

# Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD

You must be reasonably sure the client is not pregnant. If she is not menstruating at the time of her visit, and pregnancy tests are not available, refer to *"How to be Reasonably Sure a Client is Not Pregnant"* on next page.

Please ask the client all of these questions, note 'yes' responses, and follow the instructions.

**NO**

**YES**

1. Have you given birth within the last 4 weeks?
2. Do you have bleeding between menstrual periods that is unusual for you, or bleeding after intercourse (sex)?
3. Have you been told that you have any type of cancer in your genital organs, trophoblastic disease, or pelvic tuberculosis?
4. Within the last 3 months, have you had more than one sexual partner or been told you have an STI?
5. Within the last 3 months, has your partner been told that he has an STI or has he had any symptoms, for example, penile discharge?
6. Do you think your partner has had another sexual partner within the last 3 months?
7. Are you HIV-positive and have you developed AIDS?

If the client answers **NO** to all these questions, proceed with pelvic exam on next page.

If the client answered **YES** to *question 1 only*, she might be a good candidate for IUD, but the insertion should be delayed until 4 weeks after delivery. Ask her to come back at that time.

If the client answered **YES** to *questions 2 or 3 only*, an IUD cannot be inserted without further evaluation. (See explanations for questions 2 and 3 on the back.)

If the client answered **YES** to *questions 4, 5, or 6* she is not a good candidate for IUD. If she answered **YES** to the second part of *question 7* and is not currently taking ARV drugs, she is not a good candidate for IUD (HIV-positive women without AIDS can still be good candidates for IUD).

# Pelvic Exam

Once you have completed the pelvic exam, please answer all of these questions, note the 'yes' responses, and follow the instructions.

NO		YES
	8. Is there any type of ulcer on the vulva, vagina, or cervix?	
	9. Does the client feel pain in her lower abdomen when you move the cervix?	
	10. Is there adnexal tenderness?	
	11. Is there purulent cervical discharge?	
	12. Does the cervix bleed easily when touched?	
	13. Is there an anatomical abnormality of the uterine cavity that will not allow appropriate IUD insertion?	
	14. Were you unable to determine the size and/or position of the uterus?	

**If the answer to all the above questions is NO, you may now insert the IUD.**

**If the answer to any of these questions is YES, the IUD cannot be inserted without further evaluation. (See explanations on the back for each individual question.)**

## How to be Reasonably Sure a Client is Not Pregnant

If the client answers YES to any question, proceed to the first box directly below the YES column.

NO		YES
	15. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, <i>and</i> have you had no menstrual period since then?	
	16. Have you abstained from sexual intercourse since your last menstrual period?	
	17. Have you had a baby in the last 4 weeks?	
	18. Did your last menstrual period start within the past 7 days (or within the last 12 days if you are planning to use an IUD)?	
	19. Have you had a miscarriage or abortion in the last 7 days?	
	20. Have you been using a reliable contraceptive method consistently and correctly?	

**Client answered NO to *all* of the questions.**

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**Pregnancy cannot be ruled out.**

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**Client should await menses or use pregnancy test.**

**Client answered YES to *at least one* question.**

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**Client is free of signs or symptoms of pregnancy.**

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**Provide client with desired method.**

## Explanation of IUD Checklist and Pelvic Exam Questions

This checklist is an easy-to-use screening tool for health care providers who are responsible for inserting intrauterine devices (IUDs). It is based on the guidelines provided in the 2004 World Health Organization (WHO) document *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use*. A person not doing insertion may administer the checklist on ruling out pregnancy and the first seven questions of the IUD checklist. **Women who are ruled out because they answered “yes” to some of the IUD checklist questions may still be good candidates for an IUD after the suspected condition is excluded through appropriate evaluation.** The language and style of the checklist can be adapted to meet local cultural and linguistic needs, as long as the intent of the questions is not changed. Because even small changes in wording can cause significant changes in meaning, FHI recommends that any translations be reviewed by someone with expertise and knowledge of the medical basis for the checklist.

- 1 Have you given birth within the last 4 weeks?**

IUDs can be inserted by a trained professional within the first 48 hours after giving birth. However, there is an increased risk of perforating the uterus when IUDs are inserted after 48 hours and up to 4 weeks postpartum. Women who answered “yes” to this question only should wait until 4 weeks after delivery to have an IUD inserted. Since there is no risk of pregnancy during the first 4 weeks postpartum in breastfeeding or nonbreastfeeding women, there is no need to provide her with contraceptives to use in the meantime, unless you believe the woman may not return to the clinic at the specified time.
- 2 Do you have bleeding between menstrual periods that is unusual for you, *or* bleeding after intercourse (sex)?**

Unexplained vaginal bleeding may be a sign of an underlying pathological condition, such as genital malignancy (cancer), or it could be a sign of a pregnancy-related problem. All these possibilities must be ruled out before an IUD can be inserted. If necessary, women should be referred to a higher-level provider or specialist for evaluation and diagnosis. Counsel her about other contraceptive options available and provide condoms to use in the meantime.
- 3 Have you been told that you have any type of cancer in your genital organs, trophoblastic disease, *or* pelvic tuberculosis?**

There is a concern about the increased risk of infection, perforation, and bleeding at insertion in women with genital cancer. Women with trophoblastic disease may require multiple uterine curettages, and an IUD is unwise in this situation. There is also an increased risk of perforation. Women with known pelvic tuberculosis may have a higher risk of secondary infection and bleeding if an IUD is inserted. If a woman has any one of these three conditions, she should not have an IUD inserted. Counsel her about other contraceptive options available and provide condoms to use in the meantime.
- 4 Within the last 3 months, have you had more than one sexual partner *or* been told you have an STI?**

*(Note: There are two parts in this question. Answering “yes” to either part or both parts of the question restricts IUD insertion.)* This question is intended to identify women at high individual risk of STIs. There is a possibility that these women currently have an STI and, unless it can be reliably ruled out, are not good candidates for IUD insertion. IUD insertion may increase risk of pelvic inflammatory disease (PID) in these women. They should be counseled about other contraceptive options and provided with condoms for STI protection. However, if other contraceptive methods are not available or acceptable and there are no signs of STI, an IUD still can be inserted. Careful follow-up is required in such cases.
- 5 Within the last 3 months, has your partner been told that he has an STI *or* do you know if he has any symptoms, for example, penile discharge?**

*(Note: There are two parts to this question. Answering “yes” to either part or both parts of the question restricts IUD insertion.)* This question is intended to identify women at high individual risk of STIs. Women whose partners have an STI may have an infection as well. IUD insertion may increase risk of PID in these women. They should be counseled about other contraceptive options and provided with condoms for STI protection. However, if other contraceptive methods are not available or acceptable, an IUD still can be inserted. Careful follow-up is required in such cases.

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**Do you think your partner has had another sexual partner within the last 3 months?***(Note: Where polygamy is common, the provider should ask about sexual partners outside of the union.)*

This question is intended to identify women at high individual risk of STIs. Women whose partners have more than one sexual partner may have an STI. Unless an STI can be reliably ruled out, these women are not good candidates for the IUD, as they may be at higher risk of PID following IUD insertion. They should be counseled about other contraceptive options and provided with condoms for STI protection. However, if other contraceptive methods are not available or acceptable, an IUD still can be inserted. Careful follow-up is required in such cases.

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**Are you HIV-positive and have you developed AIDS?**

This is a two-part question – both parts need to be asked together and the answer “yes” must apply to both parts. There is concern that HIV-positive women who have developed AIDS may be at increased risk of STIs and PID because of a suppressed immune system. IUD use may further increase this risk. **However, HIV-positive women without AIDS can be appropriate candidates for IUD insertion. Also, women with AIDS who are doing clinically well on antiretroviral therapy can be appropriate candidates for the IUD.**

8

**Is there any type of ulcer on the vulva, vagina, or cervix?**

Genital ulcers or lesions may indicate a current STI. While ulcerative STI is not a contraindication for IUD insertion, it indicates that the woman is at high individual risk of STIs in general, in which case IUDs are not generally recommended. Diagnosis should be established and treatment provided as needed. An IUD still can be inserted if co-infection with gonorrhea and chlamydia are ruled out.

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**Does the client feel pain in her lower abdomen when you move the cervix?**

Cervical motion tenderness is a sign of PID. Women with current PID should not use an IUD. Treatment should be provided as appropriate. If necessary, referral should be made to a higher-level provider or specialist. Counsel the client about condom use. If, through appropriate additional evaluation beyond the checklist, PID may be excluded, then the woman can receive the IUD.

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**Is there adnexa tenderness?**

Adnexa tenderness or/and adnexa mass may be a symptom of a malignancy or PID. Women with genital cancer or PID should not use an IUD. Diagnosis and treatment should be provided as appropriate. If necessary, referral should be made to a higher-level provider or specialist.

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**Is there a purulent cervical discharge?**

Purulent cervical discharge is a sign of cervicitis and possibly PID. Women with current PID should not use an IUD. Treatment should be provided as appropriate. If necessary, referral should be made to a higher-level provider or specialist. Counsel the client about condom use.

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**Does the cervix bleed easily when touched?**

If the cervix bleeds easily at contact, it may indicate that the client has an STI or cervical cancer. Women with current STI or cervical cancer should not have an IUD inserted. Treatment should be provided as appropriate. If necessary, referral should be made to a higher-level provider or specialist. If, through appropriate additional evaluation beyond the checklist, these conditions may be excluded, then the woman can receive the IUD.

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**Is there an anatomical abnormality of the uterine cavity that will not allow appropriate IUD insertion?**

If there is an anatomical abnormality that distorts the uterine cavity, proper IUD placement may not be possible. Cervical stenosis also may preclude an IUD insertion.

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**Were you unable to determine the size and/or position of the uterus?**

Determining size and position of the uterus is essential prior to IUD insertion to ensure high fundal placement of the IUD and to minimize the risk of perforation.