

# Checklist for Screening a Client Who Wants to Initiate Use of the Copper IUD as Emergency Contraception

This tool is intended to be used by providers who are screening women that are seeking emergency contraception (EC) to prevent an unintended pregnancy. Ideally, they will have already received information on both their emergency and on-going contraceptive options. If they have not, it is important for the provider to ensure that the woman is made aware of the contraceptive options that best meet her current and future reproductive health needs.

<b>YES</b>	1. Have you had a baby in the last 4 weeks?	<b>NO</b>
<b>YES</b>	2. 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?	<b>NO</b>
If she answered <b>YES</b> to question 1 or 2, she is not at risk of pregnancy and does not need EC. Help her to choose a regular method of contraception if desired.		
If she answered <b>NO</b> to questions 1 and 2, proceed to question 3.		
<b>YES</b>	3. Did every unprotected sexual act since last menses occur within the last 5 days?	<b>NO</b>
If she answered <b>YES</b> to question 3, she may be eligible for the IUD as EC. Please proceed to the Pre-Insertion Counseling Points.		
If she answered <b>NO</b> to question 3, proceed to question 4.		
<b>YES</b>	4. Have you had a miscarriage or abortion in the last 12 days?	<b>NO</b>
<b>YES</b>	5. Did your last menstrual period start within the past 12 days?	<b>NO</b>
If she answered <b>YES</b> to questions 4 or 5, she may be eligible for the IUD as EC even if she had unprotected intercourse more than 5 days ago. Please proceed to Pre-Insertion Counseling Points.		
If the client answers <b>NO</b> to question 4 and 5, she is not eligible for the IUD as EC and may be at risk of pregnancy. The client should await her regular menses, use condoms or abstain from sex in the meantime, and be counseled about future contraceptive options. She should return for a pregnancy test if expected menses are delayed by one week (or obtain a test on her own). If the test is positive, discuss all available options with her.		

## Pre-Insertion Counseling Points

- When used as routine contraception, the IUD works by preventing sperm from uniting with an egg (a process called fertilization).
- Placing the IUD after unprotected intercourse likely involves the same mechanism of preventing fertilization. In addition, only when inserted as EC, the IUD may also prevent the egg from attaching to the uterine wall (a process called implantation).
- A copper-bearing IUD is the most effective form of EC. If 1,000 women have a copper IUD inserted within 5 days of unprotected intercourse, not more than 1 would be expected to become pregnant that month.
- After insertion of a copper IUD, you may experience light bleeding or spotting between menses, menstrual cramps or mild pain, and/or heavier menses for the first few months. Most women find that these symptoms diminish over time.
- After an IUD is inserted as EC, you should consider keeping the IUD in place for routine contraception because it is as effective as sterilization and can be used for up to 12 years if desired.
- You can have the IUD removed at any time for any reason. There is no delay in your return to fertility.

*If the client would like to use an IUD as EC, proceed to questions 6 – 12 and 13 – 19 to complete the screening for medical eligibility.*

<b>NO</b>	6. Do you have bleeding between menstrual periods that is unusual for you, or bleeding after intercourse (sex)?	<b>YES</b>
<b>NO</b>	7. Have you been told that you have any type of cancer in your genital organs, trophoblastic disease, or pelvic tuberculosis?	<b>YES</b>
<b>NO</b>	8. Within the last 3 months, have you had more than one sexual partner?	<b>YES</b>
<b>NO</b>	9. Within the last 3 months, do you think your partner has had another sexual partner?	<b>YES</b>
<b>NO</b>	10. Within the last 3 months, have you been told you have a sexually transmitted infection (STI)?	<b>YES</b>
<b>NO</b>	11. Within the last 3 months, has your partner been told that he has an STI, or do you know if he has had any symptoms – for example, penile discharge?	<b>YES</b>
<b>NO</b>	12. Are you HIV-positive, and have you developed AIDS?	<b>YES</b>

If the client answered **NO** to **all of questions 6–12**, proceed with the **PELVIC EXAM**.

During the pelvic exam, the provider should determine the answers to questions 13–19 below.

If the client answers **YES** to **questions 6 or 7**, an IUD cannot be inserted. Offer her EC pills and refer for evaluation if appropriate.

If the client answers **YES** to **any of questions 8-12**, clinical judgment should be used to weigh the risks. Providing an IUD as EC may be justified because the risk of unplanned pregnancy may outweigh theoretical risks associated with IUD insertion in women with risk factors for STIs or women who developed AIDS.

<b>NO</b>	13. Is there any type of ulcer on the vulva, vagina, or cervix?	<b>YES</b>
<b>NO</b>	14. Does the client feel pain in her lower abdomen when you move the cervix?	<b>YES</b>
<b>NO</b>	15. Is there adnexa tenderness?	<b>YES</b>
<b>NO</b>	16. Is there purulent cervical discharge?	<b>YES</b>
<b>NO</b>	17. Does the cervix bleed easily when touched?	<b>YES</b>
<b>NO</b>	18. Is there an anatomical abnormality of the uterine cavity that will not allow appropriate IUD insertion?	<b>YES</b>
<b>NO</b>	19. Were you unable to determine the size and/or position of the uterus?	<b>YES</b>

If the answer to **all of questions 13–19** is **NO**, you may insert the IUD.

If the answer to **any of the questions 13-19** is **YES**, the IUD cannot be inserted without further evaluation. Offer EC pills and refer for evaluation and/or treatment as appropriate.

*If the client is medically eligible for the IUD as EC and receives an IUD, after the insertion, review the following Post-Insertion Counseling Points:*

**Post-Insertion Counseling Points**

- **If your next menses come when expected**, this means that you are most likely not pregnant. Consider keeping the IUD for regular contraception. If you want to keep it, you should come for a follow-up 3-6 weeks after insertion. If you don't want to continue using an IUD, you can have it removed any time after the start of your menses. You will then need to use another form of contraception if you wish to prevent pregnancy.
- **If your next menses do not come when expected**, you are most likely pregnant. You should return for a pregnancy test one week after expected menses (or obtain a test on your own). If it is positive, the provider will discuss all available options with you. If the test is negative, you can decide if you want to continue with the IUD or have it removed and chose another contraceptive option.