

Introduction

- Intrauterine device (IUD) is the most commonly used long-acting reversible contraception
- Two types available in the US: copper and levonorgestrel releasing
- In US, no standard of care for pain management during IUD insertion, NSAIDs are the most common analgesic recommended.¹
 - Paracervical block, lidocaine gel, misoprostol, nitrous oxide, tramadol
- IUD insertion procedure: typically performed in office.¹
 - Speculum exam
 - Tenaculum placement to hold cervix in place
 - Uterine sound to measure length and direction of cervical canal/uterus
 - IUD insertion

Literature Review

When analgesics are used, providers report using NSAIDs (39.68%), paracervical block (20.63%), misoprostol (12.7%), lidocaine gel (6.35%), and others (14.29%).²

Lidocaine 2% gel, misoprostol, and most NSAIDs did not reduce pain. Some lidocaine formulations, tramadol, and naproxen had some effect on reducing pain in specific groups.³

Providers inserting the device underestimate levels of pain, which could explain the lack of standardization of care and counseling.⁴

Ethical Principles

Autonomy

- Allowing patients to decide what analgesic option works best for them based on appropriate evidence
- Shared-decision making tailored to each patient, taking into account their medical history and personal factors

Beneficence

- Providing education on the painful experience of undergoing IUD insertion but acknowledging the efficacy/benefits of IUD use
- Provide a safe and comforting environment for the patient with adequate pain management

Non-Maleficence

- IUD is a traumatic and painful experience for women with no standard for pain management
- Provider should not enforce IUDs for patients without necessity for device or appropriate patient education

Justice

- All patients should be counseled on the procedure, what to expect during and after insertion, and pain management of IUD insertion, as well the risks and benefits of both
- All patients should be offered the same interventions and alternatives to reduce pain

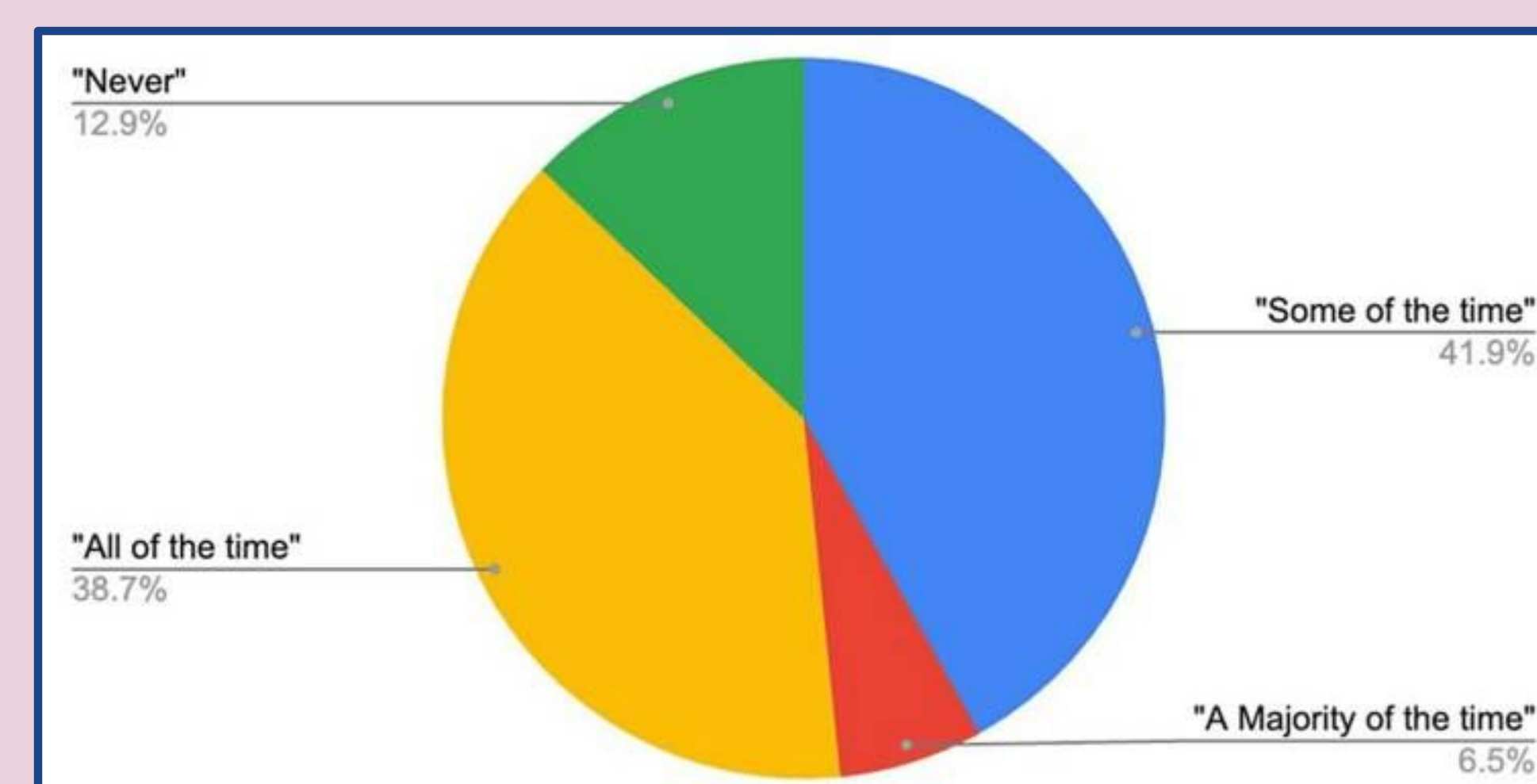


Figure 1. A pie chart indicating the overall frequency of reported use of analgesics in IUD insertion procedures.²

Case Study

Patient Experience

- Bridget, 22 – “experienced ‘the worst pain of my life’ during her first IUD insertion...When she told clinicians about the experience, they downplayed it, saying the second time would not be as bad...she asked for but was not offered any pain-control options other than ibuprofen, “which did nothing.”⁵

OB/GYN Provider Perspectives on IUD Insertions Survey Responses.²

- Often, patients who are interested in and are great candidates for IUDs opt not to get one because of the pain of the insertion
- Many providers do not receive sufficient training in providing pain management during IUD insertions
- It is reported that patients generally manage IUD insertion pain “pretty okay” since they are expected to experience pain in that way in a gynecological setting

Current Methods

Pros

- NSAIDs and Lidocaine: readily available, cost effective, low risk of complications
- Some groups experience adequate analgesia with NSAIDs

Cons

- Ineffective for pain management
- Poor experiences can lead to avoidance of future OB/GYN procedures
- Lack of standardization of care with no clear guidelines from ACOG for pain management

Future Research/Implications

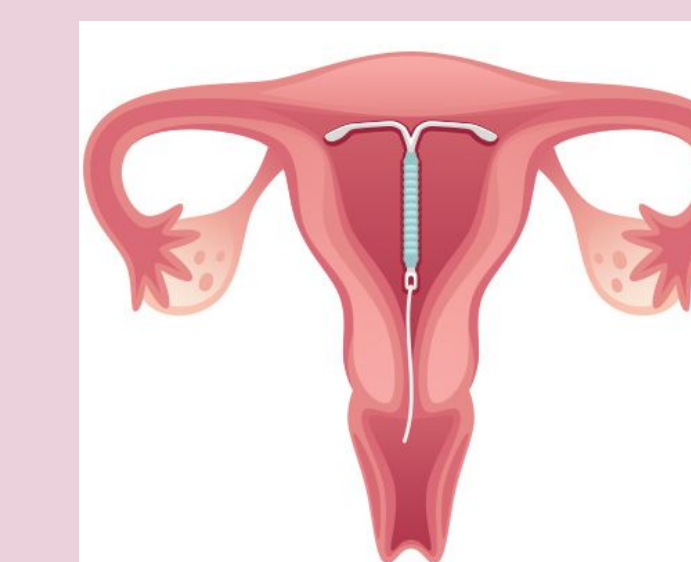
- CDC updated the guidelines as of August 2024 due social media uproar.⁶
 - Patient should be counseled on pain of procedure and pain management options
 - Studies support use of lidocaine as paracervical block or topically to reduce pain
 - Misoprostol no longer recommended for routine pain management during insertion
- Further research regarding the most effective pain management for IUD insertion
 - Lack of overall research in women’s health
- Carevix, to replace tenaculum

Discussion

Lack of standardized guidelines and research on pain management leads to diminished patient education about the procedure and inconsistent recommendations for analgesia.

Lack of addressing pain management may lead to mistrust in the healthcare system and eventual avoidance.

Patient education regarding the available analgesic options and the procedure of IUD insertion should be prioritized.



Contact: Monmouth University
Physician Assistant Program
185 NJ-36 Building C, West Long
Branch NJ 07764

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