

Primary Health Care Initiatives (PHCI) Project
 Contract No. 278-C-00-99-00059-00
 Abt. Associates Inc.

COMPETENCY GUIDELINE

IUD INSERTION

_____ Name of Trainee _____ Name of Trainer _____ Date

Step	Task	Procedures Observed		
		1	2	3
1.	Confirm that patient has received adequate counseling about family planning methods, and that she has selected the IUD as best for her situation			
2.	Confirm that patient does not have contraindications: <ul style="list-style-type: none"> • pregnancy (using pregnancy questionnaire or preg. test) • recent or high risk for STD or PID • cancer of cervix, uterus or ovaries, or hydatid mole • pregnancy related infection (infected abortion or delivery) • endometriosis (persistently painful menstrual periods) • unexplained vaginal bleeding • anemia • between 48 hours and 4 weeks postpartum 			
3.	Explain IUD insertion procedure and answer questions			
4.	Ask patient to empty her bladder			
5.	Position woman appropriately on examination table with feet in stirrups			
6.	Drape woman appropriately			
7.	Position light for good illumination of cervix			
8.	Open IUD insertion instrument package			
9.	Put gloves on both hands			
10.	Perform pelvic examination, Pap and specimen collection as appropriate, and bimanual examination for uterine size and position according to protocol			
11.	Remove and dispose of gloves, and replace with sterile gloves			
12.	Using sterile, no-touch technique – bend IUD arms into inserter tube through package, and open package			

13.	Insert sterile vaginal speculum			
14.	Swab vagina and cervix with appropriate antiseptic solution twice			

15.	Grasp anterior os of cervix with tenaculum			
16.	Sound uterus with appropriate instrument, and record depth of uterine cavity			
17.	Set depth gauge of IUD inserter according to measured uterine depth, and confirm that gauge is in same plane as the IUD arms			
18.	Insert IUD slowly and gently into uterus without touching speculum or vaginal walls. Stop if any significant resistance is felt			
19.	Hold white rod in one position, and release IUD arms by pulling inserter tube toward you, NOT by pushing on white rod			
20.	Once IUD arms are released, gently push inserter tube into uterus until slight resistance is felt – to seat IUD at top of uterus			
21.	Remove inserter tube and white rod, and cut strings to 3-4 cm. with scissors			
22.	Remove tenaculum, and apply pressure with cotton ball on ring forceps if any significant bleeding			
23.	Remove speculum – place all instruments in disinfectant solution			
24.	Observe woman for at least 15 minutes before releasing to home			
25.	Counsel woman to return immediately for any danger signs: <ul style="list-style-type: none"> • Persistent (not just occasional) cramping lower abdominal pain • Persistent vaginal discharge • Extremely heavy or prolonged menstrual periods • Cannot palpate IUD strings in vagina • Delayed menstrual period or symptoms of pregnancy 			