MHRI IUD Protocol

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A. Indications
General: -All menstruating women with the desire for long term reversible contraception (including all ages!)
Mirena: -Idiopathic menorrhagia
-Also for adenomyosis, endometriosis, dysmenorrhea, endometrial protection in people on estrogen, menorrhagia associated with fibroids or endometrial hyperplasia.
Paragard: -See general indications

B. Contraindications
General: Current pregnancy
Current PID
Puerperal or post abortive sepsis (within past 3 months)
*Current* known STI or purulent cervicitis
Undiagnosed abnormal vaginal bleeding
Current pelvic malignancy or pelvic tuberculosis
Benign gestational trophoblastic disease
Known uterine anomalies distorting the uterine cavity
Allergy to any component of the IUD
Untreated or decompensated AIDS

Mirena: Migraine with aura
Current DVT or PE
History of or current breast cancer
Active viral hepatitis
Severe cirrhosis or liver tumors

Paragard: Wilsons Disease
Endometriosis (relative contraindication; may worsen dysmenorrhea)
C. Prior to Insertion
1. History and Physical:
   - Complete history
     1. STI risk assessment (See appendix 1)
     2. Menstrual history
     3. Obstetric history
     4. Uterine anomalies or previous surgeries
     5. Other: history of liver disease, malignancy, headache, severe arterial disease or uncontrolled hypertension
   - Complete physical exam with attention to pelvic exam including uterus size and orientation.
   - Remind patient to take ibuprofen 600-800 mg PO 1 hour prior to insertion
   - Review “determining pregnancy status” guidelines with patient, so they are prepared for insertion visit. (See appendix 3)

2. Education
   Common misconceptions, please note current evidence shows that IUD’s:
   Rarely lead to PID.
   Do not increase the risk of contracting STI’s, including HIV.
   Do not increase the risk of miscarriage when a woman becomes pregnant after the IUD is removed.
   Do not make women infertile.
   Do not cause birth defects.
   Do not cause cancer.
   Do not move to the heart or brain.
   Do not cause discomfort or pain for the woman or man during sex.
   Substantially reduce the risk of ectopic pregnancy.
   (See appendix 2 for more details)

3. Testing:
   Necessary:
     1. STI risk assessment (see appendix 1)
     2. Physical exam, including speculum and pelvic exam
     3. Determine pregnancy status (see appendix 3)
   Optional (depending on risk assessment, see appendix 1 and 4):
     1. Pap
     2. GC/Chlamydia
     3. Syphilis
     4. CBC
     5. Urine or serum pregnancy test
   Not required:
     1. KOH
     2. Wet mount

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1 Due to theoretical risk of levonorgesterol on lipids, not risk of exacerbating hypertension or CAD/PVD.
D. Insertion

1. Exam: pelvic exam noting discharge, uterine size and position
2. Forms: consent form, package insert form, time out form
3. Tray set up: IUD (keep inner package closed), betadine, 3 scopettes, speculum, tenaculum, uterine sound or endometrial biopsy pipelle, long scissors, pad for post-insertion
4. Insertion:
   - Bimanual exam
   - Insert Speculum
   - Prep cervix with betadine using scopettes
   - Paracervical block with lidocaine (optional)
   - Place tenaculum horizontally at 12 o’clock position (optional)
   - Sound uterus (should be 6-9 cm)
   - Insert IUD
   - Trim Strings to 3cm from cervix

   *If the IUD is contaminated during insertion, you can notify company for a free replacement.

5. Have the patient slowly come to a sitting then standing position to avoid a vasovagal reaction.
6. Remind the patient about reasons to call/be seen immediately (fever, chills, foul smelling discharge, heavy bleeding or heavy cramping).
7. Counsel patient regarding when their IUD is effective for contraception, see table below. (Family Planning: Global Handbook for Providers. WHO, 2007)
| **Paragard**                                                                                                                                                                                                 | **Mirena**                                                                                                                                                                                                 |
|---|---|---|
| **Having menstrual cycles**                                                                                                                                                                                                                                                    | *If inserted within 7 days of LMP, no need for back up  
*If inserted >7 days since LMP, ensure patient not pregnant and 7 days of back up method needed |
| *If inserted within 12 days of LMP, no back up needed  
*If inserted >12 days after LMP, ensure patient not pregnant, no back up needed |                                                                                                                                                                                                           |
| **Switching from another method**                                                                                                                                                                                                                                               | Same as Paragard.                                                                                                                                                                                                  |
| *Immediately effective, as long as patient using previous method consistently/correctly  
*If switching from injectable method (DepoProvera), can be inserted when next injection due |                                                                                                                                                                                                           |
| **Post Partum (general)**                                                                                                                                                                                                                                                       |                                                                                                                                                                                                           |
| *Can be inserted within 48 hrs of birth immediately effective (requires provider specially trained) or 4 weeks post-partum (see below) |                                                                                                                                                                                                           |
| **Post Partum: Partially or not breast feeding without return of menses**                                                                                                                                                                                                         | *Can be inserted any time as long as can be reasonably certain she is not pregnant, needs back up method for 7 days  
*If menses have returned, same guidelines as menstruating women |
| *Can be inserted any time with, must ensure patient is not pregnant, immediately effective |                                                                                                                                                                                                           |
| **Post Partum: Partially or not breast feeding with return of menses**                                                                                                                                                                                                           | *Same as non-post partum menstruating women  
Same as non-post partum menstruating women |
| *Same as non-post partum menstruating women |                                                                                                                                                                                                           |
| **Post Partum: Exclusiver breast feeding without return of menses**                                                                                                                                                                                                             | *If inserted 4 weeks to 6 months post partum, immediately effective  
*If inserted >6 months post partum, need to ensure she is not pregnant and use back up for 7 days |
| *If inserted 4 weeks to 6 months post-partum, immediately effective  
*If inserted >6 months post-partum, must ensure she’s not pregnant, immediately effective |                                                                                                                                                                                                           |
| **Post Partum: Breast Feeding with return of menses**                                                                                                                                                                                                                             | *Same as non-post partum menstruating women (above)  
Same as non-post partum menstruating women (above) |
| *Same as non-post partum, menstruating women (above) |                                                                                                                                                                                                           |
| **Amenorrhea**                                                                                                                                                                                                                                                               | Insert anytime, but must ensure patient is not pregnant, needs back up method for 7 days  
Insert anytime, but must ensure patient is not pregnant                                      |
| Insert anytime, but must ensure patient is not pregnant |                                                                                                                                                                                                           |
### Post miscarriage or abortion

*Immediately effective if insertion within 12 days of 1st or 2nd trimester abortion or miscarriage, must ensure no infection (note: requires special training following 2nd trimester abortion/miscarriage, without this training delay 4 weeks)
* If inserted >12 days since 1st or 2nd trimester abortion/miscarriage, must ensure patient not pregnant, immediately effective
* If infection is present, treat and help patient choose another method. If she still desires an IUD, it may be inserted after infection treated.

### Emergency contraception

*Effective within 5 days of unprotected intercourse
*If timing of ovulation can be determined, can be inserted up to 5 days after ovulation, which may be greater than 5 days after intercourse

### After taking Plan B

*May be inserted on same day as taking Plan B and effective immediately

### Follow Up Visit:
- Recommended by WHO at 4-12 weeks then yearly for Mirena; 3-6 weeks then yearly for Paragard.
- Interval History: fever, chills, abdominal pain, pain with intercourse, dysuria, ability to feel strings, ability to feel hard plastic, discharge, bleeding pattern, symptoms of pregnancy, satisfaction, and concerns about complications/side effects.
- A pelvic exam is not indicated unless history leads to concern.

### Removal:
An IUD can be removed at any time without any testing by gentle traction on the strings with a speculum in place for visualization. The IUD should be inspected to ensure it is intact. Mirena IUD is approved for 5 years of use, but studies show no decrease in efficacy for 7 years. Paragard IUD is approved for 10 years of use, but studies show no decrease in efficacy for 12 years.

### Complications/Side Effects:
See appendix 5.
References:
Screening for Chlamydial Infection. USPSTF. June 2007.