

## Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD

Research findings over the past 30 years have established that intrauterine devices (IUDs) are safe and effective for use by most women, including those who have not given birth, who want to space births, and those living with or at risk of HIV infection. For some women, IUDs are not recommended because of the presence of certain medical conditions, such as genital cancer and current cervical infection. For these reasons, women who desire to use an IUD must be screened for certain medical conditions to determine if they are appropriate candidates for the IUD. This simple checklist can be used to help health care providers screen clients who were counseled about contraceptive options and made an informed decision to use an IUD. This updated checklist complies with the recommendations of the *Medical Eligibility Criteria for Contraceptive Use* (WHO, updated 2015). A health care provider should complete the checklist before inserting an IUD. Adapted from *Screening Clients Who Want to Initiate Use of the Copper IUD*, FHI 360, 2016 [www.fhi360.org](http://www.fhi360.org).

Ask the client the questions below about known medical conditions. Examinations and tests are not necessary. If she answers “no” to all of the questions, then she can have implants inserted if she wants. If she answers “yes” to a question, follow the instructions. In some cases she can still start using implants.

1. Did you give birth more than 48 hours ago but less than 4 weeks ago?

NO **YES** Delay inserting an IUD until 4 or more weeks after childbirth.

2. Do you have an infection following childbirth or abortion

NO **YES** If she currently has an infection of the reproductive organs during the first 6 weeks after childbirth (puerperal sepsis) or she just had an abortion related infection in the uterus (septic abortion), do not insert the IUD. Treat or refer if she is not already receiving care. Help her choose another method or offer a backup method. After treatment, re-evaluate for IUD use.

**3. Do you have bleeding between menstrual periods that is unusual for you, or bleeding after intercourse (sex)?**

NO **YES** If she has unexplained vaginal bleeding that suggests pregnancy or an underlying medical condition, use of an IUD could make diagnosis and monitoring of any treatment more difficult. Help her choose a method to use while being evaluated and treated, but not a hormonal IUD, progestin-only injectables, or implants). After treatment, re-evaluate for IUD use.

4. Do you have any female conditions or problems (gynecologic or obstetric conditions or problems), such as genital cancer or pelvic tuberculosis? If so, what problems?

NO **YES** Known current cervical, endometrial, or ovarian cancer; gestational trophoblast disease; pelvic tuberculosis: do not insert the IUD. Treat or refer for care if she is not already receiving care. Help her choose another method. In case of pelvic tuberculosis, re-evaluate for IUD use after treatment.

5. Do you have AIDS?

NO **YES** If she has severe or advanced HIV clinical disease, do not insert an IUD. You can insert an IUD if she has HIV clinical disease that is mild or with no symptoms (including doing well on ART). If a woman who has an IUD in place becomes infected with HIV or her HIV clinical disease becomes severe or advanced, she can keep the IUD.

6. Assess whether she is at very high individual risk for STIs.

NO **YES** Women who have a very high individual likelihood of STIs should not have an IUD inserted.

If the client answered **NO** to **all of questions 1–6**, she can use an IUD. Proceed to questions 7–11.

Ask questions 7–11 to be reasonably sure that the client is not pregnant. As soon as the client answers **YES** to **any question**, stop, and follow the instructions after question 11.

7. Did your last menstrual period start within the past 7 days?

8. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?

9. Have you abstained from sexual intercourse since your last menstrual period or delivery?

10. Have you had a miscarriage or abortion in the last 7 days?

11. Have you been using a reliable contraceptive method consistently and correctly?

If the client answered YES to **at least one of questions 7–11** and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. The client can have an IUD inserted now.

In many cases a woman can start the IUD any time it is reasonably certain she is not pregnant.

If the client answered NO to all of questions 7–11, pregnancy cannot be ruled out. She must use a pregnancy test or wait until her next menstrual period to have the IUD inserted. Give her condoms to use in the meantime.

Adapted from: World Health Organization Department of Reproductive Health and Research and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, Knowledge for Health Project, *Family Planning: A Global Handbook for Providers*, Baltimore and Geneva, 2007, 2008, 2011, 2017.

**2. Have you been told that you have any type of cancer in your genital organs, trophoblastic disease, or pelvic tuberculosis?**

**NO YES** Do not insert the IUD. Clients with genital cancer or trophoblastic disease are at higher risk of perforation and bleeding at the time of insertion. IUD insertion in clients with current pelvic tuberculosis may lead to a higher risk of secondary infection and bleeding.

**3. Have you ever been told that you have a rheumatic disease, such as lupus?**

**NO YES** This question is intended to identify women who have been diagnosed with systemic lupus disease with severe thrombocytopenia. Women with severe thrombocytopenia have an increased risk of bleeding and should usually not initiate use of an IUD.

**4. Within the last 3 months, have you had more than one sexual partner?**

Clients who have multiple sexual partners are at high risk of contracting STIs. Unless chlamydia and/or gonorrhea infection can be reliably ruled out, these clients are not good candidates for IUD insertion.

**1. Do you have or have you ever had breast cancer?**

**NO YES** Do not provide implants. Help her choose a method without hormones.

**2. Do you have a serious problem now with a blood clot in your legs or lungs?**

**NO YES** If she reports a current blood clot (not superficial clots), and she is not on anticoagulant therapy, do not provide implants. Help her choose a method without hormones.

**3. Do you have severe cirrhosis of the liver, a liver infection, or liver tumor? (Are her eyes or skin unusually yellow? [signs of jaundice])**

**NO YES** If she reports serious liver disease (such as severe cirrhosis or liver tumor), do not provide implants. Help her choose a method without hormones.

**4. Are you having vaginal bleeding that is unusual for you?**

**NO YES** If she has unexplained vaginal bleeding that suggests pregnancy or an underlying medical condition, implants could make diagnosis and monitoring of any treatment more difficult. Help her choose a method to use while being evaluated and treated (not progestin-only injectables or a copper-bearing or LNG-IUD). After treatment, re-evaluate for use of implants.

**5. Have you ever been told that you have a rheumatic disease, such as lupus?**

**NO YES** Women should not use implants if they report having lupus with positive (or unknown) antiphospholipid antibodies and are not on immunosuppressive therapy.

If the client answered **NO** to *all of questions 1–5*, she can use implants. Proceed to questions 6–10.

If the client answered **YES** to **question 1**, she is not a good candidate for implants. Counsel about other available methods or refer.

If the client answered **YES** to **any of questions 2–5**, implants cannot be initiated without further evaluation. Evaluate or refer as appropriate, and give condoms to use in the meantime.

Ask questions 6–10 to be reasonably sure that the client is not pregnant. As soon as the client answers **YES** to **any question**, stop, and follow the instructions after question 10.

6. Did your last menstrual period start within the past 7 days?

7. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?

8. Have you abstained from sexual intercourse since your last menstrual period or delivery?

9. Have you had a miscarriage or abortion in the last 7 days?

10. Have you been using a reliable contraceptive method consistently and correctly?

If the client answered **YES** to **at least one of questions 6–10** and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. The client can have implants inserted now.

If the client began her last menstrual period within the past 7 days (5 days for Implanon), she can have implants inserted now. No additional contraceptive protection is needed.

If the client began her last menstrual period more than 7 days ago (5 days for Implanon), she can have implants inserted now, but instruct her that she must use condoms or abstain from sex for the next 7 days. Give her condoms to use for the next 7 days.

If the client answered **NO** to all of questions 6–10, pregnancy cannot be ruled out. She must use a pregnancy test or wait until her next menstrual period to have implants inserted. Give her condoms to use in the meantime.