I. Evaluation of insurance eligibility for IUDs

Note: this should not be necessary in most cases, with the Affordable Care Act, which mandates coverage of all FDA approved contraceptives without co-pays or deductibles. Some grand-fathered plans will not be in compliance, and for those the following paragraph applies.

The appropriate support staff will verify with the patient’s insurance company to ensure the IUD is covered; this will preferably occur the day before the procedure. The results of this verification will be conveyed to nursing. Patients without insurance coverage should be referred to a case manager or entitlement counselor before their IUD insertions so that they can be enrolled in the appropriate health insurance plan or so that a patient assistance program with the appropriate pharmaceutical company can be applied for (Teva for the Paragard and Merck for the Mirena. Patient Assistance is currently not available for Skyla or Liletta.)

II. The Procedure

In many cases, patients will be coming in first for contraceptive options counseling. They may or may not be making a decision during this visit about whether they elect to have an IUD. The Policy and Procedure statement that follows applies to the IUD insertion visit.

• Arrival: Patients who come for an IUD will enter the health center as do all patients. They will be registered and have vital signs performed. They will be called to the exam/treatment room in the order of their appointment.

• Counseling and consent: Each patient will have the opportunity to discuss all contraceptive options before the procedure. The patient will be carefully counseled on the side effects of each type of IUD, especially the changes in bleeding pattern and the cramping that will be experienced. The procedure consent form will be signed at this time.

• Set up: All equipment needed for the procedure will be stored in a supply room or closets where equipment for other procedures is stored. The proper IUD will be supplied to the clinician by the nursing staff, who will record the lot number and the expiration date of the IUD in the nursing notes in the medical record. The provider will offer the patient 800mg of ibuprofen to be given prior to the procedure and the nurse will administer it, if the patient agrees and is not allergic.

• Procedure: The clinician and a staff member or additional clinician will be with the patient during the procedure. The patient will undress from the waist down, be covered with a paper sheet, and lie in lithotomy position on the exam table. A bimanual exam will be performed. The speculum will be inserted and a Pap, gc, Chlamydia culture will be done, as medically indicated. The vagina will be dabbed with antibacterial solution. No-Touch Technique will be observed throughout the procedure: any instruments, or parts of instruments, that enter the uterus must be sterile. The provider may inject lidocaine at the tenaculum site. The cervix will be stabilized with a tenaculum and gentle traction to straighten the cervical canal. A hot pack will be provided...
to the patient for her comfort. A sterile plastic sound will be used to measure the depth of the uterus. If the uterus sounds at a depth of 5 cm or less, the speculum and tenaculum will be tilted and re-positioned and the depth will be assessed again. If the sound still reaches only a depth of 5 cm, the IUD will not be inserted. If the depth is greater than 5 cm, the IUD will then be set to the proper depth and loaded under sterile conditions. The IUD will then be inserted and deployed correctly, according to the type of IUD. The loading device will be removed and the strings will be cut at 3 to 4 cm in length. The tenaculum and speculum will be removed and the patient’s legs will be placed on the foot piece of the exam table while the patient rests and feels ready to get up. When the patient feels ready, the patient will get off the exam table and get dressed.

• **Recovery:** Patients will recover in the same exam room for a few minutes, under observation of medical and nursing staff. The IUD take-home information sheet will be reviewed with the patient prior to her leaving. When the patient is ready, and staff and provider confirm that the patient is stable, the patient may leave.

• **Discharge and follow-up:** The take home instructions, as well as the after visit summary will instruct the patient about when her IUD will need to be removed. She will also be given a phone number and enrollment (if not done already) in the electronic health record patient portal, so that she will have access to medical staff for any follow up concerns she may have.

• **Documentation:** The IUD electronic health record template will be used by the clinician, with care given to mark off whether the IUD used was Mirena, Skyla, Liletta or Paragard.

### III. Quality Improvement
The [insert facility name here] maintains a Quality Improvement committee, which consists of practice medical directors, trained clinicians, administrators and other staff. The committee will review the procedures and outcomes for important indicators on a regular schedule, and will report findings in committee minutes.

### IV. Facilities and equipment

1. **Facility**
   At the [facility name] providers have private exam rooms, for both consultation and treatment. Providers currently perform other procedures in these rooms, including sonography, endometrial biopsy, and uterine aspiration. Patients will have the IUD insertion in an exam/treatment room, and recover in the same room (see above).

2. **Equipment**
   Sterile instrument trays will be made up of the following:

   1 sponge stick/ring forcep
   Single tooth tenaculum
   One plastic uterine sound
   Sterile gauzes
   Medicine cup
   Scissors

   Additional equipment for the procedure will be kept available:
10 cc syringes  
21 gauge 2” needles  
18 gauge 1” needles  
Denniston dilator size 5/6 or a set of os finders  
Betadine  
Lidocaine  
Sodium Bicarbonate (1cc to be mixed with 3 cc of lidocaine)

3. Disposal of medical waste and cleaning of instruments  
The facility name has a procedure for the removal of medical waste such as blood and other infectious body fluids, as well as contaminated equipment. This procedure will continue to be followed.

V. Staffing  
All clinicians performing IUD insertion procedures at the facility name will have adequate training from either their clinical training program or from currently trained faculty. Nursing staff will assist the clinicians.