Rancho Los Amigos National Rehabilitation Center
OUTPATIENT SERVICES: MOBILE CLINIC POLICY AND PROCEDURE

1. **PURPOSE**

1.1 To provide guidance and describe the workflow process in performing Intrauterine Device (IUD) Insertion in the mobile clinic according to DHS – LA County Standard of Care.

2. **POLICY**

2.1 The Medical Provider will perform the Intrauterine Device (IUD) insertion procedure with a chaperone.
2.2 RNs, LVNs & CMA will help assist, set-up and clean up after IUD procedure is performed.
2.3 Provide instructions and answers all patients' questions before the procedure is perform.
2.4 Provide privacy to patient when procedure is being performed.
2.5 A signed consent from the patient will be secured before the commencement of the procedure.

3. **DEFINITION**

3.1 The Intrauterine Device (IUD) is birth control method shaped like a letter "T" plastic inserted into the uterus to prevent pregnancy. *Liletta & Skyla are the for hormonal IUD available at the DHS-LA County formulary.*

4. **INDICATION**

4.1 An intrauterine device (IUD) offers an effective, safe, long-term option for a patient seeking a reliable alternative to other contraceptive methods.

5. **IUD INFORMATION (DIFFENT TYPES: MIRENA®/LILETTA®/PARAGUARD®/KYLEENA®/SKYLA®)**

5.1 Several IUDs are available on the market today, such as the copper-releasing device (**ParaGard®**), the levonorgestrel 52-mg system (**Mirena® or Liletta®**), the levonorgestrel 19.5-mg system (**Kyleena®**), and the levonorgestrel 13.5-mg system (**Skyla®**).
5.2 ParaGard releases copper continuously into the patient's uterine cavity, which interferes with sperm transport and fertilization, thus preventing implantation.
5.3 Mirena, Kyleena, Skyla, and Liletta thicken the patient's cervical mucus, inhibiting sperm survival and suppressing the endometrium, thus preventing implantation.

5.4 The approved duration of use for ParaGard is 10 years; for Mirena, 6 years for contraception

and 5 years for treatment of heavy menstrual bleeding in addition to contraception; for Kyleena, 5 years; and for Skyla and Liletta, 3 years.

5.5 ParaGard is also appropriate for use as emergency contraception, if insertion occurs during the first 5 days after unprotected coitus.

5.6 The effectiveness of IUDs rivals that of tubal sterilization; ParaGard, Mirena, Kyleena, Skyla, and Liletta all offer a failure rate of less than 1 pregnancy per 100 women. However, IUD use has certain contraindications, including pregnancy, recent (within the past 3 months) or current pelvic inflammatory disease (PID), current sexually transmitted infection (STI), recent history of post abortal sepsis, undiagnosed abnormal vaginal bleeding, malignancy, fibroids that distort the cavity of the uterus, and an allergy or a hypersensitivity to any IUD components.

5.7 ParaGard use is contraindicated in patients with a known copper allergy or Wilson disease.

5.8 Mirena, Kyleena, Skyla, and Liletta have additional contraindications, including acute liver disease and known or suspected breast carcinoma.

5.9 A history of ectopic pregnancy isn't considered a contraindication to IUD use because studies have shown that IUD use doesn't increase the risk of this condition. However, if a pregnancy does occur with an IUD in place, it's more likely to be ectopic.

5.10 You must inform patients that an IUD doesn't protect against human immunodeficiency virus infection or other STIs, so protection with additional methods is still strongly advised.

6. COMPLICATION

6.1 Complications may result from the IUD insertion procedure or the specific type of IUD inserted. (See IUD complications.)

6.1.1 Be sure to inform the patient of the complications of intrauterine device (IUD) use, including those related to insertion and those related to the specific device inserted.

6.1.2 Complications related to insertion IUD insertion may cause perforation of the uterus. Although perforation rarely occurs, it may cause infection, scarring, and damage to surrounding organs. If the patient experiences pain or heavy bleeding, she should contact her practitioner as soon as possible.

6.1.3 Although the risk is low, uterine infection may occur within the first 20 days after IUD insertion.

6.1.4 Pelvic inflammatory disease (PID), a rare complication, may cause infertility, ectopic pregnancy, and chronic pelvic pain. The patient should contact her practitioner if she experiences abdominal or pelvic pain, painful sex, malodorous vaginal discharge, heavy bleeding, chills, or fever.

6.1.5 Antibiotics can be used to treat infection.

6.1.6 IUD expulsion from the uterus tends to occur within the first year of use and is more likely to occur in a patient who hasn't had children. If the patient experiences unusual vaginal discharge, pain, spotting between menses, spotting after sex, painful sexual intercourse, lengthening of the IUD threads, or the presence of the IUD at her cervix or in her vagina, she should contact her practitioner.

6.1.7 ***Complications associated with ParaGard®***

6.1.7.1 Complications of ParaGard use include pregnancy, septic abortion, ectopic pregnancy, PID, perforation, anemia, dysmenorrhea, dyspareunia, embedment,

expulsion, increased vaginal discharge, vaginitis, prolonged menstrual flow, intermenstrual spotting, pain, and cramping. Nonsteroidal anti-inflammatory drugs, such as ibuprofen, can help relieve discomfort from cramping. Heavy vaginal bleeding warrants an evaluation by the practitioner.

6.1.8 ***Complications associated with Mirena®, Kyleena®, Skyla®, and Liletta®***
Mirena, Kyleena, Skyla, and Liletta use may cause the complications listed above as well as headache, breast pain, acne, depression, hypertension, nausea, ovarian cysts, weight gain, and decreased libido.

7. EQUIPMENT & SUPPLIES

7.1 Sterile IUD with inserter tube
7.2 Sterile gloves
7.3 Sterile speculum
7.4 Sterile barrier
7.5 Gloves
7.6 Light source
7.7 Drape Povidone-iodine swabs or other topical antiseptic solution
7.8 Sterile cervical tenaculum
7.9 Sterile uterine sound Long sterile scissors
7.10 Optional: nonsteroidal anti-inflammatory drug (NSAID), equipment for paracervical block, topical lidocaine cream or gel, urine specimen collection container, pregnancy test supplies, sterile cotton-tipped swabs, ultrasound device, Papanicolaou test supplies, culturette swabs and tubes, prescribed analgesics.

8. PREPARATION OF EQUIPMENT

8.1 Inspect all equipment and supplies. If a product is expired, is defective, or has compromised integrity remove it from patient use, label it as expired or defective, and report the expiration or defect as directed by your facility.

9. CHECKLIST FOR MIRENA, SKYLA OR PARAGUARD IUD INSERTION

9.1 Upon patient arrival
9.1.1 Complete Patient IUC Insertion Checklist
9.1.2 UCG test
9.1.3 HGB test (for ParaGard only)
9.1.4 CT / GC (if indicated)
9.1.5 Ibuprofen 800 mg once if no allergy (if already taken, document time taken)
9.1.6 Misoprostol 400 mcg PO or BU (if indicated)

10. IMPLEMENTATION

10.1 Confirm that the patient is an appropriate candidate for IUD insertion by reviewing her medical record, including her sexual history, to help ascertain the risk of STI.
10.2 Check for a history of an allergy to the local anesthetic, if used, or to any component of the

IUD. If the patient isn't menstruating, perform a pregnancy test to avoid interference with an existing pregnancy.

10.3 Perform hand hygiene.
10.4 Confirm the patient's identity using at least two patient identifiers.
10.5 Provide privacy.
10.6 Explain the procedure to the patient and family (if appropriate) according to their individual communication and learning needs to increase their understanding, a cooperation.
10.7 If required by your facility, obtain informed consent from the patient and place the consent form in her medical record.
10.8 Administer an NSAID following safe medication administration practices at least 30 minutes before IUD insertion, as needed, to reduce pain from cramping during the procedure.
10.9 Gather and prepare the necessary equipment and supplies.
10.10 Instruct the patient to undress from the waist down, but to keep her socks on for warmth. Drape the patient appropriately to provide privacy and warmth.
10.11 Assist the patient into the lithotomy position with her feet in stirrups to allow visualization of her vagina and cervix.
10.12 Position a light source to improve visualization.
10.13 Perform hand hygiene. Put on gloves to comply with standard precautions.
10.14 Perform a bimanual pelvic examination to determine the size and position of the patient's uterus.
10.15 After identifying the uterine position, gently insert the speculum into the patient's vagina and adjust it to obtain a full view of the cervix. If the patient hasn't already undergone a Papanicolaou test, perform one.
10.16 Obtain cervical and genital cultures to exclude malignancy and pelvic infection and to screen for STIs, if appropriate. *(See Pap procedure.)*
10.17 Inject a paracervical block or apply topical lidocaine cream or gel with sterile cotton-tipped swabs into and around the cervical os, as needed, to help relieve pain.
10.18 Clean the patient's vagina and cervix with povidone-iodine swabs or another topical antiseptic solution.
10.19 Use a sterile cervical tenaculum to grasp the patient's cervix at the 6 o'clock position for an anteverted or anteflexed uterus or at the 12 o'clock position for a retroverted or retroflexed uterus. Use gentle traction to align the cervical canal within the patient's uterine cavity for easier access.
10.20 Gently insert a sterile uterine sound to measure the length and direction of the patient's cervical canal and uterus. Normally, a uterus sounds to a depth of 2⅜" to 3¾" (6 to 10 cm). Consider using ultrasound guidance if you encounter difficulty.
10.21 Remove the uterine sound and note the level of wetness or mucus on the sound to determine the depth of the patient's uterus.
10.22 Remove and discard your gloves. Perform hand hygiene.
10.23 Prepare a sterile barrier on a clean work surface. Open the sterile packages using sterile no-touch technique. Put on sterile gloves.

For the ParaGard IUD:

- Load the IUD into the insertion tube by folding the two horizontal arms against the stem and then pushing and rotating the tips of the arms securely into the inserter tube to ensure retention. Don't let the arms remain bent for more than 5 minutes because the arms may not open properly.

- Introduce the solid white rod into the insertion tube from the bottom, alongside the IUD threads, until it touches the bottom of the IUD.
- Adjust the blue flange on the IUD inserter tube to the uterine depth that you measured during sounding to ensure an adequate fit.
- Confirm that the horizontal arms of the IUD and the long axis of the blue flange are in the same horizontal plane by rotating the insertion tubing.
- Slowly and gently introduce the IUD inserter tube through the patient's cervical canal until the top of the IUD meets the resistance of the uterine fundus.
- Check that the blue flange is at the level of the cervix in the horizontal plane to ensure placement of the IUD at the highest possible position in the patient's endometrial cavity.
- To release the horizontal arms of the IUD, hold the solid white rod steady while withdrawing the insertion tube no more than ⅜" (1 cm).
- Withdraw the solid white rod while holding the insertion tube stationary.
- Withdraw the insertion tube.
- Verify that the IUD threads protrude visibly from the patient's cervix.
- Trim the IUD threads carefully so that they extend about 1¼" to 1½" (3 to 4 cm) from the patient's cervix to minimize discomfort for the patient and her partner during sex. The presence of the threads ensures that the IUD is still in utero and hasn't been expelled.

For the Mirena or Kyleena IUD

- Load the IUD device into the insertion tube by pushing the slider forward as far as possible in the direction of the arrow. The tips of the arms should form a rounded end that extends slightly beyond the insertion tube.
- Maintain forward pressure with your thumb or forefinger on the slider. Take care not to move the slider down because doing so may release the threads prematurely and the IUD can't be reloaded.
- To set the flange, hold the slider in the forward position and set the upper edge of the flange to correspond with the uterine depth measured during sounding to ensure an adequate fit.
- Use one hand to provide gentle downward traction on the cervical tenaculum.
- While continuing to hold the slider in the forward position, gently advance the inserter into the patient's vagina and through the cervix until the flange is about ⅔" to ¾" (1.5 to 2 cm) from the external cervical os.
- While holding the inserter steady, move the slider down to the mark to release the arms of the IUD; wait 10 seconds for complete opening.
- Advance the insertion tubing until the flange is at the external cervical os. Don't advance it if you meet fundal resistance.
- While holding the IUD insertion device steady, pull the slider all the way down to release the IUD.
- Gently retract the IUD inserter from the patient's uterus.
- Verify that the IUD threads protrude visibly from the patient's cervix.
- Trim the IUD threads carefully so that they extend about 1¼" (3 cm) from the external cervical os to minimize discomfort for the patient and her partner during sex. The presence of the threads ensures that the IUD is still in utero and hasn't been expelled.

For the Skyla IUD

- Load the IUD into the insertion tube by pushing the slider forward as far as possible in the direction of the arrow. The tips of the arms should meet to form a rounded end that extends beyond the insertion tube slightly.

- Maintain forward pressure with your thumb or forefinger on the slider. Take care not to move the slider down because doing so may release the threads prematurely.
- To set the flange, hold the slider in the forward position and set the upper edge of the flange to correspond with the uterine depth measured during sounding to ensure an adequate fit.
- Use one hand to provide gentle downward traction on the cervical tenaculum.
- While continuing to hold the slider in the forward position, advance the inserter into the patient's vagina until the flange is about ⅔" to ⅘" (1.5 to 2 cm) from the external cervical os and then pause.
- While holding the inserter steady, move the slider down to the mark to release the arms of the IUD; wait 10 seconds for complete opening.
- Gently advance the inserter toward the patient's uterine fundus until the flange touches the external cervical os. Don't advance it if you meet fundal resistance.
- Hold the inserter in place firmly while moving the slider all the way down, releasing the IUD. Then slowly and gently withdraw the inserter from the patient's uterus.
- Verify that the IUD threads protrude visibly from the patient's cervix. 1 10 2 5 10
- Trim the IUD threads carefully and perpendicularly, leaving about 1¼" (3 cm) extending from the patient's external cervical os to minimize discomfort for the patient and her partner during sex. The presence of the threads ensures that the IUD is still in utero and hasn't been expelled.

For the Liletta IUD

- Ensure that the blue slider (number 1) and the green slider (number 2) are fully forward and the arms of the IUD are horizontal.
- Keep forward pressure on the blue slider while pulling back on both IUD threads with even tension.
- Pull the threads into the cleft at the bottom of the handle to lock the threads in place. When loaded correctly, the arms of the IUD form a hemispherical dome at the top of the tube and the rest of the IUD is completely within the insertion tube.
- Hold the insertion device firmly with one hand, maintaining forward pressure on the blue slider. With the other hand, adjust the position of the flange to correspond with the uterine depth measured during sounding. Adjust the curvature of the inserter to accommodate the anatomic orientation of the uterus, as needed.
- Apply gentle traction on the cervical tenaculum while maintaining forward pressure on the blue slider.
- Slide the tube through the patient's cervical canal until the upper edge of the flange is about ⅔" to ⅘" (1.5 to 2 cm) from the cervix.
- Release your hold on the cervical tenaculum.
- Using your thumb or finger, gently slide only the blue slider back until you feel resistance. The blue and green sliders will merge together to form a common thumb recess. Maintain the green slider so that the double line markings on the slider and the insertion handle remain aligned to allow the IUD arms to open in the lower uterine segment. Don't pull the sliders back any farther because doing so could result in premature release of the IUD at the incorrect location.
- Wait 10 to 15 seconds for the IUD to fully open.
- Without moving the sliders, advance the inserter until the flange touches the cervix.
- Holding the inserter steady with one hand, move the blue and green sliders together down toward the number 3 on the handle until you hear a click and the green indicator at the bottom of the handle is visible.
- Check the cleft to ensure that the threads have released. If they haven't released, gently pull the threads out of the cleft.
- Remove the inserter completely.

- Trim the IUD threads carefully and perpendicularly, leaving about 1¼" (3 cm) extending from the patient's external cervical os to minimize discomfort for the patient and her partner during sex. The presence of the threads ensures that the IUD is still in utero and hasn't been expelled.

Completing the Procedure

- If the patient experiences a vasovagal reaction after IUD insertion, advise her to remain supine until she feels well and to use caution when getting up.
- Discard used supplies in appropriate receptacles.
- Remove and discard your gloves. Perform hand hygiene.
- Provide additional analgesics, as indicated, following safe medication administration practices. Perform hand hygiene.
- Provide privacy for the patient to get dressed.
- Document the procedure.

Special Considerations

- If you suspect that you haven't inserted an IUD properly, check the placement by ultrasonography.
- If you must remove the IUD, insert a new IUD.
- Anesthesia or analgesia is usually not necessary for IUD insertion.
- Risk factors for increased pain with gynecologic procedures include nulliparity, postmenopausal status, a history of dysmenorrhea, anxiety, and a high anticipated pain level.
- Studies offer conflicting results about the administration of NSAIDs, paracervical blocks, and topical anesthetics before IUD insertion to prevent discomfort during insertion.
- You can perform IUD insertion at any time during a patient's menstrual cycle; timing IUD insertion with menses does not reduce pain or improve patient outcomes.
- You also can insert the IUD immediately after delivery, although the incidence of expulsion is slightly higher.
- If clinical concerns, exceptional pain, or bleeding occur during or after IUD insertion, perform a physical examination and an ultrasound scan to assess for uterine perforation.
- If IUD insertion is difficult, consider prescribing a prostaglandin for cervical ripening. Instruct the patient to take the medication at least 3 hours before a return visit; then reattempt insertion.
- Explain that the patient may experience some cramping and may take an NSAID before the procedure to manage the discomfort.
- Antibiotic prophylaxis to prevent PID isn't recommended for IUD insertion; recent studies have concluded that prophylactic antibiotic use offers little benefit, even for women with valvular heart disease.
- Uterine enlargement due to pregnancy, even one lost through miscarriage or abortion, seems to promote successful IUD use.
- Nulliparous patients (those with a prior pregnancy that didn't result in a live birth) and multiparous patients at low risk for STIs are also good candidates for IUD use.
- Mirena use is recommended for patients who have had at least one child.
- A woman who is breastfeeding may begin use of a long-acting contraceptive at 6 weeks after delivery. No evidence exists to suggest that a long-acting contraceptive has any negative effect on development or growth in a breastfed child.
- A menopausal patient may use Mirena with estrogen replacement therapy.

Patient Teaching

- For a patient who expresses interest in an IUD, counsel her about alternative forms of contraception as well as expectations with IUD placement and continued use. Such counseling has decreased the early IUD removal rate.
- Instruct the patient to return for a follow-up examination in 4 to 6 weeks (after her next menses) to assess for side effects, determine patient satisfaction, and check IUD placement.
- Advise the patient to check the IUD threads once per month after her menses by inserting her clean fingers into the posterior part of her vagina to feel the two threads. If she can't feel the threads, she should contact her practitioner and use an additional contraceptive method.
- Tell her that the practitioner may need to use ultrasonography to locate the IUD. Inform the patient that tampon use doesn't interfere with IUD use.
- Advise the patient that spotting and irregular or heavy bleeding may occur during the first 2 to 6 months depending on the type of IUD.
- Also teach her about the possible complications of IUD use. Instruct the patient to watch for signs and symptoms of infection, such as fever, pelvic pain, tenderness, severe cramping, and unusual vaginal discharge or bleeding. If any signs or symptoms of infection occur, tell her to seek immediate medical attention to avoid progression to pelvic infection.
- Pregnancy with IUD use rarely occurs. Advise the patient to contact her practitioner immediately if she thinks that she might be pregnant. If pregnancy occurs with an IUD in place, the risks of miscarriage, infection, preterm birth, and ectopic pregnancy are increased.
- Advise the patient who received a levonorgestrel-releasing IUD to use another method for backup contraception for 7 days after IUD placement; a copper IUD is effective immediately.
- Instruct the patient to inform all her health care practitioners of the type of IUD that she is using and the date of placement.

Documentation

- Document that informed consent was obtained and is in the medical record.
- Document that you obtained a negative pregnancy test result before the procedure, if appropriate.
- Record the type and lot number of the IUD that you inserted, the date and time of IUD insertion, cleaning of the patient's vagina and cervix, use of anesthetics, sounding of the uterus and the result, any difficulties encountered with insertion, length of the threads, and the patient's tolerance of the procedure.
- Document post procedure teaching provided to the patient and family (if applicable), including a discussion of potential complications, follow-up care, and danger signs; their understanding of that teaching; and any need for follow-up teaching.

REFERENCE

1. Lippincott (2021). Lippincott Procedures – *Intrauterine Device (IUD) Insertion.* Retrieved on January 3, 2022, from https://procedures.lww.com/lnp/view.do?pId=6761559&hits=inserter,iud,device,insert,insertion,iuds,intrauterine,inserting,inserted,devices&a=false&ad=false&q=iud%20insertion