

ADPH Clinician IUD/IUS Training

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

Dr. Lynda Gilliam, OB/GYN
Senior Physician Consultant, ADPH
(334) 300-2536

Intrauterine Device (IUD/IUS)

Objectives

At the conclusion of this presentation the learner will be able to:

1. List the contraindications for an IUD/IUS
2. Describe the clinical indications for IUD/IUS and its effectiveness
3. Define the mechanism of action of IUD/IUS
4. Identify the imperative sequential steps for insertion of Liletta IUS

Intrauterine Device (IUD/IUS)

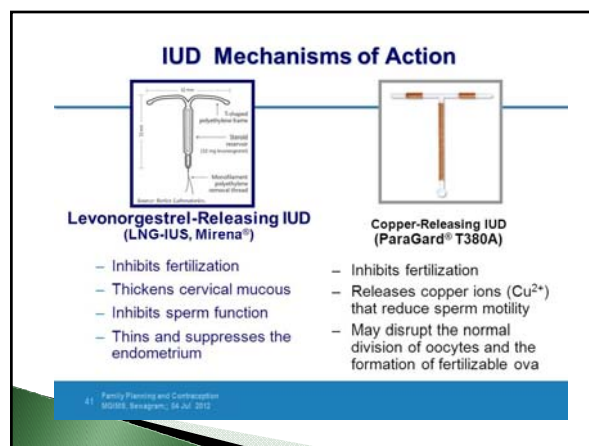
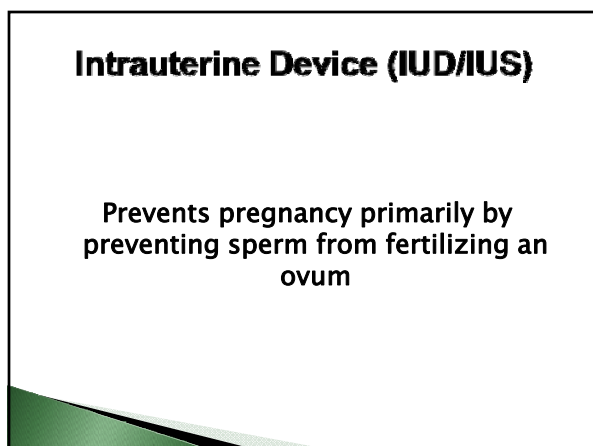
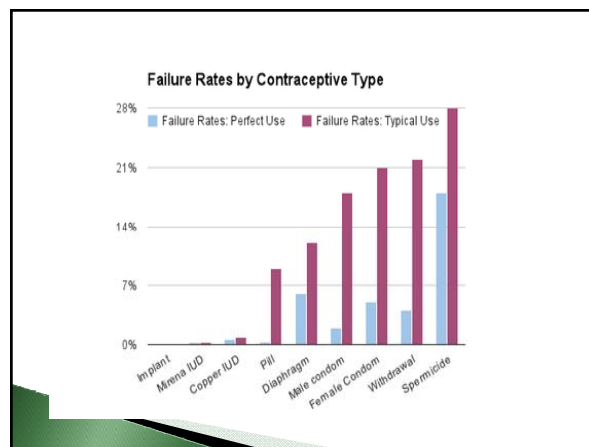
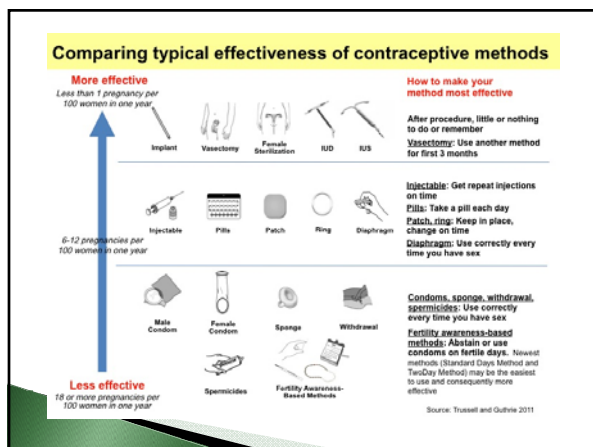
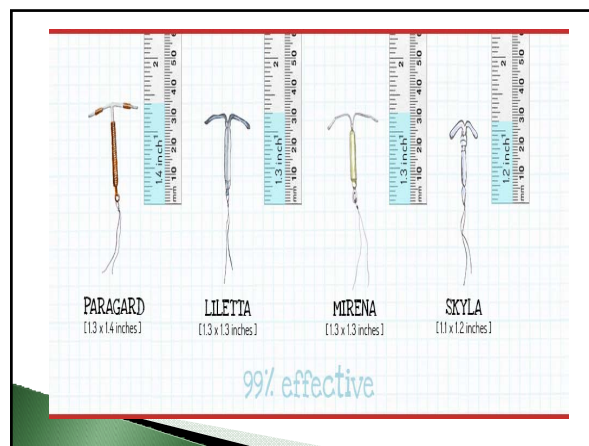
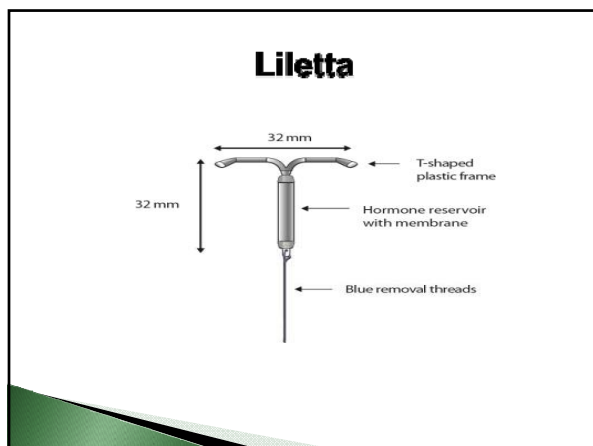
IUD/IUS is a small device placed in the uterus to prevent pregnancy

Paragard



Mirena





Intrauterine Device (IUD/IUS)

NAME	HORMONE	DOSE	APPROVED FOR
ParaGard	N/A, uses copper	N/A	10/12 years*
Mirena	levonorgestrel	20 mcg/day (52 mg total in the device)	5/7 years*
Liletta	levonorgestrel	18.6 mcg/day (52 mg total)	3/5 years*
Kyleena	levonorgestrel	17.5 mcg/day (19.5 mg total)	5 years
Skyla	levonorgestrel	14 mcg/day (13.5 mg total)	3 years

Intrauterine Device (IUD/IUS)

Benefits/Advantages of IUD/IUS:

- Highest patient satisfaction/continuation rate
- Rapid return to fertility
- Safe
- Immediately effective
- Long term protective – highly effective
- Simple to use
- Low maintenance

Intrauterine Device (IUD/IUS)

- Noncontraceptive benefits of IUDs
 - Treatment of heavy & prolonged periods (LNG)
 - Improved anemia (LNG)
 - Improved dysmenorrhea (LNG)
 - Treatment of pelvic pain associated with endometriosis (LNG)
 - Endometrial protection for women at risk for endometrial hyperplasia
 - Use in women with medical co-morbidities and contraindications for other systemic contraceptives

Disadvantages of IUDs

- Does not protect against STIs
- Requires insertion by trained clinician
- With LNG- releasing IUS, irregular spotting or bleeding or amenorrhea may occur

Intrauterine Device (IUD/IUS)

Myths about IUDs

- IUDs cause PID
- IUDs work by causing abortion
- IUDs increase risk of ectopic pregnancy
- Nulliparous women should not be offered IUDs
- A Malpositioned IUD needs removal

Intrauterine Device (IUD/IUS)

Contraindications to IUD use:

- Current pregnancy or suspicion of pregnancy
- Mucopurulent cervicitis
- Acute PID/high risk behavior for PID
- Postpartum or post abortion (In the past 3 months) endometritis
- Known or suspected cervical or uterine malignancy
- Unexplained genital bleeding
- Distorted or abnormal uterine cavity

Intrauterine Device (IUD/IUS)

Complications:

- ▶ PID (Women in mutually monogamous relationships – risk is low; highest incidence of PID occurs within 20 days after insertion)
- ▶ Uterine perforation – Risk 1.4 per 1000 (LNG) and 1.1 per 1000 women (copper) - complication could require surgery
- ▶ Copper allergy (rare)
- ▶ Pregnancy (including ectopic)
- ▶ Expulsion (more likely occurs first few months after insertion)

Intrauterine Device (IUD/IUS)

Side effects:

Copper IUD – menstrual periods longer & heavier with more cramping, inter-menstrual bleeding and more cramping with menses

Hormonal IUD – bleeding between periods, after 3-6 months - menstrual periods usually shorter, lighter, and reduced cramping.

After a year, 20% of women with no bleeding. Other side effects are rare since blood levels of hormone are very low

Intrauterine Device (IUD/IUS)

Drug Interactions

- ▶ ****Copper IUDs – None Known**
- ▶ Hormonal IUDs – The effect of hormonal contraceptives may be impaired by drugs which induce liver enzymes. This is a theoretical risk for hormonal IUDs. Drugs or herbals which may decrease serum concentration of levonorgestrel include: barbiturates, bosentan, carbamazepine, felbamate, griseofulvin, oxcarbazepine, oxcarbazepine, phenytoin, rafampin, St. John's wort, and topiramate.

Intrauterine Device (IUD/IUS)

When to Start:

1. Within 7 days of onset menses. If > 7 days, pregnancy must be ruled out before insertion
2. Immediately after or within 7 days of uncomplicated, therapeutic or spontaneous abortion. If > 7 days, pregnancy must be ruled out before insertion
3. Quick start can be utilized in appropriate patients
4. Postpartum – insertion at any point as determined by medical provider
5. May be inserted at NP discretion if current with reliable method such as Depo Provera or OCs

Intrauterine Device (IUD/IUS)

Pre-Insertion

- ▶ Review & provide patient with “Facts about Intrauterine Device (IUD),” ADPH-FHS-269
- ▶ Review and have patient sign consent

Intrauterine Device (IUD/IUS)

- ▶ Discuss with patient the following points & importance:

1. No current or recent pelvic infection or STD
2. Not immunocompromised
3. Mutually monogamous relationship is encouraged
4. No uterine or cervical abnormalities
5. No undiagnosed, abnormal vaginal bleeding
6. Able to get emergency f/u care, if needed

Intrauterine Device (IUD/IUS)

- ▶ Discuss that insertion provider MAY ask the patient to return for insertion during menses or immediately after menses
- ▶ Counsel patient to take Ibuprofen 800 mg 1 hour prior to insertion with food
- * For added Information about IUDs
 - ❖ Paragard info line at 1-877-Paragard (727-2427)
 - ❖ Mirena hotline 1-888-84-BAYER (2-2937)
 - ❖ Liletta hotline 1-855-Liletta (545-3882)

Intrauterine Device (IUD/IUS)

Post insertion:

- ▶ Counsel patient on type of IUD and description
- ▶ Approved duration of use – Copper IUD X 10 years, Hormonal IUS – 5 years (Mirena) or 4 years (Liletta). Mild cramp or bleeding may occur
- ▶ Use back-up method X 1 week after insertion
- ▶ RTC after next menses for recheck IUD (no longer than 3 months)
- ▶ Review signs & symptoms PID
- ▶ Review – no tampons within 10 days after insertion, check strings after each menses

Intrauterine Device (IUD/IUS)

- ▶ Review PAINS – Call or RTC if:
 - Period late, unusual, abnormal spotting or bleeding
 - Abdominal pain, pain with intercourse
 - Infection exposure or abnormal discharge
 - Not feeling well, fever, chills
 - String missing, shorter, or longer or if IUD/IUS partially or completely expelled

Intrauterine Device (IUD/IUS)

Follow-up:

- Return to clinic after next menses for recheck (no longer than 3 month)
- Return to clinic annually for PE and when IUD expires (method needed to prevent pregnancy)
- Refer to NP/local provider for removal

Intrauterine Device (IUD/IUS)

Title X patients:

- Paragard – Request IUD kit from Paragard Patient Assistance Program
1-800-425-3122 or www.paragard.com for request information
- Mirena – Request Mirena IUS kit form the Arch Foundation 1 - 877-393-9071 or www.archfoundation.com for application
- Liletta – Liletta Patient Savings Program and Liletta Access Connect 1-855-Liletta(545-3882) Mon.-Friday 8am-8pm ET

Intrauterine Device (IUD/IUS)

Also request funding for insertion/removal:

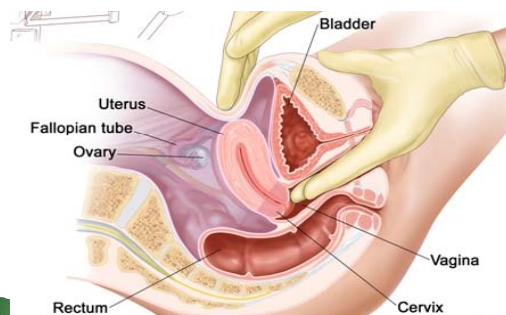
- Request approval from the Division of Women's Health (County to State – does not go through District)
- See "ADPH Request Form for Family Planning Funding," Tools/Forms
- If referring to outside provider, provider must be under contract with ADPH prior to procedure

Intrauterine Device (IUD/IUS)

Female Reproductive System

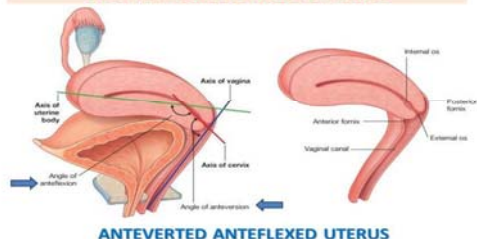


Intrauterine Device (IUD/IUS)



Intrauterine Device (IUD/IUS)

USUAL POSITION OF UTERUS



ANTEVERTED ANTEFLEXED UTERUS

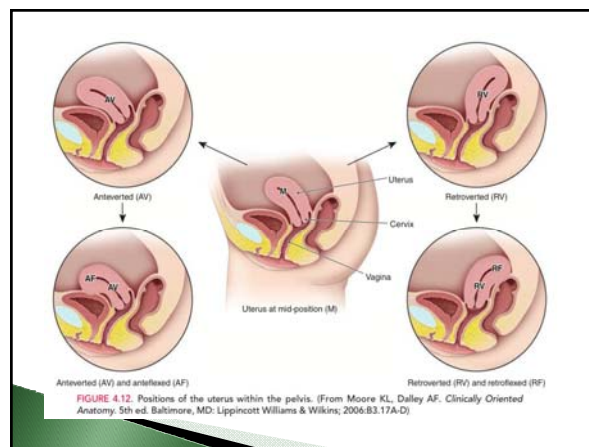
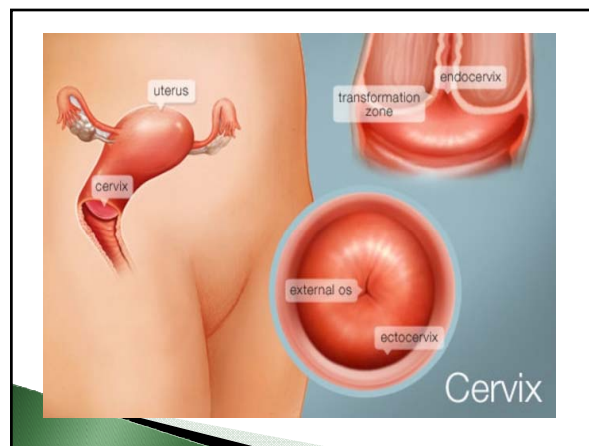


FIGURE 4.12. Positions of the uterus within the pelvis. (From Moore KL, Dalley AF. Clinically Oriented Anatomy. 5th ed. Baltimore, MD: Lippincott Williams & Wilkins; 2006:83.17A-D)

Instruments and Supplies

- ▶ IUD in unopened, undamaged, sterile package
- ▶ Speculum
- ▶ Tenaculum
- ▶ Uterine sound
- ▶ Ring forceps
- ▶ Sharp Mayo scissors (curved preferable)
- ▶ Narrow forceps (uterine dressing or sponge)





Intrauterine Device (IUD/IUS)

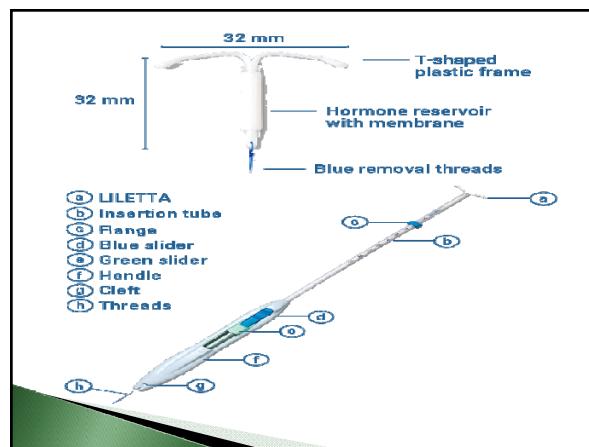


IUD Insertion Procedure:

Step 2: Sound the Uterus

- Clean the cervix with an antiseptic solution.
- Apply a tenaculum to the cervix.
- Gently pull the tenaculum to align the uterus, cervical opening, and vaginal canal.
- Insert the uterine sound into the vagina and through the cervical opening.
- Advance the sound into the uterine cavity until a slight resistance is felt.
- Slowly withdraw the sound and assess the level of mucus/blood to determine the depth of the uterus (average depth is 6 to 8 cm).

Session IV, Slide #9



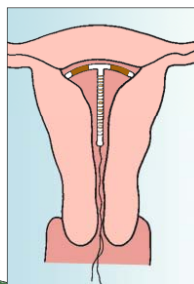
Intrauterine Device (IUD/IUS)

Using sterile technique, load the IUD/IUS following the manufacturer's instructions (these vary with each manufacturer and should be followed exactly), insert the IUD/IUS according to specific manufacturer's instructions

Trim the strings according to manufacturer's instructions

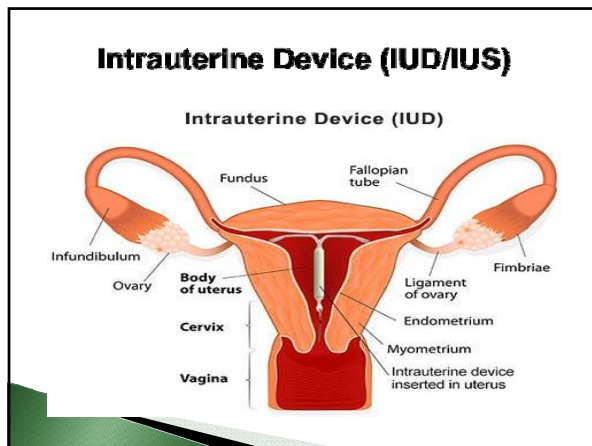
Record the lot number of IUD/IUS in medical record

Cut IUD Strings



- ▶ Use sharp Mayo scissors to cut the IUD strings at 3–4 cm from the cervical opening
 - If scissors are dull, IUD strings may get caught in blades.

Intrauterine Device (IUD/IUS)



Intrauterine Device (IUD/IUS)

Show Insertion video of Liletta

Liletta IUS

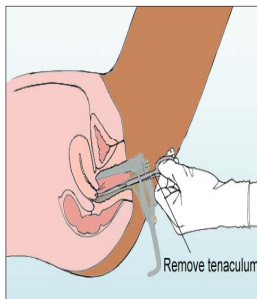
Key points to remember for insertion:

- ▶ Load the Insertor ("T" is horizontal; ensure both sliders fully forward and aligned at markings)
- ▶ Maintain forward pressure on blue slider and pull threads straight back until you feel a hard stop – pull & lock threads either forward or backward at bottom of handle; continue forward pressure on blue slider to maintain hemispherical dome tip
- ▶ Adjust the flange to measured uterine depth based on sounding
- ▶ Apply gentle traction on the tenaculum and insert the loaded IUS tube through the cervical os (maintain forward pressure on the blue slider)

Intrauterine Device (IUD/IUS)

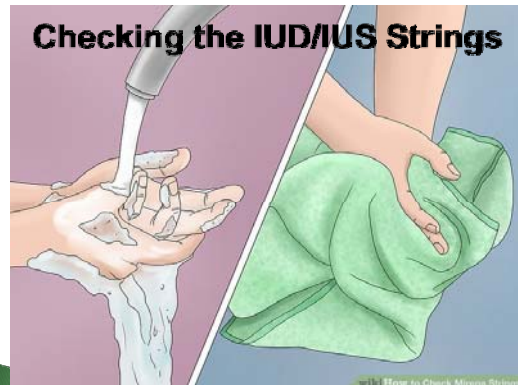
- ▶ Advance the inserter tube until the upper edge of the flange is 1.5 to 2.0 cm from the external cervix
- ▶ Gently slide the blue slider back until the blue and green sliders form a common thumb access (IUS arms will open – wait 10 – 15 seconds to allow fully open)
- ▶ Maintain slider position & advance the inserter to the fundal position – flange should be at top of cervix
- ▶ Move both sliders down the handle until audible click is heard; make sure threads are released and the green indicator at the bottom of the handle is visible
- ▶ Remove the inserter from the uterus; cut the strings 3.0 cm outside cervix
- ▶ Insertion is complete!

Remove Tenaculum



- ▶ Gently remove the tenaculum
- ▶ Observe the woman's cervix for bleeding
- ▶ If there is bleeding, hold large swab to site or use gauze nugget with ring forceps to apply pressure

Checking the IUD/IUS Strings





What to remember

- Your kind of IUD: _____
- When to have IUD taken out: _____
- Bleeding changes and cramps are common. Come back if they bother you.
- Come back for a check-up in 3 to 6 weeks or after next menstrual period

Anything else I can repeat or explain?
Any other questions?

See a nurse or doctor if:

- Missed a menstrual period, or think you may be pregnant
- Could have an STI or HIV/AIDS
- IUD strings seem to have changed length or are missing
- Bad pain in lower abdomen

Intrauterine Device (IUD/IUS)

Expired IUD can be left in place due to foreign body effect until another method can be initiated

IUD Removal Procedure

- Counsel client that cramping/bleeding may occur.
- Follow infection prevention guidelines.
- Perform bimanual exam.
- Insert vaginal speculum and visualize strings. Grasp strings close to the cervix with ring forceps

IUD Removal Procedure

- Apply slow, gentle firm traction with ring forceps to avoid breaking strings.
- Show to patient & then dispose properly according to guidelines. (clinician inspect device to ensure intact)
- Insert a new IUD immediately following removal (if desired).
- Refer difficult removals or f/u per protocol if strings not visible.

Intrauterine Device (IUD/IUS)

Problems & Management – Refer to protocol

1. Significant bleeding – see page 8
2. Cramping & pain – see page 9
3. Expulsion/lost IUD string – see page 9
4. Embedded or perforated IUD – see page 10
5. Actinomyces on pap smear – see page 10
6. Vasovagal response – see page 10
7. IUD removal – see pages 10 - 11
8. Deferred PE/Postpartum – see page 11

**Contraception is
safer
than a pregnancy**

Intrauterine Device (IUD/IUS)

Coding (Medicaid) : Insertion 58300 Device J7300

Pregnancy test 81025 (Z32.02) V72.41

Office visit; choose one (E & M) 99213 – 99215

Initial exam with IUD insertion 992015 (Z30.430)

Annual exam with IUD insertion 99214 (Z30.430)

Revisit with IUD insertion 99213 (Z30.430)

Intrauterine Device (IUD/IUS)

Coding (Medicaid) : Removal 58301

Pregnancy test 81025 (Z32.02)

Office visit; choose one (E & M) 99213-99215

Initial exam with IUD removal 99205 (Z30.432)

Annual exam with IUD removal 99214 (Z30.432)

Revisit with removal 99213 (Z30.432)

Intrauterine Device (IUD/IUS)

Coding Medicaid Removal & insertion IUD – same day: Insertion 58300 Removal 58301 Device J7300

Z30.433 Encounter for removal & insertion of IUD

Z 30.432 Encounter for removal IUD (V72.41)

Z30.430 Insertion IUD

Z32.02 pregnancy test (ICD-9 V72.41)

99205 Office Outpatient - New patient, Revisit 99213 Modifier FP, 25

J7300 Intrauterine copper contraceptive

81025 Urine pregnancy test

Intrauterine Device (IUD/IUS)

Coding Blue Cross/Blue Shield:

Z30.430 encounter for insertion of IUD

Z32.02 Encounter for pregnancy test (neg.)

Office visit - 99212 or 99213 (revisit or deferred), 99214 (annual), or 99205 (Initial)

IUD Paragard – J7300 (\$648.84)

Mirena – J7302 (\$659.25)

Insertion 58300 (\$119.00)

Removal 58301 (\$50.00)

Intrauterine Device (IUD/IUS)

References

ADPH Family Planning Protocol, CPM-FP, "Intrauterine Device/System," 2018

Genzell-Danielsson, K., Mansour, D., Fiala, C., Kaunitz, A.M., and Bahamondes, L., "Management of pain associated with the insertion of intrauterine contraceptives," *Human Reproduction Update*, doi:10.1093/humupd/dmt022.

Hatcher, R.A., Nelson, A.L., Trussell, J., Cates, W., Jr., Stewart, F.H., Kowal, D., *Contraceptive Technology*, 20 ed. (2011). New York, N Y: Ardent Media, Inc.

Liletta: Odyssey Pharma SPRL and Allergan/Medicines 360, 2018.

"Long-acting reversible contraception: Implants and intrauterine devices." Practice Bulletin No. 186. American College of Obstetricians and Gynecologists. *Obstetrics & Gynecology*, November, 2017; 130; e251-69.

Intrauterine Device (IUD/IUS)

Mirena: Bayer HealthCare Pharmaceuticals, Inc. package insert, June, 2017.

Paragard: Cooper Surgical, Inc. Placement Training Guide, rev. January, 2018.

Tristan, S., and Dermish, A. "Tackling the difficult IUD insertion," *Contemporary OB/GYN*. 63, No.6. June, 2018.

"U.S. Medical Eligibility Criteria (MEC) for Contraceptive Use." *MMWR*, 65, No.3. July, 2016.

"U.S. Selected Practice Recommendations (SPR) for Contraceptive Use." *MMWR*, 65, No.4. July, 2016.

