UNIT 17 INSERTION AND REMOVAL OF IUCDS

Structure

17.0 INTRODUCTION

By now, you have gained theoretical knowledge about various family planning methods including intrauterine contraceptive device (IUCD) in Unit 2 of Block 3. IUCD is one of the safe and long lasting modern contraceptive methods. It has evolved over time, from a simple plastic with loop design, copper wired to the latest hormone based IUCDs. These newer IUCDs are more effective, last longer and are safer than their predecessors. However, it is one of the most underutilized methods of safe and long lasting contraception. In India, it is used by only 2% of married women. One of the main reasons for this low usage is lack of expertise among the health care providers to insert IUCD.

This unit will focus on providing practical guidelines for insertion and removal of IUCD, assuming that the client has been counseled and she has selected IUCD as her choice of contraceptive method, and category 3 and category 4 conditions have been ruled out.

17.1 OBJECTIVES

On completing this unit, the student should be able to

1. Identify parts of an IUCD
2. List the settings and equipments& supplies needed for IUCD insertion.
3. Elaborate the steps of inserting an interval IUCD and postpartum IUCD
4. Explain how to manage the side effects and complications of IUCD

17.2 IUCD INSERTION

Let us now learn, IUCD insertion in terms of time, setting, client assessment, preparation for IUCD insertion etc. as given below:-

17.2.1 Basic Information on IUCD

The copper bearing intrauterine device (Cu IUCD) is a small flexible plastic frame, containing copper, which a specifically trained provider inserts into a women's uterus. IUCD provides very effective, safe and long-term, yet reversible protection from pregnancy.

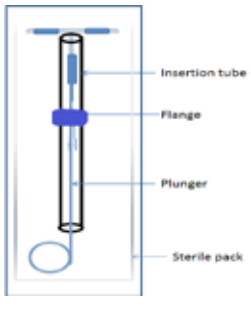
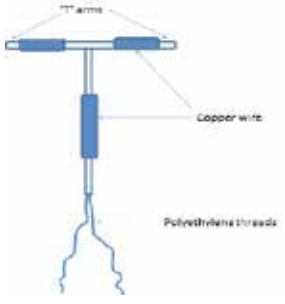
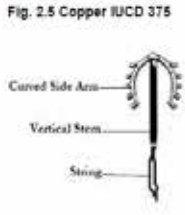
Currently there are two types of Cu IUCD available under the national programme –

1. Cu IUCD 380 A which is effective upto 10 years
2. Cu IUCD 375 which is effective upto 5 years

Mechanism of action: Copper bearing IUCDs (Cu IUCD 380 A and Cu IUCD 375) have same mechanism of action and act by:

- Preventing fertilization as the copper ions decrease sperm motility and function by altering the uterine and tubal fluid environment, thus preventing sperms from reaching the fallopian tubes and fertilizing the egg.
- Preventing implantation as it stimulates foreign body reaction in the endometrium that releases macrophages

Table 17.1: Comparative features of Cu IUCD 380A and Cu IUCD 375

Feature	Cu IUCD 380A	Cu IUCD 375
 **Fig. 17.1 IUCD inside the sterile cover**	 **Fig. 17.2 Cu T 380A**	 **Fig. 17.3 Copper IUCD 375**

Shape	"T" shaped device	Inverted U shaped flexible arm
Material	Polyethylene impregnated with barium sulphate	Polyethylene impregnated with barium sulphate
Dimensions	3.6 cm long and 3.2 cm wide	3.5 cm long and 1.8 cm wide and 5 stubs on each side on the "U"
Copper bands/wire	Vertical stem and horizontal arms are wound with copper wire	Only vertical stem is wound with copper stem
Surface area of Copper	380 sq mm	375 sq mm
Material of strings	Thin polyethylene strings	Monofilament nylon threads
Colour of string	White	Flourescent green
Effectiveness duration	10 years from the day of insertion	5 years from the day of insertion
Content in sterile packet	**Cu IUCD 380A** **Insertion Tube** - clean tube to guide the leaded IUCD through the cervical os into the uterus. **Cervical Guard/depth gauge** on insertion tube – To set the appropriate measurement of the insertion tube corresponding to the length of the uterus and to ensure that the arms of the T unfold in the proper direction (horizontal [plane) when they are released from the insertion tube. **Measurement insert** – It is used to set the blue length gauge to the appropriate measurement, obtained by sounding the uterus. **Plunger rod** – White rod, which is put inside the insertion tube containing loaded IUCD and the tip of the rod remains just below the IUCD. The rod is held stationary while the insertion tube is pulled back to release the IUCD into the uterus (withdrawal technique.	**Cu IUCD 375** **Insertion tube –** Clear tube to guide the IUCD through the cervical os into the uterus. **Cervical guard/depth gauge** on insertion tube – To set the appropriate measurement of the insertion tube corresponding to the length of uterus and to ensure that the IUCD is inserted as high in the fundus as possible without perforating the uterine wall. **Measurement insert** - It is used to set the blue length gauge to the appropriate measurement, obtained by sounding the uterus,

Contraceptive effectiveness – The IUCD is effective As soon as it is inserted. The IUCD is one of the most effective and long-lasting contraceptive methods.

Advantages of Cu IUCD:

- Offers long term, highly effective reversible protection against pregnancy
- Is effective immediately after insertion
- Suitable for use by most women
- Can be used as an emergency contraceptive if inserted within five days of the first act of unprotected pregnancy
- It can be replaced, without any gap, as many times as she desires, during her reproductive life
- Does not require daily attention from the user or special attention before sexual intercourse
- Insertion is one time procedure and is cost effective
- Can be used by lactating women
- Does not interact with any medicines the client may be taking
- Fertility returns promptly on removal

Limitations

- Pelvic examination before IUCD insertion is mandatory which is not so for other spacing methods
- Requires a skilled provider for insertion and removal of the device
- Does not protect against STIs/RTIs/HIV
- Cannot be inserted in women with active RTI/STI

Side Effects

Side effects of IUCD may be unpleasant but are not harmful and in most women these subside or resolve within a few months after insertion. Some women may experience the following:

- Menstrual changes: There may be increase in the duration/amount of menstrual bleeding or spotting or light bleeding during the first few days or months after insertion. These usually subside with symptomatic treatment
- Discomfort or cramps during insertion and for trhe next few days which subside in due course

17.2.2 Time of IUCD Insertion

This is important enough to reiterate here despite being covered in theory, as timing is of essence in IUCD use. Clients should not be turned away due to lack of knowledge regarding when to insert an IUCD.

1. The best time for inserting IUCDs should be when one is sure that the woman is not pregnant and the cervical os is preferably, open. Therefore, within seven days of menstruation is the best time to insert IUCD.

2. IUCD can also be inserted in postpartum period, within the first 48 hours. At this time, the woman is motivated for contraception as well as the os will be open after delivery. However, after 48 hours, there will be higher chances of perforation and postpartum infection. Hence, if the window period of 48 hours is over, then one should wait for complete involution of uterus i.e. six weeks before insertion of IUCD.
3. Insertion can also be done till 5th day after unprotected intercourse, which will not only prevent present pregnancy but also provide continued protection.
4. It can also be inserted after first trimester medical termination of pregnancy.
5. After spontaneous/second trimester abortion, it can be inserted only if there is no infection present.
6. A woman in lactational amenorrhoea can also have an IUCD inserted provided its sure that she is not pregnant.

17.2.3 Setting for IUCD insertion

Where can one insert IUCD? It can be inserted in a sub-centre, primary health centre, community health centre or hospital setting. Whatever the level of institution, space should be adequate and hygienic. It should be in an area, which is

- Clean and free of dust and insects
- Well lit and well ventilated but secluded enough for her privacy
- Equipped with a procedure table with washable surface
- Having tiled floor should for easy cleaning
- Provided with leak proof containers for segregating waste
- Having adequate supply of clean water and hand wash facility near by

17.2.4 Client assessment

Before actual insertion of IUCD, detailed history has to be taken to rule out the presence of conditions that would caution or contraindicate its use. History should be detailed enough to rule out Category 3&4 conditions, which precludes nursing personnel and medical officers from inserting IUCD without specialist's help.

Important points in history to be taken from the client as given below:

- Parity
- LMP & Menstrual history
- Past history of ectopic pregnancy
- History of abortions
- Time since last childbirth
- History of/symptoms suggestive of STD/RTI
- History of/symptoms of anaemia
- History of LSCS

- Contraceptive history
- History of postpartum infections

Presence of Category 4 conditions should exclude insertion and categories 2 & 3 require referral to higher level for assessment and insertion by specialist.

Examination:

- General physical examination including pallor for anaemia
- Abdominal examination for tenderness, mass and size of uterus
- Local examination of external genitalia, per vaginum (PV) and per speculum (PS)

Nursing personnel should **NOT** insert IUCD and refer clients to higher level if these are the findings on examination:

- Per speculum examination reveals profuse and/or yellow discharge suggestive of infection
- Uterus feel large, irregular or immobile and cervix soft
- If movement of cervix is tender
- Presence of mass or tenderness in the adnexa
- If ulcers, thick or purulent discharge, polyp or other growths

17.2.5 Preparation for IUCD insertion

The room for insertion should be clean and secluded for woman's privacy. Examination table should be clean and covered. Client can wear her own clothes. There is no need to change. Health care provider need not change but it's preferable for them to wear gown, mask and cap, though not essential.

There should be a sterile cloth to cover her pelvic area. Sterile gloves should be used by the staff. There should be an assistant to help so that asepsis can be maintained throughout the procedure, especially if Sim's speculum is being used, which needs to be pulled down for proper visualization, unlike Cusco's which can be fixed in place.

17.2.6 Equipment and Supplies recommended for IUCD insertion

1. Examination table with clean cover
2. Linen/ cloth to cover the woman's pelvic area
3. Cheatle's forceps
4. Sponge holding forceps
5. Sim's/Cusco's speculum
6. Anterior vaginal wall retractor
7. Volsellum/Allis forcep
8. Uterine sound
9. Long Sharp cutting scissors (Preferably curved 7-8" long)
10. Long artery straight forceps (for IUCD removal)
11. Kidney tray

12. Stainless Steel (SS) tray with cover
13. Gloves (high-level disinfected surgical gloves or examination gloves)
14. Dry gauze or cotton swabs
15. Stainless Steel Bowls -2
16. Antiseptic solution (chlorhexidine or povidone iodine)
17. Plastic bucket for decontamination
18. Clean sanitary pads
19. Autoclave/Steriliser/Boiler/Container with lid for boiling
20. Light source sufficient to visualize cervix (e.g., flashlight)
21. IUCD (in an unopened, undamaged, sterile package that is not beyond its expiry date and has been stored in a cool dry place.) as shown in fig. 17.4

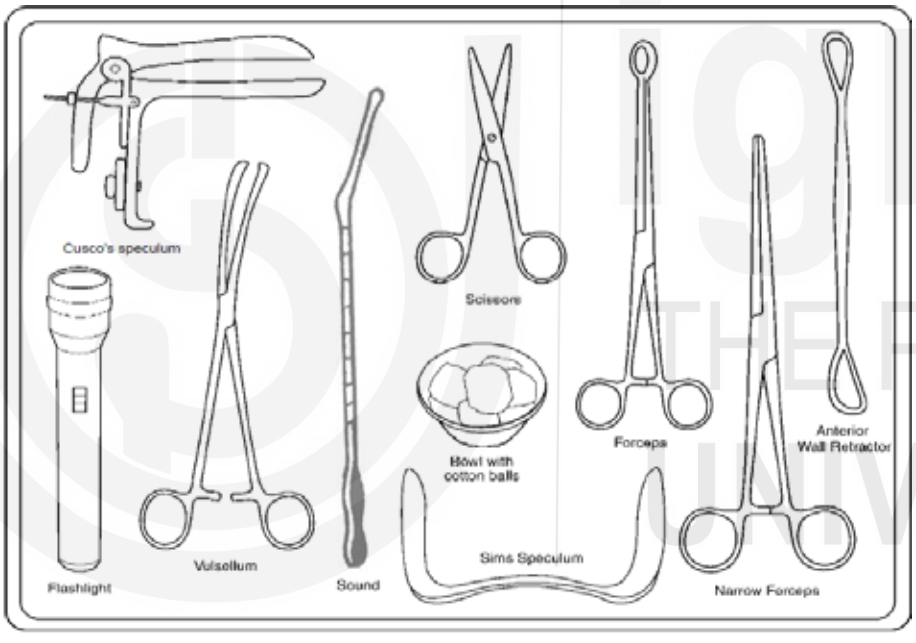


Fig. 17.4: Equipments required for IUCD insertion

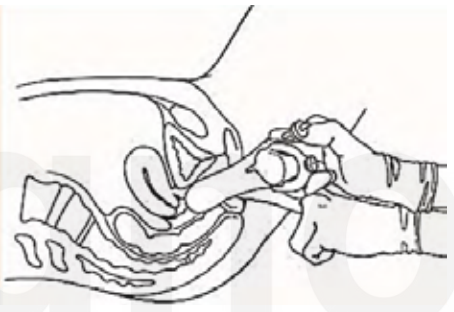
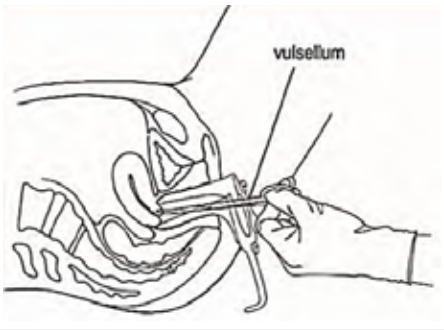
For postpartum IUCD (PPIUCD) insertion, most of the instruments and supplies needed are same except for two things:

- Sponge holding forceps instead of vulsellum should be used to hold anterior lip of cervix. Cervix is soft and more vulnerable to trauma at this stage; hence, vulsellum should not be used.
- A special instrument i.e. PPIUCD insertion forceps is required for holding and inserting the device into the postpartum uterine cavity

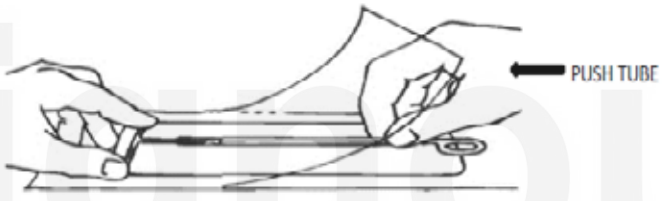
17.2.7 Technique of IUCD insertion

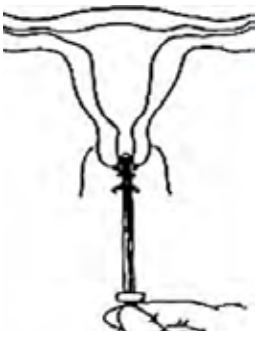
The safest and most commonly used technique is the "withdrawal" technique.

Steps for IUCD Insertion:

Step I: Prepare the client	• Give the woman a brief overview of the procedure, encourage her to ask questions, and provide reassurance as needed. • Remind her to let you know if she feels any pain. • Confirm that the woman has undergone appropriate counselling and assessment to ensure she is eligible for IUCD insertion at this time.
Step 2: Insert a sterile speculum to visualize the cervix	Keeping the already inserted high-level disinfected (or sterile) speculum in the vagina to visualize the cervix. If cervix bleeds easily on touch or purulent vaginal discharge is seen or any other abnormal signs found the IUCD should not be inserted. 
Step 3: Cleanse the cervix and vagina with an appropriate antiseptic	Thoroughly apply an appropriate antiseptic (e.g., povidone iodine or chlohexidine) two or more times to the cervix and vagina starting with the cervical os. • If povidone iodine is used, ensure that the woman is not allergic to iodine and wait 2 minutes for the solution to act.
Step 4: Grasp the anterior lip of cervix with HLD/ sterile volsellum and apply gentle traction	Gently grasp the anterior lip of cervix with the high-level disinfected/sterile volsellum and apply gentle traction(i.e., pull gently) • This will help straighten the cervical canal for easier insertion of the IUCD • Close the volsellum only to the first notch to minimize discomfort 

Step 5. Insert the Sterile sound to measure the length of uterus	While maintaining gentle traction on the volsellum, carefully insert the tip of the sound into the cervical os. Hold the sound between the finger and thumb • The curve of the sound facing upward in case of anteverted uterus • The curve of the sound facing backwards in case of retroverted uterus • Be careful not to touch walls of vagina or the speculum blades with the tip of the sound
Step 6. Advance the sound into the uterine cavity, and STOP when a slight resistance is felt	Gently advance the sound carefully and gently into the uterine cavity at the appropriate angle (based on your assessment of the position of the uterus during bimanual examination). Continue to pull steadily downward and outward on the volsellum, which should enable the sound to pass through the os more easily • If any resistance is felt at the level of the internal os, use a smaller sound, if available. • Do not attempt to dilate the cervix • If the woman begins to show signs of fainting, STOP advancing the sound into the uterine cavity. • When you feel a slight resistance, STOP advancing the sound into the uterine cavity. (A slight resistance indicates that the tip of the sound has reached the fundus). • Do not use force at any stage of this procedure • If a sudden loss of resistance is felt, the uterine length is greater than expected, or the woman is experiencing unexplained pain, STOP advancing the sound into the uterine cavity.  
Step 7. Determine the angle/direction of the uterine cavity	Determine the angle /direction of the uterine cavity and also rule out any obstruction in the cervical canal. • Gently remove the sound • Do not pass the sound into the uterus more than once

Step 8. Determine the length of the uterus	• Determine the length of the uterus by noting the level of mucus or wetness on the sound. • The average uterus is between 6 and 8 cm in length. • If the uterus is less than 6.5 cm in length, the woman may be at increased risk for IUCD expulsion.
Step 9. Loading the IUCD in its Sterile Package	Loading required in Cu IUCD 380 A 1. Loading should be done using '**no touch'** technique. a. Ask the assistant to open the lower end of the sterile pack. b. Fold the limbs of the 'T' from outside the pack and insert them into the insertion tube, without touching them.  c. Insert the plunger into the insertion tube from the other end, careful not to push the limbs of the T out of the insertion tube.  d. Slide the flange/guard around the insertion tube according to length of uterus as measured by the uterine sound. Normally uterus length is between 6-8 cms. If uterus is <6.5 cms, there is higher chance of expulsion. Care should be taken that the limbs of the 'T' and the flange are both horizontal. This facilitates proper placement inside the uterus.
	While loading, one should be careful not to bend the arms of the T inside the insertion tube for more than 5 minutes. Loading not required in Cu IUCD 375. In case of Cu IUCD 375, there is no plunger. Only the length of the gauge has to be set.
Step 10. Keep the client comfortable	Keep communicating with the client to keep her comfortable

<table>
<tr><td>Step11. Apply gentle traction on the cervix with the volsellum</td><td colspan="2">• Hold the loaded IUCD with one hand so that the blue length-gauge is in the horizontal position
• Grasping the volsellum (still in place after sounding the uterus) with the other hand and gently pull outwards and downward. (This will help straighten the cervical canal for easier insertion of the IUCD).
  </td></tr>
<tr><td>Step 12. Insert the loaded IUCD
Cu IUCD 380 A</td><td>Cu T 380A
• Carefully insert the loaded IUCD into the vaginal canal
• 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 IUCD.</td><td>Cu IUCD 375
• Carefully insert the already loaded IUCD (holding the string and the inserter tube) into the vaginal canal,
• Gently push it through the cervical os 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 Cu IUCD 375.
• During insertion, the flexible arms of the IUCD will fold inward, accommodating the shape of the cervical canal</td></tr>
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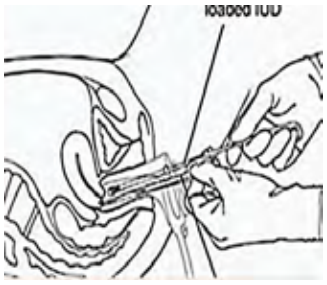
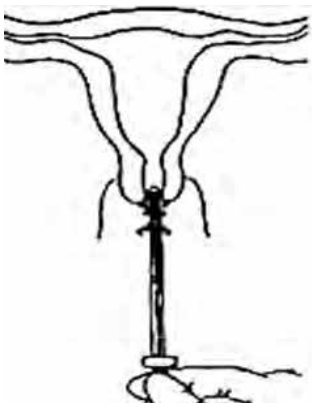
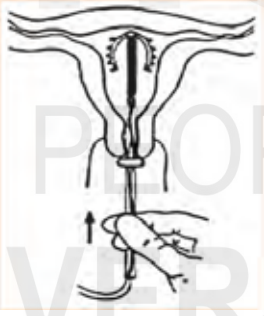
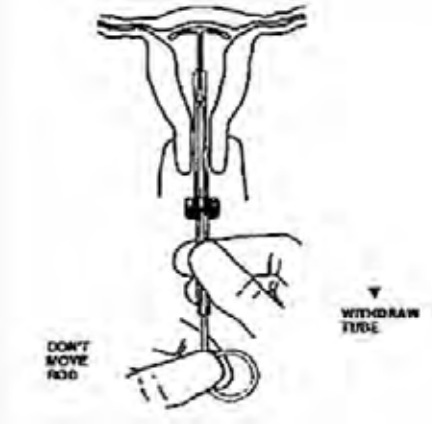
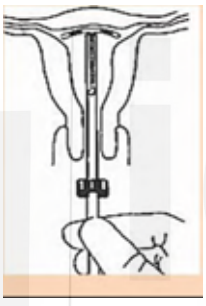
		
Step 13. Gently advance the loaded IUCD into the uterine cavity	Gently advance the loaded IUCD into the uterine cavity • STOP when the blue length-gauge comes in contact with the cervix or • Gently advance the device into the uterine cavity • STOP when the cervical guard comes in contact with the cervix or slight resistance is felt • Be sure that the cervical guard is still in the horizontal position • Do not pass the device into the uterus more than once 	
Step 14. Release of IUCD arms in the uterine cavity	• While holding the volsellum and plunger rod stationary, withdraw the insertion tube downwards (with your free hand) until it touches the circular thumb grip of the white plunger rod. This will release the IUCD arms in the woman's uterus. This is the withdrawal technique to minimize perforation 	

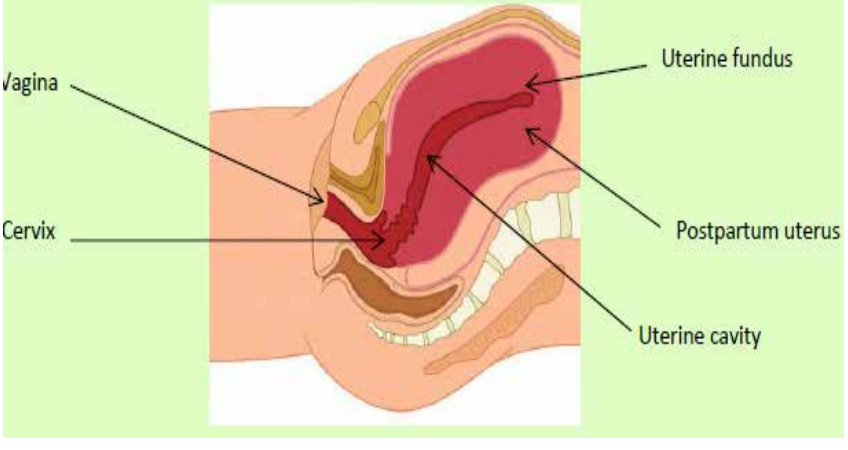
	• Remove the white plunger rod, while holding the insertion tube stationary • The plunger should be removed before the insertion tube is pulled out, otherwise the threads may be caught between the tube and the plunger resulting in downward displacement or expulsion of the IUCD from the uterus • The arms spring back into shape once it passes through the os in to the uterine cavity.
Step 15. Ensure that the arms of the T are as high as possible in the uterus	• Gently push insertion tube 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 
Step16. Removal of the insertion tube	Continuing to hold and apply gentle downward traction to the volsellum • Remove the insertion tube from the cervical canal • Continuing to hold and apply gentle downward traction to the volsellum • Remove the insertion tube from the cervical canal • Do not pass the Cu IUCD 375 into the uterus more than once
Step 17. Use high level disinfected (or sterile) sharp scissors to cut the IUCD strings at 3 to 4 cm of length	Partially withdraw the insertion tube from the cervical canal until the strings can be seen extending from the cervical os • Use sharp scissors to cut the strings at 3 to 4 cm from the cervical opening
Step 18. Removal of the volsellum	Gently remove the volsellum with open ends and place it in 0.5% chlorine solution for 10 minutes for decontamination

Step 19. Examine the woman's cervix for bleeding	If there is bleeding where the cervix was being held by the volsellum, • Use high-level disinfected /sterile forceps to place a cotton (or gauze) swab on the affected tissue • Apply gentle pressure for 30 to 60 seconds and ensure that the cotton is removed after the bleeding stops
Step 20. Removal of the speculum	Gently remove the speculum and place it in 0.5% chlorine solution for 10 minutes for decontamination
Step 21. Allow the woman to rest	Advise the woman to remain on the examination table for 5-10 minutes since occasionally a fainting spell may occur on getting down from the table immediately after insertion Begin performing the post-insertion steps while she is resting

17.3 POSTPARTUM IUCD INSERTION (PPIUCD)

Postpartum IUCD insertion is different than inserting other times. Uterus is large in size, soft, and vascular. Uterine walls are thicker, fundus is high in the abdomen and axis of uterus is almost perpendicular to vaginal canal. Cervix is wide and softer. Due to the changed contour of uterus, IUCD placing becomes difficult and it may be placed in the lower uterine section, rather than near the fundus. Common pitfall is mistaking posterior wall of uterus for fundus and depositing the device at that place, from where it will be easily expelled.

Important: PPIUCD insertion should take place within 48 hours after delivery. Should this period be crossed, one should wait for complete involution i.e. 6 weeks before attempting to insert IUCD in such women.



PPIUCD insertion should be preceded by proper

- History to rule out conditions that will preclude its use

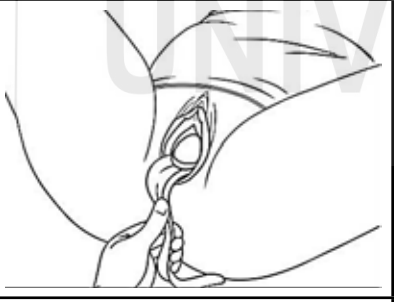
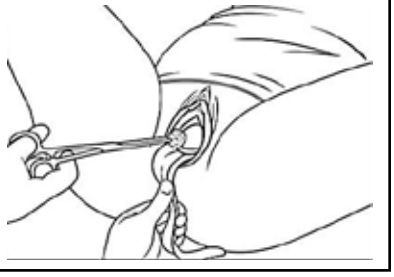
- There should be no evidence of postpartum haemorrhage, chorioamnionitis or premature rupture of membranes.
- Proper consent from women
- Reassurance about any apprehensions

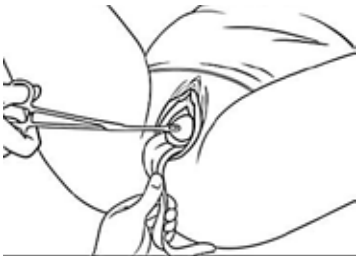
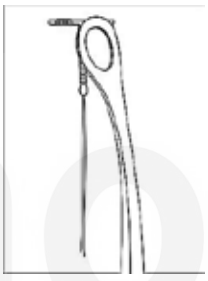
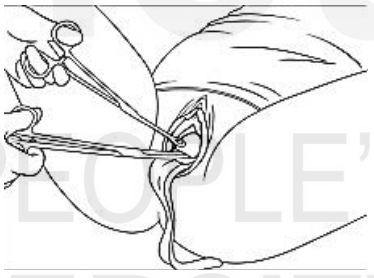
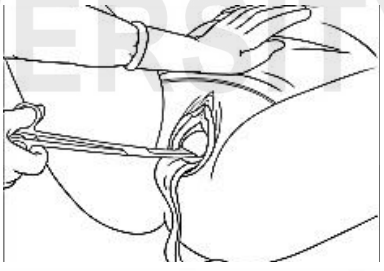
17.3.1 Technique for PPIUCD

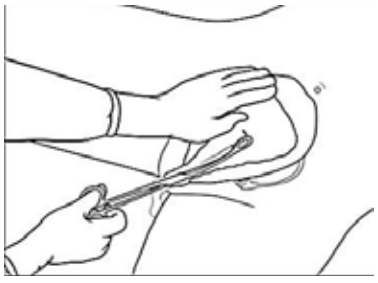
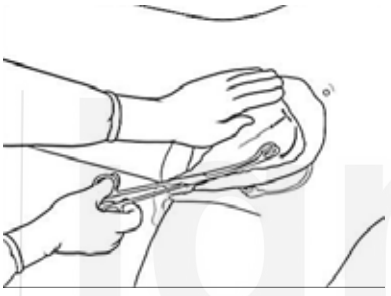
If insertion is done within 10 minutes after placenta expulsion (post placental), then she should not be moved from the labour table. All the required instruments and supplies should be made available there itself. Staff should change and wear sterile gloves for the procedure.

If it is done later in the next 48 hours, preceding conditions like PPH and infections should be ruled out, hygiene has to be observed and she should empty her bladder. Technique of insertion is like in post placental insertion. Place for insertion is same as given under 17.2.3 and instruments and supplies same as post placental insertion.

Steps of PPIUCD insertion:

1. Reassure the woman and explain to her the procedure.	
2. Drape her with sterile towel, clean the genital area as described before.	
3. Inspect the perineum for lacerations. If there is no heavy bleeding in them, one should proceed with the insertion.	
4. Insert Sim's speculum and visualise the vaginal walls and cervix for lacerations. If there is no heavy bleeding from these lacerations, one should proceed for insertion.	
5. Use a sponge holding forceps with sterile gauze dipped in povidone iodine or chlorhexidine to clean the cervix and surrounding area, at least twice. Wait for two minutes for it to act.	

6. Use the same sponge holding forceps or another sterile one to hold anterior lip of cervix	
7. Grasp the sterile IUCD with the PPIUCD insertions forceps following the "no touch" technique. It should be held just at the tip of the forceps so that when it is released, it is placed against the fundus and not midway into the uterine cavity.	 
8. With a gentle traction on the anterior lip of cervix, insert PPIUCD and advanced till the lower uterine cavity.	
9. Once the PPIUCD is in the lower uterine cavity, release the anterior lip of cervix place left hand on the sterile towel on the woman's abdomen and push uterus superiorly (upward) to straighten the angle of the uterus. This will aid in advancing the device to its proper place at the fundus.	 

10. With the uterus straightened, move the PPIUCD further into the uterine cavity till a resistance is felt, which will be the fundus. This will also be felt by the hand over the abdomen, which will further confirm that the device has reached its correct place. Release the device. The PPIUCD inserter forceps should always be closed to avoid dropping the device in the lower part of the uterine cavity, from where it will be expelled easily.	
11. With the insertion forceps open, sweep it to one side of the uterine wall and keeping it open throughout, withdraw it from the uterus. While doing this, uterus should be stabilized with left hand till the forceps is out. If the forceps is placed centrally or at any time it is closed, it might drag the device lower down or even pullout if thread is caught between the closed forceps, hence the necessity to move it to the side wall and to keep it open.	
12. If IUCD is seen protruding from the cervix or if the thread is too long, it means that the device is not properly placed. It should be taken out and replaced again.	

17.3.2 Post-insertion care and advice

1. Do not let her get up immediately after the procedure. Let her sit for 5-10 minutes to avoid fainting spells that occur sometimes.
2. Tell her again about the mild pain and bleeding problems, which will last for few months and subside of its own. Give her mild analgesics and anti-spasmodics.
3. She should be advised to come for follow up visit after her first menstrual period after placing IUCD, then at 3 and 6 months. However, after post placental insertion, visits should be as per requirement of postpartum care.
4. She should check the thread after menstrual bleeding as there is chance that it would have been expelled during menstrual bleeding

17.3.3 Potential problems after IUCD insertion and their management

1. Mild pain: This can be controlled by analgesics like NSAIDs given for a few days. Pain should subside after that.
2. Mild menstrual irregularity: There is nothing to be done as it will stabilise in a few months. However, if her haemoglobin level is compromised, she should receive iron tablets till few months after her haemoglobin returns to normal.
3. Displacement of IUCD is another problem, which may become evident if its visible at the cervix, or the thread is too long. Under such circumstance, it has to be taken out and reinserted, maintaining full aseptic precautions. If the device gets contaminated before re-insertion then use a new one.

17.3.4 Complications of IUCD and Red Flags For Referral

Complications-

1. Infection: IUCDs can be a source of infection if proper asepsis is not maintained during insertion or if the woman already has an infection and IUCD is inserted without first treating it; in which case infection will be introduced further into the uterus. They require adequate investigation and treatment with antibiotic. However, there is no need to give antibiotic cover for every woman who has IUCD inserted.
2. Rarely, IUCD may penetrate the uterine wall and either lie embedded in the uterine musculature or migrate to the abdominal cavity; with or without signs of irritation. If perforation is suspected, it needs referral for finding its site and removal.
3. Although, not strictly a complication of IUCD, but at times, women may conceive with IUCD still inside the uterus. If thread is visible, it should be taken out. If not visible and not expelled, refer them for further management, which needs gynaecologist's expertise.

Red flags-

1. Severe abdominal pain and tenderness with/without vomiting and/or dizziness and low BP.
2. Severe bleeding is also a sign that it might have caused trauma and needs referral.

Start such patients on IV fluids and refer to higher facility.

17.3.5 Technique of IUCD removal

IUCD removal should be done after its period of action is over and change is required or if and when the woman wants to conceive again or if she attains menopause. If she is getting removed because the time duration over and she needs further protection and willing, a new one can be inserted at the same sitting.

Steps in removing an IUCD

1. Let the woman empty her bladder and lie down in supine position as was done for insertion of IUCD and clean the area.

2. Insert the speculum and examine the vagina and cervix. Clean the cervix and vaginal walls with povidone iodine or chlorhexidine.
3. Look for threads that will be coming out of the cervix.
4. Insert the straight artery forceps or alligator forceps, hold the nylon threads and gently pull the threads to remove the IUCD. It should be pulled out with gentle traction. Too much force should not be used. If it gets difficult to remove, it is better to refer than use force.

The client has to be counselled that she may have cramps and slight bleeding and its normal. She should not worry. She may be given mild analgesics.

*IUCD should not be removed if there is evidence of infection in the vagina or cervix as there is danger of introducing the infection into the uterine cavity during manipulation

17.4 LET US SUM UP

IUCD is a safe and long lasting method of contraception, which is underutilized in India, one of the main reasons being lack of expertise among health care providers to insert IUCD. This unit intends to provide the health functionary with relevant information and step by step approach on how to insert and remove IUCD; starting from how the area should be, who should not receive, what instruments are required and how the insertion should be carried out.

17.5 ACTIVITY

Select eligible client for CuT insertion, perform assessment and examination before the procedure, document the finding of assessment.

- Prepare articles required for insertion of CuT.
- Explain the procedure and counsel the mother for accepting the device.
- Insert Cu T as per the technique listed.
- Give need based advice to the client.

17.6 REFERENCES

1. Chapter 6- Family Planning. Annual report of Ministry of Health & family Welfare 2014-2015, MOHFW Govt of India.
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5. Medical eligibility criteria for contraceptive use. 5th Edition. World Health Organization 2015

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Acknowledgement

Declaration:

Most of the specific steps in inserting IUCDs have been taken directly from the reference manual, in order to stick to standard guidelines**.**