

5.8 INTRAUTERINE CONTRACEPTIVE (IUC) COMPLICATIONS – PREGNANCY

TITLE	DESCRIPTION
DEFINITION:	Pregnancy of any kind is rare with an IUC in place. Pregnancies among women with IUDs are at higher risk for complications such as spontaneous abortion, septic abortion, preterm delivery, and chorioamnionitis. Pregnancy with an IUC in place requires removal of device. Early removal reduces the risk of spontaneous miscarriage, preterm delivery, or septic spontaneous abortion.
SUBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 1. May or may not have expelled IUC. 2. IUC string(s) may or may not be felt or visible. 3. LMP including menstrual history, gravida, and parity. 4. Symptoms of pregnancy which may include nausea/vomiting, breast tenderness, fatigue, urinary frequency, bloating, and/or mood changes. 5. Negative for signs and symptoms of infection or bleeding.
OBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Visualization of the cervix to note: <ol style="list-style-type: none"> a. Presence or absence of bleeding/discharge. b. Presence or absence of threads. c. Color, number, and length of threads, if present. 2. Pelvic examination to note: <ol style="list-style-type: none"> a. Palpation of os for IUC presence. b. Uterine sizing (if pregnancy suspected). 3. Adnexal tenderness or masses (suspect ectopic pregnancy).
LABORATORY:	Positive sensitive urine pregnancy test.
ASSESSMENT:	Intrauterine Contraceptive Complications – Pregnancy.
PLAN:	<ol style="list-style-type: none"> 1. Confirm that the pregnancy is intrauterine and not ectopic. 2. Consult with/refer to MD immediately for removal. Early removal reduces the risk of spontaneous miscarriage, preterm delivery, or septic spontaneous abortion. 3. Discuss pregnancy options and refer for appropriate care. 4. If the woman plans to have an induced abortion, remove the device promptly rather than wait for removal at the time of abortion to reduce removal complications. 5. If client refuses IUD removal, the following should be documented in her chart: Client informed of increased risk of spontaneous abortion, premature labor, and septic infection because of an IUC. Client chooses to not have IUC removed and accepts the increased risks that have been explained to her and where to seek emergency care. Refer to MD.
EDUCATION:	<ol style="list-style-type: none"> 1. Reinforce IUC education if client chooses to continue method or plans insertion of another IUC. 2. Review safer sex education, if appropriate. 3. Advise client she has an increased risk for spontaneous abortion (including septic abortion that may be life threatening) and for preterm delivery if the

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	<p>IUD is left in place.</p> <ol style="list-style-type: none"> 4. Counsel client on choosing another method of birth control if IUC is removed and she does not desire pregnancy (Refer to specific method protocol). 5. Recommend that client RTC annually and PRN for problems.
REFERRAL TO MEDICAL PROVIDER:	<ol style="list-style-type: none"> 1. Any client with signs and symptoms of perforation. 2. Suspected ectopic pregnancy (STAT referral). 3. Pregnant clients with IUC in place.
IUD WARNING SIGNS:	<ul style="list-style-type: none"> • P – Period late (pregnancy), abnormal spotting or bleeding. • A – Abdominal pain, pain with intercourse or urination. • I – Infection exposure (any STD), abnormal discharge. • N – Not feeling well, fever, chills, nausea/vomiting. • S – String missing, shorter or longer.
REFERENCES:	<ol style="list-style-type: none"> 1. <i>Hatcher RA, Trussell J, Nelson A, Cates W, Kowal D, Policar M. Contraceptive Technology. 20 edition. P.147-191. Atlanta GA: Ardent Media, Inc., 2015.</i> 2. Centers for Disease Control and Prevention. US Selected Practice Recommendations for Contraceptive Use. MMWR 2016;65(4):1-103. (https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf). (Retrieved 2/9/2017) 3. Women’s Health Care Clinic Outreach & Education Program Medical Protocol. (http://womenshealthcareclinic.com/medical-protocol.html). (Retrieved 1/30/2017)