



# Postpartum IUD insertion

**Southland Hospital**

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**HRT 1805 Maternity Services Improvement Group**

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**Brisbane**



# Key Problem

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The problem:

- New mothers missing out on Long Acting Reversible Contraceptive (LARCs) options such as LNG-IUD (Mirena) or Copper IUD due to-
  - poor access to family planning clinics
  - expensive GP fees
  - Limited availability in Gynae clinics or patient barriers to attending with newborn baby
  - Patients living in remote areas

# Aim of this innovation

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- To empower women with the option of IUD placement for contraception in the immediate postpartum period.
- To increase access to IUDs in postpartum period
- Thereby reducing unplanned pregnancies and
- Prolonging the inter-pregnancy interval with associated health benefits

# Key Changes Implemented

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- Dr Meggan Zsemlye, an O&G consultant currently working in Invercargill but previously from New Mexico USA had been involved in some studies of immediate postpartum insertion of IUDs with good results.
- She taught Doctors in the department how to insert at time of LSCS and in the Birth Suite after vaginal birth.
- The hospital developed a policy for IUD insertion at time of LSCS and on labour ward post vaginal birth.
- Follow up phone call required at 2 weeks postpartum
- Follow up appointment is required at ~6 weeks postpartum to :
  - General postpartum check
  - Ensure IUD has not been expelled
  - Check strings and shorten as required

# Evidence behind this Innovation

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- The “post-placental” insertion of IUD is **safe**:
  - No increase in risk of uterine perforation
  - No increase in postpartum infection rates
  - No difference in vaginal bleeding in immediate postpartum period
  - Safety in breast feeding of Cu & LNG IUDs has been established
- Expulsion rates of IUD is higher when inserted in immediate postpartum period
  - Different studies report expulsion rates from 2-27% compared to delayed insertion expulsion rates ~5%
  - Expulsion seems to be more common after vaginal birth than after LSCS
  - However, use of IUD at 6 months was the same or higher for women who elected to have immediate PP insertion over those who opted to come back at 6/52 PP

Whitaker A.K, Chen BA. Review article: Society of Family Planning Guidelines: Postplacental insertion of intrauterine devices. Contraception97 (2018) 2-13

# Outcomes so far

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- The program has been running for ~12 months
- 4-5 women/month are choosing to have immediate IUD placement.
- Audit of results (numbers, complications, loss to follow up) is yet to be done

# Lessons Learnt

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- Actually a very simple, safe procedure improving access to IUDs without any increase in harm.
  - Many women are unaware of IUDs as a freely available contraceptive option. It needs to be discussed and offered.
  - Important to discuss contraception plans **early** (during antenatal care)
  - Cost saving procedure as reduces need for Gynae clinic appointments for insertion.
  - Good option for women who are poor attenders.
  - Education and involvement of all stakeholders is important
  - Logistics can be an issue.
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# PPIUD Insertion: Ring Forceps Method

1. Grasp the anterior cervical lip with a ring forceps
2. Grasp the IUD with the ring forceps – but **DO NOT close the ratchets on the forceps**
3. Exert gentle traction toward yourself with the cervix-holding forceps
4. Insert the forceps holding the IUD through the cervix and into the lower uterine cavity
5. Release the hand holding the cervix and place the hand on the abdomen, palpating the fundus
6. Move the IUD-holding forceps to the fundus
7. Open the forceps and release the IUD
8. Slowly remove the forceps from the uterine cavity, keeping it slightly open





