



Intrauterine Contraception (IUC) Removal

DEFINITION	This protocol covers the steps to follow in removing a client's IUC.
SUBJECTIVE	May include: <ol style="list-style-type: none">1. LMP2. Medical, sexual, and contraceptive use history: initial or update, as appropriate.3. History of any recent intercourse if client not currently menstruating.4. Documentation of reason for IUC removal request.
OBJECTIVE	May include: <ol style="list-style-type: none">1. BP2. Pelvic exam
LABORATORY	May include: <ol style="list-style-type: none">1. Sensitive urine pregnancy test if client not menstruating (If positive, see IUC Complications protocol)2. Hemoglobin (if history of excessive bleeding)3. STI screening as indicated
ASSESSMENT	IUC removal candidate
PLAN	<ol style="list-style-type: none">1. Obtain patient documented consent2. May medicate with 400mg-800mg of Ibuprofen 30 minutes prior to removal.3. If removing IUC following PID diagnosis, antibiotics should be initiated prior to removal to decrease risk of bacteremia (See PID protocol***)4. If IUC thread is visible:<ol style="list-style-type: none">a. Remove IUC (See Contraceptive Technology IUC removal technique). Grasp the strings close to the os and apply gentle steady traction and remove the IUC slowly.5. If IUC string(s) missing or break during removal attempt, refer to IUC Complications.6. If client desires contraception:<ol style="list-style-type: none">a. May insert another IUC this same visit if the client has. No absolute contraindications.b. Provide another birth control method (refer to specific contraceptive protocol).c. Removal may be carried out during menses, If it is to be removed any other time, and requests another form of birth control, consider starting that method one week before removal. If removal occurs outside of the regular menses. EC may be provided if last sexual intercourse was less than 5 days prior to the IUC removal.
CLIENT EDUCATION	<ol style="list-style-type: none">1. Provide education handout(s). Review symptoms, complications, and danger signs.2. Review safer sex education, as appropriate.3. If client is seeking pregnancy, provide preconception counseling.4. Recommend client to RTC annually or PRN for problems.
CONSULT/ REFER TO PHYSICIAN	<ol style="list-style-type: none">1. Client who requires antibiotic prophylaxis against endocarditis unless she has been previously evaluated by MD.2. Client with difficult IUC removal.3. Any client who is pregnant.



References:

1. Hatcher RA, Nelson A, Trussell J, Cwiak C, Cason P, Policar MS, Edelman A, Aiken ARA, Mrazek J, Kowal D, eds. Contraceptive Technology. 21 edition. New York, NY: Ayer Company Publishers, Inc., 2018. pp 176-179, 180 (Retrieved 4/2/2020)
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5. Skyla_PI.pdf (bayerhealthcare.com) 2021
6. untitled (netdna-ssl.com) Paragard 2020.
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