IUD PAIN MANAGEMENT: **HCP MISCONCEPTIONS**

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	HCP Misconception	Fact
Pain	Placement is painful, so it's best to be quick and efficient for a shorter duration of pain	**Moving gently and slowly throughout the placement procedure is less painful, and less likely to allow for errors.**
	Taking NSAIDs before reduces pain with placement	**Systemic analgesics, such as NSAIDs, may help with post-placement cramping.[1]**
	Cervical blocks are as or more painful than IUD placement	**While administration of the block can be painful, two RCTs showed perception of pain for the overall procedure was lower compared with no block.**
	Distracting the patient by talking to them is helpful to reduce the pain	**Instead of talking to the patient, ask questions to allow the patient to talk, engaging the patient in comfortable conversation to provide distraction.**
	Telling patients to relax is helpful to reduce the pain	**Instead of telling the patient to relax, use a statement such as "let your bottom sink into the table".**
Risks	IUDs are not for nulliparous people	**IUDs can be safely placed in nulliparous people.[2]**
	PID is an important risk with IUD placement	**IUD users do not have an overall increased risk of PID.[2-4]**
	Perforation is common and usually associated with severe sequelae	**Perforation is uncommon (~1/1,000 placements) and can be easily managed.[3,6]**
	Expulsion is common	**Expulsion occurs in <5% of people within 3 months.[3,5]**
	Malposition is common	**Malpositioning is common and it is rarely clinically significant, as long as the IUD is in the cavity above the internal cervical os and causes no symptoms.[7,8]**
	Negative STI screening is required before placement	**STI screening should be offered at the time of IUD placement to patients due for routine screening and to those with risk factors. In asymptomatic people, there is no need to wait for the results before placement, providing the patient can be treated promptly in case of a positive result.[1]**
Procedure	Cervix stabilisation is unnecessary during IUD placement, it only causes more pain	**Cervical stabilisation reduces risk of perforation and malpositioning.[1]**
	Sounding is unnecessary, a provider can sound with the inserter	**Sounding facilitates correct placement. Sounding with the inserter wastes the device if one is not able to pass through the internal os.**
	A skilled provider will get the IUD in regardless of stenosis, flexion, etc.	**For difficult placements, os finders, dilation, cervical softening, and ultrasound guidance may be helpful. However, not all placement attempts will be successful. Use cervical anaesthesia and pay attention to the patient experience. Stop if the patient says the procedure is too painful to continue. Use of misoprostol may be useful in some cases.[9]**
	Sterile gloves are necessary	**All parts of the placement procedure can be done without touching the working end of the instruments and IUD inserter, so sterile gloves are not necessary.[1]**
	Duration of use is the key factor in selecting an IUD	**Any IUD can be used for any amount of time up to the length of effective use. If the patient would like to continue use beyond that time, they may replace the IUD. If the patient would like to have the IUD removed before its full length of effective use, their ability to get pregnant goes back to whatever is normal for them, immediately. Instead of duration of use, patient preference about menstrual changes should be a key factor in selecting an IUD.**

HCP, healthcare professional; IUD, intrauterine device; NSAID, non-steroidal anti-inflammatory drug; PID, pelvic inflammatory disease; RCT, randomised controlled trial; STI, sexually transmitted infection.

1. Faculty of Sexual & Reproductive Healthcare Clinical Effectiveness Unit of the Royal College of Obstetricians and Gynaecologists. Clinical Guidance: Intrauterine Contraception. September 2019; **2.** Lohr, PA, et al. Contraception. 2017;95:529-37; **3.** Jatlaoui TC, et al. Contraception. 2017;95:17-39; **4.** Viveros-Carreño DA, et al. Cochrane Database Syst Rev. 2020;2020:CD013618; **5.** Madden T, et al. Obstet Gynecol. 2014;124:718-26. **6.** Reed SD, et al. Lancet. 2022;399:2103-12; **7.** Connolly CT, et al. J Ultrasound Med. 2022;41:1525-36; **8.** Golightly E, et al. J Fam Plann Reprod Health Care. 2014;40:108-12; **9.** Scavuzzi A, et al. Hum Reprod. 2013;28:2118-25

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IUD PAIN MANAGEMENT:
PATIENT MISCONCEPTIONS & PATIENT-FRIENDLY TERMS

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Patient misconception	Suggested response in patient-friendly terms
IUD placement comes with unbearable pain	**Always let the patient know you heard their specific concern:** *"I can see why you're concerned about the possibility that the IUD placement would hurt a lot."* **For interval placements:** *"Most of my patients say that it wasn't super painful when they got their IUD placed, but let's talk about your options. Is there anything that you or your provider have done in the past to make something less uncomfortable for you? For example, like listening to music on your phone, or…?"* *"If you like I can put some numbing medicine on your cervix so you would have less chance that it would be very painful."* **After a recent normal spontaneous vaginal delivery:** *"Just so you know, most of my patients who have just had a baby, like you have, say they had very little discomfort when they had their IUD placed."*
Taking a pain killer before will make placement painless	*"It wouldn't be unusual for you to feel some cramping over the next few days. This medicine makes it less likely that you will have cramping later today. You can take this same medicine if you get cramps in the next few days."*
Anaesthetic injections are as or more painful than IUD placement	*"If you like, I can put numbing medicine on your cervix. It really helps to limit pain with the IUD placement. Did you ever have the dentist numb your mouth and did that work? This is the same medication."*
IUDs can make you infertile	*"This IUD is good for UP TO ___ years. If you want it out before then, just come in and we will remove it for you. Your ability to get pregnant immediately goes back to whatever is normal for you."*
IUDs are only for people who have given birth	*"50 years ago, we had IUDs that were only supposed to be used by people after they had a baby. Today's IUDs have been tested in people who have never been pregnant, so we know that this IUD is safe for people who have never been pregnant."*
The IUD can easily punch a hole in my uterus	*"I can see why that would be something you would worry about! Yes, you're right, that in about 1 out of every 1,000 IUD placements the provider might accidentally make a small opening in the wall of your uterus with one of the instruments. It's like when you get a shot —the needle goes into the muscle and then the muscle closes after the needle is out. In the same way, the uterus muscle usually heals up without any problem. Very rarely, the provider would need to do another procedure to remove the IUD if it gets placed into that small opening."*
I heard there are more extra-uterine pregnancies with an IUD	*"The chances of getting pregnant, whether that pregnancy is inside or outside of the uterus, is much smaller with an IUD compared to no contraception. However, it is true that in the rare occasion that a pregnancy occurs while on IUD, we need to check it is not an extra-uterine pregnancy, especially if a hormone-containing IUD is used."*

Medical terminology	Non-patient friendly terms	Suggested response in patient-friendly terms
Use of povidone iodine/chlorhexidine	*"Washing/cleaning you/your vagina/cervix"*	***"You may feel me touching your vagina and cervix with a soft cotton ball. I'm putting on some mild/antiseptic soap."***
Tenaculum use	*"Taking a bite/pinching the cervix."* Showing the tenaculum to the patient.	***"I will be/I am now gently holding your cervix in position while I'm placing the IUD." or "I will hold the uterus steady."*** **Make sure the instruments, including the tenaculum, are not visible to the patient.**
	"Just relax."	***"Let your bottom sink into the table."***

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IUD, intrauterine device

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