IUD Quick Facts

IUDs are a great first-line option for most patients, including those who:

Condition	*More info*
Have a history of ectopic pregnancy	• Can be used without restriction.[1] • The absolute risk of ectopic pregnancy in IUD users is much lower than in those not using contraception, because of the IUD's effectiveness.[2] • If an IUD user becomes pregnant, the pregnancy is more likely to be ectopic than a pregnancy in a non-user, but the overall rate is very low.[2]
Are young and/or nulliparous	• ACOG committee opinion: IUDs should be a first-line option for nulliparous and parous adolescents.[3] • Use of NSAID prior to insertion may reduce pain.[4] • Routine use of miso prior to insertion is not supported by current evidence.[5]
Have a history of PID	• If she had a subsequent pregnancy, no restrictions.[1] • If no subsequent pregnancy, benefits thought to outweigh theoretical or proven risks (USMEC category 2) – still appropriate to use.[1] • Women using IUDs are only at a higher risk of PID during the first 20 days after insertion.[6]
Have a history of STI	• The concern is whether the patient may have an STI at the time of insertion,[7] which is associated with an increased, though still low, risk of PID.[8] • It is acceptable to screen and insert on the same day,[7] treating with IUD in place if indicated. • For those who are at "increased" risk of STI, IUDs are considered category 2 or 3[1] – the balance between benefits and risks should be assessed on a case-by-case basis.

IUD Medical Eligibility Resources:

The **US Medical Eligibility for Contraceptive Use (USMEC)**, issued in 2010 and updated in 2012, is an excellent resource for assessing IUD eligibility. The full guide can be found here: http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usmec.htm

RHEDI also offers a clinical reference sheet with this information, which can easily be printed and kept on hand: http://rhedi.org/contraception/WHO_CDC_Chart.php

The **CDC Selected Practice Recommendations for Contraceptive Use** are an excellent resource as well:
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6205a1.htm?s_cid=rr6205a1_w

IUDs can be inserted:

Situation	*More info*
Any time in the menstrual cycle	• If it is reasonably certain the patient is not pregnant.[7] (Refer to the CDC Selected Practice Recommendations for details about ruling out pregnancy.) • Also see use of copper IUD for post-coital contraception below.
Immediately postpartum (including after C-section)	• An IUD can be placed within ten minutes of delivery of the placenta.[1] • If it is not placed at this time, it should be inserted at least 4 weeks postpartum.[1]
Immediately after a procedural abortion	• An IUD can be placed immediately following a first or second trimester suction abortion.[1]
Without recent GC/C test results available	• Screening can be performed at the time of IUD insertion; insertion should not be delayed for this reason.[7]
As post-coital ("emergency") contraception (copper IUD only)	• The copper IUD is the most effective form of post-coital contraception, and is effective up to 5 days after unprotected sex.[9]

References:

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