Protocol Template: Routine IUD Placement

NCTCFP
NATIONAL CLINICAL TRAINING CENTER FOR FAMILY PLANNING

Introduction

[NAME OF SETTING] offers routine intrauterine device (IUD) placement and removal services for all individuals who may be capable of becoming pregnant and not currently desiring pregnancy.

NOTE: [NAME OF SETTING] stocks the following products: [LIST OF IUD PRODUCTS].

Less than 1 user out of 100 may become pregnant in the first year using an IUD. IUDs are long-acting, reversible, and can be used by clients of all ages, including adolescents.

Manufacturer's labels support placement immediately after delivery, miscarriage, or abortion. There are currently two categories of IUDs approved by the US Food and Drug Administration (FDA): hormonal and non-hormonal. These categories include the copper IUD and four levonorgestrel-containing IUDs. This protocol applies to the IUD insertion visit.

Medical Eligibility

To determine if the patient is a candidate for IUD placement, utilize the U.S. Medical Eligibility Criteria (based on the patient's medical history).

Initiation

To determine when to insert an IUD, utilize the CDC's How to Be Reasonably Certain a Woman is Not Pregnant.

- ☐ If the patient meets any one of the "Box 2" criteria, it is acceptable to insert the implant same day.
- ☐ If the patient cannot meet any one of the "Box 2" criteria, refer to the U.S. Selected Practice Recommendations to determine the timing of insertion and if a backup method is needed.

Client Intake

- ☐ Confirm patient's identity and reason for visit
- ☐ Take vital signs, including: blood pressure, weight, height, temperature, and heart rate as indicated.
- ☐ Complete/update medical history to include:
  - LMP and pregnancy history
  - Targeted review of systems to determine any contraindications
  - Current medical conditions
  - Previous surgery and hospitalizations
  - Gynecologic history (fibroids, sexually transmitted infections (STIs), abnormal cervical cytology)
  - Sexual history

Counseling and Consent

- ☐ Discuss contraceptive options, including information on each category of IUD prior to selection
- ☐ Discuss risks and benefits of procedure, and common side effects of each type of IUD prior to selection
  - Bleeding patterns
  - Discomfort during the procedure
  - Cramping that may occur after the visit
  - Benefits from side effects that client may want (bleeding control, amenorrhea)

NOTE: Patients should be told early in the discussion which IUDs your agency has available

- ☐ Give the client time to ask questions and have client sign the consent form

Procedure Set Up

When preparing for a routine IUD procedure, refer to the NCTCFP's Preparing for IUD Insertion guide:

- ☐ Sterile tenaculum
- ☐ Sterile uterine sound (plastic or metal)
- ☐ Sterile 16 inch large-tip cotton swabs
- ☐ Vaginal speculum
- ☐ Ring forceps
- ☐ Iodine or chlorhexidine gluconate (antiseptic for cleansing cervix)
- ☐ Scissors for trimming IUD strings (at least 8 inches in length and curved blunt tip)
- ☐ IUD product package
- ☐ Enter lot number and expiration date into medical record

Equipment may be added as needed for difficult placements or pain control, including:

- ☐ Instruments for paracervical block
- ☐ Local anesthetic (lidocaine)
- ☐ Cervical dilators or os finder

Additional equipment that may provide benefit during IUD placement can include:

- ☐ Cervical cytology (only if indicated)
- ☐ Specimen collection materials (if being performed at time of procedure)

Procedure

- ☐ Offer a chaperone
  - 2020 ACOG guidance recommends a chaperone be present for all breast, genital, and rectal exams. Ensure the patient gives prior consent before a chaperone joins.
- ☐ Have client undress from the waist down and assume the lithotomy position (support patient's needs as necessary)
- ☐ Perform a bimanual exam for uterine position and size
- ☐ Place speculum
- ☐ Cleanse cervix (CX) with antiseptic using large cotton tipped swab or folded gauze and ring forceps
- ☐ Utilize no-touch technique or sterile technique throughout the procedure
  - If using sterile technique, put on sterile gloves after opening device packaging to avoid contamination
  - If using no-touch technique, ensure any items entering uterine body remain sterile
- ☐ Place tenaculum to stabilize the CX and apply traction to straighten cervical canal and/or uterine flexion
- ☐ Sound to measure the depth of the uterus (typical range 6-10cm)
- ☐ Set IUD inserter flange to proper depth and load device
- ☐ Insert and deploy IUD according to manufacturer instructions
- ☐ Remove IUD inserter
- ☐ Remove tenaculum and confirm hemostasis
- ☐ Cut string to 3-4 cm in length
- ☐ Remove speculum
- ☐ Client can push back and rest legs on the foot piece of the exam table

Recovery

- ☐ Assess client for symptoms of vasovagal reaction
- ☐ Allow clients several minutes to recover prior to getting dressed
- ☐ Review take-home information (including how to contact clinic) and when to return to clinic
- ☐ Confirm IUD removal date with client

Documentation

The IUD template (in the EHR) is the most efficient way to record the procedure and should include, but not be limited to:

- ☐ Size and position of uterus
- ☐ Antiseptic used
- ☐ Tenaculum placement (i.e 10 and 2 o'clock)
- ☐ Depth of uterus
- ☐ Success of placement
- ☐ Client tolerance of procedure
- ☐ String length
- ☐ Hemostasis
- ☐ Type, lot number, expiration date, and removal date for the IUD unit

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