

IUD Scenario 1

You are a 23-year-old woman who gave birth to your first child six weeks ago and you have abstained from sexual intercourse since the delivery. You and your husband are faithful to each other.

1. *Is this client a good candidate for receiving an IUD during today's visit?*

Yes.

2. *Why or why not?*

This client is eligible because she would answer "YES" to question 3, making it likely she is not pregnant.

3. *What course of action would you take next?*

You may insert the IUD. Be sure to remind the client to come back to the clinic approximately one month after her IUD insertion for a follow-up visit. At that time, you should check for signs of infection and make sure that she has adapted well to the method.

IUD Scenario 2

You are a 30-year-old woman who is married, monogamous, and has three children. You know that you are HIV positive, but have had no symptoms and feel healthy. You have been using a reliable contraceptive method consistently and correctly.

1. *Is this client a good candidate for receiving an IUD during today's visit?*

Yes.

2. *Why or why not?*

HIV infection is not a contraindication for IUD insertion or continuing IUD use. As the guidance for question 13 indicates, a woman with HIV infection who has not developed AIDS may be an appropriate candidate for IUD insertion.

3. *What course of action would you take next?*

You may insert the IUD. Be sure to remind the client to come back to the clinic approximately one month after her IUD insertion for a follow-up visit. At that time, you should check for signs of infection and make sure that she has adapted well to the method.

Note: You may choose to ask a follow-up question, such as "What would you do if this client returns in a few years having developed AIDS?" The answer is that the client can continue IUD use regardless of AIDS status, and therefore no action would need to be taken.

IUD Scenario 3

You are a 32-year-old woman who wants no more children. You and your husband are both faithful. You report recently having had unexplained bleeding after intercourse with your husband. Your last menstrual period started four days ago.

1. *Is this client a good candidate for receiving an IUD during today's visit?*

No.

2. *Why or why not?*

The guidance for question 7 indicates that unexplained vaginal bleeding could be the sign of an underlying condition, such as malignancy (cancer), or a pregnancy-related problem.

3. *What course of action would you take next?*

An IUD should not be inserted until the client's condition has been further evaluated. Underlying conditions that preclude IUD insertion should be ruled out. If you do not have the capacity to rule out pregnancy or a malignancy, the client should be referred to a higher-level provider or specialist for evaluation and diagnosis. In either case, the woman should be counseled about other contraceptive methods available to her until a determination of her eligibility for the IUD is made. She should also be provided with a contraceptive method, such as condoms, to use in the meantime.

IUD Scenario 4

You are a 31-year-old monogamous, married woman. You gave birth to your fifth child four months ago, have been exclusively breastfeeding the child, and have not yet started your menses.

1. *Is this client a good candidate for receiving an IUD during today's visit?*

Yes.

2. *Why or why not?*

This client is eligible because she would answer "YES" to question 2, making it likely she is not pregnant.

3. *What course of action would you take next?*

You may insert the IUD. Be sure to remind the client to come back to the clinic approximately one month after her IUD insertion for a follow-up visit. At that time, you should check for signs of infection and make sure that she has adapted well to the method.

IUD Scenario 5

You are a 30-year-old woman with five children. You had a miscarriage four days ago. You are married and faithful to your husband. However, your husband often travels for work, and you think he is with other women when he is away from home.

1. *Is this client a good candidate for receiving an IUD during today's visit?*

No.

2. *Why or why not?*

The guidance for question 10 indicates that a woman whose partner has more than one sexual partner is at high individual risk of sexually transmitted infections. Unless an STI can be reliably ruled out, these women are not good candidates for an IUD, as they may be at higher risk of PID following IUD insertion.

3. *What course of action would you take next?*

You should counsel the client about other contraceptive options. If, after counseling, she still wishes to have an IUD inserted and laboratory tests are available, you can test her to determine if she has a gonorrheal or chlamydial infection. If she has either of these infections, you can treat her and, after treatment is completed, you may provide her with an IUD. You should counsel the client to use condoms during the time of testing and treatment to be sure she does not become reinfected by her husband. She also should be counseled to refer her husband for treatment.

If there is no other acceptable contraceptive method available for the client, and you cannot test for STIs, you may insert the IUD and follow her closely to be sure she does not develop PID.

IUD Scenario 6

You are a 26-year-old woman who gave birth to your first child three weeks ago. You and your husband want to wait at least two or three years before having another baby.

1. *Is this client a good candidate for receiving an IUD during today's visit?*

No.

2. *Why or why not?*

Although the client answered "YES" to question 1, making it highly likely she is not pregnant, women who are between 48 hours and 4 weeks postpartum have

higher risk of uterine perforation during IUD insertion. The IUD is also more likely to be expelled if it is inserted during this time.

3. *What course of action would you take next?*

You should request that the client come back for IUD insertion once she is four weeks postpartum. Explain to her that there is no need for contraception during the waiting time, since there is no risk of pregnancy during the first four weeks postpartum.

IUD Scenario 7

You are a 28-year-old divorced woman who has two children. You have one primary sexual partner, and a second casual partner. You had your last menstrual period six days ago.

1. *Is this client a good candidate for receiving an IUD during today's visit?*

No.

2. *Why or why not?*

Question 9 identifies this client as possibly being at high individual risk of STI, since she has more than one sexual partner. There is a possibility that this woman currently has an STI and, unless it can be reliably ruled out, she is not a good candidate for IUD insertion. IUD insertion increases risk of PID in women with current sexually transmitted infections.

3. *What course of action would you suggest next for this client?*

You should counsel the client about other contraceptive options. If, after counseling, she still wishes to have an IUD inserted and laboratory tests are available, you can test her to determine if she has a gonorrheal or chlamydial infection. If she has either of these infections, you can treat her and, after treatment is completed, you may provide her with an IUD. You should counsel the client to use condoms during the time of testing and treatment to be sure she does not become reinfected, and you should counsel her to refer her partner for treatment.

If there is no other acceptable contraceptive method available for the client and you cannot test for STIs, you may insert the IUD and follow her closely to be sure she does not develop PID.

IUD Scenario 8

You are a 33-year-old married woman with three children. You do not want to risk getting pregnant again, since you were recently diagnosed with endometrial cancer. You have abstained from sexual intercourse since your last menstrual period.

1. Is this client a good candidate for receiving an IUD during today's visit?

No.

2. Why or why not?

The guidance for question 8 indicates that women who have any type of cancer in their genital organs have an increased risk of infection, perforation and bleeding at IUD insertion and therefore are not good candidates.

3. What course of action would you take next?

This client should be counseled about other contraceptive methods that may be appropriate for her. Until she decides on another method, she should be provided with condoms to use.

Note: Endometrial cancer requires surgery that will leave the woman sterile, but in the meantime she should be provided with the contraceptive method of her choice, other than an IUD.

IUD Scenario 9

You are a 25-year-old woman with one child who is five months old. You are fully breastfeeding and have not had a menstrual period. You are living with your boyfriend, and you both want to wait three to four years to have another child. You have no other partners and think your boyfriend is also faithful. However, you worry about his health, since you have noticed that he recently had a penile discharge.

1. Is this client a good candidate for receiving an IUD during today's visit?

No.

2. Why or why not?

The guidance for question 12 points out that recent penile discharge in a sexual partner may be a sign that he has a sexually transmitted infection. Having a partner with an STI puts a woman at high individual risk of STI herself. Unless an STI can be reliably ruled out, this client is not a good candidate for the IUD, since women with STIs are at higher risk of PID following IUD insertion.

3. *What course of action would you take next?*

You should counsel the client about other contraceptive options. If, after counseling, she still wishes to have an IUD inserted and laboratory tests are available, you can test her to determine if she has a gonorrheal or chlamydial infection. If she has either of these infections, you can treat her and, after treatment is completed, you may provide the client with an IUD. You should counsel the client to use condoms during the time of testing and treatment to be sure she does not become reinfected, and you should counsel her to refer her partner for treatment.

If there is no other acceptable contraceptive method available for the client, and you cannot test for STIs, you may insert the IUD and follow her closely to be sure she does not develop PID.

IUD Scenario 10

You are a 26-year-old woman who has been diagnosed with AIDS and you do not want to have any children and pass on your disease. You are not taking antiretroviral treatments. You have been using contraceptive pills consistently and correctly, but you are afraid you may forget to take a pill and you want to switch to another method that is easier to use.

1. *Is this client a good candidate for receiving an IUD during today's visit?*

No.

2. *Why or why not?*

The guidance provided for question 13 states that if a woman answers "YES" to this question, she should be asked if she is taking ARVs. A woman who has AIDS is not an appropriate candidate for an IUD unless she is doing clinically well on ARVs. As this client is not on ARV treatment, she is at increased risk of STIs and PID because of a suppressed immune system. An IUD may further increase that risk.

3. *What course of action would you take next?*

You should counsel this client about other contraceptive methods that may be appropriate for her. Because she wants a method that doesn't require a daily routine, counsel her about implants, injectables, and sterilization. Until she decides on another method, she should be provided with condoms to use. She should also receive counseling regarding ARV treatment, if possible.

IUD Scenario 11

You are a 34-year-old married woman with four children. Neither you nor your husband has ever had an STI. You admit that you recently had sex with someone other than your husband and you did not use a condom. But it only happened a couple of times.

1. *Is this client a good candidate for receiving an IUD during today's visit?*

No.

2. *Why or why not?*

According to the guidance provided for question 9, a woman who has more than one sexual partner is at high individual risk of sexually transmitted infections. This woman is at high individual risk since she reports unprotected sex with a casual partner. Unless an STI can be reliably ruled out, this client is not a good candidate for the IUD, as she is at higher risk of PID following IUD insertion.

3. *What course of action would you take next?*

You should counsel the client about other contraceptive options. If, after counseling, she still wishes to have an IUD inserted and laboratory tests are available, you can test her to determine if she has a gonorrheal or chlamydial infection. If she has either of these infections, you can treat her and, after treatment is completed, you may provide the client with an IUD. You should counsel the client to use condoms during the time of testing and treatment to be sure she does not become reinfected, and you should counsel her to refer her partners for treatment.

If there is no other acceptable contraceptive method available for the client, and you cannot test for STIs, you may insert the IUD and follow her closely to be sure she does not develop PID.

IUD Scenario 12

You are a 21-year-old married woman with no children. You and your husband do not want any children right now, but you are nervous because you are not using contraception. You are menstruating at the time of your visit.

1. *Is this client a good candidate for receiving an IUD during today's visit?*

Yes.

2. *Why or why not?*

Neither young age nor absence of children is a contraindication for IUD use. Since the client is menstruating at the time of the visit, you can be reasonably sure that she is not pregnant.

3. *What course of action would you take next?*

Insert the IUD. Be sure to remind the client to come back to the clinic approximately one month after her IUD insertion for a follow-up visit. At that time, you should check for signs of infection and make sure that she has adapted well to the method.

IUD Scenario 13

You are a 27-year-old divorced woman with two children. Two months ago you were treated for gonorrhea. Your menstrual period started seven days ago.

1. *Is this client a good candidate for receiving an IUD during today's visit?*

No.

2. *Why or why not?*

The guidance provided for question 11 states that having an STI in the past three months requires further evaluation before proceeding, because there is a possibility the client may have a current infection. A client with chlamydia and/or gonorrhea infection is at higher risk of PID if an IUD is inserted.

3. *What course of action would you take next?*

You should counsel the client about other contraceptive options. If, after counseling, she still wishes to have an IUD inserted and laboratory tests are available, you can test her to rule out gonorrheal infection. If she has been reinfected, retreat and, after treatment is completed, you may provide the client with an IUD. You should counsel the client to use condoms during the time of testing and treatment to be sure she does not become reinfected, and you should counsel her to refer her partner for treatment.

If there is no other acceptable contraceptive method available for the client, and you cannot test for STIs, you may insert the IUD and follow her closely to be sure she does not develop PID.

IUD Scenario 14

You are a 35-year-old woman in a monogamous marriage with two children. During the pelvic examination, the provider notes that you have cervical motion tenderness. Your menstrual period started seven days ago.

1. *Is this client a good candidate for receiving an IUD during today's visit?*

No.

2. *Why or why not?*

The guidance provided for question 15 states that pain in a client's lower

abdomen when the cervix is moved is a sign of cervical infection (cervicitis) and possible PID. Women with current cervicitis or PID should not have an IUD inserted.

3. What course of action would you take next?

The client should be treated for PID. If you are not sure how, or don't have the means to treat it, you should refer the client to a higher-level provider or specialist. She should also be counseled about other contraceptive options that can be provided immediately. If she still wants an IUD, the insertion can be done after she is cured from PID. Until she is cured, the client should be advised to use condoms.

IUD Scenario 15

You are a 29-year-old woman in a faithful relationship with your boyfriend and you feel that you have enough children already. You started your menstrual period 12 days ago. The provider will note during the pelvic examination that you have an ulceration on your outer genitals.

1. Is this client a good candidate for receiving an IUD during today's visit?

No.

2. Why or why not?

A genital ulcer may indicate a sexually transmitted infection, such as syphilis or chancroid. While ulcerative STIs are not contraindications for IUD insertion, they do indicate that a woman is at high individual risk for STIs in general, and there is a possibility of coinfection with other STIs, such as gonorrhea or chlamydia. Since gonorrhea and chlamydia are often asymptomatic among women, any woman at high individual risk is generally not considered an appropriate IUD candidate.

For general purposes, pregnancy is ruled out if the client started her last menstrual period within the past seven days. When considering eligibility for the copper IUD however, the time frame is extended to 12 days, due to the additional contraceptive effectiveness of the IUD. If the copper IUD is inserted before day 12 of the menstrual cycle, the possibility of pregnancy is very low.

3. What course of action would you take next?

The client should be treated for ulcerative STIs (according to your clinic guidelines, using either the laboratory or the syndromic approach). If you can rule out gonorrhea and chlamydia through laboratory tests, the client can receive an IUD. The client should be advised to use condoms during the time of diagnosis and treatment. Counsel her about other contraceptive options and counsel her to refer her partner for treatment.

IUD Scenario 16

You have been using condoms consistently and correctly for the past six months. During the pelvic exam, the provider was not able to determine the position of the uterus.

1. *Is this client a good candidate for receiving an IUD during today's visit?*

No.

2. *Why or why not?*

As stated in the guidance for question 20, the inability to determine the position of the uterus may increase the risk of uterine perforation.

3. *What course of action would you take next?*

If you cannot determine the position of the client's uterus, you should not insert the IUD. Counsel her about other contraceptive options or, depending on your experience with IUD insertions, refer her to a more experienced provider. The client should be provided with condoms to use in the meantime.

