Postpartum IUD T Cu 380A

INDICATION

PPIUD [Postpartum IUD T Cu 380A] is indicated for conception control.

TIMING OF IUD INSERTION

The usual timings are:

A) Immediate Postpartum:

- Post placental: Insertion after a vaginal delivery, while the patient is still in the delivery room.
- Within 48 hours after delivery: Insertion within 48 hours of delivery and prior to discharge from the postpartum ward.

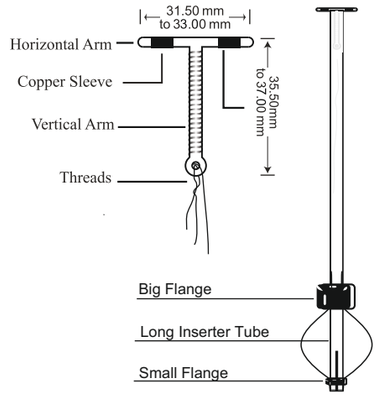
B) Post abortion:

The standard IUD inserter should be used after abortion. Exceptionally with late abortions after 20 weeks' gestation the PPIUD may be appropriate.

C) Extended Postpartum/Interval:

Insertion any time after 4 weeks postpartum should be performed with the normal introducer and not the PPIUD. "Following caesarean section, the normal IUD inserter should also be used and not the PPIUD." (Note: the change from 6 weeks to 4 weeks is to maintain consistency with the WHO medical eligibility criteria for contraceptive use.)

Postpartum IUD T Cu 380A with inserter



WHO CAN USE IT

Most postpartum women can safely use the IUD, including those who are young, breastfeeding, or do hard work. It is especially good for women who think they do not want any more children, but want to delay sterilization until they are certain.

Some women should not use the IUD, including women who have an abnormal shaped uterus or have a high personal risk of sexually transmitted infection.

Sometimes women develop an infection during the time of birth. They should wait until after the infection has been treated to have the IUD inserted.

HEALTH BENEFITS

The IUD is very safe at preventing pregnancy.

ADVANTAGES

The specific advantages of an IUD placed in the immediate postpartum period include:

Advantages for the woman:

- Convenience; saves time and additional visit.
- Safe because it is certain that she is not pregnant at the time of insertion.
- High motivation (woman and family) for a reliable birth spacing method.
- Reduced perception of initial side effects (bleeding and cramping).
- Reduced chance of heavy bleeding, especially among lactational amenorrhea method (LAM) users, since they are experiencing amenorrhea.
- No effect on amount or quality of breast milk.
- The woman has an effective method for contraception before discharge from hospital.
- Reduced likelihood of perforation.

Advantages for the service provider or the service delivery site:

- Certainty that the woman is not pregnant.
- Saves time as performed on the same delivery table for postplacental insertions at the time of vaginal delivery.
- Additional evaluations and separate clinical procedure is not required.
- Need for minimal additional instruments, supplies and equipment.
- Convenience for clinical staff; helps relieve overcrowded outpatient facilities thus allowing more women to be served.

SIDE EFFECTS

Copper-bearing IUDs (e.g., the Copper T) have fewer side effects than hormonal methods (e.g., the pill), but sometimes cause an increase in the amount, duration, and painfulness of menstrual periods.

These symptoms are usually not noticed by postpartum women, especially those who are breastfeeding, because they lessen or go away spontaneously in the first few months after insertion.

POSSIBLE RISKS

When it is inserted immediately postpartum, about 5–10 women out of 100 will experience a complete IUD expulsion during the first 6-8 weeks (i.e. the IUD has fallen out. If this happens, she should return to the health facility and have another IUD inserted to continue protection against pregnancy.

If the client has unusual bleeding or cramping symptoms that are worrisome to her, she should see a provider to be assessed.

The IUD offers no protection against HIV or other STIs. Only barrier methods (e.g., the condom) help protect against exposure to HIV and other STIs.

If the woman thinks that she has a "very high personal risk" for certain STIs she should not use the IUD.

Giving antibiotics routinely is not recommended for client of low risk of STIs.

MODE OF ACTION

The IUD interferes with the ability of sperm to survive and to ascend the fallopian tubes where fertilization occurs. It alters or inhibits sperm migration, ovum transport and fertilization. It stimulates a sterile foreign body reaction in endometrium potentiated by copper

EFFECTIVENESS

The Cu-T 380A is a highly effective (>99% effective). There are 0.6 to 0.8 pregnancies per 100 women in first year of use.

The Cu-T 380A is effective for 10 years of continuous use. It can, however, be used for whatever time period the woman wants, up to 10 years.

LIMITATIONS

The specific limitations of an IUD placed in the immediate postpartum period include: -

- Increased risk of spontaneous expulsion.
- Perforation of the uterus while placing a PPIUD immediately after delivery of placenta or during the first 48 hours postpartum is very unlikely because of the thickness of the uterine wall in the postpartum period.
- The other limitations of the immediate PPIUD are the same as the interval IUD.

STANDARD UNIVERSAL PRECAUTIONS OF INFECTION PREVENTION

1. Hand washing:

- Wash hands with soap and water or an appropriate alcohol-based hand rub before performing immediate PPIUD insertions and after the procedure.
- Hands should be dried with a clean personal towel or air-dried. Towel should not be shared.

2. Self-protection such as wearing gloves and physical barrier:

- Wear gloves on both hands before touching anything such as lower genital tract skin and mucous membranes, blood or other body fluid such as urine or faeces, soiled instruments, and contaminated waste materials or while performing invasive procedures.
- Use protective goggles, face masks and aprons if splashes and spills of blood or other body fluids are possible (e.g. during the procedure itself or when cleaning instruments and other items).

3. Safe work practices and maintaining asepsis:

- The IUD is to be inserted and removed by a healthcare provider.
- Before IUD insertion, apply a water-based antiseptic to the cervix and vagina two or more times.
- Use aseptic/no-touch technique during every immediate PPIUD insertion.
- Use only sterile IUDs that are in intact and undamaged sterile packages and are not beyond expiry date.
- Sterile/HLD gloves or instruments should be used throughout the procedure.
- The IUD should not touch the perineum, the vaginal walls or any other non-sterile surface that may contaminate it before placement in the uterus.
- Ideally the IUD should not be passed through the cervical os more than once.
- Specific Infection Prevention Steps for the Immediate PPIUD Procedure Before insertion.
- Ensure that HLD /sterilized instruments and supplies are available and ready for use. Open all required HLD/sterile instruments and supplies onto a dry, HLD/sterile surface. IUD should be placed close by in its sterile unopened packet.
- Ensure that the IUD package is unopened and undamaged and check the expiry date.
- For immediate postpartum insertion within 48 hours of delivery, wash or have the woman wash her perineal area with water before preparing the vagina and cervix.
- If immediately after delivery, in the absence of frank faecal contamination, cleaning the perineal area gently with a sterile gauze or towel is sufficient.
- Hand washing and wearing of gloves should be done appropriately.
- Using sterile cotton swab and a sterile sponge/ring forceps ensure that the cervix is cleaned with a water based antiseptic solution two times.

During insertion (as applicable)

- Sterile or HLD gloves are used to stabilize the IUD in its packet.
- Through out the procedure, use "no-touch" technique to reduce the risk of infection.

CONTRAINDICATIONS

Absolute contraindications:

- Undiagnosed abnormal vaginal bleeding;
- Acute cervical, uterine, or salpingeal infection;
- Past salpingitis; and suspected gynaecologic malignancy.
- Rupture of membranes for more than 18 hours
- Chorioamnionitis
- Unresolved postpartum haemorrhage

Relative contraindications:

- UPrior ectopic pregnancy;
- History of STDs;
- Multiple sexual partners;
- Moderate or severe dysmenorrhea;
- Congenital anomalies of the uterus or other abnormalities such as leiomyomas;
- Iron deficiency anaemia (for the copper IUD);
- Valvular heart disease;
- Frequent previous expulsions or problems with prior IUD use

DIRECTIONS FOR HEALTH CARE PROVIDER

- Discuss the contraceptive effectiveness, side effects, health benefits, risks and complication associated with PPIUD T Cu 380A.
- Discuss suitability for use by most women and common misunderstanding about IUDs.

STEPS FOR INSERTION OF IUD USING INSERTER

Steps of Post-placental /Morning-After-Delivery Insertion by using PPIUD Inserter

The steps described below follow the 'Clinical Skills Checklist for Post placental/MAD Insertion of the IUD using Inserter

1. **1st** Assessment-Check woman's record to ensure that she is an appropriate client for IUD and she has given her written consent. Note time of injection Oxytocin given to client. Insure that the oxytocin (or other uterotonic such as misoprostol if oxytocin is not available), has had time to take effect before inserting the IUD.

   2nd assessment Using the Job-aid for PPIUD pre insertion screening of client (Annexure 1), rule out conditions which prevent insertion (exclusion criteria) of IUD like:

   - Rupture of membranes for more than 18 hours
   - Chorioamnionitis
   - Unresolved postpartum haemorrhage

2. Confirm that HLD (High Level Disinfection)/sterile instruments, PPIUD inserter, supplies and light source are available in the labour room for immediate post placental/MAD insertion.
3. Perform hand hygiene and put on HLD or sterile gloves.
4. Arrange instruments and supplies on sterile tray or draped area.
5. Inspect perineum, labia and vaginal walls for lacerations. If lacerations are not bleeding heavily, insert the IUD.
6. Gently visualize cervix by inserting a Sims speculum in the vagina and depressing the posterior wall of the vagina.
7. Gently clean cervix with antiseptic solution two times using two separate cotton swabs with Povidone Iodine or Chlorhexidine. Wait for two minutes to allow the antiseptic to work.
8. Gently grasp the anterior lip of the cervix with the ring forceps up to the first lock. (The same ring forceps that as used to clean the cervix can be used).
9. Open the inserter pack from lower end. Grasp the Inserter at the lower end of the inserter.
10. Confirm there is adequate space between the thread and distal exterior of the insertion tube to be able to cut thread. If necessary, adjust the position of the flange to provide adequate clearance. Use the inside surface of the packaging to hold the flange if adjustment is required. The arms of the IUD should not be folded into insertion tube as is required with the standard inserter.
11. Apply gentle traction on the anterior lip of the cervix using the ring forceps and insert IUD into lower uterine cavity. Avoid touching the walls of vagina. The provider passes the PPIUD inserter carefully into the lower uterine cavity. Make sure the arms of the IUD are sitting correctly in the notches at the end of the insertion tube. The correct orientation of the IUD can be maintained by keeping the black line at the clinician end of the insertion tube in the anterior position during the insertion procedure.
12. Once the PPIUD inserter is in the lower uterine cavity, lower (or remove) the ring forceps that is holding the anterior lip of the cervix. Move the left (or non-operative) hand to the woman's abdomen and push the entire uterus superiorly (upward). This is to straighten out the angle between the vagina and the uterus, so that the inserter can easily move upward toward the uterine fundus.
13. Gently move PPIUD inserter upward towards the fundus following the curve of the uterine cavity. The provider should take care not to apply excessive force. If the uterus is not pushed upward, the angle between the cervix and the uterus may not allow the inserter to advance smoothly.
14. Confirm that the IUD has reached the fundus and when it reaches the uterine fundus, the provider will feel resistance and will also feel the thrust of the inserter at the fundus of the uterus with their abdominal hand which is placed on the abdomen at the level of the fundus.
15. After the placement of IUD at the fundus and, while holding the inserter there, the clinician will remove the small blue flange by just pulling it down and cut one end of the long thread right at the entrance of the sleeve at the distal end. Then, while continuing to hold the inserter at the fundus, pull the other thread until it comes out completely first from the big blue flange and then out of inserter and if appropriate, place in 0.5% chlorine solution for 10 minutes for decontamination.

    Please ensure only one end of the long thread is cut. In case, both the ends of the long thread are cut accidently, remove the IUD and replace with a new one.
16. Release the IUD at the fundus by gently withdrawing the inserter. Stabilize the uterus with gentle pressure on the abdomen until the inserter is completely out of the uterus. Withdraw the inserter from the cervical canal and if appropriate, place in 0.5% chlorine solution for 10 minutes for decontamination.
17. Examine the cervix to ensure there is no bleeding. It is important to check that the IUD limb is not visible at the cervical os. If IUCD is seen protruding from cervix, remove the Device and insert new IUD. If it is visible, then the IUD has not been adequately placed at the fundus and the chance of spontaneous expulsion is higher. If it appears that the IUD is not placed high enough (greater than 2.5 cm away from the top of the fundus), the provider can remove the same and, using a new device, perform the insertion again. Note-If there is doubt about fundal placement, and if an ultrasound machine is immediately and conveniently available, it can be used after insertion to ensure that the horizontal limb (arm) is not greater than 2.5cm away from the top of the fundus internally. However, routine use of ultrasound is not recommended.
18. Remove all instruments used and if appropriate, place them in 0. 5 % chlorine solution for 10 minutes for decontamination.
19. Allow the woman to rest for few minutes. Support the initiation of routine postpartum care, including immediate breastfeeding. The woman should rest on the table for few minutes following the insertion procedure. The provider should reassure her that the insertion was done smoothly and that she now has an effective, safe and reliable long term spacing method of contraception.
20. Immerse both gloved hands in 0.5% chlorine solution. Remove gloves by turning them inside out and disposing of them. Perform hand hygiene. All infection prevention steps should be followed as per standard infection prevention procedures and facility protocol for waste management.
21. Provide the woman with post insertion instructions. Provide IUD card showing type of IUD and date of insertion. Inform her about the IUD side effects and normal postpartum symptoms. Tell the woman when to return for IUD follow-up/PNC/ new-born check-up. Emphasize that she should come back any time she has a concern or experiences warning signs. Inform her about the warning signs regarding IUD. Explain that if she feels the strings near the entrance of the vagina or protruding from the vagina at any time she should go to a centre for examination. Explain how to check for expulsion and what to do in case of expulsion. Assure the woman that the IUD will not affect breastfeeding and breast milk. Ensure that the woman understands the post-insertion instructions. Give written post-insertion instructions. Inform her that follow up is scheduled 4-6 weeks but that she can return at any time to have the strings trimmed as needed. These instructions should be reinforced again by the staff of the postpartum unit and repeated to the woman, and if possible with her family.
22. Record information regarding the PPIUD insertion in the woman's chart or record and proforma and in the Immediate PPIUD register kept at the facility.

Tips for Reducing Spontaneous Expulsion Technique

- Elevate/straighten the uterus.
- Place IUD at the fundus.
- Stabilize the uterus with gentle pressure on the abdomen until the inserter is completely out of the uterus.

Immediate PPIUD Insertion and Active Management of Third Stage Labor (AMTSL)

No aspect of AMTSL should be modified to accommodate immediate PPIUD insertion.

Displacement of the IUD

Possible Signs/Symptoms

- IUD can be visualized in the cervix or upper vagina after placement.
- The woman has discomfort or pain different from the normal postpartum cramps in the first few weeks postpartum.

PPIUD Immediate post-insertion care at the health facility:

- The client should be advised to report any increase in more than expected vaginal bleeding or uterine cramping.
- Vaginal haemorrhage related to uterine atony should be managed as per standard procedure with uterine massage and uterotonics as necessary (Note, the immediate PPIUD does not increase the risk of uterine atony.)
- If severe uterine cramping occurs and persists after immediate PPIUD insertion, a speculum or bimanual exam should be performed to check for partial or complete expulsion. When performing such an exam be careful not to put tension on the IUD threads.
- If the woman complains of fever, a full clinical evaluation needs to be done and in the presence of endometritis, an accepted antibiotic regimen should be used for treatment.

Post-insertion Instructions to the woman:

- There may be vaginal bleeding or spotting or cramping for initial few days/weeks after insertion. These symptoms are normally experienced by the woman in the postpartum period. Take Ibuprofen, Paracetamol or other pain reliever as needed.
- It is recommended that after 4-6 weeks the woman returns to clinic to have an examination.
- Spontaneous expulsion can happen in some cases, and is most likely to occur during the first three months postpartum. Be observant whether the IUD comes out. If it does, come to the health facility immediately for insertion or another contraceptive method.
- At six weeks postpartum, the IUD strings can be felt by some women. It is not necessary for her to check the strings. She may come to the health facility if she has any concern about the strings.
- Remember IUD does not protect against STIs and HIV. Resume intercourse at any time she feels ready.
- Return for removal of the IUD at any time she wants a pregnancy and she will have almost immediate return of fertility.

BEFORE DISCHARGE, THE FOLLOWING WARNING SIGNS SHOULD BE HIGHLIGHTED AND THE CLIENT SHOULD BE ENCOURAGED TO CALL OR COME TO THE FACILITY IMMEDIATELY FOR ASSESSMENT:

- Heavy vaginal bleeding
- Severe lower abdominal discomfort
- Fever and not feeling well
- Unusual vaginal discharge
- Suspected expulsion: can either feel IUD in the vagina or has seen it expelled from the vagina.
- Any other problems or questions she has related to IUD.

Management of Missing Strings:

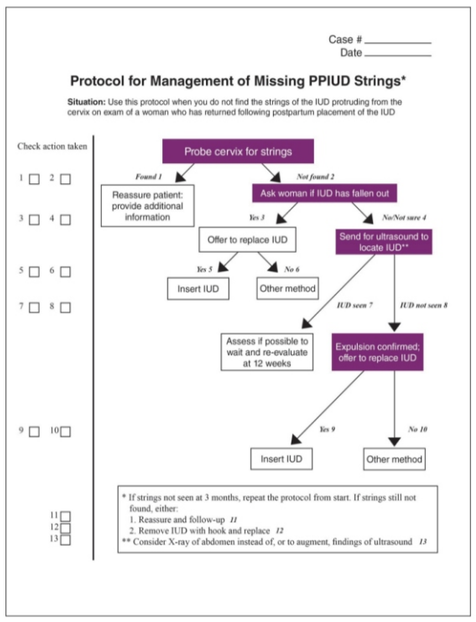
- Ask the women if she thinks the IUD has fallen out.
- Rule out pregnancy by history or laboratory examination.
- Probe the cervical canal using an HLD or sterile cervical brush or narrow forceps (e.g., Bose, alligator) to locate the strings and gently get them out so that they are protruding into the vaginal canal.
- If the strings are not located in the cervical canal, refer the women for an X-ray or ultrasound to confirm normal intrauterine positioning. Provide a back-up method while waiting for the results. Manage as appropriate based on findings:
- If the IUD is located inside the uterus and the women wants to keep the IUD, do not remove it. Explain to her that the IUD is still protecting her from pregnancy but that she will no longer be able to feel the strings. Review signs and symptoms of spontaneous expulsion.
- If IUD is located inside the uterus and the women wants it removed, refer her for IUD removal by a specially trained provider.
- If the IUD cannot be visualized in the uterus or the peritoneal cavity, manage as complete IUD expulsion.

Management of Long Strings:

- Trim strings, as needed, up to 3-4 cm from cervical os.

Appendix I

Appendix I: Protocol for Management of Missing PPIUD Strings



Reference Appendix 1, Global PPIUD Reference Manual

INDICATIONS FOR REMOVAL OF AN IUD

The major reason for IUD removal is desire for pregnancy. Medical reasons for removal are partial expulsion (i.e. the IUD itself can be seen protruding from the cervix on exam), usually occurring in the first few months of use; persistent cramping, bleeding, or anaemia, accounting for about 20% of removals. During the first 3 months; acute salpingitis or actinomyces infection on Pap smear; pregnancy (for the reasons previously cited); intra – abdominal placement/perforation; and significant post insertion pain, which may indicate improper placement or partial perforation.

REMOVAL

Woman must come to the health facility to have it removed whenever she wants to get pregnant, otherwise, at the end of the recommended period. Woman could be able to get pregnant soon after IUD is removed.

The woman can get the IUD removed any time she desires for a pregnancy or to change to another method. If she wants to continue to use the IUD for a longer time, she can use it for 10 years and then have it replaced with another one.

Waste disposal:

After completing a procedure (e.g., IUD insertion), on completion of shelf life or on removal after use, dispose the items as per local regulations governing disposal of non-recyclable waste / medical waste.

MRI COMPATIBILITY:

MR conditional,

The energetic state of copper will not be modied by MRI, therefore the effect of MRI on IUD is unlikely. In addition, based on the non-ferric characteristic of copper, scintigraphy obtained by MRI is not considered to be impacted by the presence of the IUD.

MRI is possible, it's recommended to check the correct position of the IUD after an MR examination

RADIOTHERAPY AND ELECTROTHERAPY

Radiotherapy or electro-therapy using high frequency current is contraindicated especially when it is applied in the area of the lower pelvis. With regard to use of the continuous low-frequency current (ionizations), it appears that it cannot have a harmful eect on women using a copper IUD.

The device is a sterile medical contraceptive device for single use only

Annexure 1

JOB-AID FOR IMMEDIATE PPIUCD PRE-INSERTION SCREENING OF CLIENT

Ask the woman whether she still desire the IUCD for Immediate PPFP ☐ No ☐ Yes

Review her antenatal record and be certain that:

- Her antenatal screening shows that an IUCD is appropriate method for her ☐ No ☐ Yes
- She has had FP counselling while not in active and there is evidence of consent in her chart ☐ No ☐ Yes
- She is being counselled in the post-partum period: ☐ No ☐ Yes

Review the course of her labour and delivery and ensure that none of the following conditions are present:

If planning an immediate post placental insertion, checkwhether any of the following conditions are present:

- Chorioamnionitis (during labour) ☐ Yes ☐ No
- More than 18 hours from rupture of membrane todelivery of baby ☐ Yes ☐ No
- Unresolved postpartum haemorrhage ☐ Yes ☐ No

If planning an immediate postpartum insertion, check whether any of the following conditions are present:

- Puerperal sepsis ☐ Yes ☐ No
- Postpartum endometritis/ metritis ☐ Yes ☐ No
- continued excessive postpartum bleeding ☐ Yes ☐ No
- Extensive genital trauma where the repair would be disrupted by immediate postpartum placement of an IUCD ☐ Yes ☐ No

Confirm that sterile instruments are available * ☐ No ☐ Yes

Confirm that IUCDs are available and accessible on the labor ward ☐ No ☐ Yes ♦

Manufactured by:
PREGNA INTERNATIONAL LTD.
Plot No. 219, Survey No. 168
Dabhel Industrial Co-Operative Society Ltd.,
Dabhel, Daman (U.T) - 396 210 - India

Email: sales@pregna.com
Website: www.pregna.com

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Post-Partum Intra Uterine Device

Instructions for use

T Cu 380A