

CHAPTER 21

How to insert an IUD

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How to insert an IUD



An intrauterine device (IUD) is a small device made of plastic, or plastic and copper, that is put inside the womb to prevent pregnancy. A string hangs off the end of the IUD and out of the cervix.

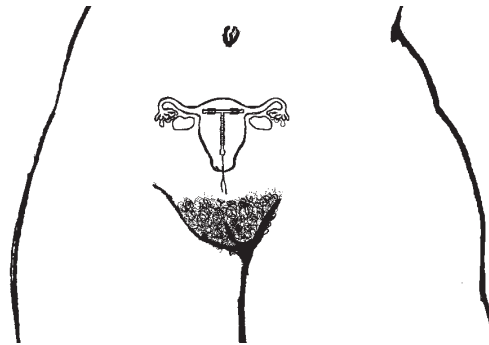
two types of IUD:



copper IUD
(copper T380,
Paragard)



hormonal IUD
(Kyleena, Liletta,
Mirena, Skyla)



This is what a womb and an IUD would look like if you could see them inside a woman's body.

Some notes about learning to insert an IUD

- Before you read this chapter you must understand **infection prevention** (Chapter 5) and **pelvic exams** (Chapter 20).
- Find out what the law is where you live. In some places, midwives are encouraged to learn to insert and remove IUDs. In other places, midwives are not allowed to do this.
- Putting in an IUD can cause an infection in the womb or injury to the womb. Use this chapter to help you learn, but remember, you cannot learn as much from a book as you can from an experienced teacher. **You must be trained to insert an IUD by someone with experience.**

Help a woman decide if an IUD is right for her

An IUD is a very effective family planning method, but it has risks. Before inserting an IUD, help the woman decide if it will be a good method for her.

Advantages of IUDs

- They are very effective. Very few women with IUDs become pregnant.
- They can be taken out at any time if the woman wants to become pregnant.
- They are easy to use. Once an IUD has been inserted into the womb, the woman only has to check to make sure it is still there once a month. She does not need to check it before or after having sex.
- Hormonal IUDs release progestin into the body. This can make monthly bleeding very light or stop altogether, and can reduce cramping.

Disadvantages of IUDs

- IUDs do not protect women from getting HIV or other sexually transmitted infections (STIs) — see Chapter 18.
- A woman cannot put in or take out an IUD herself. A woman who uses an IUD must be able to get to a medical center that can help her if she has problems because of the IUD or that can remove the IUD if she wants to get pregnant.
- IUDs can cause changes in monthly bleeding. Copper IUDs are more likely to cause an increase in cramping or bleeding. Hormonal IUDs are more likely to cause light, irregular bleeding or spotting.

Who should not use an IUD

Do not insert an IUD in a woman who:

- has an STI. If a woman has an IUD inserted when she has an STI, that infection can easily spread to her womb. Womb infections can cause infertility and are very dangerous. Before you insert an IUD, the woman should be tested for STIs.
- had an abortion, miscarriage, or gave birth within the last 4 weeks.
- has fibroids that cause the inside of her womb to be an unusual shape.
- has a womb that is an unusual shape.

Do not insert an IUD made with copper in a woman who is allergic to copper.

Freedom to choose or refuse an IUD

In some places, women are pushed to use IUDs. Some women are given IUDs without even being told that an IUD has been inserted. This happens when doctors or health workers are under pressure from local or international governments and aid groups to give IUDs to women even if the women do not want them.

These policies take away a woman's right to choose when and if she wants to use family planning. Every woman should have the right to make that choice herself.

Never put pressure on a woman to use an IUD. Read page 310 to learn more about IUDs. Every woman must understand all the risks and benefits in order to decide if she wants an IUD or not. Make sure that she does before you insert one for her.



Before you insert an IUD

Be sure that the woman does not have an STI

Ask the woman if she has any signs of an STI.

Some signs of STIs are:

- bad-smelling discharge from the vagina.
- pain, itching, or a burning feeling in the vagina.
- pain, itching, or a burning feeling when urinating.
- sores on the vagina or anus.

Remember, many women have STIs but do not have any signs. Always test a woman for STIs before inserting an IUD. If you cannot test the woman, but she is sure she wants an IUD, you can treat her for chlamydia and gonorrhea (see page 324) and put in the IUD. See Chapter 18 to learn more. Do not insert an IUD for a woman unless you are sure she does not have an STI.

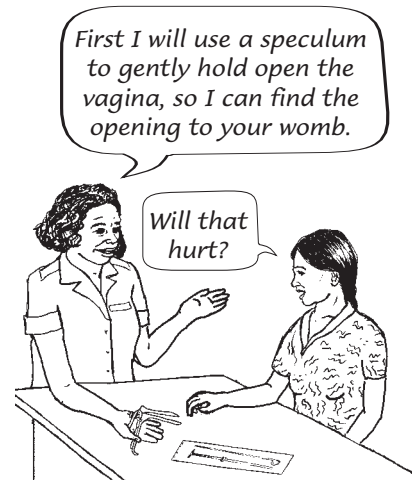
Be sure that the woman is not pregnant

If you insert an IUD when a woman is pregnant, the IUD can cause a miscarriage. Make sure that a woman is not pregnant before inserting an IUD. You can be sure that she is not pregnant if:

- she is having her monthly bleeding.
- she has not had sex that can cause pregnancy (penis-in-vagina sex) any time since her last monthly bleeding.
- she is using a hormonal family planning method such as pills, injections, or implants (and wants to use an IUD instead).

Explain what will happen during the IUD insertion

Before you insert the IUD, explain to the woman what you are going to do. Tell her that inserting the IUD may hurt. Tell her that you will stop inserting the IUD if it hurts too much or if she wants you to stop for any reason. Answer any questions she has about the IUD or the insertion.

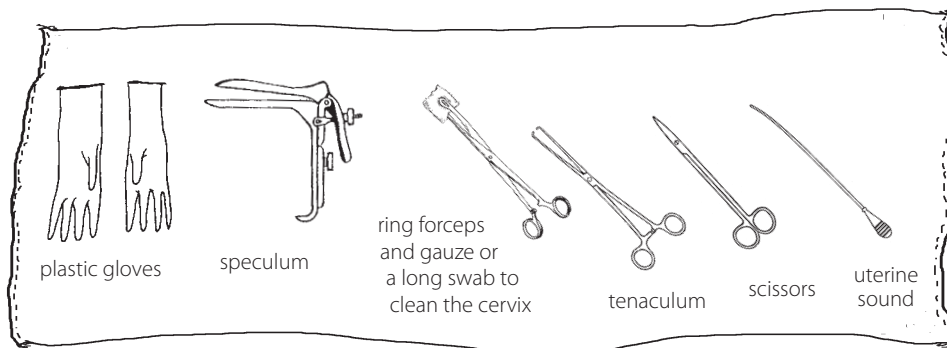


Inserting an IUD

Much of the equipment and many of the steps are the same no matter what type of IUD is being inserted. Some steps are specific to the type of IUD. Instructions come with the IUD or can be found on the manufacturer's webpage.

No matter what type of IUD you are inserting:

1. Ask the woman to urinate.
2. Sterilize all the tools you will need to insert the IUD and put them on a sterilized cloth or paper.



Anything that goes inside the vagina, like fingers during a vaginal exam, must be very clean. And anything that is put inside the womb, like an IUD or IUD inserter tube, must be more than clean. It must be **sterilized**.

Sterilized tools must not even touch other parts of a woman's body before they are put into the womb. The germs on a woman's body that usually do not cause harm could cause a serious infection if they got into her womb. See page 59 to learn how to sterilize tools.

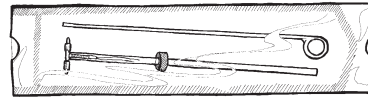
You will also need:



a good source of
light



bowl of antiseptic like
betadine or *Hibiclens*



IUD and IUD inserter
inside sterile package

There are many types of IUDs. Most common are the *Copper T* or *ParaGuard* copper IUDs, and the *Mirena* or *Skyla* hormonal IUDs. All of these IUDs are safe and effective.



Copper T
IUD



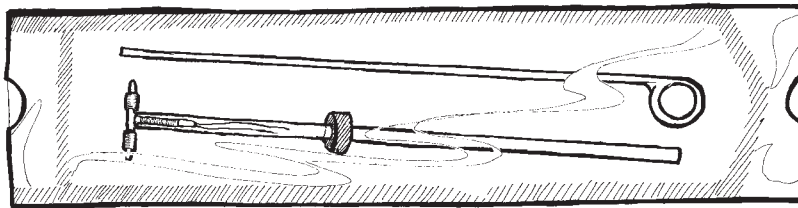
Mirena
IUD

In this book, we give information on how to insert only one type of IUD — the *Copper T*. We talk about this type because it is effective, safe, and popular. Other types of IUDs are inserted in a similar way as the *Copper T*. But be sure to read any instructions that come with the IUD you use.

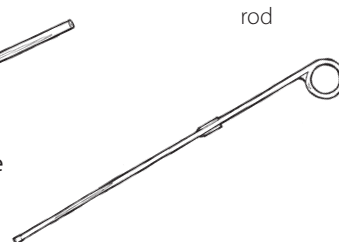
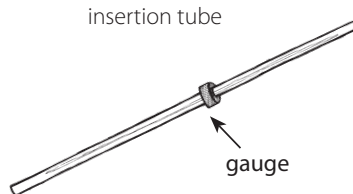
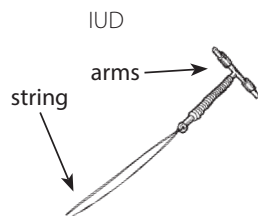
3. Load the IUD into the insertion tube.

Loading the *Copper T* IUD

The *Copper T* IUD comes in a sterilized package. Put the package on a clean table, paper side down. This way, you can see the IUD through the clear plastic cover.



Inside the package there are 3 parts:

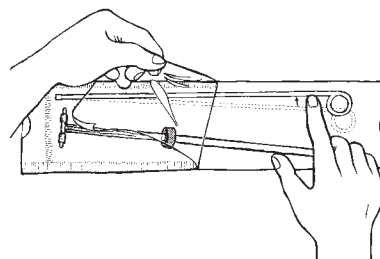


Loading the Copper T IUD (continued)

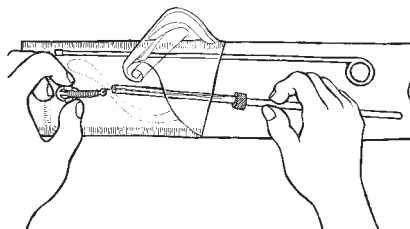
These instructions tell you how to put the IUD into the inserter while it is still inside the package. If you load the IUD into the tube while it is still inside the package — and you do not touch the IUD — it will stay sterile even if you do not have sterile gloves. Do not ever touch the IUD, or the end of the tube or rod that will go inside of the woman's womb, unless you are wearing sterile gloves.

Put the IUD into the tube when you are almost ready to insert the IUD. If the IUD stays in the inserter tube for more than about 5 minutes, it will not work — the arms will not open inside the womb.

Open the package halfway, starting on the side away from the IUD, and push the rod to the side of the package to get it out of the way.

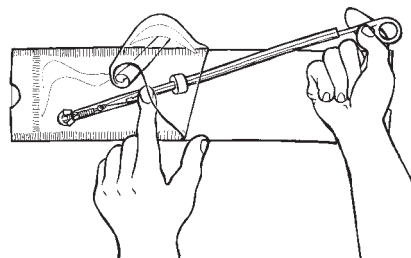


With one hand, hold the inserter tube steady. With your other hand, hold the IUD through the plastic while you load the arms into the tube. Put your thumb on one arm, and your forefinger on the other, and squeeze them together and down.

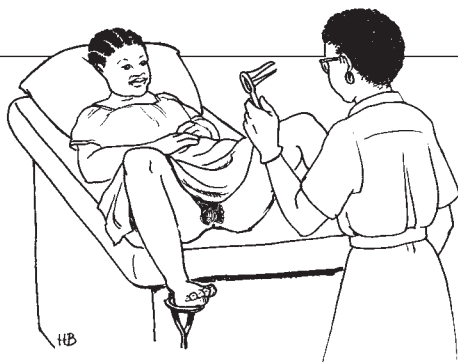


Squeeze the folded IUD into the top of the tube.

Put the rod into the other end of the tube and run it along next to the strings. Stop when it touches the bottom end of the IUD, and hold it steady there.



The IUD is now ready to be inserted.



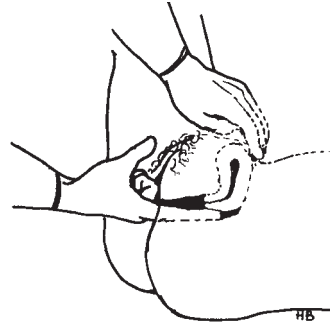
4. Have the woman lie on her back with her knees bent and open.
5. Help the woman relax. You can try taking deep breaths with her, speaking quietly, or putting a reassuring hand on her shoulder.



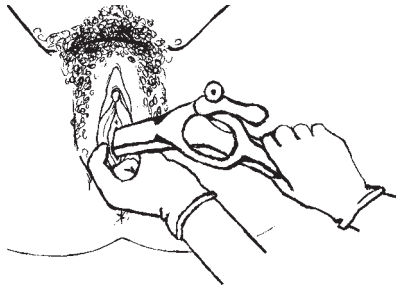
6. Follow the instructions on page 53 to scrub your hands with soap and water. Let your hands dry in the air and then put on sterilized gloves.

7. Feel the woman's womb (see pages 388 to 389).

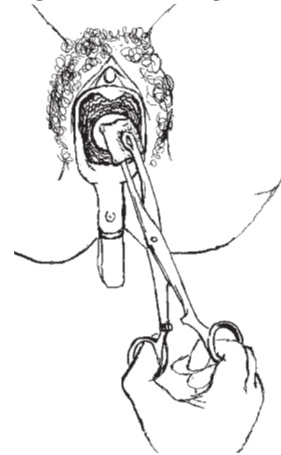
- Find the position and size of the womb.
- Make sure the woman is not pregnant.
- Make sure the womb is not enlarged or in pain.



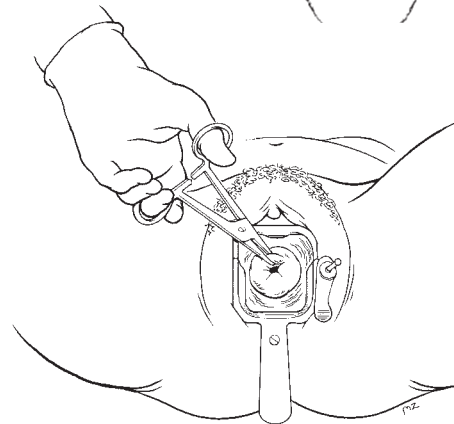
8. Gently insert a sterilized speculum (see page 377).



9. Clean the cervix with antiseptic. You can use a long swab or a ring forceps and sterile gauze dipped into antiseptic.



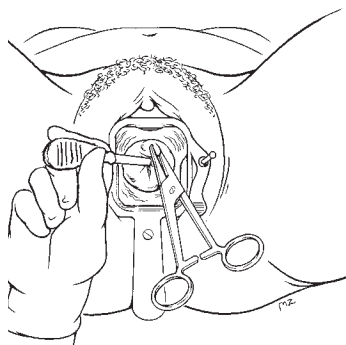
10. Grasp the cervix with a tenaculum and close the tenaculum slowly. Pull the cervix gently to straighten the womb. The womb must be straight while you are inserting the sound and while you are inserting the IUD. If this is painful for the woman, stop. Take a break and ask her to tell you when she is ready to go on.



11. Measure the womb by inserting a sterile sound through the opening of the cervix and into the womb.

You must hold the sound only by the handle, and carefully insert it into the cervix. Do not let it touch anything but the cervix. The sound will not be sterile if it touches anything — even the woman's vagina.

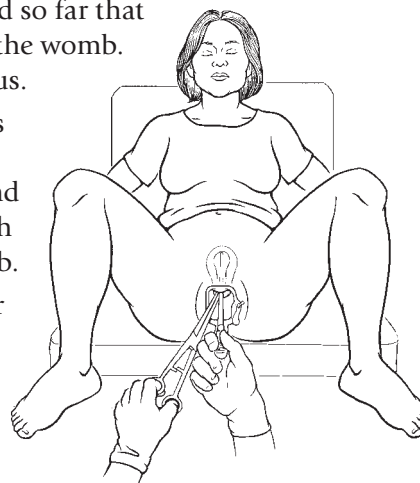
Rarely, a woman may start to feel dizzy or ill when you are inserting a sound or IUD into her womb. She may be having a vagal reaction (see page 430).



Insert the sound gently and firmly. If it is difficult to push the sound through the cervix, turn it as you push. Do not push too hard. This could push the sound so far that you could puncture the womb. This is very dangerous.

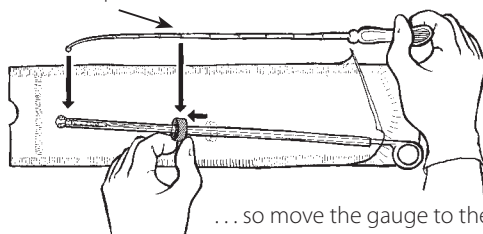
Once the sound is through the cervix, gently push the sound until you feel it touch the back of the womb.

The sound has marks on it that are 1 centimeter apart. When you pull the sound out, it will be wet up to a mark. This tells you the size of the womb.



12. When you know the size of the womb, you can set the inserter so it will be the same length as the womb.

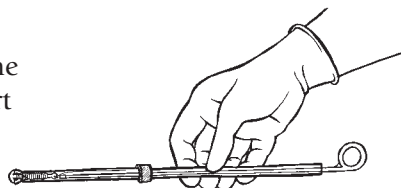
The sound is wet up to this point ...



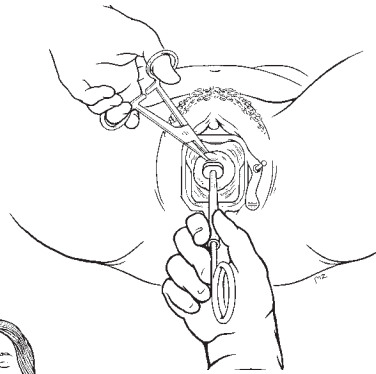
... so move the gauge to the same distance from the end of the tube.

Look at the IUD inside the package. The inserter tube has a small movable gauge on it in the package. Move the gauge on the tube to the same size as the womb. Do this by pushing on the gauge while the sterile IUD is still inside the package.

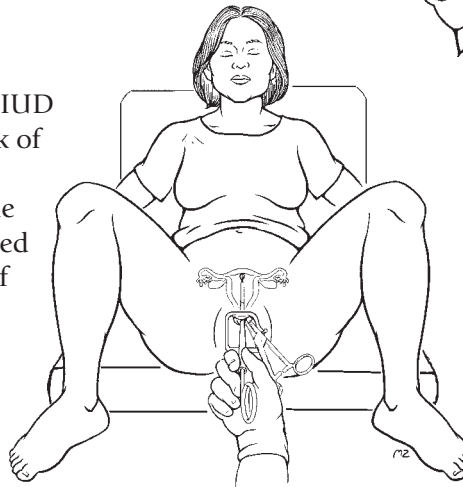
13. Now open the package all the way, take the inserter tube out of the package, and insert the IUD into the womb. Keep the IUD sterile! Do not let it touch anything, even the side of the vagina.



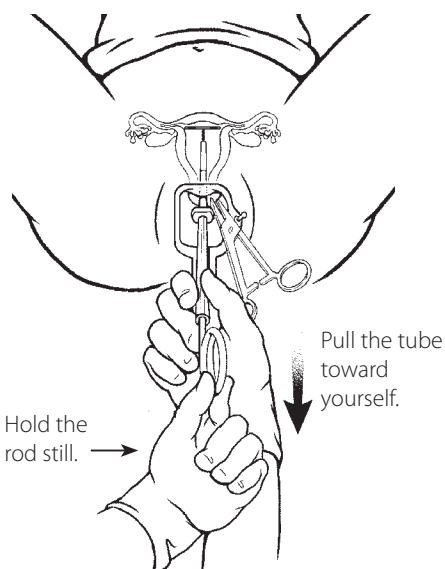
Hold the cervix steady with the tenaculum, and slowly push the tube with the IUD in it into the opening of the cervix. Never force the IUD into the womb, even if it is difficult to insert.



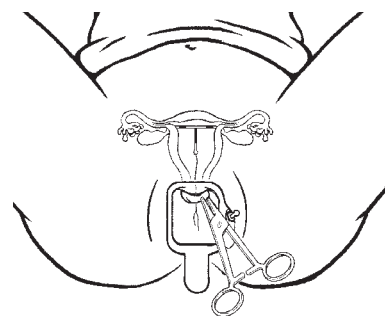
Push the tube and IUD all the way to the back of the womb. When the gauge stops against the cervix, you have pushed the IUD to the back of the womb. If you feel resistance, do not push any farther.



Hold the rod steady. This will keep the IUD in place. Without letting the rod move, slowly pull the tube toward yourself.

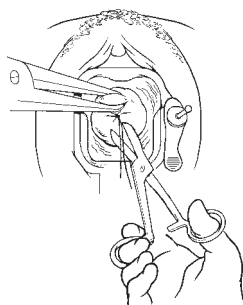


When the tube comes out of the cervix, you can pull the rod toward yourself and out of the cervix.

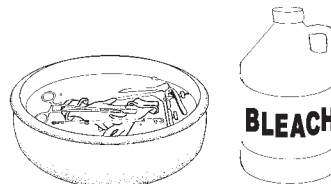


Then remove both the tube and the rod.

14. Cut the strings so that about 2 centimeters hang out of the cervix. Gently remove the tenaculum and the speculum.
15. Put all the instruments and gloves in bleach solution or another chemical disinfectant (see page 57).
16. Throw away trash including the gauze and IUD inserter using the suggestions on page 67.
17. Wash your hands with soap and water.



Leave about 2 centimeters of string outside the cervix.



After you insert an IUD

Explain that she may have bleeding or cramps for 1 or 2 days. Her monthly bleeding might also be heavier than usual for a few months. This is not a sign of a medical problem, though it may be unpleasant or difficult to manage.

A woman with an IUD should get regular health checkups. Tell her how to check her IUD to make sure it is still inside her womb, and what warning signs to watch for (see page 403). If the IUD comes out, it is most likely to happen during a monthly bleeding, so she should check the IUD after her monthly bleeding each month.

To check the IUD

She should wash her hands, then put a finger into her vagina and feel her cervix. When she finds her cervix, she should feel strings coming from the opening. If she cannot feel the strings, the IUD may have pulled up into her womb, the strings may have coiled up, or else it has come all the way out of her and will not work anymore.

Warning signs that something might be wrong

If she cannot feel the strings, she needs medical help. A health worker must look for the IUD using forceps to reach inside the womb or using a sonogram to see inside the womb. Because the IUD may have fallen out, the woman must use another method of family planning if she does not want to become pregnant.

If a woman's monthly bleeding stops or she has other signs of pregnancy, she should see a health worker right away to have the IUD removed. Leaving it in during pregnancy can cause miscarriage, infection, or the baby to be born too early. Removing the IUD immediately is less likely to cause miscarriage than leaving it in.

(Remember that a hormonal IUD may cause a woman's periods to stop, so that alone is not a sign of pregnancy for women using hormonal IUDs.)

Signs of infection

A woman with any of these signs may have an infection in her womb:

- very heavy bleeding
- blood between monthly bleeding (some spotting is common in the first month)
- vaginal discharge that is different from usual
- pain in the pelvic area or belly
- pain during vaginal sex
- fever, chills, feeling ill

The woman should see a health worker right away and the IUD should be removed.



Removing an IUD

Copper IUDs prevent pregnancy for up to 12 years. Hormonal IUDs prevent pregnancy for 3 to 8 years. Any IUD can be removed whenever the woman wants. After the IUD is removed, a woman can become pregnant right away. If she does not want to become pregnant, she should start using another family planning method.

To remove an IUD:

1. Wash your hands, put on sterilized gloves, and do a bimanual exam to feel the womb and to be sure that the woman is not pregnant. Put in a speculum.
2. Use a long swab or a ring forceps and sterile gauze dipped into antiseptic to clean the cervix.
3. Clamp a pair of forceps or needle holders to the string.
4. Pull strongly and steadily on the string. The IUD should come out. If you see the plastic end of the IUD, grasp it with the forceps and pull. If you feel a lot of resistance, stop! You could break the string off. Let someone more experienced finish taking out the IUD.

The Dalkon Shield

In the 1970s, a type of IUD called the *Dalkon Shield* caused serious health problems for the women who used it, including unintended pregnancy, infection, infertility, and death.

These problems were caused by the design of the Dalkon Shield's string, which is not used in IUDs now. The *Dalkon Shield* is not made anymore, but some women still have them in their wombs — and they should be removed. IUDs made now are safe.



The *Dalkon Shield* was an unsafe IUD.

