Identification of the Intrauterine Contraception (IUC) Candidate

DEFINITION	Intrauterine Contraception (IUC) is a flexible, polyethylene device with copper or levonorgestrel added that is inserted into the uterus to prevent pregnancy. There are five intrauterine contraception devices available in the U.S. The ParaGard T380A Copper is approved for 10 years of use. The Mirena 52 mg levonorgestrel is approved for 6 years of use. The Skyla 13.5 mg levonorgestrel is approved for 3 years of use. The Liletta levonorgestrel 52 mg IUC is approved for 6 years of use. The Kyleena 19.5 mg IUC approved for 5 years. The criteria for candidacy for each type of IUC are similar with a few exceptions noted. Intrauterine contraception is safe for most women, including teens and HIV-positive women. Medical eligibility criteria and the clinician's discretion are used when determining if a woman is a good candidate.
SUBJECTIVE	Should include: 1. LMP 2. Medical, sexual, and contraceptive use history: initial or update, as appropriate. Must exclude: 1. Any method specific Category 4 conditions from the CDC MEC table Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use. (cdc.gov)
OBJECTIVE	Should include: 1. Age appropriate physical examination, as indicated. 2. A pelvic exam to determine uterine size, position and exclude cervical motion tenderness. 3. A uterine size obtained through sounding of 6-9cm, is advised for the copper IUC. Mirena uterine size is indicated 6-10cm. Liletta uterine size is indicated 5.5 cm and does not have maximum written. 4. In women with acute pelvic infections including PID, endometritis, postpartum sepsis, immediate post-septic abortion, mucopurulent cervicitis, and pelvic tuberculosis, do not place the IUC until resolved.
LABORATORY	May include: 1. A negative pregnancy test. 2. A test to rule out GC and chlamydia. It is NOT necessary to delay IUC placement until results are available.
ASSESSMENT	Candidate for IUC use.
PLAN	1. If patient has copper allergy, Wilson's disease, anemia (Hgb <9g/dL), excessive menstrual bleeding, or severe dysmenorrhea, consider placement for LNG-IUS rather than the copper IUC. 2. Some providers recommend nonsteroidal anti-inflammatory agent 1-2 hours prior to IUC insertion. 3. Misoprostol may be of benefit for patients in whom insertion is difficult or has failed. Misoprostol regimens vary: 100-200mcg tablet can be administered vaginally, buccally, or sublingually a minimum of 2-3 hours before insertion. May be self-administered the evening before the procedure. 4. Provide interim birth control method if IUC is to be inserted at another date. 5. Review and sign consent. 6. Insert IUC (see insertion technique per manufacturer's instructions). 7. If clinician does not insert the IUC or insertion has failed, refer patient. 8. If IUC expulsion occurs within 3 months after insertion, consult with pharmaceutical representative for possible free replacement of the device.

	9. The Cu-IUD also can be inserted within 5 days of the first act of unprotected sexual intercourse as an emergency contraceptive. If the day of ovulation can be estimated, the Cu-IUD also can be inserted >5 days after sexual intercourse as long as insertion does not occur >5 days after ovulation.
CLIENT EDUCATION	1. Provide education handout(s). Review manufacturer's inserts. Review symptoms, complications, and danger signs. 2. Review safer sex education (women who are at risk of acquiring STIs should be advised to use condoms but are generally still good candidates for IUC). 3. Discuss the expected short-term side effects following placement, including unscheduled bleeding and cramping. Advise that these symptoms should subside. 4. Recommend client RTC PRN for problems and annually.
CONSULT/ REFER TO PHYSICIAN	1. Any client with precautions listed on the U.S. Medical Eligibility Criteria for Contraceptive Use. 2. STAT MD referral for any client with symptoms of perforation (i.e., excessive uterine depth on sounding, lack or loss of uterine resistance during sounding or IUC insertion, client with symptoms of tachycardia, diaphoresis, hypotension, unusual bleeding, syncope, or intense pelvic pain). 3. Any client with difficult insertion.

References:

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