

## Immediate Postpartum Insertion of IUD

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## 1. Purpose of guideline

The purpose of this guideline is to facilitate the safe and effective use of immediate postpartum insertion of an IUD or IUS.

This guideline also describes the training process for staff who wish to insert an IUD after placental delivery and the information that staff should give to women.

## 2. Background

The Auckland District Health Board (Auckland DHB) Contraception after Delivery guideline advises that services should ensure that there are sufficient numbers of staff able to provide insertion of the IUD (intrauterine device) before discharge.

Immediate postpartum IUD insertion within the first 48 hours of a vaginal or caesarean delivery is a safe, convenient, and effective option for contraception. Post-placental refers to insertion within 10-15 minutes of placental delivery. Early insertion is from 10 minutes to 48 hours after delivery. Both provide immediate contraception without interfering with breast feeding. Insertion of an IUD at this time has not been associated with increased infection, uterine perforation or postpartum bleeding.

Insertion in the delivery room within 10-15 minutes of placental delivery is likely to be more convenient and practical for the woman. The cervix is open and pain relief is available. In addition, insertion at this time ensures that she will have her chosen method of contraception before discharge. The UK Medical Eligibility Criteria for Contraceptive Use for immediate postpartum IUD insertion is UKMEC 1 (A condition for which there is no restriction for the use of the method). A Cochrane review found that the expulsion rate was higher (OR 4.89) after immediate postpartum insertion compared to insertion 4-8 weeks later. However, use at six months was more likely (OR 2.04) after immediate insertion. Delay in initiating contraception is common in the postpartum period because of the challenges of caring for a new infant, and research has shown that only 48% of women return for the postpartum visit. Without the option of immediate insertion, many women may never return for services or may adopt less effective contraception.

## 3. Goals and objectives

Postpartum family planning aims to prevent unintended pregnancy and closely spaced pregnancies after childbirth.

Sufficient numbers of staff should be trained to able to provide post- placental insertion of the IUD.

## 4. Information for women

### 4.1 In the antenatal clinic

All staff involved with the care of women in pregnancy should provide the opportunity to discuss contraception in the antenatal period and clearly document the woman's decision. This discussion can be had a few times during the antenatal period. Women should be given verbal and written information about all contraceptive options available after delivery and given the opportunity to ask questions about contraception every time they are seen in the antenatal clinic.

They need to be aware that fertility may return quickly after childbirth. Non-use of any contraceptive method means that 85% will have a pregnancy in the next year. This compares to 18% with typical condom use, 9% with contraceptive pill use, 6% with the contraceptive injection and <1 % with IUD and contraceptive implant use. The discussion should include the increased risk of expulsion, up to 1 in 7 after immediate postpartum insertion compared to 1 in 20 women with insertion at other times.

If the decision is to have post-placental IUD insertion, the Intrauterine Device Insertion after Delivery pamphlet should be discussed and given to her. Find the pamphlet on the National Women's Health web site: click on Health Professionals > Clinical Resources > Patient Information Leaflets A-Z.

Inability to visualise the IUD strings during speculum exam occurs more frequently after post-placental IUD insertion. Women undergoing post-placental IUD insertion should be counselled that confirmation of the intrauterine location of an IUD might require use of ultrasound. However, strings may descend into the vagina with further involution of the postpartum uterus and thus may become visible over time after post-placental insertion.

Women choosing to have an IUD inserted should be followed up at around six weeks postpartum to check for expulsion.

## 5. Documentation

When the woman has decided on her method of contraception, there is a designated place on the risk sheet in HealthWare to document the woman's choice. The risk sheet is viewable in the front sheet in HealthWare as soon as the woman's record is opened so it should be clear to all staff if the choice is IUD insertion. Documentation that the insertion of the IUD has taken place should be made in the postnatal screen in HealthWare.

## 6. Staff training

Staff training for post-placental IUD insertion should include observing the technique and training using a uterine model. The Stanford Program for International Reproductive Education and Services (SPIRES) video Post Partum IUD Insertion Training Demonstration available on

youtube.com is one example of a video that provides instructions for building a postpartum uterine model and explains the technique for postpartum placement.

The trainee should be observed performing post-placental IUD insertion until deemed competent.

## 7. Supplies needed for IUD insertion after placental delivery

### 7.1 After vaginal delivery

- Sterile gloves
- Sterile IUDs (in package)
- Ring forceps (two)
- Plastic speculum or Sims retractor
- Scissors
- Adequate light source.

### 7.2 After caesarean section

- Sterile IUDs (in package)
- Ring forceps

Staff should ensure that contraceptive IUDs and the necessary equipment for their insertion are available at all times in the theatre or delivery room.

## 8. Methods of insertion

Follow the steps below to complete the methods of insertion procedure.

Step	Action
1.	Verify that this is the correct patient and that all the instruments required are in the room including the correct IUD type.
2.	Confirm the decision for IUD insertion.
3.	Obtain verbal consent and check that placement is within 10-15 minutes after placental delivery.

### 8.1 After Caesarean section.

Step	Action
1.	The IUD is inserted after removal of the placenta and before fully closing the uterine incision, if you are happy with haemostasis.
2.	After initiating closure of the uterine incision, the IUD is placed at the fundus manually, or with a ring forceps, and the string gently placed manually or with ring forceps into the cervix.
3.	After this is accomplished, hysterotomy closure can be completed.

### 8.2 After Vaginal Delivery

Step	Action
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Step	Action
1.	The IUD is inserted after removal of the placenta.
2.	Consider the cleaning the perineal area if needed.
3.	Palpate abdomen to assess the uterine height.
4.	Prepare IUD for insertion.
5.	Grasp the IUD with the ring forceps at the T junction – do not close the ratchet as this may damage the IUD.
6.	Grasp at a slight angle so that the ball of the stem and the strings are parallel to the forceps.
7.	The top of the IUD should be even with the tip end of the forceps, and the strings are guided away from the shaft of the forceps to avoid them being caught up when the forceps are removed. (When inserting the Mirena, forceps may not be needed as it has a longer inserting device.)
8.	Using a speculum/retractor, expose and visualise the anterior cervix.
9.	Grasp the anterior cervix with a ring forceps.
10.	While retracting gently on the cervix and under direct visualisation, introduce the IUD through the cervix into the lower uterus.
11.	Release the hand that was retracting the cervix and place it on the abdomen.
12.	Stabilise the uterus with this hand.
13.	Advance the IUD to the uterine fundus.
14.	Confirm fundal placement with both the abdominal hand and the inserting hand.
15.	Release the IUD from the forceps. Open as wide as possible.
16.	Withdraw the forceps. <ul style="list-style-type: none"> <li>• Strings may or may not be visualised at the cervical OS.</li> <li>• Bedside ultrasound to confirm placement may be done at the discretion of the placing provider.</li> </ul>

### 8.3 Pain relief

Standard options for labour and delivery analgesia can be used for the IUD insertion.

- If the patient has an epidural in place, this can be used until after the IUD is inserted.
- If no epidural is in place, Entonox or fentanyl can be used as desired by the patient.
- If the pain of insertion cannot be tolerated by the patient with these options, the insertion should be stopped.

## 9. Postpartum care

The presence of the IUD does not affect any postpartum management. Standard postpartum care applies. Before discharge, ensure that the woman has the Intrauterine Device Insertion After Delivery pamphlet. She should be educated to recognise IUD expulsion. She should also be advised that within several weeks, the IUD strings may protrude through the vaginal introitus and that she should not pull them. The strings can be shortened at a follow-up clinic visit.

At the follow-up visit the uterus will have undergone involution and strings may be quite long. Trim to the usual length. If the strings are not visible, check the IUD position with USS. If the IUD is

fundal nothing further needs to be done as the strings may come down over time. If the IUD is not visible on USS, consider abdominopelvic X-ray to check that perforation has not occurred.

## 10. Supporting evidence

- Auckland District Health Board. (2019) *Contraception after Delivery*. Retrieved from: <https://adhb.hanz.health.nz/Policy/Contraception%20after%20delivery.pdf#search=contraception%20after%20pregnancy>.
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- Lopez, L. M., Bernholc, A., Hubacher, D., Stuart, G., & Van Vliet, H. A. (2015). Immediate postpartum insertion of intrauterine device for contraception. *Cochrane Database of Systematic Reviews*, (6).
- Royal College of Obstetricians and Gynaecologists. (2015). *Best practice in postpartum family planning*. Retrieved from: <https://www.rcog.org.uk/globalassets/documents/guidelines/best-practice-papers/best-practice-paper-1---postpartum-family-planning.pdf>.
- Whitaker, A. K., & Chen, B. A. (2018). Society of Family Planning Guidelines: Postplacental insertion of intrauterine devices. *Contraception*, 97(1), 2-13.
- Stanford Program for International Reproductive Education and Services. (2013). *SPIRES Post Partum IUD insertion training demonstration*. Retrieved from: <https://www.youtube.com/watch?v=uMcTsf8XxQ>

## 11. Associated documents

- Contraception after Delivery
- Intrauterine Device Insertion After Delivery

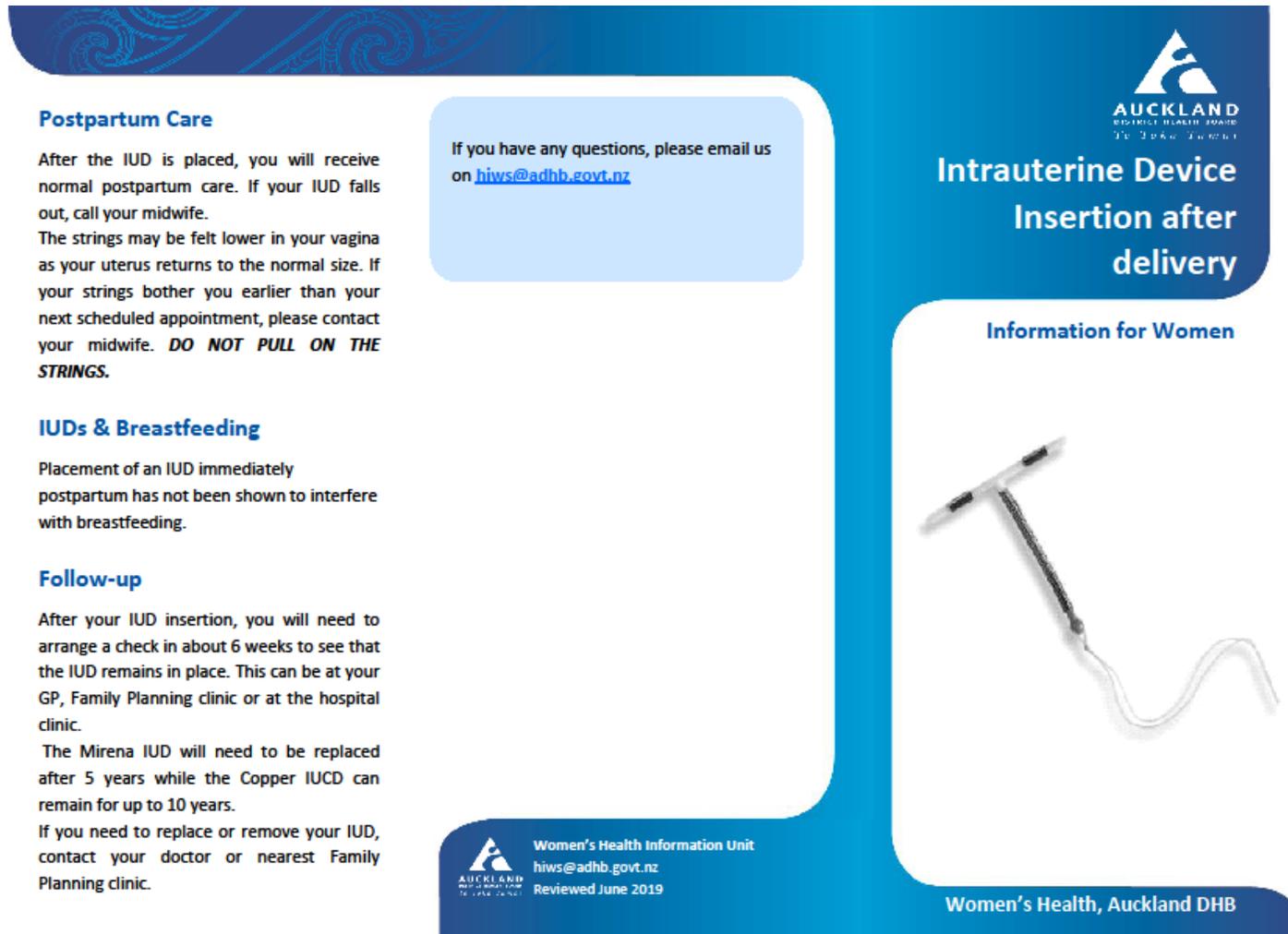
## 12. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

## 13. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed **before** the scheduled date, they should contact the owner or [Document Control](#) without delay.

## Appendix 1: Pamphlet for women – Intrauterine Device Insertion after Delivery



The pamphlet features a blue and white color scheme with a decorative pattern in the top left corner. It includes the Auckland District Health Board logo at the top right. The main title is 'Intrauterine Device Insertion after delivery'. Below this is the section 'Information for Women' which contains an illustration of an IUD. The pamphlet is divided into three main sections: 'Postpartum Care', 'IUDs & Breastfeeding', and 'Follow-up'. A contact box for the Women's Health Information Unit is located in the bottom right corner.

### Postpartum Care

After the IUD is placed, you will receive normal postpartum care. If your IUD falls out, call your midwife. The strings may be felt lower in your vagina as your uterus returns to the normal size. If your strings bother you earlier than your next scheduled appointment, please contact your midwife. **DO NOT PULL ON THE STRINGS.**

### IUDs & Breastfeeding

Placement of an IUD immediately postpartum has not been shown to interfere with breastfeeding.

### Follow-up

After your IUD insertion, you will need to arrange a check in about 6 weeks to see that the IUD remains in place. This can be at your GP, Family Planning clinic or at the hospital clinic. The Mirena IUD will need to be replaced after 5 years while the Copper IUCD can remain for up to 10 years. If you need to replace or remove your IUD, contact your doctor or nearest Family Planning clinic.

If you have any questions, please email us on [hiws@adhb.govt.nz](mailto:hiws@adhb.govt.nz)

## Intrauterine Device Insertion after delivery

### Information for Women



Women's Health Information Unit  
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