

# INFECTION PREVENTION TIPS FOR IUD INSERTION AND REMOVAL<sup>1</sup>

## APPROPRIATE SETTING

An examination room in an outpatient clinic or a minor surgery room in a hospital is a suitable setting for IUD insertion or removal. If possible, the room should be located away from heavily used areas of the facility, offer privacy, and:

- Contain an examination or procedure table with a washable surface
- Be adequately lit and well-ventilated (with tight-fitting screens on any open windows)
- Be clean, orderly, and free of dust and insects
- Have tile or concrete floors to facilitate cleaning
- Contain leak-proof containers (with tight-fitting lids) or plastic bags for disposal of contaminated waste items
- Have nearby handwashing facilities, including a supply of clean, running water (i.e., clear, not cloudy or with sediment)

## APPROPRIATE ATTIRE FOR CLIENTS AND STAFF

Because IUD insertion and removal are minor procedures:

- Clients can wear their own clothing, provided it is clean.
- Staff do not have to wear a cap, mask, or gown.

## SPECIFIC INFECTION PREVENTION MEASURES FOR THE PROCEDURE

### Before IUD Insertion or Removal (as Applicable)

- Ensure that instruments and supplies are available and ready for use.
- Ensure that the IUD package is unopened and undamaged. The IUD package should not be opened until the final decision to insert the IUD has been made.

#### **A Word about Tarnishing**

Sometimes the copper on copper-bearing IUDs tarnishes (i.e., the color darkens), causing concern among providers about the safety and effectiveness of the affected IUD. All available evidence suggests that tarnished IUDs are safe and effective and can be inserted and used in the same way as untarnished IUDs. Therefore, unless the IUD package is torn or opened (or the shelf life has expired), a tarnished IUD is still sterile, safe to use, and effective.

- Have the woman wash (with soap and water) and rinse her perineal area.
- Do not shave her genital area.
- Place a dry, clean cloth between her genital area and the surface of the examination table.

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<sup>1</sup> This document is reprinted, with slight modifications, from: JHPIEGO. 2006. *IUD Guidelines for Family Planning Service Programs: A Problem-Solving Reference Manual*, 3<sup>rd</sup> edition. JHPIEGO: Baltimore, Maryland.

## ***Infection Prevention Tips for IUD***

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**Important:** When insertion is done correctly, the rate of infection following IUD insertion is low—less than 1%; therefore, use of prophylactic antibiotics is **not** recommended (Ladipo et al. 1991; Sinei et al. 1990).

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- Wash hands thoroughly with soap and water; dry them with a clean, dry cloth or allow them to air dry.
- Put new/clean examination or high-level disinfected (or sterile) surgical gloves on both hands.

### **During IUD Insertion or Removal (as Applicable)**

- Before sounding the uterus and inserting the IUD (after performing the speculum examination, with the speculum still in place), thoroughly apply a water-based antiseptic (povidone iodine or chlorhexidine) two or more times to the cervix and vagina before beginning the procedure. Cleanse from the inside of the cervical os outward.
  - If povidone iodine is used, allow 1 to 2 minutes before proceeding. Iodophors such as povidone iodine require contact time to act.
  - Do not use alcohol. Alcohol is painful for the woman, and also dries and damages the mucous membranes, which may support the infectious process.
- Load the IUD in its sterile package.
- Throughout the procedure, use the “no-touch” technique to reduce the risk of contaminating the uterine cavity. Using the “no-touch” technique during IUD insertion means that the uterine sound and the loaded IUD:
  - Are not allowed to touch the vaginal walls or the blades of the speculum (or any other nonsterile surface that may contaminate them); and
  - Are not passed through the cervical os more than once.

**Note:** Although mucosa can not be sterilized, antiseptic preparation of the cervix and vagina minimizes the number of microorganisms in the woman’s genital tract. This step is important in reducing the risk of infection following IUD insertion or removal.

### **After IUD Insertion or Removal**

- Before removing your gloves:
  - Place all used instruments in 0.5% chlorine solution for 10 minutes for decontamination, if not already done.
  - Dispose of waste materials (e.g., cotton balls) by placing them in a leak-proof container (with tight-fitting lid) or plastic bag.
  - Immerse both gloved hands in 0.5% chlorine solution. Remove gloves by turning them inside out.

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- If disposing of the gloves, place them in the leak-proof container or plastic bag.
- If reusing the gloves (not recommended), submerge them in 0.5% chlorine solution for 10 minutes for decontamination.
- Wash your hands thoroughly with soap and water; dry them with a clean, dry cloth or allow them to air dry.
- After the client has left, wipe the examination table with 0.5% chlorine solution to decontaminate.
- Ensure that all instruments, gloves, and other reusable items are further-processed according to recommended infection prevention practices (Table 1).

### **REFERENCES**

Ladipo OA et al. 1991. Prevention of IUD-related pelvic infection: The efficacy of prophylactic doxycycline at IUD insertion. *Adv Contracept* 7(1): 43–54.

Perkins JJ. 1983. The central service department. In: *Principles and Methods of Sterilization in Health Sciences*, 2nd ed. Charles C. Thomas: Springfield, Illinois.

Sinei SK, Schulz KF, Lamptey PR, et al. 1990. Preventing IUCD-related pelvic infection: the efficacy of prophylactic doxycycline at insertion. *Br J Obstet Gynaecol* 97: 412–419.

## Infection Prevention Tips for IUD

**Table 1. Steps in Processing Instruments, Gloves, and Other Items Used in IUD Services<sup>2</sup>**

<b>INSTRUMENTS/ITEM</b>	<b>DECONTAMINATION</b> (Decontamination is the first step in handling dirty instruments; reduces risk of HBV and HIV transmission.)	<b>CLEANING</b> (Cleaning removes all visible blood, body fluids, and dirt.)	<b>HLD<sup>a</sup></b> (Recommended method of final-processing; HLD destroys all viruses, bacteria, parasites, fungi, and some endospores.)	<b>STERILIZATION<sup>b</sup></b> (Alternative method of final-processing; sterilization destroys all microorganisms, including endospores.)
Examination table top and other large surface areas	Wipe off with 0.5% chlorine solution.	Wash with soap and water if organic material remains after decontamination.	Not necessary.	Not necessary.
Surgical gloves	Soak in 0.5% chlorine solution for 10 minutes before cleaning. Rinse or wash immediately. <sup>c</sup>	Wash with soap and water. Rinse with clean water and check for holes. If to be sterilized, dry inside and out (air or towel dry) and package.	Steam for 20 minutes and allow to air dry in steamer for 4 to 6 hours.	<ul style="list-style-type: none"> <li>Autoclave at 121°C (250°F), and 106 kPa (15 lbs/in<sup>2</sup>) for 20 minutes.</li> <li>Do not use for 24 to 48 hours.</li> </ul>
Instruments used in pelvic exam and IUD insertion or removal (e.g., speculum, tenaculum, forceps, uterine sound)	Soak in 0.5% chlorine solution for 10 minutes before cleaning. Rinse or wash immediately. <sup>c</sup>	Using a brush, wash with soap and water. Rinse with clean water. If they will be sterilized, air or towel dry and package.	<ul style="list-style-type: none"> <li>Steam or boil for 20 minutes.</li> <li>Chemically high-level disinfect by soaking for 20 minutes. Rinse well with boiled water and air dry before use or storage.</li> </ul>	<ul style="list-style-type: none"> <li>Dry heat for 1 hour after reaching 170°C (340°F), or</li> <li>Autoclave at 121°C (250°F) and 106 kPa (15 lbs/in<sup>2</sup>) for 20 minutes (30 minutes if wrapped).</li> </ul>
Storage containers for instruments	Soak in 0.5% chlorine solution for 10 minutes before cleaning. Rinse or wash immediately. <sup>b</sup>	Wash with soap and water. Rinse with clean water, air or towel dry.	Boil container and lid for 20 minutes. If container is too large: <ul style="list-style-type: none"> <li>Fill container with 0.5% chlorine solution and soak for 20 minutes.</li> <li>Rinse with water that has been boiled for 20 minutes and air dry before use.</li> </ul>	<ul style="list-style-type: none"> <li>Dry heat for 1 hour after reaching 170°C (340°F), or</li> <li>Autoclave at 121°C (250°F) and 106 kPa (15 lbs/in<sup>2</sup>) for 20 minutes (30 minutes if wrapped).</li> </ul>

<sup>a</sup> In the context of IUD services, HLD (as opposed to sterilization) is the recommended method of final-processing.

<sup>b</sup> If unwrapped, use immediately; if wrapped, may be stored up to 1 week before use.

<sup>c</sup> Avoid prolonged exposure (more than 20 minutes) to chlorine solution (more than 0.5%) to minimize corrosion of instruments and deterioration of rubber or cloth products

<sup>2</sup> Adapted from: Perkins 1983.