

UNM School Based Health Center

Standard Operating Procedure: IUD Insertion

Staffing/Clinic Coverage

A medical provider must be signed off to perform IUD insertions prior to initiating the IUD service at their SBHC site.

A medical support person (CA, MA) must be available in the room during the procedure

Support person role:

- Witness the consent form
- Aid the medical provider with the handling of instruments
- Support the patient

Learners: Provider must ask patient if it is ok to have a learner in the room

- Medical students/NP students – observation only
- Medical residents- observation and hands-on training
- If a learner is present, additional support person may not be needed.

Storage Space

A LARC Instrument Cart/Tray can serve for storage of both instruments and devices. The cart can also serve as a surface for instruments during the procedure. The cart must remain in a locked area when not in use.

Sterilized instruments can be pre-packed and kept in the LARC instrument cart/tray along with devices and other necessary supplies.

Useful Documents/References

- IUD post-insertion instruction sheet
- IUD consent forms: UNMMG and Title X
- Title X Optional IUD handout
- “Which IUD is right for me?” handout
(http://rhedi.org/contraception/downloads/iud_info.pdf)
- US Medical Eligibility Criteria (<http://www.cdc.gov/mmwr/pdf/rr/rr5904.pdf>)
- ACOG Practice Bulletin No. 121: Long-acting reversible contraception: Implants and intrauterine devices. *Obstet Gynecol.* 2011, 118(1):184-96.
- This protocol is adapted from getLARC website:
<http://www.getlarc.org/wp-content/uploads/2015/09/IUD-protocol-10.2015.pdf>

Supplies Needed for IUD Insertion

- IUD device
- Betadine or Chlorhexadine
- Chux for exam table

- Sterile drape for tray
- Lubricating gel
- Sterile 4x4 gauze
- Gloves
- Adequate light source
- Sanitary pad
- Speculum
- Tenaculum
- Ring forceps
- Uterine sound
- Long scissors
- 13/15 Pratt diator (optional)
- Os finder-small
- Endometrial pipelle
- Texas swabs
- Cytobrush

Supplies needed for IUD Removal

- Speculum
- Ring forceps
- Gloves
- Cytobrush

Preparation

- Urine pregnancy test
- Collect urine for GC/CT screen
- Premedication has not been found to decrease discomfort of IUD placement, but may be indicated in the following situations:
 1. NSAIDS (4-600mg ibuprofen orally every 6 hours) to reduce cramping after IUD placement.
- If patient found to have BV, treat with oral not topical antibiotic. No need to delay IUD placement, but reinforce importance of taking all of her antibiotics.
- If patient found to have acute cervicitis, evaluate and treat cause and return for IUD insertion after completion of treatment
- If patient has +GC/CT with no symptoms: treat and insert IUD same day.
- No unprotected sex for two weeks prior to IUD insertion

Consent form documentation for IUD and "Time Out" protocol

1. Patient must be able to provide consent
2. Indicate IUD insertion and specify WHICH TYPE of device
3. Risks: pain, bleeding, infection, expulsion, perforation, failure
4. Have witness sign the consent form
5. Verifying the patient's name and DOB prior to the procedure

6. Have patient explain in own words their expectations/description of procedure.

Patient visit and documentation

- Review of IUD information, side effects, may review handout
- Documentation in the chart should include:
 - negative pregnancy test
 - lot/expiration date for IUD device
- GC/CT screening at time of IUD insertion for all patients as indicated.
- Place IUD according to manufacturer's instructions with close attention to aseptic technique. Important elements include:
 - Gently place tenaculum on cervical lip to straighten axis of uterus and to stabilize uterus. Apply traction on tenaculum to reduce risk of perforation.
 - Careful uterine sounding to confirm that patient is candidate for her desired IUD:
 - 1) Paraguard 6.0-9.0cm
 - 2) Mirena 6.0-10.0cm
 - Open IUD package, load IUD and place IUD following manufacturer's instructions.
 - Remove tenaculum slowly.
 - Trim strings to fit around cervix (2-3 cm).
- Write procedure note which records uterine position and size, depth of uterine sounding, depth to which IUD is placed, and length to which the strings are trimmed, how well patient tolerated the procedure, as well as any complications that may have been encountered during the procedure. Document IUD type, lot number and expiration date.
- Instruct patient to return to clinic for routine well woman care and earlier prn problems with her IUD. No routine post-placement visit needed. However, for our adolescent population we are recommending fuv 2-4 weeks.
- Provide backup method for 7 days if LNG IUD placed at any time other than specified (e.g. within 7 days of LMP, delivery or time of hormonal method change.)
- Fill out IUD card and give to patient
- Review of post-IUD instruction sheet for patient:
 - Reinforce IUD education, including checking strings monthly, signs and symptoms of possible IUD complications (e.g. infection, expulsion, perforation, pregnancy).
 - Instruct patient to seek care urgently if any symptoms of PID, pregnancy or expulsion or if she experiences heavy vaginal bleeding or severe cramping
 - Instruct patient to return to clinic for IUD follow up (string and side effect check) in 2-4 weeks.
 - Instruct patient to return for re-evaluation of appropriateness of method if she becomes at risk for PID
 - Instruct patient with ParaGuard that IUD removal is recommended on label by 10years, but that the actual length of use may be longer. On label the Mirena should be changed every 5 years, but new information may change that recommendation in the future.
 - Encourage routine health care.

Management of IUD Instruments

CA will soak dirty instruments in enzymatic cleaner, scrub any visually bloody areas, and then rinse the instruments, and let them air-dry. All used, dirty medical instruments must be kept in a “dirty” area of a room.

Autoclaving off-site

- Document training and certification/infection control procedures.
- Maintenance of a log for machine runs, cleaning schedule, test results
- Sterile instruments will then be kept in the LARC Instrument Cart/Tray.

POLICY HISTORY

Revised Date: 1/25/16

Approved Date:

Approved By:

Approval Sign: