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# INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD)

## Introduction

Intrauterine contraceptive devices (also referred to as IUCDs) have been used by women in Pakistan since 1965, when the government-sponsored family planning (FP) program was launched. The IUCD is suitable and convenient for birth spacing. Once inserted, it is effective for 5–12 years.

The types now most widely used are copper-bearing IUCDs made of plastic with copper sleeves/copper wire on the plastic, for example, the CuT-380A and Multiload Cu-375; and hormone-containing IUCDs, such as the levonorgestrel intrauterine system (LNG-IUS).

| Copper-Bearing IUCD | Hormone-Containing IUCD |
|---|---|
| • CuT-380A<br>• MLCu-375 | Levonorgestrel intrauterine system (LNG-IUS) |

## Policy

- The IUCD will be inserted by a medical or paramedical health care provider who is trained in its insertion technique.
- IUCD insertion will be performed in a facility that has acceptable standards of asepsis and infection control.

## Standards

The following standards should be maintained:

- The client seeking the IUCD should be provided with all necessary information regarding advantages, effectiveness, limitations, side effects, and warning

signs of the IUCD. The procedure for its insertion and removal must be fully explained.

⑩ The health care provider must refer the client to a doctor if:

- Perforation is suspected.
- Pregnancy occurs with the IUCD in place.
- There are symptoms or signs of pelvic inflammatory disease (PID).

# Copper-Bearing Intrauterine Contraceptive Devices

## Mode of Action

- Prevents fertilization, primarily by interfering with the ability of sperm to survive and to ascend to the fallopian tubes where fertilization occurs.
- Alters or inhibits sperm migration, ovum transport, and fertilization.
- Creates a sterile foreign-body reaction in the endometrium, which is potentiated by copper ions.

## Effectiveness

The CuT-380A is effective for 12 years and the MLCu-375 is effective for 5 years. The copper IUCD is one of the most effective and long-lasting methods of contraception. Less than 1 pregnancy per 100 women using an IUCD occurs over the first year (6–8 pregnancies per 1,000 women). This means that 992–994 of every 1,000 women using IUCDs will not become pregnant.

A small risk of pregnancy remains beyond the first year of use and continues as long as the woman is using the IUCD. Over 10 years of IUCD use, there would be about 2 pregnancies per 100 women.

## Advantages

- A single decision leads to effective, long-term prevention of pregnancy.
- Very effective.
- No interference with sex.
- Increased sexual enjoyment because no need to worry about pregnancy.
- Immediately reversible. After removal, pregnancy can occur as quickly as in women who have not used IUCDs.
- Has no effect on lactation. Can be inserted immediately after childbirth or after abortions (if no evidence of infection).

- Can be used through menopause (1 year or so after last menstrual period).
- No interactions with any medicines.
- Reduces the risk of ectopic pregnancy (less risk of ectopic pregnancy than in women not using any FP method).

## Limitations

- Changes in bleeding pattern, especially in the first 3–6 months, but likely to lessen after 3 months of use:
  - Longer and heavier menstrual periods
  - Irregular bleeding or spotting between periods
  - More cramps or pain during periods
  - May contribute to anaemia, if the woman has low iron blood stores before insertion and IUCD causes heavier monthly bleeding
- Perforation of the wall of the uterus (very rare, if IUCD properly inserted).
- Does not protect against sexually transmitted infections (STIs) including HIV/AIDS.
- Client cannot stop IUCD use on her own. A trained health care provider is required for removal.
- May come out of the uterus, without the woman's knowledge.

**Client Assessment as per World Health Organization Medical Eligibility Criteria for IUCD**

Ask the client the questions below. If she answers "no" to all of the questions, then the IUCD can be inserted if she wants. If she answers "yes" to a question below, follow the instructions:

1. Does the client think she is pregnant?

   Assess whether pregnant. Do not insert the IUCD. Give her condoms or spermicide to use until reasonably sure that she is not pregnant.

2. Does the client have vaginal bleeding that is unusual for her?

   If she has unexplained vaginal bleeding that suggests pregnancy or an underlying medical condition, use of an IUCD could make diagnosis and monitoring of any treatment more difficult. Help her choose a method to use while being evaluated and treated (but not a hormonal IUCD, progestin-only injectables, or implants). After treatment, re-evaluate for IUCD use.

3. Did the client give birth more than 48 hours but less than 4 weeks ago?

   Delay inserting an IUCD until 4 or more weeks after childbirth. If needed, give her condoms.

| | Client Assessment as per World Health Organization Medical Eligibility Criteria for IUCD |
|---|---|
| 4.5.6.7.8. | Does she have an infection following childbirth or abortion? If she currently has infection of the reproductive organs during the first 6 weeks after childbirth (puerperal sepsis) or she just had an abortion-related infection in the uterus (septic abortion), do not insert the IUCD. Treat or refer her if she is not already receiving care. Help her choose another method or offer a backup method. After treatment, re-evaluate for IUCD use. **Note:** Assure confidentiality before asking the remaining questions. Has the client had a sexually transmitted infection (STI) or pelvic inflammatory disease (PID) in the last 3 months? Does she have an STI, PID, or any other infection in the female organs now? (Signs and symptoms of PID: severe pelvic infection with pain in lower abdomen and possibly also abnormal vaginal discharge, fever, or frequent urination with burning.) If she has no tenderness in the abdomen or when the cervix is moved, however, she probably does not have pelvic infection. Women who have a very high individual likelihood of exposure to gonorrhoea or chlamydia should not have an IUCD inserted. Do not insert the IUCD now. Advise her to use condoms for STI protection. Treat or refer the client and her spouse. The IUCD can be inserted 3 months after cure unless re-infection is likely. Does the client have AIDS? Do not insert an IUCD if she has AIDS unless she is clinically well on antiretroviral therapy. If she is infected with HIV but does not have AIDS, she can use an IUCD. If a woman who has an IUCD in place develops AIDS, she can keep the IUCD. Whatever method she chooses, advise condom use. Give her condoms. Does she think that she might get an STI in the future? Does she or her spouse have more than one sex partner? A woman who has a very high individual likelihood of STIs should not have an IUCD inserted. Advise her to use condoms and help her chose another method. Does she have cancer or tuberculosis of the female reproductive organs? In case of known cervical, endometrial, or ovarian cancer; benign or malignant trophoblast disease; or pelvic tuberculosis: Do not insert an IUCD. Treat or refer her for care as appropriate. Help her choose another effective method. Be sure to explain the health benefits, risks, and side effects of the method that the client will use. Also, point out any conditions that would make the method inadvisable for the client. |

## Characteristics and Conditions

Characteristics and conditions listed below are in World Health Organization (WHO) Eligibility Criteria category 1. Women with characteristics and conditions in WHO category 2 also can use this method. With proper counselling, women of any age or with any number of children can use the IUCD. (Age under 20 and having no children are characteristics in WHO Eligibility Criteria category 2.)

The IUCD can be used in any circumstances by women with any of the following characteristics or health conditions:

10. Smoke cigarettes

- Just had an abortion or miscarriage (if no evidence of infection or risk of infection)
- Take antibiotics or anticonvulsants
- Are fat or thin
- Are breastfeeding
- Benign breast disease
- Breast cancer
- Headaches
- High blood pressure
- Irregular vaginal bleeding (after evaluation)
- Blood clotting problems
- Varicose veins
- Heart disease (disease involving heart valves may require treatment with antibiotics before IUCD insertion)
- History of stroke
- Diabetes
- Liver or gall bladder disease
- Malaria
- Thyroid disease
- Epilepsy
- Non-pelvic tuberculosis
- Past ectopic pregnancy
- Past pelvic surgery

## Correcting Misperceptions

Intrauterine devices:

- Are not directly associated with PID.
- Do not increase the risk of contracting STIs, including HIV.
- Do not increase the risk of miscarriage when a woman becomes pregnant after the IUCD 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 during sex.
- Substantially reduce the risk of ectopic pregnancy.

## Screening Questions for Pelvic Examination before IUCD Insertion

For performing the pelvic examination, the questions below help check for signs of conditions that would rule out IUCD insertion. If the answer to all of the questions is “no”, then the client can have an IUCD inserted. If the answer to any question is “yes”, do not insert an IUCD.

For questions 1 through 5, if the answer is “yes”, refer for diagnosis and treatment as appropriate. Help the woman choose another method and counsel her about condom use if she faces any risk of STIs. Give her condoms, if possible. If STI or PID is confirmed and she still wants an IUCD, it may be inserted as soon as she finishes treatment, if she is not at risk for re-infection before insertion.

- Is there any type of ulcer on the vulva, vagina, or cervix?
- Possible STI.
- Does the client feel pain in her lower abdomen when you move the cervix?
- Possible PID.
- Is there tenderness in the uterus, ovaries, or fallopian tubes (adnexal tenderness)?
- Possible PID.
- Is there a purulent cervical discharge?
- Possible STI or PID.
- Does the cervix bleed easily when touched?
- Possible STI or cervical cancer.
- Is there an anatomical abnormality of the uterine cavity that will prevent correct IUCD insertion?
- If an anatomical abnormality distorts the uterine cavity, proper IUCD placement may not be possible. Help the woman choose another method.

- Were you unable to determine the size and/or position of the uterus?

  - Determining the size and position of the uterus before IUCD insertion is essential to ensure high placement of the IUCD and to minimize risk of perforation. If size and position cannot be determined, do not insert an IUCD. Help the woman choose another method.

## When to Start

**IMPORTANT:** In many cases, a woman can start the IUCD at any time it is reasonably certain she is not pregnant.

### Having Menstrual Cycles/Any Time of the Month

If she is starting within 12 days after the start of her monthly bleeding, there is no need for a backup method. If it is more than 12 days after the start of her

monthly bleeding, she can have the IUCD inserted at any time it is reasonably certain she is not pregnant; there is no need for a backup method.

### Switching from Another Method

The client can switch from another method immediately, if she has been using the method consistently and correctly or if it is otherwise reasonably certain she is not pregnant. There is no need to wait for her next monthly bleeding and no need for a backup method.

If she is switching from injectables, she can have the IUCD inserted when the next injection would have been given; there is no need for a backup method.

### Soon after Childbirth

She can have an IUCD inserted at any time within 48 hours after giving birth (requires a provider with specific training in postpartum insertion). If it is more than 48 hours after the woman gave birth, delay IUCD insertion until 4 weeks or more after childbirth.

### Fully or Nearly Fully Breastfeeding

Less than 6 months after giving birth if her monthly bleeding has not returned, she can have the IUCD inserted at any time between 4 weeks and 6 months after giving birth. There is no need for a backup method. If her monthly bleeding has returned, she can have the IUCD inserted as advised for women having menstrual cycles (see above).

More than 6 months after giving birth, if her monthly bleeding has not returned, she can have the IUCD inserted at any time it is reasonably certain she is not pregnant. There is no need for a backup method. If her monthly bleeding has returned, she can have the IUCD inserted as advised for women having menstrual cycles (see above).

### Partially Breastfeeding or Not Breastfeeding

More than 4 weeks after giving birth, if her monthly bleeding has not returned, she can have the IUCD inserted *if it can be determined that she is not pregnant.* No need for a backup method. If her monthly bleeding has returned, she can have the IUCD inserted as advised for women having menstrual cycles.

### No Monthly Bleeding (not related to childbirth or breastfeeding)

She can have an IUCD inserted at any time *if it can be determined that she is not pregnant.* No need for a backup method.

### After Miscarriage or Abortion

She can have an IUCD inserted immediately, if within 12 days after first- or second-trimester abortion or miscarriage and if no infection is present. There is no need for a backup method.

If it is more than 12 days after first- or second-trimester miscarriage or abortion and no infection is present, she can have the IUCD inserted at any time it is reasonably certain she is not pregnant. There is no need for a backup method.

If infection is present, treat or refer and help the client choose another method. If she still wants the IUCD, it can be inserted after the infection has completely cleared up. IUCD insertion after second-trimester abortion or miscarriage requires specific training. If not specifically trained, delay insertion until at least 4 weeks after miscarriage or abortion.

### When to Start Emergency Contraception

Start it within 5 days after unprotected sex. When the time of ovulation can be estimated, the woman can have an IUCD inserted up to 5 days after ovulation. Sometimes this may be more than 5 days after unprotected sex.

### After Taking Emergency Contraceptive Pills (ECPs)

The IUCD can be inserted on the same day that she takes the ECPs; there is no need for a backup method.

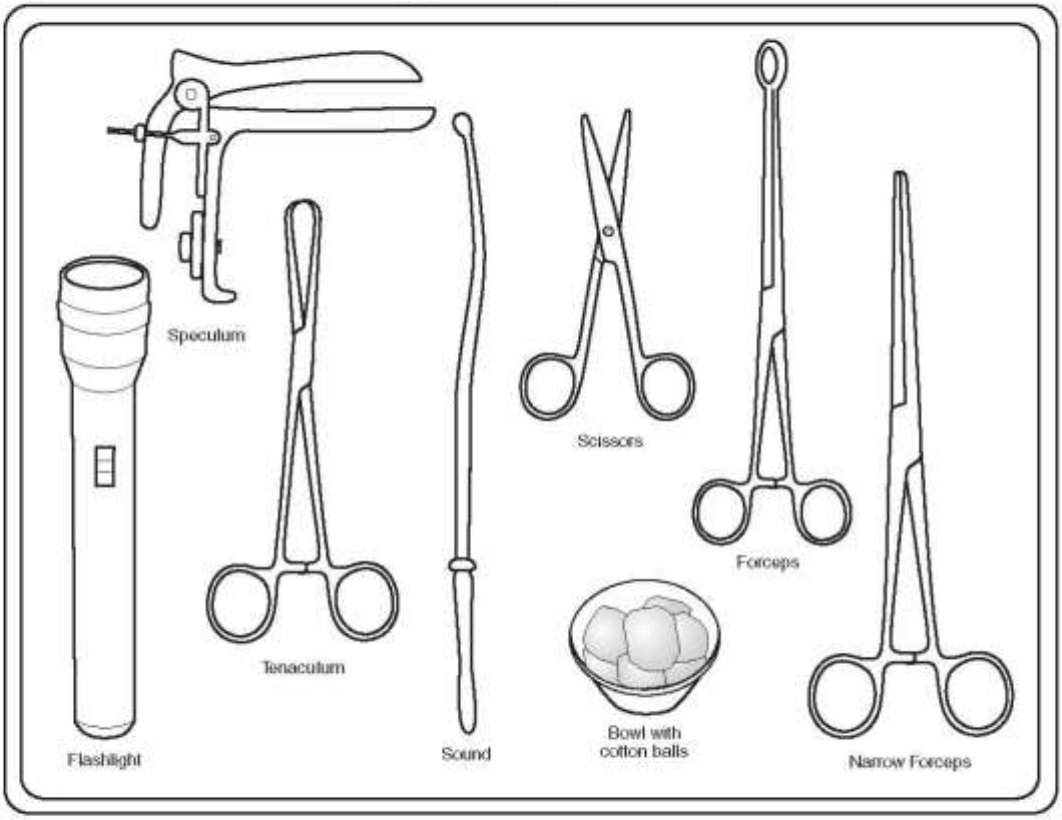
## Instruments and Equipment Required for IUCD Insertion and Removal

Following is the list of equipment and instruments required for IUCD insertion. All of the instruments must be either sterilized or high-level disinfected before use:

**Table 10-1. Instruments and Equipment Required for IUCD Insertion and Removal**

| Instruments/Equipment | Quantity | Instruments/Equipment | Quantity |
|---|---|---|---|
| Cheatle forceps | 1 | Container for cheatle forceps | 1 |
| Sponge forceps | 1 | Covered tray for sterilized instruments | 1 |
| Tenaculum | 1 | Covered jar for cotton swabs | 1 |
| Bivalve speculum | 1 | Bowl for antiseptic solution | 1 |
| Uterine sound | 1 | Kidney tray for used instruments | 1 |
| Artery forceps | 1 | Autoclave or boiler for sterilization or high-level disinfection of instruments | 1 |
| Scissors, disposable gloves, cotton swabs | 1/As required | P/V lamp, torch/emergency light | 1 |
| IUCD insertion table | 1 | Mackintosh | 1 |

**Figure 10-1. Instruments and Equipment Required for IUCD Insertion and Removal**




Source: Bluestone J, Chase R, and Lu ER. 2006. *IUD Guidelines for Family Planning Service Programs*. Jhpiego: Baltimore, Maryland.

## IUCD Insertion Technique

A woman who has chosen the IUCD needs to know what will happen during insertion. The following description can help explain the procedure to her. Learning IUCD insertion requires training and practice under direct supervision. Therefore, the steps below are only a summary of the process and should not be considered detailed instructions for insertion:

1. The provider conducts a pelvic examination to assess eligibility (see "Screening Questions for Pelvic Examination before IUCD Insertion" above). The provider first performs the bimanual examination and then inserts a speculum into the vagina to inspect the cervix.
2. The provider cleans the cervix and vagina with appropriate antiseptic.
3. The provider slowly inserts the tenaculum through the speculum and closes the tenaculum just enough to gently hold the cervix and uterus steady.
4. The provider slowly and gently passes the uterine sound through the cervix to measure the depth and position of the uterus.
5. The provider loads the IUCD into the inserter using the no-touch technique.
6. Using the no-touch technique, the provider slowly and gently inserts the IUCD and removes the inserter. The provider cuts the strings of the IUCD, leaving about 3 cm hanging out of the cervix.

7. After the insertion, the woman rests. She remains on the examination table until she feels ready to get dressed.

### Postpartum Insertion

Only providers who have special training should insert IUCDs after childbirth. Proper insertion technique is important to reduce the risk of expulsion. An IUCD can be inserted immediately after delivery or up to 48 hours after childbirth.

### IUCD Removal Technique

Removing an IUCD is usually simple. It can be done at any time throughout the menstrual cycle. Removal may be somewhat easier during menstruation, when the cervix is dilated. The provider must ensure that proper infection prevention procedures are followed. To remove the IUCD:

- The health care provider pulls the IUCD strings slowly and gently with forceps.
- If removal is not easy, the provider may dilate the cervix using a uterine sound or alligator forceps or refer the client to a specially trained provider.

## Side Effects and Management

After IUCD insertion, some clients may have side effects (as mentioned in the section on Post-Procedure Counselling); these are not very serious and usually are resolved within 1–3 months. Most of the time, clients need only reassurance and simple treatment. However, if the symptoms become severe and persistent, the client may need immediate medical attention, and the IUCD may have to be removed.

**Table 10-2. IUCDs: Side Effects and Their Management**

| Side Effect | Management |
|---|---|
| **Changes in menstrual cycle** | |
| Within 3 months of IUCD insertion | |
| **Irregular bleeding** (bleeding at unexpected times that bothers the client) | • Reassure her that many women using IUCDs experience irregular bleeding. It is not harmful and usually lessens or stops after the first several months of use. • For modest, short-term relief she can try NSAIDs such as ibuprofen (400 mg) or indomethacin (25 mg) two times daily after meals for 5 days, beginning when irregular bleeding starts. • If irregular bleeding continues, or starts after several months of normal bleeding, or you suspect that something may be wrong for other reasons, consider underlying conditions unrelated to method use (see “Unexplained vaginal bleeding” below). |

## Intrauterine Contraceptive Device (IUCD)

| Side Effect | Management |
|---|---|
| **Heavy or prolonged bleeding** | • Reassure her that many women using IUCDs experience heavy or prolonged bleeding. It is generally not harmful and usually lessens or stops after the first several months of use. • For modest, short-term relief she can try (one at a time): – Tranexamic acid (1,500 mg) three times daily for 3 days, then 1,000 mg once daily for 2 days, beginning when heavy bleeding starts. – Nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (400 mg) or indomethacin (25 mg) two times daily after meals for 5 days, beginning when heavy bleeding starts. Other NSAIDs—except aspirin—also may provide some relief of heavy or prolonged bleeding. • Provide iron tablets if possible and tell her it is important for her to eat foods containing iron. If heavy or prolonged bleeding continues, or starts after several months of normal bleeding or long after the IUCD was inserted, or if you suspect that something may be wrong for other reasons, consider underlying conditions unrelated to method use. |
| **Cramping and pain** | • She can expect some cramping and pain for the first day or two after IUCD insertion. • Explain that cramping also is common in the first 3–6 months of IUCD use, particularly during monthly bleeding. Generally, this is not harmful and usually decreases over time. • Suggest aspirin (325–650 mg), ibuprofen (200– 400 mg), paracetamol (325–1,000 mg), or other pain reliever. If she also has heavy or prolonged bleeding, aspirin should not be used because it may increase bleeding. • If cramping continues and occurs outside of monthly bleeding: – Evaluate for underlying health conditions and treat or refer. • If no underlying condition is found and cramping is severe, discuss removing the IUCD: – If the removed IUCD looks distorted, or if difficulties during removal suggest that the IUCD was out of proper position, explain to the client that she can have a new IUCD that may cause less cramping. |

| Side Effect | Management |
|---|---|
| **Possible anaemia** | • The copper-bearing IUCD may contribute to anaemia if a woman already has low iron blood stores before insertion and the IUCD causes heavier monthly bleeding. • Pay special attention to IUCD users with any of the following signs and symptoms: – Inside of eyelids or underneath fingernails looks pale, pale skin, fatigue or weakness, dizziness, irritability, headache, ringing in the ears, sore tongue, and brittle nails. – If blood testing is available, haemoglobin less than 9 g/dl or haematocrit less than 30. • Provide iron tablets if possible. • Tell her it is important to eat foods containing iron, such as meat and poultry (especially beef and chicken liver), fish, green leafy vegetables, and legumes (beans, bean curd, lentils, and peas). |
| **Partner can feel IUCD strings during sex** | • Explain that this happens sometimes when strings are cut too short. • If partner finds the strings |

| Side Effect | Management |
|---|---|
| **Severe pain in lower abdomen** (suspected PID) | • Some common signs and symptoms of PID often also occur with other abdominal conditions, such as ectopic pregnancy. If ectopic pregnancy is ruled out, assess for PID.<br>• If possible, do abdominal and pelvic examinations (see signs and symptoms of serious health conditions below).<br>• If a pelvic examination is not possible, and she has a combination of the following signs and symptoms in addition to lower abdominal pain, suspect PID:<br>– Unusual vaginal discharge<br>– Fever or chills<br>– Pain during sex or urination<br>– Bleeding after sex or between monthly bleeding<br>– Nausea and vomiting<br>– A tender pelvic mass<br>– Pain when the abdomen is gently pressed (direct abdominal tenderness) or when gently pressed and then suddenly released (rebound abdominal tenderness)<br>• Treat PID or immediately refer for treatment.<br><br>Because of the serious consequences of PID, health care providers should treat all suspected cases, based on the signs and symptoms:<br>• Treatment should be started as soon as possible. Treat for gonorrhoea, chlamydia, and anaerobic bacterial infections.<br>• Counsel the client about condom use and, if possible, give her condoms.<br>• There is no need to remove the IUCD if she wants to continue using it.<br>• If she wants the IUCD removed, take it out after starting antibiotic treatment. |

| Side Effect | Management |
| --- | --- |
| **Severe pain in lower abdomen** (suspected ectopic pregnancy) | Many conditions can cause severe abdominal pain. Be particularly alert for additional signs or symptoms of ectopic pregnancy, which is rare but can be life-threatening. In the early stages of ectopic pregnancy, symptoms may be absent or mild, but eventually they will become severe. A combination of these signs or symptoms should increase suspicion of ectopic pregnancy: • Unusual abdominal pain or tenderness • Abnormal vaginal bleeding or no monthly bleeding, especially if this is a change from the woman's usual bleeding pattern • Light-headedness or dizziness • Fainting If ectopic pregnancy or other serious health condition is suspected, refer at once for immediate diagnosis and care. If the client does not have these additional symptoms or signs, assess for PID. |
| **Suspected uterine puncturing** (perforation) | If puncturing is suspected at the time of insertion or sounding of the uterus, stop the procedure immediately (and remove the IUCD if inserted). Observe the client in the clinic carefully: • For the first hour, keep the woman at bed rest and check her vital signs (blood pressure, pulse, respiration, and temperature) every 5–10 minutes. • If the woman remains stable after 1 hour, check for signs of intra-abdominal bleeding, such as low haematocrit or haemoglobin, if possible, and her vital signs. Observe for several more hours. If she has no signs or symptoms, she can be sent home, but she should avoid sex for 2 weeks. Help her choose another method. • If she has a rapid pulse and falling blood pressure, or new pain or increasing pain around the uterus, refer her to a higher level of care. If uterine perforation is suspected within 6 weeks after insertion or if it is suspected later and is causing symptoms, refer the client for evaluation to a clinician experienced at removing such IUCDs. |
| **IUCD partially comes out** (partial expulsion) | If the IUCD partially comes out, remove the IUCD. Discuss with the client whether she wants another IUCD or a different method. If she wants another IUCD, she can have one inserted at any time it is reasonably certain she is not pregnant. If the client does not want to continue using an IUCD, help her choose another method. |

## Intrauterine Contraceptive Device (IUCD)

**New**

| Side Effect | Management |
|---|---|
| **IUCD completely comes out** (complete expulsion) | If the client reports that the IUCD came out, discuss with her whether she wants another IUCD or a different method. If she wants another IUCD, she can have one inserted at any time it is reasonably certain she is not pregnant. If complete expulsion is suspected and the client does not know whether the IUCD came out, refer for x-ray or ultrasound to assess whether the IUCD might have moved to the abdominal cavity. Give her a backup method to use in the meantime. |
| **Missing strings** (suggesting possible pregnancy, uterine perforation, or expulsion) | • Ask the client: – Whether and when she saw the IUCD come out – When she last felt the strings – When she had her last monthly bleeding – If she has any symptoms of pregnancy – If she has used a backup method since she noticed the strings were missing • Always start with minor and safe procedures and be gentle. Check for the strings in the folds of the cervical canal with forceps. About half of missing IUCD strings can be found in the cervical canal. • If strings cannot be located in the cervical canal, either they have gone up into the uterus or the IUCD has been expelled unnoticed. Rule out pregnancy before attempting more invasive procedures. Refer for evaluation. Give her a backup method to use in the meantime, in case the IUCD came out. |

**problems that may require switching methods**
May or may not be due to the method
**Unexplained vaginal bleeding**
(that suggests a medical condition not related to the method)

- Refer or evaluate by history or pelvic examination. Diagnose and treat as appropriate.
- She can continue using the IUCD while her condition is being evaluated.
- If bleeding is caused by STI or PID, she can continue using the IUCD during treatment.

| Side Effect | Management |
|---|---|
| **Suspected pregnancy** | • Assess for pregnancy, including ectopic pregnancy.<br>• Explain that an IUCD in the uterus during pregnancy increases the risk of preterm delivery or miscarriage, including infected (septic) miscarriage during the first or second trimester, which can be life-threatening.<br>• If she continues the pregnancy:<br>– Advise her that it is best to remove the IUCD.<br>– Explain the risks of pregnancy with an IUCD in place.<br>• Early removal of the IUCD reduces these risks, although the removal procedure itself involves a small risk of miscarriage.<br>• If she agrees to removal, gently remove the IUCD or refer for removal.<br>• Explain that she should return at once if she develops any signs of miscarriage or septic miscarriage (vaginal bleeding, cramping, pain, abnormal vaginal discharge, or fever).<br>• If she chooses to keep the IUCD, her pregnancy should be followed closely by a nurse or doctor. She should see a nurse or doctor at once if she develops any signs of septic miscarriage.<br>• If the IUCD strings cannot be found in the cervical canal and the IUCD cannot be safely retrieved, refer for ultrasound, if possible, to determine whether the IUCD is still in the uterus. If it is, or if ultrasound is not available, her pregnancy should be followed closely. She should seek care at once if she develops any signs of septic miscarriage. |

## Counselling

If the client chooses an IUCD:

1. Screen the client carefully to make sure there is no medical condition that would be a problem.
2. Explain potential side effects and make sure that each is fully understood. Stress that most can be managed and make sure she knows how to contact you if she has problems.

Pre-Insertion Counseling (Examination/Procedure Area):

1. Inform the client about required physical and pelvic examinations.
2. Describe the insertion procedure and what she should expect during the insertion and afterward.

## Intrauterine Contraceptive Device (IUCD)

Post-Insertion Education:

1 Remind the client what type of IUCD she has and for how long it is effective.

2 Provide a client follow-up card and inform the client when to return for the follow-up visit.

3 Remind the client of warning signs: PAINS (Period late or heavy, Abdominal pain, signs of Infection, Not feeling well, String changes or problems).

4 Review common side effects (menstrual changes) or problems and what to do if they occur.

5 Remind the client of the need to use condoms in addition if she is at risk of sexually transmitted infections.

6 Assure the client she can return to the same clinic to receive advice or medical attention and, if desired, to have the IUCD removed.

7 Ask the client to repeat the instructions.

8 Answer the client's questions.

9 Observe the client for at least 15–20 minutes and ask how she feels before sending her home.

Counselling (removal):

1 Greet the client respectfully and with kindness.

2 Establish the purpose of the visit and answer any questions.

3 Ask the client her reason for removal and answer any questions.

4 Ask the client about her reproductive goals (Does she want to continue spacing or limiting births?) and need for protection against genital track infections and other STIs.

5 Describe the removal procedure and what she should expect during the removal and afterward.

6 Discuss what to do if the client experiences any problems (e.g., prolonged bleeding or abdominal or pelvic pain).

7 Ask the client to repeat instructions.

8 Answer any questions.

9 If the client wants to continue spacing or limiting births using another method, review general and method-specific information about family planning methods in which she is interested.

10 Help client obtain a new contraceptive method or provide a temporary (barrier) method until the method of choice can be started.

11 Observe client for at least 15–20 minutes and ask how she feels before sending her home.

Rarely, allergic skin reaction may develop in a woman using the copper IUCD. In such a case, she should go to a doctor, who may advise removal of the IUCD, and will help her choose another contraceptive method.

## Follow-Up

Follow-up care and support of the client's decision to use an IUCD is very important to keep her satisfied and reassured, especially during the first 3 months when side effects are more common.

Explain the follow-up schedule:

- The client can come after her first menses, but not later than 3 months, for her first check-up.
- ⑩ If she has no complaints subsequently, she can come to the clinic whenever any problem arises. During the first follow-up visit:

- Ask the client if she has any complaints.
- Check for anaemia if she complains of excessive or prolonged bleeding.
- ⑩ Do a pelvic examination to check if:
  - IUCD threads are visible.
  - There are any signs of infection.

## Recordkeeping

The minimum record list below should be maintained for proper follow-up of IUCD clients:

- Daily clinic register to register the client.
- Client record card (CRC) to record relevant information about the client, e.g., age, parity, menstrual history, and findings of physical and pelvic examinations. Keep a follow-up record on the reverse side of the CRC.
- A client card, to be provided to the client after particulars about the contraceptive are given and the follow-up date are recorded.