

# IUD training principles 2013

## Introduction

These principles were developed in 2011–2012 by representatives and members of the following organisations:

- Sexual Health and Family Planning Australia (SHFPA)
- Royal Australian College of General Practitioners (RACGP)
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).

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The purpose of the principles is to provide a consensus statement, informed by current clinical practice guidance, outlining the recommended clinical competencies required for both inserters and non-inserters of IUDs in Australia. Inserters should refer to Parts A and B of the outlined competencies, and non-inserters who are dealing with women wanting IUDs in clinical practice will only require Part A of the competencies. Members of the participating organisations believe that these principles promote best practice towards women considering IUDs and in the use of IUDs in clinical practice.

Evidence-based clinical practice guidelines are available in the two resources recommended at the end of the document. These resources are frequently updated to reflect current evidence-based practice.

## Part A: IUD Knowledge

<b>KNOWLEDGE</b>	
<b>A1</b>	<p><b>IUDs currently available</b></p> <ul style="list-style-type: none"> <li>• Mechanisms of action</li> <li>• Effectiveness</li> <li>• Risks and possible important or common side effects: infection, perforation, expulsion, migration, complications of pregnancy if IUD fails; side effects specific to copper or hormonal IUDs</li> <li>• Benefits: simple to use, very effective long acting contraception, lack of hormonal side effects (copper IUDs), reduced menstrual bleeding (hormonal IUDs)</li> </ul>
<b>A2</b>	<p><b>Role of IUDs as contraception</b></p> <ul style="list-style-type: none"> <li>• Knowledge of the range of available methods of contraception and the role of IUDs in this context</li> </ul>
<b>A3</b>	<p><b>Investigation and management of heavy menstrual bleeding</b></p> <ul style="list-style-type: none"> <li>• Investigation and management of heavy menstrual bleeding (including appropriate investigations, use of Levonorgestrol (LNG) IUD and other management options, and use of gynaecological referral when appropriate) <ul style="list-style-type: none"> <li>– Suggested reference: <i>Heavy menstrual bleeding: National Institute for Health and Clinical Excellence guideline</i>, available at: <a href="http://guidance.nice.org.uk/CG44/NICEGuidance/pdf/English">http://guidance.nice.org.uk/CG44/NICEGuidance/pdf/English</a></li> </ul> </li> </ul>
<b>APPLIED KNOWLEDGE/SKILLS</b>	
<b>A4</b>	<p><b>IUD pre-insertion counselling and assessment</b></p> <ul style="list-style-type: none"> <li>• Obtains clear, relevant medical history including: <ul style="list-style-type: none"> <li>– Contraindications</li> <li>– Obstetric and gynaecological history (including contraceptive history)</li> </ul> </li> <li>• Determines patient's current level of knowledge about IUDs and alternative methods of contraception and menstrual management, and facilitates choice appropriately</li> <li>• Assesses patient's suitability for IUDs</li> <li>• Performs appropriate examination and assesses the need for investigations (e.g. pelvic examination, pap smear, swabs – usually Chlamydia PCR and HVS for BV) and performs them</li> <li>• Gives patient appropriate, correct and adequate information about IUDs including: <ul style="list-style-type: none"> <li>– IUDs available</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>– Mode/duration of action</li> <li>– Effectiveness</li> <li>– Risks/benefits</li> <li>– Side effects/possible complications</li> <li>– Changes in bleeding pattern expected with different IUDs</li> <li>• Provides information about insertion procedure and appropriately plans insertion timing</li> <li>• Explains post-insertion care, including possible symptoms post insertion</li> <li>• Gives patient opportunities to clarify/question</li> <li>• Responds to questions appropriately and correctly, and summarises and checks patient's understanding</li> </ul>
<b>A5</b>	<p><b>Post-insertion routine follow-up</b></p> <ul style="list-style-type: none"> <li>• Takes appropriate history (e.g. bleeding pattern, any pain, discharge, strings felt)</li> <li>• Gives patient opportunities to clarify/question</li> <li>• Responds to questions appropriately, correctly and adequately</li> <li>• Performs pelvic examination appropriately</li> <li>• Ensures that string is identified and length is similar to that at insertion. If not, manages appropriately</li> <li>• Arranges investigations (ultrasound, swabs or other tests) if indicated</li> <li>• Discusses ongoing care for usual duration of action of the device</li> <li>• Places in recall system for device replacement, if appropriate</li> </ul>
<b>A6</b>	<p><b>Management of IUD problems</b></p> <p>(For example: infection, pregnancy, no strings seen, bleeding problems)</p> <ul style="list-style-type: none"> <li>• Obtains clear, relevant history</li> <li>• Gives patient opportunities to clarify/question</li> <li>• Responds to questions appropriately, correctly and adequately</li> <li>• Performs appropriate examination and investigations if indicated (e.g. swabs, pregnancy test)</li> <li>• Gives patient adequate, correct and appropriate information about the presenting problem</li> <li>• Provides appropriate treatment for the problem</li> </ul>

## Part B: IUD Insertion

NB. Part A must have been completed to progress to Part B, but not all who complete Part A will do Part B.

<b>IUD INSERTION</b>	
<b>B1</b>	<b>IUD insertion skills</b> <ul style="list-style-type: none"><li>• Checks patient's understanding of IUDs, including:<ul style="list-style-type: none"><li>– Risks/side effects</li><li>– Effectiveness</li><li>– Insertion procedure</li><li>– Post-insertion checks</li></ul></li><li>• Checks that timing of insertion is correct if contraception required</li><li>• Gives patient opportunities to clarify/question</li><li>• Responds to questions appropriately, correctly and adequately</li><li>• All the appropriate equipment is available including emergency equipment (e.g. atropine, adrenaline, bag and mask)</li><li>• Performs relevant examination carefully and appropriately</li><li>• Inserts IUD correctly:<ul style="list-style-type: none"><li>– Uses aseptic technique</li><li>– If local anaesthetic gel or injection is used, it is used correctly</li><li>– Tenaculum or vulsellum forceps applied correctly</li><li>– Uterine sounding performed correctly</li><li>– IUD insertion technique followed correctly</li><li>– Strings cut to appropriate length</li></ul></li><li>• Documents process appropriately</li><li>• Manages any difficulties appropriately (e.g. anxious patient, vaso-vagal event, difficult insertion)</li><li>• Advises patient about aftercare – symptoms requiring early review, when to resume intercourse or use of tampons etc</li><li>• Arranges appropriate follow-up</li></ul>
<b>B2</b>	<b>Preparation to insert IUDs in own practice</b> <ul style="list-style-type: none"><li>• Consider equipment needed (galley pot, uterine sound, tenaculum/vulsellum, sponge holding forceps, speculum, sharp scissors, possibly cervical dilators)</li><li>• Consider emergency equipment (adrenaline, atropine, bag and mask)</li><li>• Consider staffing requirements</li></ul>

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| <ul style="list-style-type: none"><li>• Consider sourcing sterile equipment (practice autoclaving, external autoclaving or disposable packs)</li><li>• Consider room set-up</li><li>• Consider how to maintain proficiency in IUD insertion techniques</li><li>• Consider emergency management, including equipment placement and availability</li><li>• Consider where to access support or referral in case of serious complication e.g. perforation</li></ul> |
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### **Useful evidence-based clinical guidelines**

- SHFPA 2012 Contraception: an Australian Clinical Practice Guideline 3<sup>rd</sup> edition
- Faculty of Sexual and Reproductive Health 2007 Guidance – Intrauterine Contraception, available at: <http://www.fsrh.org/pdfs/CEUGuidanceIntrauterineContraceptionNov07.pdf>

## Possible Assessment Strategies

Multiple IUD training courses are available in Australia, provided by teaching hospitals, Family Planning Organisations and others. Courses designed to achieve the required competencies are outlined below. Further courses may be developed.

<b>KNOWLEDGE</b>		
<b>A1</b>	IUDs currently available	<ul style="list-style-type: none"> <li>• SHFPA doctors certificate course</li> <li>• RANZCOG – Certificate of Women’s Health</li> </ul>
<b>A2</b>	Knowledge of the range of available methods of contraception and the role of IUDs in this context	<ul style="list-style-type: none"> <li>• SHFPA doctors certificate course</li> <li>• RANZCOG – Certificate of Women’s Health</li> </ul>
<b>A3</b>	Investigation and management of heavy menstrual bleeding	<ul style="list-style-type: none"> <li>• SHFPA doctors certificate course</li> </ul>
<b>APPLIED KNOWLEDGE/SKILLS</b>		
<b>A4</b>	IUD pre-insertion counselling and assessment	<ul style="list-style-type: none"> <li>• Clinical training</li> </ul>
<b>A5</b>	Post-insertion routine follow-up	<ul style="list-style-type: none"> <li>• Clinical training</li> </ul>
<b>A6</b>	Management of IUD problems	<ul style="list-style-type: none"> <li>• Written examination and clinical assessment in SHFPA doctors certificate course</li> </ul>
<b>IUD INSERTION</b>		
<b>B1</b>	IUD insertion skills	<ul style="list-style-type: none"> <li>• Clinical training</li> </ul>
<b>B2</b>	Preparation to insert IUDs in own practice	<ul style="list-style-type: none"> <li>• Reflection worksheets</li> <li>• IUD trainer visit to practice</li> <li>• Case history provided to IUD trainer/assessor</li> </ul>