

INSTRUCTIONS FOR INSERTING THE COPPER T 380A AFTER UTERINE ASPIRATION

BRIEF OVERVIEW OF THE PROCEDURE:

- *IUD may be inserted only for women with no signs or symptoms of infection.*
- *IUD may be inserted only after a woman has given voluntary informed consent and she has been screened and is eligible.*
- *Before placing the IUD, inspect the products of conception to ensure the procedure is complete.*
- *Load the IUD sterilely or in its package.*
- *Measure the IUD and set the depth gauge.*
- *Gently pull the tenaculum to align the uterus, cervical opening and vaginal canal.*
- *Insert the loaded IUD into the uterine cavity.*
- *While holding the stabilizer rod steady, withdraw the insertion tube back no more than 1cm to release the IUD into the uterus.*
- *Push the insertion tube gently upward until a slight resistance is felt to ensure the IUD is placed high in the uterus. Remove the stabilizing rod.*
- *Remove the insertion tube and cut the IUD strings 3-4cm from the cervical opening.*

USING GENTLE NO-TOUCH (ASEPTIC) TECHNIQUE THROUGHOUT, PERFORM THE FOLLOWING STEPS:

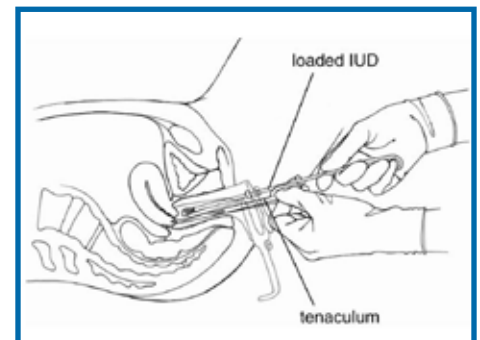
STEP 1: After completing the uncomplicated uterine aspiration procedure, inspect the products of conception to ensure that the procedure is complete. If this can be done quickly in the same room, the tenaculum and speculum may be left in place.

STEP 2: Change gloves. Load the IUD using sterile or no-touch technique (in the package).

STEP 3: Set the depth gauge on the IUD inserter to the size of the uterus, at the completion of the aspiration, from the external os to the fundus. Put the depth gauge in the same plane as the IUD arms.

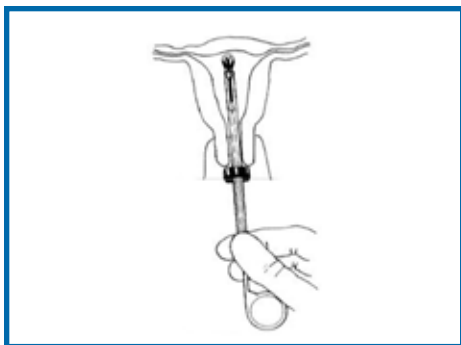
STEP 4: Gently grasp the tenaculum or ring forceps and apply gentle traction to align the cervix and uterus.

STEP 5: Carefully insert the loaded IUD. Insert the IUD through the vagina and cervix into the uterine cavity at the appropriate angle. Be careful not to touch the loaded IUD tip to the vaginal walls or the speculum blades.



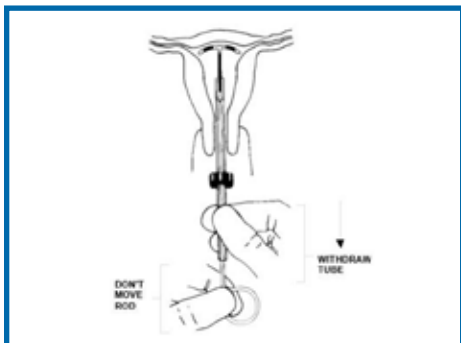
© Jhpiego

STEPS 4 and 5:
Insert the loaded IUD



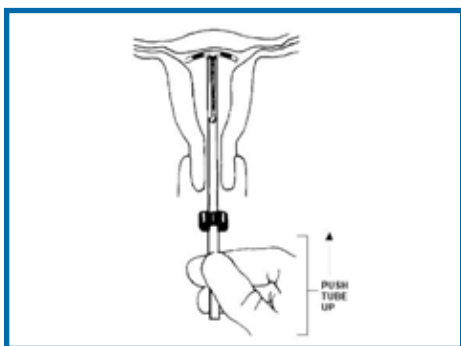
© PATH

STEP 6: Advance the IUD



© PATH

STEP 7: Withdraw tube to release arms



© PATH

STEP 8: Push tube back up to position high in fundus

STEP 6: Gently advance the loaded IUD into the uterine cavity and STOP when the depth gauge reaches the external os or if slight resistance is felt at the uterine fundus.

STEP 7: Hold the white inner stabilizing rod stationary and withdraw the insertion tube back no more than 1cm to release the IUD arms.

STEP 8: Gently push the insertion tube back up until you feel a slight resistance. This ensures that the IUD is placed at the fundus.

STEP 9: Remove the white inner stabilizing rod while holding the insertion tube stationary. This ensures that the IUD is not removed when the insertion tube is removed.

STEP 10: Partially withdraw the insertion tube from the cervical canal until the strings are extending from the os about 3-4cm. Use HLD or sterile sharp Mayo scissors to trim the IUD strings. The tails of the strings can now be brought out in the end of the insertion tube.

STEP 11: Gently remove the tenaculum or ring forceps. Inspect the cervix for bleeding. If there is bleeding at the tenaculum site, apply gentle pressure.

STEP 12: Gently remove the speculum. Process all reusable instruments appropriately and dispose of any waste in the proper containers.

STEP 13: After the aspiration and the IUD insertion are complete, allow the woman to rest. When the woman is ready, she may be moved to the recovery area. In recovery, discuss again with her what she might expect from using the IUD and how to manage side effects. Arrange for follow-up in 3-6 weeks. Give the woman contact information for emergencies.