

Improving quality of care during routine intrauterine device appointments

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1 INTRODUCTION

An intrauterine device (IUD) is a highly effective method of contraception requiring insertion by a trained clinician.

The Faculty of Sexual and Reproductive Health (FSRH) IUD pre-insertion checklist (1) highlights minimum criteria that should be met to promote patient knowledge, comfort and safety during IUD appointments.

Prior to 8th April 2024, IUD-insertion appointments were allotted 30 minutes in the Leicester Sexual Health service.

89.7% of 29 appointments surveyed lasted between 41 and 50 minutes, with clinicians indicating that 30 minutes was insufficient time to promote safe and comprehensive patient care, as guided by criteria on the FSRH checklist (Figure 1).

Project Aim: to ascertain whether the proportion of minimum criteria for IUD insertion attained can be increased by lengthening IUD appointment times

2 METHODS

Allotted duration of IUD-insertion appointments in the service increased from 30 minutes to 45 minutes on 8th April 2024 (referred to as the 'intervention' made)

Data was collected in the following ways:

- 1. Qualitative patient + clinician surveys of**
- Pre-intervention IUD-appointments
 - Post-intervention* IUD-appointments

Due to small sample size of surveys returned, additional quantitative data was gathered via:

- 2. Retrospective case notes review of**
- Pre-intervention IUD-appointments
 - Post-intervention* IUD-appointments

*Post-intervention data - extracted from IUD appointments undertaken after allotted appointment duration had been established at the longer time of 45 minutes for a period of at least 6 months

- Study design** Mixed methods approach: qualitative surveys + retrospective case notes review
- Setting** Leicester Sexual Health service
- Sample** **Surveys** → 29 pre-intervention appointments; 14 post-intervention appointments
Case notes review → 50 pre-intervention appointments; 50 post-intervention appointments
- Data collection** Age, offer of cervical smear test (if applicable) and sexually transmitted infection (STI) screen, evidence of same-day GP notification letter written, use of intraprocedural analgesia

3 RESULTS

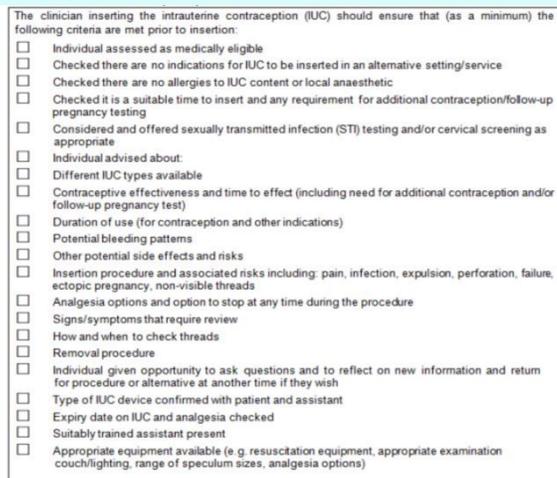


Figure 1: FSRH pre-insertion checklist

	Pre-intervention group	Post-intervention group
Median age	29 years	29.5 years
Age range	19 – 51 years	17 – 51 years

Figure 2: Patient age demographics from case notes review data

Surveys

- 100% of patients felt they had adequate counselling time in their 30-minute IUD appointment (pre-intervention)
- Limitation – 86% of designated 30-minute IUD appointments surveyed lasted over the allotted time
- 92.9% of patients felt they had adequate counselling time in their 45-minute IUD appointment (post-intervention)
- 1 patient did not respond to this survey question

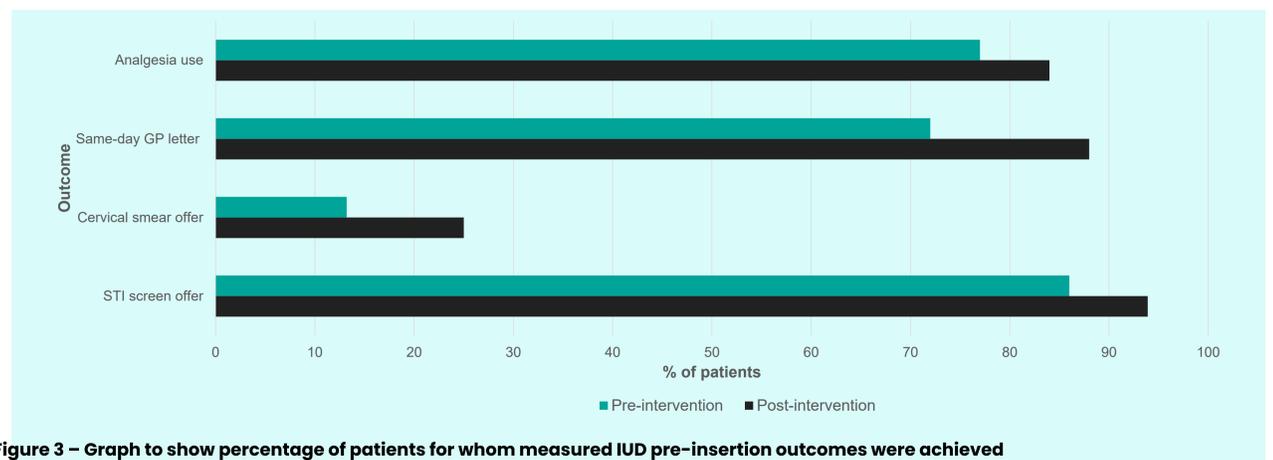


Figure 3 – Graph to show percentage of patients for whom measured IUD pre-insertion outcomes were achieved

4 DISCUSSION

These results show an increase in the proportion of all measured outcomes achieved in IUD appointments allotted the longer duration of 45 minutes, compared to the 30 minute appointments.

Longer appointments allow for consideration of wider elements of sexual and reproductive healthcare such as STI screening, cervical smear history and testing, procedural aftercare advice and safety netting to promote patient safety and holistic care.

Higher rates of intraprocedural analgesia use in the form of xylocaine spray and/or instillagel promote patient comfort and likely satisfaction which may encourage re-use of IUD contraception again in the future.

Although not an FSRH minimum criteria, a letter informing the primary care team of their patient's IUD insertion reinforces timely communication and sharing of medical information that may impact the individual's wider and/or future care.

As a result of the increase in proportion of FSRH criteria achieved in longer appointments, IUD appointments in the service have remained at 45 minutes allotted duration.

5 CONCLUSIONS

Care provided during an IUD-insertion must be comprehensive with consideration of patient safety, comfort and autonomy.

Longer appointments do result in a reduced number of individual patient appointments available in any one clinical session undertaken.

When considering allotted IUD appointment time, a service needs to balance quality of care provided with service accessibility.

Increasing individual appointment length should not compromise overall ability of all patients to access timely IUD appointments in their local service.

Service design should involve shared decision-making between stakeholders including patients, clinicians and commissioners.

REFERENCES

1. Faculty of Sexual and Reproductive Health (FSRH). 2023. Intrauterine Contraception. Available from: <https://www.fsrh.org/Common/Uploaded%20files/documents/fsrh-clinical-guideline-intrauterine-contraception-mar-23-amended.pdf> (Accessed 1 June 2025).