**INTRAUTERINE DEVICE (IUD): PLACEMENT**

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<th>DEFINITION</th>
<th>This protocol outlines the steps needed to reconfirm that the patient is a candidate for the intrauterine device (IUD) she desires and the steps to be followed in placing that IUD. Whenever possible, IUD placement should be done at the initial visit or immediately postpartum to reduce barriers to access and unintended pregnancy. Practice with plastic models helps reduce complications (especially uterine perforation).</th>
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| SUBJECTIVE | Must include:  
1. LNMP and PMP.  
2. Patient previously assessed to be eligible for IUD use according to *Identification of Intrauterine Contraceptive Candidate* protocol and desires IUD placement after reading product consent form.  
3. Medical and sexual history update with special attention to reconfirm IUD candidacy.  
4. Unless placing immediately following placenta delivery sufficient period of time has passed since delivery to allow for complete uterine involution (at least 4-6 weeks post term delivery or 2-4 weeks post second trimester delivery). May place immediately after uncomplicated first trimester pregnancy loss.  
5. No symptoms of pregnancy.  
6. Reconfirm that this is an appropriate time for IUD placement (see *Identification of Intrauterine Contraceptive Candidate* protocol).  

Must exclude:  
1. Any US MEC Category 4 conditions for her desired IUD.  
2. Any US MEC Category 3 condition, for her desired IUD until approved by MD. |
| OBJECTIVE | Must include:  
1. Blood pressure (< 160/105). (If BP ≥140/90 but < 160/105, patient must be asymptomatic to proceed, e.g., no headaches, dizziness, nausea, etc.). If more elevated BP, delay placement and provide alternate method.  
2. If placing IUD in absence of recent pregnancy, must have normal pelvic examination on day of placement demonstrating each of the following:  
   a. Complete uterine involution.  
   b. No signs of current vaginal or cervical infection.  
   c. No signs of pregnancy.  
3. If placing IUD immediately following delivery (within 10 minutes of delivery of placenta), must demonstrate each of the following:  
   a. All products of conception removed.  
   b. No signs of infection or excessive ongoing bleeding.  

Must exclude:  
1. Any US MEC Category 4 condition for her desired IUD.  
2. Any US MEC Category 3 condition for her desired IUD, until approved by MD. |
| LABORATORY | Must exclude:  
1. Any laboratory results indicating a US MEC Category 4 condition for her desired IUD, such as current cervicitis, etc.  
2. Any laboratory results indicating a US MEC Category 3 condition for her desired IUD, until approved by MD. |
| ASSESSMENT | Candidate for placement of intrauterine contraceptive. |
| PLAN | 1. Review patient product information brochure with patient, answer all her questions, obtain her informed consent and have her sign all appropriate forms. Place forms into patient’s record. |
2. Administer antibiotics for prophylaxis against subacute bacterial endocarditis (SBE) only if ordered by MD.
3. Premedication has not been found to decrease discomfort of IUD placement, but may be indicated in the following situations:
   a. NSAIDs (Ibuprofen 400-600mg orally every 6 hours) to reduce cramping after placement.
   b. Paracervical block if patient has history of vasovagal reaction or cervical stenosis.
   c. Misoprostol 400mg orally if patient has stenotic cervical canal, particularly if she has failed prior placement attempt using cervical dilators (e.g. cervical os fundus) (NB: Routine use of misoprostol for IUD placement is not recommended)
4. If patient found to have BV, treat with systemic not topical antibiotics (See Bacterial Vaginosis protocol). No need to delay IUD placement, but reinforce the importance of taking her antibiotics.
5. If no recent pregnancy, place IUD according to manufacturer’s instructions with close attention to aseptic technique. Important elements include:
   a. Gently place tenaculum on cervical lip that is further away from introitus (e.g. posterior lip with anteverted uterus) to straighten axis of uterus and to stabilize uterus. Apply traction on tenaculum to reduce risk of perforation.
   b. Careful uterine sounding to confirm that patient is candidate for her desired IUD:
      1) ParaGard 6.0-9.0 cm.
      2) Mirena 6.0-10.0 cm.
      3) Skyla – no dimensions set, but generally 6-10cm best.
   c. Open IUD package, load IUD and place IUD following manufacturer’s instructions.
   d. Trim tailstrings to fit around cervix.
6. If placing IUD immediately post-partum, counsel women about increased risk of expulsion as part of informed consent. Follow these steps:
   a. If following C-section, remove placenta and massage uterus to slow bleeding. Place clamps along incision. Add suture material to IUD tailstrings to insure they are long enough to be available in the vagina for routine removal at a later date or should complications arise. This will avoid the need for intrauterine manipulation for removal. Place the IUD at the fundus and thread the tailstrings through the cervix.
   b. If following vaginal delivery, place IUD within 10 minutes of delivery of the placenta (before the cervix closes). Re-cleanse cervix. Add suture material to tailstrings to insure their availability in the vagina. With sterile gloves (long arm ones) and/or ring forceps, guide the IUD to the fundus. Ultrasound visualization may be helpful to confirm correct IUD placement, but it is not required.
   c. If following earlier pregnancy loss, keep/place clamp on cervical lip to straighten uterine axis. Use usual placement technique if uterus is small. For pregnancies >8 weeks for ParaGard and >10 weeks for Skyla or Mirena, ensure tailstring length adequate to protrude through external os. Supplement with additional suture material (e.g. Vicryl) if needed. Use ring forceps if needed to guide IUD to fundus.
   d. Have patient return to trim IUD strings after uterine involution (usually 6 weeks). May return earlier if strings length troubling, but have her understand she may need additional subsequent visit to trim strings shorter after complete involution.
7. Write procedure note which records uterine position and size, depth of uterine sounding, depth to which IUD placed, and length to which the tailstrings trimmed, how well the 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.
8. Instruct patient to return to clinic for routine well woman care and earlier PRN problems with her IUD. No routine post-placement visit needed.
9. Provide backup method for 7 days if LNG IUS placed at any time other than specified (e.g., within 7 days of LMP, delivery, or time of hormonal method change).
10. Unless patient has contraindications to use of NSAIDs, advise use PRN problem with cramping or bleeding. Typical recommendation: Ibuprofen 400-600 mg orally every 6 hours when needed for cramping or heavy bleeding. Other NSAIDs at equivalent doses may be used.
11. If patient has BP ≥140/90 verified at least one additional time in clinic with no smoking or caffeine for 30 minutes, refer for evaluation of possible hypertension.
| PATIENT EDUCATION | 1. Reinforce IUD education, including checking strings monthly, signs and symptoms of possible IUD complications (e.g. infection, expulsion, perforation, pregnancy).  
2. Instruct patient to seek care urgently if any symptoms of PID, pregnancy or expulsion or if she experiences heavy vaginal bleeding or severe cramping.  
3. Instruct patient to return for re-evaluation of appropriateness of method if she becomes at risk for PID.  
4. Instruct patient with ParaGard that IUD removal is recommended on label by 10 years, 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. Skyla is approved for up to 3 years of use.  
5. Encourage routine health care. |
|---|---|
| REFER to MD/ER | 1. Any patient who has difficult placement.  
2. Any patient with elevated blood pressure or US MEC category 3 or 4 conditions not previously evaluated and approved for IUD by MD.  
3. Patient who presents for LNG IUS insertion at times in her cycle not specified in product labeling.  
4. Any patient who is unstable after uterine perforation or other complication of IUD placement. |
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