

Appendix 7: Steps for inserting intrauterine devices and specific job aids

1. Gather equipment:
 - Speculum
 - Ring forceps
 - Metal cup
 - Tenaculum
 - Uterine sound
 - Scissors
 - Sterile gauze
2. Perform bimanual examination and speculum visualization of the cervix to assess uterine size and position and to detect any cervical or uterine abnormalities.
3. Wipe cervix with antiseptic solution.
4. Gently place the tenaculum on the cervix.
5. Holding the cervix and uterus steady with the tenaculum, gently insert the uterine sound through the cervical os until it reaches the uterine fundus. Be sure to avoid touching the tip of the sound on the speculum or vagina (see *Box 1: No touch technique*). It may be necessary to gently pull the tenaculum to straighten the cervical canal and allow passage of the sound. Remove the sound and, using the markings, note the depth of the uterus. Usually, the sound will be wet or darker from the antiseptic solution where it was in the uterus. Typically, the uterus will measure 6–9 cm. Most IUDs cannot be inserted if the uterine depth is less than 6 cm; providers should refer to the manufacturer's instructions for guidance for specific IUDs. If the depth is more than 10 cm, the sound may have perforated the uterus.
6. Load the IUD into the inserter in a sterile fashion. See *job aids: Instructions for loading the Copper T 380A in a sterile package; Instructions for loading and inserting the one-handed LNG-IUD; and Instructions for loading and inserting the two-handed LNG-IUD*.
7. Place the sound next to the IUD and set the depth gauge at the measured depth of the uterus.
8. Holding the cervix and uterus steady with the tenaculum, gently insert the IUD in its inserter through the cervical os into the uterus. See *job aids: Instructions for inserting the loaded Copper T 380A intrauterine device; Instructions for loading and inserting the one-handed LNG-IUD; and Instructions for loading and inserting the two-handed LNG-IUD* for instructions on how to release the IUD into the uterus. The goal is to place the IUD at the uterine fundus. Remove the inserter after successful placement.
9. Cut the IUD strings to approximately 3 cm from the cervical os. The strings can be cut shorter, including flush with the cervix, at the request of the client.
10. Remove the speculum, reassure the client that procedure was completed successfully and without complication.
11. Allow the client to rest on the examination table until they feel ready to get dressed.

BOX 1: No touch technique

- Do not let the loaded IUD or uterine sound touch any unsterile surface, such as hands, speculum, vagina, or tabletop
- Load the IUD into the inserter in a sterile package; do not touch the IUD directly
- Pass the uterine sound and the loaded IUD through the cervical canal only once

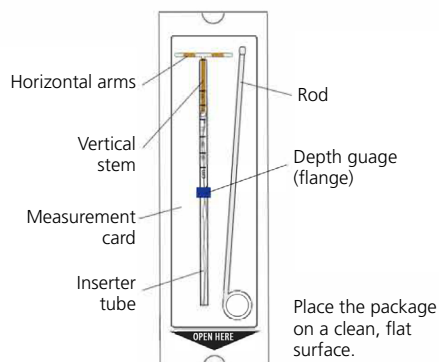
Job aid: Instructions for loading the Copper T 380A intrauterine device in a sterile package

Copper Intra-Uterine Device (Cu-T)

**Do not start this loading procedure more than 10 minutes before inserting into the uterus. The arms of Cu-T will not straighten out easily if they are left within inserter tube too long.*

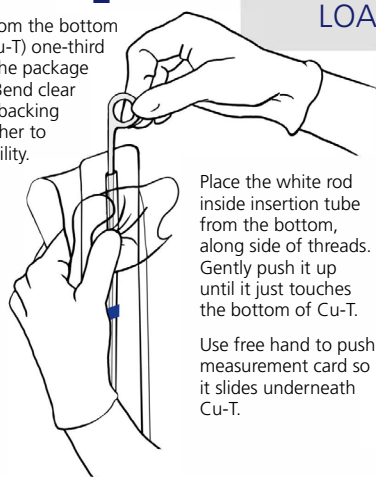
**USE NO-TOUCH
TECHNIQUE
THROUGHOUT
LOADING**

- 1** Adjust the contents of the package through the clear plastic cover. Confirm the vertical stem of Cu-T is fully inside inserter tube.



2

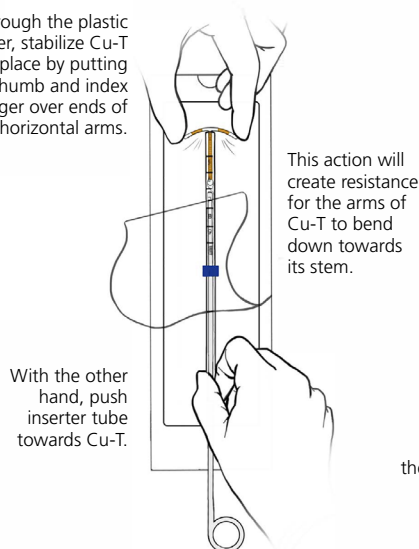
Open the package from the bottom (end farthest from Cu-T) one-third of the way. Pick up the package with the open end up. Bend clear plastic cover and white backing away from each other to maintain sterility.



Use free hand to push measurement card so it slides underneath Cu-T.

3

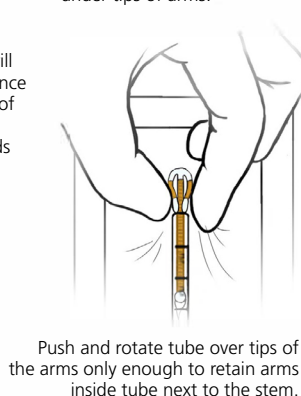
Through the plastic cover, stabilize Cu-T in place by putting thumb and index finger over ends of its horizontal arms.



With the other hand, push inserter tube towards Cu-T.

4

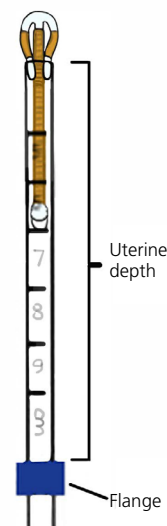
Fold arms enough to touch sides of inserter tube, then pull tube out slightly from under tips of arms.



5

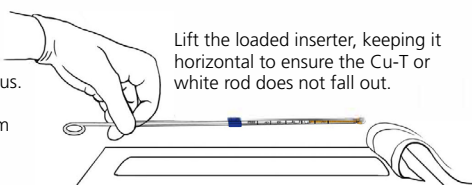
Adjust blue flange to the depth of uterus, measured with uterine sound. Ensure the longest side of the flange is parallel with arms of the Cu-T.

The sterile card in package may also be used to set flange according to the premeasured uterine depth.



6

Cu-T is now ready to be placed in the woman's uterus. Carefully peel clear plastic cover of package away from the white backing.



Lift the loaded inserter, keeping it horizontal to ensure the Cu-T or white rod does not fall out.



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Job aid: Instructions for inserting the loaded Copper T 380A intrauterine device

Step 1

- Grasp the tenaculum (which is still in place on the cervix after sounding the uterus) and pull firmly to pull the uterine cavity and cervical canal in line with the vaginal canal. Gently place the loaded inserter tube through the cervical canal. Keep the blue depth gauge in a horizontal position.
- Advance the loaded IUD until the blue depth gauge touches the cervix or resistance of the uterine fundus is felt. Keep the blue depth gauge in a horizontal position.

Step 2

- Hold the tenaculum and the white rod in place in one hand. With your other hand, withdraw (pull toward you) the inserter tube until it touches the thumb grip of the white rod. This will release the arms of the TCu 380A high in the uterine fundus.

Step 3

- Once the arms have been released, again very gently and carefully, push the inserter tube upward, toward the top of the uterus, until you feel a slight resistance.

This step ensures the arms of the T are as high as possible in the uterus.
- Hold the inserter tube still while removing the white rod.

Step 4

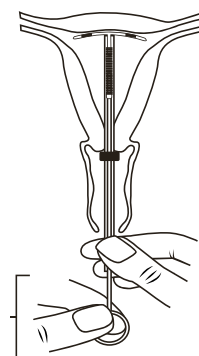
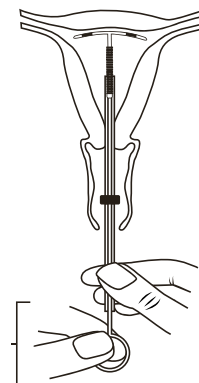
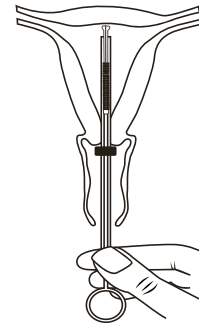
- Gently and slowly withdraw the inserter tube from the cervical canal. The strings should be visible protruding from the uterus. Cut the strings so that they protrude only three to four centimeters into the vagina.
- Remove the tenaculum. If the cervix is bleeding from the tenaculum site, press a swab to the site, using clean forceps, until the bleeding stops.

Step 5

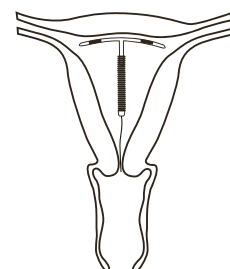
- Gently remove the speculum, and put all of the instruments used in 0.5% chlorine solution for 10 minutes for decontamination.

Step 6

- Help the client get up from the table very slowly. Watch her in case she becomes dizzy or feels faint. Teach her how and when to check the strings. Ask her to check the strings now. Ask her if she has any questions and answer them in simple words she can understand. Tell her to return in three to six weeks. If she can read, give her written instructions or tell her the warning signs of problems and how to get help if she needs.



This step ensures the top of the T is as high as possible in the uterus

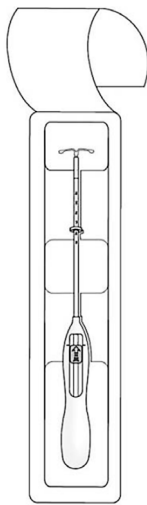




Job aid: Instructions for loading and inserting the one-handed levonorgestrel intrauterine device

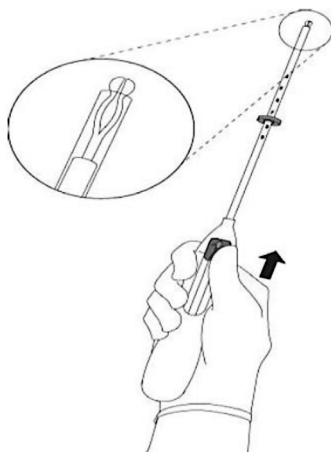
STEP 1: Open the sterile package

- Open the sterile LNG-IUD package.
- Lift the handle of the sterile inserter from the sterile package.



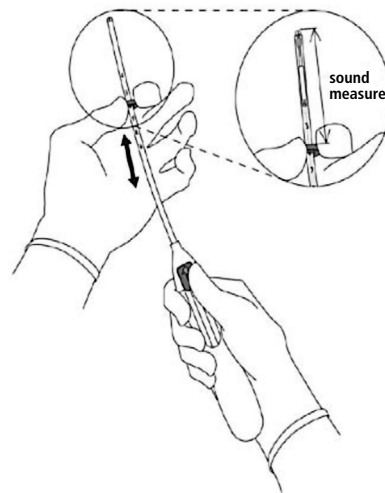
STEP 2: Move slider all the way to forward position

- Move slider all the way to forward position to load LNG-IUD.
- The tips of the LNG-IUD arms will meet to form a rounded dome that extends slightly beyond the insertion tube.
- Maintain forward pressure with your thumb or forefinger on the slider to avoid releasing strings prematurely.



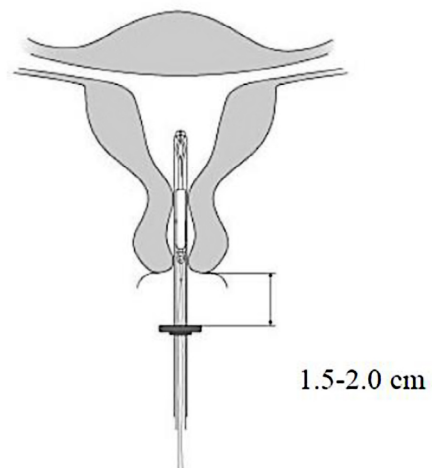
STEP 3: Set the flange to uterine depth

While maintaining forward pressure on the slider, set the upper edge of the flange to correspond to the uterine depth (in centimeters) measured during sounding.



STEP 4: Advancing insertion tube

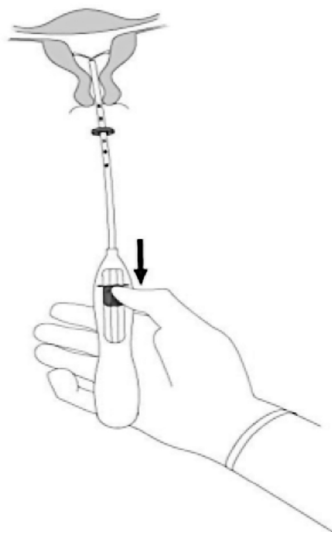
- Apply gentle traction on the tenaculum to straighten the alignment of the cervical canal and uterine cavity.
- Maintaining the slider in forward position, advance the loaded insertion tube through the cervical canal until the upper edge of the flange is 1.5-2.0 cm from the cervical os.





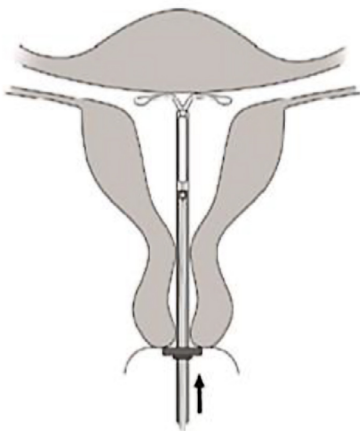
STEP 5: Release the arms of the LNG-IUD

- While holding the inserter steady, move the slider down to the mark to release the arms of the LNG-IUD.
- Wait 10 seconds for the horizontal arms to open completely.



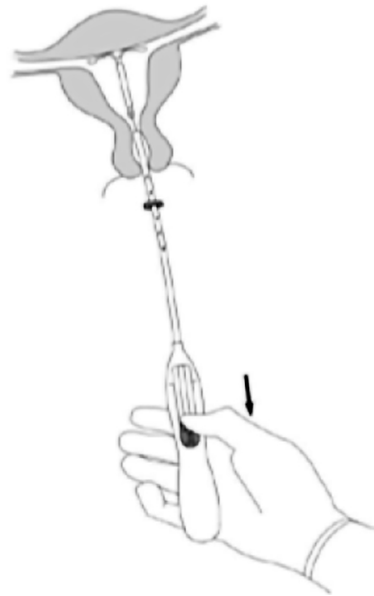
STEP 6: Place IUD in fundal position

- Advance the inserter gently towards the fundus of the uterus until the flange touches the cervix.
- LNG-IUD is now in the fundal position.



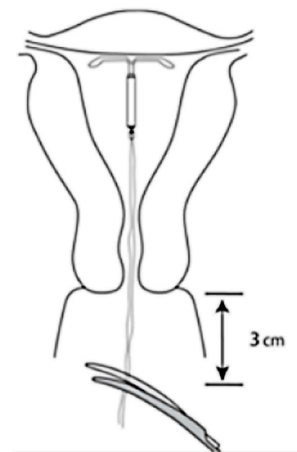
STEP 7: Release LNG-IUD and withdraw inserter

- Holding the inserter firmly in place, release LNG-IUD by moving the slider all the way down.
- Keep holding the slider down while gently withdrawing the inserter from the uterus.



STEP 8: Cut the threads

Use blunt-tipped sharp scissors to cut the LNG-IUD threads perpendicular to the thread length leaving about 3 cm outside of the cervix while strings ends are still in the inserter tube.



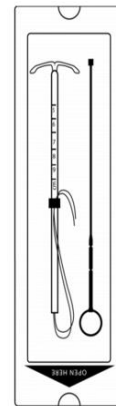


Job aid: Instructions for loading and inserting the two-handed levonorgestrel intrauterine device

LNG-IUD loading with two-handed inserter

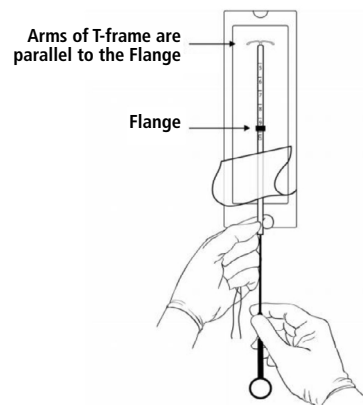
STEP 1: Open the package

- Place the LNG-IUD package on a flat, clean surface.
- Open from the bottom by pulling on the clear plastic cover from the end farthest from the LNG-IUD until package is 1/3 open.



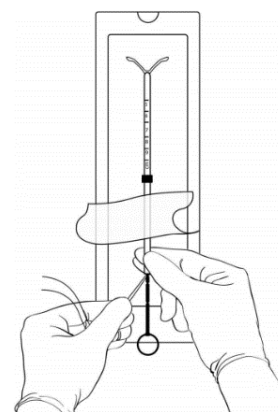
STEP 2: Release threads from the flange and insert the rod

- Pick up threads with dominant hand and release them from flange.
- While holding inserter tube and threads, remove rod and insert it into the inserter tube until the tip of the rod is at 5 cm mark.



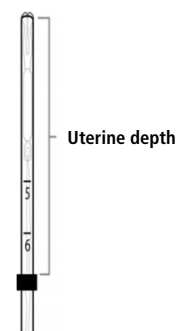
STEP 3: Load the LNG-IUD into the inserter

- Hold inserter tube and rod firmly with the thumb and index finger of dominant hand.
- With the other hand grasp threads and gently pull the IUD down slowly and steadily into the insertion tube until the knobs of the lateral arms form a hemispherical dome at the top of the tube and the tip of the rod is touching the bottom of the LNG-IUD. The hemispherical dome facilitates safe passage through the cervical os.



STEP 4: Adjust the flange to the uterine depth

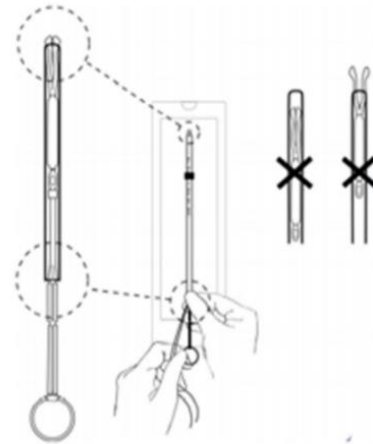
- Adjust the upper end of the flange to correspond with the uterine depth as measured by the uterine sound.





STEP 5: Check final IUD positioning

- LNG-IUD should be positioned in the tube so that the knobs of the lateral arms form a hemispherical dome.
- The top of the rod is touching the bottom of the IUD.
- The threads are hanging through the end of the insertion tube.
- The flange is marking the depth of the uterus.
- The proximal end of the insertion tube will be approximately at the top of the first indent on the rod.



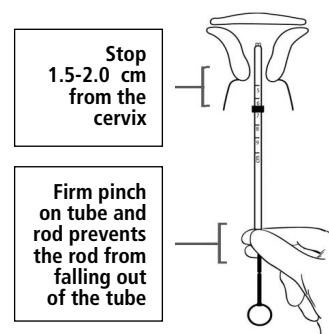
STEP 6: Remove the insertion tube from the packet

- Remove the loaded IUD insertion tube from the package while holding the lower end of the tube firmly between your fingers and thumb.
- If not using sterile gloves, do not touch the flange and any part of the insertion tube above the flange during this step and through the IUD insertion procedure.

LNG-IUD insertion with two-handed inserter

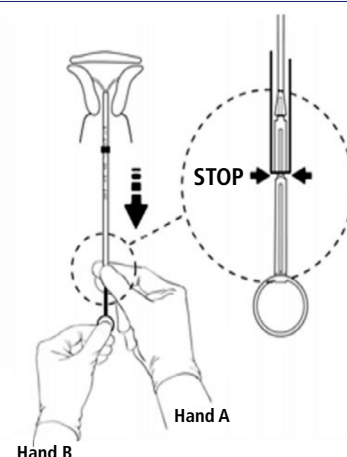
STEP 1: Insert loaded LNG-IUD into the uterus

- Apply gentle traction on the tenaculum to straighten the alignment of the cervical canal and uterine cavity.
- Slide the loaded LNG-IUD insertion tube through the cervical canal until the upper edge of the flange is approximately 1.5–2.0 cm from the cervix.
- DO NOT advance flange to the cervix at this step.



STEP 2: Release arms of LNG-IUD in the uterus

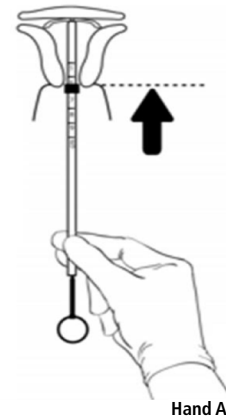
- Release hold on tenaculum.
- Hold insertion tube with the fingers of one hand (Hand A) and the rod with the fingers of other hand (Hand B).
- Relax the firmness of the pinch on the tube, AND PULL THE INSERTION TUBE BACK with Hand A to the edge of the second (bottom) indent on the rod.
- Wait 10-15 seconds for the arms of the IUD to fully open.





STEP 3: Advance LNG-IUD to fundus

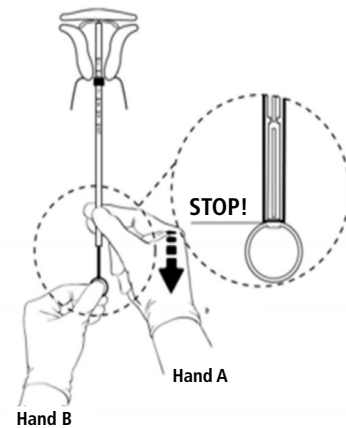
- Apply gentle traction with tenaculum.
- With Hand A still holding the proximal end of the tube, advance the insertion tube (with the rod still inside) up to the uterine fundus.
- You will feel slight resistance when the LNG-IUD is at the fundus.
- The flange should be touching the cervix when the LNG-IUD reaches the uterine fundus.



STEP 4: Release the LNG-IUD and withdraw the inserter

- Hold rod still with Hand B while pulling the insertion tube back with Hand A to the ring of the rod.
- While holding the inserter tube with Hand A, withdraw the rod from the insertion tube all the way out.
- Withdraw the insertion tube until the tube is 3-4 cm away from the cervical os, but the ends of the strings are still inside the tube.

Removing the rod first and then the tube prevents the LNG-IUD from being pulled out of the uterus.



STEP 5: Cut the threads

- Use blunt-tipped sharp scissors to cut the LNG-IUD threads perpendicular to the thread length leaving about 3 cm outside of the cervix while strings ends are still in the inserter tube (cutting threads at an angle may leave sharp ends).
- Do not apply tension or pull on the threads when cutting to prevent displacing the LNG-IUD.

