

KEY FACTS

- With adequate pre-insertion counseling and clinical assessments, IUDs can be inserted on the same day.
- Same-day IUD insertions improve uptake rate and save patients from additional office visits.
- Almost all women are eligible for same-day IUDs. There are few contraindications.
- The immediate post-partum and post-abortion periods are optimal times for IUD insertion.

Is it necessary to have a separate pre-insertion consultation for an intrauterine device (IUD)?

- No, a separate visit prior to IUD insertion for the purpose of performing a pre-insertion consultation or to assess for infections or contraindications is not necessary for most women. Clinical assessments, counseling, and STI testing should always be performed, but can effectively be done on the same day as IUD insertion.
- [The American Congress of Obstetricians and Gynecologists \(ACOG\)](#) provides clinical guidelines for same-day insertion.¹

Does the IUD need to be inserted on the first day of menstruation?

- Although clinicians have traditionally inserted IUDs during menses, no major advantage of this practice has been documented.¹ IUDs can be inserted at any time during the menstrual cycle as long as pregnancy can be reasonably excluded.

Can the IUD be used as a form of emergency contraception?

- For patients with recent sexual activity, the copper IUD can be used as emergency contraception and is 99% effective at preventing pregnancy if inserted within five days after unprotected sex⁺. Refer to the [FAQ: IUD as Emergency Contraception](#).

Is back up contraception necessary post-insertion?

- No backup contraception is necessary after the insertion of the non-hormonal, copper IUD. If a hormonal IUD is inserted within seven days of the start of menses, it is also effective immediately. However, if a hormonal IUD is inserted at any other time during the menstrual cycle, the patient should be counseled about the use of back-up contraceptive methods, such as condoms, if vaginal intercourse occurs within the first seven days of insertion.^{1,2}
- Since IUDs do not protect against sexually transmitted infections (STIs), condom use must always be recommended for dual protection.

Can an IUD be inserted post-partum or post-abortion?

- Yes, immediately post-partum or immediately post-abortion are optimal times for IUD insertion due to high motivation of patients, their presence in a clinical setting, and evidence that they are not pregnant.

- Research shows that IUD insertion during the post-partum period within ten minutes of placental separation or four weeks thereafter reduces the risk of expulsion or perforation.^{6,7}
- Post-abortion insertion is safe and effective. Immediate IUD insertion is contraindicated within three months of a septic abortion. Otherwise, general contraindications are consistent with those for other women and follow the US Medical Eligibility Criteria for Contraceptive Use.^{1,3}

Can IUDs be inserted on the same day in teens?

- Yes, most teens are good candidates for same-day insertion of IUDs. Health care providers should consider IUDs for all adolescents and make them accessible to them at their own sites or with outside referrals

Are negative sexually transmitted infections (STI) test results required prior to insertion?

- ACOG guidelines recommend that patients be screened for sexually transmitted infections (STIs), including chlamydia and gonorrhea, before or at the time of the IUD insertion.¹ If the test results are positive, antibiotic treatment may be administered while the IUD is left in place.²
- A potential contraindication to IUD insertion is mucopurulent discharge or known gonorrhea or chlamydia cervicitis. The patient should be treated and return for the insertion after treatment. ^{2,3}

Do IUDs cause Pelvic Inflammatory Disease (PID)?

- No, current FDA-approved IUDs do not cause PID. Once the IUD has been in place, there is no increased risk of infection due to its presence. Women with untreated STIs at the time of insertion are more likely to develop PID than women who do not, but the risk still appears low for women with STIs. PID and STIs can be treated with the IUD in place and the IUD should be removed only if symptoms are not improving on appropriate treatment.²

What types of counseling should be offered for women who decide to use IUDs?

- *Pre- and Post-Insertion Counseling:* Providers should be sure to discuss possible side effects and ways to manage them so their patients know what to expect, which might increase the chances of method continuation. Patients should be informed that the IUD can be removed at any time, for any reason.
- *Counseling after Selection:* Counseling should review possible irregular bleeding and expected pain at insertion and cramps thereafter. Patients may be advised to use non-steroidal anti-inflammatory drugs (NSAIDs) to alleviate the pain. ¹

Are there contraindications to IUD use or insertion?

- Intrauterine contraception is contraindicated in women with active pelvic infection, known or suspected pregnancy, or cervical or endometrial cancer. The [Centers for Disease Control and Prevention \(CDC\)](#) provides [guidelines](#) on IUD contraindications.⁴

References

1. American College of Obstetricians and Gynecologists. Practice Bulletin Number 121, July 2011. Long-Acting Reversible Contraception: Implants and Intrauterine Devices.
2. Planned Parenthood. Birth Control: IUD. From website: www.plannedparenthood.org/health-topics/birth-control/iud.
3. Dean G, Schwarz EB. Chapter 7, Intrauterine Contraceptives (IUCs) in Contraceptive Technology 20th Edition.
4. Centers for Disease Control and Prevention. U.S. Medical Eligibility Criteria for Contraceptive Use, Morbidity and Mortality Weekly Report (MMWR) Early Release, vol. 59. May 2010.
5. Okusanya OB, Oduwole O, Effa EE. *Immediate postabortal insertion of intrauterine devices*. July 2014. Cochrane Review.
6. Finger, W. IUD Insertion Timing Vital in Postpartum Use. United Nations Population Information Network (POPIN). Family Health International 1996. 16(2).
7. McKaig, C., et al. The IUD: The Contraceptive Option for Postpartum and Postabortion Women. United States Agency International Development (USAID).

*The use of the copper IUD, or ParaGard®, as emergency contraception (EC) is off-label as it is not formally approved for EC use by the U.S. Food and Drug Administration.

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