PROCEDURE FOR FITTING
COPPER BEARING INTRAUTERINE CONTRACEPTIVE DEVICE (CU-IUD)
AND
LEVONORGESTREL RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LNG-IUS)

<table>
<thead>
<tr>
<th>First Issued</th>
<th>Issue Version</th>
<th>Purpose of Issue/Description of Change</th>
<th>Planned Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>One</td>
<td>To promote a reliable and safe method of inserting intra-uterine contraception</td>
<td>2014</td>
</tr>
</tbody>
</table>

Named Responsible Officer:-

- Sexual Health Service
- Medicines Governance Pharmacist

Approved by

- Quality, Patient Experience Risk and Governance Group

Date

- April 2012

Target Audience

- Sexual Health Service

SOPMM 27

UNLESS THIS VERSION HAS BEEN TAKEN DIRECTLY FROM TRUST WEB SITE THERE IS NO ASSURANCE THIS IS THE CORRECT VERSION
### CONTROL RECORD

| Title | Procedure for fitting Copper bearing Intrauterine Contraceptive Device (Cu-IUD) and Levonorgestrel releasing Intrauterine Contraceptive System (LNG-IUS) |
| Purpose | To promote a reliable and safe method of inserting intrauterine contraception |
| Author | Quality and Governance Service (QGS) |
| Equality Assessment | Integrated into procedure |
| Subject Experts | Toni Gleave |
| Document Librarian | QGS |
| Groups consulted with :- | Medicines Management Group |
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| Archived | Date: Location: S Drive QGS |
| Access | Via QGS |

### VERSION CONTROL RECORD

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Author</th>
<th>Status</th>
<th>Changes / Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version 1</td>
<td></td>
<td>New</td>
<td>To meet Professional Standards for Faculty of Sexual and Reproductive Health Care and comply with Care Quality Commission and NHS LA Standards</td>
</tr>
</tbody>
</table>

Status – New / Revised / Trust Change
INTRODUCTION

Intra-uterine contraception is a reliable and safe method of contraception available to all women. There are contraindications and precautions to be considered when counsulting women regarding this method of contraception.

This procedure is not intended to be a stand alone document and should be used in conjunction with evidence based guidance and recommendations on the use of Intrauterine methods of Contraception as a long term option. (NICE Clinical Guideline 30 Oct 2005)

This Clinical Procedure is to be used alongside the current procedure for the Removal of: Copper Bearing Intrauterine Contraceptive Device (Cu-IUD). Levonorgesterol Releasing Intrauterine Contraceptive System (LNG-IUS)

TRAINING

Only healthcare professionals, who are trained and qualified in the insertion of Intrauterine Devices and Intrauterine Systems, may insert this method of contraception.

Healthcare professionals within Contraception and Sexual Health Service must:-

- Hold a current Letter of Competence for Intrauterine Techniques (LoC IUT) Faculty of Sexual and Reproductive Healthcare (FSRH)

**OR**

- An experienced nurse who is trained and accredited by the Royal College of Nursing (RCN)

Each healthcare professional is responsible and accountable for their own practice and must ensure they maintain their competency through continuous professional development and can evidence their competency as required by their Service Manager at management supervision and yearly appraisals. This will include regular update of post-registration contraception and sexual health qualification and annual basic life support (BLS), cardio pulmonary resuscitation (CPR) and anaphylaxis training and in addition training to manage other medical emergencies that may arise including vasovagal episode, epileptic fit, and bradycardia, as outlined in the Faculty of Sexual and Reproductive Healthcare Service Standards for Resuscitation October 2010. However if atropine is required to be administered by Trust employed nursing staff, the agreed route is by intramuscular injection.

Healthcare professionals fitting IUD/IUS should be fitting a minimum of 12 devices a year of at least 2 different types.
CHAPERONE TRAINING

Any non registered staff acting as a chaperone present throughout the procedure must be trained in basic life support, which is part of the mandatory Essential Learning Programme and needs to be updated every 2 years. Non registered staff are provided with in-service chaperone training and have a set criteria of learning outcomes in order to be competent in the role. This is documented and filed in the staff personal record.

TRUST POLICIES AND PROCEDURES

Refer to current Trust Policies and Procedures

INTRAUTERINE CONTRACEPTION

Inclusion Criteria

- All women of child bearing age can be considered for IUD/IUS insertion, as a long term method of contraception.
- Women requesting Intrauterine Contraceptive Device (Cu-IUD) as a method of emergency contraception following unprotected sexual intercourse (UPSI) or “at-risk” sexual intercourse.

Exclusion Criteria

All health professionals in the service must follow the guidance in the UK Medical Eligibility Criteria (2009) for Contraceptive Use. For most women intrauterine contraception is a safe option. There are a few circumstances where UK Medical Eligibility Criteria recommends that the theoretical or proven risks outweigh the advantages of using the method. (UKMEC 3) or that use of intrauterine methods represents an unacceptable health risk (UKMEC 4) Copies of the guide are available in every clinic.

Action if Excluded

- Discuss alternative contraceptive methods with client
- Refer to Contraceptive and Sexual Health (CaSH) Doctor or GP as appropriate

POTENTIAL ADVERSE REACTIONS TO DISCUSSED METHOD

Intrauterine Device:

- Pain on insertion (may be relieved by oral analgesic taken 30 minutes before insertion). Clients are advised prior to appointment.
- Expulsion of IUD (approx. 1:20)
- Exacerbation of pelvic infection
- Increased risk of pelvic infection up to 20 days after insertion
- Menstrual abnormalities, including heavy or longer menstrual periods, spotting or light bleeding
- IUDs may cause cramping pains during menstruation, although this tends to lessen after time
- Displacement of IUD
- Uterine or cervical perforation (<1:1000)
- Vasovagal attack on insertion
- Allergy
Intrauterine System as with IUD insertion in addition:
- Irregular bleeding and spotting is common in the first 6 months, by 1 year amenorrhea or light bleeding is usual.
- Functional ovarian cysts rarely a clinical problem
- Headaches
- Breast tenderness
- Acne

Counselling for IUD/IUS should include:
Counselling of the client must be in conjunction with the appropriate Family Planning Association leaflet:-
- Mode of action
- Hormonal effects (IUS)
- Failure rate
- Risk of ectopic pregnancy
- Risk of expulsion
- Likely bleeding pattern
- Return to fertility after removal
- Risk of pelvic infections up to 20 days post-fitting
- Risk of perforation
- Use of tampons
- Analgesia, preferably taken at least half hour prior to attendance for fitting
- Prevention of pregnancy prior to IUD/IUS fitting
- Discuss possibility of use of a local anaesthetic at time of fitting, if felt that this is appropriate by clinician
- Discuss client’s perceived risk of sexually transmitted infections. Clients assessed to be at risk should be offered testing for chlamydia as a minimum. Any refusal to test must be documented in the health records
- Clients should be offered instruction on how to check for the IUD / IUS and its threads and advised that if they are unable to feel them it might be that the device has been expelled. Alternative contraception (e.g. condoms) should then be used until medical advice has been sought.
- Give appropriate Family Planning Association leaflet , “Your Guide to the IUD” or “Your Guide to the IUS” and record in health records it has been given

Clinical Screening:
- Evidence of previous Chlamydia screen should be made available to clinician, or details documented
- Results of Chlamydia swabs should be available and appropriate treatment provided prior to IUD / IUS insertion. For women assessed as at higher risk, if results are not available and IUD / IUS insertion cannot be delayed, the use of prophylactic antibiotics to cover Chlamydia may be considered.
- Clients having an emergency IUD fitted will be assessed for risk of Sexually Transmitted Infections (STI) and treated accordingly, but there should be no associated delay in fitting. A chlamydia swab may be taken at time of fitting.
- Testing for gonorrhoea should be offered as appropriate
- There is no indication to test for other lower genital tract organisms in asymptomatic clients attending for IUD / IUS insertion

Those at higher risk of STI include:
• All sexually active people under the age of 25 years
• Anyone who has had a change of partner in the past 12 months
• Anyone with more than one sexual partner in the last year
• Anyone whose regular sexual partner has other sexual partners
• Clients who fall within one of the above groups and refuse to have a Chlamydia swab taken prior to insertion may not be offered an IUD/IUS, unless a previous test was negative and there has been no new risk

EQUIPMENT

A warm room where privacy can be respected
A firm couch at a convenient height (adjustable if available)
Blue paper roll
Plastic disposal couch protector
An adjustable light
Sterile dressing pack
Single use disposable non sterile gloves
Single use disposable plastic apron
Single use small sachet lubricating jelly
Single use speculums various sizes (Small, Medium, Large)
Single use Teale Vulsellum Forceps
Sterile Uterine Sound
Single use sterile scissors
Sterile Spencer Wells Forceps
Sterile Galipot
Sterile Cotton wool
Small sachet of sterile water
Intrauterine Device (various) check expiry date
Intrauterine System (Mirena) check expiry date
Sanitary towels
Appropriate clinical waste bags / bins
Appropriate sharps disposal container
Documentation proforma for clinician to complete when for fitting an IUD / IUS to ensure all clinical checks have been made
2ml syringes, blue and green needles
Oxygen cylinder
Pocket mask with one-way valve

Emergency Drugs

• Atropine 600mcg IV for the management of bradycardia
• Epinephrine (Adrenaline) 0.5mg IM (0.5mls of 1:1000 injection for the management of anaphylaxis
• Rectal diazepam (10mg rectal tubes) for the management of prolonged seizure
• Oxygen

CHAPERONE - A chaperone is required throughout procedure to prepare and open the equipment if required by the clinician and to assist in the event of an emergency situation and to support the client.

Assistant’s role:
• To keep watch on the vital signs of the client undergoing an IUD fitting
• To alert the IUD/IUS inserter regarding changes in the vital signs and prepare for management of any collapse as necessary
• After the fitting procedure to reinforce thread checking information
• To enable the client to be relaxed during the procedure through verbal anaesthesia
• To assist in opening sterile packs of IUD/instruments required
• To ensure that all used instruments/other material are disposed of safely and the room is prepared for further use. (Sharps disposal during the procedure remains the responsibility of the individual using them)

ASSESSMENT AND PREPARATION FOR PROCEDURE
The Contraception and Sexual Health Service (CaSH) is committed to providing a safe and effective, specialist service for IUD/IUS counselling and care. The CaSH Service requires that clients requesting an IUD / IUS as their method of contraception contact the service for an appointment for the procedure. An exception to this, would be clients attending clinics for fitting of a Cu-IUD for Emergency Contraception.

Where possible clients are counselled to self administer an appropriate form of oral pain relief, prior to attending their appointment at clinic.

PROCEDURE FOR ASSESSMENT

<table>
<thead>
<tr>
<th>ACTION</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbally confirm the identity of the client by asking for their full name and date of birth. If client unable to confirm, check identity with family/carer</td>
<td>To avoid mistaken identity</td>
</tr>
<tr>
<td>Introduce yourself as a staff member and any colleagues involved at the contact</td>
<td>To promote mutual respect and put client at their ease</td>
</tr>
<tr>
<td>At all times wear identity badge which includes name status and designation</td>
<td></td>
</tr>
<tr>
<td>Ensure verbal consent for the presence of any other third party was obtained</td>
<td>Students for example, as the client has the choice to refuse</td>
</tr>
<tr>
<td>Ensure the client is informed of the requirement of a chaperone during procedure and they give verbal consent prior to commencement of the procedure</td>
<td>To ensure client gives informed consent to the presence of a chaperone and understands why a chaperone is offered.</td>
</tr>
<tr>
<td>Document name of chaperone and any other person present.</td>
<td>To comply with Trust Health Records Policy and to evidence who else was present during procedure</td>
</tr>
<tr>
<td>Explain procedure to patient including risks and benefits and gain informed consent.</td>
<td>To ensure client understands procedure and relevant risks</td>
</tr>
</tbody>
</table>

If the client does not have capacity to make decisions, health professionals must follow the Trust Consent Policy.
Prior to insertion of the IUD / IUS document the client’s medical / history / contraceptive history ascertain the date of her last menstrual period (LMP) and the date of her last sexual intercourse (SI) as appropriate and current relationship status.

- An IUD may be inserted at any time in the menstrual cycle if it is reasonably certain the woman is not pregnant i.e. the client has abstained from all sexual intercourse since Day 1 of the current menstrual cycle, or has correctly and consistently used a hormonal method of contraception.
- A sexual and menstrual history must be documented.
- An IUD can be inserted up to 5 days after first episode of UPSI or up to 5 days after earliest predicted ovulation (e.g. day 17 of a 26 day cycle, day 19 of a 28 day cycle or day 26 of a 35 day cycle. Where a client has variable cycles, ovulation time is estimated using the shortest cycle.
- An IUS should normally be fitted within seven days of a period commencing, without the need for additional contraception.
- An IUD / IUS can be fitted by a clinician who can be reasonably certain a client is not pregnant if she is fully or nearly fully breastfeeding, amenorrhoeic and less than 6 months post partum.

If an IUS is replacing an IUD, the client must ensure they abstain from sexual intercourse or use condoms for the following 7 days in addition to the preceding 7 days. **Fitting may be refused by the clinician.**

The Clinician must document the client’s current obstetric history.

- An IUD / IUS will usually be fitted from four weeks post - nata tally following either a vaginal or caesarean delivery. It must be documented what contraception the client has used from day 21 post delivery, to the fitting of the IUS and from day 33 to the fitting of an IUD.
- An IUD / IUS can be fitted immediately following miscarriage or termination of pregnancy if pregnant for less than 24 weeks.

To ensure that the client is not at risk of an unintended pregnancy and it is appropriate to fit the chosen method.

The Clinician must confirm they have taken reasonable precaution to ensure they have fitted the method “in good faith”.

An IUD can be fitted for use as an Emergency Contraceptive method, and is fitted in “good faith” by the clinician following documentation of a given accurate history, reducing the potential risk of inducing a miscarriage if implantation already taken place.

If fitting is refused by clinician this clinical decision must be fully documented in the clients health records.

Ensuring reduced risk of infection post partum. Post partum bleeding is expected to have reduced, therefore risk of expulsion is minimised.

Earliest expected ovulation after delivery is day 28 taking into account sperm viability up to 7 days, an IUD can be fitted up to day 33 post delivery as EC. Effective contraception must be evidenced to ensure no risk of pregnancy after day 21 if fitting an IUS or day 33 for an IUD.

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Earliest expected ovulation after delivery is day 28 taking into account sperm viability up to 7 days, an IUD can be fitted up to day 33 post delivery as EC. Effective contraception must be evidenced to ensure no risk of pregnancy after day 21 if fitting an IUS or day 33 for an IUD.
Discuss and document sexual history as appropriate. Ensure client is fully aware of requirement to perform Chlamydia Trachomatis (CT) screening and high risk infection groups, prior to insertion for:-

- All sexually active people under the age of 25 years
- Anyone who has had a change of partner in the past 12 months.
- Anyone with more than one sexual partner in the last year
- Anyone whose regular sexual partner, has other sexual partners

If CT test declined, this must be documented. **Fitting may be refused by the clinician.**

To enable informed consent and be aware of risks of insertion of a IUD / IUS if Chlamydial Infection is present in cervical canal and left undiagnosed and untreated.

If fitting is refused by clinician this clinical decision must be fully documented in the clients health records

<table>
<thead>
<tr>
<th>Before the procedure is undertaken emergency resuscitation equipment, including medicines, must be available and checked as fit for purpose. The client's blood pressure (BP) and pulse should be recorded prior to fitting the method.</th>
<th>Service complies with Trust policies and procedures and staff are adequately prepared in the event of an emergency. Baseline observations can be referred to post fitting, especially if client feels “unwell”.</th>
</tr>
</thead>
</table>
| The clinician supported by the chaperone must observe the client throughout the procedure noting such affects as: Pallor Light-headedness Bradycardia Nausea Excessive pain or discomfort. | • Client may experience “Cervical Shock” during/following the procedure; therefore monitoring the client’s well being is paramount.  
• Rarely, an IUD/IUS may cause perforation of the uterus at fitting, which may or may not be identified at the time of procedure.  
• Clinicians must fully assess the client, to ensure they are recovered sufficiently to leave the clinic OR determine if they need to refer for admission to a local Gynaecology Unit as appropriate (Arrowe Park Hospital)  
• A ‘Transfer Summary Form’ must be completed by a senior clinician at time of transfer to comply with the trust Policy for the Transfer of Patients into an Acute Care Setting |

The procedure may be abandoned if clinically indicated. Ensure resuscitation procedures are followed as necessary.

Ensure consultation is fully documented, noting that the client has been counselled regarding:
- Mode of action  
- Benefits  
- Risks  
- side effects  
- advantages  
- disadvantages  
- failure rate  
- duration of use  
- fitting procedure and associated information checking the two threads secured to the device as advised, to ensure it is in situ  
- removal procedure  
- return to fertility

To ensure a woman centred approach to care and enabling the client to make informed choices and be given the relevant information regarding her chosen method of contraception
PROCEDURE FOR INSERTION

Ensure communication is maintained with the client throughout the procedure and each intervention is explained throughout.

<table>
<thead>
<tr>
<th>ACTION</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Ensure patient is positioned comfortably on the prepared couch. Ensure privacy curtain is drawn around the area.</td>
<td>To maintain client comfort, privacy and dignity throughout procedure</td>
</tr>
<tr>
<td>Ensure all equipment which may be needed is available and to hand on a clean prepared field e.g. dressing trolley.</td>
<td>To ensure a clean area, minimise the risk of infection, and ensure all equipment is available to prevent delaying the procedure. Adhere to Trust Infection Prevention &amp; Control Policies</td>
</tr>
<tr>
<td>Decontaminate hands prior to procedure</td>
<td>To reduce the risk of transfer of transient micro-organisms on the health care workers hands</td>
</tr>
<tr>
<td>Apply single use disposable apron and single use disposable non sterile gloves Perform a bi-manual pelvic examination Following this procedure remove and dispose of Personal protective Equipment (PPE)</td>
<td>To protect healthcare worker from contamination with organic matter and potential transfer of micro-organisms To allow clinician to assess position, size and shape, mobility of the uterus and exclude pathology prior to procedure To prevent cross infection and environmental contamination</td>
</tr>
<tr>
<td>Decontaminate hands following removal of PPE</td>
<td>To remove any accumulation of transient and resident skin flora that may have built up under gloves and possible contamination following removal of PPE</td>
</tr>
<tr>
<td>Open sterile dressing pack onto dressing trolley apply single use disposable apron and open all sterile single use equipment required and place onto aseptic field</td>
<td>To maintain asepsis and prevent contamination of key parts</td>
</tr>
<tr>
<td>Apply single use disposable sterile gloves in a manner which prevents the outer surface of the sterile glove being touched by a non sterile item</td>
<td>To maintain asepsis, reduce the risk of microbial contamination and prevent the spread of infection</td>
</tr>
<tr>
<td>Use aseptic non touch technique to ensure that only sterile single use items are used to keep exposure of the susceptible site to a minimum</td>
<td>To prevent contamination of a susceptible site by organisms that could cause infection</td>
</tr>
<tr>
<td>Apply single use lubricating jelly to an appropriate sized speculum, insert into the vagina, open and manoeuvre until the whole of the cervix can be visualised clearly.</td>
<td>To visualise cervix and minimise the risk of trauma</td>
</tr>
<tr>
<td>Obtain Chlamydia screening sample, as required using endocervical swab</td>
<td></td>
</tr>
<tr>
<td>Following CT sample, the Clinician may choose to remove / clean mucus / debris from the cervix, prior to insertion procedure.</td>
<td>No evidence has been identified to suggest that cleaning the cervix reduces post insertion pelvic infection.</td>
</tr>
<tr>
<td>Apply the vulsellum to neck of the cervix and ensure the handle is locked effectively.</td>
<td>To stabilise cervix during the fitting procedure</td>
</tr>
<tr>
<td>Introduce a sterile single use uterine sound through the cervical canal into the intrauterine cavity. Note the measurement. Prepare the chosen device for insertion and ensure</td>
<td>Accurate measurement of the depth of the uterine cavity is essential to ensure accurate fitting of the IUD / IUS and avoiding possible perforation / trauma to uterus.</td>
</tr>
<tr>
<td>Task</td>
<td>Instructions</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>Insert the device into the uterine cavity.</td>
<td>The measurement on the introducer corresponds with the uterine measurement previously performed.</td>
</tr>
<tr>
<td>Trim the two threads attached to the device, which will be protruding from the cervix into the vagina, using single use disposable sterile scissors, to a comfortable acceptable length for the client.</td>
<td>The threads should be cut to a length that will be acceptable to the client and for ease when checking the threads as advised by the clinician.</td>
</tr>
<tr>
<td>Remove speculum and dispose of all equipment safely in appropriate clinical waste and sharps container</td>
<td>In line with Trust Waste Disposal policy / Infection Prevention &amp; Control Policies</td>
</tr>
<tr>
<td>Remove PPE and dispose of into clinical waste</td>
<td>To prevent cross infection and environmental contamination</td>
</tr>
<tr>
<td>Decontaminate hands following removal of PPE</td>
<td>To remove any accumulation of transient and resident skin flora that may have built up under gloves and possible contamination following removal of PPE</td>
</tr>
<tr>
<td>Observe the client following procedure. Provide the client with a sanitary pad if required</td>
<td>To ensure the client has not suffered any adverse effect to the procedure is well enough to be encouraged to dress. The client may experience some bleeding following the procedure.</td>
</tr>
<tr>
<td>Sit the client down after procedure and reinforce all relevant information, ensure supporting literature is given</td>
<td>To ensure client has understood information about the device fitted. To ensure the device is suitable and acceptable to the client and without problems.</td>
</tr>
<tr>
<td>Follow up 6-8 weeks for check</td>
<td></td>
</tr>
<tr>
<td>Document procedure fully, including the instruments used, and any concerns or issues encountered and actions taken. The completed record must include: date of consultation, time in 24hr format, printed name of clinician, signature, designation, chaperone and any third parties, advice given and any follow up information provided to the client.</td>
<td>To comply with the Trusts record keeping policy</td>
</tr>
<tr>
<td>Follow-up to be arranged with client, depending on continuing method of contraception / care. Written information provided as appropriate. Assist client for whom English is not the first language to receive information in an appropriate and understandable form.</td>
<td>To ensure contraception cover is maintained. Ensure Equality &amp; Diversity in Service delivery</td>
</tr>
<tr>
<td>Arrange a six week follow up appointment</td>
<td>At a suitable time for client</td>
</tr>
<tr>
<td>Ensure that the client knows how to contact the service should she need any further advice before their appointment. Clients can also leave a message on St Catherine’s answer phone and a clinician will contact on next working day</td>
<td>Sexual Health Service continuation of client care</td>
</tr>
</tbody>
</table>

PROCEDURE FOR THE FITTING OF CU-IUD AND LNG-IUS
11/13
In emergency clients are advised they can attend A&E, Walk-in Centre or GP depending on urgency of situation.

Record advice in health care records

EQUALITY ASSESSMENT

During the development of this procedure the Trust has considered the clinical needs of each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation). There is no evidence of exclusion of these named groups that is not based on clinical need.

If staff become aware of any clinical exclusions that impact on the delivery of care a Trust Incident form would need to be completed and an appropriate action plan put in place.

SAFEGUARDING

In any situation where staff may consider the client to be at risk needs to follow relevant Trust policies and contact the Safeguarding Team for specialist advice as required

INCIDENT REPORTING

Should any clinical incidents or near misses arise when following this procedure, a Trust incident form must be completed.

ABBREVIATIONS

BP Blood Pressure
Cu-(IUD) Copper bearing Intrauterine Device
LNG-(IUS) Levonorgestrel-releasing Intrauterine System
CaSH Contraception and Sexual Health
CT Chlamydia Trachomatis
GP General Practitioner
UPSI Unprotected Sexual Intercourse
SI Sexual Intercourse
STI Sexually Transmitted Infection
LMP Last Menstrual Period
REFERENCES


Faculty of Sexual and Reproductive Health Care (October 2010) Service Standards for Resuscitation

Faculty of Family Planning and Reproductive Health Care (2006) *Training Requirements for Doctors Wishing to Obtain the Letter of Competence in Intrauterine Techniques (LoC IUT)*

Faculty of Family Planning and Reproductive Health Care (July 2006) *Service Standards for Resuscitation in Sexual Health Services*. London

Family Planning Association leaflets ISBN 1905506325, 1905506317. Registered Charity number 250187 supported by the Department of Health


Wirral Community NHS Trust – Consent Policy (always refer to current version on Trust web site)

Wirral Community NHS Trust–Confidentiality Policy (always refer to current version on Trust web site)

BIBLIOGRAPHY

Faculty of Sexual and Reproductive Health Care (June 2007). *Service standards on obtaining consent in services*. London.