11. Have you ever been told that you have lupus? This question is intended to identify women who have been diagnosed with systemic lupus erythematosus (SLE). If a woman with SLE also has severe thrombocytopenia, she is at an increased risk of bleeding and should usually not initiate use of an LNG-IUS.

Note: Questions 12–15 are intended to identify clients at very high individual risk of sexually transmitted infections (STIs), because there is a possibility that they may currently have chlamydia and/or gonorrhea infection. Unless these STIs can be reliably ruled out, clients at very high individual risk are not good candidates for LNG-IUS insertion. Inserting an LNG-IUS in the presence of gonorrhea or chlamydia may increase risk of pelvic inflammatory disease (PID). These clients should be counseled about other contraceptive options and provided with condoms for STI protection. However, if other contraceptive methods are not available or acceptable, and there are no signs of STI, an LNG-IUS still can be inserted. Careful follow-up is required in such cases.

12. Within the last 3 months, have you had more than one sexual partner? Clients who have multiple sexual partners are at very high individual risk of contracting STIs. Unless chlamydia and/or gonorrhea infection can be reliably ruled out, these clients are not good candidates for LNG-IUS insertion. (See note above regarding questions 12–15).

13. Within the last 3 months, do you think your partner has had another sexual partner? Clients whose partners have more than one sexual partner are at very high individual risk of contracting STIs. Unless chlamydia and/or gonorrhea infection can be reliably ruled out, these clients are not good candidates for LNG-IUS insertion. In situations where polygamy is common, the provider should ask about sexual partners outside of the union. (See note above regarding questions 12–15).

14. Within the last 3 months, have you been told you have an STI? There is a possibility that these clients currently have chlamydia and/or gonorrhea infection. Unless these STIs can be reliably ruled out, these clients are not good candidates for LNG-IUS insertion. (See note above regarding questions 12–15).

15. Within the last 3 months, has your partner been told that he has an STI, or do you know if he has had any symptoms— for example, penile discharge? (Note: There are two parts to this question. Answer: “yes” to either part of both parts means request LNG-IUS insertion) Clients whose partners have STIs may have these infections as well. Unless chlamydia and/or gonorrhea infection can be reliably ruled out, these clients are not good candidates for LNG-IUS insertion. (See note above regarding questions 12–15).

16. Are you HIV-positive, and have you developed AIDS? If the woman is HIV-positive but has not developed AIDS, an LNG-IUS may generally be used. However, if the woman has developed AIDS, ask whether she is taking ARVs and make sure she is doing clinically well. If she is doing clinically well, she can have an LNG-IUS inserted. If she is not, an LNG-IUS usually is not recommended unless other more appropriate contraceptive methods are not acceptable.

There is concern that clients with HIV who have developed AIDS and are not taking ARVs may be at increased risk of STIs and PID because of a suppressed immune system. LNG-IUS use may further increase that risk.

Pelvic Examination

17. Is there any type of ulcer on the vulva, vagina, or cervix? Genital ulcers or lesions may indicate a current STI. While an ulcerative STI is not a contraindication for LNG-IUS insertion, it indicates that the woman is at high individual risk of STIs, in which case LNG-IUS use is not generally recommended. Diagnosis should be established and treatment provided as needed. An LNG-IUS can still be inserted if co-infection with gonorrhea and chlamydia are reliably ruled out.

18. Does the client feel pain in her lower abdomen when you move the cervix? Cervical motion tenderness is a sign of PID. Clients with current PID should not use LNG-IUS. Treatment should be provided as appropriate. An LNG-IUS can be inserted after treatment is complete. Provide condoms to use in the meantime.

19. Is there adnexal tenderness? Adnexal tenderness and/or an adnexal mass is a sign of PID or a malignancy. Clients with PID or genital cancer should not use an LNG-IUS. Diagnosis and treatment should be provided as appropriate. If necessary, refer for evaluation. Provide condoms to use in the meantime.

20. Were you unable to determine the size and/or position of the uterus? Determining size and position of the uterus is essential before LNG-IUS insertion to ensure high fundal placement of the LNG-IUS and to minimize the risk of perforation.

21. Is there purulent cervical discharge? Purulent cervical discharge is a sign of cervicitis and possibly PID. Clients with current cervicitis or PID should not have an LNG-IUS inserted. Treatment should be provided as appropriate. An LNG-IUS can be inserted after treatment is complete. Provide condoms to use in the meantime.

22. Does the cervix bleed easily when touched? If the cervix bleeds easily at contact, it may indicate that the client has cervicitis or cervical cancer. Clients with current cervicitis or cervical cancer should not have an LNG-IUS inserted. Treatment or referral should be provided as appropriate. Provide condoms to use in the meantime.

23. Is there an anatomical abnormality of the uterine cavity that will not allow appropriate LNG-IUS insertion? If there is an anatomical abnormality that distorts the uterine cavity, proper LNG-IUS placement may not be possible.

Determine Current Pregnancy

Questions 1–6 are intended to help a provider determine, with reasonable certainty, whether a client is not pregnant. If the client answers “yes” to any of the questions, it is highly likely that she is not pregnant. An LNG-IUS should never be inserted in a woman who is pregnant, as it may result in a septic miscarriage. Note, if a client answers “yes” to question 4, an LNG-IUS can be inserted by a trained professional within the first 48 hours after the client has given birth. Treatment should be delayed until four weeks postpartum. There is an increased risk of perforating the uterus when an LNG-IUS is inserted after 48 hours and up to four weeks postpartum.

Assessing Medical Eligibility for the LNG-IUS

7. Do you have bleeding between menstrual periods? If not, are you always sexually active or not able to have sex? Unexplained vaginal bleeding may be a sign of an underlying pathological condition, such as cervical/vaginal cancer or infection. These conditions must be ruled out before an LNG-IUS can be inserted. If necessary, refer the client to a higher-level provider or specialist for evaluation and diagnosis. Counsel the client about other contraceptive options available and provide condoms to use in the meantime.

8. Do you currently have a blood clot in your legs or lungs? This question is intended to identify women with known acute blood clots, not at increased risk, or not taking ARVs who might have an undiagnosed blood clot. Women with acute blood clots in their legs or lungs usually experience symptoms that prompt them to seek medical care. For this reason, they would likely be aware of the condition and answer “yes.” Because LNG-IUS use may make these conditions worse, answering “yes” to the question means that the woman is usually not a good candidate for an LNG-IUS. However, women with blood clots in their legs or lungs who are on established anticoagulant therapy generally can use an LNG-IUS.

9. Do you have a serious liver disease or jaundice? This question is intended to identify women who know that they currently have a serious liver disease such as severe cirrhosis, severe hepatitis, acute viral hepatitis, or acute alcoholic hepatitis, hepatitis B or C, or atypical hepatitis. Women with these conditions should usually not use an LNG-IUS, because the hormones used in an LNG-IUS are processed by the liver and may further compromise liver function. LNG-IUS use may adversely affect the course of the liver problem, such as acute or chronic hepatitis and focal nodular hyperplasia (a benign tumor that consists of scar tissue and normal liver tissue), but can use an LNG-IUS safely.

10. Have you been told that you have breast cancer or any type of cancer in your genital organs, trophoblastic disease, or pelvic tuberculosis? This question is intended to identify women who know they have one of these conditions. Women who had or currently have breast cancer are not good candidates for an LNG-IUS because breast cancer is a hormone-sensitive tumor and LNG-IUS use may adversely affect the course of the disease. Clients with genital cancer or trophoblastic disease are at higher risk of perforation and bleeding at the time of insertion. LNG-IUS use in these conditions may lead to a higher risk of secondary infection and bleeding. If a woman has any of these conditions, she should not have an LNG-IUS inserted. Offer her other appropriate contraceptive options.
11. Have you ever been told that you have lupus?
This question is intended to identify women who have been diagnosed with systemic lupus erythematosus (SLE). If a woman with SLE also has severe thrombocytopenia, she is at an increased risk of bleeding and should usually not initiate use of an LNG-IUS.

12. Within the last 3 months, have you had more than one sexual partner?
Clients who have multiple sexual partners are at very high individual risk of contracting STIs. Unless chlamydia and/or gonorrhea infection can be reliably ruled out, these clients are not good candidates for LNG-IUS insertion. (See note above regarding questions 12–15.)

13. Within the last 3 months, do you think your partner has had another sexual partner?
Clients whose partners have more than one sexual partner are at very high individual risk of contracting STIs. Unless chlamydia and/or gonorrhea infection can be reliably ruled out, these clients are not good candidates for LNG-IUS insertion. In situations where polygamy is common, the provider should ask about sexual partners outside of the union. (See note above regarding questions 12–15.)

14. Within the last 3 months, have you been told you have an STI?
There is a possibility that these clients currently have chlamydia and/or gonorrhea infection. Unless these STIs can be reliably ruled out, these clients are not good candidates for LNG-IUS insertion. (See note above regarding questions 12–15.)

15. Within the last 3 months, has your partner been told that he has an STI, or do you know if he has had any symptoms—e.g., pain or discharge?
(No) There are two parts to this question. Answer “no” to both parts or question remains LNG-IUS insertion inappropriate.

16. Are you HIV-positive, and have you developed AIDS?
If the woman is HIV-positive but has not developed AIDS, an LNG-IUS may generally be used. However, if the woman has developed AIDS, ask whether she is taking ARVs and make sure she is doing clinically well. If she is doing clinically well, she can have an LNG-IUS inserted. If she is not, an LNG-IUS usually is not recommended unless other more appropriate methods are not acceptable.

17. Is there any type of ulcer on the vulva, vagina, or cervix?
Genital ulcers or lesions may indicate a current STI. While an ulcerative STI is not a contraindication for LNG-IUS insertion, it indicates that the woman is at high individual risk of STIs, in which case LNG-IUS use is not generally recommended. Diagnosis should be established and treatment provided as needed. An LNG-IUS can be inserted if co-infection with gonorrhea and chlamydia are reliably ruled out.

18. Does the client feel pain in her lower abdomen when you move the cervix?
Cervical motion tenderness is a sign of PID. Clients with current PID should not use an LNG-IUS. Treatment should be provided as appropriate. An LNG-IUS can be inserted after treatment is complete. Provide condoms to use in the meantime.

19. Is there adnexal tenderness?
Adnexal tenderness and/or an adnexal mass is a sign of PID or a malignancy. Clients with PID or genital cancer should not use an LNG-IUS. Diagnosis and treatment should be provided as appropriate. If necessary, refer for evaluation. Provide condoms to use in the meantime.

20. Were you unable to determine the size and/or position of the uterus?
Determining size and position of the uterus is essential before LNG-IUS insertion to ensure high fundal placement of the LNG-IUS and to minimize the risk of perforation.

21. Is there purulent cervical discharge?
Purulent cervical discharge is a sign of cervicitis and possibly PID. Clients with current PID or PID should not have an LNG-IUS inserted. Treatment should be provided as appropriate. An LNG-IUS can be inserted after treatment is complete. Provide condoms to use in the meantime.

22. Does the cervix bleed easily when touched?
If the cervix bleeds easily at contact, it may indicate that the clinician is touching an infected or malignant cervix. Clients with current cervicitis or cervical cancer should not have an LNG-IUS inserted. Treatment or referral should be provided as appropriate. Provide condoms to use in the meantime.

23. Is there an anatomical abnormality of the uterine cavity that will not allow appropriate LNG-IUS insertion?
If there is an anatomical abnormality that distorts the uterine cavity, proper LNG-IUS placement may not be possible.
Checklist for Screening Clients Who Want to Initiate Use of the LNG-IUS

First, be reasonably sure that the client is not pregnant. If she is not menstruating at the time of her visit, ask the client questions 1–6. As soon as the client answers YES to any question, stop, and follow the instructions after question 6.

If the client answered YES to any one of questions 1–6, you can be reasonably sure that she is not pregnant. Proceed to questions 7–16. However, if she answers YES to question 4, the insertion should be delayed until 4 weeks after delivery. Ask her to come back at that time.

To determine if the client is medically eligible to use an LNG-IUS, ask questions 7–16. As soon as the client answers YES to any question, stop, and follow the instructions after question 16.

If the client answered YES to any of questions 7–11, an LNG-IUS cannot be inserted. Further evaluation of the condition is required.
If the client answered YES to any of questions 12–15, she is not a good candidate for an LNG-IUS unless chlamydia and/or gonorrhea infection can be reliably ruled out.
If she answered YES to the second part of question 16 and is not currently taking ARV drugs, LNG-IUS insertion is not usually recommended. If she is doing clinically well on ARVs, the LNG-IUS may generally be inserted. HIV-positive women without AIDS generally can initiate use.
If use of an LNG-IUS is delayed or denied, offer an alternative contraceptive method.

If the client answered NO to all of questions 1–6, pregnancy cannot be ruled out using the checklist. Rule out pregnancy by other means. Give her condoms or another appropriate method to use until pregnancy can be ruled out.
Offer emergency contraceptive pills if every unprotected sex act since last menses occurred within the last 5 days.

During the pelvic exam, the provider should determine the answers to questions 17–23.