

# Postpartum IUD Insertion Training



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Convenient

Safe

Helps with  
pregnancy  
spacing

Access to  
services

Cost effective

Prevents lost  
opportunities

# Benefits of the Postpartum IUD



# Definitions



- **Postplacental insertion**
  - When the IUD is inserted within **10 minutes** after the expulsion of the placenta following a vaginal delivery
- **Immediate postpartum insertion**
  - When the IUD is inserted after the postplacental period but within **48 hours** of a vaginal delivery
- **Transcesarean insertion**
  - When the insertion takes place following a **cesarean delivery**, before the uterine incision is closed
- **Interval insertion**
  - Insertion of the IUD at **≥ 4 weeks** postpartum

# CDC Medical Eligibility Criteria

**TABLE 1 Maternal condition postpartum**

	<b>CHC</b>	<b>POP</b>	<b>DMPA</b>	<b>Implant</b>	<b>IUS</b>	<b>IUD</b>
<b>Breastfeeding</b>						
<1 month	3	2	2	2		
>1 month	2	1	1	1		
<b>Not breastfeeding</b>						
<21 days	3	1	1	1		
≥21 days	1	1	1	1		
<b>Postpartum (in breastfeeding or nonbreastfeeding, including post-caesarean delivery)</b>						
<10 minutes after delivery of placenta					2	1
>10 minutes to <4 weeks					2	2
≥4 weeks					1	1
Puerperal sepsis					4	4

# Contraindications to the Postpartum IUD

1. Chorioamnionitis or Puerperal Sepsis
2. Postpartum hemorrhage
3. Current/untreated STI
4. Distorted uterine cavity (uterine anomaly or significant fibroids)
5. Malignancy of genital tract
6. Allergy to any component of the IUD
7. Wilson's disease (copper IUD only)
8. Current breast cancer (LNG-IUS only)



# **SPIRES Post Partum IUD insertion training demonstration**



<http://www.youtube.com/watch?v=uMcTsuf8XxQ>

# Postplacental IUD Insertion

## ● PRE-INSERTION

1. Confirm consent and desire for PP-IUD, and ensure no contraindications
2. Palpate the uterus to evaluate the height of the fundus
3. Cleanse the external genitalia and vagina with betadine
4. Place a clean drape over the patient's abdomen and under her buttocks
5. Change into new sterile gloves

**FIGURE 2** Instruments needed for postplacental insertion of an intrauterine device (PPIUD).

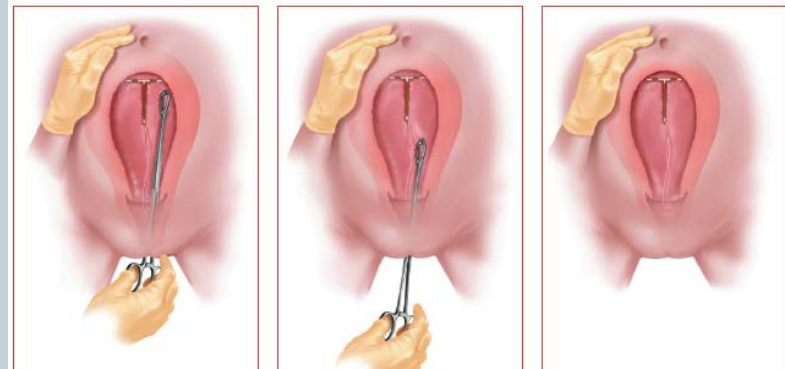
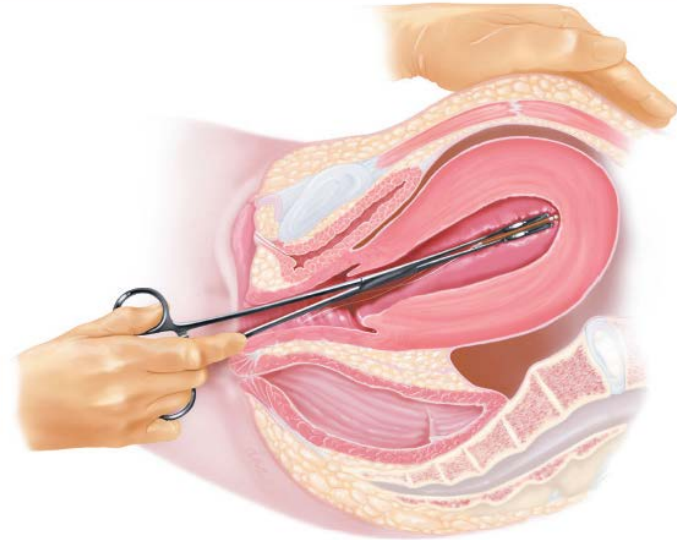


# Postplacental IUD Insertion

- **INSERTION – Ring Forceps Method**

1. Cleanse the cervix and vagina with betadine
2. Change into new sterile gloves
3. Grasp the anterior cervical lip with a ring forceps
4. Grasp the IUD with the ring forceps (DO NOT close the ratchets on the forceps)
5. Exert gentle traction toward yourself with the cervix-holding forceps
6. Insert the forceps holding the IUD through the cervix and into the lower uterine cavity (avoid touching the walls of the vagina)
7. Release the hand holding the cervix and place the hand on the abdomen, palpating the fundus
8. With the abdominal hand, stabilize the uterus with firm downward pressure
9. Move the IUD-holding forceps to the fundus
10. Open the forceps and release the IUD
11. Slowly remove the forceps from the uterine cavity, keeping it slightly open

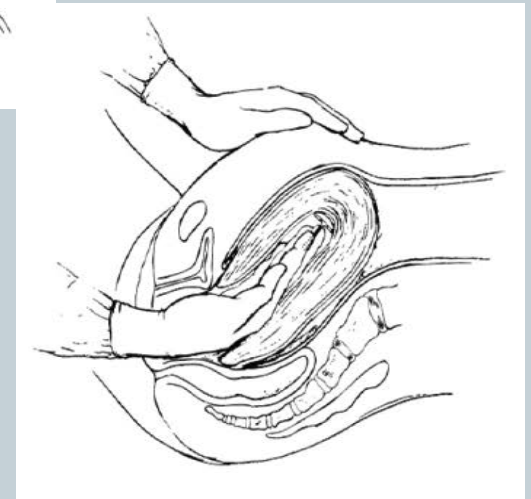
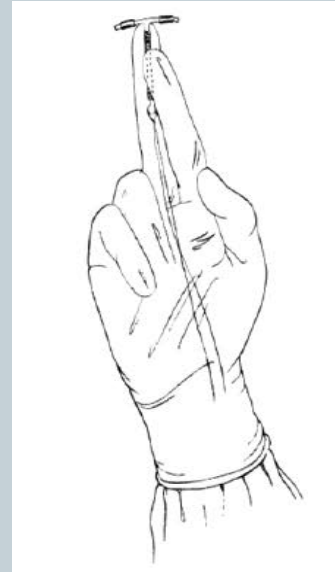
FIGURES 5-8 Technique for postpartum insertion of an intrauterine device.





# Postplacental IUD Insertion

- **INSERTION – Manual Insertion Method**
  1. Cleanse the cervix and vagina with betadine
  2. Change into new sterile gloves
  3. Grasp the IUD between your 2<sup>nd</sup> and 3<sup>rd</sup> fingers and insert your hand into the uterus, to the fundus, using your other hand to confirm fundal location
  4. Slowly open your fingers and remove your hand from the uterus



# Postplacental IUD Insertion

- **POST-INSERTION**

1. Examine the cervix for strings – if strings are visualized, cut the strings flush with the external cervical os
2. Remove the ring forceps from the anterior cervical lip and remove the speculum (if used)
3. Repair obstetrical laceration if indicated



# Trans-cesarean IUD Insertion



- **INSERTION**

1. After delivery of the infant and placenta, massage the uterus
2. Remove any tissue left in the uterine cavity by performing a routine sweep
3. Place the IUD at the uterine fundus
4. Place the IUD strings in the lower uterine segment near the internal cervical os. **DO NOT** pass the strings through the cervix because this may increase the risk of infection
5. Close the hysterotomy in the standard fashion, taking care not to incorporate the IUD strings into the uterine closure



# Complications



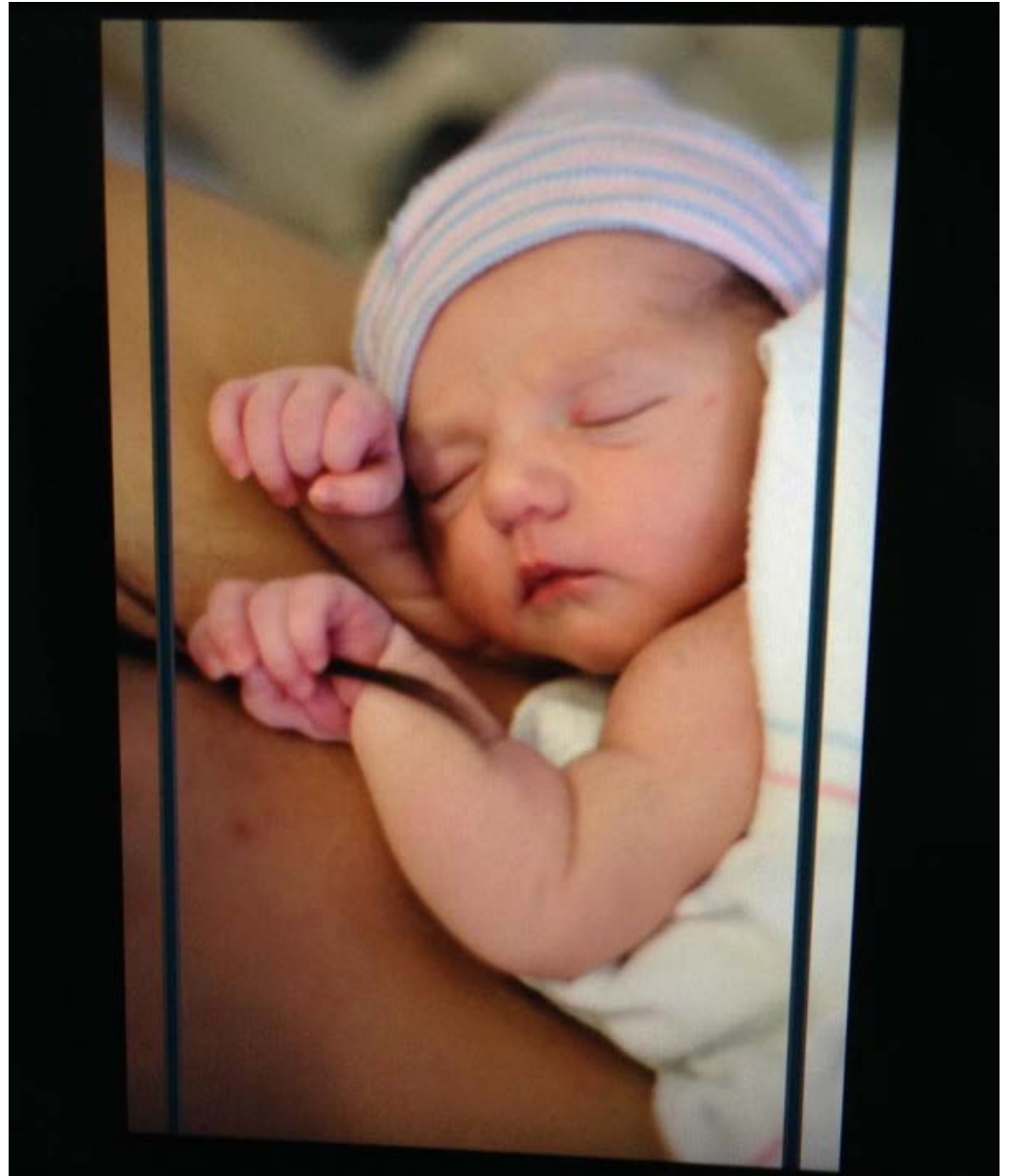
- **Insertion Related**

- Uterine perforation
- Cervical injury
- Severe pain
- Vasovagal reaction

- **Post-insertion**

- Botherous bleeding
- Cramping
- Infection
- Expulsion
- Malposition
- Missing strings
- Partner complaints about strings
- Failure (pregnancy)

**QUESTIONS?**



# References



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