

CHAPTER 20

The pelvic exam: how to examine a woman's vagina and womb

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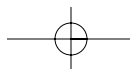
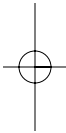
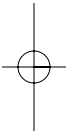
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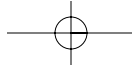
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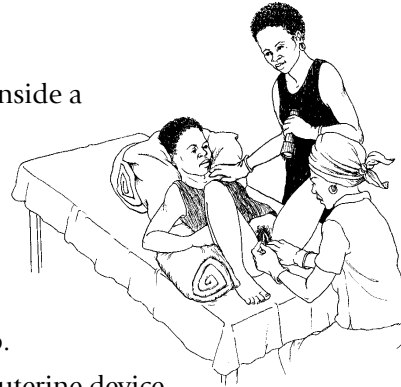
The pelvic exam: how to examine a woman's vagina and womb



A pelvic exam is a way to learn what is happening inside a woman's vagina and womb.

Doing a pelvic exam can help you learn:

- if a woman is pregnant, and how many weeks she has been pregnant.
- if she has an infection in her womb or vagina.
- if she might have cancer of the cervix or womb.



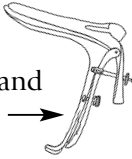
You also must do a pelvic exam to insert an intrauterine device (IUD, see Chapter 21, page 388) or to do manual vacuum aspiration (MVA, see Chapter 23, page 416).

This exam is not difficult to learn, and with practice, most people can do it.

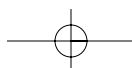
A different exam can tell you if a woman's cervix is opening during labor. This chapter does not explain how to do that exam. See page 339 to learn how.

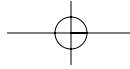
Note: In some places, pelvic exams are done only by doctors — not midwives. But do not be afraid to try. With training and practice, midwives can learn this and other new skills. A midwife who learns to do pelvic exams can help women stay healthy throughout their whole lives, not just when they are pregnant or giving birth.

There are 3 parts of the pelvic exam

1. The **visual exam** is a way to look for any signs of infection on the outside of the woman's genitals (page 376).
2. The **speculum exam** is a way to see inside the woman's vagina and to test the health of her cervix. You use a tool called a speculum →  to do the speculum exam (page 377).
3. The **bimanual exam** (2-hand exam) is a way to check the health of a woman's womb and ovaries or to check the size of the womb in pregnancy. To do a bimanual exam, you feel the womb with the fingers of one hand inside a woman's vagina and the other hand on her belly at the same time (page 384).

You do not always need to do all 3 parts of this exam.





When to do a pelvic exam

It is safe and useful to do a pelvic exam when:

- the woman wants to know about the health of her cervix, womb, and ovaries. You should certainly do this exam if the woman has signs of infection or cancer. But women can have infections or cancer in the cervix or womb and have no signs. So if possible, women should have this exam every few years — even if they have no signs of problems.
- the woman is pregnant and you need to know how long she has been pregnant.
- the woman wants an IUD (see Chapter 21, page 388).
- the woman is having problems after a miscarriage or abortion (see Chapter 22, page 400), and needs an MVA (see Chapter 23, page 416).



WARNING! It is not safe to do a pelvic exam when:

- the woman is in labor. It is not necessary to do a visual exam, a speculum exam, or a bimanual exam when a woman is in labor. If you must check her cervix to see if it is opening, see page 339.
- the woman has broken waters. If the woman is pregnant and her waters are broken, this exam can spread an infection into her womb.
- the woman is in late pregnancy and is bleeding from the vagina. If the woman is bleeding from the vagina in late pregnancy, she may have placenta previa (see page 112). Do not do a pelvic exam — or you could make the bleeding worse.
- the woman gave birth in the last few weeks.

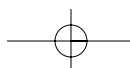
Making the pelvic exam safe

The pelvic exam is usually safe, but it can have risks. When you do a pelvic exam, you must be sure not to put any germs into the woman's vagina. When you do a pelvic exam:

- always wash your hands well, before and after the exam (see page 53).
- always wear very clean or sterile plastic gloves (see page 54).
- always use clean tools.

If you cannot wash your hands or wear gloves, it is not safe to do the exam.

There may be other ways to get information about a woman's health if you cannot make a pelvic exam safe, or you do not know how to do a pelvic exam, or the woman does not want a pelvic exam.



For example, to find out if a woman has an infection in her womb, start by asking her if she has any signs of infection (see page 325) and by taking her temperature. You can also try pressing on her belly, just above her pubic bone. If she has a womb infection, this will be very painful. These are safe ways to find infection because you do not have to put your fingers into a woman's vagina to do them.

Before the exam

Help the woman relax

The pelvic exam is easier and more comfortable when the woman is relaxed and not afraid.

Explain what you are doing and why you are doing it. Remind the woman to take deep breaths and to let her body relax. Go slowly, and stop if you are hurting her. If the woman is healthy, the exam should not hurt. Pain can be a sign of infection or a sign that you need to be more gentle.

Fear

Some women are afraid to have pelvic exams, such as women who have never had pelvic exams, and women who have had exams that were painful.

Women who have been abused sexually or physically may have an especially difficult time having pelvic exams. These women have been touched when and where they did not want to be touched. With all women, and especially with women who have been abused, ask before you touch.

Tell me anytime if you feel upset or scared, and we'll stop the exam.

All right.



Shame

When you do a pelvic exam, you are examining a woman's genitals and vagina. Many women are embarrassed or ashamed about these parts of their bodies. They may not want to talk about them, look at them, or let other people look at them.

These body parts are an important part of being a woman. When you do a pelvic exam, encourage the woman to ask questions, and explain that these parts of her body are healthy and normal. You may not be able to take away a woman's feelings of shame, but you can help reduce them.

Ask the woman about her history

Before you do a pelvic exam, ask the woman when she had her last monthly bleeding, if she is pregnant, and if she has any signs of infection in her vagina or womb. Chapter 7, starting on page 84, suggests other questions you can ask a woman about her health history.

Also, explain to the woman what you are going to do during the pelvic exam and answer any of her questions about it.

The pelvic exam

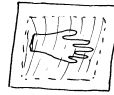
Before you start:

- Make sure that you have privacy.
- Prepare all the tools you will need for the exam:

clean or sterile speculum



clean or sterile plastic gloves



light



mirror

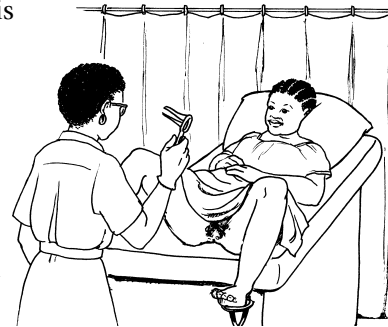


clean cloths for wiping after the exam



The speculum and gloves should be sterile if you are doing a pelvic exam to insert an IUD or to do an MVA. Otherwise, a very clean speculum is OK.

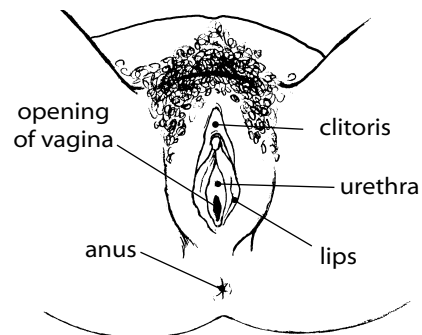
- Ask the woman to urinate before the exam. This will make the exam more comfortable for her.
- Ask the woman to remove her pants or pull up her skirt. If she wants something to cover her legs, give her a sheet or cloth.
- Ask her to lie on her back with her knees up and her buttocks at the end of the table or bed.



- Wash your hands with clean water and soap. Your fingernails should be short and clean.
- Put clean plastic gloves on your hands.

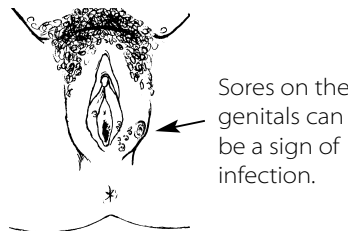
The visual exam

The skin on the genitals should be smooth and healthy. The genitals should be clean, but some clear or white discharge from the opening of the vagina is normal.



healthy genitals

Look for lumps, swelling, unusual discharge, sores, or scars on her genitals. Sometimes you can feel lumps with your fingers that you cannot see. Lumps or sores could be signs of infection or injury. (See Chapter 18, page 320, to learn more about infections of the genitals.)



The speculum exam

A speculum is a tool for looking inside a woman's vagina. The speculum holds the walls of the vagina open. When it is in the right position, you will be able to see the cervix, test for infection or cancer, insert an IUD, or empty the womb.

Practice opening and closing a speculum a few times before you use one for an exam so that you are comfortable with how it works.

Some midwives let a woman look at a speculum before they give her an exam. This can help the woman understand the exam.

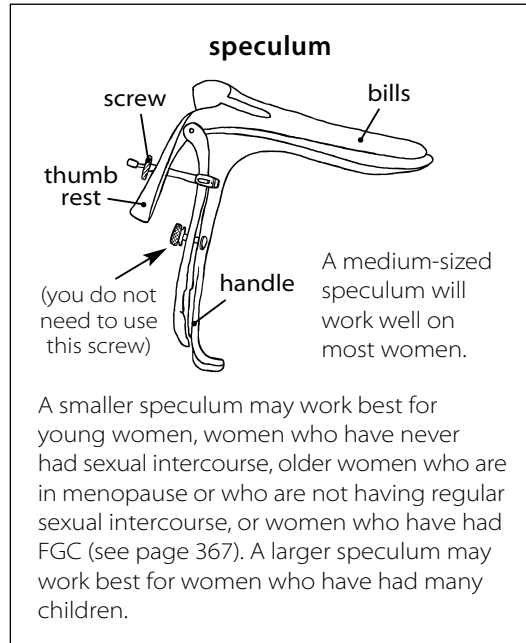
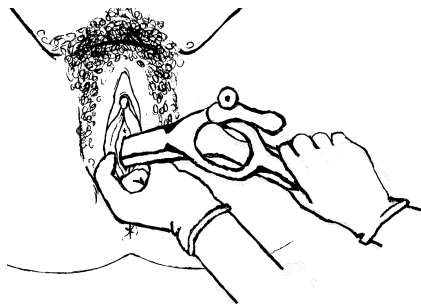
1. Help the woman relax by touching her leg, asking her to breathe, and by being gentle and slow. Remind her to tell you if the speculum hurts and stop the exam if you hurt her.



2. Warm the speculum with clean warm water, or by holding it in your gloved hand.
3. Ask the woman if she is ready to start. When she is ready, gently open the lips of her genitals with one hand so that you can see the opening of her vagina. Make sure to explain everything you are doing as you do it.

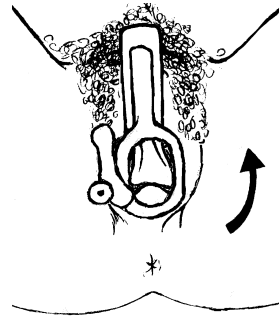
4. Hold the speculum with your other hand. Turn the handle to one side, and slide the closed bills into the vagina. If you are gentle, the bills will slide downwards into the vagina and should not hurt the woman.

As you put the speculum in, turn it so the handle is down. Be very careful not to pull her skin or hairs. Gently push the speculum all the way in. The handle should rest against the skin between the vagina and the anus.



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Note: If the woman is on a bed or a flat table and the speculum handle will not fit facing down, you can insert it with the handle pointing up.

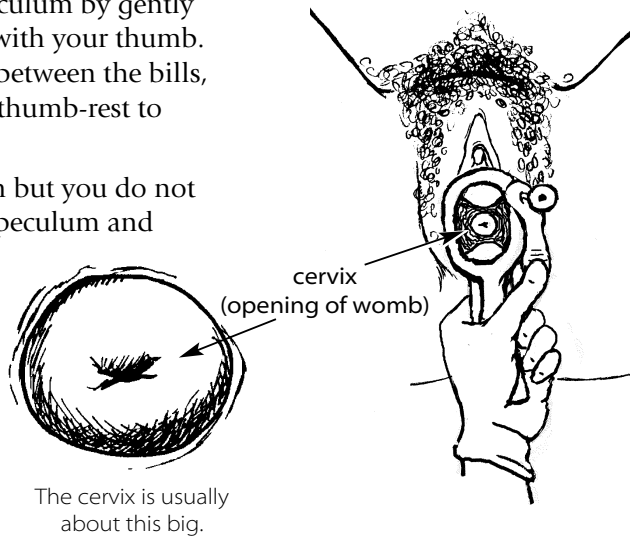


- Open the bills of the speculum by gently pushing the thumb-rest with your thumb. When you see the cervix between the bills, tighten the screw on the thumb-rest to keep the speculum open.

If you open the speculum but you do not see the cervix, close the speculum and remove it partway.

Then try again, repeating step 4.

The cervix may be off to one side a little. This is normal. Sometimes the cervix will come into view more clearly if the woman coughs or pushes down as if she is passing stool while the speculum is open inside her.



- Look at the cervix — it should be smooth and pink, or, if the woman is pregnant, a little blue.

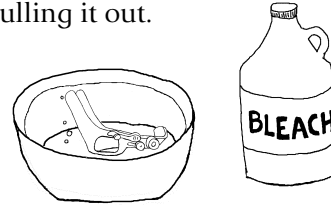
Small, smooth bumps on the cervix are usually normal, but sores or warts are signs of infection.

Notice if there is discharge or blood coming out of the cervix. Thin, white, or clear discharge is usually normal and healthy. Green, yellow, gray, lumpy, or foul-smelling discharge can be a sign of infection.



- If the woman wants to look at her own cervix, you can hold a mirror and a light to help her see. This is a chance for a woman to learn more about her body.
- Test the cervix for signs of cancer by using either the vinegar or Pap test (see page 379).

9. To remove the speculum, pull it toward you a little until the bills are away from the cervix. Loosen the screw on the thumb-rest and gently let the bills close while pulling the speculum down and out of the vagina. The bills should be closed all the way as you finish pulling it out.
10. Give the woman a clean cloth or tissue to wipe any discharge from her genitals.
11. Be sure to clean the speculum after you use it.



Tests for infections and cancer

An important reason to do a speculum exam is to test the health of the cervix. The cervix can be tested for infections (see Chapter 18, page 320, for more about sexually transmitted infections) and for cancer. Your local health authority may be able to provide you with kits to test for chlamydia, gonorrhea, or other STIs.

There are 2 tests for cancer of the cervix. You do not need to do both tests. Choose the test that you can use most easily in your area.

The vinegar test

The vinegar test is easy to do, it is not expensive, and you do not need to have a laboratory to know the results. If a woman has cancer on her cervix, the vinegar test is very likely to find it.

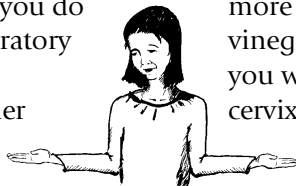
But the vinegar test cannot tell how severe a cancer is, and sometimes it shows a problem that is not cancer.

or

The Pap test

The Pap test can give you much more information than the vinegar test. The Pap test can tell you whether a problem on the cervix is an infection or cancer. It may tell you what type of infection a woman has, or how severe a cancer is.

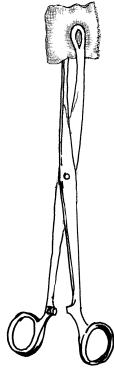
But the Pap test is expensive, and you need a laboratory to know the results.



If either test is positive, the woman needs medical attention as soon as possible.

You can do these tests for a woman at almost any time, including when she has her monthly bleeding or during pregnancy. During a woman's monthly bleeding is not the best time to do the Pap test, because the blood can make the test less clear. But it is better to do the test during a woman's monthly bleeding than not to do the test at all. If the woman is having her monthly bleeding, use a long swab to gently wipe the blood away from her cervix before you do the test.

Vinegar test for HPV

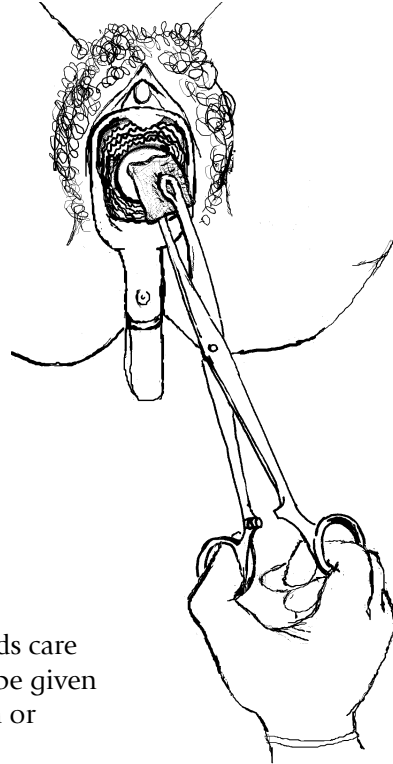


Many people are infected with a sexually transmitted virus called human papilloma virus (HPV). Women get HPV when they have sex with someone who has it. HPV is the same virus that causes genital warts, but most people with HPV have no warts and no other signs of the virus. See page 333 for more about HPV. If a woman has HPV for a long time and does not treat it, it may cause cancer of the cervix, a deadly disease (see page 383). Testing for HPV and treating the virus before it causes cancer can save women's lives.

The vinegar test is a very simple way to check if the woman has HPV on her cervix. A positive vinegar test shows sores on the cervix that are usually not visible. These sores could be caused by HPV, cancer, or other sexually transmitted infections.

1. Insert a speculum and look at the cervix.
2. Hold a sterilized piece of gauze or cloth with a sterilized pair of forceps or long tweezers. You can also use a long swab if you have one.
3. Dip the gauze into plain white vinegar (any vinegar can work, as long as it has 4% to 5% acetic acid) and wet the cervix with the vinegar. Remove the gauze. The vinegar should not hurt the cervix but it may sting a little.
4. Wait for 1 minute. If the woman is infected with HPV, white patches will usually appear on the cervix.

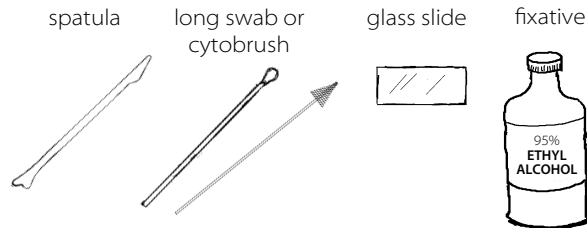
If the woman has white patches, she needs care right away from a medical center. She may be given more tests, or she may have the sores frozen or removed so they do not grow into cancer.



Pap test for infections and cancer

For a Pap test, you will scrape a tiny bit of tissue from the cervix and vagina, and put it on a thin piece of glass called a slide. To do a Pap test, you must have access to a laboratory. At the laboratory, trained people must look at the tissue under a microscope to know if it is healthy or not.

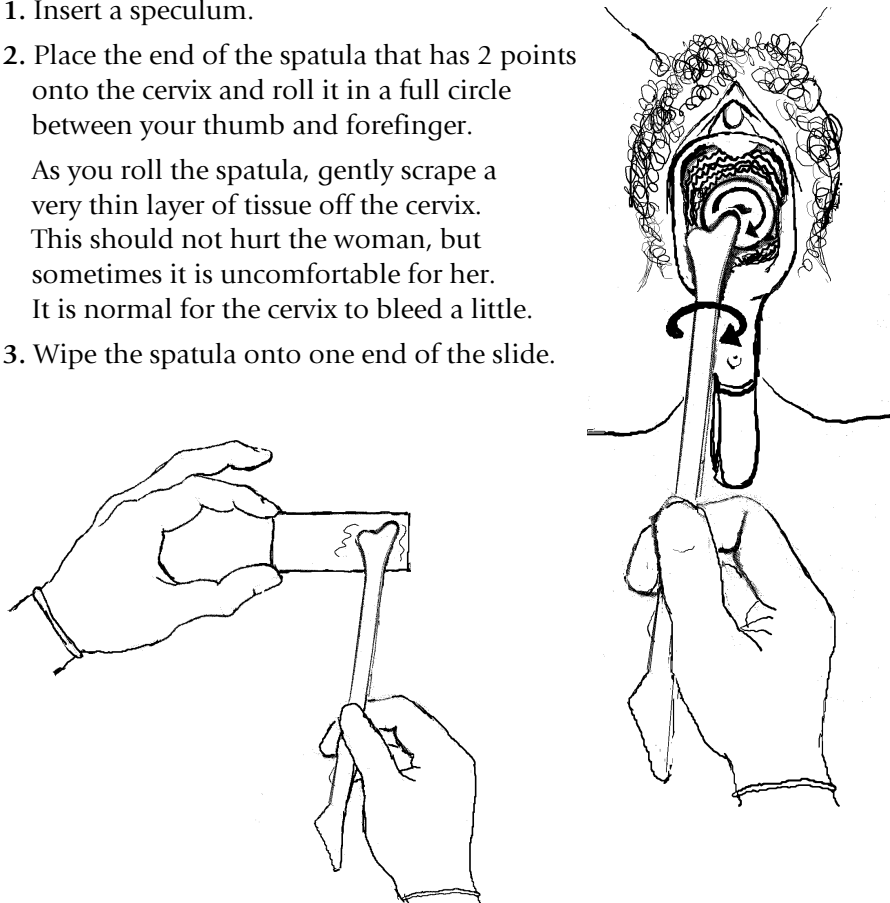
Before the test, gather these supplies:



1. Insert a speculum.
2. Place the end of the spatula that has 2 points onto the cervix and roll it in a full circle between your thumb and forefinger.

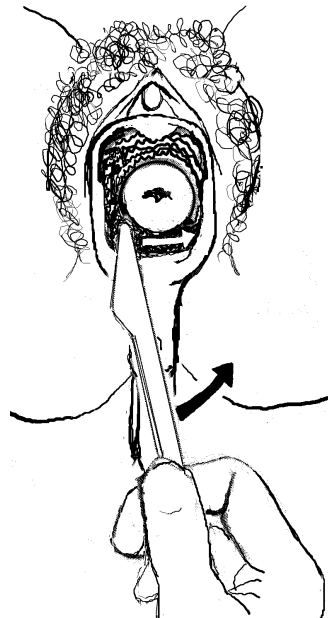
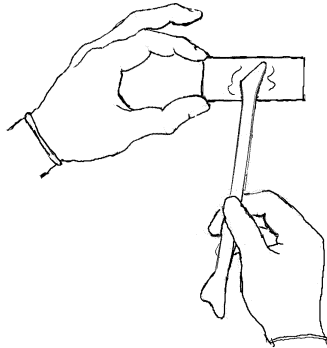
As you roll the spatula, gently scrape a very thin layer of tissue off the cervix. This should not hurt the woman, but sometimes it is uncomfortable for her. It is normal for the cervix to bleed a little.

3. Wipe the spatula onto one end of the slide.

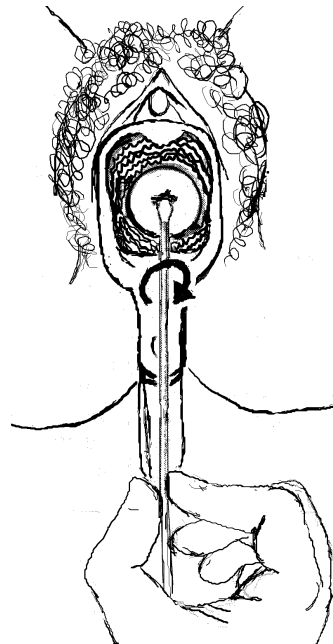
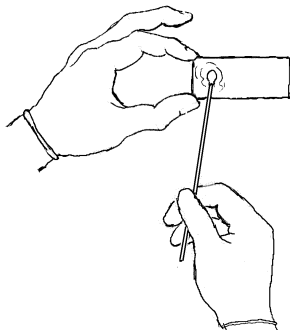


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4. Place the other end of the spatula just underneath the cervix where it meets the vagina. Gently scrape sideways once.
5. Wipe the spatula onto the middle of the slide, next to the first sample.

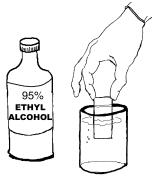


6. Put the tip of the swab or cytobrush about 1 centimeter into the opening of the cervix. Gently roll it in a full circle. This can be uncomfortable for the woman, but it is not dangerous.
7. Wipe the swab onto the end of the slide that has not been used, next to the second sample.



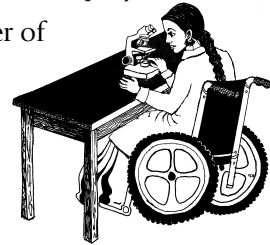
8. Put a fixative on the slide.

There are many fixatives available, but the least expensive is medical alcohol (95% ethyl alcohol). Pour some medical alcohol into a small jar and dip the slide into the jar of alcohol as soon as you have finished wiping the swab onto the slide. You must do it quickly, before the tissue dries. Let the slide sit in the medical alcohol for a few minutes, and then let the slide dry in the air. If you do not have medical alcohol, you can spray the slide with hairspray.



You must use a fixative on the slide or the thin layer of tissue from the cervix will smear or come off and the test will not be accurate.

9. Take the slide to a laboratory that can examine Pap tests (not all laboratories can). Take the slide within a week after doing the test.



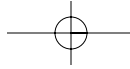
Note: Tell the woman that a little bleeding from the vagina is normal after a Pap test.

Cancer of the cervix

Cancer of the cervix can be a deadly disease, but if it is treated early, it can usually be cured. Treatment is simple in the early stages. A trained doctor or nurse can remove or destroy the diseased parts of the cervix in a medical center if they have the right tools. After the diseased parts of the cervix have been removed, the woman will usually get better. But hundreds of thousands of women die every year from this cancer.

Why do so many women die if the disease is preventable and easily treated?

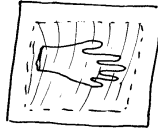
- Poor communities cannot afford to train health workers to test or treat women for HPV, a common cause of cancer of the cervix.
- Rural and poor women may not be able to travel to distant medical centers that give testing and treatment.
- Women and men do not know that they can prevent cancer of the cervix by protecting themselves from HPV. For example, wearing condoms can prevent women and men from getting HPV.
- Some women cannot protect themselves from HPV because they do not have access to condoms. Some women cannot protect themselves because they are forced to have sex or to have unsafe sex. Some couples do not like to use condoms.



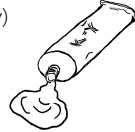
The bimanual exam (2-hand exam)

Feel the womb with 2 hands to check for infections or growths, or to learn how long a woman has been pregnant. To feel the womb, you will need:

very clean or sterilized
plastic gloves

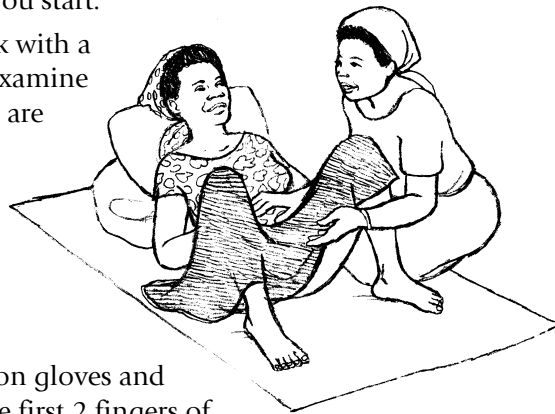


water-based lubricating jelly
like *K-Y Jelly*, or clean water
(do not use oil or
petroleum jelly)

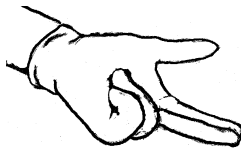


Ask the woman to urinate before you start.

1. Have the woman lie on her back with a pillow under her head. As you examine her, explain everything that you are going to do before you do it, remind her to relax, and stop the exam if she is in pain.



2. When the woman is ready, put on gloves and put some lubricating jelly on the first 2 fingers of your right hand (or your left hand if you are left-handed).



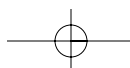
Ask the woman to take a deep breath to help her relax. Gently open the lips of her genitals with your left hand. With the palm of your right hand facing up, put your two lubricated fingers all the way into the woman's vagina.

3. Feel the cervix with your fingertips.

The cervix should be firm, round, and smooth. Normally, it feels about as hard as the tip of a nose. In the last months of pregnancy it feels soft, like lips. Sometimes at the end of pregnancy the cervix is a little open. If the woman has just had a miscarriage or an abortion, her cervix might be open.

The cervix can be hard to find. If you cannot feel the cervix, ask the woman to cough or push down as if she were passing stool until the cervix touches your finger. It may also help if the woman lies more flat.

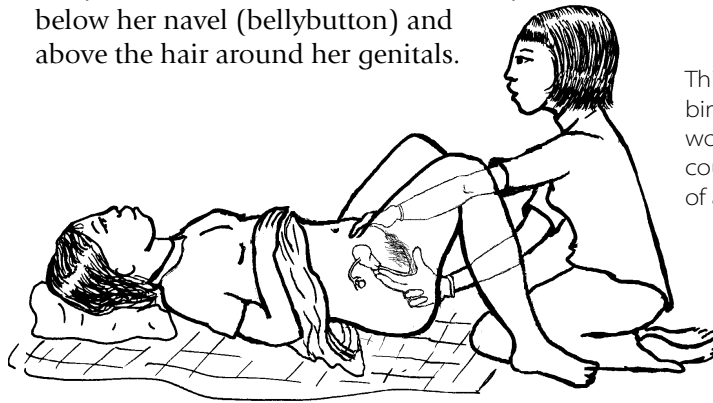
Take care not to touch the woman's clitoris, which is sensitive, or her anus, which has germs on it. Your thumb can easily touch the clitoris accidentally, so keep it to one side.



4. Check for pain in the cervix.

Put one of your fingers on each side of the cervix and move it side to side. This might feel strange to the woman, but it should not hurt. If it hurts, she might have an infection in her womb (see page 325) or a tubal pregnancy (see page 113). These are both very dangerous. If the cervix feels soft and is easy to move, the woman may be pregnant.

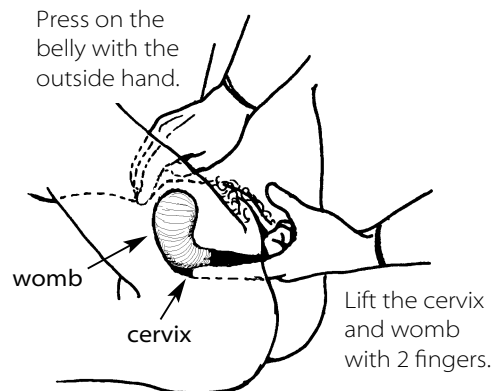
5. Put your left hand on the woman's belly, below her navel (bellybutton) and above the hair around her genitals.



This is how a bimanual exam would look if you could see the inside of a woman's body.

6. Feel the womb.

Put the 2 fingers that are in the vagina under the cervix. Lift up the cervix and womb with those 2 fingers. At the same time, press down on the woman's lower belly with your left hand. Try to feel her womb between your hand and your 2 fingers. You will know that you are pressing on the womb when you feel the cervix move. If you do not feel the womb at first, try moving your hand around on her belly and pressing down in different places.

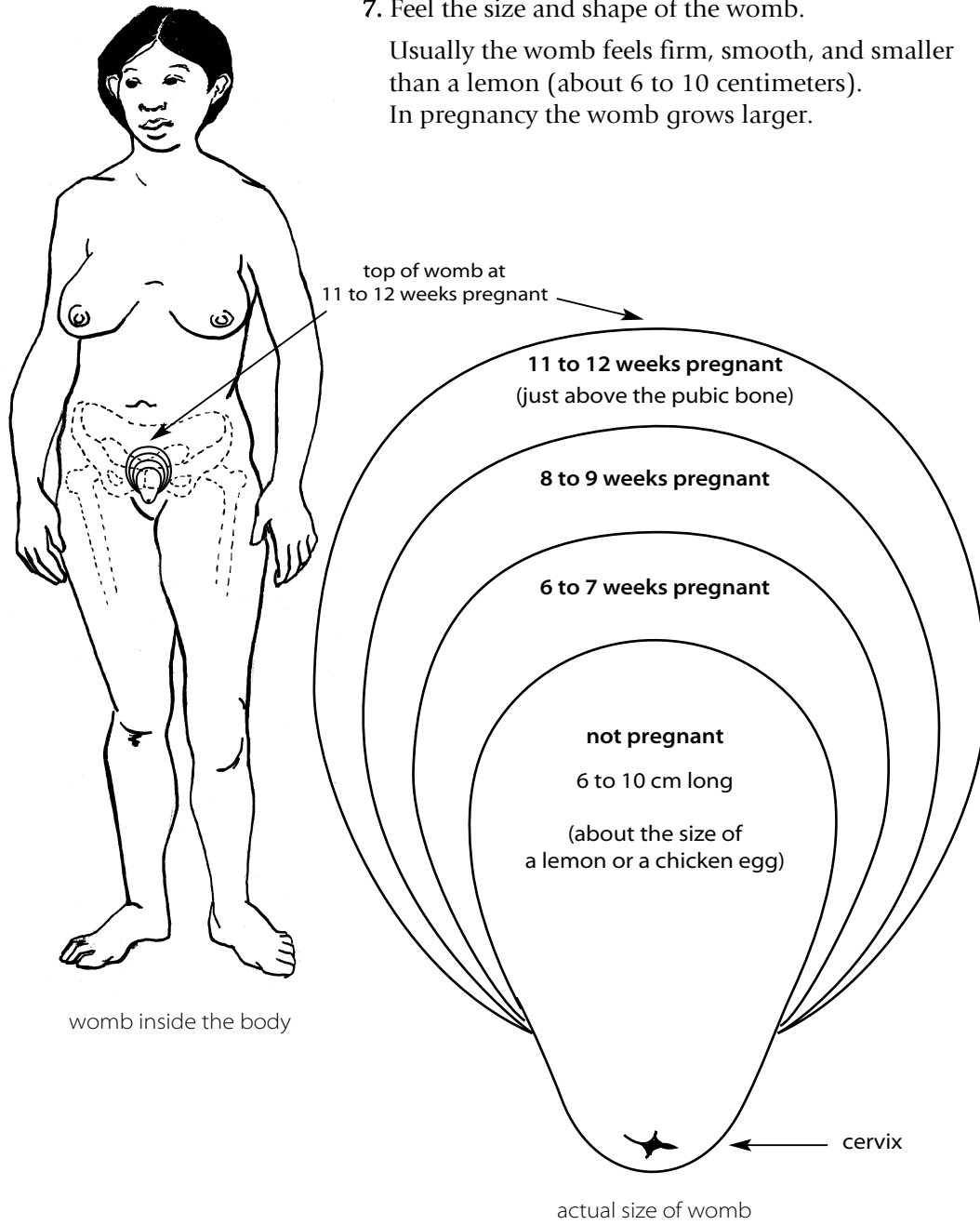


Feeling the womb takes practice. It is especially difficult to feel a woman's womb if she has strong belly muscles or if she has a lot of fat on her belly.

Chapter 20: The pelvic exam

7. Feel the size and shape of the womb.

Usually the womb feels firm, smooth, and smaller than a lemon (about 6 to 10 centimeters).
In pregnancy the womb grows larger.



To measure the womb after 12 weeks, see page 130.

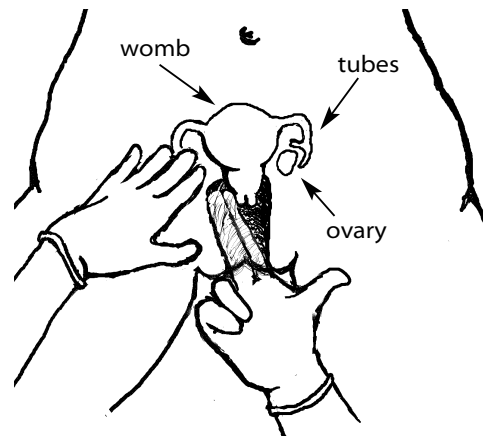
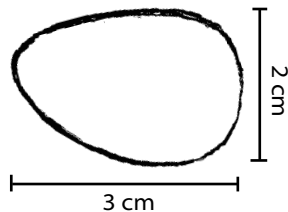
You might feel lumps or growths on the womb. Some growths are not dangerous, but they may cause pain, heavy monthly bleeding, or bleeding between monthly bleedings. They are called fibroids. Other growths may be cancer of the womb. You cannot be sure the growths are not dangerous until the woman has more tests. If you feel growths on the womb, get medical help.

8. Feel the ovaries.

Finding and feeling the ovaries can be very difficult. It takes a lot of practice. Put both your inside fingers on one side of the cervix and lift up the ovary. Move your outside hand to the same side of the woman's body as the inside fingers and slide your outside fingers down her belly. When you press hard, you can feel her ovary slip between your fingers.

You must push down deeply with your outside hand, so ask the woman to take a deep breath and let it go before you feel her ovary. Stop pushing if she is in pain!

An ovary is usually about this big.

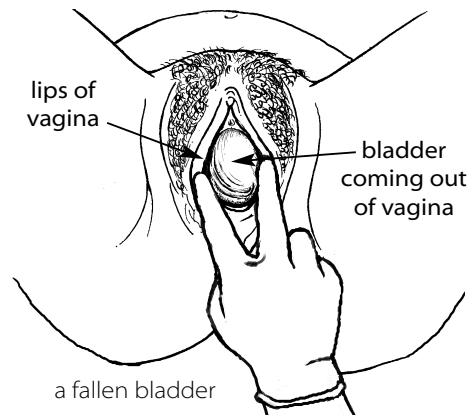


After checking one side, move your hands to check the other ovary.

If you feel something bigger than 3 centimeters long and 2 centimeters wide, or if this exam hurts her a lot, she might have a growth on her ovary, or she might have a tubal pregnancy (see page 113). Get medical help.

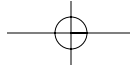
Note: It is normal for a woman's ovary to get bigger and smaller every month. If you are not sure of the cause of a large ovary, try checking again in 6 weeks. It may be small again.

9. Take your fingers out of her vagina. Hold the lips of her genitals open and ask her to cough or push down as if she were passing stool. Watch her vagina to see if anything bulges out. If it does, she could have a fallen womb or bladder, or part of her bowel could be bulging into the vagina. Get medical advice.



After the bimanual exam, give the woman a clean cloth or paper to wipe off the jelly. Explain to her that she will have some extra discharge (the jelly) or a little blood after the exam.

Tell the woman what you found during the pelvic exam. Make sure to answer any questions the woman has.

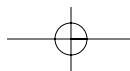
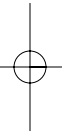
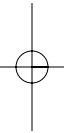


CHAPTER 21

How to insert an IUD

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Help a woman decide if the IUD is right for her	390
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How to insert an IUD

CHAPTER
21

The intrauterine device (IUD) is a small device made of plastic, or plastic and copper, that is put inside the womb to prevent pregnancy. A string hangs off the end of the IUD and out of the cervix.

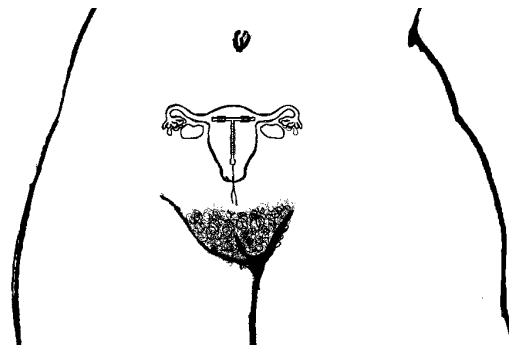
two types of IUD:



the *Copper T*



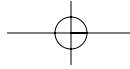
the *Multiload*



This is what a womb and an IUD would look like if you could see them inside a woman's body.

Some notes about learning to insert an IUD

- Before you read this chapter you must understand **infection prevention** (Chapter 5, page 48) and **pelvic exams** (Chapter 20, page 372).
- Find out what the law is where you live. In some places, midwives are encouraged to learn to insert and remove IUDs. In other places, midwives are not allowed to do this.
- Putting in an IUD can cause an infection in the womb or injury to the womb. Use this chapter to help you learn, but remember, you cannot learn as much from a book as you can from an experienced teacher.
You must be trained to insert an IUD by someone with experience.



Help a woman decide if the IUD is right for her

The IUD is a very effective family planning method, but it has risks. Before inserting an IUD, help the woman decide if the IUD will be a good method for her.

Advantages of the IUD

- It is very effective. Very few women with IUDs become pregnant.
- It can be taken out at any time if the woman wants to become pregnant.
- It is easy to use. Once it has been inserted into the womb, the woman only has to check to make sure it is still there once a month. She does not need to check it before or after having sex.

Disadvantages of the IUD

- IUDs do not protect women from getting HIV/AIDS or other sexually transmitted infections (STIs) — see Chapter 18, page 320.
- A woman cannot put in or take out an IUD herself. A woman who uses an IUD must live close to a medical center that can help her if she has problems because of the IUD or that can remove the IUD if she wants to get pregnant.
- IUDs can cause painful cramps during monthly bleeding, and heavy monthly bleeding.

IUDs are harmful for some women

Do not insert an IUD in a woman who:

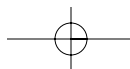
- has an STI. If a woman has an IUD inserted when she has an STI, that infection can easily spread to her womb. Womb infections can cause infertility and are very dangerous. Before you insert an IUD, the woman should be tested for STIs.
- recently had an infection in her womb.
- had an abortion, miscarriage, or gave birth within the last 6 weeks.
- has anemia, or who already has very painful or heavy monthly bleeding.
- has fibroids or whose womb has an unusual shape.

Do not insert an IUD made with copper in a woman who is allergic to copper.



Freedom to choose or refuse an IUD

In some places, women are pushed to use IUDs. Some women are given IUDs without even being told that an IUD has been inserted. This happens when doctors or health workers are under pressure from local or international governments and aid groups to give IUDs to women even if the women do not want them.



Help a woman decide if the IUD is right for her

These policies take away a woman's right to choose when and if she wants to use family planning. Every woman should have the right to make that choice herself.

Never put pressure on a woman to use an IUD. Read page 310 to learn more about IUDs. Every woman must understand all the risks and benefits in order to decide if she wants an IUD or not. Make sure that she does before you insert one for her.



Before you insert the IUD

Be sure that the woman does not have an STI

Ask the woman if she has any signs of an STI.

Some signs of STIs are:

- bad-smelling discharge from the vagina.
- pain, itching, or a burning feeling in the vagina.
- pain, itching, or a burning feeling when urinating.
- sores on the vagina or anus.

Remember, many women have STIs but do not have any signs. Always test a woman for STIs before inserting an IUD. If you cannot test the woman, but she is sure she wants an IUD, you can treat her for chlamydia and gonorrhea (see page 324) and put in the IUD. See Chapter 18 on STIs, starting on page 320, to learn more. Do not insert an IUD for a woman unless you are sure she does not have an STI.

Be sure that the woman is not pregnant

If you insert an IUD when a woman is pregnant, the IUD can cause a miscarriage. Make sure that a woman is not pregnant before inserting an IUD. You can be sure that she is not pregnant if:

- she is having her monthly bleeding.
- she has not had sexual intercourse any time since her last monthly bleeding.
- she is using a hormonal family planning method such as pills, injections, or implants (and wants to use an IUD instead).

Chapter 21: How to insert an IUD

Explain what will happen during the IUD insertion

Before you insert the IUD, explain to the woman what you are going to do. Tell her that inserting the IUD may hurt a little but should not hurt much. Tell her that you will stop inserting the IUD if it hurts too much or if she wants you to stop for any reason. Answer any questions she has about the IUD or the insertion.

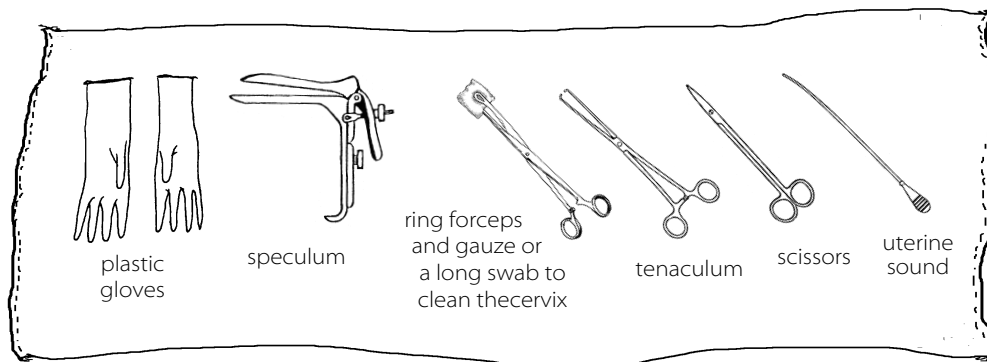


Inserting the IUD

There are different types of IUDs, and each type is inserted in a different way. Before you insert an IUD, you must find out how to insert the type that you have. Most IUDs come with directions.

These are the steps you should follow no matter what type of IUD you are inserting:

1. Ask the woman to urinate.
2. Sterilize all the tools you will need to insert the IUD and put them on a sterilized cloth or paper.

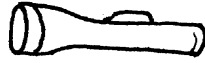


Anything that goes inside the vagina, like fingers during a vaginal exam, must be very clean. And anything that is put inside the womb, like an IUD or IUD inserter tube, must be more than clean. It must be **sterilized**.

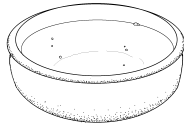
Sterilized tools must not even touch other parts of a woman's body before they are put into the womb. The germs on a woman's body that usually do not cause harm could cause a serious infection if they got into her womb. See page 59 to learn how to sterilize tools.

Inserting the IUD

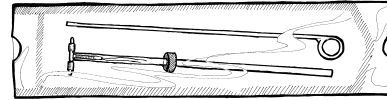
You will also need:



a good source of light



bowl of antiseptic like betadine or Hibiclens



IUD and IUD inserter inside sterile package

There are many types of IUDs. Three common types are the *Copper T* (or *T380A*), the *Multiload*, and the *Lippes Loop*. All of these IUDs are safe and effective.



Copper T IUD



Multiload IUD



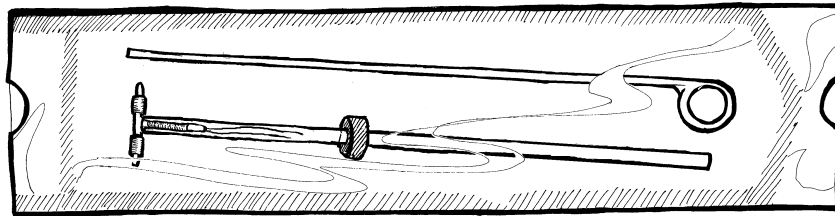
Lippes Loop IUD

In this book, we only give information on how to use one type of IUD — the *Copper T*. We talk about this type because it is effective, safe, and popular. Other types of IUDs are inserted in a similar way as the *Copper T*. But be sure to read any instructions that come with the IUD you use.

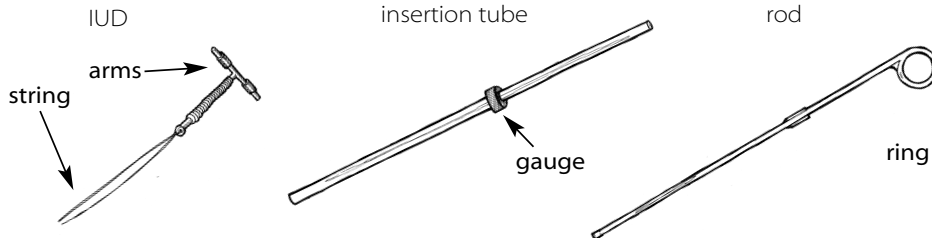
3. Load the IUD into the insertion tube.

Loading the *Copper T* IUD

The *Copper T* IUD comes in a sterilized package. Put the package on a clean table, paper side down. This way, you can see the IUD through the clear plastic cover.



Inside the package there are 3 parts:



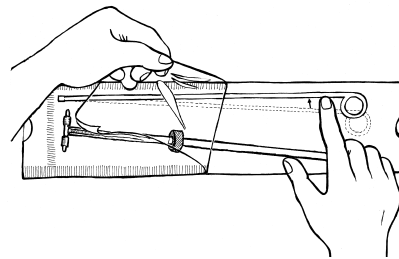
Chapter 21: How to insert an IUD

Loading the Copper T IUD (continued)

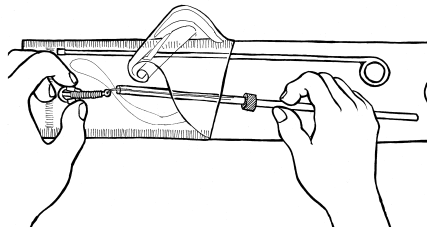
These instructions tell you how to put the IUD into the inserter while it is still inside the package. If you load the IUD into the tube while it is still inside the package — and you do not touch the IUD — it will stay sterile even if you do not have sterile gloves. Do not ever touch the IUD, or the end of the tube or rod that will go inside of the woman's womb, unless you are wearing sterile gloves.

Put the IUD into the tube when you are almost ready to insert the IUD. If the IUD stays in the inserter tube for more than about 5 minutes, it will not work — the arms will not open inside the womb.

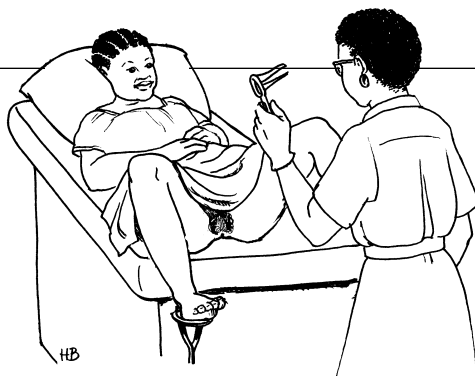
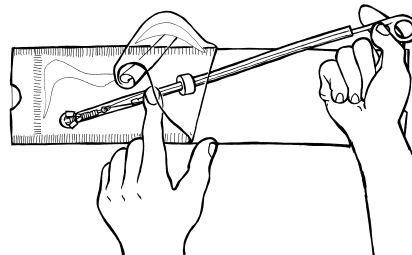
Open the package halfway, starting on the side away from the IUD, and push the rod to the side of the package to get it out of the way.



With one hand, hold the inserter tube steady. With your other hand, hold the IUD through the plastic while you load the arms into the tube. Put your thumb on one arm, and your forefinger on the other, and squeeze them together and down. Squeeze the folded IUD into the top of the tube.



Put the rod into the other end of the tube and run it along next to the strings. Stop when it touches the bottom end of the IUD, and hold it steady there. The IUD is now ready to be inserted.



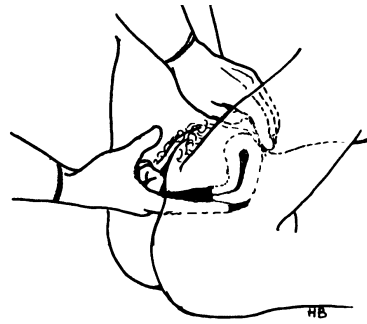
4. Have the woman lie on her back with her knees bent and open.
5. Help the woman relax. You can try taking deep breaths with her, speaking quietly, or putting a reassuring hand on her shoulder.



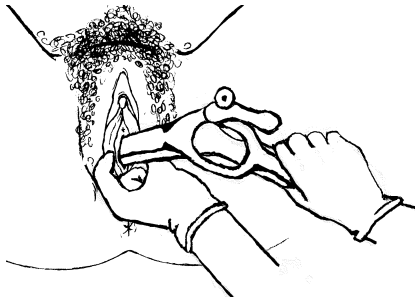
6. Follow the instructions on page 53 to scrub your hands with soap and water. Let your hands dry in the air and then put on sterilized gloves.

7. Feel the woman's womb (see page 384).

- Find the position and size of the womb.
- Make sure the woman is not pregnant.
- Make sure the womb is not enlarged or in pain.

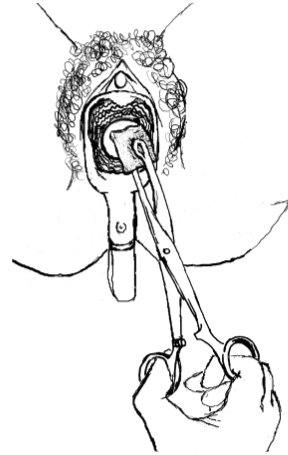


8. Gently insert a sterilized speculum (see page 377).

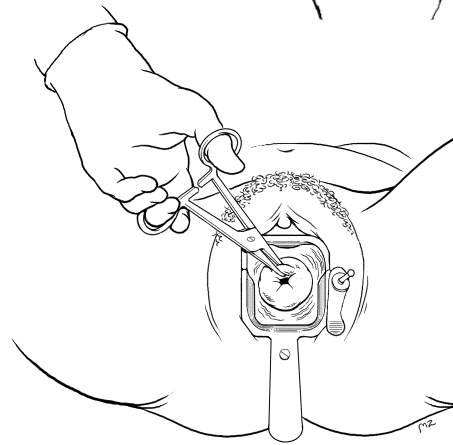


9. Clean the cervix with antiseptic.

You can use a long swab or a ring forceps and sterile gauze dipped into antiseptic.



10. Grasp the cervix with a tenaculum and close the tenaculum slowly. Pull the cervix gently to straighten the womb. The womb must be straight while you are inserting the sound and while you are inserting the IUD. If this is painful for the woman, stop. Take a break and ask her to tell you when she is ready to go on.

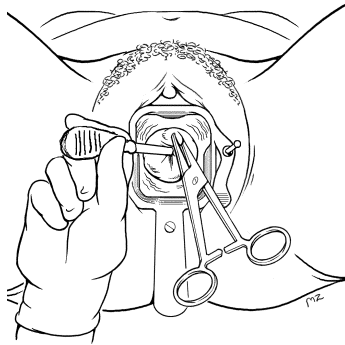


Chapter 21: How to insert an IUD

11. Measure the womb by inserting a sterile sound through the opening of the cervix and into the womb.

You must hold the sound only by the handle, and carefully insert it into the cervix. Do not let it touch anything but the cervix. The sound will not be sterile if it touches anything — even the woman’s vagina.

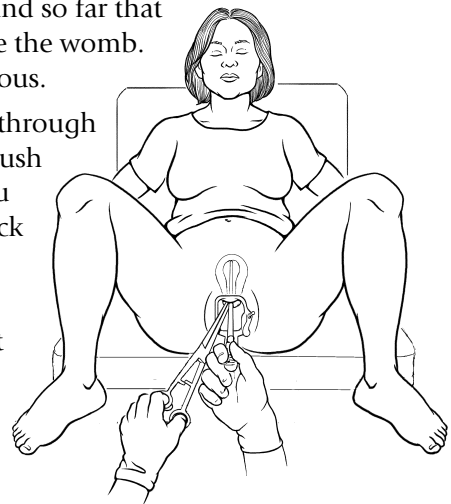
Rarely, a woman may start to feel dizzy or ill when you are inserting a sound or IUD into her womb. She may be having a vagal reaction (see page 426).



Insert the sound gently and firmly. If it is difficult to push the sound through the cervix, turn it as you push. Do not push too hard. This could push the sound so far that you could puncture the womb. This is very dangerous.

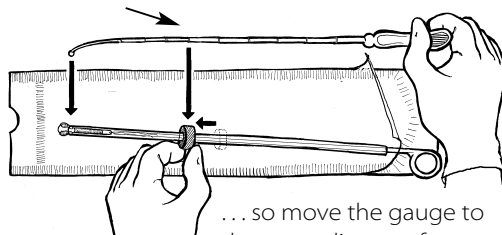
Once the sound is through the cervix, gently push the sound until you feel it touch the back of the womb.

The sound has marks on it that are 1 centimeter apart. When you pull the sound out, it will be wet up to a mark. This tells you the size of the womb.



12. When you know the size of the womb, you can set the inserter so it will be the same length as the womb.

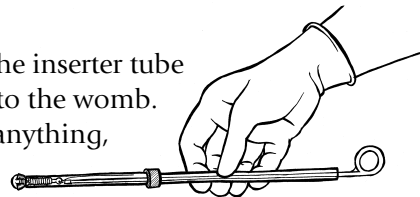
The sound is wet up to this point ...



... so move the gauge to the same distance from the end of the tube.

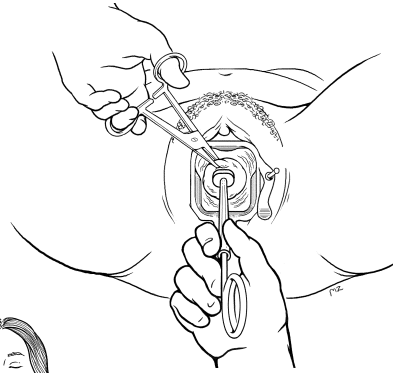
Look at the IUD inside the package. The inserter tube has a small movable gauge on it in the package. Move the gauge on the tube to the same size as the womb. Do this by pushing on the gauge while the sterile IUD is still inside the package.

13. Now open the package all the way, take the inserter tube out of the package, and insert the IUD into the womb. Keep the IUD sterile! Do not let it touch anything, even the side of the vagina.

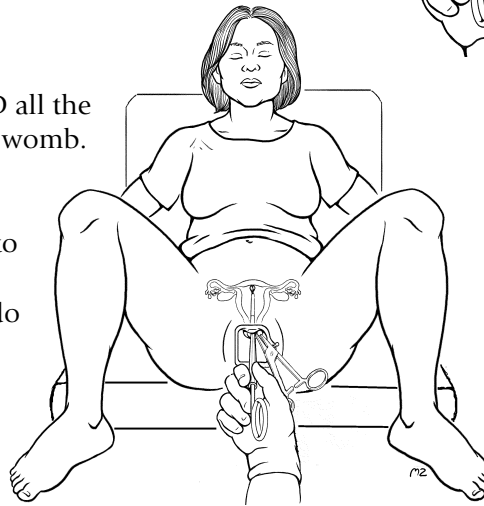


Inserting the IUD

Hold the cervix steady with the tenaculum, and slowly push the tube with the IUD in it into the opening of the cervix. Never force the IUD into the womb, even if it is difficult to insert.

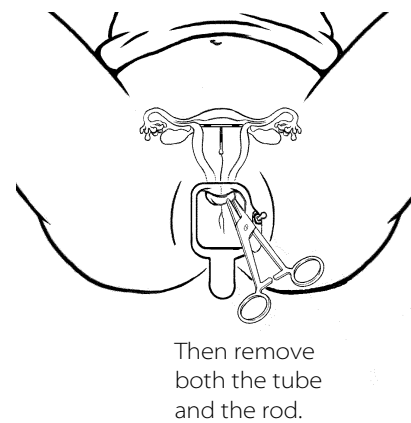
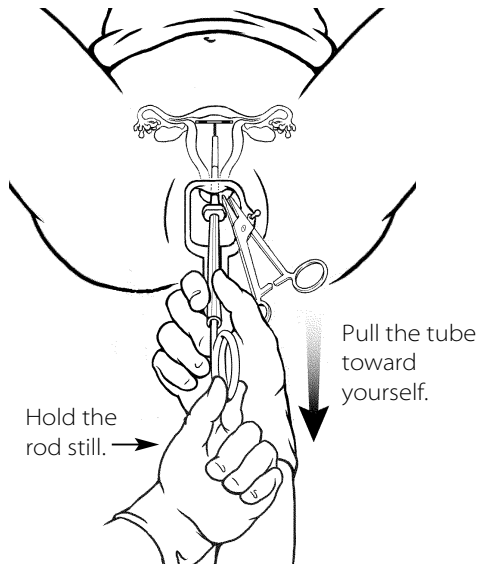


Push the tube and IUD all the way to the back of the womb. When the gauge stops against the cervix, you have pushed the IUD to the back of the womb. If you feel resistance, do not push any farther.



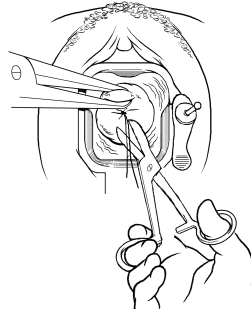
Hold the rod steady. This will keep the IUD in place. Without letting the rod move, slowly pull the tube toward yourself.

When the tube comes out of the cervix, you can pull the rod toward yourself and out of the cervix.



Chapter 21: How to insert an IUD

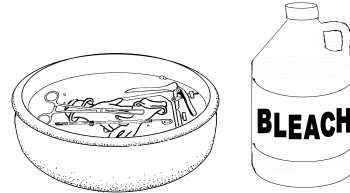
14. Cut the strings so that about 2 centimeters hang out of the cervix. Gently remove the tenaculum and the speculum.



2 cm

Leave about 2 centimeters of string outside the cervix.

15. Put all the instruments and gloves in bleach solution or another chemical disinfectant (see page 57).
16. Throw away trash including the gauze and IUD inserter using the suggestions on page 67.
17. Wash your hands with soap and water.



After you insert the IUD

Explain to the woman that she may have bleeding or cramps for 1 or 2 days. Her monthly bleeding might be heavier than usual for a few months. This is normal. Tell her how to check her IUD and what warning signs to watch for (see page 399).

A woman with an IUD should get regular health checkups. She must also check her IUD to be sure it is still inside her womb and she should watch for other signs something might be wrong. If the IUD comes out, it is most likely to happen during a monthly bleeding, so she should check the IUD after her monthly bleeding each month.



To check the IUD

She should wash her hands, then put a finger into her vagina and feel her cervix. When she finds her cervix, she should feel strings coming from the opening. If she cannot feel the strings, the IUD has been pulled up into her womb, or else it has come all the way out of her and will not work anymore.

Signs that something might be wrong

If she cannot feel the strings, she needs medical help. A health worker must look for the IUD using forceps to reach inside the womb or using a sonogram to see inside the womb. Because the IUD may have fallen out, the woman must use another method of family planning if she does not want to become pregnant.

If a woman's monthly bleeding stops, she may be pregnant. The woman should see a health worker. She should also see a health worker if she has signs of infection.

A woman with any of these signs may have an infection in her womb

- very heavy bleeding
- blood between monthly bleeding (a little spotting can be normal in the first month)
- vaginal discharge that is different from usual
- pain in the pelvic area or belly
- pain during sexual intercourse
- fever, chills, feeling ill

The woman should see a health worker right away and the IUD should be removed.

**Removing the IUD**

The *Copper T* IUD can stay in the womb for 10 years. Other types may not work for this long. Any IUD can be removed whenever the woman wants. After the IUD is removed, a woman can become pregnant right away. If she does not want to become pregnant, she should use another family planning method.

To remove an IUD:

1. Wash your hands, put on sterilized gloves, and do a bimanual exam to feel the womb and to be sure that the woman is not pregnant. (If she is pregnant, pulling on the IUD could cause a miscarriage.) Put in a speculum.
2. Use a long swab or a ring forceps and sterile gauze dipped into antiseptic to clean the cervix.
3. Clamp a pair of forceps or needle holders to the string.
4. Pull strongly and steadily on the string. The IUD should come out. If you see the plastic end of the IUD, grasp it with the forceps and pull. If you feel a lot of resistance, stop! You could break the string off. Let someone more experienced finish taking out the IUD.

The Dalkon Shield

In the 1970s, there was a type of IUD called the *Dalkon Shield* that was not safe. It caused serious health problems for the women who used it.

The *Dalkon Shield* is not made anymore, but some women still have them in their wombs — and they should be removed. Modern IUDs are safe and effective.



The *Dalkon Shield* was an unsafe IUD.

