

Immediate Postnatal IUS Provision: Is there a role for self-checking coil threads?

Dr Grace Swann (ST1, Community Sexual and Reproductive Health), Miss Stephanie Attersley-Smith (Specialty Doctor, Obstetrics and Gynaecology), Miss Melanie Tipples (Consultant Gynaecologist)
St Richard's Hospital, Chichester, West Sussex. University Hospitals Sussex NHS Foundation Trust.

Objective

Our aim was to evaluate immediate postnatal intrauterine contraception provision, focusing on outcomes, patient satisfaction and exploring the role of self-checking threads in follow up pathways.

Background and Needs

Postnatal contraception is essential in reducing abortions for unplanned pregnancy and allowing safe pregnancy intervals. ^{1, 2}This project was commenced to address the low rates of attendance at post-partum contraception follow up appointments and difficulty gathering post-partum contraception data locally.

Design

A service evaluation of postnatal IUD provision was conducted. The aims were to identify experiences, common complications, patient preferences for follow-up and support in the post-natal period.

Methods

- Patients requesting IUD insertion during caesarean or following vaginal delivery were identified using labour ward logbooks
- Data collection between October 2022 to December 2023

- Thirty patients were identified and contacted for telephone follow up
- 11 did not respond or declined participation

- The remaining 19 provided feedback on coil retention, complications and follow up pathways
- The evaluation following the survey included a review of practices at other trusts, national guidance and merging local guidelines.

Results

19 patients surveyed:

- 6 retained the device
- 9 had it removed or expelled
- 4 were never inserted

The majority responded positively to a **‘one stop’ hospital clinic providing a thread check with ultrasound scan if required.** The most convenient timing for this was felt to be 6 to 8 weeks post-partum.

"Would you have felt comfortable checking your own threads?"

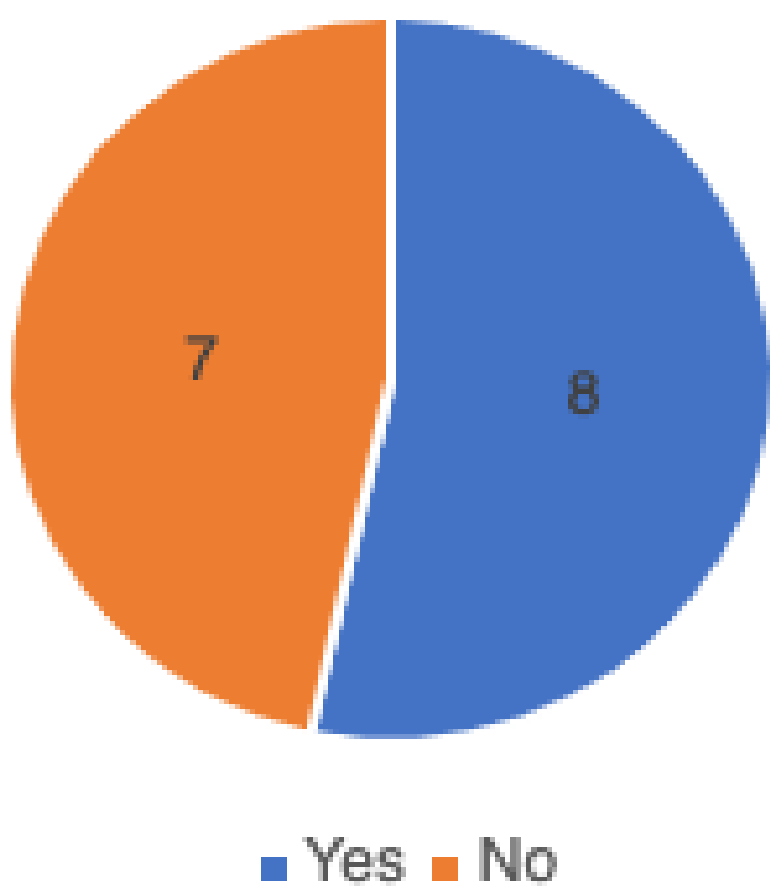


Figure 1: Example of current ‘one stop’ post-natal contraception clinic. This includes facilities for examination, ultrasound scanning and removal and refit of IUD



Limitations

The limitations include a small sample size and difficulty identifying eligible patients. This led to the development of a dedicated space for contraception documentation on the local maternity database (BadgerNet).

Reasons for removal	Number of patients
Complications (post-partum infection, expulsion, incorrect positioning)	4
Side effects	2
Removed to conceive	1
Other pathology (bicornate uterus, surgery for fibroids)	2

Conclusions

Improvements to post-natal contraception services should include:

- Thorough antenatal counselling
- Patient centered follow up systems
- Training on self-checking coil threads

Given difficulties attending in person appointments with a newborn, patients should be empowered to manage their own follow up safely. Following a cross-site meeting in Sussex, the local trust guidelines will support **self-checking threads as a safe, patient-centered practice.** Any patients who are not comfortable with self-checking or who cannot feel their threads, will be able to self-refer to a dedicated clinic for assessment.

References

1. Heller, R., Cameron, S., Briggs, R., Forson, N., & Glasier, A. (2016). Postpartum contraception: a missed opportunity to prevent unintended pregnancy and short inter-pregnancy intervals. *The journal of family planning and reproductive health care*, 42(2), 93–98. <https://doi.org/10.1136/jfprhc-2014-101165>
2. FSRH. 2020. *Contraception After Pregnancy*. [Online]. London: Faculty of Sexual and Reproductive Healthcare. [Accessed 29th May 2025]. Available from: <https://www.fsrh.org/Common/Uploaded%20files/documents/contraception-after-pregnancy-guideline-oct2020.pdf>

Postnatal

Postnatal contraceptive discussion has taken place ☒ Yes ☐ No

[Populate from Antenatal Discussion](#)

What contraceptive option do you plan to use now you have delivered your baby? Intrauterine contraception – Non-Hormonal – 5 year

Consent given for insertion ☒ Yes ☐ No

Implant inserted ☒ Yes ☐ No

Date inserted at

Batch Number

Expiry date

Conducted by

[Use current user...](#)

Role in Unit

[Medication Form](#)

Would you like additional information about contraceptive choices? ☐ Yes ☐ No

GP informed ☐ Yes ☐ No