

Sandyford Protocols

Management of patients following PPIUC (Postpartum Intrauterine Contraception)

Background

Postpartum intrauterine contraception or 'PPIUC' refers to the insertion of intrauterine contraception within 48 hours after delivery, either at time of caesarean section or following vaginal birth. As the expulsion rate is slightly higher, and a higher proportion of women are likely to have non-visible threads, women are advised to attend for a coil check, as opposed to self-checking for threads. Women are advised to attend Sandyford services for a coil check approximately 4-6 weeks after insertion of PPIUC.

Referral

Following insertion of IUC at time of caesarean section or vaginal birth a member of the hospital team shall send a referral to the PPIUC e-mail inbox

(Sandyford.Postpartum@ggc.scot.nhs.uk) with the following details:

- Patient name / dob / Chi number
- Address / Postcode
- Current contact number for patient
- Date of delivery and insertion of IUC
- Method of IUC inserted
- Any need for interpreter

The patient will be appointed a routine 20-minute appointment at a Sandyford Service most suitable for her, approximately 4-6 weeks after delivery. They will be contacted by phone or an appointment will be posted out.

Examination

Visible Threads

If threads are visible and appropriate length, and patient has had no problems since insertion, then they can be reassured. No further follow-up is necessary.

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Long threads

Threads are either not trimmed, or left longer, at the time of insertion of PPIUC, to allow for involution of the enlarged uterus. The threads may be longer in the vagina or may even protrude beyond the vaginal entrance.

- If threads protrude beyond vaginal entrance, they can be trimmed to skin prior to speculum examination
- The threads can be teased from underneath the speculum blades with a cotton swab to allow for easier trimming
- Threads can be trimmed to standard length (2-3cm beyond cervical os)
- Unless the stem of the IUC is visible, or symptoms suggest possible partial expulsion, no further action is required.
- US scan is not routinely required for long threads in this setting.

Device at cervix

The expulsion rate after PPIUC is slightly higher, and a proportion of these may be partial expulsion. The patient may have had symptoms such as pain, particularly during intercourse.

- If the stem of the device is visible it should be removed at initial review.
- If the device is removed, emergency contraception should be considered, and a plan made for ongoing contraception
- If the patient wishes further IUC then an appointment for this can be arranged and an interim method of contraception should be arranged

Non-visible threads

Due to the methods of insertion of PPIUC, up to 50% of women may have non-visible threads at initial review. The majority of devices will still be in-situ, but expulsion requires to be excluded.

Management at Initial Review

- Enquire as to whether there is any obvious history of expulsion, or symptoms suggestive of this (e.g. pain, particularly during intercourse)

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- Arrange for follow-up US scan at SC SRH complex clinic as per clinics listed on flow-chart
- Arrange an alternative method of contraception in the interim

Management in SRH Complex clinic

- If no device seen in uterine cavity on US scan, and no clear history of expulsion, arrange an Abdominal/Pelvic X-ray to exclude perforation.
- If an expulsion history and no device is seen in the uterine cavity, proceed to reinsertion of new device if patient wishes, no risk of pregnancy, and over 4 weeks post-partum
- If device located within uterine cavity patient can be reassured and no further action required
- Women can be advised if threads do not become visible with time, she may require to return to Sandyford services to have device changed or removed when the time comes.

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Flowchart: Thread Check Post Insertion of IUC at Caesarean Section or following Vaginal Birth

