



BEST PRACTICES

- *If the patient hadn't been previously counseled about the option of immediate postpartum LARC (IPPLARC), they should **NOT** be counseled while they are in labor or still pregnant, to avoid the possibility of coercion.* IUD counseling can begin on postpartum day 1.
- Best practice for immediate postpartum IUD insertion is to insert the IUD into the uterus while the patient is in the delivery room, within **10 minutes** of placental delivery in vaginal and cesarean births. However, the IUD may be placed at any time during the patient's inpatient postpartum admission.

EQUIPMENT FOR IUD PLACEMENT

- **Sponge forceps (2)**—one should be Kelly/ovum/placental forceps
- **Sims speculum or a bivalve speculum**—can use one's hand and a right angle or Sims retractor if preferred
- **Sterile scissors**
- **Bowl or cup and Betadine**
- **Gauze pads (1 box)**
- **IUD**—in its sterile package and placed near the sterile tray
- **Sterile gloves**
- **Ultrasound**

LABOR AND DELIVERY PROCEDURES

1. **Check the problem list/supervision of pregnancy notes for contraception plan.** Verify that the patient wants an immediate postpartum device if eligible, and document this contraceptive plan in the admission note. Order the IUD device at the time of the admission orders.
2. **The RN will confirm the order for an in-hospital IUD device.** The device should be retrieved from the L&D Pyxis, a patient sticker affixed to the box, and the device kept at the patient bedside.
3. **Keep the device with the patient throughout labor, so it can travel to the operating room if needed.**

CONTRAINDICATIONS TO IMMEDIATE POSTPARTUM IUD PLACEMENT

CHORIOAMNIONITIS

Fever in labor or postpartum requiring antibiotics.

HEMORRHAGE AT TIME OF DELIVERY

A patient may experience a hemorrhage precluding IUD placement within 10 minutes of placental delivery. If the hemorrhage resolves, and there is no further concern about bleeding, they may receive a delayed postpartum IUD during hospitalization.

ROUTINE CONTRAINDICATIONS TO IUD PLACEMENT

WHEN TO REMOVE AN IUD PLACED IN THE POSTPARTUM PERIOD?

DELAYED HEMORRHAGE

- Perform bimanual uterine massage as needed. **Do not** manually express clots from the uterus.
- Treat hemorrhage medically with uterotonic agents as indicated.
- The IUD should be removed if **D&C or Bakri balloon placement** is to be performed.
- The IUD does not have to be removed in the setting of embolization.

DELAYED INFECTION

- If the IUD has been placed, and the patient becomes febrile or has other signs of chorioamnionitis after placement, treat them with routine antibiotics as indicated.
- The IUD should only be removed if the patient **does not show clinical improvement** after 48 hours of treatment.

