

# INSTRUCTIONS FOR INSERTING THE IUD<sup>1,2</sup>

## **Brief overview** of the procedure:

- Gently pull the tenaculum to align the uterus, cervical opening, and vaginal canal.
- Insert the loaded IUD into the vagina and through the cervical opening.
- Advance the loaded IUD into the uterine cavity until the depth gauge comes in contact with the cervix or a **slight** resistance is felt.
- Holding the plunger rod steady, withdraw the insertion tube to release the IUD into the uterus. Remove the plunger rod.
- Push gently on the insertion tube until a **slight** resistance is felt to ensure that the IUD is as high in the uterus as possible.
- Cut the IUD strings 3 to 4 cm from the cervical opening.

Using gentle, “no-touch” (aseptic) technique throughout, perform the following steps:

**STEP 1: Put new/clean examination or high-level disinfected surgical gloves on both hands** (if taken off to load the IUD).

**STEP 2: Prepare the client:**

- Give the woman a brief overview of the procedure (as shown above), encourage her to ask questions, and provide reassurance as needed.
- Remind her to let you know if she feels any pain.

**STEP 3: Gently grasp the tenaculum and apply gentle traction:** Hold the loaded IUD so that the blue depth-gauge is in the horizontal position with one hand, while grasping the tenaculum (still in place from sounding the uterus) with the other hand and gently pulling outward and downward. (This will help straighten the cervical canal for easier insertion of the IUD.)

**STEP 4: Carefully insert the loaded IUD:** Carefully insert the loaded IUD into the vaginal canal (Figure 1), and gently push it through the cervical os and into the uterine cavity at the appropriate angle (based on your assessment of the position of the uterus when sounding the uterus). **Be careful not to touch the walls of the vagina or the speculum blades with the tip of the loaded IUD.**

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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. The content of this document is adapted from: Program for International Training in Health (INTRAH). 1993. *Guidelines for Clinical Procedures in Family Planning: A Reference for Trainers*. INTRAH: Chapel Hill, North Carolina.

<sup>2</sup> Before inserting the IUD, the provider should already have screened the woman (to ensure that she is eligible for IUD use at this time), sounded the uterus, and loaded the IUD.

## Inserting the IUD

Figure 1. Inserting the Loaded IUD

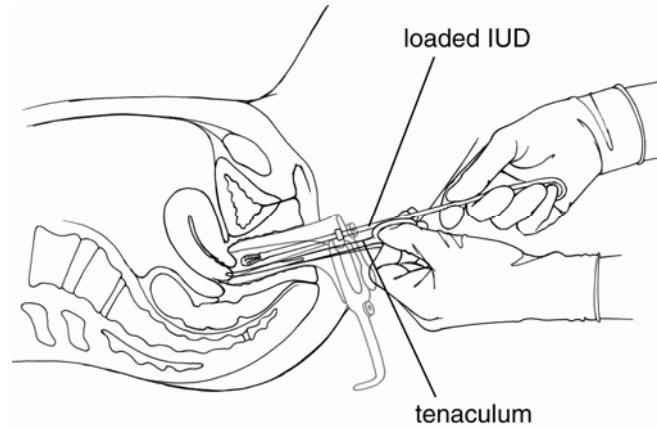
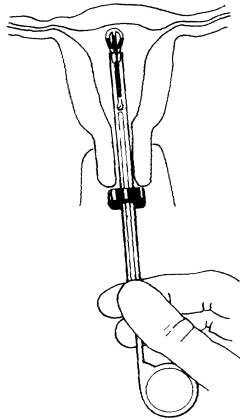


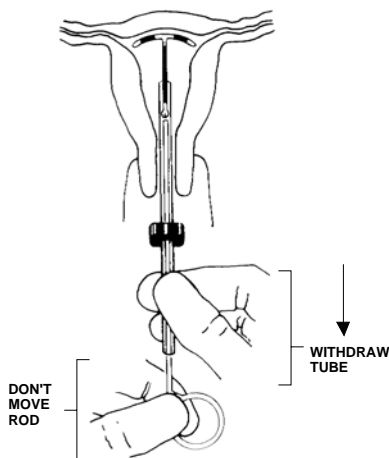
Figure 2. Advancing the Loaded IUD



**STEP 5:** Gently advance the loaded IUD into the uterine cavity, and **STOP** when the blue depth-gauge comes in contact with the cervix or **slight** resistance is felt (Figure 2). Be sure that the blue depth-gauge is still in the horizontal position.

Do **not** use force at any stage of this procedure.

Figure 3. Withdrawing the Insertion Tube to Release IUD Arms



**STEP 6:** Hold the tenaculum and white plunger rod stationary, while partially withdrawing the insertion tube: While holding the tenaculum and plunger rod stationary (in one hand), gently pull the insertion tube toward yourself (with your free hand) until it **touches** the circular thumb grip of the white plunger rod (Figure 3). (This will release the IUD in the woman's uterus.)

**STEP 7:** Remove the white plunger rod, while holding the insertion tube stationary.

**STEP 8:** Gently push insertion tube until you feel a **slight** resistance: Once the plunger rod has been removed, very gently and carefully push the insertion tube upward again, toward the fundus of the uterus, until you feel a **slight** resistance (Figure 4a). (This step ensures that the arms of the T are as high as possible in the uterus, as shown in Figure 4b.)

## Inserting the IUD

Figure 4a. Positioning IUD High in the Uterus

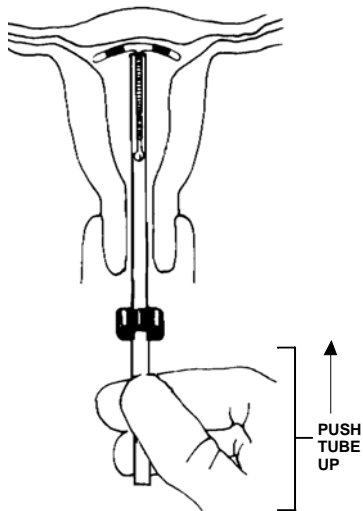
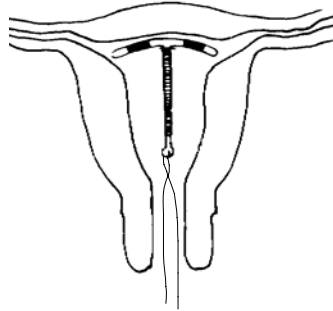


Figure 4b. IUD Fully Inserted in Uterus



Do **not** pass the loaded IUD into the uterus more than once.

**STEP 9: Use high-level disinfected (or sterile) sharp Mayo scissors to cut the IUD strings at 3 to 4 cm:**

- Partially withdraw the insertion tube from the cervical canal until the strings can be seen extending from the cervical os, and use sharp Mayo scissors to cut the strings at 3 to 4 cm from the cervical opening. (This technique ensures that the pieces of cut-off string will stay in the insertion tube for easy disposal.)
- Place the insertion tube and scissors in 0.5% chlorine solution for 10 minutes for decontamination.

**Note:** Sharp blades are very important. If the scissor blades are too dull to cut well, the IUD strings may become trapped in the closed blades of the scissors, and the IUD may be accidentally removed when the scissors are withdrawn.

**STEP 10: Gently remove the tenaculum and place it in 0.5% chlorine solution for 10 minutes for decontamination.**

**STEP 11: Examine the woman's cervix for bleeding:** If there is bleeding where the tenaculum was attached to the cervix, use high-level disinfected (or sterile) forceps to place a cotton (or gauze) swab on the affected tissue, and apply gentle pressure for 30 to 60 seconds.

**STEP 12: Gently remove the speculum and place it in 0.5% chlorine solution for 10 minutes for decontamination.**

**STEP 13: Allow the woman to rest.** Advise the woman to remain on the examination table until she feels ready to get dressed. Begin performing the post-insertion steps while she is resting.