## Two techniques of postplacental IUD insertion and proper location of IUD after insertion


A) IUD strings placed in palm of hand

B) Manual insertion at top of fundus


Use of ring forceps to insert IUD

Jody Steinauer MD MAS. "Using the Best Evidence to Select the Best Contraceptive", 2013.

## Steps

## 1) Determine patient eligibility.

Contraindications include chorioamnionitis, postpartum hemorrhage, untreated STI, abnormally shaped uterine cavity, or allergy to any component of the IUD.

## 2) Obtain informed consent.

Discuss goal of pregnancy prevention, alternative forms of contraception (including other methods or delayed insertion), and risks including perforation (very low), expulsion or malposition (about 20\%), or failure. Also counsel about expected side effects (i.e. changes in bleeding pattern) and that removal may be more difficult as strings may not be visible (curled within uterine cavity).

## 3) Gather supplies.

You will need a new set of sterile gloves, supplies to clean the perineum (Betadine/gauze), 1 or 2 ring forceps (depending on insertion method), and the IUD.

## 4) Insert the IUD.

After delivery of the baby and the placenta, ensure uterine tone and repair any heavily bleeding lacerations. (Full repair, if necessary, should be done after IUD insertion.) Change to new sterile gloves and clean the perineum. Remove the IUD from its package and from the inserter. Use a ring forceps to grasp the anterior lip of the cervix. Grasp the IUD as above - if using ring forceps, do not ratchet the forceps closed. Insert the IUD to the fundus - once the IUD has passed the internal os, move your non-dominant hand from the forceps on the anterior lip of the cervix to the fundus to provide pressure.

## 5) Complete any necessary perineal repair and provide standard postpartum care. DO NOT FORGET TO DOCUMENT THE INSERTION.

## 6) Provide follow up as necessary.

Encourage the patient to attend her postpartum visit or to call sooner with concerns including visualized expulsion, pain, or palpable or visible strings. String lengthening is common as the uterus involutes, but should be evaluated and strings can be trimmed for patient comfort.

