

## Document Control

<b>Title</b> <b>Protocol for the Management of females who attend Devon Sexual Health requesting INSERTION of intrauterine device (IUD) or intrauterine system (IUS Mirena) for contraceptive purposes. (Barnstaple, Exeter and Torbay)</b>			
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1.0	15/09/16	Original	Drugs and Therapeutic Group November 2016
2.0	06/11/19	Final	Made gender neutral. Procedure documentation listed Appendix B and C changed to those in latest FSRH guidance References updated.
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<b>Lead Director</b>			
<b>Document Class</b> Protocol		<b>Target Audience</b> Sexual Health Staff	
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<b>Consulted with the following stakeholders:</b> Rati Magura –Pharmacist Sexual Health Team staff		<b>Contact responsible for implementation and monitoring compliance:</b> Lead Doctor	
		<b>Education/ training will be provided by:</b> Lead Doctor, Devon Sexual Health , or agreed Sexual Health Practitioners	
<b>Approval and Review Process</b> <ul style="list-style-type: none"> <li>Clinicians for Sexual Health Governance Group</li> </ul>			

**Local Archive Reference**

G:\Sexual Health Contraception

**Local Path** - Contraception Clinical Nursing Protocols

**Filename** - Protocol for the Management of females who attend Devon Sexual Health services requesting INSERTION of intrauterine device (IUD) or intrauterine system (IUS Mirena).

**Policy categories for Trust's internal website (Bob)**

Sexual Health Protocol

**Tags for Trust's internal website (Bob)**

None

**Any revision to an NHSLA document requires the agreement of the Senior Governance Manager (Compliance)**

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## 1. Presentation

Patients requesting insertion of an intrauterine device (IUD) or intrauterine system (IUS) as a method of contraception, or for post coital Emergency Contraception (PCIUD)

## 2. Referral Pathway

### 2.1. **SITUATION 1 - Patients requesting insertion a IUD or IUS for contraception**

Assess – go to treatment pathway

### 2.2. **SITUATION 2 - Patients requesting insertion of PCIUD for emergency contraception**

Assess go to treatment pathway

### 2.3. **SITUATION 3 - Other**

If the patient does not meet the criteria for insertion of IUD/IUS they must be **referred to one of the Contraception Doctors**

If the patient meets the criteria for insertion but has been booked in for an appointment with a nurse not appropriately qualified to insert IUD/IUS/PCIUD then the patient **must be referred to an appropriately qualified specialist contraception nurse or doctor.**

## 3. History

Patients attending for the insertion of IUD/IUS or PCIUD may see a specialist trained nurse for insertion unless exclusion criteria apply.

The nurse will ask about health issues, medication, obstetric and gynaecological history.

The nurse will enquire about contraception use and unprotected sexual intercourse to ascertain any pregnancy risk .

Assess for risk sexually transmitted infections (STIs) and offer screen

Written consent obtained

Perform safeguarding risk assessment as appropriate

### 3.1. Exclusion criteria

- Breastfeeding
- No Doctor present in clinic
- Pregnancy
- If presenting with pain, signs of infection
- Previous uterine abnormalities
- Previous failed fits
- Menorrhagia if sole reason for fit
- Allergies to progesterone/copper
- Wilsons disease
- Abnormal bleeding

### 3.2. Timing of IUS fit (52mg Levonorgestrel) :

Insert on day 1-5 of the menstrual cycle with no need for additional protection. The IUS can be inserted at any time after day 5 of the menstrual cycle if it is reasonably certain that the individual is not pregnant. Additional contraception is then required for 7 days after insertion of the IUS. For guidance on changing from one contraceptive method to another and when to start after abortion and postpartum refer to FSRH guidelines.

### 3.3. Timing of Copper IUD Fit :

IUD may be fitted any time of the cycle if there is no risk of pregnancy, or for PCIUD ( post coital IUD) within 5 days of the first unprotected sexual intercourse (USI) in a cycle, or within 5 days after the earliest estimated date of ovulation.

#### **Insertion** for planned contraception

The nurse will make the patient aware of when commencement of contraceptive effectiveness of chosen method begins.

#### **Insertion** for PCIUD

The nurse will explain that only a IUD not an IUS can only be used for post coital emergency contraception (EC)

## 4. Examination

**A DOCTOR MUST BE PRESENT IN CLINIC WHEN AN IUD/IUS INSERTION IS TO BE UNDERTAKEN BY NURSE**

Bimanual examination to assess position of uterus Speculum examination to identify cervix.

IUC to be fitted as per FSRH guidance and standards.

## 5. Treatment Pathway

Using the Electronic Lillie Patient Record system the nurse will record the following using the correct template:-

## 5.1. Insertion of Intrauterine devices and Intrauterine systems

- Counselling as to associated risks of insertion as per FSRH guidelines
- The name of the assistant/chaperone if present
- The reason for insertion
- Lifespan of chosen method
- Confirmed written consent form signed
- Fit procedure to be documented including
  - Position of uterus
  - use of tenaculum
  - dilatation if required
  - length of uterine cavity
  - thread cut length
  - ease/difficulty of procedure and patient's recovery
- Planned 6 week post fit check, in clinic/self-check
- Planned review date at lifespan of method
- Written and oral advice given about aftercare, including indications for seeking further advice, and follow up
- Record additional treatments offered and accepted including cervical smear, STI screen
- Informing the GP (if the patient is agreeable)
- Offer of safer sex advice
- Action in event of exclusion criteria applying
- Offer condoms
- Safeguarding concerns

## 6. Discharge Pathway

- Reaffirm patient's contact details
- Document the consultation as per treatment pathway

### 6.1. Ensure as indicated that:

- The patient has understood the information given as per treatment pathway

### 6.2. Patient follow up:

- As per treatment pathway

### 6.3. Further Advice

- Routine cervical screening to be encouraged as per national guidelines
- If appropriate the nurse will encourage the woman to stop smoking
- Breast awareness should be encouraged
- STI screening to be offered as per national guidelines
- Supporting in service and/or Family Planning Association (FPA) literature

## 7. Documents Consulted to Prepare this Protocol

- FSRH CEU guidance on Intrauterine Contraception. April 2015 (updated September 2019)
- Fraser Guidelines/Gillick Competence (Gillick v. West Norfolk and Wisbech Area health Authority 1985 All ER 402-437)
- Safeguarding Children Northern Devon Healthcare NHS Trust incorporating community services Safeguarding Children policy – Reference - :Shared Local Path Safeguarding Children/Clinical Governance/Policies/NDHT SG Children Final Drafts -Filename Safeguarding Children Policy v4.0 02Dec15 9 approved by NDHT Safeguarding Childrens Board)
- Safeguarding Adults Northern Devon Healthcare NHS Trust incorporating community services Safeguarding adults Policy – reference :Safeguarding Adults Local Path G:\PROFESSIONAL PRACTICE\Safeguarding Adults\Safeguarding Adults\NDHT Safeguarding policy Filename Safeguarding Adults Policy v5 Jan 2016.doc (Approved at Safeguarding Adult Board 28/01/2016)
- Medicines Policy NDHCT V1.0 March 2015 Local Archive reference, Medicines Management Shared Drive - Local Path MEDICINES MANAGEMENT\Policies\Medicines Management Policies\Med Policy Review 2013 To 2015\02. Med Policy FINAL 2015 Filename
- Medicines Policy - v 1.0 26May15 ( Approved By drugs and Therapeutics Committee)
- Faculty of Sexual health and Reproductive Healthcare CEU Clinical Guidance – Contraception for women over aged 40 years. August 2017 UK MEC (2016)

## 8. APPENDIX A – Training Competency Form

**Protocol for the Management of patients who attend Devon Sexual  
Health requesting INSERTION of intrauterine device (IUD) or  
intrauterine system  
(IUS Mirena) for contraceptive use.**

The registered health professional named below, being employees of Northern Devon  
Healthcare Trust based at ..... have received training  
and are competent to operate under this protocol

<b>NAME (please print)</b>	<b>PROFESSIONAL TITLE</b>	<b>SIGNATURE</b>	<b>AUTHORISING MANAGER (please print)</b>	<b>MANAGER'S SIGNATURE</b>	<b>DATE</b>

**Keep original with the authorising manager and send a copy to: Karen Watts,  
Emergency Department, Northern Devon Healthcare Trust NHS, Raleigh Park,  
Barnstaple, Devon, EX31 4JB**



## 9. APPENDIX B – FSRH Guidance FSRH clinical Guidance . Intrauterine Contraception. CEU April 2015 (updated October 2015) ISSN 1755-103x -Table 3

**Table 3** Faculty of Sexual & Reproductive Healthcare advice on starting intrauterine contraception

Circumstance	Method Inserted	Timing of insertion	Additional contraceptive precautions required
All circumstances	Cu-IUD	Any time in menstrual cycle if reasonably certain the woman is not pregnant or at risk of pregnancy (unless qualifies for use as EC)	No
	LNG-IUS	Any time in menstrual cycle if reasonably certain the woman is not pregnant or at risk of pregnancy (outside terms of product licence after Day 7)	Yes, required for 7 days unless inserted in the first 7 days of the menstrual cycle
Postpartum (including post-Caesarean section and breastfeeding)	Cu-IUD	Within 48 hours of delivery or from 4 weeks after delivery if it is reasonably certain the woman is not pregnant or at risk of pregnancy (unless qualifies for use as EC)	No
	LNG-IUS	Within 48 hours of delivery  From 4 weeks after delivery if it is reasonably certain that the woman is not pregnant or at risk of pregnancy	No  Yes, required for 7 days unless inserted day 1-7 of cycle or LAM criteria are met
Following abortion (all induced or spontaneous abortions <24 weeks' gestation)	Cu-IUD	Post-surgical abortion IUC: ideally should be inserted at the end of the procedure  Post-medical abortion IUC: can be fitted any time after completion of the second part of the abortion (i.e. passage of products of conception confirmed by clinical assessment and/or local protocols)	No
	LNG-IUS	Post-surgical abortion IUC: ideally should be inserted at the end of the procedure  Post-medical abortion IUC: can be fitted any time after completion of the second part of the abortion (i.e. passage of products of conception confirmed by clinical assessment and/or local protocols)	If an LNG-IUS is fitted after Day 7 post-abortion, additional precautions are required for 7 days
Following administration of oral EC	Cu-IUD	Within the first 5 days (120 hours) following first UPSI in a cycle or within 5 days from the earliest estimated day of ovulation	No additional precautions required
		Outside of the above criteria Cu-IUD should not be inserted following administration of oral EC until pregnancy can be excluded by a pregnancy test no sooner than 3 weeks after the last episode of UPSI	Not applicable
	LNG-IUS	Should <b>not</b> be inserted following administration of oral EC until pregnancy can be excluded as above	Not applicable

Cu-IUD, copper intrauterine device; EC, emergency contraception; LAM, lactational amenorrhoea method; LNG-IUS levonorgestrel intrauterine system; UPSI, unprotected sexual intercourse.

## 10. APPENDIX C – FSRH Guidance FSRH clinical Guidance . Intrauterine Contraception. CEU April 2015 (updated October 2015) ISSN 1755-103x - Table 4

**Table 4** Faculty of Sexual & Reproductive Healthcare advice on switching to intrauterine contraception

IUC method switching to	Contraceptive method switching from	Timing of IUC insertion	Need for additional precautions	Additional information
Cu-IUD	All methods of contraception	Cu-IUD can be inserted at any time if another method of contraception has been used consistently and correctly and it is reasonably certain that the woman is not pregnant or at risk of pregnancy (except in those circumstances that would qualify for use as an EC)	No additional precautions required	Ideally if switching from an LNG-IUS to a Cu-IUD additional contraceptive precautions are advised in the 7 days before changing in case the new method cannot be inserted
LNG-IUS	CHC	Week 2 or 3 of CHC cycle or Day 1 of the hormone-free interval  After Day 1 of the hormone-free interval or in Week 1 of CHC cycle	No additional precautions required, providing CHC used correctly for 7 days prior to insertion  Continue CHC or use other additional contraception for 7 days	There is evidence to suggest that taking hormonally active pills for 7 consecutive days prevents ovulation <sup>47</sup>  Advice for switching during the hormone-free interval may be over-cautious but there is a theoretical risk that ovulation may occur as early as Day 10 after stopping CHC, before the LNG-IUS is fully effective <sup>48</sup>
	POP (traditional)	At any time	Yes, continue POP or use additional contraception for 7 days	
	POP (desogestrel)	At any time	No	
	Progestogen-only implant	Up to 3 years post-insertion  From 3 years post-insertion	No  Yes (7 days)	Exclude risk of pregnancy prior to insertion
	Progestogen-only injectable	≤14 weeks post-IM or SC injection  >14 weeks since last IM or SC injection	No  Yes (7 days)	If Exclude risk of pregnancy prior to insertion
	Barrier methods	Days 1–7 of the menstrual cycle  After Day 7 of the menstrual cycle	No  Yes, 7 days	If it is reasonably certain the woman is not pregnant or at risk of pregnancy
	Cu-IUD	Anytime	Yes (7 days)	If sex has occurred in the last 7 days advise to leave Cu-IUD for a further 7 days from that episode and use extra precautions before change to LNG-IUS

CHC, combined hormonal contraception; Cu-IUD, copper intrauterine device; EC, emergency contraception; IM, intramuscular; IUC, intrauterine contraception; LNG-IUS levonorgestrel intrauterine system; POP, progestogen-only pill; SC, subcutaneous.

## 11. APPENDIX D – Version amendments

Version	Date	Brief Summary of Change	Owner's Name
1.0	15/09/16	Original	Devon sexual Health.,
2.0	06/11/19	Made gender neutral. Procedure documentation listed Appendix B and C changed to those in latest FSRH guidance References updated.	

## 12. APPENDIX E - Abbreviations used within this document

- PSD – Patient Specific Direction
- IUD – Intrauterine device
- IUS – Intrauterine systems
- PCIUD – Post coital IUD
- UTI – Urinary tract infection
- FSRH – Faulty Sexual and Reproductive Health
- LoC – Letter of Competence
- SRH – Sexual & Reproductive Health