

Essential History & Physical for IUC Placements

Relevant Medical History for IUC Use

Any IUC (US MEC, 2016)	
US-MEC 4	US-MEC 3
<ul style="list-style-type: none"> • Pregnancy • Distorted uterine cavity • Postpartum sepsis • Post-septic abortion <ul style="list-style-type: none"> ◦ Initiate: 4 Continue: 2 • Current chlamydia/gonorrhea or purulent cervicitis/pelvic inflammatory disease • Pelvic tuberculosis <ul style="list-style-type: none"> ◦ Initiate: 4 Continue: 2 • Malignant, suspected or unresolved gestational trophoblastic disease • Cervical/endometrial cancer <ul style="list-style-type: none"> ◦ Initiate: 4 Continue: 2 	<ul style="list-style-type: none"> • Postpartum (48 hours - 4 weeks) • Complicated post transplant: graft failure(acute or chronic), rejection, or cardiac allograft vasculopathy <ul style="list-style-type: none"> ◦ Initiate: 3 Continue: 2
Copper IUC (US MEC, 2016)	
<ul style="list-style-type: none"> • Copper allergy • Wilson's disease 	<ul style="list-style-type: none"> • Severe thrombocytopenia
Levonorgestrel IUC (US MEC, 2016)	
<ul style="list-style-type: none"> • Current breast cancer 	<ul style="list-style-type: none"> • Severe decompensated cirrhosis • Hepatocellular liver tumor • Malignant liver tumor • Systemic lupus erythematosus with positive (or unknown) antiphospholipid antibodies • Current and history of ischemic heart disease • History of breast cancer with no signs of recurrence for > 5 years

US Medical Eligibility Criteria: KEY

Category	Definition	Recommendation
US-MEC 1	No restriction (method can be used)	Use the method
US-MEC 2	Advantages generally outweigh theoretical or proven risks	Use of method may need more than usual follow-up
US-MEC 3	Theoretical or proven risks may outweigh advantages of the method	Use clinical judgement regarding risk/benefit of method use
US-MEC 4	Unacceptable health risk (method not to be used)	Do not use the method

Download the US MEC & UC SPR App

- An easy-to-use reference that combines information from the [US Medical Eligibility Criteria for Contraception](#)
- Features a streamlined interface so providers can access the guidance quickly and easily
- Available for iOS and Android operating systems

Note

- There are medical conditions that increase risk for adverse health events as a result of both contraceptive use as well as pregnancy. For some of these conditions pregnancy risk may outweigh risk of method use. [Click here to learn more.](#)

Age/Parity Considerations	
Menarche to age 20	US MEC -2
Age 20 and older	US MEC -1
Nulliparous	US MEC -2
Parous	US MEC -1

Pre-Placement Screenings	
<ul style="list-style-type: none"> • Must do a bimanual exam to determine uterine size and position • Any indicated screening test can be offered/ performed at time of IUC placement <ul style="list-style-type: none"> ◦ Chlamydia/gonorrhea: <ul style="list-style-type: none"> ◦ If age <25 and due for annual screening ◦ Or if high risk for STI ◦ Offer cervical cancer screening if needed • Baseline hemoglobin – may be helpful for patients with a history of anemia • Offer cervical cancer screening if needed • Pregnancy test as indicated (US SPR recommendations for pregnancy testing for contraceptive use) 	<p>Most patients do not require additional STI screening at the time of IUC insertion. If a patient with risk factors for STIs has not been screened for gonorrhea and chlamydia according to CDC's STI Treatment Guidelines (available at https://www.cdc.gov/std/treatment), screening can be performed at the time of IUC insertion, and insertion should not be delayed. Patients with current purulent cervicitis or chlamydial infection or gonococcal infection should not undergo IUC insertion (U.S. MEC 4). Treat for appropriate infections and reschedule for placement once symptoms have resolved.</p>

References

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