

<b>Subject:</b> Policy and Procedure for IUD Placement		<b>Department:</b> Clinical
<b>Date:</b>	<b>Prepared by:</b>	<b>Approved by:</b>

## I. Evaluation of insurance eligibility for IUDs

The appropriate support staff will verify with the patient's insurance company to ensure the desired 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 financial counselor so that they can be enrolled in a health insurance plan if eligible, or to help them apply for a patient assistance program with the appropriate pharmaceutical company (only available for Paragard [self-pay program through CooperSurgical] and Mirena [Bayer].)

## 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 visit. 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 nursing staff will provide the proper IUD and will record the lot number and the expiration date of the IUD in the medical record. The clinician may offer the patient 600-800mg 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. The clinician will perform a bimanual exam and place a speculum. Testing for sexually transmitted infections may be done if medically indicated. The cervix will be cleansed with an appropriate antiseptic. "No-Touch Technique" will be observed throughout the procedure, where any portions of instruments that enter the uterus are sterile and not touched by the clinician. The clinician may provide local anesthesia with a paracervical block. The cervix will be grasped and stabilized with a tenaculum, using gentle traction to straighten the cervical canal. A low abdominal heat may be provided to the patient for comfort. A sterile 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 repositioned 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 inserter will then be set to the proper depth and loaded under sterile conditions. The IUD will then be inserted and deployed according to the manufacturer's instructions. The inserter will be removed and the strings will be cut at 3 to 4 cm in length. The tenaculum will be removed and after hemostasis is confirmed, the speculum will also be removed and the patient's legs will be placed on the foot piece of the exam table while the patient rests.
- **Recovery:** Patients will recover in the same exam room for a few minutes, under observation of medical and nursing staff. When the patient feels ready, they will get off the exam table and get dressed. The IUD

take-home information sheet will be reviewed with the patient. 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. They will also be given a phone number and enrollment (if not done already) in the electronic health record patient portal.
- **Documentation:** The IUD electronic health record template will be used by the clinician, with care given to indicate which type of IUD was placed.

### III. Equipment

#### 1. Equipment

Sterile tenaculum

Sterile uterine sound

Sterile gauzes

Medicine cup

Scissors

Additional equipment for the procedure will be available:

10 cc syringes

21 gauge 2" needles

18 gauge 1" needles

Dilator size 5/6 or os finders

Antiseptic (e.g. betadine)

Local anesthetic (e.g. lidocaine)

#### 2. 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.