Q1. **What is the effectiveness of different copper IUCDs?**
All copper IUCDs are highly effective as this method is not client dependent and there is no difference in effectiveness between copper IUCDs.

Q2. **Whether IUCD is limiting or spacing method?**
It could be both limiting as well as spacing. If woman wants to limit, only two or three insertion may be needed before she reaches the menopause. If she wants to space children, IUCD can be taken out any time and fertility returns immediately. In fact, any method other than sterilization can be used for limiting or spacing if user can ensure correct and consistent use.
Sterilization should be used only for limiting because it cannot be easily reversed.

Q3. **Different types of devices are available, how to select?**
There are no clear differences between Copper IUCDs, but insertion technique is slightly different depending on type. Provider should be offering IUCD based on the availability and their familiarity with insertion technique of a particular type(s) of IUCD.

Q4. **Is Multiload 375 Cu better than Copper T 380 A?**
No, they are very similar in terms of effectiveness, rate of side effects or complications. Multiload is effective for 5 years, while Copper T 380A for 10, but it can be removed anytime if woman wants to get pregnant. From woman’s perspective there is really no difference. From provider’s perspective, the only difference is that Multiload comes preloaded into the inserter, while Copper T should be loaded by provider without taking it out of the sterile package.

Q5. **Does risk of ectopic pregnancy increase due to IUCD insertion?**
Risk of ectopic pregnancy is dramatically reduced with IUCD use. IUCD is very effective in preventing pregnancy, meaning it prevents ectopic pregnancy as well. However, in a very rare case IUCD fails and pregnancy occurs, chances of this pregnancy being ectopic are relatively high. But because the absolute number of pregnancies with IUCD is very low, number of ectopic pregnancies is also very low compared to women who are not using contraception. All methods that are effective in preventing pregnancy are effective in preventing ectopic pregnancy.

Q6. **Any role of parity in relation to IUCD insertion?**
There is no requirement for woman to have certain number of children in order to use IUCD. Nulliparous women (women who have not given birth before) can use IUCD safely. It depends on desire of client to use IUCD, which she can do for postponing her first pregnancy, spacing pregnancies, or limiting family size. There is absolutely no restriction with respect to parity vis-a-vis IUCD insertion.

Q7. **What is the age limit for IUCD use? What about women with many children?**
There is no age limit. When woman reaches menopause and remains menses free for at least a year, provider can take IUCD out. There is no restriction. In case of women with many children also there is no restriction as expulsion rates are not greater in multiparous women.

Q8. **When we are doing caesarian section do we need to fix IUCD to fundus with catgut suture?**
No. There are no data that it reduces the rate of expulsion.

Q9. **If somebody had two C section can she use IUCD?**
C-section is not contraindication for IUCD. IUCD can be placed into the uterus at a time of C-section or as interval procedure.

Q10. **Does shape of the IUCD matter or play a role?**
T shaped IUCD were designed for a reason. It follows the shape of the uterine cavity and T-shaped arms of IUCD reduce chances it will be expelled. However older IUCDs of different design (e.g. Lippes loop) also stayed in uterus pretty well. High fundal placement is important for all of them.

Q11. **Is there a need to sort out uterine anomaly prior to insertion of IUCDs?**
Pelvic examination is a requirement for IUCD insertion. One of the reasons for examination is to assess uterine position and size. If there is an anatomical abnormality that distorts the uterine cavity, proper IUCD placement may not be possible. Cervical stenosis also may preclude an IUCD insertion. Some of these may be suspected based on history (e.g. if woman was diagnosed with large uterine fibroid), some during pelvic exam, and some may become apparent during insertion procedure (e.g. cervical stenosis).

Q12. **Can IUCDs be inserted in women with heart diseases?**
Most of the heart conditions are not contraindications for IUCD. The only exception is complicated valvular heart disease, when woman has irregular rhythm or history of bacterial endocarditis (which is infection in the heart). Health care provider will decide if woman with valvular heart disease can use an IUCD or should select another method.

Q13. **Whether IUCD insertion is ok for women with PID**
IUCD should never be inserted in woman who has current PID. However, if woman develops PID with IUCD already in place, she can be treated without IUCD being taken out.

Q14. **Whether IUCD insertion is ok for nulliparous?**
IUCD can generally be used in nulliparous women. They should be counseled that expulsion is slightly more likely in nulliparous women. IUCD use won't affect their future ability to have children. IUCD itself doesn't cause infertility, but gonorrhea and Chlamydia infections do, so women should be screened for infection prior to insertion (based on screening checklist).

Q15. **How to prevent and control of side effects?**
Women who experience cramping and heavier bleeding during menses could be given ibuprofen or similar medication (but never aspirin because it may increase amount of bleeding). Ibuprofen at 800x3 times a day could be taken as needed and may help to reduce both cramping and bleeding.

Q16. **How to deal with menstrual changes?**
Counsel women that heavier and/or more painful menses are to be expected and not harmful. Usually these symptoms improve within 3 months or so after insertion. Health care provider may administer medications if these symptoms are excessive.

Q17. **After IUCD insertion we use prophylaxis antibiotic to prevent PID. Is that correct way of dealing with it?**
Studies looked at this issue and looked at the issue of antibiotic prophylaxis for IUCD insertion. It was concluded that there is no benefit in using prophylaxis antibiotic treatment with IUCD insertion. Women, who don't have cervical infection at a time of insertion, won’t develop PID. But if cervical infection is present at a time of insertion, then prophylactic dose won’t do any good. These women will need full treatment dose for gonorrhea and chlamydia. Now in countries where prevalence of Gonorrhea and Chlamydia are high and provider can’t rule out infection, full presumptive treatment can be given to women who don’t want any other method but IUCD. In low prevalence countries, like India, this is not necessary at all. Prophylactic dose do not help and it may even cause harm because it may lead to a development of bacteria resistant to these antibiotics.

Q18. **There is a perception that Copper T 380-A (effective for 10 years) has more side effects. Please explain**
This is not true. All copper IUCDs have the same side effects. It is all about educating both clients and providers. Some clients want Multiload because it is offered in private sector and perception is that it must be better. Sometimes introduction of new IUCD helps governments to reposition the IUCD in country, make it more attractive as it doesn’t have the same “reputation” as the old IUCD. The big problem remains that providers are often insecure inserting IUCD. China used as it is convenient and effective method and they have been using since quite long time. In US there are data that about 20% of female OB/GYNs are using IUCD because they are well informed about it and consider it a very attractive option, however in general population IUCD prevalence is only 2%.

Q19. **What is the side effects in Hormonal IUCD?**
Side effects are of hormonal IUCD is completely different than with copper IUCD – they may cause irregular bleeding and spotting like most hormonal methods, but cause less cramping, pain and heavy bleeding. It also has some additional contraindications compared to copper IUCD.

Q20. **How to deal with infection and perforation?**
If PID is suspected based on symptoms or signs, woman should be treated for both gonorrhea and Chlamydia infection and also anaerobic infection. There is no need to remove an IUCD – treatment can be provided with IUCD in place. If woman wants to discontinue IUCD, it can be removed after starting antibiotic treatment, not before.

If perforation happens during insertion, procedure should be stopped and IUCD removed. Woman should be observed for at least two hours for the signs of bleeding. If perforation is diagnosed days or weeks after insertion, IUCD has to be removed. Forceps can be used to remove partially perforated IUCDs that are stuck in the wall of the uterus or the cervix. Completely perforated IUCDs that are no longer in the uterus can be removed by laparoscopy. In rare cases laparotomy might be needed.

Q21. **What is protocol for follow up of visit in case of IUCD?**
There is only one recommended follow-up visit with IUCD. Woman should come back 3 to 6 weeks after insertion so provider can check for signs of infection and make sure IUCD is not expelled. However all women should be counseled that they should come back any time if they have any questions or concerns, or if they experience signs of infection, such as fever, low abdominal pain, vaginal discharge or bleeding.

Q22. **Can this follow up visit is be made by frontline worker?**
Frontline worker can provide supportive counseling in case of side effects, so woman is not rushing to remove IUCD before she can adjust to this new experience. However this first follow-up visit after IUCD insertion should be done by trained provider as it requires clinical judgment about signs of infection and also skills to do a pelvic exam.

Q23. **What is the use rate of IUCDs as emergency contraceptive?**
It is very low. Women do not know about it so they do not come to request for it. And providers are often hesitant to use it for emergency contraception because they are uncertain about STIs, particularly in cases of coerced sex or rape. Also in some societies/cultures there is a perception that IUCD causes an abortion if used as EC (because they define beginning of the pregnancy as fertilization and not implantation).