

# Introduction

This Paragard<sup>®</sup> Placement Training Guide serves as a reference tool for healthcare professionals on the placement and removal of Paragard. It can also be used in conjunction with the Paragard Placement Training Video, which can be found at ParagardTraining.com. For more Paragard resources, contact your Paragard Sales Representative, visit [hcp.paragard.com](http://hcp.paragard.com), or call 1-877-Paragard.

## Indication

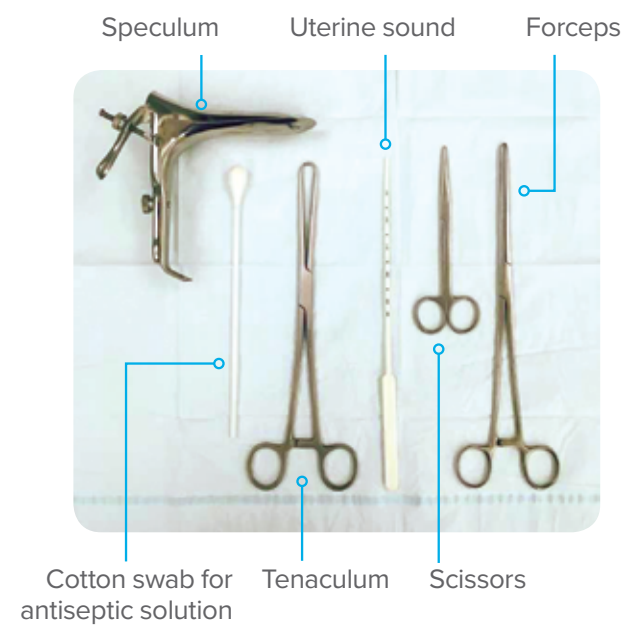
Paragard is indicated for intrauterine contraception for up to 10 years.

## Important Safety Information

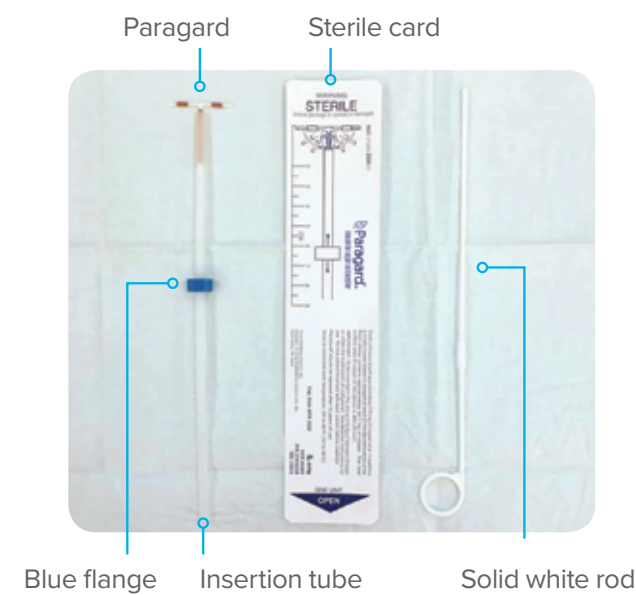
- Paragard must not be used by women who have acute pelvic inflammatory disease (PID); have had a postpregnancy or postabortion uterine infection in the past 3 months; have cancer of the uterus or cervix; have an infection of the cervix; have an allergy to any component; or have Wilson's disease.
- If a woman misses her period, she must be promptly evaluated for pregnancy.
- Possible serious complications that have been associated with intrauterine contraceptives are PID, embedment, perforation of the uterus, and expulsion.
- Paragard must not be used by women who are pregnant as this can be life threatening and may result in loss of pregnancy or infertility.
- The most common side effects of Paragard are bleeding and spotting; for most women, these typically subside after 2 to 3 months.
- Paragard does not protect against HIV or other sexually transmitted infections (STI).**

Please see accompanying full Prescribing Information.

## Placement & Removal Tools



## Placement Device

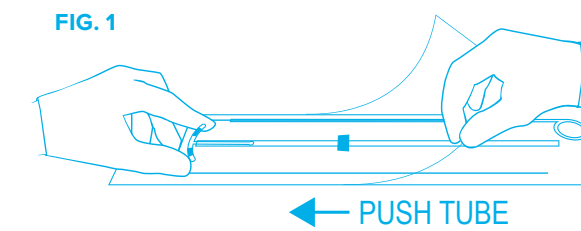


## Before Placement

- Make sure that the patient is an appropriate candidate for Paragard and that she has read the Patient Package Insert.
  - Use of an analgesic before insertion is at the discretion of the patient and the clinician.
  - Establish the size and position of the uterus by pelvic examination.
  - Insert a speculum and cleanse the vagina and cervix with an antiseptic solution.
  - Apply a tenaculum to the cervix and use gentle traction to align the cervical canal with the uterine cavity.
  - Gently insert a sterile sound to measure the depth of the uterine cavity.
  - The uterus should sound to a depth of 6 to 9 cm except when inserting Paragard immediately postabortion or postpartum. Insertion of Paragard into a uterine cavity measuring less than 6 cm may increase the incidence of expulsion, bleeding, pain, and perforation.
- If you encounter cervical stenosis, avoid undue force. Dilators may be helpful in this situation.

## Loading & Placement

1



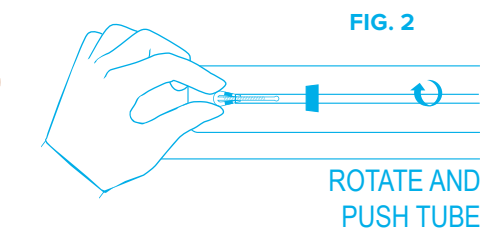
Load Paragard into the insertion tube by folding the two horizontal arms of Paragard against the stem and push the tips of the arms securely into the insertion tube. If you do not have sterile gloves, you can do STEPS 1 and 2 while Paragard is in the sterile package.

- First, place the package face up on a clean surface. Find the lot number of the device and record it in the patient's chart along with the date of placement.
- Next, open at the bottom end (where arrow says OPEN). Pull the solid white rod partially from the package so it will not interfere with assembly.
- Place thumb and index finger on top of package on ends of the horizontal arms. Use other hand to push the insertion tube against T arms of Paragard (shown by arrow in Fig. 1). This will start bending the T arms.

### IMPORTANT:

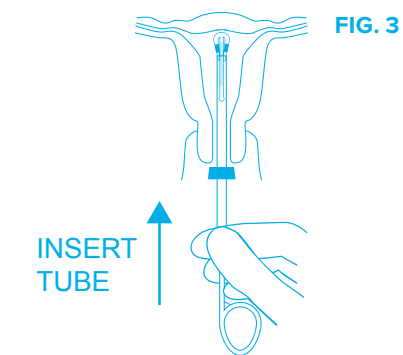
**Do not bend the arms of Paragard earlier than 5 minutes before it is to be placed in the uterus. Use aseptic technique when handling Paragard and the part of the insertion tube that will enter the uterus.**

2



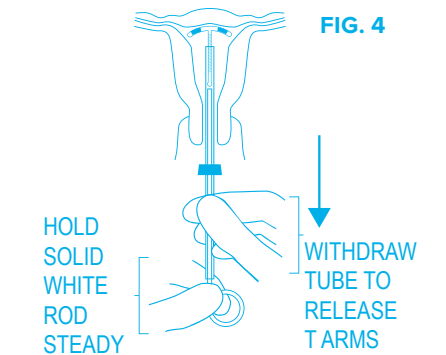
- Bring the thumb and index finger closer together to continue bending the arms until they are alongside the stem.
- Use the other hand to withdraw the insertion tube just enough so that the insertion tube can be pushed and rotated onto the tips of the arms. Your goal is to secure the tips of the arms inside the tube (Fig. 2).
- Insert the arms no further than necessary to ensure retention.
- Introduce the solid white rod into the insertion tube from the bottom, alongside the threads, until it touches the bottom of the Paragard.

3



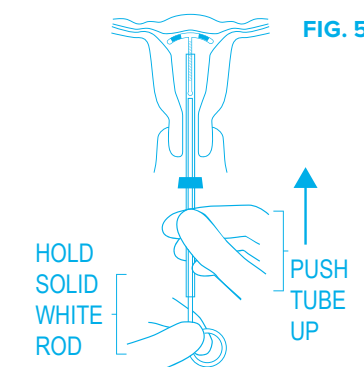
- Grasp the insertion tube at the open end of the package; adjust the blue flange so that the distance from the top of the Paragard, where it protrudes from the inserter, to the blue flange is the same as the uterine depth that you measured with the sound.
- Rotate the insertion tube so that the horizontal arms of the T and the long axis of the blue flange lie in the same horizontal plane (Fig. 3).
- Now pass the loaded insertion tube through the cervical canal until Paragard just touches the fundus of the uterus. The blue flange should be at the cervix in the horizontal plane.

4



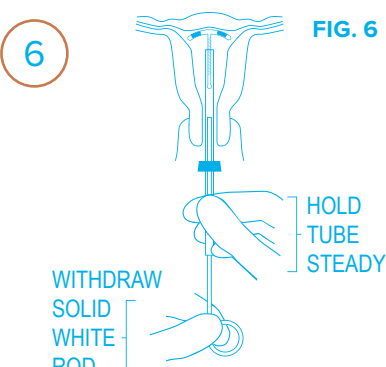
- To release the arms of Paragard, hold the solid white rod steady and withdraw the insertion tube no more than one centimeter. This releases the arms of Paragard high in the uterine fundus (Fig. 4).

5



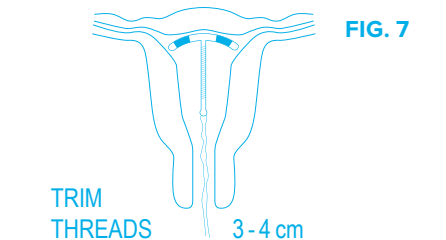
- Gently and carefully move the insertion tube upward toward the top of the uterus, until slight resistance is felt. This will ensure placement of the T at the highest possible position within the uterus (Fig. 5).

6



- Hold the insertion tube steady and withdraw the solid white rod (Fig. 6).

7



- Gently and slowly withdraw the insertion tube from the cervical canal. Only the threads should be visible, protruding from the cervix (Fig. 7).
- Trim the threads so that 3 to 4 cm protrude into the vagina. Note the length of the threads in the patient's records.
- If you suspect that Paragard is not in the correct position, check placement (with ultrasound, if necessary). If Paragard is not positioned completely within the uterus, remove it and replace it with a new Paragard. Do not reinsert an expelled or partially expelled Paragard.

## Why Paragard May Be Right for Her

Paragard is the only birth control that's:



**100%  
Hormone Free**



**Over 99%  
Effective**



**1 Simple Active  
Ingredient**



No hormones, no hormone-related side effects



No hassle or daily birth control routine



Lasts up to 10 years but can be removed at any time if she decides she wants to get pregnant\*



Placement done in-office by a healthcare provider in just a few minutes



The only IUD FDA approved for over 30 years

\*Must be removed by a healthcare provider.

## Timing of Placement



Any time during the cycle – when reasonably certain patient is not pregnant.



**Postpartum** – immediately after delivery and, if not placed immediately, should be delayed to the second postpartum month. Placement in the interim has been associated with an increased risk of perforation and/or expulsion.

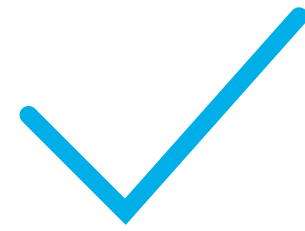


**Postabortion** – immediately after abortion, although immediate placement has a slightly higher risk of expulsion than placement at other times. Placement after second trimester abortion is associated with a higher risk of expulsion than placement after the first trimester abortion.

## Postplacement Care



Instrumentation of the cervical os may result in vasovagal reactions, including fainting. Have the patient remain supine until she feels well, and have her get up with caution.



Following placement, examine the patient after her first menses to confirm that Paragard is still in place. **You should be able to see or feel only the threads.**



If Paragard has been partially or completely expelled, remove it. You can place a new Paragard if the patient desires and if she is not pregnant. Do not reinsert a used Paragard.

## Removal



- A** Remove Paragard with forceps, pulling gently on the exposed threads. The arms of Paragard will fold upwards as it is withdrawn from the uterus.
- B** You may immediately insert a new Paragard if the patient requests it and has no contraindications.
- C** Embedment or breakage of Paragard in the myometrium can make removal difficult. Analgesia, paracervical anesthesia, and cervical dilation may assist in removing an embedded Paragard. *Please see full Prescribing Information for additional information regarding removal of Paragard.*

## Setting Expectations



Paragard users may experience heavier, longer periods and spotting between periods after placement, but this generally subsides after 2-3 months.

Once in place, the patient shouldn't be able to feel Paragard at all. She can continue to use tampons and neither she or her partner should be able to feel it during sex.



## Placement Training Guide

Step-by-step instructional guide for placement and removal of the Paragard<sup>®</sup> IUD

**Please see Important Safety Information and accompanying full Prescribing Information.**

For more information visit [ParagardTraining.com](http://ParagardTraining.com) or call **1.877.Paragard**

### REFERENCES

Paragard<sup>®</sup> T380A [Prescribing Information], Trumbull, CT: CooperSurgical, Inc.; June 2013.