

Who should not use an IUCD?

You should not counsel IUCD use if the woman:

- Has never been pregnant.
- Has anaemia (Low Hb).
- Is in danger of getting a Sexually Transmitted Infection. (This includes any woman who has more than one partner, or whose partner may have other sex partners.)
- Has ever had an infection in her tubes or uterus, or an infection after giving birth or having an abortion.
- Has had a pregnancy in her tubes.
- Has a lot of bleeding and pain during monthly bleeding.

Common side-effects: The woman may have some light bleeding during the first week after getting an IUCD. Some women also have longer, heavier and more painful monthly bleeding, but this usually stops after the first three months.

Who should insert an IUCD: An IUCD must be inserted by a trained Auxiliary Nurse Midwife (ANM), nurse or a doctor after doing a pelvic (internal) examination. The best time to have the IUCD inserted is during the monthly bleeding/period. After childbirth, it is best to wait six weeks for the uterus to return to its normal size and shape before getting an IUCD.

What to watch for: Occasionally an IUCD will slip out of place. If this happens, it will not be effective in preventing pregnancy, so it is important for the woman to learn to check her IUCD to make sure it is still in place. Most IUCDs have 2 thread-like strings attached which hang down into the vagina. The mother should be counselled to check the strings after each monthly bleeding to make sure the IUCD is in place.

Teaching a woman to check the IUD strings

- Wash hands.
- Squat down and reach as far as she can into the vagina with two fingers. Feel for the IUD strings, but do not pull them.
- Take fingers out and wash her hands again.

Sterilisation (the operation when the couple wants no more children)

- Since these operations are permanent, they are only good for those women or men who are certain that they do not want any more children.

