Copper Intrauterine Device – Management of Issues

Obstetrics and Gynaecology > Gynaecology > Contraception

Managing common issues with Copper Intrauterine Device (IUD)

Red Flags

Pregnancy

Lower abdominal pain

Missing strings

Unscheduled bleeding

Dyspareunia

Removal

This map was published by MidCentral District. A printed version of this document is not controlled so may not be up-to-date with the latest clinical information.
1. Care map information

**In scope:**
- management of issues relating to use of CuIUD

**Out of scope:**
- presentation for planned contraception
- this pathway does not cover emergency contraception
- use of contraception methods for medical conditions e.g. menstrual control, PCOS, PMS, endometriosis etc.
- non-reversible forms of contraception
- presentation for planned contraception using methods other than other contraceptive options (combined hormonal vaginal ring)

**References:**
See Provenance Certificate for full list of references.

2. Information resources: patients and providers

**Provider information:**
- [Hook Me Up Services Directory](#)

**Patient and Carer information:**
- [Family Planning patient handouts](#)
- [Pros, cons and contraindications for contraceptive options](#) in young adolescents
- American Family Physician - [family planning and contraception](#)
- Family Doctor - [birth control options](#)
- FAQ's - [contraception](#)

**Te Ara Whānau Ora Brochure:**
- [Te Ara Whānau Ora Brochure](#)

3. Updates to this care map

Date of publication: August 2016.

For further information on contributors and references please see the care map's Provenance.

4. Hauora Māori

Māori are a diverse people and whilst there is no single Māori identity, it is vital practitioners offer culturally appropriate care when working with Māori whānau. It is important for practitioners to have a baseline understanding of the issues surrounding Māori health.

This knowledge can be actualised by (not in any order of priority):
- acknowledging [Te Whare Tapa Wha (Māori model of health)](#) when working with Māori whānau
- asking Māori clients if they would like their whānau or significant others to be involved in assessment and treatment
- asking Māori clients about any particular cultural beliefs they or their whānau have that might impact on assessment and treatment of the particular health issue ([Cultural issues](#))
- consider the importance of whānaungatanga (making meaningful connections) with their Māori client / whānau
5. Pasifika

Pacific Cultural Guidelines (Central PHO) 6MB file

Our Pasifika community:
- is a diverse and dynamic population:
  - more than 22 nations represented in New Zealand
  - each with their own unique culture, language, history, and health status
  - share many similarities which we have shared with you here in order to help you work with Pasifika patients more effectively

The main Pacific nations in New Zealand are:
- Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau and Tuvalu

Acknowledging The FonoFale Model (pasifika model of health) when working with Pasifika peoples and families.

Acknowledging general pacific guidelines when working with Pasifika peoples and families:
- Cultural protocols and greetings
- Building relationships with your pasifika patients
- Involving family support, involving religion, during assessments and in the hospital
- Home visits
- Contact information

Pasifika Health Service - Better Health for Pasifika Communities:
- the Pasifika Health Service is a service provided free of charge for:
  - all Pasifika people living in Manawatu, Horowhenua, Tararua and Otaki who have long term conditions
  - all Pasifika mothers and children aged 0-5 years
- an appointment can be made by the patient, doctor or nurse
- the Pasifika Health Service contact details are:
  - Palmerston North Office - 06 354 9107
  - Horowhenua Office - 06 367 6433
- Better Health for Pasifika Communities brochure

Additional resources:
- Ala Mo'u'i - Pathways to Pacific Health and Wellbeing 2010-2014
- Primary care for pacific people: a pacific health systems approach
- Tupu Ola Moui: The Pacific Health Chart Book 2004
- Pacific Health resources
- List of local Maori/Pacific Health Providers
- Central PHO Pacific Health website
6. Managing common issues with Copper Intrauterine Devine (IUD)

For many of the reported side effects there is little supporting evidence for a causal association nor advice on management.

However, causal relationships may not yet have been shown and individual responses are averaged out in studies therefore the likelihood of a causal relationship should be critically considered in each case.

Investigation and management of the symptom should not entirely focus on the contraceptive method as the cause of the symptom. The presence of a side effect does not invalidate the contraceptive method nor suggest a change in method is required, but should instead invite reflection on the patient experience and preferences.

Always consider the usefulness of a wait and see approach.

7. RED FLAGS!

This pathway does not cover immediate insertion related complications/issues.

Red flags include:
- consider pregnancy
- consider infection
- consider ectopic pregnancy if bleeding
- consider pelvic inflammatory disease if bleeding

8. Pregnancy

Women who conceive with an in-situ IUD are at greater risk of adverse pregnancy outcomes such as spontaneous abortion, pre-term delivery, septic abortion and chorioamnionitis.

Any pregnancy whilst using IUD as contraception needs an early ultrasound to confirm site of pregnancy due to relative increase in incidence of ectopic pregnancy.

Early removal in pregnancy is thought to reduce overall risks, but has attendant risk of miscarriage.

9. Lower abdominal pain

- a degree of lower abdominal pain/cramping is not uncommon for a period of time after insertion of an IUD particularly around time of menstruation:
  - NSAIDs may be beneficial
- significant or persisting pain needs to be thoroughly assessed to determine its cause
- causes include:
  - incorrect placement
  - STI
  - PID
  - ectopic pregnancy
- urine HCG, abdominal examination, bimanual examination, speculum examination, sexual health check, check for strings will all be required and management to occur as appropriate
- undiagnosed ongoing pain requires an ultrasound to exclude incorrect positioning of IUD

10. Missing strings
• before diagnosing that the strings are missing:
  • perform adequate speculum examination
  • clean secretions with jumbo swab
  • use cytobrush in cervical os
  • if no strings visible:
    • test for pregnancy
    • arrange immediate alternative contraception
    • arrange for ultrasound pelvis
  • if correct intrauterine position of IUD:
    • leave in situ until planned removal
    • removal will require expert assessment
  • if no intrauterine IUD:
    • arrange AXR/pelvic xray to look for extra-uterine position post perforation:
      • if no IUD on xray, expulsion is confirmed and offer reinserstion of IUD or alternative method of contraception
      • if IUD is extrauterine refer for laparoscopic removal
    • a non fundally placed IUD found incidentally on ultrasound should be discussed with expert

11. Unscheduled bleeding

• irregular bleeding patterns are not uncommon with CuIUD
• causes other than the CuIUD should be sought and managed:
  • STI's
  • pregnancy
  • concurrent gynaecological pathology
• bleeding is common in initial months of CuIUD usage and often settles without treatment
• if treatment encourages women to continue with the method, it may be considered
• NSAIDs can reduced the pain and bleeding associated with CuIUD
• tranexamic acid can be considered for bleeding issues
• while there is no evidence for its use in CuIUD issues, the combined oral contraceptive could be considered if risk assessment is completed and CuIUD continuation is the preferred option

12. Dyspareunia

There is little evidence regarding frequency or management of pain with sex for either partner.
Strings cut too short can often be a problem, longer length strings are able to curve around the cervix.
If symptoms are persistent, removal and a different contraceptive method needs to be considered.

13. Removal

• if strings are not evident follow the algorithm under "missing strings" box in this pathway
• if attempted removal is unsuccessful or causes undue discomfort, referral to an experienced practitioner should occur
• ALWAYS check for completeness of IUD
• routine culture is obsolete
Overview

This document describes the provenance of MidCentral District Health Board’s Contraception Pathways. This localised pathway was last updated in August 2016.

One feature of the “Better, Sooner, More Convenient” (BSMC) Business Case, accepted by the Ministry of Health in 2010, was the development of 33 collaborative clinical pathways (CCP).

The aims of the ‘Contraception’ Pathways are to:

- facilitate better understanding of contraception options available
- provide guidance to health professionals and patients when considering contraceptive options
- promote and encourage the use of a contraception assessment template
- provide clinicians with information on clinical risk assessment (UK MEC Guidelines), social risk factors and age and consentability when a patient presents regarding contraception
- encourage appropriate use of contraceptive options
- promote use of best practice guidelines
- provide clinicians with information on the management of issues relating to the different contraceptive methods
- provide easy access to information resources for patients/carers and providers

To cite this pathway, use the following format:


Editorial methodology

This care map was based on high-quality information and known Best Practice guidelines from New Zealand and around the world including Map of medicine editorial methodology. It has been checked by individuals with front-line clinical experience (see Contributors section of this document).

Map of Medicine pathways are constantly updated in response to new evidence. Continuous evidence searching means that pathways can be updated rapidly in response to any change in the information landscape. Indexed and grey literature is monitored for new evidence, and feedback is collected from users year-round. The information is triaged so that important changes to the information landscape are incorporated into the pathways through the quarterly publication cycle.

References

This care map has been developed according to the Map of Medicine editorial methodology. The content of this care map is based on high-quality guidelines and practice-based knowledge provided by contributors with front-line clinical experience. This localised version of the evidence-based, practice-informed care map has been peer-reviewed by stakeholder groups and the CCP Programme Clinical Lead.
Contributors

MidCentral DHB’s Collaborative Clinical Pathway editors and facilitators worked with clinical stakeholders such as front-line clinicians and pharmacists to gather practice-based knowledge for its care maps.

The following individuals have contributed to this care map:

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Disclaimers

Clinical Board Central PHO, MidCentral DHB

It is not the function of the Clinical Board Central PHO, MidCentral DHB to substitute for the role of the clinician, but to support the clinician in enabling access to know-how and knowledge. Users of the Map of Medicine are therefore urged to use their own professional judgement to ensure that the patient receives the best possible care. Whilst reasonable efforts have been made to ensure the accuracy of the information on this online clinical knowledge resource, we cannot guarantee its correctness and completeness. The information on the Map of Medicine is subject to change and we cannot guarantee that it is up-to-date.