

# C2.12 – INTRAUTERINE DEVICE (IUD) CHECK VISIT

## Policy

An intrauterine device check (IUD) is routinely performed 4-8 weeks following insertion, but clients are encouraged to call for a follow-up appointment at any time if they suspect the IUD has been expelled, partially expelled, or if the client identifies any other IUD related problem.

#### Procedure

#### Type of IUD

- Identify the type of IUD
- Remind the client of the anticipated replacement date

# **Review History**

- LMP (amount and length of flow) or other bleeding history since insertion.
- Sexual concerns and satisfaction with IUD.
- Ability to feel strings.
- History of STIs.

#### Assess the Utilization of the IUD

- Review client's technique for checking IUD string following menses and reinforce the importance of periodic self-checks.
- Assess the client's (and partner, if appropriate) acceptance of the IUD as their contraceptive method.
- Reinforce instructions regarding the need for follow-up care in the following circumstances:
  - o Strings not felt.
  - o IUD expelled/partially expelled.
  - o Partner complaining of feeling strings during coitus.

#### **Review Possible Side Effects**

- Dysmenorrhea.
- Menorrhagia.
- Dyspareunia.

- Vaginal discharge.
- Intermenstrual bleeding (after 1st 3 months of use).
- Amenorrhea, metrorrhagia.

#### **Review Warning Signals**

Reinforce the need to call clinic or report to Clinical Services Provider if any of the following should occur:

- Fever/chills.
- Severe cramps/abdominal pain.
- Foul smelling vaginal discharge.
- Amenorrhea (if not progesterone containing).
- Intermenstrual bleeding/spotting.

- Unusually heavy bleeding (more than 7 days) or cramping with menses.
- Absence of strings.
- Positive pregnancy test.
- Subjective signs or concerns about pregnancy.



# Reminders

Reinforce the need for continued screening and pelvic exams, as indicated, even though she may have an effective birth control method for many years.

## Vital Signs

- BP
- Weight (as indicated).
- Other lab procedures may be done according to need, i.e., pregnancy test for amenorrhea, Hgb and/or Hct for menorrhagia, STI screen.

Date Revised	September 2023
References	Providing Quality Family Planning
	Services Recommendations of CDC and
	the U.S. Office of Population Affairs
	(QFP) [2014]
	(https://www.hhs.gov/opa/guidelines/clini
	cal-guidelines/quality-family-planning/in
	dex.html)
Additional Resources	Contraceptive Technology, 19th Edition,