

Patient details

**Intrauterine Device Insertion Record**

Date:

**Client assessment**

- Reason for choice of method: Contraception      Menorrhagia      HRT  
 Counselling about alternative methods and chooses Cu or LNG intrauterine device

**Medical History**

Parity:  +       Previous Caesarean Section      Yes      No  
LMP:      Day in cycle:      Days post-pregnancy:  
Pregnancy risk assessed: Yes      Contraceptive cover: ..... or N/A  
Previous treatment to cervix      Yes      No  
Menopausal or post-menopausal      Yes      No

Current medication: .....  
Allergies:.....  
History of cardiac disease – discuss with cardiologist first, might require hospital insertion

BP: ..... / ..... mmHg    Pulse.....

**Contraindications**

	Yes	No
UKMEC 4:		UKMEC 3:
Post abortion sepsis/current PID or STI		Postpartum 48h to <4 weeks
Unexplained vaginal bleeding		Organ transplant graft failure
Gestational trophoblastic disease		Known long QT syndrome
Cervical cancer		Fibroids distorting the cavity
Endometrial cancer		Severe liver cirrhosis (LNG)
Current Breast Cancer (LNG)		Hepatocellular adenoma/carcinoma(LNG)
		Past Breast Cancer (LNG)

**Counselling checklist**

- |  |  |
|--|--|
| Analgesia pre/post procedure                             |  |
| Assess STI risk  | Cu-IUD:  |
| Mode of action (pre-fertilisation effects)               | Bleeding pattern change                              |
| Benefits (long-acting, rapidly reversible)               | Reduced risk endometrial/cervical cancer             |
| Very effective: 1:250 women /year                        |  |
| Insertion / Removal procedure                            | LNG-IUD:   |
| Perforation risk of 2:1000 (6x higher if breast feeding) | Low dose progestogen – different strengths available |
| Infection / PID risk                                     | Benefits (may reduce period pain)                    |
| Ectopic pregnancy risk                                   | Side effects / Risks (small ↑risk BRCA)              |
| Expulsion risk 1:20                                      | Bleeding pattern change                              |
| Thread check / self-check                                | Use for HRT 5 years only                             |
| Information leaflet / link                               |  |
| Cytology up to date?                                     |  |

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**Prescription:**

Device: LOT: expiry date:  
Signature ..... Designation..... Date .....

**Insertion:**

Procedure performed by: ..... Designation .....

Assistant name: ..... Designation.....

Verbal consent obtained: Yes No

**Procedure:**

- Insertion removal removal and insertion
- Patient positioned on back, ideally lithotomy position
- Bimanual examination performed: Uterus normal size / small / enlarged / other  
Uterus anteverted / retroverted / axial no adnexal mass palpable
- Speculum examination: healthy vulva, vagina and cervix
- Removal of current device.....
- Local anaesthetic: declined / used .....BN / expiry.....
- Tenaculum used not used
- Uterine sound length.....cm
- Insertion of Cu-IUD / LNG-IUD per manufacturers instruction Yes or
- Unsuccessful insertion procedure Yes
- Immediate complications.....
- Pulse / blood pressure post insertion (if complication) .....
- Post insertion information with date for change given Yes
- Advice about self-checking threads / when to seek review Yes
- Additional contraception for first 7 days discussed (LNG-IUD)  
Yes

Sterile Pack sticker

Signature..... Date.....



NHS Inform – Copper IUD



NHS Inform - Hormonal IUD

Reference:

1. FSRH Clinical Guideline: Intrauterine contraception (March 2023, Amended July 2023)  
[FSRH Clinical Guideline: Intrauterine contraception \(March 2023, Amended July 2023\) - Faculty of Sexual and Reproductive Healthcare](#)
2. UK Medical Eligibility Criteria for Contraceptive Use (UKMEC)  
[UK Medical Eligibility Criteria for Contraceptive Use \(UKMEC\) - Faculty of Sexual and Reproductive Healthcare \(fsrh.org\)](#)