INTRAUTERINE CONTRACEPTIVES (IUC)

GENERAL INFORMATION

All PHNs must be able to discuss the intrauterine contraceptives (IUC) option with clients, provide the client with written information on the safety and effectiveness of IUCs, and answer any questions the client may have. All PHNs must know how to make IUC referrals. IUCs cannot be provided by deferred exam.

Patient package inserts for either product is available online at www.paraguard.com (scroll down and select Patient Information on the left side of the screen, only need to print pages 4-5) or www.mirena-us.com (scroll to the bottom of the page and select Patient Information, 4 page document.) Before making an IUC referral, review the patient package insert with the patient and provide her a copy. Advise her to take the patient package insert with her to the IUC referral visit. Document in the chart that the patient package insert was reviewed and given to the client.

Contraindications for IUCs:
- Active pelvic infection (including PID, endometritis, mucopurulent cervicitis, and pelvic tuberculosis)
- Known or suspected pregnancy
- Cervical or endometrial cancer
- Abnormal vaginal bleeding that has not been evaluated
- Severe uterine distortion (bicornuate uterus, cervical stenosis, or fibroids the severely distort the uterine cavity)
- Gestational trophoblastic neoplasia
- Wilson’s disease or copper allergy (Paragard only)

SUBJECTIVE FINDINGS
Collect medical history

OBJECTIVE FINDINGS (Laboratory tests for FP clients are chosen as indicated by the method, or by client need. However, laboratory tests cannot exceed any established department or program screening or testing limits. Limitations on laboratory testing may be established to meet funding or other needs).

- Blood pressure
- Height and weight for BMI
- Physical examination performed annually by examiner
- Hemoglobin or Hematocrit as indicated
- Pap smear in accordance with current Pap smear guidelines

1 If a TennCare child (under the age of 21) receives the major components of a Child Health/EPSDT exam through the healthdepartment’s family planning clinic, she should also receive developmental screening and vision and hearing risk assessment/screening in order to complete the recommended AAP standards for preventive health care. REFER TO THE FAMILY PLANNING SECTION OF THE PTBMIS MANUAL FOR CORRECT CODING OF THIS TYPE VISIT.
- Sickle cell screening
- Syphilis serology
- Mantoux tuberculin test
- Pregnancy test
- Rubella titer
- Wet prep (examiner)
- HIV testing
- Urinalysis
- Gonorrhea and chlamydia screening

REFER TO SCREENING CRITERIA FOR CHLAMYDIA AND GONORRHEA SECTION 2.170.

ASSESSMENT
Possible candidate for IUC insertion/Candidate for IUC referral

PLAN
A plan of care will be developed and signed by either the PHN with gyn skills, RN-ES, the APN or Physician (all referred to as “examiner”). Any “examiner” may perform the pre-insertion examination, but only those trained for the procedure may perform the insertion. The plan of care is developed in accordance with the protocol for the particular examiner. The plan of care written by the examiner must be reviewed and followed by the PHN at each visit.

INSTRUCTIONS

IUC insertion day instructions
- Provide written and oral instructions on the use of the IUC including name of the IUC, date of insertion number of years the device is effective.
- Perform pregnancy test
- Obtain informed consent prior to insertion. Use the patient package insert provided with the device (or online as noted above) and the teaching tool found on the reverse side of the method specific consent form.
- Oral NSAIDs may be recommended (at the discretion of the inserting provider) one hour prior to insertion and repeated as directed following insertion to minimize cramping and pain.
- Advise client to bring someone with her to the clinic to provide a ride home in case she experiences pain or nausea immediately after insertion.
- Paragard is effective against pregnancy immediately. If Mirena is not inserted within 7 days after the start of her menstrual cycle, then instruct the patient to use another contraceptive method for 7 days.
- Do not insert anything into the vagina or have intercourse for 24 hours following insertion of the IUC.
- IUCs do not protect against STDs and HIV. Advise clients to use latex or polyurethane condoms to decrease the risks of STDs. Also, counsel the client to avoid high risk sexual behaviors including multiple partners and having a sexual partner with multiple partners.
- IUC users will need to check for the IUC string at the end of each menstrual cycle. After insertion, give the client the trimmed IUC strings to help her learn how they feel. She should report the absence...
of or any changes in the length of the strings. She should report the presence of the plastic portion of the IUC if it is palpable at the cervical os.

- Schedule IUC follow-up appointment in 4-12 weeks or as recommended by the inserter.
- Encourage the client to call or come in for any questions or problems.

**IUC insertion charting and tracking**

- Document in chart that the patient package insert was reviewed with and given to the client.
- Record name of IUC, lot number, date of insertion, date for removal, and expiration date in the chart.
- If region uses a problem list, record “IUC surveillance” on problem list with insertion date as the date of onset.

**IUC Warning Signs**

All IUC clients must be counseled to report the signs of pelvic infection. These include:

- Malodor
- Fever (101°F or more without obvious cause)
- Sudden severe abdominal or suprapublic pain
- Dyspareunia

Other **WARNING SIGNS** that IUC clients must report immediately include:

- Abdominal or pelvic pain (ectopic pregnancy)
- Prolonged or heavy bleeding/discharge/odor (infection)
- Painful sexual intercourse
- Fever or chills (infection)
- Any signs of pregnancy
- Exposure to gonorrhea/chlamydia/any STD
- Cannot feel string or can feel plastic
- Missed period or abnormal spotting or bleeding (infection or ectopic pregnancy)
- Flu-like illness (infection)

The following is a useful acronym for remember the IUC warning signs:

- **P** Period late (pregnancy), abnormal spotting or bleeding
- **A** Abdominal pain, pain with intercourse
- **I** Infection exposure (any STD), abnormal discharge
- **N** Not feeling well, fever, chills
- **S** String missing, shorter or longer
HEALTH TEACHING

Through the Title X Program Guidelines, the federal Office of Population Affairs requires that counseling about certain topics occur with family planning clients. These required topics must be discussed with the client at least once during the time the client is under the care of the Family Planning Program. Ideally, the client will receive instruction on 3 to 4 of the required topics at each visit until instruction in all required topics is completed. Topics do not need to be repeated unless the client request a review or the provider assesses that a review is needed. **Address client counseling at each visit and base counseling/education on client needs and program requirements.**

For contraceptive method education and counseling, use the Client Instruction Sheet found in the current version of the Tennessee’s Family Planning Clinical Guidelines. Also use the teaching tool on the reverse side of the method-specific consent form.

All providers must document education and counseling provided during each family planning visit on the table found on the history form in the medical chart. The expression, “counseling per protocol” is not adequate documentation for Title X education and counseling that should occur during initial, annual, supply and medical visits.

There is a detailed list of the REQUIRED counseling/education topics in the Family Planning Program Clinical Guidelines, under Visit Guidelines. Other counseling topics are also detailed. A brief list of counseling/education topics is provided in the All Methods, Initial and/or Annual Family Planning Visit section of the PHN Protocol.

REFERENCES

American College of Obstetricians and Gynecologists, “Intrauterine Devices”, Number 59, Jan 2005
www.paragard.com
www.mirena-us.com
PROGESTIN-ONLY IMPLANT(S)

GENERAL INFORMATION

In May of 2011, the FDA approved Nexplanon®, a contraceptive implant containing 68mg of etonogestrel to replace Implanon®, which is no longer being manufactured. Once the Implanon supply currently available in each clinic or regional pharmacy has been depleted Nexplanon® will be the only progestin-only implant available. Nexplanon® is exactly the same as Implanon® except it contains barium sulfate making it radiopaque and it has a different applicator that makes subdermal insertion easier. Implanon® and Nexplanon® do not contain silicone or latex. The progestin-only implant is placed in the upper, inner aspect of the non-dominant arm by a health care provider who has received training in placement and removal from the manufacturer’s training faculty.

All PHNs must be able to discuss progestin-only implant(s) option with clients, provide the client with written information on the safety and effectiveness of implants, and answer any questions the client may have. All PHNs must know how to make implant referrals. Implants cannot be provided by deferred exam. See Family Planning Clinical Guidelines, the package insert available on line, and the most current edition of Contraceptive Technology for method details.

Before making an implant referral, review the patient package insert (available on line at www.implanon-usa.com or www.nexplanon-usa.com) with the client and give it to her to read. Advise client to take the patient package insert with her to the implant referral visit.

Candidates for implant contraceptives include, but are not limited to:
- Women who want a 3 year contraceptive effect
- Women who are accepting of irregular menstruation
- Women who have no contraindications to the method

SUBJECTIVE FINDINGS
Collect medical history.

OBJECTIVE FINDINGS (Laboratory tests for FP clients are chosen as indicated by the method, or by client need. However, laboratory tests cannot exceed any established department or program screening or testing limits. Limitations on laboratory testing may be established to meet funding or other needs).

- Blood pressure
- Height and weight for BMI
- Physical examination\(^1\) performed annually by examiner

\(^1\) If a TennCare child (under the age of 21) receives the major components of a Child Health/EPSDT exam through the health department’s family planning clinic, she should also receive developmental screening and vision and hearing risk assessment/screening in order to complete the recommended AAP standards for preventive health care. REFER TO THE FAMILY PLANNING SECTION OF THE PTBMIS MANUAL FOR CORRECT CODING FOR THIS TYPE VISIT.

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- Hemoglobin or Hematocrit as indicated
- Pap smear in accordance with current Pap smear guidelines
- Sickle cell screening
- Syphilis serology
- Mantoux tuberculin test
- Pregnancy test
- Rubella titer
- Wet prep (examiner)
- HIV testing
- Urinalysis
- Gonorrhea and chlamydia screening

**REFER TO SCREENING CRITERIA FOR CHLAMYDIA AND GONORRHEA SECTION 2.170**

**ASSESSMENT**
Appropriate to refer for or to continue (annual or follow-up visit) the progestin-only implant.

**PLAN**
A plan of care will be developed and signed by either the PHN with gyn skills, RN-ES, the APN or Physician (all referred to as “examiner”). Any “examiner” may perform the pre-insertion examination, but only those trained for the procedure may perform the insertion. The plan of care is developed in accordance with the protocol for the particular examiner. The plan of care written by the examiner must be reviewed and followed by the PHN at each visit.

**INSTRUCTIONS**
- Obtain informed consent prior to placement of the implant.
- Pregnancy test required day of insertion.
- Document necessary health teaching to use method correctly and consistently.
- Record name of implant, lot number or other product ID number, placement site, date of placement, date for removal.
- Implants do not protect against STD’s and HIV. Advise clients to use latex or polyurethane condoms to decrease the risks of STDs. Also counsel the client to avoid high risk sexual behaviors including multiple partners and having a sexual partner with multiple partners.
- If the region uses a Problem List, record Implant Surveillance on the list with date of insertion as the date of onset.
- Consult for problems with insertion site or other side effects or warning signs.
- Document necessary health teaching regarding the following emergency warning signs:

**Warning signs: The following are NOT NORMAL and should be reported to the clinic or hospital at once:**
- Heavy vaginal bleeding
- Severe painful headaches, vomiting, dizziness or fainting, numbness in arm or leg (possible stroke)
- Blurred, double, or loss of vision (clot in eye)
- Coughing up blood, chest pain, shortness of breath (possible clot in lung)
- Severe crushing chest pain (possible heart attack),
- Severe abdominal pain (possible ectopic pregnancy, ovarian cyst, gallbladder disease, or liver problems)
- Severe and persistent leg pain (possible clot in leg)
- Jaundice
- Breast lump
- Sadness, tiredness, lack of energy, weakness, difficulty sleeping (possible severe depression)
- Pregnancy symptoms
- Allergic reaction (rare)
- Severe depression
- Pain, pus, or bleeding at insertion site

HEALTH TEACHING:

Through the Title X Program Guidelines, the federal Office of Population Affairs requires that counseling about certain topics occur with family planning clients. These required topics must be discussed with the client at least once during the time the client is under the care of the Family Planning Program. Ideally, the client will receive instruction on 3 or 4 of the required topics at each visit until instruction in all required topics is completed. Topics do not need to be repeated unless the client request a review or the provider assesses that a review is needed. Address client counseling at each visit and base counseling/education on client needs and program requirements.

For contraceptive method education and counseling, use the Client Instruction Sheet found in the current version of the Tennessee’s Family Planning Clinical Guidelines. Also use the teaching tool on the reverse side of the method-specific consent form.

All providers must document education and counseling provided during each family planning visit on the table found on the history form in the medical chart. The expression, “counseling per protocol” is not adequate documentation for Title X education and counseling that should occur during initial, annual, supply and medical visits.

There is a detailed list of the REQUIRED counseling/education topics in the Family Planning Program Clinical Guidelines, under Visit Guidelines. Other counseling topics are also detailed A brief list of counseling/education topics is provided in the All Methods, Initial and/or Annual Family Planning Visit section of the PHN Protocol.
REFERENCES

Nexplanon® Physician and Patient Package insert, 2011
Implanon® Physician and Patient Package Insert, Organon USA, 2006.
www.implanon-usa.com
www.nexplanon-usa.com