



PROCEDURE FOR IMMEDIATE POST-PLACENTAL IUD INSERTION DURING C-SECTION DELIVERY

1. **Take the IUD into the OR** with the patient and leave it in its sterile packaging until the decision has been made to place it. No extra instruments or set up is required.
2. Confirm that the patient still wants the IUD placed immediately prior to delivery or anesthesia.
3. **Perform cesarean delivery per routine practice**, including routine uterotonics and antibiotics.
4. **Provide routine care after delivery of the placenta** (removal of membranes, control of bleeding, etc.) and ensure that adequate hemostasis has been attained and that the uterus is not atonic.
5. **Initiate closure of the hysterotomy incision.** Close less than half of the incision to allow sufficient space to place the IUD.
6. **If there is not excessive bleeding**, the IUD should be passed onto the field in a sterile fashion. Because it is packaged sterilely, the device and inserter can be placed directly on to the operating field. *Waiting until this point in the procedure avoids opening it until it is sure to be placed, so it is not wasted if unable to be placed for any reason.*
7. **Follow insertion guidelines for the specific IUD type.** Both hormonal and copper IUDs can be inserted using their inserter, with ring forceps, or manually.

INSERTER (HORMONAL IUD)

The inserter is used to place the IUD at the uterine fundus, in a similar fashion to standard transcervical insertion.

Place your non-dominant hand on the exterior of the fundus to stabilize the uterus and guide placement.

Place the tip of the inserter at the fundus via the hysterotomy site.

Pull the inserter back 2 cm, move the slider on the inserter handle back to mark on handle, wait for 10 seconds then push the inserter to fundus. Move the slider on the inserter all the way back to release the IUD, **then freeze in place.**

The assistant will place their finger on the IUD at the fundus and hold the IUD at the fundus until all insertion steps are complete.

Only then, remove the inserter from the uterus. *The assistant continues to hold the IUD in place with a finger when the inserter is being removed, in order to ensure that the IUD stays at the fundus.*

INSERTER (COPPER IUD)

The inserter is used to place the IUD at the uterine fundus, in a similar fashion to standard transcervical insertion.

Load the IUD into the inserter per the usual method. Do not trim the strings.

Place your non-dominant hand on the exterior of the fundus to stabilize the uterus and guide placement.

Place the tip of the inserter at the fundus via the hysterotomy site, then pull back slightly.

Holding the white rod, pull back the insertion tube, deploying the arms of the IUD, **then freeze in place.**

The assistant will place their finger on the IUD at the fundus and hold the IUD at the fundus until all insertion steps are complete.

Only then, remove the inserter tube and rod from the uterus. *The assistant continues to hold the IUD in place with a finger when the inserter is being removed, to ensure that the IUD stays at the fundus.*

RING FORCEPS

Remove the IUD from the inserter.

Using a ring forceps, grasp both the stem and the arm of the IUD. *Ring forceps are sufficient to reach the fundus (ovum forceps are not necessary).*

Place the IUD at the fundus.

The assistant will place their finger on the IUD at the fundus and hold the IUD at the fundus until all insertion steps are complete.

Remove the forceps carefully, keeping them open so as not to inadvertently grasp the strings or the IUD.

8. **After initial placement, the assistant** will continue to hold the IUD in place with a finger and digitally confirm correct placement (fundal and longitudinal). Make manual adjustments as needed. *Careful attention should be paid when performing digital confirmation (and adjustment) such that removal of the finger or hand does not displace the IUD.*
9. **With the assistant's finger still on the IUD** at the fundus, grasp the strings at the distal tip with a ring forceps and then insert them into the lower uterine segment (can place through the cervix into the vagina **only if** the cervix was previously dilated).
10. **Open the ring forceps as much as possible** before pulling back up through the cervix to avoid pulling the strings back up with it. Then remove the ring forceps from the sterile field.
11. **Complete the cesarean delivery per routine.** *Take care to not include the IUD strings into the hysterotomy closure.*
12. **Uterine (abdominal) massage is permitted**—do NOT manually express the uterus of clots after the cesarean. Uterotonics may be given as medically indicated.

