Example Immediate Postpartum IUD Insertion Protocol

Immediate post-partum intrauterine device insertion (IUD) is a safe and effective means of achieving highly effective birth control. No increase in complications with immediate insertion technique has been identified. Several studies have shown slightly higher expulsion rates, with an average of 12-14% for insertion within 10 minutes of placental delivery. An increased expulsion rate does not correspond to increased pregnancy rates as most expulsions are identified and addressed with insertion of another IUD or initiation of another method of contraception. Patients who desire IUDs benefit from immediate postpartum insertion even if the expulsion rate is increased. Note: Currently, only Medicaid pays for immediate postpartum IUD.

Women who desire an IUD immediately postpartum should be thoroughly counseled regarding the advantages and disadvantages as well as the risks & benefits of the method. There are a few contraindications to immediate postpartum IUD insertion:

- Untreated sexually transmitted infection (STI), or STI treated within the prior month
- Active intrauterine infection (chorioamnionitis) or prolonged rupture of membranes (ROM) with multiple exams
- Uterine anomaly incompatible with placement
- Ongoing postpartum hemorrhage
- Retained placenta requiring manual removal

Counseling

- Ideally, contraceptive counseling should occur during antenatal care for a comprehensive discussion of options, risks and benefits.
- Patients may opt for an IUD without prior antenatal counseling if they are thoroughly counseled during an inpatient admission when they are not in active labor.
- The consent for IUD insertion must be obtained and signed *prior to* delivery.

Nursing

- Place package insert with package consent on chart.
- Bring IUD insertion instrument pack (containing 2 ring forceps, long placental/IUD forceps, and speculum) and ultrasound to bedside.
- Bring sterile gloves for provider.
- Bring IUD to delivery table/surgical table (Mayo stand).

- Place “surgical” (standard) consent form, modified for IUD insertion, signed before delivery, on chart.
- Perform time-out prior to IUD insertion.

Provider

- Document risk/benefit/usage discussion.
- Document that patient has signed informed consent.
- Perform time-out prior to IUD insertion.
- Place IUD within 30 minutes postpartum, but OK to place beyond 30 minutes if patient accepts potential increased risk of expulsion.
- Document any difficulties with insertion.
- Schedule patient for return visit in 2-6 weeks to check for IUD placement and to trim strings.

Procedure

Vaginal delivery: 2 provider or provider/nurse technique

- Assure patient remains a good candidate for IUD placement.
- Break down the bed to facilitate placement.
- If the perineal/vaginal area has soiling with stool or meconium then consider a betadine prep.
- Replace sterile gloves.
- Set up IUD for insertion:
  - Set up the IUD with a long ratcheted ring forceps to one click, focusing on the arm of the IUD (LNG-IUS), arm and stem OK with copper IUD.
  - Remove IUD from inserter; for LNG-IUS, cut strings at about 10 cm (no need to cut strings for copper IUD).
- Perform time-out prior to the IUD insertion.
- **Technique**
  - Place the posterior blade of a speculum in the vagina and have an assistant hold the blade while you:
  - Grasp the anterior cervix with a short ring forceps.
  - Guide the IUD into the uterus with non-dominant hand on cervix ring forceps and dominant hand on the IUD ring forceps. After passing the IUD through the cervix, release the hand holding the cervix ring forceps and move it abdominally to palpate the uterine fundus, and to feel the IUD ring forceps within the uterus.
  - Release the IUD with ring forceps wide open and remove the ring forceps opened wide.
  - Note:
    - If you are unable to grasp the cervix with the ring forceps visually, it is OK to try to place it by palpation.
    - If you are unable to grasp the cervix with the ring forceps by palpation, it is OK to try to place IUD manually.

- Consider use of ultrasound guidance and ultrasound verification of fundal location of IUD.
- Return visit 2-6 weeks to trim strings.

Cesarean section

- Perform time-out prior to the IUD insertion.
- Copper IUD: Don't cut strings.
- LNG-IUS: Cut strings to 10 cm BEFORE insertion.
- Within 20 minutes of placental delivery, place IUD to uterine fundus with inserter or a ring forceps.
- Tuck strings toward cervix. Do not open cervix or push them through the cervix.
- Repair hysterotomy in standard fashion.
- Return visit 2-6 weeks to trim strings.

Document insertion with a note in the medical record.

IUD strings not seen at post-insertion care visit

1. If patient reports known expulsion with visualized IUD then offer appointment for reinsertion at 6 weeks and alternative contraception as a bridge method.
2. If no history of expulsion and unable to identify string including attempt with Cytobrush, then check for IUD presence with pelvic ultrasound. If not seen on ultrasound then an x-ray will need to be done.

Reference

Lopez LM, Bernholc A, Hubacher D, Stuart G, Van Vliet HAAM. Immediate postpartum insertion of intrauterine device for contraception. *Cochrane Database of Systematic Reviews* 2015, Issue 6. Art. No.: CD003036. DOI: 10.1002/14651858.CD003036.pub3.