

Unit 8

INTRAUTERINE CONTRACEPTIVE DEVICES

Learning Objectives

By the end of this unit, learners will be able to:

- ❖ Define intrauterine contraceptive devices (IUCDs)
- ❖ Describe the type of IUCD available in Malawi
- ❖ State the effectiveness of IUCDs and explain how they work
- ❖ List the characteristics of IUCDs
- ❖ Correct myths and misconceptions about IUCDs
- ❖ Determine a client's medical eligibility criteria for IUCD use
- ❖ Explain when women in different situations can start using IUCDs
- ❖ Demonstrate knowledge and skills in counselling clients to make an informed choice to use IUCDs
- ❖ List potential complications of IUCDs and their warning signs
- ❖ Describe the procedures for IUCD insertion and removal
- ❖ Provide client instructions after IUCD insertion and the key counselling messages for follow-up visit
- ❖ Explain management of side effects and complications of IUCDs
- ❖ Demonstrate competency in insertion and removal of IUCDs.

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Unit 8: Intrauterine Contraceptive Devices

Key Points

- ❖ **Safe and highly effective contraception**
- ❖ **Long-term pregnancy protection**—TCu-380A shown to be very effective for 12 years, immediately reversible
- ❖ **Inserted into the uterus by a specifically trained provider**
- ❖ **Little required of the client once the IUCD is in place**
- ❖ **Bleeding changes are common**—typically, longer and heavier bleeding and more cramps or pain during monthly bleeding, especially in the first 3 to 6 months.

8.1 Defining Intrauterine Contraceptive Devices

The intrauterine contraceptive device (IUCD) is a small, flexible contraceptive device made of plastic and other materials that is placed in the uterine cavity to prevent pregnancy. All types of IUCDs have one or two strings, or threads, attached to them. When the IUCD is in place, the strings hang through the opening of the cervix into the vagina. The IUCD provides safe, effective, reversible, long-term contraception for women—effective for up to 12 years for the TCu-380A. However, since they are easy to remove, they also may be used for shorter periods of time—for instance, for 2 or 3 years.

Type of IUCD available in Malawi

The TCu-380A (or “Copper T”) is a copper-bearing IUCD with a coil of copper wire on its vertical arm and two copper sleeves, one on each horizontal arm. This unit focuses on the Copper T because it is the primary IUCD used in Malawi.

How IUCDs work

Copper-bearing IUCDs work primarily by causing a chemical change that damages the sperm and egg before they can meet.

8.2 Effectiveness

Although labelled for up to 10 years, studies have found that the TCu-380A is effective for at least 12 years and is the IUCD of choice for women requiring long-term contraception.

- Less than 1 pregnancy per 100 women using an IUCD over the first year (6 to 8 per 1,000 women). This means that 992 to 994 of every 1,000 women using IUCDs will not become pregnant. Therefore IUCDs are 99.2%–99.4% effective.

OTHER IUCDS

Other copper-bearing IUCDs

Other copper-bearing devices include Cu 375 (Multiload) and Cu 250 (Dalcept), but these are not used in Malawi.

Hormonal IUCDs

Levonorgestrel-releasing IUCD (also known as an intrauterine system, or IUS), is a T-shaped plastic device that steadily releases small amounts of levonorgestrel each day. It is effective for 5 years. Levonorgestrel (LNG) is a progestin also used in contraceptive implants and oral contraceptive pills. The LNG IUCD is not currently available in Malawi.

8.3 Characteristics

Advantages

- Highly and immediately effective
- Long-term effectiveness, easily reversible
- Rapid return to fertility
- Requires no further action by user after insertion
- Has no further costs after insertion

Disadvantages

- Can cause more cramping and pain during monthly bleeding
- Does not protect against sexually transmitted infections (STIs), including HIV

Side Effects

Changes in bleeding patterns (especially in the first 3 to 6 months), including:

- Prolonged and heavy monthly bleeding
- Irregular bleeding
- More cramps and pain during monthly bleeding

Health benefits

- May help protect against endometrial cancer

Health risks

- Uncommon: It may contribute to anaemia if woman already has low iron blood stores before insertion and the IUCD causes heavier monthly bleeding.
- Rare: Pelvic inflammatory disease (PID) may occur if the woman has chlamydia or gonorrhoea at the time of IUCD insertion.

Complications

Rare:

- Puncturing (perforation) of the wall of the uterus by the IUCD or an instrument used for insertion. Usually heals without treatment.
- Miscarriage, preterm birth, or infection in the rare case that the woman becomes pregnant with the IUCD in place.

8.4 Correcting Misconceptions

Intrauterine contraceptive devices:

- Rarely lead to pelvic inflammatory disease (PID)
- Do not increase the risk of contracting STIs, including HIV
- Do not increase the risk of miscarriage when a woman becomes pregnant after the IUCD is removed
- Do not make woman infertile
- Do not cause birth defects
- Do not cause cancer
- Do not move to the heart or brain
- Do not cause discomfort or pain during sex
- Substantially reduce the risk of ectopic pregnancy.

IUCDs AS EMERGENCY CONTRACEPTION

The Copper T IUCD can also be used to prevent pregnancy if inserted up to 5 days after intercourse. As emergency contraception, IUCDs are much more effective than emergency contraceptive pills (ECPs). IUCDs reduce the risk of pregnancy by 99%. Once inserted for emergency contraception, the IUCD can remain in place to prevent pregnancy for 12 years.

8.5 Women Who Can Use the Copper T

Most women can use the Copper T IUCD safely and effectively, including women who:

- Have or have not had children
- Are not married
- Are of any age, including adolescents and women over 40 years old
- Have just had an abortion or miscarriage (if no evidence of infection)
- Are breastfeeding
- Do hard physical work
- Have had ectopic pregnancy
- Have had PID
- Have vaginal infections
- Have anaemia
- Are infected with HIV or on antiretroviral therapy and doing well (see IUCDs for Women Living with HIV, Section 8.7).

Women can begin using IUCDs:

- Without STI testing
- Without an HIV test
- Without any blood tests or other routine laboratory tests
- Without cervical cancer screening
- Without a breast examination.

8.6 Women Who Should Not Use the Copper T

Usually, women with any of the conditions listed below should not have the Copper T inserted.

WHO MEC Category 3

- Between 48 hours and 4 weeks since giving birth
- Noncancerous (benign) gestational trophoblast disease
- Current ovarian cancer (Category 3 for insertion; Category 2 for continuing use)
- Is at very high individual risk for gonorrhoea or chlamydia at the time of insertion
- Has AIDS and is not on antiretroviral therapy or is not clinically well (Category 3 for insertion; Category 2 for continuing use)
- Has systematic lupus erythematosus with severe thrombocytopenia

8.7 IUCDs for Women Living With HIV

Women who are at risk of HIV or are infected with HIV can safely have the IUCD inserted.

- Women who have AIDS, are on antiretroviral (ARV) therapy, and are clinically well can safely have the IUCD inserted.
- Women who have AIDS but who are not on ARV therapy or who are not clinically well should *not* have the IUCD inserted.
- If a woman develops AIDS while she has an IUCD in place, it does not need to be removed.
- IUCD users with AIDS should be monitored for pelvic inflammatory disease.
- Women with IUCDs should also be encouraged to use condoms along with the IUCD (dual protection). Used consistently and correctly, condoms help prevent transmission of HIV and other STIs.

8.8 Screening Checklist

Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD

First, be reasonably sure that the client is not pregnant. If she is not menstruating at the time of her visit, ask the client questions 1–6. As soon as the client answers **YES** to *any question*, stop, and follow the instructions after question 6.

← YES	1. Have you had a baby in the last 4 weeks?	NO
← YES	2. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?	NO
← YES	3. Have you abstained from sexual intercourse since your last menstrual period or delivery?	NO
← YES	4. Did your last menstrual period start within the past 12 days?	NO
← YES	5. Have you had a miscarriage or abortion in the last 12 days?	NO
← YES	6. Have you been using a reliable contraceptive method consistently and correctly?	NO

If the client answered **YES** to *any one of questions 1–6* and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. Proceed to questions 7–14. However, if she answers **YES** to *question 1*, the insertion should be delayed until 4 weeks after delivery. Ask her to come back at that time.

If the client answered **NO** to *all of questions 1–6*, pregnancy cannot be ruled out. The client should await menses or use a pregnancy test.

To determine if the client is medically eligible to use an IUD, ask questions 7–14. As soon as the client answers **YES** to *any question*, stop, and follow the instructions after question 14.

NO	7. Do you have bleeding between menstrual periods that is unusual for you, or bleeding after intercourse (sex)?	YES
NO	8. Have you been told that you have any type of cancer in your genital organs, trophoblastic disease, or pelvic tuberculosis?	YES
NO	9. Have you ever been told that you have a rheumatic disease such as lupus?	YES
NO	10. Within the last 3 months, have you had more than one sexual partner?	YES
NO	11. Within the last 3 months, do you think your partner has had another sexual partner?	YES
NO	12. Within the last 3 months, have you been told you have an STI?	YES
NO	13. Within the last 3 months, has your partner been told that he has an STI, or do you know if he has had any symptoms – for example, penile discharge?	YES
NO	14. Are you HIV-positive, and have you developed AIDS?	YES

If the client answered **NO** to *all of questions 7–14*, proceed with the **PELVIC EXAM**.

During the pelvic exam, the provider should determine the answers to questions 15–21.

If the client answered **YES** to *any of questions 7–9*, an IUD cannot be inserted. Further evaluation of the condition is required.

If the client answered **YES** to *any of questions 10–13*, she is not a good candidate for an IUD unless chlamydia and/or gonorrhea infection can be reliably ruled out.

If she answered **YES** to the *second part of question 14* and is not currently taking ARV drugs, IUD insertion is not usually recommended. If she is doing clinically well on ARVs, the IUD may generally be inserted. HIV-positive women without AIDS also generally can initiate IUD use.

NO	15. Is there any type of ulcer on the vulva, vagina, or cervix?	YES
NO	16. Does the client feel pain in her lower abdomen when you move the cervix?	YES
NO	17. Is there adnexa tenderness?	YES
NO	18. Is there purulent cervical discharge?	YES
NO	19. Does the cervix bleed easily when touched?	YES
NO	20. Is there an anatomical abnormality of the uterine cavity that will not allow appropriate IUD insertion?	YES
NO	21. Were you unable to determine the size and/or position of the uterus?	YES

If the answer to *all of questions 15–21* is **NO**, you may insert the IUD.

If the answer to *any of questions 15–21* is **YES**, the IUD cannot be inserted without further evaluation. See explanations for more instructions.



8.9 Timing: When to Start the Copper T

Important: In many cases a woman can start the Copper T any time it is reasonably certain she is not pregnant. To be reasonably certain she is not pregnant, use the Pregnancy Checklist (see Unit 4: Client FP Assessment and the WHO MEC).

Woman's situation	When to start
Having menstrual cycles	Any time of the month If she is starting within 12 days after the start of her monthly bleeding, there is no need for a backup method. If it is more than 12 days after the start of her monthly bleeding, she can have the IUCD inserted any time it is reasonably certain she is not pregnant. There is no need for a backup method.
Switching from another method	Immediately, if she has been using the method consistently and correctly or if it is otherwise reasonably certain she is not pregnant. There is no need to wait for her next monthly bleeding and no need for a backup method. If she is switching from injectables, she can have the IUCD inserted when the next injection would have been given. There is no need for a backup method.
Soon after childbirth	Any time within 48 hours after giving birth (requires a provider with specific training in postpartum insertion) If it is more than 48 hours after giving birth, delay IUCD insertion until 4 weeks or more after giving birth.
Fully or nearly fully breastfeeding Less than 6 months after giving birth	If her monthly bleeding has not returned, she can have the IUCD inserted any time between 4 weeks and 6 months after giving birth. There is no need for a backup method. If her monthly bleeding has returned, she can have the IUCD inserted as advised for women having menstrual cycles (see above).
Fully or nearly fully breastfeeding More than 6 months after giving birth	If her monthly bleeding has not returned, she can have the IUCD inserted any time it is reasonably certain she is not pregnant. There is no need for a backup method. If her monthly bleeding has returned, she can have the IUCD inserted as advised for women having menstrual cycles (see above).
Partially breastfeeding or not breastfeeding More than 4 weeks after giving birth	If her monthly bleeding has not returned, she can have the IUCD inserted if it can be determined that she is not pregnant. There is no need for a backup method. If her monthly bleeding has returned, she can have the IUCD inserted as advised for women having menstrual cycles (see above).
No monthly bleeding (not related to childbirth or	Any time if it can be determined that she is not pregnant. There is no need for a backup method.

Woman's situation	When to start
breastfeeding)	
After miscarriage or abortion	<p>Immediately, if the IUCD is inserted within 12 days after first- or second-trimester abortion or miscarriage and if no infection is present. There is no need for a backup method.</p> <p>If it is more than 12 days after first- or second-trimester miscarriage or abortion and no infection is present, she can have the IUCD inserted any time it is reasonably certain she is not pregnant. There is no need for a backup method.</p> <p>If infection is present, treat or refer and help the client choose another method. If she still wants the IUCD, it can be inserted after the infection has completely cleared.</p> <p>IUCD insertion after second-trimester abortion or miscarriage requires specific training. If not specifically trained, delay insertion until at least 4 weeks after miscarriage or abortion.</p>
For emergency contraception	<p>Within 5 days after unprotected sexual intercourse</p> <p>When the time of ovulation can be accurately estimated, she can have an IUCD inserted up to 5 days after ovulation. Sometimes this may be more than 5 days after unprotected sex.</p>
After taking Emergency Contraceptive Pills (ECPs)	<p>The IUCD can be inserted on the same day that she takes the ECPs.</p> <p>There is no need for a backup method.</p>

8.10 Copper T IUCD Insertion

(WHO /RHR and CCP, INFO Project 2007)

Explaining the insertion procedure

A woman who has chosen the IUCD needs to know what will happen during insertion. The following description can help explain the procedure to her. Learning IUCD insertion requires training and practice under direct supervision. Therefore, this description is a summary and not detailed instructions.

1. The provider conducts a pelvic examination to assess eligibility. The provider first does the bimanual examination and then inserts a speculum into the vagina to inspect the cervix.
2. The provider cleans the cervix and vagina with appropriate antiseptic.
3. The provider slowly inserts the tenaculum through the speculum and closes the tenaculum just enough to gently hold the cervix and uterus steady.
4. The provider slowly and gently passes the uterine sound through the cervix to measure the depth and position of the uterus.
5. The provider loads the IUCD into the inserter while both are still in the unopened sterile package.
6. The provider slowly and gently inserts the IUCD and removes the inserter.
7. The provider cuts the strings on the IUCD, leaving about 3 cm hanging out of the cervix.
8. After the insertion, the woman rests. She remains on the examination table until she feels ready to get dressed.

8.11 Client Counselling and Instructions

Important: Be clear about the possibility of menstrual changes with the IUCD. If the woman knows what to expect, she is more likely to be satisfied with her choice and less likely to worry about side effects if they occur.

Expect cramping and pain

- She may experience pain, light bleeding, and/or cramping immediately after IUCD insertion. The cramping may last for a few days.
- Many women experience heavier bleeding, longer bleeding, and more cramping than usual during their menstrual periods, and spotting between their periods. These symptoms usually lessen or go away within the first 3 to 6 months after IUCD insertion.
- Generally, these symptoms are not harmful and do not indicate a problem.
- Suggest ibuprofen (200-400 mg), paracetamol (325-1000 mg) or other pain reliever as needed.

Possibility of expulsion

- IUCD expulsion is rare but is most likely to occur within the first few months after IUCD insertion (especially during menstruation.)
- The client can be shown how to reach into her vagina to check the IUCD strings. This is one way to verify that the device is in place.

- The client can check her menstrual cloth/pad/tampon for an expelled IUCD during her first few menstrual periods.
- If she suspects that her IUCD has been expelled, she should begin using a backup contraceptive method and return to the clinic immediately.

Length of pregnancy protection and when to return

- The Copper T IUCD is effective immediately and is effective for 12 years.
- Discuss how to remember the date to return.
- Give each woman the following information in writing on a reminder card, like the one shown below, if possible, and explain:
 - What type of IUCD she has (“Copper T”)
 - The date of IUCD insertion
 - The month and year when IUCD will need to be removed or replaced
 - Where to go if she has problems or questions with her IUCD.

IUCD Reminder Card
Your IUCD is Copper T 380A
Client's name: _____
Please come for your next visit
on: _____/_____/_____
Family planning clinic _____
Date IUCD inserted: _____
Return to remove or replace by: _____

Protection against STIs

- The IUCD provides no protection against HIV or other STIs.
- Tell the client:
 - She should use a condom for protection every time she has sex, especially if she thinks she or her partner could be at risk for exposure to HIV or other STIs.
 - She should feel free to bring her partner to the clinic at any time to further discuss this issue.

Follow-up visit

- Set a follow-up visit after her first monthly bleeding, or 3 to 6 weeks after IUCD insertion. No woman should be denied an IUCD, however, because follow-up would be difficult or not possible.

Reasons to return

Assure every client that she is welcome to come back any time—for example, if she has problems, questions, or wants another method; or she has a major change in health status; or wants the IUCD removed.

She should also return to the clinic immediately if she has any of these warning signs:

- She feels the strings are missing, or feels the hard plastic of an IUCD that has partially come out (expulsion).
- She has increasing or severe pain in the lower abdomen, pain during sex, unusual vaginal discharge, fever, chills, nausea, and/or vomiting (symptoms of PID), especially in the first 20 days after insertion.
- She thinks she might be pregnant (misses a period).

8.12 Post-Insertion Follow-Up Visit (3 to 6 Weeks)

A routine pelvic examination at the follow-up visit is not required. It may be appropriate in some settings or for some clients, however. Conduct a pelvic examination particularly if the client's answers lead you to suspect an STI or PID, or that the IUCD has partially or completely come out.

- Ask the client how she is doing with the method and whether she is satisfied.
- Ask if she has any questions or anything to discuss.
- Ask especially if she is concerned about bleeding changes. Give her any information or help that she needs.
- Ask her if she has:
 - Increasing or severe abdominal pain or pain during sex or urination
 - Unusual vaginal discharge
 - Fever or chills
 - Signs or symptoms of pregnancy
 - Not been able to feel strings (if she has checked them)
 - Felt the hard plastic of an IUCD that has partially come out.

8.13 IUCD Removal

Important: Providers must not refuse or delay when a woman asks to have her IUCD removed, whatever her reason, whether it is personal or medical. All staff must understand and agree that the client must not be pressured or forced to continue using the IUCD.

- If a woman is finding side effects difficult to tolerate, first discuss the problems she is having. See if she would rather try to manage the problem before having the IUCD removed.
- Removing an IUCD is usually simple. It can be done any time of the month.
- Removal may be easier during monthly bleeding, when the cervix is naturally softened. In cases of uterine perforation or if removal is not easy, refer the woman to an experienced clinician who can use an appropriate removal technique.

Indications for IUCD removal

- The client wants it removed (for any reason)
- Severe abdominal pain which is intolerable
- Severe prolonged bleeding with anaemia
- Allergy to copper
- Evidence of partial perforation by history (such as pain, excess bleeding, tender abdomen)

Explaining the removal procedure

Before removing the IUCD, explain what will happen during removal:

- The provider inserts a speculum to see the cervix and IUCD strings and carefully cleans the cervix and vagina with an antiseptic solution, such as iodine.
- The provider asks the woman to take slow, deep breaths and to relax.
- The woman should say if she feels pain during the procedure.
- Using narrow forceps, the provider pulls the IUCD strings slowly and gently until the IUCD comes completely out of the cervix.

8.14 Management of IUCD Side Effects or Complications

May or may not be due to the method.

Problems with side effects or complications affect women's satisfaction and use of IUCDs. They deserve the provider's attention. If the client reports any side effects or complications, listen to her concerns, give her advice, and, if appropriate, treat.

Offer to help her choose another method—now, if she wishes, or if problems cannot be overcome.

Heavy or prolonged bleeding (twice as much as usual or longer than 8 days)

- Reassure her that many women using IUCDs experience heavy or prolonged bleeding. It is generally not harmful and usually becomes less or stops after the first several months of use.
- For modest short-term relief she can try (one at a time):
 - Nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (400 mg) or indomethacin (25 mg) 2 times daily after meals for 5 days, beginning when heavy bleeding starts. Other NSAIDs also may provide some relief of heavy or prolonged bleeding. Aspirin should not be used because it may increase bleeding.
- Provide iron tablets if possible and tell her it is important for her to eat foods containing iron (see Possible Anaemia below).
- If heavy or prolonged bleeding continues or starts after several months of normal bleeding or long after the IUCD was inserted, or if you suspect that something may be wrong for other reasons, consider underlying conditions unrelated to method use (see Unexplained vaginal bleeding, Section 8.15).

Irregular bleeding (bleeding at unexpected times that bothers the client)

- Reassure her that many women using IUCDs experience irregular bleeding. It is not harmful and usually becomes less or stops after the first several months of use.
- For modest short-term relief she can try NSAIDs such as ibuprofen (400 mg) or indomethacin (25 mg) 2 times daily after meals for 5 days, beginning when irregular bleeding starts.
- If irregular bleeding continues or starts after several months of normal bleeding, or you suspect that something may be wrong for other reasons, consider underlying conditions unrelated to method use (see Unexplained vaginal bleeding, Section 8.15).

Cramping and pain

- She can expect some cramping and pain for the first day or two after IUCD insertion.
- Explain that cramping also is common in the first 3 to 6 months of IUCD use, particularly during monthly bleeding. Generally, this is not harmful and usually decreases over time.
- Suggest aspirin (325–650 mg), ibuprofen (200–400 mg), paracetamol (325–1000 mg), or other pain reliever. If she also has heavy or prolonged bleeding, aspirin should not be used because it may increase bleeding.

If cramping continues and occurs outside of monthly bleeding:

- Evaluate for underlying health conditions and treat or refer.
- If no underlying condition is found and cramping is severe, discuss removing the IUCD.

- If the removed IUCD looks distorted, or if difficulties during removal suggest that the IUCD was out of proper position, explain to the client that she can have a new IUCD that may cause less cramping.

Possible anaemia

- The copper-bearing IUCD may contribute to anaemia if a woman already has low iron blood stores before insertion and the IUCD causes heavier monthly bleeding.
- Pay special attention to IUCD users with any of the following signs and symptoms:
 - Inside of eyelids or underneath fingernails looks pale, pale skin, fatigue or weakness, dizziness, irritability, headache, ringing in the ears, sore tongue, or brittle nails
 - If blood testing is available, hemoglobin less than 9 g/dl or hematocrit less than 30.
- Provide iron tablets if possible.
- Tell her it is important to eat foods containing iron, such as meat and poultry (especially beef and chicken liver), fish, green leafy vegetables, and legumes (beans, lentils, and peas).

Partner can feel IUCD strings during sex

- Explain that this happens sometimes when strings are cut too short.
- If partner finds the strings bothersome, describe available options:
 - Strings can be cut even shorter so they are not coming out of the cervical canal. Her partner will not feel the strings, but the woman will no longer be able to check her IUCD strings.
 - If the woman wants to be able to check her IUCD strings, the IUCD can be removed and a new one inserted. (To avoid discomfort, the strings should be cut so that 3 cm hang out of the cervix.)

Severe pain in lower abdomen (suspected pelvic inflammatory disease)

- Some common signs and symptoms of PID often also occur with other abdominal conditions, such as ectopic pregnancy. If ectopic pregnancy is ruled out, assess for PID.
- If possible, do abdominal and pelvic examinations for signs that would indicate PID.
- If a pelvic examination is not possible, and she has a combination of the following signs and symptoms in addition to lower abdominal pain, suspect PID:
 - Unusual vaginal discharge
 - Fever or chills
 - Pain during sex or urination
 - Bleeding after sex or between monthly bleeding
 - Nausea and vomiting
 - A tender pelvic mass
 - Pain when the abdomen is gently pressed (direct abdominal tenderness) or when gently pressed and then suddenly released (rebound abdominal tenderness).
- Treat PID or immediately refer for treatment:
 - Because of the serious consequences of PID, health care providers should treat all suspected cases, based on the signs and symptoms above. Treatment should be started as soon as possible. Treatment is more effective at preventing long-term complications when appropriate antibiotics are given immediately.
 - Treat for gonorrhoea, chlamydia, and anaerobic bacterial infections. Counsel the client about condom use and, if possible, give her condoms.
 - There is no need to remove the IUCD if she wants to continue using it. If she wants it removed, take it out after starting antibiotic treatment.

Severe pain in lower abdomen (suspected ectopic pregnancy)

- Many conditions can cause severe abdominal pain. Be particularly alert for additional signs or symptoms of ectopic pregnancy, which is rare but can be life-threatening.
- In the early stages of ectopic pregnancy, symptoms may be absent or mild, but eventually they will become severe. A combination of these signs or symptoms should increase suspicion of ectopic pregnancy:
 - Unusual abdominal pain or tenderness
 - Abnormal vaginal bleeding or no monthly bleeding—especially if this is a change from her usual bleeding pattern
 - Light-headedness or dizziness
 - Fainting.
- If ectopic pregnancy or other serious health condition is suspected, refer at once for immediate diagnosis and care.
- If the client does not have these additional symptoms or signs, assess for PID.

Suspected uterine puncturing (perforation)

- If puncturing is suspected at the time of insertion or sounding of the uterus, stop the procedure immediately (and remove the IUCD if inserted). Observe the client in the clinic carefully:
 - For the first hour, keep the woman at bed rest and check her vital signs (blood pressure, pulse, respiration, and temperature) every 5 to 10 minutes.
 - If the woman remains stable after one hour, check for signs of intra-abdominal bleeding, such as low hematocrit or hemoglobin, if possible, and her vital signs. Observe for several more hours. If she has no signs or symptoms, she can be sent home, but she should avoid sex for 2 weeks. Help her choose another method.
 - If she has a rapid pulse and falling blood pressure, or new pain or increasing pain around the uterus, refer her to a higher level of care.
 - If uterine perforation is suspected within 6 weeks after insertion or if it is suspected later and is causing symptoms, refer the client for evaluation to a clinician experienced at removing such IUCDs.

IUCD partially comes out (partial expulsion)

- If the IUCD partially comes out, remove the IUCD. Discuss with the client whether she wants another IUCD or a different method. If she wants another IUCD, she can have one inserted at any time it is reasonably certain she is not pregnant. If the client does not want to continue using an IUCD, help her choose another method.

IUCD completely comes out (complete expulsion)

- If the client reports that the IUCD came out, discuss with her whether she wants another IUCD or a different method. If she wants another IUCD, she can have one inserted at any time it is reasonably certain she is not pregnant.
- If complete expulsion is suspected, and the client does not know whether the IUCD came out, refer for x-ray or ultrasound to assess whether the IUCD might have moved to the abdominal cavity. Give her a backup method to use in the meantime.

Missing strings (suggesting possible pregnancy, uterine perforation, or expulsion)

- Ask the client:
 - Whether and when she saw the IUCD come out
 - When she last felt the strings

- When she had her last monthly bleeding
- If she has any symptoms of pregnancy
- If she has used a backup method since she noticed the strings were missing.
- Always start with minor and safe procedures and be gentle. Check for the strings in the folds of the cervical canal with forceps. About half of missing IUCD strings can be found in the cervical canal.
- If strings cannot be located in the cervical canal, either they have gone up into the uterus, or the IUCD has been expelled unnoticed. Rule out pregnancy before attempting more invasive procedures. Refer for evaluation. Give her a backup method to use in the meantime, in case the IUCD was expelled.

8.15 New Problems that May Require Switching Methods

May or may not be due to the method

Unexplained vaginal bleeding (that suggests a medical condition not related to the method)

- Refer or evaluate by history or pelvic examination. Diagnose and treat as appropriate.
- She can continue using the IUCD while her condition is being evaluated.
- If bleeding is caused by STI or PID, she can continue using the IUCD during treatment.

Suspected pregnancy

- Assess for pregnancy, including ectopic pregnancy.
- Explain that an IUCD in the uterus during pregnancy increases the risk of preterm delivery or miscarriage, including infected (septic) miscarriage during the first or second trimester, which can be life-threatening.
- If the woman does not want to continue the pregnancy, counsel her according to program guidelines.
- If she continues the pregnancy:
 - Advise her that it is best to remove the IUCD.
 - Explain the risks of pregnancy with an IUCD in place. Early removal of the IUCD reduces these risks, although the removal procedure itself involves a small risk of miscarriage.
 - If she agrees to removal, gently remove the IUCD or refer for removal.
 - Explain that she should return at once if she develops any signs of miscarriage or septic miscarriage (vaginal bleeding, cramping, pain, abnormal vaginal discharge, or fever).
 - If she chooses to keep the IUCD, her pregnancy should be followed closely by a nurse or doctor. She should see a nurse or doctor at once if she develops any signs of septic miscarriage.
- If the IUCD strings cannot be found in the cervical canal and the IUCD cannot be safely retrieved, refer for ultrasound, if possible, to determine whether the IUCD is still in the uterus. If it is, or if ultrasound is not available, her pregnancy should be followed closely. She should seek care at once if she develops any signs of septic miscarriage.

8.16 Questions and Answers about IUCDs

1. Can an IUCD travel from the woman’s uterus to other parts of her body, such as her heart or her brain?

No, an IUCD cannot travel to any other part of the body. It is too large to travel to other parts of the body. Very rarely, during insertion, an IUCD may perforate the uterine wall and enter the abdominal cavity. In that case it stays in the abdomen. If this happens, a clinician will have to perform a small operation to remove the IUCD. Show the client a picture or model of the uterus with the IUCD in place to help her understand where the IUCD will be placed.

2. Can an IUCD cause discomfort to the sexual partner during sex?

A correctly placed IUCD will not be felt by a partner during sex. Sometimes the IUCD strings may be felt, and can be shortened if necessary. If a partner reports feeling something hard on penetration, the IUCD placement should be checked to exclude partial protrusion through the cervix because, in addition to partner discomfort, this would put her at risk of pregnancy.

3. Does the IUCD cause pelvic inflammatory disease?

By itself, the IUCD does not cause PID. Gonorrhoea and chlamydia are the primary direct causes of PID. IUCD insertion when a woman has gonorrhoea or chlamydia may lead to PID, however. This does not happen often. When it does, it is most likely to occur in the first 20 days after IUCD insertion. It has been estimated that, in a group of clients where STIs are common and screening questions identify half the STI cases, there might be 1 case of PID in every 666 IUCD insertions (or fewer than 2 per 1,000).

4. Can an IUCD make a woman permanently infertile?

No. A woman who was fertile before having an IUCD will be fertile after its removal, as long as there has been no intervening tubal damage secondary to an episode of PID. A woman can become pregnant once the IUCD is removed just as quickly as a woman who has never used an IUCD. Good studies find no increased risk of infertility among women who have used IUCDs, including young women and women with no children.

5. Can women who have not yet had children use IUCDs?

Yes. Nulliparous women may use IUCDs if they are low risk for STIs and do not have a history of ectopic pregnancy. They do, however, have a slightly higher risk of IUCD expulsion because their uterus may be smaller than the uterus of a woman who has given birth.

6. Should a woman have a “rest period” after using her IUCD for several years or after the IUCD reaches its recommended time for removal?

No. This is not necessary, and it could be harmful. Removing the old IUCD and immediately inserting a new IUCD poses less risk of infection than 2 separate procedures. Also, a woman could become pregnant during a “rest period” before her new IUCD is inserted.

7. Should antibiotics be routinely given before IUCD insertion?

No. Most recent research done where STIs are not common suggests that PID risk is low with or without antibiotics. There is little risk of infection when appropriate questions to screen for STI risk are used and IUCD insertion is done with proper infection-prevention procedures, including the no-touch insertion technique (see Preventing Infection at IUCD

Insertion in the Clinical Procedures section below for more information on this technique). Antibiotics may be considered, however, in areas where STIs are common and STI screening is limited.

8. Must an IUCD be inserted only during a woman's monthly bleeding?

No. For a woman having menstrual cycles, an IUCD can be inserted at any time during her menstrual cycle if it is reasonably certain that the woman is not pregnant. Inserting the IUCD during her monthly bleeding may be a good time because she is not likely to be pregnant, and insertion may be easier. It is not as easy to see signs of infection during monthly bleeding, however.

9. Should a woman be denied an IUCD because she does not want to check her IUCD strings?

No. A woman should not be denied an IUCD because she is unwilling to check the strings. The importance of checking the IUCD strings has been overemphasized. It is uncommon for an IUCD to come out, and it is rare for it to come out without the woman noticing.

The IUCD is most likely to come out during the first few months after IUCD insertion, during monthly bleeding, among women who have had an IUCD inserted soon after childbirth, a second-trimester abortion, or miscarriage, and among women who have never been pregnant. A woman can check her IUCD strings if she wants reassurance that it is still in place. Or, if she does not want to check her strings, she can watch carefully in the first month or so and during monthly bleeding to see if the IUCD has come out.

10. Do IUCDs increase the risk of ectopic pregnancy?

No. On the contrary, IUCDs greatly reduce the risk of ectopic pregnancy. Ectopic pregnancies are rare among IUCD users. The rate of ectopic pregnancy among women with IUCDs is 12 per 10,000 women per year. The rate of ectopic pregnancy among women in the United States using no contraceptive method is 65 per 10,000 women per year.

On the rare occasions that the IUCD fails and pregnancy occurs, 6 to 8 of every 100 of these pregnancies are ectopic. Thus, the great majority of pregnancies after IUCD failure are not ectopic. Still, ectopic pregnancy can be life-threatening, so a provider should be aware that ectopic pregnancy is possible if the IUCD fails.

11. If a current IUCD user has an STI or has become at very high individual risk of becoming infected with an STI, should her IUCD be removed?

No. If a woman develops a new STI after her IUCD has been inserted, she is not especially at risk of developing PID because of the IUCD. She can continue to use the IUCD while she is being treated for the STI. Removing the IUCD has no benefit and may leave her at risk of unwanted pregnancy. Counsel her on condom use and other strategies to avoid STIs in the future.

Copper T Clinical Procedures

(Copper T clinical procedure steps adapted from Solter, Cathy 2008)

Insertion Procedure for TCU-380A IUCD

Instruments and essential supplies

The following items are recommended for each IUCD insertion

- IUCD in an unopened, undamaged, sterile package that is not beyond its expiration date
- Drape to cover the woman's pelvic area
- Clean cloth to place between the woman and the examination table
- Gloves (sterile or high-level disinfected gloves)
- Light source sufficient to visualize cervix
- Bowl containing antiseptic solution (chlorhexidine or povidone iodine) and gauze/ cotton balls
- Bivalve speculum
- Uterine tenaculum
- Uterine sound
- Sharp scissors for trimming threads
- Uterine dressing or sponge forceps
- Chlorine solution 0.5%
- 5 buckets
- 3 leak-proof containers
- Bin liners
- Detergent
- Brush
- Autoclave/steriliser/chemicals for high level disinfection
- Utility gloves
- Personal protective equipment
- Individual towel
- Soap and hand rub
- Dry gauze or cotton balls

Client Assessment Steps

1. Ensure that equipment and supplies are available and ready to use.
2. Have the client empty her bladder.
3. Help the client onto the examination table.
4. Tell the client what is going to be done, and ask her if she has any questions.
5. Wash hands thoroughly and dry them.
6. Palpate the abdomen.
7. Wash hands thoroughly and dry them again.
8. Put clean or HLD gloves on both hands.
9. Inspect the external genitalia.

Note:

- If findings are normal, perform the bimanual exam first and the speculum exam second.
- If there are potential problems (genital tract infection), perform the speculum exam first and a bimanual exam second.

10. Perform a bimanual exam to determine size, position, consistency, and mobility of the uterus. Any tenderness might indicate infection.
 - Perform rectovaginal exam only if indicated.
 - If rectovaginal exam is performed, change gloves before continuing.
11. Perform a speculum exam. Check for signs of genital tract infections. (Note: If laboratory testing is indicated and available, take samples now.)

Inserting the Loaded Copper T

Using gentle, “no-touch” aseptic technique throughout, perform the following steps:

1. Prepare the client: Give the woman a brief overview of the procedure, encourage her to ask questions, and provide reassurance as needed. Remind her to let you know if she feels any pain.
2. Insert a speculum into the vagina to inspect the cervix.
3. Cleanse the cervical os and vaginal wall with appropriate antiseptic.
4. Slowly insert an HLD or sterile tenaculum through the speculum and gently grasp the cervix (ask the client to cough while grasping the cervix with the tenaculum) and apply gentle traction (to hold the cervix and uterus steady).
5. Slowly and gently insert the HLD or sterile sound through the cervix to measure the depth and position of uterus. (See procedure for sounding, below.)
6. Load the IUCD into the inserter while both are still in the unopened, sterile package using the “no touch” technique. (See procedure for Loading the Copper T.)
7. Set the blue depth-gauge to the measurement of the uterus.
8. Grasp the tenaculum (which is still in place on the cervix after sounding the uterus) and pull firmly to pull the uterine cavity and cervical canal in line with the vaginal canal.
 - Slowly and gently place the loaded inserter tube through the cervical canal. Keep the blue depth-gauge in a horizontal position. (**Figure 1**, below)
 - Gently advance the insertion tube until the blue depth-gauge touches the cervix or you feel a slight resistance of the uterine fundus. Keep the blue depth-gauge in a horizontal position. (**Figure 2**)
 - Hold the tenaculum and the white rod in place in one hand. With your other hand, withdraw (pull toward you) the inserter tube until it touches the thumb grip of the white rod. This will release the arms of the TCu 380A high in the uterine fundus. (**Figure 3**)
9. Once the arms have been released, again very gently and carefully, push the inserter tube upward, toward the top of the uterus, until you feel a slight resistance. (**Figure 4a**)
 - This step ensures that the arms of the T are as high as possible in the uterus.
 - Hold the inserter tube still while removing the white rod.
10. Gently and slowly withdraw the inserter tube from the cervical canal. The strings should be visible protruding from the uterus. (**Figure.4b**)
11. Use HLD or sterile scissors to cut the strings so that they protrude only 3 cm into the vagina or hanging out of the cervix.

- 12.** Gently remove the tenaculum and speculum and put all of the instruments used in 0.5% chlorine solution for 10 minutes for decontamination.
- 13.** Examine the cervix for bleeding. If the cervix is bleeding from the tenaculum site, press a swab to the site, using clean forceps, until the bleeding stops.
- 14.** Help the client get up from the table very slowly. (Advise the woman to remain on the examination table until she feels ready to get dressed.). Watch her in case she becomes dizzy or feels faint. Teach her how and when to check the strings. Ask her to check the strings now. Ask her if she has any questions and answer them in simple words she can understand. Tell her to return in 3 to 6 weeks. If she can read, give her written instructions or tell her the warning signs of problems and how to get help if she needs it.

(The Population Council and PATH 1989)

Figure 1. Inserting loaded IUCD

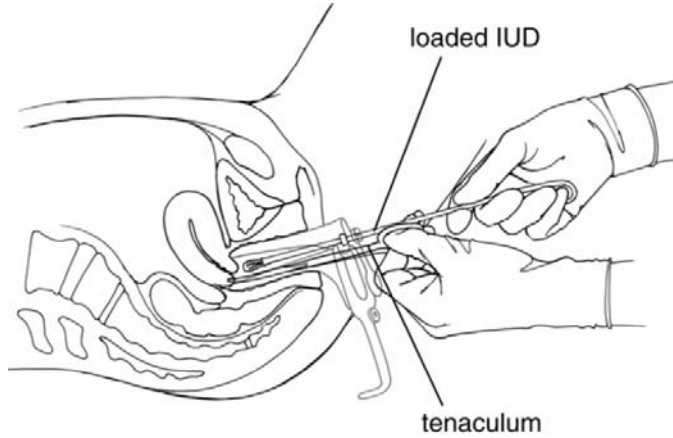


Figure 2. Advancing the Loaded IUCD

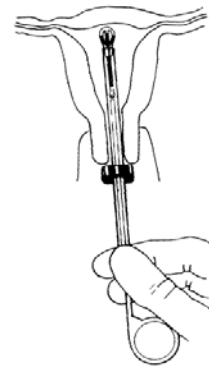


Figure 3. Withdrawing the Insertion Tube to Release IUD Arms

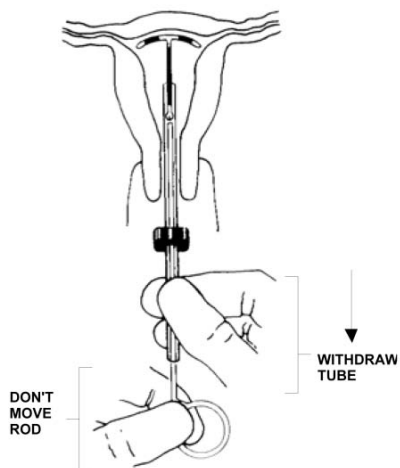


Figure 4a. Positioning IUD High in the Uterus

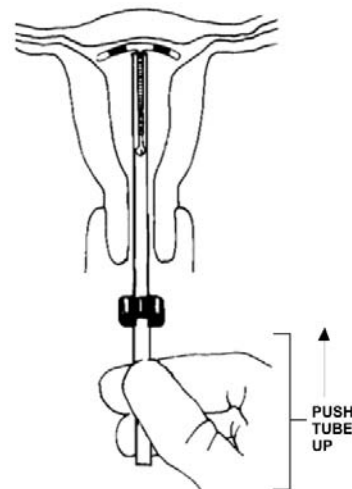
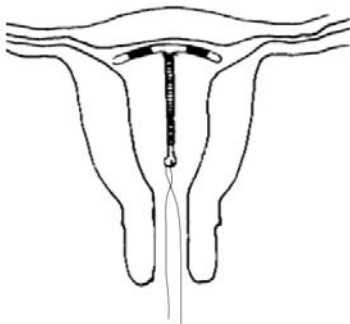


Figure 4b. IUD Fully Inserted in Uterus



(Illustrations courtesy of Jhpiego. Source: Bluestone J, Chase R and Lu ER, 2006)

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Preventing Infection at IUCD Insertion

Proper insertion technique can help prevent many problems, such as infection, expulsion, and perforation.

- Follow proper infection-prevention procedures.
- Use high-level disinfected or sterile instruments.
- Use a new, sterile IUCD that is packaged with its inserter.
- Use the "no-touch" insertion technique. This includes not letting the loaded IUCD or uterine sound touch any unsterile surfaces (for example, hands, speculum, vagina, table top). The no-touch technique involves:
 - Loading the IUCD into the inserter while the IUCD is still in the sterile package, to avoid touching the IUCD directly
 - Cleaning the cervix thoroughly with antiseptic before IUCD insertion
 - Being careful not to touch the vaginal wall or speculum blades with the uterine sound or loaded IUCD inserter
 - Passing both the uterine sound and the loaded IUCD inserter only once each through the cervical canal.

(WHO/RHR and CCP/INFO Project 2008)

Passing a Uterine Sound

Purpose of sounding the uterus

- To check the position of the uterus (to confirm findings of the pelvic exam) and check for obstructions in the cervical canal
- To measure the direction of the cervical canal and uterine cavity, so that the inserter can be positioned appropriately to follow the canal
- To measure the length from external cervical os to the uterine fundus so that the blue depth-gauge on the TCu 380A insertion tube can be set at the same distance, so that the IUCD will be placed high in the uterine fundus.

Procedure for sounding the uterus

Use gentle, no touch (aseptic) technique throughout.

Note: Before attempting to sound the uterus, a screening speculum and bimanual exam should have been performed to assess the position of the uterus and rule out the possibility of vaginal and cervical infection and to determine the size of the uterus.

1. Put on HLD or sterile gloves.
2. Insert the speculum (if not already done.) Thoroughly clean the cervix with an antiseptic solution.
3. Apply the HLD or sterile tenaculum at the 10 o'clock and 2 o'clock positions on the cervix. Close the tenaculum one notch at a time, slowly, and no further than necessary.
4. Pick up the handle of the sound, do not touch the tip. Turn the sound so that it is in the same direction as the uterus.

5. Gently pass the HLD or sterile tip of the uterine sound into the cervical canal. At the same time, keep a firm grip with the tenaculum. (Be careful not to touch the walls of the vagina with tip of the sound.)
 - Carefully and gently, insert the uterine sound in the direction of the uterus while gently pulling steadily downwards and outward on the tenaculum. If there is resistance at the internal os, use a smaller sound, if available.
 - Do **not** attempt to dilate the cervix unless well-qualified. **Gentle** traction on the tenaculum may enable the sound to pass more easily.
 - If client begins to show symptoms of fainting or pallor with slow heart rate, STOP.
6. Slowly withdraw the sound; it will be wet and darker where it was in the uterus.
 - Place the sound next to the IUCD and set the blue depth-gauge at the depth of the uterus. Determine the length of the uterus by noting the mucus and/or blood on the sound.
 - The average uterus will sound to a depth of 6 to 8 cm.
 - Note: If the uterus sounds to a depth of 10 cm or more, the sound may have perforated the uterus, or the uterus may be enlarged due to tumours or pregnancy. DO NOT insert an IUCD.
7. If perforation is suspected, observe the client in the clinic carefully.
 - For the first hour, keep the woman in bed and check the pulse and blood pressure every 5 to 10 minutes.
 - If the woman remains stable after 1 hour, check the hematocrit/hemoglobin if possible, allow her to walk, check vital signs as needed, and observe for several more hours. If she has no signs or symptoms, she can be sent home but should avoid intercourse for 2 weeks. Help her make an informed choice about a different (backup) contraceptive.
 - If there is a rapid pulse and falling blood pressure, or new pain or increasing pain around the uterus, hospitalization is needed.

Loading the TCu 380A in Its Sterile Package

Important: Do not open the IUCD's sterile package or load it until the final decision to insert an IUCD has been made (i.e., until after the pelvic examination, including both bimanual and speculum exams, has been performed). In addition, do not bend the "arms" of the "T" into the insertion tube more than 5 minutes before it is introduced into the uterus.

While performing the following steps, do not allow the IUCD or the IUCD insertion assembly to touch any non-sterile surfaces (e.g., your hands, the table) that may contaminate it.

Step 1:

Make sure that the vertical stem of the T is fully inside the inserter tube (the T can be shifted through the unopened package) and that the end of the inserter tube opposite the T is close to the **seal** at the end of the package. **(Figure 8b.1)**

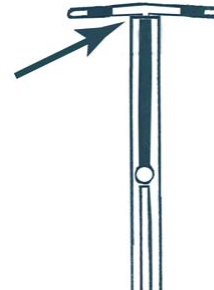


Figure 8b.1.

Step 2:

Place the package on a clean, hard, flat surface with the **clear plastic side up**.

- Partially open the end of the package **farthest** from the IUCD.
- Open the package approximately halfway to the blue **depth-gauge**.

Step 3:

Pick up the package, holding the open end up towards the ceiling so that the contents do not fall out.

- Bend the clear **plastic cover** and **white backing "flap"** at the open end of the package away from each other. (This will help maintain sterility of the **white rod** during loading.)
- Using your free hand, grasp the **white rod**, which is behind the **I.D. card**, by the thumb grip and remove it from the package. Be careful not to touch the tip of the white rod or brush it against another surface.
- Put the **white rod** inside the **inserter tube (Figure 8b.2)** and gently push the rod up into the inserter tube until it almost touches the bottom of the T. **(Figure 8b.3)**



Figure 8b.2: Placing white rod inside insertion tube.

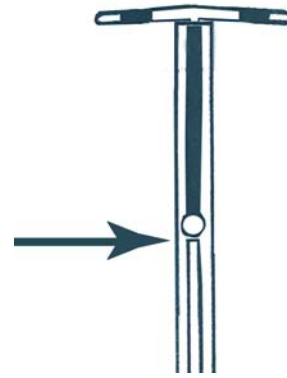


Figure 8b.3: White rod almost touching bottom of "T"

Step 4:

Release the **white backing flap** so that it is flat, and place the package on a flat surface with the **clear plastic side up**.

Step 5:

Through the **clear plastic cover**, place your thumb and index finger over the ends of the **horizontal arms** of the T and hold the T in place.

- At the open end of the package, use your free hand to push the I.D. card so that it slides underneath the T and stops at the top seal of the package.
- While still holding the tips of the horizontal arms of the T, use your free hand to grasp the inserter tube against the arms of the T, as indicated by the arrow in **Figure 8b.4**. This will start the arms of the T bending downward, towards the stem of the T, as indicated in the drawing on the I.D. card.

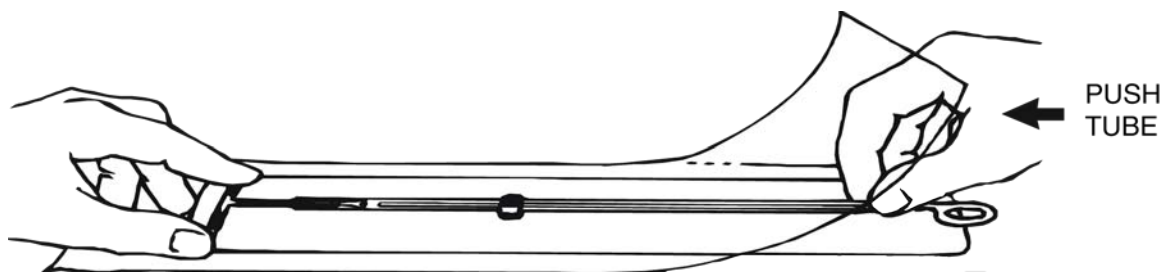


Figure 8b.4: Positioning the IUCD and bending arms of "T"

Step 6:

Continue bending the arms of the T by bringing the thumb and index finger together.

- When the arms have folded enough to touch the sides of the inserter tube, pull the **inserter tube** out from under the tips of the arms. Then push and rotate the **inserter tube** onto the tips of the arms so that the arms become trapped inside the inserter tube next to the stem. **(Figure 8b.5)**
- Insert the folded arms into the tube only as far as necessary to ensure retention of the arms. **Do not try to push the copper bands on the arms into the inserter tube; they will not fit.**

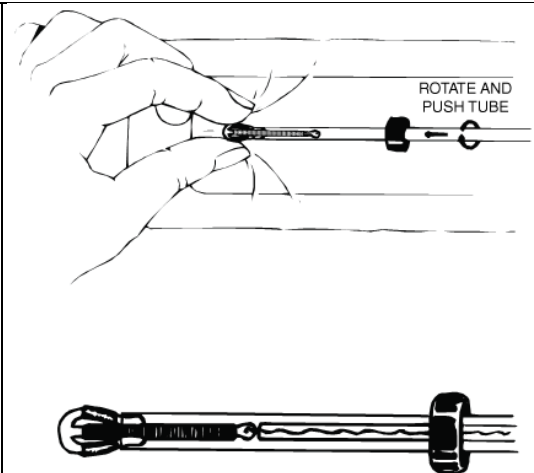


Figure 8b.5: Inserting folded arms of T into insertion tube)

Step 7:

The **blue depth-gauge** on the **inserter tube** is used to mark the depth of the uterus and to show the direction in which the arms of the T will unfold once they are released from the inserter tube. Holding the blue depth-gauge in place through the clear plastic wrapper, grasp the inserter tube at the open end of the package with your free hand.

- Pull the inserter tube gently until the distance between the top of the folded T and the edge of the blue depth-gauge closest to the T is equal to the depth of the uterus as measured on the uterine sound.
- Rotate the inserter tube so that the long axis of the blue depth-gauge is on the same horizontal plane as the arms of the T. Set the blue depth-gauge to the appropriate measurement. **(Figure 8b.6)**

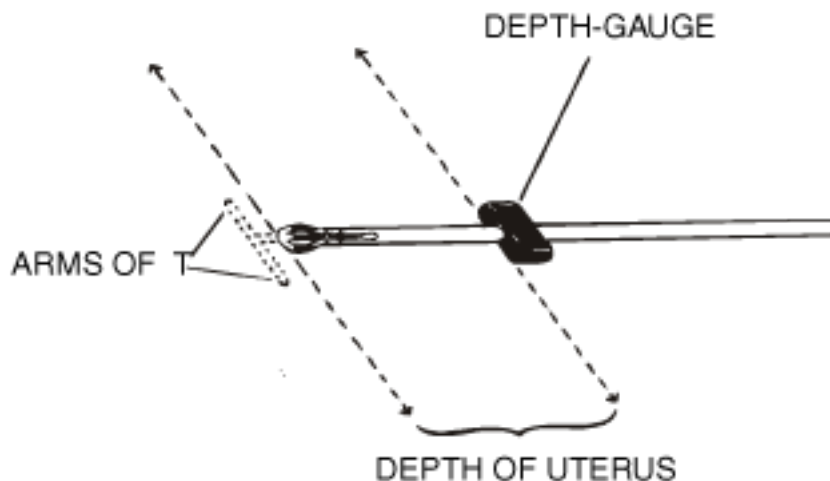


Figure 8b.6: Setting depth of uterus on insertion tube

Step 8:

The IUCD is now ready to be placed in the woman's uterus. Carefully peel the clear plastic cover of the package away from the white backing.

- Lift the loaded inserter, keeping it horizontal, so that the T or white rod doesn't fall out (**Figure 8b.7**).
- Be careful not to push the white rod towards the T until you are ready to release the T in the fundus.
- **Do not let the inserter tube or the tip of the IUCD touch any unsterile surfaces. If it touches any unsterile surfaces, it must not be inserted in the uterus. Throw it away and get another one.**

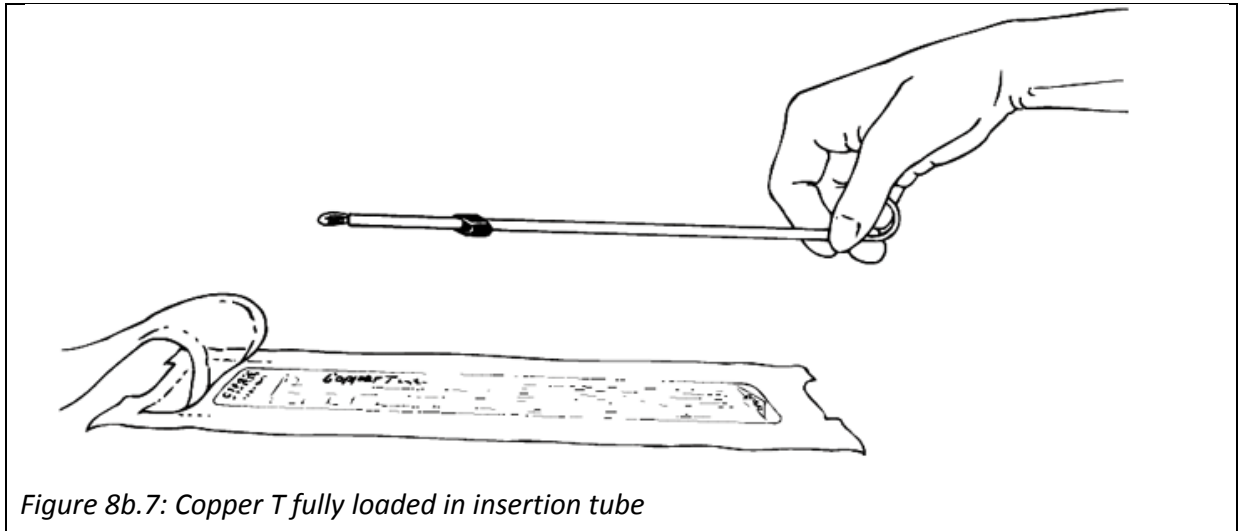


Figure 8b.7: Copper T fully loaded in insertion tube

(Illustrations courtesy of Jhpiego. Source: Bluestone, J., R. Chase and E.R. Lu 2006)

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IUCD Case Studies

(Adapted from Solter, Cathy 2008)

Case Study 1

Woman requests IUCD and is not having her menses

A 21-year-old woman had normal delivery of her second child 8 weeks ago. She is exclusively breastfeeding. She has not had a menstrual period since delivery. She used an IUCD between her 2 pregnancies and was happy with it. She has had intercourse in the last month. A pelvic examination reveals that the uterus anterior is small, firm, and non-tender.

Questions for discussion:

1. Is it appropriate to insert an IUCD in this client today? Discuss the pros and cons.
2. If you do not provide her with an IUCD today, what information will you give her?
3. Under what circumstances is it appropriate to go ahead with an IUCD insertion in a client who is not during or just after her menstrual period?

Case Study 2

PID with IUCD

A 20-year-old woman with 1 child has been using COCs for one year, but recently she has developed severe migraine headaches with aura. You recommended that she discontinue the pills, so she has chosen to try an IUCD. She had a TCu-380A inserted 5 months ago. She has returned and tells you that she noted a yellowish, bloody discharge and pain with intercourse starting 3 weeks ago.

Examination findings:

- Temp: 37 degrees
- BP: 120/75;
- Does not appear to be in any discomfort
- Abdominal exam shows no upper abdominal pain or guarding; lower abdomen slightly tender to pressure, no guarding
- Pelvic exam normal
- External genitalia and vagina: IUCD string protruding from os
- There is a mucopurulent discharge emanating from the cervix
- Bimanual exam elicits tenderness on cervical motion in any direction
- Adnexa are also tender to pressure, but no mass is noted
- Uterus is midposition, firm, tender to pressure, fairly mobile

Questions for discussion:

1. Do IUCDs cause PID?
2. What practices in the standard IUCD insertion protocol are specifically designed to prevent infections? (Use IUCD Learning Guides as aids in answering this question.)
3. How will you manage her case?

Case Study 3**Missing strings**

A 28-year-old woman with 1 child who wishes to delay her next pregnancy for 3 years had a TCu-380A inserted 6 months ago. The insertion was very painful, and the pain persisted for several hours. She has had no problems since then and has been able to feel the strings herself. The client's last menses started 2 weeks ago, and it was normal; but since her menses, she has not been able to feel the IUCD strings. She did not see the IUCD come out during her period.

Abdominal exam and pelvic exam are normal; the uterus is retroverted, small, firm, nontender. Adnexa are nontender, and no masses or swelling are noted. The cervix is normal in appearance. No IUCD strings are visible.

Questions for discussion:

1. What are the possible reasons for the missing strings?
2. What will you recommend as a management plan for this woman?

IUCD Case Studies Answer Key

Case Study 1

Woman requests IUCD and is not having her menses

Questions for discussion:

1. Is it appropriate to insert an IUCD in this client today? Discuss the pros and cons.
2. If you do not provide her with an IUCD today, what information will you give her?
3. Under what circumstances is it appropriate to go ahead with an IUCD insertion in a client when it is not during or just after her menstrual period?

Discussion

It is important that the practitioner be “reasonably certain” that the client is not pregnant. In this example, she is protected by the lactational amenorrhea method, so she should be provided with an IUCD if she has no other medical reasons to deny.

It is appropriate to insert an IUCD in a client when it is not during or just after her menstrual period if she has no medical conditions that contraindicate IUCD insertion and:

- She is less than 48 hours postpartum
- She is more than 4 weeks postpartum and has not had intercourse
- She is more than 4 weeks postpartum and has had intercourse, but has used a reliable method of contraception
- She is less than 6 months postpartum, exclusively breastfeeding, and has no menses
- She is less than 7 days postabortion and the uterus is not infected, or
- At any time in the menstrual cycle as long as the practitioner is “reasonably certain” that she is not pregnant.

Case Study 2

PID with IUCD

Questions for discussion:

1. Do IUCDs cause PID?
2. What practices in the standard IUCD insertion protocol are specifically designed to prevent infections? (Use Clinical and Counselling Skill Learning Guides founds at the end of this Unit as aids in answering this question.)
3. How will you manage her case?

Discussion

The IUCD does not cause PID. However, it does increase the risk of infection if the woman had an STI at the time of insertion. An infection in the first 3 weeks after insertion may be due to poor infection-prevention procedures at the time of insertion or due to presence of a cervical STI at the time of insertion. Since this infection developed several months post-insertion, it is probably due to new exposure to infection. Before selecting an IUCD the client should be asked

about her number of sexual partners, if her sexual partner(s) has/have other sexual partners, and her history of STIs.

Plan: If the client does have an infection, do not remove the IUCD, but treat the infection with antibiotics. She should be counselled about how to avoid STIs, advised to use condoms and to encourage her partner(s) to be seen for treatment. If the client wants the IUCD removed, treat the infection first and then remove the IUCD.

Case Study 3

Missing strings

Questions for discussion:

1. What are the possible reasons for the missing strings?
2. What will you recommend as a management plan for this woman?

Discussion

If a client cannot feel the strings of her IUCD, it could mean that the IUCD has perforated the uterus or that it has come out with the menses. In this case either could have happened. The fact that she had no problem feeling her strings for the first 6 months and then stopped being able to feel them after her period probably means that the IUCD came out with her period (even if she did not see it).

Plan: If strings are not noted on exam and client is not pregnant, see if strings can be located with gentle exploration of lower cervical canal with (sterile or HLD) narrow sponge forceps. If you are not able to locate the strings, refer the client to an ob/gyn for further management. Before the client leaves your office, provide her with a supply of condoms to protect her from pregnancy in case the IUCD is not in the uterus.

IUCD Role Plays

(Adapted from Solter, Cathy 2008)

Role Play 1: General Counselling about IUCDs

Participants should be able to demonstrate key messages about the IUCD. Playing the role of the provider, practice telling the key messages to:

- A very young woman
- A 40-year-old woman
- A woman who believes her husband has another partner.

Role Play 2: Deciding to Choose an IUCD - Client Assessment and Counselling

Role-play an IUCD counselling session between a provider and client for each of the situations below.

- A 17-year-old woman with no children who wants to become pregnant in 3 years
- A 35-year-old woman with 4 children who has regular periods and does not want any more children
- A 27-year-old woman with 2 children who has had PID once since the birth of her last child and wants more children in the future
- A 20-year-old woman who is exclusively breastfeeding a 4-week-old baby
- A 19-year-old sex worker who has 4 children, a history of recurrent PID, hepatitis, and is HIV-infected
- A 32-year-old woman with 2 children who has heavy periods (she needs to change her pads every 2 hours and bleeds for 8 days) and on the first two days her cramps are so strong that she cannot go to her job
- A 27-year-old woman with 6 children; she is very pale. She says that after her last baby was born, 6 months ago, she bled so much she had to go to the hospital. She complains that she has no strength. She does not want any more children.
- A 30-year-old woman with 4 children; she is not sure if she wants any more children. She is in a mutually monogamous relationship.
- A 30-year-old woman with 4 children. She is not sure if she wants any more children. Her husband travels for work, and she thinks he may be having a relationship with a woman in another town.
- A 26-year-old woman with 3 children. Her husband is a transport worker and HIV-infected. She has AIDS, but is currently being treated with ARVs and feels well. He left her and took the 2 older children when she became ill.

IUCD Quiz Questions

Questions 1–17. Indicate whether the following statements about IUCDs are **true** or **false** by writing a “T” for true or an “F” for false in the space provided before each statement.

- ___ 1. The IUCD is a small, flexible contraceptive device made of plastic and other materials that is placed in the uterine cavity to prevent pregnancy.
- ___ 2. The TCu-380A IUCD is effective for up to 7 years.
- ___ 3. Women experience a rapid return to fertility when an IUCD is removed.
- ___ 4. The most common side effects of the IUCD are cramping and pain during menstrual periods.
- ___ 5. A woman who engages in hard physical work is eligible for IUCDs.
- ___ 6. A woman who has gonorrhoea or chlamydia should NOT have an IUCD inserted until the infection has been resolved.
- ___ 7. A woman should NOT have an IUCD inserted during her monthly bleeding.
- ___ 8. A woman who has chosen an IUCD should be told what to expect during insertion.
- ___ 9. Prior to IUCD insertion, a pelvic exam is done to rule out infection, anatomical abnormalities, and the size and position of the uterus.
- ___ 10. The IUCD provides protection against some STIs.
- ___ 11. If a woman cannot come to a follow-up visit at the clinic where the IUCD will be inserted she should be denied an IUCD and told to have one inserted in a place that she can revisit.
- ___ 12. Severe prolonged bleeding with anaemia is an indication for IUCD removal.
- ___ 13. When it is time to remove an IUCD, it must be done during the woman’s monthly bleeding to avoid complications.
- ___ 14. It is best to dismiss a client’s side effects so that she will not want her IUCD removed.
- ___ 15. Non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (400 mg) and aspirin (235-650 mg) can be used to treat heavy bleeding and irregular bleeding.
- ___ 16. A woman’s partner can sometimes be bothered by feeling the IUCD strings during sexual intercourse. This happens because the strings are cut too short.
- ___ 17. A woman who develops pelvic inflammatory disease (PID) must have her IUCD removed.

Questions 18–25: Circle the letter that offers the best response to each question.

18. The IUCD used in Malawi is:
- a. Called the Copper T or the TCu-380A
 - b. Is effective for at least 12 years
 - c. Has a coil of copper wire on its vertical arm and 2 copper sleeves
 - d. All of the above
19. The TCu-380A IUCD works by:
- a. Preventing ovulation
 - b. Thickening cervical mucus

- c. Preventing sperm from entering the fallopian tubes
 - d. Damaging sperm and egg before they meet
20. In counselling a woman about the advantages of the TCu-380A IUCD, a provider would inform her that the IUCD:
- a. Is permanent
 - b. Is highly effective
 - c. Has few side effects for most women
 - d. Is effective in preventing anaemia
21. Which of the following makes a woman ineligible for an IUCD?
- a. Is pregnant
 - b. Has no children
 - c. Has a history of ectopic pregnancy
 - d. Is under age 20
 - e. (b) and (d) above
22. Although rare, when is IUCD expulsion most likely to occur?
- a. During the first few hours after insertion
 - b. During the first few days after insertion
 - c. During the first few months after insertion
 - d. After 8 years
23. The “no-touch” IUCD insertion technique refers to:
- a. Proper hand washing without touching a towel
 - b. Not touching the abdomen without cleaning it with an antiseptic solution
 - c. Not touching instruments without putting gloves on first
 - d. Not letting the loaded IUCD or uterine sound touch any unsterile surface
24. Which of the following is a warning sign that a client may be having a problem with her IUCD and should seek medical attention:
- a. Pain with sexual intercourse
 - b. Cramping with menses
 - c. Increased length of menstrual cycle
 - d. Spotting in between periods
25. IUCD clients should be counselled
- a. Before the insertion
 - b. After insertion
 - c. During each follow-up visit
 - d. All of the above

IUCD Quiz Questions Answer Key

Questions 1–17. Indicate whether the following statements about IUCDs are **true** or **false** by writing a **“T”** for true or an **“F”** for false in the space provided before each statement.

- T _ 1. The IUCD is a small, flexible contraceptive device made of plastic and other materials that is placed in the uterine cavity to prevent pregnancy.
- F _ 2. The TCu-380A IUCD is effective for up to 7 years. **The TCu-380A is effective for at least 12 years.**
- T _ 3. Women experience a rapid return to fertility when an IUCD is removed.
- T _ 4. The most common side effects of the IUCD are cramping and pain during menstrual periods.
- T _ 5. A woman who engages in hard physical work is eligible for IUCDs.
- T _ 6. A woman who has gonorrhoea or chlamydia should NOT have an IUCD inserted until the infection has been resolved.
- F _ 7. A woman should NOT have an IUCD inserted during her monthly bleeding. **A woman who is having menstrual cycles can have an IUCD inserted at any time of the month.**
- T _ 8. A woman who has chosen an IUCD should be told what to expect during insertion.
- T _ 9. Prior to IUCD insertion, a pelvic exam is done to rule out infection, anatomical abnormalities and the size and position of the uterus.
- F _ 10. The IUCD provides protection against some STIs. **The IUCD provides no protection against STIs/HIV.**
- F _ 11. If a woman cannot come to a follow-up visit at the clinic where the IUCD will be inserted she should be denied an IUCD and told to have one inserted in a place that she can revisit. **No woman should be denied an IUCD because follow-up would be difficult or not possible.**
- T _ 12. Severe prolonged bleeding with anaemia is an indication for IUCD removal.
- F _ 13. When it is time to remove an IUCD, it must be done during the woman’s monthly bleeding to avoid complications. **Removal may be easier during monthly bleeding, but it can be done at any time of the month.**
- F _ 14. It is best to dismiss a client’s side effects so that she will not want her IUCD removed. **Problems with side effects or complications affect women’s satisfaction and use of IUCDs. They deserve the provider’s attention. If the client reports any side effects or complications, listen to her concerns, give her advice, and, if appropriate, provide treatment.**
- F _ 15. Non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (400 mg) and aspirin (235-650 mg) can be used to treat heavy bleeding and irregular bleeding. **NSAIDs can be used to treat heavy bleeding and irregular bleeding; however, aspirin should not be given as it may increase bleeding.**
- T _ 16. A woman’s partner can sometimes be bothered by feeling the IUCD strings during sexual intercourse. This happens because the strings are cut too short.

F _ 17. A woman who develops pelvic inflammatory disease (PID) must have her IUCD removed.
There is no need to remove the IUCD if she wants to continue using it. If she wants it removed, take it out after starting antibiotic treatment.

Questions 18–25: Circle the letter that offers the best response to each question.

18. The IUCD used in Malawi is:

d. All of the above

19. The TCU-380A IUCD works by:

d. Damaging sperm and egg before they meet

20. In counselling a woman about the advantages of the TCU-380A IUCD, a provider would inform her that the IUCD:

b. Is highly effective

21. Which of the following makes a woman ineligible for an IUCD?

a. Pregnancy

22. Although rare, when is IUCD expulsion most likely to occur?

c. During the first few months after insertion

23. The “no-touch” IUCD insertion technique refers to:

d. Not letting the loaded IUCD or uterine sound touch any unsterile surface

24. Which of the following is a warning sign that a client may be having a problem with her IUCD and should seek medical attention:

a. Pain with sexual intercourse

25. IUCD clients should be counselled

d. All of the above

Learning Guide for IUCD Insertion (Copper T 380A)

(to be used by participants)

Rate the performance of each step or task observed using the following rating scale:	
1	Needs Improvement: Step or task not performed correctly or out of sequence (if necessary) or is omitted
2	Competently Performed: Step or task performed correctly in proper sequence (if necessary) but participant not progressing from step to step efficiently
3	Proficiently Performed: Step or task efficiently and precisely performed in the proper sequence (if necessary)

Participant _____ Course Dates _____

Learning Guide For IUCD Insertion (Copper T 380A)					
Task/Activity	Cases				
BCS+ STEPS 1-9: SEE UNIT 5 FOR BCS+ LEARNING GUIDE					
BCS+ STEP 10: GIVE THE METHOD					
PRE-INSERTION ASSESSMENT					
1. Assemble equipment and supplies.					
2. Have the client empty her bladder.					
3. Help the client onto the examination table.					
4. Tell the client what is going to be done, and ask her if she has any questions.					
5. Wash hands thoroughly and dry them.					
6. Palpate the abdomen.					
7. Wash hands thoroughly and dry them <u>again</u> .					
8. Put clean or high-level disinfected gloves on both hands.					
9. Inspect the external genitalia.					
Note:					
<ul style="list-style-type: none"> • If findings are normal, perform the bimanual exam first and the speculum exam second. • If there are potential problems (genital tract infection), perform the speculum exam first and a bimanual exam second. 					
10. Perform a bimanual exam to determine size, position, consistency, and mobility of the uterus. Any tenderness might indicate infection. <ul style="list-style-type: none"> • Perform rectovaginal exam only if indicated. • If rectovaginal exam is performed, change gloves before continuing. 					
11. Perform a speculum exam. Check for signs of genital tract infections.					
12. If laboratory testing is indicated and available, take samples.					
INSERTING THE LOADED COPPER T (Use gentle, "no-touch" [aseptic] technique)					
PRE-INSERTION					
1. Prepare the client: Give the woman a brief overview of the procedure, encourage her to ask questions, and provide reassurance as needed. Remind her to let you know if she feels any pain.					
2. Insert a speculum into the vagina to inspect the cervix.					
3. Cleanse the cervical os and vaginal wall with appropriate antiseptic.					
4. Slowly insert an HLD or sterile tenaculum through the speculum and					

Learning Guide For IUCD Insertion (Copper T 380A)

Task/Activity	Cases				
gently grasp the cervix (ask the client to cough while grasping the cervix with the tenaculum) and apply gentle traction (to hold the cervix and uterus steady).					
5. Insert the HLD or sterile sound through the cervix to measure the depth and position of uterus. (See learning guide for sounding.)					
6. Load the IUCD into the inserter using the “no touch” technique. (See learning guide for loading the Copper T.)					
7. Set the blue depth-gauge to the measurement of the uterus.					
8. Grasp the tenaculum (still on cervix) and pull firmly to pull the uterine cavity and cervical canal in line with the vaginal canal.					
INSERTION STEPS					
1. Slowly and gently place the loaded inserter tube through the cervical canal. Keep the blue depth-gauge in a horizontal position.					
2. Gently advance the insertion tube until the blue depth-gauge touches the cervix or you feel a slight resistance. Keep the blue depth-gauge in a horizontal position.					
3. Hold the tenaculum and the white rod in place in one hand. With your other hand, withdraw the inserter tube until it touches the thumb grip of the white rod, releasing the arms of the Copper T.					
4. Once the arms are released, very gently and carefully, push the inserter tube toward the top of the uterus again, until you feel a slight resistance.					
5. Hold the inserter tube still while removing the white rod.					
6. Gently and slowly withdraw the inserter tube from the cervical canal. The strings should be visible protruding from the uterus.					
7. Use HLD or sterile scissors to cut the strings so that they protrude only 3 cm into the vagina or hanging out of the cervix.					
8. Gently remove the tenaculum and speculum and place all instruments used in 0.5% chlorine solution for 10 minutes for decontamination.					
9. Examine the cervix for bleeding. If bleeding, press a swab to the site, using clean forceps, until the bleeding stops.					
10. Ask client how she is feeling and advise her to remain on the examination table until she feels ready to get dressed.					
POST-INSERTION STEPS					
1. Make client comfortable. Watch in case she becomes dizzy or feels faint. Help her get up from the table when she feels ready.					
2. Teach her how and when to check the strings and ask her to check the strings now.					
2. Before removing the gloves, place all used instruments in 0.5% chlorine solution for 10 minutes for decontamination.					
3. Properly dispose of waste materials.					
4. Process gloves according to recommended infection prevention practices.					
5. Wash hands thoroughly and dry them.					
6. Provide post-insertion instructions (key messages for IUCD users): <ul style="list-style-type: none"> • Basic facts about her IUCD (e.g., type, how long effective, when to replace/remove) • No protection against STIs/HIV; need for condoms if at risk • Possible side effects 					

Learning Guide For IUCD Insertion (Copper T 380A)					
Task/Activity	Cases				
<ul style="list-style-type: none"> • Warning signs • Checking for possible IUCD expulsion • When to return to clinic (in 3 to 6 weeks for follow-up visit) 					
7. Complete client's records.					

Learning Guide for Sounding the Uterus

Rate the performance of each step or task observed using the following rating scale:

- 1 **Needs Improvement:** Step or task not performed correctly or out of sequence (if necessary) or is omitted
- 2 **Competently Performed:** Step or task performed correctly in proper sequence (if necessary) but participant not progressing from step to step efficiently
- 3 **Proficiently Performed:** Step or task efficiently and precisely performed in the proper sequence (if necessary)

Participant _____ Course Dates _____

Learning Guide for Sounding the Uterus					
Task/Activity (Use gentle, no touch (aseptic) technique)	Cases				
1. Put on HLD or sterile gloves.					
2. Insert the speculum (if not already done.) Thoroughly clean the cervix with an antiseptic solution.					
3. Apply the HLD or sterile tenaculum at the 10 o'clock and 2 o'clock positions on the cervix. Close the tenaculum 1 notch at a time, slowly, and no further than necessary.					
4. Pick up the handle of the sound; do not touch the tip. Turn the sound so that it is in the same direction as the uterus.					
5. Gently pass the HLD or sterile tip of the uterine sound into the cervical canal. At the same time, keep a firm grip with the tenaculum. (Be careful not to touch the walls of the vagina with tip of sound.) <ul style="list-style-type: none"> • Carefully and gently, insert the uterine sound in the direction of the uterus while gently pulling steadily downwards and outward on the tenaculum. If there is resistance at the internal os, use a smaller sound, if available. • Do not attempt to dilate the cervix unless well-qualified. Gentle traction on the tenaculum may enable the sound to pass more easily. • If client begins to show symptoms of fainting or pallor with slow heart rate, STOP. 					
6. Slowly withdraw the sound. The wet and darker (mucus and blood) part on the sound shows the length of the uterus.					
7. Place the sound next to the IUCD and set the blue depth-gauge at the depth of the uterus. <ul style="list-style-type: none"> • The average uterus will sound to a depth of 6 to 8 cm. • Note: If the uterus sounds to a depth of 10 cm or more, the sound may have perforated the uterus, or the uterus may be enlarged due to tumours or pregnancy. DO NOT insert an IUCD. 					
8. If perforation is suspected, observe the client in the clinic carefully. For first hour, keep woman in bed and check pulse and blood pressure every 5-10 minutes. <ul style="list-style-type: none"> • If client remains stable after 1 hour, check hematocrit/hemoglobin. If possible, allow her to walk, check vital signs as needed, and observe for several more hours. If no signs or symptoms, send her home, but she should avoid intercourse for 2 weeks. Help her make an informed choice about a different (backup) contraceptive. • If there is a rapid pulse and falling blood pressure, or new pain or increasing pain around the uterus, hospitalization is needed. 					

Learning Guide for Loading the TCU 380A in its Sterile Package

(to be used by participants)

Rate the performance of each step or task observed using the following rating scale:	
1	Needs Improvement: Step or task not performed correctly or out of sequence (if necessary) or is omitted
2	Competently Performed: Step or task performed correctly in proper sequence (if necessary) but participant not progressing from step to step efficiently
3	Proficiently Performed: Step or task efficiently and precisely performed in the proper sequence (if necessary)

Participant _____ Course Dates _____

Important: Do not open the IUCD's sterile package or load it until the final decision to insert an IUCD has been made (i.e., until after the pelvic examination, including both bimanual and speculum exams, has been performed). In addition, do not bend the "arms" of the "T" into the insertion tube more than 5 minutes before it is introduced into the uterus.

Do not allow the IUCD or the IUCD insertion assembly to touch any non-sterile surfaces (e.g., your hands, the table) that may contaminate it.

Learning Guide for Loading the TCU 380A in its Sterile Package	
Task/Activity	Cases
PREPARE PACKAGE	
1. Put on HLD or sterile gloves, if not already gloved.	
2. Make sure that the vertical stem of the T is fully inside the inserter tube and that the end of the inserter tube opposite the T is close to the seal at the end of the unopened package.	
OPEN PACKAGE	
1. Place package on a clean, hard, flat surface with clear plastic side up.	
2. Partially open the end of the package farthest from the IUCD.	
3. Open the package approximately halfway to the blue depth-gauge.	
REMOVE WHITE ROD FROM PACKAGE	
1. Pick up the package, holding the open end up towards the ceiling so that the contents do not fall out.	
2. Bend the clear plastic cover and white backing "flap" at the open end of the package away from each other.	
3. Grasp the white rod , behind the I.D. card , by the thumb grip and remove it from the package. Do not touch the tip of the white rod or brush it against another surface.	
4. Put the white rod inside the inserter tube and gently push the rod up into the inserter tube until it almost touches the bottom of the T.	
5. Release the white backing flap so that it is flat, and place the package on a flat surface with the clear plastic side up.	
POSITION ARMS OF THE T	

Learning Guide for Loading the TCU 380A in its Sterile Package

Task/Activity	Cases				
1. Through the clear plastic cover , place your thumb and index finger over the ends of the horizontal arms of the T and hold the T in place.					
2. At open end of the package, use your free hand to push the I.D. card so that it slides underneath the T and stops at the top seal of the package.					
3. While still holding the tips of the horizontal arms of the T, use your free hand to grasp the inserter tube against the arms of the T, starting to bend the arms of the T downward, towards the stem of the T, as indicated in the drawing on the I.D. card.					
INSERT "T" INTO INSERTER TUBE					
1. Continue bending the arms of the T by bringing the thumb and index finger together.					
2. When arms have folded enough to touch the sides of the inserter tube, pull the inserter tube out from under the tips of the arms. Push and rotate the inserter tube onto the tips of the arms so that the arms become trapped inside the inserter tube next to the stem.					
3. Insert the folded arms into the tube only as far as necessary to ensure retention of the arms. Copper bands on arms will not fit in tube.					
SET DEPTH-GAUGE					
1. Holding blue depth-gauge in place through the clear plastic wrapper, grasp inserter tube at the open end of the package with your free hand.					
2. Pull the inserter tube gently until the distance between the top of the folded T and the edge of the blue depth-gauge closest to the T is equal to the depth of the uterus as measured on the uterine sound.					
3. Rotate the inserter tube so that the long axis of the blue depth-gauge is on the same horizontal plane as the arms of the T.					
4. Set the blue depth-gauge to the appropriate measurement.					
PREPARE FOR INSERTION					
1. Carefully peel the clear plastic cover of the package away from the white backing.					
2. Lift the loaded inserter, keeping it horizontal, so that the T or white rod doesn't fall out.					
3. Be careful not to push the white rod towards the T until you are ready to release the T in the fundus.					
4. Do not let the inserter tube or the tip of the IUCD touch any unsterile surfaces. If it touches any unsterile surfaces, it must not be inserted in the uterus. Throw it away and get another one.					

Learning Guide for IUCD Removal

(to be used by participants)

Rate the performance of each step or task observed using the following rating scale:	
1	Needs Improvement: Step or task not performed correctly or out of sequence (if necessary) or is omitted
2	Competently Performed: Step or task performed correctly in proper sequence (if necessary) but participant not progressing from step to step efficiently
3	Proficiently Performed: Step or task efficiently and precisely performed in the proper sequence (if necessary)

Participant _____ Course Dates _____

Learning Guide for IUCD Removal					
Task/Activity	Cases				
PRE-REMOVAL STEPS					
1. Greet woman respectfully and with kindness.					
2. Assure privacy and confidentiality.					
3. Uses appropriate counselling/communication skills.					
4. Ask the woman her reason for having the IUCD removed.					
5. Determine whether she will have another IUCD inserted immediately, start a different method, or neither.					
6. Review the client's reproductive goals and need for STI/HIV protection, and counsel as appropriate.					
7. Ensure that equipment and supplies are available and ready to use.					
8. Have the client empty her bladder.					
9. Help the client onto the examination table.					
10. Wash hands thoroughly and dry them.					
11. Put clean or HLD gloves on both hands.					
REMOVE THE IUCD					
1. Explain the removal procedure. Remind her to let you know if she feels any pain.					
2. Gently insert the HLD (or sterile) speculum to visualize the strings, and cleanse the cervical os and vaginal wall with antiseptic.					
3. Alert the client immediately before you remove the IUCD.					
4. Grasp the IUCD strings close to the cervix with an HLD (or sterile) hemostat or other narrow forceps.					
5. Apply steady but gentle traction, pulling the strings toward you, to remove the IUCD. Do not use excessive force.					
6. Show the IUCD to client.					
7. If the woman is having a new IUCD inserted, insert it now if appropriate. [If she is not having a new IUCD inserted, gently remove the speculum and place it in 0.5% chlorine solution for 10 minutes for decontamination.]					
8. Ask how the client is feeling and begin performing the post-removal steps.					
POST-REMOVAL STEPS					
1. Before removing the gloves, place all used instruments and the IUCD in 0.5% chlorine solution for 10 minutes for decontamination.					

Learning Guide for IUCD Removal

Task/Activity	Cases				
2. Properly dispose of waste materials.					
3. Process gloves according to recommended IP practices.					
4. Wash hands thoroughly and dry them.					
5. If the woman has had a new IUCD inserted, review key messages for IUCD users.					
6. Discuss what to do if client experiences any problems.					
7. Counsel client regarding new contraceptive method, if desired.					
8. Assist client in obtaining new contraceptive method or provide temporary method (barrier method until method of choice can be started).					

References

Bluestone, J., R. Chase, and E.R. Lu. 2006. IUD guidelines for family planning service programs: A problem-solving reference manual. JHPIEGO: Baltimore, Maryland.

Malawi Ministry of Health. 2007. Malawi national reproductive health service delivery guidelines. Lilongwe, Malawi: Malawi Ministry of Health.

Malawi Ministry of Health and United Nations Population Fund. 2008. Sexual and reproductive health learning package for Malawi preservice education: Vol. 2. Lilongwe, Malawi: Malawi Ministry of Health.

Ministry of Health and JHPIEGO. 2007. IUCD programme on-the-job training package: Trainer's guide.

Solter, Cathy. 2008. Intrauterine devices (IUDs) second edition: Participant's guide. Watertown, MA: Pathfinder International.

http://www.pathfind.org/site/DocServer/IUD2E_Participant_s_Guide.pdf?docID=11281

(accessed April 13, 2010).

World Health Organization/Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communications Programs (CCP), Knowledge for Health Project. *Family planning: A global handbook for providers (2008 update)*. Baltimore and Geneva: CCP and WHO/RHR.

<http://info.k4health.org/globalhandbook/>