol style="list-style-type: none"> <li>1. Reinforce IUC education if client chooses to continue method or plans</li> </ol>

TITLE	DESCRIPTION
	insertion of another IUC. 2. Review safer sex education, if appropriate. 3. Counsel client on choosing another method of birth control if IUC is removed and she does not desire pregnancy (refer to specific method protocol). 4. Recommend that client RTC annually and PRN if problems.
REFERRAL TO MEDICAL PROVIDER:	1. Clients with intermenstrual bleeding/spotting not explained at the visit. 2. Clients with abnormal physical findings. 3. Clients with persistent bleeding/spotting. 4. Clients who by protocol should have IUD removed but decline to have it removed.
IUD WARNING SIGNS:	<ul style="list-style-type: none"> <li>• <b>P</b> – Period late (pregnancy), abnormal spotting or bleeding.</li> <li>• <b>A</b> – Abdominal pain, pain with intercourse or urination.</li> <li>• <b>I</b> – Infection exposure (any STD), abnormal discharge.</li> <li>• <b>N</b> – Not feeling well, fever, chills, nausea/vomiting.</li> <li>• <b>S</b> – String missing, shorter or longer.</li> </ul>
REFERENCES:	1. Hatcher RA, Trussell J, Nelson A, Cates W, Kowal D, Policar M. <i>Contraceptive Technology</i> . 20 edition. P.147-191. Atlanta GA: Ardent Media, Inc., 2015. 2. Centers for Disease Control and Prevention. <a href="https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf">US Selected Practice Recommendations for Contraceptive Use</a> . MMWR 2016;65(4):1-103. ( <a href="https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf">https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf</a> ). (Retrieved 2/9/2017). 3. <a href="http://womenshealthcareclinic.com/medical-protocol.html">Women's Health Care Clinic Outreach and Education Program: Medical Protocol</a> . ( <a href="http://womenshealthcareclinic.com/medical-protocol.html">http://womenshealthcareclinic.com/medical-protocol.html</a> ). (Retrieved 1/30/2017).