

Intrauterine Contraceptive (IUC) Complications – CON 3

DEFINITION

IUC complications include but are not limited to perforation, missing threads and/or thread problems, delayed menses, complicated pregnancy, cramping and pelvic pain, abnormal bleeding, expulsion, and symptomatic actinomyces noted on Pap screening. Complications may be treatable or may require removal of device.

SUBJECTIVE

May include:

1. No symptoms
2. LMP
3. Medical, sexual, and contraceptive use history: initial or update, as appropriate.
4. History of any method related problems, including (but not limited to):
 - a. Intense cramping and/or pelvic pain
 - b. Thread problems
 - c. Abnormal vaginal bleeding or discharge
 - d. Concern of IUC expulsion
 - e. Symptoms of anemia (pallor, fatigue, palpitations)

OBJECTIVE

May include:

1. Visualization of the cervix to note:
 - a. Presence or absence of bleeding/discharge

Presence of **or** absence of threads

- b. Color, number, and length of threads if present
2. Pelvic examination to note:
 - a. Palpation of os for IUC presence
 - b. Uterine sizing (if pregnancy suspected)

Should exclude:

1. Adnexal tenderness or masses (suspect ectopic pregnancy)
2. PID

LABORATORY

Should include:

1. Sensitive urine pregnancy test

May include:

2. Vaginitis/cervicitis testing, as indicated
3. STD testing as indicated
4. Hemoglobin
5. Pap result reporting actinomyces presence with evidence of infection

ASSESSMENT

Complications related to IUC use

PLAN

Treatment may be provided according to identified problems.

1. **Thread Problems - Non-Pregnant:** If the IUC threads are missing, it may mean the client has expelled the IUC, the threads have wrapped around the IUC, has ascended into the uterine cavity, or that the IUC has

- perforated the uterus. Providers in foreign countries may completely cut IUC threads at the time of insertion.
- a. Endocervical threads may be extracted by rotating a cyto brush in the canal. Withdraw threads, if able. Note length. IUC may remain in place if client desires or remove IUC per protocol if client desires.
 - b. Examine cervix with uterine sound, sterile Q-tip, re-visualize canal through endocervical speculum. If IUC in endocervix remove and offer to replace.
 - c. If expulsion suspected obtain ultrasound or x-ray to determine IUC absence or presence and location.
 - d. If IUC is absent, provide ECPs if appropriate, and/or another form of contraception.
 - e. If threads missing, but IUC present in uterus and client desires removal, refer to MD.
2. **Thread Problems - Pregnant:** Pregnancy of any kind is rare with an IUC in place. Because Title X funds are intended only for family planning, once a client served by Title X project is medically verified as pregnant, she shall be referred to a health care provider for medically necessary prenatal health care.
3. **Delayed Menses – Non-Pregnant:** An IUC user who complains of delayed menses (no vaginal bleeding at the expected interval) may not be pregnant. Delayed or absent menses are common with levonorgestrel IUC's.
- a. Check for IUC threads.
 - b. If LMP less than 2 months ago or more than her usual interval, reassure her and offer for her to return in 2 weeks for repeat pregnancy test.
4. **Cramping and pelvic pain.** Women with IUC who experience cramping and pelvic pain should be evaluated to rule out perforation, pregnancy, PID, threatened or partial expulsion, dislodgement, or expulsion.
- a. Acute uterine perforation, either by the uterine sound or IUC, during insertion may result in a medical emergency. Non-acute uterine perforation may occur at any time and is most frequently detected by imaging studies in clients with missing IUC threads.
 - b. Any client with ectopic pregnancy must be referred for STAT MD evaluation.
 - c. Any client with suspected or symptomatic PID, refer to PID protocol. See infection with IUC also.
 - d. Offer NSAIDS with menses or just before menses every month to reduce cramping.
5. **Abnormal Bleeding or IUC Expulsion - Non-Pregnant.** Women using a copper IUC may find their menses become heavier, longer, more uncomfortable, particularly in the first several cycles of copper IUC use. Partial IUC expulsion often presents with acute vaginal bleeding. The client needs to be evaluated to exclude other sources of bleeding. Decision about management depends upon the client's clinical status and her preferences.
- a. If the IUC is expelling:
 - i. Remove the IUC
 - ii. If not pregnant, may re-insert
 - iii. If complete expulsion suspected and client does not know if IUC came out or not, confirm by abdominal x-ray or ultrasound.
 - b. For other abnormal bleeding or anemia:
 - i. For post-coital bleeding: check for cervical infection or polyps
 - ii. For spotting/hypermenorrhea:
 - Offer NSAIDS to start at onset of each menses to reduce menstrual blood loss (Ibuprofen 400mg-800mg three times a day for 5 to 10 days).
 - Instruct client to keep menstrual calendar for 2 cycles
 - Consider ruling out infection and/or pregnancy.
 - c. Treat anemia per protocol
 - d. For clients not satisfied with method or not responding to the above plan, offer to remove the IUC (see IUC Removal protocol)
6. **Infection with IUC use:**
- a. BV or candidiasis: treat per protocol
 - b. Sexually transmitted infections: treat per protocol

- c. Cervicitis or PID: IUC removal not necessary unless no improvement after antibiotic treatment. However, if IUC determined to be removed, give first dose of antibiotics to achieve adequate serum levels before removing IUC.
- 7. **Actinomycosis - with IUC:** An asymptomatic IUC user who has “Actinomyces-like organisms” reported on Pap smear is a common finding of limited clinical significance. No treatment is needed, and routine Pap testing should be followed. If patient is symptomatic (pelvic pain, discharge or fever), consult/refer to MD for extended antibiotic regimen.
- 8. **If partner can feel IUC threads during intercourse:**
 - a. Explain that this can happen if the threads are cut too short
 - b. Can cut threads shorter so they are not coming out of the cervical canal
 - c. Too long: check for partial expulsion. If in place, then trim.
 - d. Threads will often soften over time, and this feeling will likely dissipate for partner

CLIENT EDUCATION

1. Reinforce IUC education if patient chooses to continue method or plans insertion of another IUC.
2. Review safer sex education, if appropriate.
3. Advise patient of pertinent information regarding antibiotic use.
4. Counsel patient on choosing another method of birth control if IUC is removed and she does not desire pregnancy (Refer to specific method protocol).
5. Recommend that patient RTC annually and PRN for problems.
- 6.

IUD Warning Signs

P	Period late (pregnancy), abnormal spotting or bleeding
A	Abdominal pain, pain with intercourse or urination
I	Infection exposure (any STD), abnormal discharge
N	Not feeling well, fever, chills, nausea/vomiting
S	String missing, shorter or longer

CONSULT / REFER TO PHYSICIAN

1. Any client with signs and symptoms of perforation.
2. Suspected ectopic pregnancy (STAT referral).
3. Pregnant clients with IUC in place.
4. Client with persistent bleeding or infection symptoms not resolved after treatment.
5. Any client who (by protocol) should have IUC removed but refuses.
6. Any difficult IUC removal.
7. For treatment of symptomatic Actinomycosis.

REFERENCES

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3. [Clinical Challenges of Long-Acting Reversible Contraceptive Methods | ACOG Reaffirmed 2020 Includes algorithms for IUD complication management.](#)
4. How to Switch Birth Control Methods. Reproductive Health Access Project. June 2021. https://www.reproductiveaccess.org/wp-content/uploads/2014/12/switching_bc.pdf