

# **SOP on Insertion of IUD (Intra Uterine Device)**

**Department of Obstetrics & Gynaecology  
Faculty of Medicine  
UWUSL**

# **Standard Operating Procedure (SOP) On Insertion of IUD (Intra Uterine Device)**

## **Title**

Insertion of Intrauterine Device (IUD)

## **Issued By**

Faculty of Medicine, Uva Wellassa University of Sri Lanka

## **(1) Purpose**

To establish a standardized, safe, and effective procedure for insertion of an intrauterine device (IUD) for contraception, ensuring patient safety, infection prevention, and quality of care.

## **(2) Scope**

This SOP applies to medical students, medical officers, obstetrics & gynaecology trainees, trained healthcare providers involved in family planning services.

## **(3) Responsibilities**

### **(3.1) Clinician**

1. Assess eligibility of the client
2. Provide counselling and request informed consent
3. Perform IUD insertion using aseptic technique
4. Manage complications if any

### **(3.2) Assistant / Nursing Staff**

1. Prepare instruments and sterile field
2. Assist during procedure
3. Ensure infection prevention practices

## **(4) Ethical and Clinical Considerations**

1. Maintain patient confidentiality
2. Request informed consent
3. Ensure privacy during procedure
4. Use only sterile instruments
5. Follow infection prevention protocols

## **(5) Prerequisites**

1. Confirm client eligibility
2. Completed counselling
3. Informed consent given
4. Sterile IUD (e.g., Copper T 380A)
5. Availability of necessary instruments and supplies

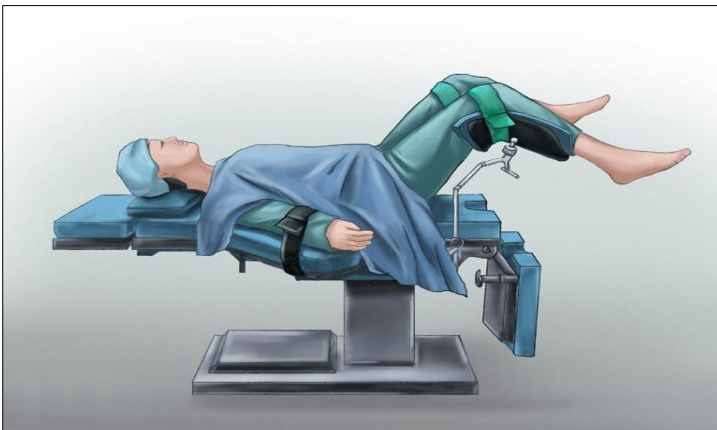
## **(6) Procedure**

### **(6.1) Pre-Procedure Preparation**

1. Explain procedure and address patient concerns.



2. Ask client to empty bladder
3. Position patient in lithotomy position



4. Perform hand hygiene



5. Wear sterile gloves



## **(6.2) Clinical Examination**

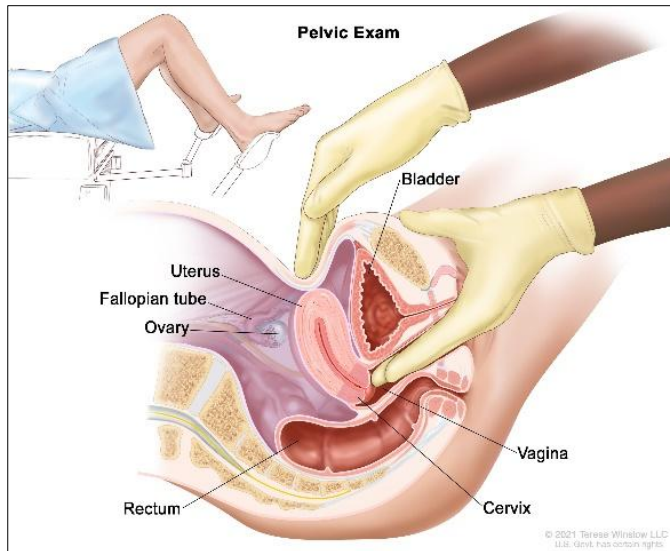
1. Perform general examination (check for anemia)



2. Perform abdominal examination



4. Perform pelvic (bimanual) examination to assess:
  - Uterine size
  - Position (anteverted/retroverted)
  - Mobility



5. Exclude:
  - Pregnancy by urine HCG
  - Infection
  - Pelvic pathology

### (6.3) Preparation of Instruments

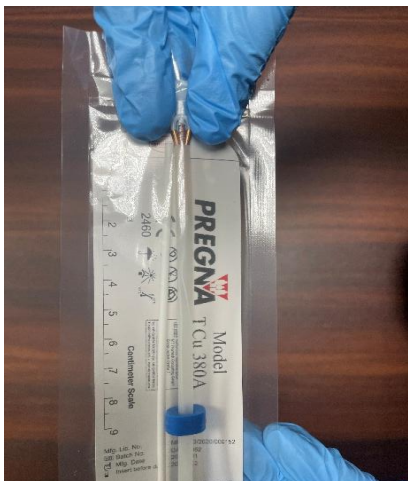
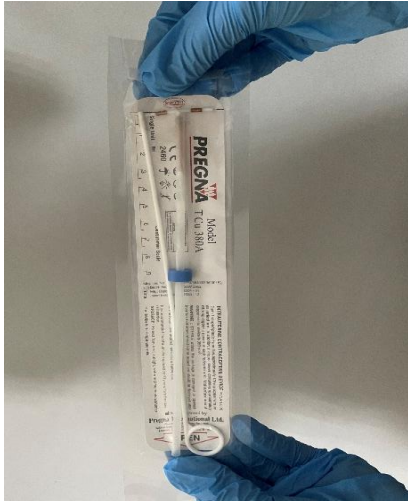
1. Arrange sterile instruments on tray



2. Ensure adequate lighting
3. Maintain aseptic technique

#### (6.4) Loading the IUD

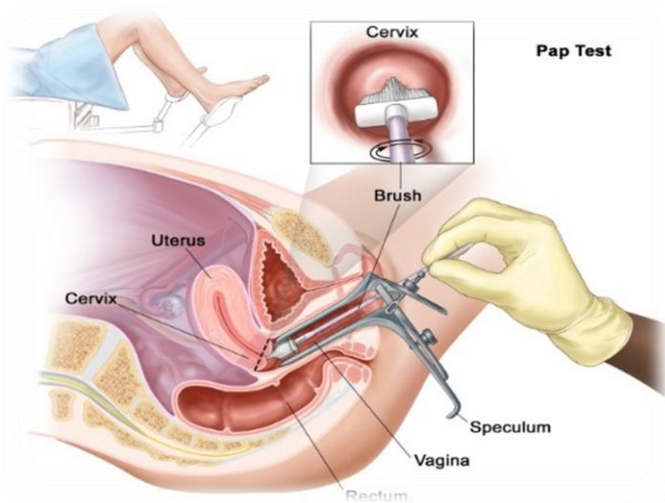
1. Open sterile package only after decision to insert
2. Load IUD into inserter  
Fold arms of "T" into inserter tube & Adjust plunger accordingly



3. Avoid prolonged loading (>5 minutes)

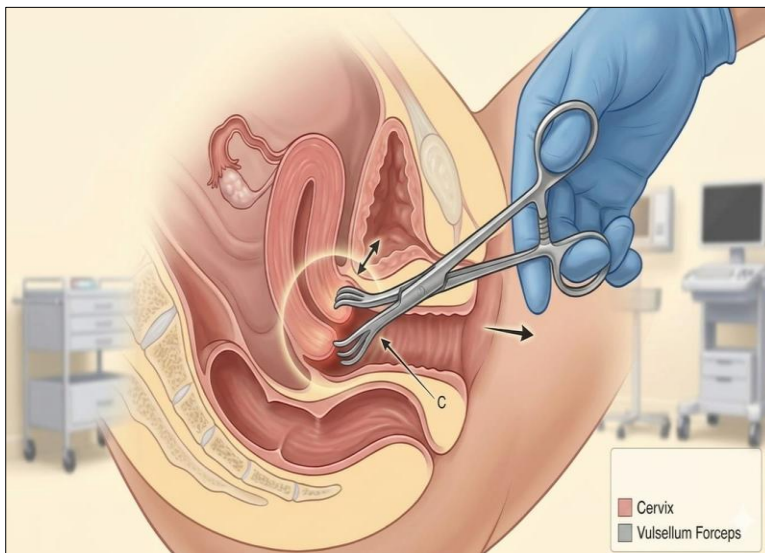
### (6.5) Insertion of Speculum

1. Insert speculum gently
2. Visualize cervix clearly
3. Inspect for:
  - Discharge
  - Lesions
  - Abnormalities



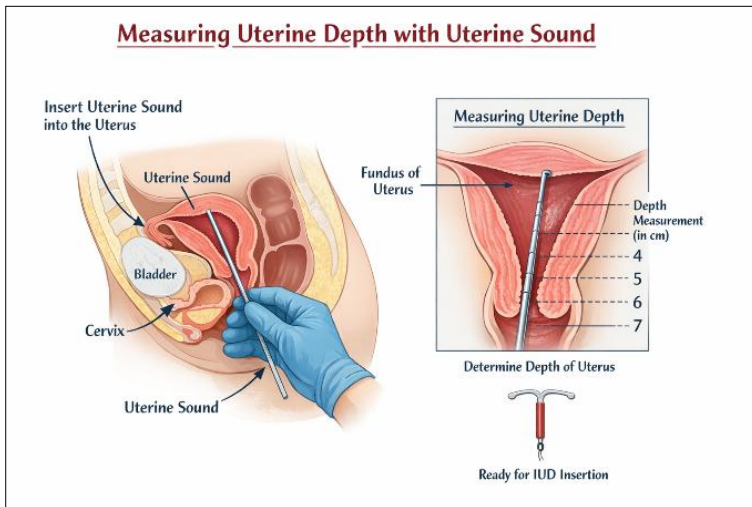
### (6.6) Cleaning and Stabilization

1. Clean cervix using antiseptic solution
2. Apply vulsellum/tenaculum to anterior lip of cervix



## (6.7) Uterine Sounding

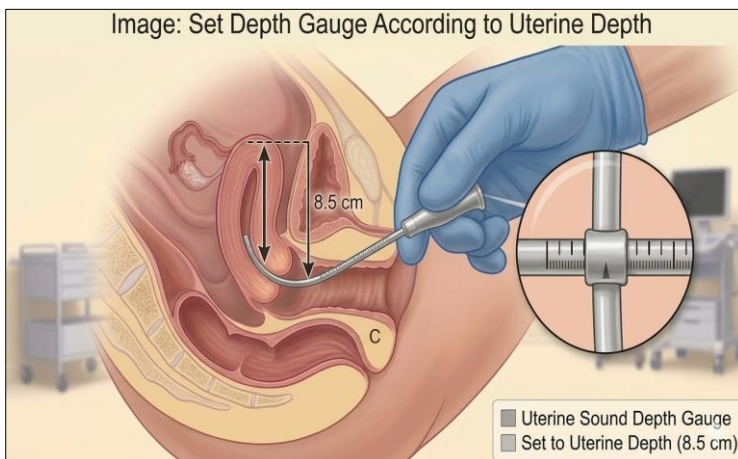
1. Gently insert uterine sound



2. Determine:
  - Direction of uterus
  - Depth (normally 6–8 cm)
3. Do not force insertion
4. Withdraw sound after measurement

## (6.8) Insertion of IUD

1. Set depth gauge according to uterine depth

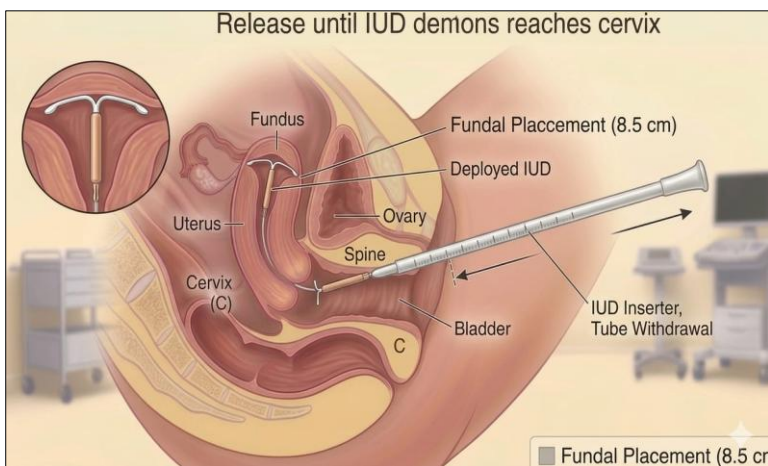


2. Insert loaded IUD through cervical canal

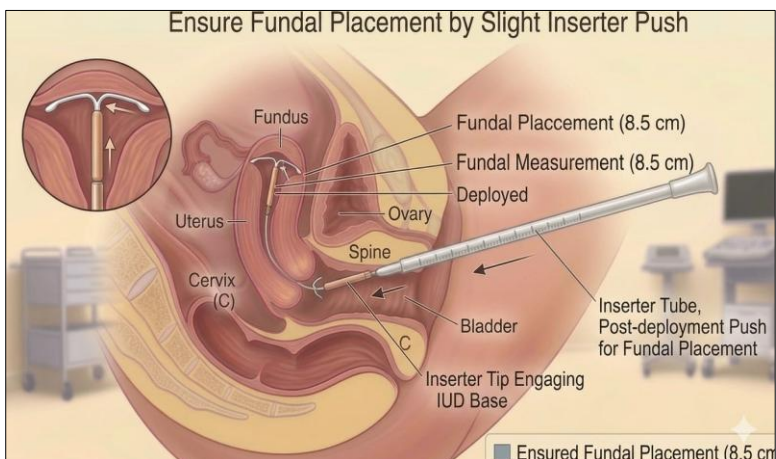


3. Advance until depth gauge reaches cervix

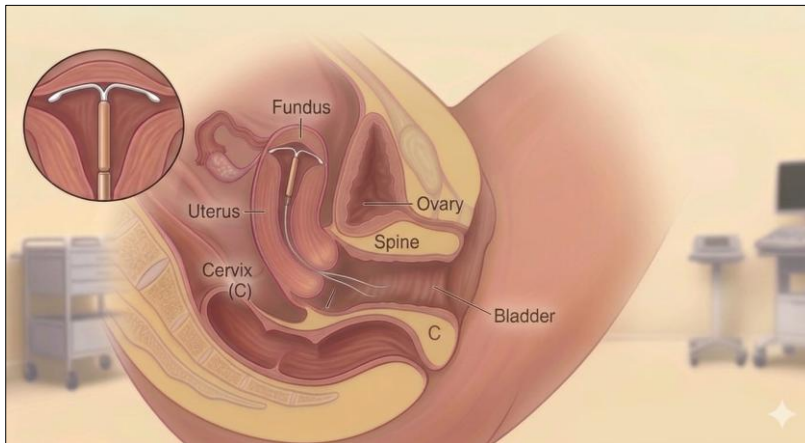
4. Release IUD arms by withdrawing inserter tube



5. Push inserter slightly to ensure fundal placement

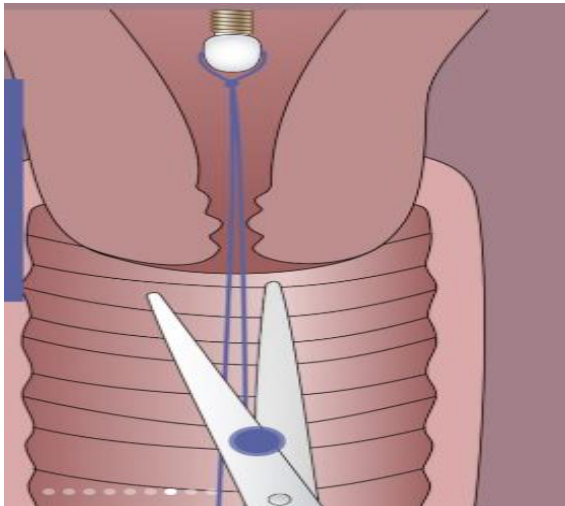


## 6. Remove plunger and inserter



### (6.9) Final Steps

1. Cut strings leaving 3–4 cm outside cervix



2. Remove instruments gently
3. Check for bleeding
4. Assist patient to sit up slowly

### (6.10) Post-Procedure Observation

1. Observe patient for 15–30 minutes
2. Check for:
  - Pain
  - Dizziness
  - Vasovagal symptoms

## **(7) Post-Insertion Instructions**

1. Explain how to check IUD strings
2. Inform about possible side effects:
  - Mild pain
  - Spotting
  - Heavier periods
3. Advice when to return immediately:
  - Severe pain
  - Fever
  - Abnormal discharge
  - Missing strings
4. Schedule follow-up visit (4–6 weeks)

## **(8) Records and Documentation**

1. Record procedure details
2. Document:
  - Type of IUD
  - Date of insertion
  - Findings
  - Provider name
3. Update family planning records

## **(9) Infection Prevention**

1. Decontaminate instruments (Ex: Speculum) in 0.5% chlorine solution
2. Clean and sterilize instruments
3. Dispose of medical waste properly
4. Perform hand hygiene after procedure

## **(10) Follow-Up**

### **In the clinic**

1. First follow-up: 4–6 weeks
2. Annual check if no complications
3. Encourage clients to return anytime if problems occur

### **In the field**

1. The PHM will visit the client once month for three months and thereafter once in 6 months.
2. A Family planning field record H-1154 should be maintained for each client.

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