

IDENTIFICATION OF IUD CANDIDATE

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| DEFINITION | An IUD is a flexible, usually plastic device inserted into the uterus to prevent pregnancy. There are two types of intrauterine devices available in the U.S. The ParaGard T380A Copper IUD is effective for 10 years. The Mirena IUS releases levonorgestrel and is effective for 5 years. The criteria for candidacy for each type of IUD are similar with a few exceptions noted. |
| SUBJECTIVE | Must include: <ol style="list-style-type: none"> 1. LMP. 2. Medical, sexual, and contraceptive use history, initial or update, as appropriate. 3. See attachment for WHO medical eligibility criteria. (See attached tables.) |
| OBJECTIVE | Must include: <ol style="list-style-type: none"> 1. Complete physical exam per policy within 6-12 months. May include: <ol style="list-style-type: none"> 1. A uterine size of 6-9 cm is advised for both IUD's. 2. Pregnancy test |
| LABORATORY | Must include: <ol style="list-style-type: none"> 1. Pap smear within last 6-12 months (contraindication: known or suspected uterine or cervical malignancy including unresolved abnormal pap smear). May include: <ol style="list-style-type: none"> 2. GC testing (required by federal regulations [IUD insertion must take place within 3 months after testing]). As indicated. 3. Vaginitis/cervicitis screening as appropriate. 5. Chlamydia screening as indicated. |
| ASSESSMENT | Candidate for IUD use. |
| PLAN | <ol style="list-style-type: none"> 1. Recommend nonsteroidal anti-inflammatory agent one hour prior to IUD insertion 2. Provide interim birth control method, if IUD to be inserted at another date. 3. Review and sign consent/education form. 4. Insert IUD (see insertion technique per manufacturer's instructions). 6. If clinician does not insert the IUD, make appointment with private clinic of choice to schedule IUD insert. <ol style="list-style-type: none"> a. Have client sign release of records form. Copy physical exam form and pap report to send to clinic prior to IUD insert. |
| CLIENT EDUCATION | <ol style="list-style-type: none"> 1. Provide education handout(s). Review manufacturer's inserts. Review symptoms, complications, and danger signs. 2. Recommended profile includes stable mutually monogamous relationship, seeking longer term (≥ 2 years) pregnancy protection. 3. Review safer sex education, if appropriate. 4. Recommend client RTC after first menses, annually, and PRN for problems. |
| CONSULT / REFER TO | <ol style="list-style-type: none"> 1. Any client with precautions listed on Tables Three or Four. 2. Abnormal pap within the last 6-12months. 3. STAT MD referral for any client with symptoms of perforation (i.e., excessive uterine depth on sounding, lack or loss of uterine |

PHYSICIAN

resistance during sounding or IUD insertion), client with symptoms of tachycardia, diaphoresis, hypotension, unusual bleeding, syncope, or intense pelvic pain. Note that syncope and diaphoresis may represent a normal vasovagal response.

4. Any client with difficult insertion.

Revised: 09/11

PRECAUTIONS IN THE PROVISIONS OF IUDS

| Table 1 |
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| Can use the method without restriction (WHO category #1): * |
| <ol style="list-style-type: none"> 1. Age ≥ 20 2. Parous 3. Postpartum ≥ 4 wks (breast feeding or non-breastfeeding) 4. Post-Abortion 1st trimester 5. Past ectopic pregnancy 6. History of pelvic surgery 7. Smoking 8. Obesity ≥ 30 kg/m² BMI 9. Multiple risk factors for CAD (ParaGard) 10. HBP: Hx HBP, BP can't be evaluated (ParaGard) 11. HBP, adequately controlled 12. BP systolic > 140 or diastolic > 90 13. Vascular disease (Paragard) 14. HBP during pregnancy, BP normal now 15. History or current of DVT/PE (ParaGard) 16. Family History (First degree relative) 17. Major surgery with prolonged immobilization (ParaGard) 18. Major surgery without prolonged immobilization 19. Minor surgery without immobilization 20. Superficial venous thrombosis: Varicose veins 21. Superficial thrombophelbitis 22. Current & history of ischemic heart disease (ParaGard) 23. History of CVA (ParaGard) 24. Hyperlipidemia (ParaGard) 25. Valvular heart disease uncomplicated 26. Known thrombogenic mutations (See full text of WHO Eligibility Criteria) 27. Headaches: Non-migraine (mild or severe) 28. Migraine ≥ 35 without focal neurologic symptoms (ParaGard) 29. Migraine with focal neurologic symptoms (any age) (ParaGard) 31. Epilepsy |

| Table 2 |
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| Advantages generally outweigh theoretical or proven risks (WHO category #2):* |
| <ol style="list-style-type: none"> 1. Age < 20 2. Nulliparous 3. Post-abortion 2nd trimester 4. Multiple risks factors for CAD (Mirena) 5. History of high BP, BP can't be evaluated, BP $> 160/100$ (Mirena) 6. History of DVT/PE (Mirena) 7. Major surgery with prolonged immobilization (Mirena) 8. History of CVA (Mirena) 9. Hyperlipidemia (Mirena) 10. Complicated valvular heart disease 11. Vascular disease(Mirena) (see WHO Eligibility Criteria) 12. Migraine with or without focal neurological symptoms (Mirena) 13. Heavy or prolonged vaginal bleeding, regular or irregular (ParaGard) 14. Endometriosis (ParaGard) 15. Severe dysmenorrhea (ParaGard) 16. CIN (Mirena) 17. Undiagnosed breast mass (Mirena) 18. Past PID without subsequent pregnancy 19. Vaginitis without purulent cervicitis 20. Diabetes with or without complications (Mirena) 21. Other vascular disease; diabetes > 20 yrs 22. Gallbladder disease (Mirena) 23. History of pregnancy – related cholestosis (Mirena) 24. Mild cirrhosis – compensated (Mirena) 25. Iron deficiency anemias (ParaGard) 26. Vascular disease (ParaGard) 27. Cervical cancer 28. Sickle cell disease (ParaGard) 29. HIV positive or AIDS (if using ARV therapy and well); IUD users with AIDS should be closely monitored for pelvic infection 30. Vaginitis (including trichomoniasis, vaginialis, and bacterial vaginosis) |

PRECAUTIONS IN THE PROVISIONS OF IUDS

Table 1 (continued)

31. Endometreosis (Mirena)
32. Irregular without heavy bleeding
33. Benign ovarian tumors (including cysts)
34. Severe dysmenorhea (Mirena)
35. Cervical ectropion
36. Cervical intraepithelial neoplasia (CIN) (ParaGard)
37. Undiagnosed breast mass (ParaGard)
38. Benign breast disease or family history of breast cancer
39. Current breast cancer (ParaGard)
40. Past breast cancer; No current disease for 5 years (ParaGard)
41. Past PID with subsequent pregnancy (no current STD risk factors)
42. History of gestational diabetes
43. Diabetes (IDDM or NIDDM without vascular disease) (ParaGard)
44. Diabetic nephropathy/retinopathy/neuropathy (ParaGard)
45. Other vascular disease; diabetes > 20 years (ParaGard)
46. Thyroid: Simple goiter; Hyperthyroid; Hypothyroid
47. Symptomatic gall bladder disease post cholecystectomy (ParaGard)
48. Current or medically treated symptomatic gall bladder disease (ParaGard)
49. Asymptomatic gall bladder disease (ParaGard)
50. History of pregnancy-related cholestasis (ParaGard)
51. Past COC-related cholestasis (ParaGard)
52. Viral hepatitis active (ParaGard)
53. Viral hepatitis carrier
54. Cirrhosis mild compensated (ParaGard)
55. Iron deficiency anemia (Mirena)
56. Benign hepatic adenoma (ParaGard)
57. Malignant liver tumor (hepatoma) (ParaGard)
58. Rifampin and griseofulvin
59. Phenytoin, barbiturates, carbamazepine, primidone
60. Other antibiotics (other than rifampin and griseofulvin)
61. Sickle cell disease (Mirena)
62. Uterine fibroids without distortion of uterine cavity

* See WHO precautions for detailed medical eligibility criteria.

31. Other STDs (excluding HIV and hepatitis)
 32. Increased risk of STDs
 33. Treat with PID/STD using appropriate antibiotics, there is no need for removal of the IUD if the client wishes to continue its use
- *See WHO precautions for detailed medical eligibility criteria

PRECAUTIONS IN THE PROVISIONS OF IUDS

| Table 3 |
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| Use of method not usually recommended unless other, more appropriate methods are not available or acceptable (WHO category #3) * |
| <ol style="list-style-type: none"> 1. Postpartum to 4 weeks 2. Current DVT, or PE (Mirena) 3. Ischemic heart disease (Mirena) 4. Benign gestational trophoblastic disease 5. Past breast cancer (Mirena) 6. Increased risk for STDs, high individual likelihood of exposure to Chlamydia or gonorrhea 7. Viral hepatitis, active (Mirena) 8. Benign hepatic adenoma (Mirena) 9. Malignant liver tumor (Mirena) |
| * See WHO precautions for detailed medical eligibility criteria. |

| Table 4 |
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| DO NOT provide IUD to client with following (WHO Category #4): |
| <ol style="list-style-type: none"> 1. Pregnancy 2. Puerperal sepsis 3. Immediate post septic AB 4. Known or suspected uterine or cervical cancer 5. Current breast cancer (Mirena) 6. Uterine fibroids that distort uterine cavity 7. Current PID or Chlamydia infection, gonorrhea or mucopurulent cervicitis 8. Unexplained vaginal bleeding, suspicious for serious underlying condition before evaluation |
| * See WHO precautions for detailed medical eligibility criteria. |

Revised: 09/11

IUD WARNING SIGNS

- P • Period late (pregnancy), abnormal spotting or bleeding
- A • Abdominal pain, pain with intercourse or urination
- I • Infection exposure (any STD), abnormal discharge
- N • Not feeling well, fever, chills, nausea/vomiting
- S • String missing, shorter or longer

References:

1. Hatcher, R.A., Trussell, J., Stewart, F., Nelson, A., Cates, W., Guest, F., & Kowal, D. (2004). Contraceptive Technology (19th Ed.). New York: Ardent Media, Inc. pp. 117-143.
2. Medical Eligibility Criteria For Contraceptive Use (3rd Ed.). (2004). Geneva: World Health Organization.
3. Hatcher, R.A., Nelson, Al. L., Ziemann, M., Darney, P.D., & Stosur, H.R. (2010-2012). A Pocket Guide to Managing Contraception (10th Ed.). Tiger, Georgia: Bridging the Gap Foundation. pp. 82-93.
4. Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use (2nd Ed.). (2000). Geneva: World Health Organization.