Beyond the Pill
beyondthepill.ucsf.edu

Bixby Center for Global Reproductive Health

UCSF
University of California San Francisco

Best Practices for Teaching IUD Counseling and Placement Skills

- Emphasize patient-centered counseling that focuses on patient priorities for contraception and respect for patient autonomy. [1]
- Teach routine use of evidence-based medical eligibility criteria to dispel contraceptive myths and assure patient access and safety. [2]
- Assure appropriate screening utilizing evidence-based medical eligibility criteria, exclusion of pregnancy, appropriate screening tests and back-up method as needed.
- Assure trainees (and their patients) know about non-contraceptive benefits, bleeding changes, and side effects of contraceptive methods.
- Teach that IUDs are highly effective for EC as well as ongoing contraception, with the importance of advanced anticipatory guidance, and same-day access showing each additional visit significantly decreases likelihood that patient will get method. [3]
- Empower staff to initiate counseling, prepare consent, and set up for IUD placement, which allows providers to focus on placement and facilitates same-day access.
- Invest in the beginning of client contact, establishing rapport with patients. [4] Use language aligned with trauma-informed care.
- Have trainees utilize “teach back” method answering patient questions and reinforcing understanding of key points such as risks, side effects including bleeding changes, method duration and removal upon request. [5]
- Use a competency-based approach including model-work, proctoring, case-based learning, reference protocols (as needed), [6] and skills assessment with verbalization, demonstration, and sign-off with checklist [7].
- Use IUD models to refresh skills before each proctored insertion to maximize learning.
- Teach evidence-based pain management skills, including breathing and relaxation techniques (consistent trauma-informed care), paracervical block (as needed), as well as lack of evidence for routine misoprostol.

- Teach pelvic exam skills that emphasize uterine angle, including intravaginal sweep to assess flexion.

- Routinely include teaching enhanced skills for challenging insertion and removal, including appropriate traction on tenaculum, angling sound to mimic uterine flexion, as well as use of paracervical block, dilation, and ultrasound guidance as needed. [7]

- Improve trainee IUD placement success as demonstrated in prospective intervention trial teaching paracervical block and dilation (4.8 odds after controlling for patient / provider characteristics; to be used only as needed). [8]

- Reinforce skills for IUD removal including counseling for removal upon request, removal with visible strings, and simple techniques for removal with missing strings. [9]

- Emphasize that competent trainees can help scale IUD access in primary care environments by helping to proctor others with each skill gained, and becoming champions of access.

References:

[1] Dehlendorf C, 2014. https://www.ncbi.nlm.nih.gov/pubmed/25264697

[2] US MEC by CDC: https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf

[3] Presented at NPHRA Meeting April 19, 2016. Source: National Clinical Training Center: Findings from a National APRN LARC Survey.

[4] Dehlendorf C, 2018. https://www.ncbi.nlm.nih.gov/pubmed/28935217

[5] Centrella-Nigro AM, 2017. https://www.ncbi.nlm.nih.gov/pubmed/28099678

[5] IUD and Implant Clinical Protocols, UCSF Beyond the Pill: https://beyondthepill.ucsf.edu/clinic-tools

[6] IUD Competency Checklist, UCSF Beyond the Pill: https://beyondthepill.ucsf.edu/clinic-tools

[7] Hillard PJA, 2019. https://www.ncbi.nlm.nih.gov/pubmed/30802602

[8] Dermish A, 2016. https://www.ncbi.nlm.nih.gov/pubmed/26820912

[9] Prine L, 2018. https://www.aafp.org/afp/2018/0901/p304.html