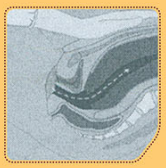
- Grasp IUCD with PPIUCD forceps in the sterile package using a no-touch technique
- Apply gentle traction on the anterior lip of the cervix using the ring forceps and insert IUCD into the lower uterine cavity
- Once the PPIUCD forceps is in the lower uterine cavity remove ring forceps and push the entire uterus superiorly (upward), with left hand placed on abdomen
- Gently move PPIUCD forceps upward towards the fundus following the curve of the uterine cavity
- When end of PPIUCD forceps reaches the uterine fundus open the forceps and release the IUCD at the fundus. Sweep PPIUCD forceps to side wall of the uterus and slowly remove the forceps from uterine cavity, keeping it slightly open
- Examine the cervix to ensure there is no bleeding. If IUCD or threads is seen protruding from cervix, remove and reinsert
- Remove all instruments used and place them in 0.5% chlorine solution for 10 minutes for decontamination
- Allow the woman to rest for a few minutes. Support the initiation routine postpartum care, including immediate breast feeding
- Provide IUCD card showing type of IUCD and date of insertion



IUCD CARD

Name of the Facility: ..... Kit No. .....

Client's Name: ..... Husband's Name: .....

Address: ..... Tel. No. .....

Age: ..... Name of Facility: ..... Type of IUCD: Cu-T 380A / Cu-T 200B/ Cu-T 200C/ Cu-T 200 Ag

Parity: ..... Timing of Insertion: Immediate (Within 10 minutes) PPI/Postpartum (within 48 hours) / Interval - Medical Officer / Staff Nurse / LHV / ANM

Date of Last Child Birth/Abortion: ..... Name of the Provider: .....

LMP: ..... Signature: .....

Visits	Date	Follow Up Visits			Finding/Advice given
		Number	Condition		
1st Follow-up					
2nd Follow-up					
3rd Follow-up					
4th Follow-up/Exit					

IUCD Discontinued: ..... Reason for Removal: .....

Alternate Contraceptive Method Provided: ECP/P/Condom/Cu-T 380A/Cu-T 200B/Cu-T 200C/Cu-T 200 Ag/ IUD Re-Insertion: .....

Please tear off and give to client

Name of the Facility: ..... Type of IUCD: Cu-T 380A / Cu-T 200B/ Cu-T 200C/ Cu-T 200 Ag

Name of the Client: ..... Timing of Insertion: Immediate (Within 10 minutes) PPI/Postpartum (within 48 hours) / Interval

Name of the Child Born: ..... Provider - Medical Officer / Staff Nurse / LHV / ANM

Husband's Name: ..... Name of the Provider: .....

Age: ..... Parity: ..... Signature: .....

Visits	Date	Follow Up Visits			Finding/Advice given
		Number	Condition		
1st Follow-up					
2nd Follow-up					
3rd Follow-up					
4th Follow-up/Exit					

"Swasthya,Suraksha aur Aazadi; Khushiyan Laaye IUCD"

How to remove an IUCD safely?

- Prepare the client- Give the women a brief overview of the procedure. Ask the client to urinate before the procedure.
- Ensure that all instruments are sterilized or HLD done
- Put sterilized/HLD gloves on both hands.
- Insert a speculum and visualize the cervix and the strings.
- Cleanse the cervix and vagina with an appropriate antiseptic solution
- Alert the woman before you remove the IUCD
  a. Ask her to take slow, deep breaths and relax
  b. Inform her that she may feel some discomfort and cramping, which is normal
- Grasp the IUCD strings with straight forceps and apply gentle traction.
- Show the woman the IUCD and place used instruments and place it in 0.5% chlorine solution for 10 minutes for decontamination
- Counsel the client about other family planning methods
- Insert a new IUCD as per the choice of the client if the woman so desires and there are no contra-indications to continued use.
- Record the client and procedure details in IUCD card .

Follow up:

- Clients must return after their first menstruation following the IUCD insertion or 6 weeks after delivery.
- Report immediately if any of the following happens (warning signs):
  a. P - Periods are missed or only spotting
  b. A - Abdominal pain, pain during intercourse, severe cramps
  c. I - Infection(Local) or foul smelling discharge
  d. N - Not feeling well, fever, chills with lower abdominal pain
  e. S - Spontaneous expulsion

Clearing Misconceptions about IUCD

- IUCD does not cause weight gain
- IUCD does not cause infertility
- IUCD cannot leave the uterus and travel to distant parts of the body
- IUCD can be used by women who have had a caesarean section
- IUCD does not increase risk of infection
- IUCD does not cause discomfort during sex for either the woman or for her husband
- IUCD does not increase the risk of pregnancy outside uterus (Ectopic pregnancy)
- IUCD does not cause cancer
- IUCD does not cause birth defects in next baby

What is Intra Uterine Contraceptive Device (IUCD)

INFORMATION FOR CLIENTS

What is Intra Uterine Contraceptive Device (IUCD)?

- It is a highly effective, long acting, reversible family planning method
- It is a small device made of plastic and copper that is inserted in the uterus.
- There are two types of IUCDs - Cu IUCD 380A, which is effective for 10 years & Cu IUCD 375, which is effective for 5 years.

How does IUCD work?

- It prevents fertilization of ovum by sperm.
- It prevents implantation of fertilized ovum in uterine cavity.

Mode of Action, effectiveness & side-effects of interval IUCD and PPIUCD are same.

Who can use IUCD? (Use Medical Eligibility Criteria for ensuring client's eligibility for IUCD insertion)

- Can be used by all women in the child bearing age group who want spacing between births
- Those women who have had a caesarean section delivery
- Women who do not wish to undergo sterilzation, but want an effective long term contraceptive method
- It can also be used as an emergency contraception if inserted within 5 days of an unprotected intercourse.

When should IUCD be inserted?

- Interval
  - a. Anytime during the menstrual cycle after reasonably excluding pregnancy
  - b. 6 weeks after delivery
  - c. Immediately after MTP/abortion, after excluding infection
- Post Partum IUCD
  - a. Post placental (10 mins. after removal of placenta)
  - b. Immediate post-partum (within 48 hours of delivery)
  - c. Intra-caesarean (During a caesarean section delivery)

IUCD should not be inserted between 48 hrs. to 6 weeks following delivery

What are the advantages of IUCD?

- Provides highly effective, long term, and reversible protection against pregnancy
- Does not require daily attention from the user or special attention before sexual intercourse
- Is effective immediately after insertion
- Can be used by lactating women
- Once removed there is immediate return to fertility
- Does not have hormonal side-effects or interact with any medicines that one may be taking
- Is an effective long-term contraceptive method for couples who do not wish to undergo sterilization.

Are there any side-effects of IUCD use?

- One may experience slight bleeding or spotting immediately after insertion,This is not menstrual bleeding. One can perform all household chores
- Discomfort or cramps after IUCD insertion for the next few days
- There may be some increase in the duration/amount of menstrual bleeding or intermittent spotting during the first few menstrual cycles

Side effects are only temporary and subside in due course of time

Who should not use IUCD

For Interval IUCD:

- Women who are pregnant.
- Women who have purulent vaginal discharge (having Chlamydia and Gonorrohea infection)
- Have had STI or pelvic inflammatory disease in the last three months (IUCD can be inserted after treatment unless re-infection is likely)
- Have any gential cancer or uterine anomalies
- Have unexplained vaginal bleeding
- Women who have AIDS but are not on ARV therapy
- Immediately after septic abortion
- Immediately after puerperal sepsis
- Unresolved post-partum hemorrhage

For PPIUCD:

- Prolonged rupture of membranes (ROM) > 18 hours
- Chorioamnionitis

How to insert IUCD safely?

Interval IUCD: Screening and counseling of the client should be done as per GOI guidelines on IUCD. Using gentle, 'no-touch technique throughout, perform the following steps:

- Prepare the client
- Give the woman a brief overview of the procedure
- Ask her to urinate before the procedure
- Remind her to let you know if she feels pain
- Check for instruments (ensure that all instruments are sterilized /High level disinfected)
- Put a pair of sterilized/HLD gloves on both hands
- Insert the speculum and visualize the cervix
- Cleanse the cervix and vagina with an appropriate antiseptic solution (Povidone Iodine or Chlorhexidine)
- Gently grasp the cervix with the volsellum and apply gentle traction
- Carefully insert the uterine sound; gently advance the sound into the uterine cavity, and STOP when a slight resistance is felt.
- Note the direction of the cavity and the length of the uterus. Gently remove the sound.
- Load the IUCD using no touch technique and Adjust the position of the guard according to uterine length
- Carefully insert the loaded IUCD
- Gently advance the IUCD into the uterine cavity and STOP when the cervical guard comes in contact with the cervix or slight resistance is felt Insert IUCD by withdrawal technique and NOT by pushing
- After insertion cut the thread appropriately (about 3-4 cms below os)
- Gently remove the volsellum and put it in 0.5% chlorine solution for 10 minutes for decontamination
- Examine the woman's cervix for bleeding, if any
- Gently remove the speculum and put it in 0.5% chlorine solution for 10 minutes for decontamination
- Allow the woman to rest for a few minutes
- Record the client and procedure details in IUCD card
- Counsel the client about
  - a. Follow-up
  - b. Likely side-effects

Post Partum IUCD

- Check woman's record to ensure that she is an appropriate client for IUCD and she has given her consent
- Confirm that HLD/ sterile instruments, supplies and light source are available in the labour room. Talk to the woman with kindness and respect
- Perform hand hygiene and put HLD or sterile gloves
- Arrange instruments and supplies on sterile tray or draped area
- Inspect perineum, labia and vaginal walls for lacerations
- Gently visualize cervix by inserting a Sims speculum
- Gently clean cervix with Povidone Iodine or Chlorhexidine
- Gently grasp the anterior lip of the cervix with the ring forceps upto the first lock