

Subject: Policy and Procedure for IUD Placement		Department: Clinical
Date:	Prepared by:	Approved by:

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 prior to the procedure. The results of this verification will be conveyed to nursing and documented in the patient's chart.

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:

- [Mirena](#), [Kyleena](#), Skyla: [Bayer Support Programs](#) (or call 1-888-842-2937)
- Liletta: [Liletta Access Connect](#)
- ParaGard: ParaGard Patient Assistance Program (call 1-877-PARAGARD)

II. The Procedure

Patients are not required to have a contraceptive counseling visit prior to an IUD insertion, but it should be offered to all patients. If a patient elects for an IUD during a contraceptive counseling visit, the clinician will make a reasonable effort to do the insertion that day if the patient would like to.

The Policy and Procedure statement that follows applies to the IUD insertion visit.

- **Arrival and rooming:** Patients will be checked in and roomed as normal. The medical assistant will take their vitals and collect a urine sample to run a urine pregnancy test
- **Counseling and consent:** All patients scheduled for an IUD insertion will be contacted by clinical staff (e.g. RN, LPN, Medical Assistant, Clinician) prior to their appointment with [options for managing pain during the procedure](#) and provided with clear instructions if necessary. Each patient will have the opportunity to discuss all contraceptive options before the procedure visit. The clinician will counsel on how contraceptive options work, impact on bleeding, effectiveness, and potential side effects. Review what to expect during the procedure and ensure the patient understands and has been offered available pain management options according to their needs and preferences. The procedure consent form will be signed at this time. If patients are hesitant, unsure, or undecided, they should be reminded that they do not have to do the insertion that day if they do not want to.
- **Set up:** Clinical support staff will set up the equipment tray with all necessary equipment and supplies for the insertion (see: III. Equipment).
- **Procedure:**
 - The clinician will confirm the negative results of the pregnancy test prior to starting the procedure. If the pregnancy test is positive, the clinician will provide options counseling to the patient with appropriate referrals if necessary.
 - 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 and be covered with a drape.
 - The clinician will perform a bimanual exam and place a speculum.
 - Testing for sexually transmitted infections may be done if medically indicated or requested by the patient. The clinical support staff will label the appropriate specimen collection container and follow appropriate clinical procedure to ensure specimen is sent to the laboratory.

- The clinician will swab the cervix 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 clinical support staff will ensure any instruments handed to the clinician are sterile.
- The clinician may provide local anesthesia with a paracervical block. The clinical support staff will pull all necessary equipment for a paracervical block.
- The clinician will use a sound to measure the depth of the uterus. If the uterus sounds at a depth of 5 cm or less, 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 clinical support 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 clinician confirm that the patient is stable, the patient may leave.
- **Discharge and follow-up:** Ensure the patient receives information about when the IUD needs to be removed by, symptoms that signal needing to call the office, and a reminder that they can have the IUD removed at any time. They will also be given a phone number and enrollment (if not done already) in the electronic health record patient portal.
- **Documentation:** The IUD type, the lot number, and the expiration date of the IUD will be documented in the medical record.

III. Equipment

1. Equipment

- Speculum
- Tenaculum
- Scissors
- Ringed forceps
- Sterile or clean gauze
- Uterine Sound
- Dilator and/or Os finders
- Large cotton swabs
- Betadine or chlorhexidine
- Monsel’s solution or silver nitrate sticks
- Topical anesthetic (optional)
- Paracervical block (optional)
 - Anesthetic (e.g., 10-20 mL of 1% lidocaine; optional to dilute with NaCl or add sodium bicarbonate or epinephrine)
 - 18g needle to draw up medication
 - 22g 1 ½” or longer needle to attach to syringe
 - 10 mL syringes

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. Clinical support staff will assist the clinicians.