Intrauterine Devices (IUDs)

Introduction

IUDs are safe and very effective for many years. They provide reversible contraception that requires little action on the part of the user. IUDs do not have any systemic effects, interfere with intercourse or require the active participation of a partner. After the first follow-up visit, IUDs require only routine yearly examinations.

Currently Available Copper IUDs

TCu 380A  TCu 220  TCu 200  Nova T  Multiload 375

Mechanisms of Action of Copper IUDs

Research has proven that the IUD is not an abortifacient — its primary mechanism of action is to prevent fertilization rather than implantation. Although the mechanisms which prevent fertilization are not precisely known, studies suggest that the copper released into the uterine cavity acts to impair the viability of the sperm or interfere with their movement.

IUD Safety

Reducing Risks

The risk of perforation, expulsion, and pelvic inflammatory disease is generally low, but can be further decreased when providers

- carefully screen clients
- use sterile IUDs and equipment
- follow infection prevention procedures
- correctly insert and place the IUD
- counsel clients about when to return to the clinic
- provide proper follow-up care

Screening

Who Can Use Copper IUDs

Any woman who wants long-term, effective, reversible contraception can use IUDs.

IUDs are especially suited for women who are

- at low risk for STIs

IUDs may be used by women who are

- young
- nulliparous
- at general risk for STIs

Copper IUDs Usually Not Recommended for Women with

- high individual risk for STIs or AIDS. (If no other method is available or acceptable and the client chooses an IUD, counsel her to also use another method to prevent the transmission of disease)
- benign trophoblastic disease

Copper IUDs Should Not Be Used by Women with

- known or suspected pregnancy
- current STIs, PID or purulent cervicitis
- cervical, endometrial cancer, or unexplained vaginal bleeding
- malignant trophoblastic disease or known pelvic tuberculosis
- uterine distortion that impedes correct IUD placement
- infection following childbirth or incomplete abortion

Counseling

If a woman wishes to use the IUD, be sure to discuss the following issues with her

- characteristics of IUDs
- client’s risk for STIs
- effectiveness and how the IUD works
- insertion and removal procedures
- instructions for use and follow-up visits
- possible side effects and complications
- signs of possible complications

Common Side Effects

During insertion: some pain and cramping
First few days: mild cramping and bleeding
First few months: heavier menstrual bleeding
mild intermenstrual cramping
intermenstrual bleeding

Artwork adapted from PATH and The Population Council
Instructions for Use and Follow-up Visits
Teach the woman to feel for the IUD strings
• with clean fingers
• after each menses (expulsion most likely in the first six months)
Schedule follow-up visits at
• three to six weeks after insertion
• one year, if no problems; yearly thereafter
Encourage her to return to the clinic if she has any questions, problems or signs of complications.

Management of Complications

<table>
<thead>
<tr>
<th>If a client returns to the clinic with:</th>
<th>Check for:</th>
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<tbody>
<tr>
<td>Severe bleeding or abdominal cramping in the first 3-5 days</td>
<td>Perforation or infection</td>
</tr>
<tr>
<td>Irregular bleeding and /or pain every cycle</td>
<td>Dislocation or perforation</td>
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<tr>
<td>Fever, chills, or unusual vaginal discharge</td>
<td>Infection</td>
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<tr>
<td>Pain during intercourse</td>
<td>Partial expulsion, perforation or infection</td>
</tr>
<tr>
<td>Missed period, expelled IUD</td>
<td>Pregnancy; if pregnant, check for ectopic</td>
</tr>
<tr>
<td>Shorter, longer, or missing string</td>
<td>Expulsion or perforation</td>
</tr>
<tr>
<td>A request that the IUD be removed</td>
<td>Remove it promptly</td>
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</tbody>
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Insertion Issues
Timing of Insertion
Interval: anytime other than the four weeks following delivery
Postpartum: preferred within 10 minutes after placental expulsion; acceptable up to 48 hours, or wait until four weeks postpartum
Postcesarean: directly following delivery
Postabortion: anytime, if during first trimester
if second trimester, insertion must be performed by a specially trained provider, or delayed for four weeks

Infection Prevention
• wash hands
• wear sterile gloves
• carefully disinfect the vagina and cervix
• use sterile IUDs and sterile or high-level disinfected equipment
• properly decontaminate instruments after use
• safely dispose of contaminated waste materials

Reducing Risks during Insertion
• follow infection prevention procedures
• follow manufacturer’s instructions for insertion technique
• use IUD only if sterile package is not damaged or opened and has not expired

Tarnished or discolored IUDs are still effective.

Programmatic Issues
Provider Training
Practice
• interval and postpartum insertions and removals
• with different types of IUDs
• with plastic pelvic models
• in supervised clinical setting

Level of Health Care Provider
IUDs can be inserted and removed by any trained provider, including nurses and midwives.

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