Discussion Points for the Intrauterine Device as Long-term Contraceptive Guidance

The following discussion points have been developed by the FFPRHC Education Committee.

Discussion Points

- 1 Discuss the key points of information it is essential to give a woman who is considering having an IUD fitted.
- 2 Discuss the advantages and disadvantages of pre-IUD screening for (a) chlamydia, (b) gonorrhoea and (c) other infections.
- 3 What are the likely causes of collapse during IUD insertion/removal? Explain how you would differentiate between them and your management.

Questions for the Intrauterine Device as Long-term Contraceptive Guidance

The following questions and answers have been developed by the FFPRHC Education Committee.

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Indicate your answer by ticking the appropriate box for each question			True	False	
1	The routine use of prophylactic antibiotics prior to IUD insertion has been shown to reduce pelvic infection rates.				
2	The risk of IUD expulsion is around 1 in 20 and is most common within 3 months of insertion.				
3	Women should be informed that the risk of uterine perforation is of the order of 1 in 10 000 insertions.				
4	Women not wishing to conceive should be advised to use additional contraception for 7 days prior to IUD removal/replacement.				
5	The primary mode of action of the IUD is the prevention of fertilisation.				
6	The presence of ALOs on cervical cyto IUD removal.	ology in asymptomatic IUD users	is an indication for		
7	If Group B streptococcus is identified IUD insertion.	in the lower genital tract this shou	uld be treated prior to		
8	IUDs should not be inserted in women with fibroids causing significant distortion of the uterine cavity.				
9	In the first 6–12 months of IUD use intermenstrual spotting does not require investigation.				
10 An IUD can be inserted in a postpartum woman from 4 weeks.					
Answers					
2 3	True	5 True 6 False 7 False	8 True 9 False 10 True		