



Placement Procedures



POSTPARTUM COUNSELING AND CONSENT

For IUD utilization, the patient's decision must be made before delivery, as the device should be placed within 10 minutes of delivery of the placenta or before closure of the hysterotomy during a caesarean section.

For implant utilization, the device can be placed at any time before the patient is discharged home.

During rounds, physicians should provide brief contraceptive counseling to all women, even if prenatal counseling already occurred. Even if contraceptive counseling has been documented, physicians should reiterate key counseling points. Nursing staff can hold further in-depth conversations with patients and provide more detailed information.

Refer to Section 4, Contraceptive Counseling, for guidelines, and see Appendix for resources.

During counseling, ensure emphasis on possible side effects, especially changes in bleeding patterns, which are the most commonly cited reason for patient dissatisfaction with the contraceptive implant.⁵⁴

Nursing staff should ensure proper consent forms are readily available for patients. Generally, hospitals use a standard consent form that is not specific to the particular device. Ideally, women desiring an IUD will sign a consent form at a prenatal visit that can be transferred to the hospital, but if logistical barriers prevent the transfer of records or if a woman has not previously consented, she may sign the consent during labor.

INTRAUTERINE DEVICE PROCEDURE

Contraindications

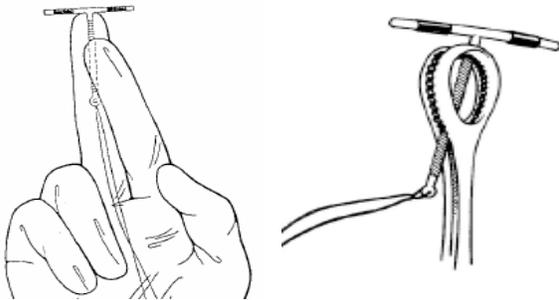
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| <ul style="list-style-type: none"> • Chorioamnionitis • Hemorrhage • Atony • Malignant or persistent GTD | <ul style="list-style-type: none"> • Pelvic TB • Current cervical cancer • Anatomical abnormalities • Trauma (severe cervical laceration) |
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Instruments Needed⁵⁵

- IUD
- Tenaculum
- Small Graves speculum
- Pair of long, curved scissors
- Sponge forceps
- Uterine sound (disposable or reusable)
- Betadine Wipes
- Light source
- Sterile Gloves
- Chux and sterile drapes
- Autoclaving bags, indicator strips, autoclave tape
- Sanitary napkins for post-procedure

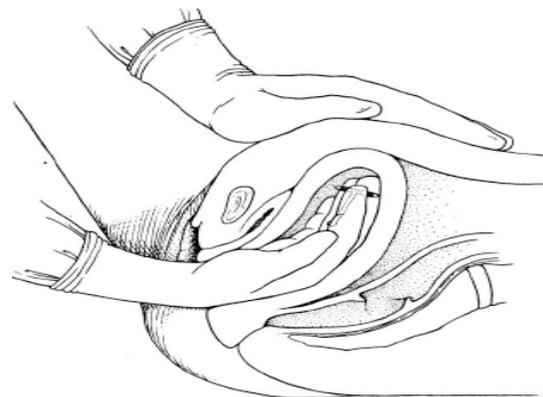


Insertion



Use fingers or ring forceps

Place IUD at fundus gently, with device arms horizontal



Diagrams courtesy of LAC+USC Section of Family Planning, 2013

Following vaginal delivery⁴⁸

- Placement of the IUD should ideally be done within 10 minutes of delivery of the placenta (before repair).
- Change sterile gloves & clean perineal area
- Trim LNG IUD strings to 10cm; do not trim strings of Copper IUD
- The IUD is grasped gently with a ring forceps (not clamped) or placed manually.
- The IUD is placed gently at the fundus with arms horizontal
- Ultrasound guidance can be used.

At the time of cesarean delivery

- Placement of the IUD should ideally be done within 10 minutes of delivery of the placenta.
- After initiating closure of the hysterotomy incision, the IUD is placed at the fundus with the inserter, ring forceps, or manually. Strings are placed through the cervix and the hysterotomy is closed completely.⁴⁸
- Pinch at fundus during cesarean hysterotomy repair.

Common side effects include

Progestin Intrauterine System

- Amenorrhea
- Intermenstrual or unscheduled bleeding
- Abdominal/pelvic pain (post-insertion)

Copper IUD

- Heavy menstrual bleeding
- Intermenstrual bleeding
- Dysmenorrhea
- Abdominal/pelvic pain (post-insertion)

Risk of expulsion

- Rates of IUD expulsion are higher for immediate postpartum insertion than interval insertion, ranging from 10-40%^{56,57,58,59}
- Expulsion rates are higher for progestin vs. copper IUDs
- Nonetheless, ACOG notes that the benefits of immediate postpartum insertion may outweigh the risk of higher expulsion.

Rare adverse events for both forms of IUD:

- Uterine perforation, migration of IUD, ectopic pregnancy

Follow Up

- Women with post-placental IUD insertion should be scheduled for follow-up at one month.⁶⁰
- “Missing strings” are more common after postpartum IUD insertion than after interval insertion.⁶⁰ This should be managed according to the usual clinic protocol for this situation.
- Patients should be instructed that if the IUD is expelled then they will need another form of contraception.
- At the postpartum visit, trim the IUD strings and evaluate for uterine placement.

IMPLANT PROCEDURE

Contraindications

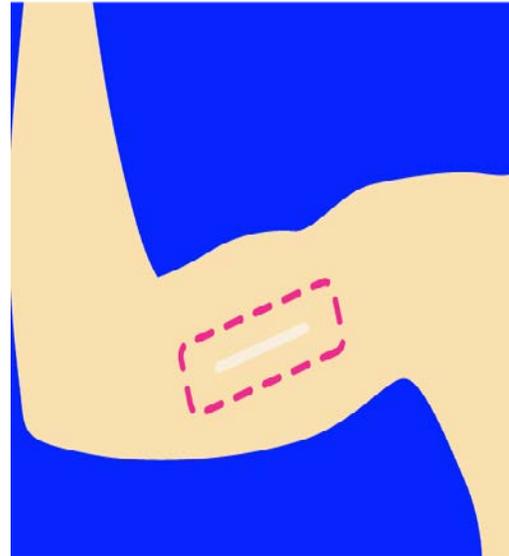
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| <ul style="list-style-type: none">• Current or past history of thrombosis or thromboembolic disorders• Liver tumors, benign or malignant, or active liver disease• Undiagnosed abnormal genital bleeding | <ul style="list-style-type: none">• Known or suspected breast cancer, personal history of breast cancer, or other progestin-sensitive cancer, now or in the past.• Allergic reaction to any of the implant components. |
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Instruments Needed

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| <ul style="list-style-type: none">• Applicator with implant• Sterile gloves• Sterile towels• Sterile marking pen• Betadine swabs• Antiseptic solution | <ul style="list-style-type: none">• 20cc syringes• 18- and 23-gauge needles• Local anesthetic• Band-aids• Dressing pads and wraps |
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Insertion

- Insertion procedures are provided in mandatory Nexplanon trainings, provided by Merck. (See *Appendix A* for more information).
- Typically, insertions are performed at the **bedside**. Nurses obtain the device, local anesthetic, and other supplies, and assist with the procedure as needed.
- Some hospitals conduct insertions in a **procedure room**.
- A checklist may be posted in the supply area, or implant supply kits pre-organized to facilitate access.
- Implant insertions take 5-10 minutes and are easy to fit into the flow of a postpartum floor.
- See Merck's [Prescribing Information Highlights](#) for complete instructions for implant insertion.



Graphic by Jocelyn Runice

Common side effects include:

- Irregular bleeding: it is possible to have more, less, or no bleeding.
- Bruising and swelling at insertion site are common within 24 hours.

Follow Up

- The implant begins working within seven days, so it is vital that patients be instructed to use a backup method within the first week of insertion.
- The implant can remain for up to 4 years.
- After 24 hours, the dressing can be removed, and patient can now take a shower or a bath.
- The implant can be checked by pressing fingertips over the skin where the implant was inserted. Patients should be instructed to call their healthcare provider if they do not feel a small rod.
- There are no activity limitations after implant insertion.
- See *Appendix A* for sample take home sheet for patients.⁶¹