Intra-uterine contraceptive device fittings
Specification for a Local Public Health Service

Introduction

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines a more specialised service to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

Background

i. IUCDs make up approximately 5 per cent of contraceptive usage in the UK. (see reference 1) Trends in contraceptive use. Living in Britain. London: HMSO, 1998. This is much lower than in many other European countries. In Scandinavia, IUDs make up 20% of contraceptive usage. (see reference 2)

ii. clinical effectiveness is excellent, with a recognised failure rate for all devices of 0.2-2.0 per 100 woman-years. For the levonorgestrel-releasing intrauterine system (LNG-IUS) the failure rate is 0.16/100 woman-years which is comparable to female sterilisation. (see reference 3)

iii. it is one of two areas of contraceptive provision with relatively high levels of litigation (see reference 4) and the most important factor influencing failure rate and problems is the competence of the professional inserting the device. (see reference 5)

iv. the risk of pelvic inflammatory disease attributable to IUCD usage is low at 1.5. (see reference 6) If 1000 women have an IUCD inserted, then 1.5 of them will develop pelvic inflammatory disease

v. the World Health Organisation (WHO) supports the use of the IUCD in young women including those under 20 years provided they are at low risk of sexually transmitted infections (STI). (see reference 7)

vi. the LNG-IUS has additional non-contraceptive benefits of decreasing menstrual loss and is part of the management of menorrhagia recommended by the Royal College of Obstetricians and Gynaecologists (RCOG) (see reference 8)

vii. insertion of a copper IUCD up to 5 days after presumed ovulation acts as a very efficient emergency post-coital contraception. Because of its increased post-coital time frame and non-hormonal constituents, it is complementary to the emergency use of the progesterone-only contraceptive pill

viii. IUCD fitting is not undertaken by all general medical practitioners and maintaining expertise in IUCD fitting can be difficult. (see reference 9)
Aims

The aims of this service are to:

i. ensure that a full range of contraceptive options is provided by practices to patients

ii. ensure that the availability of post-coital IUCD fitting for emergency contraception should be more adequately provided as another means of reducing unwanted pregnancies

iii. increase the availability of LNG-IUS in the management of menorrhagia within primary care.

Service outline

This national enhanced service will fund:

i. fitting, checking and removal of IUCDs as appropriate

ii. production of an up-to-date register of patients fitted with an IUCD. This will include all patients fitted with an IUCD fitted. This is to be used for audit purposes, and to enable the primary care team to target these patients for health care checks

iii. practices to undertake regular continual professional development (CPD)

iv. provision of adequate equipment. Certain special equipment is required for IUCD fitting. This includes an appropriate room fitted with a couch and with adequate space and equipment for resuscitation. A variety of vaginal specula, cervical dilators, and equipment for cervical anaesthesia also need to be available. An appropriately trained nurse also needs to be present to support the patient and assist the doctor during the procedure

v. chlamydia screening before insertion of the IUCD and, if positive, referral for screening for other STIs. This should be in accordance with national policy, or with PCO policy if there is no relevant national policy

vi. the use of condoms to prevent infection

vii. a check of the IUCD after insertion, in addition urgent assessment of any problems such as abnormal bleeding

viii. provision of information. Written information should be provided at the time of counselling and reinforced after fitting with information on follow-up and those symptoms that require urgent assessment

ix. production of an appropriate GP record. Adequate recording should be made regarding the patient’s clinical history, the counselling process, the results of any chlamydia screening, the pelvic examination, problems with insertion, the type and batch number of the IUCD, and follow-up arrangements. If the patient is not registered with the practice providing the NES, the providing-practice must ensure that the patient’s registered practice is given all appropriate clinical details for inclusion into the patient’s notes

x. the use of LNG-IUS for the management of menorrhagia in primary care as recommended by NIHCE (Heavy Menstrual Bleeding 2007) and as part of a care pathway agreed and developed with local gynaecology departments

xi. an annual review, which could include an audit of:

• the register of patients fitted with an IUCD

• continuous usage rates
• reasons for removal
• complications, significant events

**Accreditation**

Practitioners undertaking this procedure should have undertaken appropriate education and training and be able to demonstrate

i. evidence of current full accreditation - DSRHC (previously known as DFFP) and LoC IUT or previous DFFP or FP certificate and LoC IUT. Appendix A and flowchart details the requirements for “experienced” fitters.

ii. that the practitioner has fitted a minimum of 12 IUD/IUS per year for the previous 3 years.

iii. RCN certificate of accreditation for insertion and removal of intrauterine devices for nurses

iv. Knowledge and adherence to recommendations by NIHCE (Heavy Menstrual Bleeding 2007)\(^1\) for insertion of IUS to provide management of menorrhagia

v. Maintenance of a current register of all patients fitted with an IUCD

vi. Chlamydia swab prior to IUD / IUS insertion (100%)

vii. Offer of fitting, monitoring, checking* and removal of contraceptive where accredited

viii. periodic reviews at least annually, which could include an audit of:

• the register of patients fitted with a contraceptive implant;
• reasons for removal;
• complications or significant events.

*Please note standard annual checking of IUD/IUS is no longer required as per NICE guidance. Checks should only relate to one off checks post insertion, with patients only returning at time of removal or in case of problems.

**Costs**

Each practice contracted to provide this service will receive a £81.31 insertion fee per patient and a £21.69 follow up/check fee* per patient.

**Termination & Suspension**

This Local Public Health Service may be terminated by either the Council or the Contractor through the service of 3 months written notice.

The Council may require the Contractor to suspend the provision of the service immediately if it has reasonable grounds for believing that patient health or safety is at risk as a result of continuing performance of this Local Public Health Service.
References

(1) Anonymous
(6) Shelton JD. Risk of clinical pelvic inflammatory disease attributable to an IUD. Lancet 2001; 357: 443
(7) Wildemeersch D. Taking up the challenge: can effective long-term intra-uterine contraceptive methods radically reduce the number of unintended pregnancies? Journal of Family Planning and Reproductive Health Care 2001; 27: 121-123

Appendix A

Intra uterine contraceptive devices (IUCDs)

The minimum of twelve fittings per year, as per NICE guidelines, applies to all practitioners.

**Nurses**: the accreditation listed in the specification is applicable to all nurses.

**General practitioners**: in recognition of the fact that many GPs have been fitting IUCDs for a number of years, the attached flowchart outlines the differing approaches taken to accreditation depending on the experience of an individual practitioner. The audit required by some practitioners will contain the following data, presented yearly to cover the last five years:

- Number of IUCD fitted
- Number of IUCD removed early and why
- Number of complaints
- Significant events: critical analysis of at least one event per year

An annual audit may be required.
Accreditation requirements for IUCD service, as from 1/9/2011

Are you currently providing the service for fitting IUCDs?

- Yes
  - Have you been providing the service for five or more years?
    - No
      - Evidence of accreditation as per the specification will be required before commencement of the service, plus 12 fittings per year
    - Yes
      - Have you fitted at least six IUCDs per year for the last five years?
        - No
          - Evidence of accreditation as per the specification will be required by 31 March 2014 plus 12 fittings per year
        - Yes
          - Complete an audit of previous five years' fittings as in Appendix A by July 2013, plus 12 fittings per year

- No
  - Evidence of accreditation as per the specification will be required by 31 March 2014 plus 12 fittings per year

Have you fitted at least six IUCDs per year for the last five years?

- Yes
  - Evidence of accreditation as per the specification, plus 12 fittings per year
- No
  - Or
    - Evidence of accreditation as per the specification, plus 12 fittings per year
