What equipment is needed to implement intrauterine device (IUD) services?

- The primary medical equipment you will need is an autoclave to sterilize IUD insertion instruments. The cost of autoclaves varies with an average cost of $6,000 - $8,000. Additional required equipment may include instrument carts, Mayo Stand basins, and goose neck lamps for exam tables.

Are there alternatives to sterilizing IUD instruments onsite in an ambulatory care clinic?

- Yes, if the ambulatory clinic is affiliated with a larger medical institution where sterilization of medical instruments is routinely performed, a transportation system can be established.

What supplies are required to implement IUD services?

### Reusable Sterile Instruments
- Medium & large graves speculums
- **IUD Insertion Tray:**
  - Tenaculum
  - Ring forceps
  - Uterine sound
  - Scissors (to cut IUD strings to appropriate length after insertion)

### Disposable Supplies
- Scopette
- Betadine
- Sterile towels
- Sterile gloves
- Sterile gauze
- Sterile napkins

### Pharmaceutical Agents
- Acetaminophen 1000 mg
- Ibuprofen 400-800 mg
- Intrauterine Device (i.e. Paragard®, Mirena®, Skyla®)

### Documentation Aids
- Consent forms
- Patient education
- Procedure note (paper or electronic)

What guidelines should be considered in terms of space and equipment?

- Space is needed in the insertion exam room for sterile instruments to be accessible during the procedure. If sites have a distinct storage area for the IUD procedure devices and instruments, a Mayo stand is adequate. Sites may utilize a cart for IUD storage and procedures. The cart tray top should be covered with a sterile drape and the sterile instruments can be placed on the sterile drape for the procedure.
- **Sterile, Clean Instruments**
  - The sealed, sterilized IUD package, which consists of the IUD and the disposable plastic insertion tube, must be stored in an area that stores clean supplies.

- **Used, Dirty Instruments**
  - Used instruments must be carefully handled as per Centers for Disease Control and Prevention (CDC) guidelines and Joint Commission recommendations. Check with your institution for protocols regarding sterilization and the routine handling and storage of dirty instruments. Used, dirty medical instruments must be cleaned, scrubbed and then appropriately disinfected. All used, dirty medical instruments must be kept in a dirty area of a room.
  - Various states may have specific regulations regarding sterilization protocols and medical licensures. For licensed facilities in New York State, refer to the Article 28 regulations.

If the ambulatory clinic has never sterilized equipment before, is special designation required?

- If the ambulatory clinic is affiliated with a larger healthcare institution, there may already be infection control protocols or policies in place. If the ambulatory clinic has never sterilized equipment before, check with the institution regarding protocols and regulations.
- If the ambulatory clinic is not affiliated with an institution with established infection control protocols, sterilization and high-level decontamination, refer to CDC guidelines and Joint Commission recommendations.

Do staff who are designated to sterilize the IUD instruments need special training or certification?

- Staff responsible for the sterilization of medical equipment and supplies must be trained in sterilization technique. While there are standard regulations that apply to all healthcare centers, institutions may vary in how they implement the regulations. Check with your institution to determine what training or certification is required of staff responsible for maintaining both the sterilization and high-level disinfection of equipment and supplies.
- If you will be transporting instruments for sterilization, a transportation system that complies with your institution's regulations must be in place. Be sure to consult with your institution regarding their protocol for high-level disinfection.

References


We have developed a series of Frequently Asked Questions to assist providers and healthcare institutions interested in offering IUDs to their patients. These guides are intended to be a starting point for providing IUDs by addressing basic questions. The answers are compiled from a selection of references and the general knowledge of our Patient Access Workgroup membership. For technical guidance and protocols, please refer to the clinical protocols of your own organization or the references provided within the FAQs.

About the IUD Taskforce. The NYC IUD Taskforce aims to ensure that everyone has access to a full range of contraceptive methods, including IUDs and implants, known as long-acting reversible contraceptives (LARCs). The Taskforce seeks to address the systemic barriers (financial, institutional, legal, and educational) that may limit knowledge, awareness, access, and use of LARCs. More than 50 medical providers, educators, administrators, public health professionals, reproductive health advocates,
and researchers from more than 25 New York City-based organizations currently serve on the IUD Taskforce. The IUD Taskforce’s central activities are concentrated in the Taskforce workgroups, comprised of voluntary members that meet regularly.

About the Patient Access Workgroup. The Patient Access Workgroup of the NYC IUD Taskforce aims to improve IUD access for all women in New York City by identifying existing barriers to access and remediating the barriers through educational initiatives and other interventions.

For additional FAQs and guidance on providing IUDs at your organization as well as general questions about IUDs, visit http://iudtaskforce.org/Resources

For further information, please visit IUDTaskforce.org or email us at IUDTaskforce@healthsolutions.org