

IUD training principles 2018

Introduction

Long Acting Reversible Contraceptives (LARCs), which include intrauterine devices (IUDs) and contraceptive implants, are recommended as first line contraceptive options. With typical use, they are significantly more effective than other available reversible methods, and are generally associated with a lower risk of complications and side effects. However, insertion of the LARC methods does require health professionals to obtain specific training to develop these skills.

These principles are for use across the range of IUD inserters in Australia. They are based on those developed in 2011–2012 by members of the following organisations:

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

The purpose of the principles is to provide a consensus statement, informed by current clinical practice guidance, outlining the recommended clinical competencies required for inserters and non-inserters of IUDs in Australia. Inserters should refer to Parts A and B of the outlined competencies; non-inserters who are managing people wanting or using IUDs in clinical practice will only require Part A of the competencies.

Evidence-based clinical practice guidelines are provided by 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

KNOWLEDGE	
A1	<p>IUDs currently available</p> <ul style="list-style-type: none"> • Mechanisms of action • Effectiveness • Contraindications • Risks and significant or common side effects: infection, perforation, expulsion, migration, complications of pregnancy if IUD fails; side effects specific to copper or hormonal IUDs • Benefits: simple to use, very effective long acting contraception, lack of hormonal side effects (copper IUDs), reduced menstrual bleeding (hormonal IUDs), endometrial protection for hormone replacement therapy (hormonal IUDs)
A2	<p>Role of IUDs as contraception</p> <ul style="list-style-type: none"> • Knowledge of the range of available methods of contraception and the role of IUDs in this context
A3	<p>Investigation and management of heavy menstrual bleeding</p> <ul style="list-style-type: none"> • Investigation and management of heavy menstrual bleeding (including appropriate investigations, use of levonorgestrel (LNG) IUD and other management options, and gynaecological referral when appropriate). See resources at the end of this document
APPLIED KNOWLEDGE/SKILLS	
A4	<p>IUD pre-insertion assessment</p> <ul style="list-style-type: none"> • Obtains systematic, relevant medical history including: <ul style="list-style-type: none"> – Contraindications – Obstetric and gynaecological history (including contraceptive history) – Previous cervical instrumentation and vasovagal reaction • Determines patient's current level of knowledge about IUDs and alternative methods of contraception and menstrual management, and facilitates appropriate choice • Assesses suitability for IUD • Performs appropriate examination and assesses need for investigations (e.g. pelvic examination, cervical screening test, STI screening, diagnostic swabs for symptomatic people) • Gives patient appropriate, correct and adequate information about IUDs including:

	<ul style="list-style-type: none"> – IUDs available – Mode/duration of action – Effectiveness – Risks/benefits – Side effects/possible complications – Changes in bleeding pattern expected with different IUDs • Provides information about insertion procedure and appropriately plans insertion timing ensuring exclusion of early pregnancy at time of insertion • Discusses pain management for procedure (may include pre-insertion analgesia, intra-procedure local anaesthesia options and post-procedure management) • Explains post-insertion care, including possible problems and advice on when to seek medical care • Gives patient opportunities to clarify/question • Responds to questions appropriately and correctly, and summarises and checks patient's understanding
A5	<p>Post-insertion routine follow-up</p> <ul style="list-style-type: none"> • Takes appropriate history (e.g. bleeding pattern, any pain, problems with sex, discharge, strings felt) • Gives patient opportunities to clarify/question • Responds to questions appropriately, correctly and adequately • Performs speculum examination to assess presence and length of IUD thread • Assesses need for bimanual pelvic examination and performs appropriate examination for symptomatic women • Arranges investigations (ultrasound, swabs or other tests) if indicated • Discusses ongoing care for the device • Considers extended (off label) use of the IUD for women approaching menopause • Advises women about the timing of device replacement
A6	<p>Management of IUD problems (For example: infection, pregnancy, no strings seen, bleeding problems)</p> <ul style="list-style-type: none"> • Obtains systematic, relevant history • Gives patient opportunities to clarify/question • Responds to questions appropriately, correctly and adequately • Performs appropriate examination and investigations if indicated (e.g. swabs, pregnancy test, ultrasound)

	<ul style="list-style-type: none">• Gives patient adequate, correct and appropriate information about the presenting problem• Provides appropriate treatment for the problem• Considers the need for additional contraception or emergency contraception if IUD potentially expelled or malpositioned
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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.

IUD INSERTION	
B1	IUD insertion skills <ul style="list-style-type: none">• Checks patient's understanding of IUDs, including:<ul style="list-style-type: none">– Risks/side effects– Effectiveness– Insertion procedure– Pain management options– Post-insertion checks• Excludes current pregnancy• Gives patient opportunities to clarify/question• Responds to questions appropriately, correctly and adequately• Ensures that informed consent is given prior to procedure• All appropriate equipment is available including emergency equipment (e.g. atropine, adrenaline, bag and mask)• Performs relevant examination carefully and appropriately• Inserts IUD correctly:<ul style="list-style-type: none">– Uses aseptic technique– If local anaesthetic is used, it is used correctly– Tenaculum or vulsellum forceps applied correctly– Uterine sounding performed correctly– IUD insertion technique followed correctly– Threads cut to appropriate length• Documents process appropriately• Manages any difficulties appropriately (e.g. anxious patient, vaso-vagal event, difficult insertion)• Advises patient about aftercare – symptoms requiring early review, when to resume intercourse, use of tampons or moon cups• Arranges appropriate follow-up
B2	Preparation to insert IUDs in own practice <ul style="list-style-type: none">• Consider equipment sterility (practice autoclaving, external autoclaving or disposable packs)

	<ul style="list-style-type: none"> • Ensure all equipment is available (galley pot, uterine sound, tenaculum/vulsellum, sponge holding forceps, speculum, sharp scissors, possibly cervical dilators) • Ensure emergency equipment is available (adrenaline, atropine, bag and mask) • Consider staffing requirements including an assistant • Consider room set-up, and space for client recovery • Consider how to maintain proficiency in IUD insertion techniques • Consider emergency management, including equipment placement and availability • Consider where to access support or referral in case of serious complications e.g. perforation
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Evidence based clinical resources:

1. Contraception: an Australian Clinical Practice Handbook 4th edition 2016
2. FSRH Clinical Guidance: Intrauterine Contraception 2015, from:
<https://www.fsrh.org/standards-and-guidance/documents/ceuguidanceintrauterinecontraception/>
3. *Abnormal vaginal bleeding in pre-, peri- and post-menopausal women: a diagnostic guide for general practitioners and gynaecologists*
<https://canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/abnormal-vaginal-bleeding-pre-peri-and-post-menopausal-women-diagnostic-guide-general-practitioners>
4. *Heavy menstrual bleeding: assessment and management, National Institute for Health and Clinical Excellence guideline*, updated August 2016, available at:
<https://www.nice.org.uk/guidance/cg44/chapter/Recommendations>