

Checklist for Screening Clients Who Want to Initiate Use of the LNG-IUS



Intrauterine contraceptives are among the safest and most effective options available to women including those who have not given birth, who want to space births, and those living with or at risk of HIV infection. For some women, a levonorgestrel intrauterine system (LNG-IUS) is not recommended because of the presence of certain medical conditions, such as genital or breast cancer and current cervical infection. For these reasons, women who desire to use an LNG-IUS must be screened for certain medical conditions to determine if they are appropriate candidates for the LNG-IUS.

FHI 360, with support from the U.S. Agency for International Development (USAID) and the Bill & Melinda Gates Foundation, has developed a simple checklist (see center spread) to help health care providers screen clients who were counseled about contraceptive options and made an informed decision to use an LNG-IUS. This checklist complies with the recommendations of the *Medical Eligibility Criteria for Contraceptive Use* (WHO, updated 2015). The checklist consists of 23 questions designed to identify medical conditions and high-risk behaviors that would prevent safe LNG-IUS use or require further evaluation. Clients who are ruled out because of their response to some of the medical eligibility questions may still be good candidates for an LNG-IUS if the suspected condition can be excluded through appropriate evaluation.

A health care provider should complete the checklist before inserting an LNG-IUS. In some settings the responsibility for completing the checklist may be shared — by a counselor who completes questions 1–16, and an appropriately trained health care provider who determines the answers to the remaining questions during the pelvic exam.

This checklist is part of a series of provider checklists for reproductive health services. The other checklists include the *Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD*, *Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives*, the *Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN)*, the *Checklist for Screening Clients Who Want to Initiate Contraceptive Implants*, and the *Checklist on How to be Reasonably Sure a Client is Not Pregnant*. For more information about the provider checklists, please visit www.fhi360.org.

Determining Current Pregnancy

Questions 1–6 are intended to help a provider determine, with reasonable certainty, whether a client is not pregnant. If a client answers “yes” to any of these 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. Otherwise, insertion 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 that is unusual for you, or bleeding after intercourse (sex)?

Unexplained vaginal bleeding may be a sign of an underlying pathological condition, such as genital malignancy (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 to determine whether a woman might have an undiagnosed blood clot. Women with acute blood clots in their legs or lungs usually experience symptoms that prompt them to seek health care. For this reason, they would likely be aware of the condition and would 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 (yellow skin or eyes)?

This question is intended to identify women who know that they currently have a serious liver disease such as severe cirrhosis, malignant liver tumors, and most benign liver tumors. 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. Women with other liver problems, such as acute or chronic hepatitis and focal nodular hyperplasia (a benign tumor that consists of scar tissue and normal liver cells), 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 insertion in clients with current pelvic tuberculosis 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.

Note: Questions 12–15 are intended to identify clients at very high individual risk/likelihood 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. Answering “yes” to either part or both parts of the question restricts 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 methods are not available or 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 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 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.

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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.

YES	1. Did your last menstrual period start within the past 7 days?	NO
YES	2. Have you abstained from sexual intercourse since your last menstrual period, delivery, abortion or miscarriage?	NO
YES	3. Have you been using a reliable contraceptive method consistently and correctly since your last menstrual period, delivery, abortion or miscarriage?	NO
YES	4. Have you had a baby in the last 4 weeks?	NO
YES	5. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?	NO
YES	6. Have you had a miscarriage or abortion in the last 7 days?	NO

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.

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.

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.

NO	7. Do you have bleeding between menstrual periods that is unusual for you, or bleeding after intercourse (sex)?	YES
NO	8. Do you currently have a blood clot in your legs or lungs?	YES
NO	9. Do you have a serious liver disease or jaundice (yellow skin or eyes)?	YES
NO	10. Have you been told that you have breast cancer or any type of cancer in your genital organs, trophoblastic disease, or pelvic tuberculosis?	YES
NO	11. Have you ever been told that you have lupus?	YES
NO	12. Within the last 3 months, have you had more than one sexual partner?	YES
NO	13. Within the last 3 months, do you think your partner has had another sexual partner?	YES
NO	14. Within the last 3 months, have you been told you have an STI?	YES
NO	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?	YES
NO	16. Are you HIV-positive, and have you developed AIDS?	YES

If the client answered **NO** to *all of questions 7–16*, proceed with the **PELVIC EXAM**.

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

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.

NO	17. Is there any type of ulcer on the vulva, vagina, or cervix?	YES
NO	18. Does the client feel pain in her lower abdomen when you move the cervix?	YES
NO	19. Is there adnexal tenderness?	YES
NO	20. Were you unable to determine the size and/or position of the uterus?	YES
NO	21. Is there purulent cervical discharge?	YES
NO	22. Does the cervix bleed easily when touched?	YES
NO	23. Is there an anatomical abnormality of the uterine cavity that will not allow appropriate LNG-IUS insertion?	YES

If the answer to *all of questions 17–23* is **NO**, you may insert the LNG-IUS now. If the client began her last menstrual period within the past 7 days, no additional contraceptive protection is needed. If the client began her last menstrual period more than 7 days ago, instruct her to use condoms or abstain from sex for the next 7 days. Give her condoms to use for the next 7 days.

If the answer to *any of questions 17–23* is **YES**, the LNG-IUS cannot be inserted without further evaluation. See explanations for more instructions.