



PROCEDURE FOR IMMEDIATE POST-PLACENTAL IUD INSERTION DURING VAGINAL DELIVERY

1. **Ultrasound guidance MUST be used for insertion.** Bring ultrasound into the room when delivery is imminent.
2. **Perform vaginal delivery per routine practice**, including routine uterotonics.
3. **Provide routine care after delivery of the placenta** (removal of membranes, control of bleeding, etc.) and ensure that adequate hemostasis has been attained and that the uterus is not atonic.
4. **Consider performing IUD insertion prior to repair of perineal lacerations**, though lacerations that are actively bleeding may need urgent repair.
5. **The RN will open the IUD packaging** directly onto the delivery tray. *Waiting until this point avoids opening the IUD until it is sure to be placed, so it is not wasted if unable to be placed for any reason.*
6. **The clinician** will change gloves, then place a speculum into the patient's vagina to expose the cervix and cleanse the cervix and vagina.
7. **Follow insertion guidelines for the specific IUD type.** Hormonal IUDs can be inserted using their inserter, with ovum forceps, or manually. Copper IUDs can be inserted using ovum forceps or manually.

INSERTER (HORMONAL IUD ONLY)

OVUM FORCEPS

Slide back the flange (ring) all the way to the handle.

Bend the inserter at the base of the sheath just above the handle to facilitate insertion.



Pass the inserter into the lower uterine segment under ultrasound guidance, and pull back the slider until the top of the slider reaches the mark (raised horizontal line on the handle).

Wait 10 seconds, then advance the inserter to the uterine fundus.

Pull the slider all the way back, releasing the IUD at the fundus, then carefully remove the inserter from the uterus.

If the inserter is defective, or is too short (as may be the case with obese patients), the IUD may also be inserted using ovum forceps, as outlined to the right.

Trim the strings of the IUD at the level of the cervix.

Remove the IUD from the inserter.

Using an ovum/placenta forceps, grasp both the stem and the arm of the IUD. *Do not use a ring forceps*, it will not be long enough to reach the fundus.

Place the IUD at the fundus under ultrasound guidance.

Open the forceps, allowing the IUD to remain at the fundus.

Remove the forceps carefully, by gliding the forceps against the uterine side wall, keeping them open so as not to inadvertently grasp the strings or the IUD.

8. **Do not inadvertently remove the IUD** when removing instruments from the vagina.
9. **Use ring forceps as a tenaculum** on the cervical anterior lip, if assistance is needed in passing the inserter or forceps through the lower uterine segment.
10. **Uterine (abdominal) massage** is permitted—*do NOT manually express the uterus* of clots after the IUD is placed. Uterotonics may be given as medically indicated.