STANDARDIZED PROCEDURE
INTRAUTERINE DEVICE/INTRAUTERINE SYSTEM INSERTION
(Adult, Peds)

These procedures are intended to describe procedures performed by Nurse Practitioners and/or Certified Nurse Midwives (depending on the clinical privileges granted to the individual practitioner) at UC San Diego Health.

I. Definition:
Intrauterine placement of the Paragard® IUD or Mirena® IUS for long term contraception.

II. Background Information
A. Setting:
UC San Diego Health Outpatient locations

B. Supervision:
Midwives do not require supervision during IUD/IUS insertions once competency is determined and they have privileges to place IUD/IUS. A physician will be available for contact for consultation or referral either in person or by telephone. Consultation is indicated for the following:

1. Patient decompensation or intolerance to the procedure
2. Unexplained or unresolved bleeding
3. Suspected or known uterine perforation occurring during the procedure
4. Any other deviation from normal

C. Indications
Patients desiring long term contraception.

D. Precautions/Contraindications
The following conditions are absolute contraindications for IUD/IUS placement:

1. Known or suspected pregnancy
2. Uterine didelphys
3. Untreated cervical, uterine or adnexal infection
4. Unexplained abnormal vaginal bleeding
5. Allergy to copper or history of Wilson’s disease (copper IUD only)
6. Allergy to levonorgestrel (progestin IUS only)
7. Suspected or known uterine perforation occurring with placement of uterine sound during current procedure.

The following conditions are relative contraindications for IUD/IUS placement. Patient counseling and/or medical consultation is warranted:

1. Fibroids or uterus sounding < 6cm or >10cm
2. History of pelvic inflammatory disease
3. Impaired immune system
4. Acute liver disease or liver tumor (progestin IUS only)
5. History of or current breast cancer (progestin IUS only)
6. Hematocrit <30% (Hgb <10)
STANDARDIZED PROCEDURE
INTRAUTERINE DEVICE/INTRAUTERINE SYSTEM INSERTION
(Adult, Peds)

7. Blood coagulation issues including use of anticoagulant medications.
8. Limited ability by the client to determine IUD complications such as inability to check for strings or ability to know the danger signs.
9. History of impaired fertility in woman who desires future pregnancy

III. Subjective Data
Patient has expressed preference in IUD after being completely evaluated including:
1. All contraceptive options
2. Risks and benefits of IUD
3. Absence of absolute contraindications
4. Risks of relative contraindications
5. Choice of copper T or progestin IUD/IUS including explanations of each different type of IUD. Included in this discussion differences in failure rates, replacement intervals, side effects, changes in menstrual cycle, and non-contraceptive benefits.
6. No protection of sexually transmitted disease.
7. Obtain consent for IUD and its insertion.
8. Recommended for mutually monogamous partners and use of contraception prior to insertion and has not had unprotected intercourse since last menses.
9. Provide user with written information about the specific type of IUD and if possible a picture of the device she desires.
10. Provide the woman with a card that indicates the name of the device used, timing of follow up exams, date recommended for removal.

IV. Objective Data
1. Normal routine gynecological exam as appropriate.
2. May consider STI screening in patients that are at high risk or request it.
3. Pelvic exam should include bimanual exam to determine uterine size and degree of uterine flexion

V. IUD/IUS Insertion Procedure

1. Time of insertion: can be inserted at any time in the cycle provided reasonable assurance exists that the woman is not pregnant.
2. Can be provided to postpartum women immediately (within 10 minutes of expelling the placenta) or 6 weeks postpartum. Special care should be taken to avoid uterine perforation in the lactating woman.
3. Can be provided to women three weeks after a non-septic abortion.

Procedure
1. Perform a time out with all the appropriate steps.
2. Discuss anticipated changes in menstrual cycles with IUD/IUS use.
3. Using clean gloves, perform bimanual exam to determine uterine size and position.
STANDARDIZED PROCEDURE
INTRAUTERINE DEVICE/INTRAUTERINE SYSTEM INSERTION

(Adult, Peds)

2. Insert largest appropriate speculum for maximum cervical exposure. Consider covering the speculum with a condom if redundant vaginal mucosa occludes the cervix.
3. Cleanse the cervix with povidone iodine or other antiseptic.
4. Using sterile gloves, withdraw the IUD/IUS into the cannula per system directions.
5. Apply the tenaculum to stabilize the cervix.
6. Gently sound the uterus. Consultation is required if the uterus sounds <6cm or >10cm. Paracervical block and/or cervical dilation may be necessary if the sound does not easily pass through the internal cervical os.
7. Insert the IUD/IUS into the uterine cavity according to device specific instructions.
8. Cut strings to appropriate length.

Post-procedure

1. Assess the patient for comfort and stability. Observe for signs of vasovagal reaction.
2. Instruct the patient to observe pelvic rest for 1-2 days or until comfortable.
3. Advise the patient to anticipate intermittent uterine cramping for 1 day to 1-2 weeks. May use OTC NSAIDs PRN for relief.
4. Instruct patient how and when to check for IUD/IUS strings.
5. Instruct the patient to observe for abnormal bleeding or signs/symptoms of infection, (i.e. fever/chills, severe abdominal cramping, abnormal or odorous vaginal discharge) and to call if any problems arise.
6. Review anticipated changes in menses with IUD/IUS use.

Follow-up treatment

1. Interim visits- consider after the first menses
2. If any problem is suspected
   a. Heavy bleeding
   b. Bleeding lasting longer than 14 days
   c. Continuous lower abdominal or pelvic pain, especially if associated with fever
   d. Delayed or absent menstrual period after a long period of regular cycles
   e. Concern regarding possible pregnancy
   f. Suspected or detected expulsion of IUD or failure to feel the string at the cervix
3. For progestin IUS users ( if the problem occurs with first time progestin IUS users, consider removal)
   a. Migraine, focal migraine with asymmetric vision loss or other symptoms indicating transient cerebral ischemia
   b. Exceptionally severe headache
   c. Jaundice
   d. Marked increase in blood pressure
   e. Severe arterial disease such as stroke or MI
4. For annual visit check Hct/Hgb if indicated (heavy bleeding, menses, symptoms of anemia).
5. Each assessment of IUD should include history:
   a. Discuss PAINS:
      i. P- period late, pregnancy, abnormal spotting or bleeding
      ii. A- abdominal pain, pain with intercourse
      iii. I- infection exposure (STI); abnormal vaginal discharge
iv. N- not feeling well, fever, chills
v. S- strings missing, shorter or longer
b. Abdominal pain
c. Unusual vaginal bleeding
d. Unusual vaginal discharge
e. Fever
f. Exam and labs as required.

V. Documentation

A. Documentation is in the medical record
   Reflects obtaining of pretreatment evaluation, time out, written informed consent, medications administered, patient response to procedure, complications of procedure, patient instruction and follow up plan.

B. Abnormal or unexpected findings are reviewed with supervising physician.

VI. Competency Assessment

A. Initial Competence
The Advanced Health Practitioner will demonstrate knowledge of the following:
1. Medical indication and contraindications of IUD/IUS insertion.
2. Risks and benefits of the procedure
3. Related anatomy and physiology
4. Consent process
5. Steps in performing the procedure
6. Documentation of the procedure
7. Ability to interpret results and implications in management.

Advanced Health Practitioner will perform the procedure five times under direct supervision of a provider with privileges for IUD/IUS insertion (Advanced Health Practitioner or Physician).

Proctoring provider(s) will document Advanced Health Practitioner’s competency prior to performing procedure without supervision.

The Advanced Health Practitioner will ensure the completion of proctoring documents and provide a copy for filing in their personnel file and a copy to the medical staff office for their credentialing file.

B. Continued proficiency
1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.
STANDARDIZED PROCEDURE
INTRAUTERINE DEVICE/INTRAUTERINE SYSTEM INSERTION
(Adult, Peds)

2. Each candidate will be initially proctored and signed off by an attending physician. Advanced Health Practitioner must perform this procedure at least three times within 2 years. In cases where this minimum is not met, the Advanced Health Practitioner must again be proctored.

3. Demonstration of continued proficiency shall be monitored through the annual evaluation.

4. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

VII. RESPONSIBILITY
Please contact the Advanced Practice Council if you need help. The administrative assistant for the Chief Nursing Officer can direct you. Call; 619-543-3438

VIII. HISTORY OF POLICY
Revised by the Committee of Interdisciplinary Practices: 2/26/2014, 9/28/2016
Reviewed by the Medical Staff Credentials Committee: 3/5/2014, 10/6/2016
Approved by the Medical Staff Executive Committee: 3/20/2014, 10/7/2016