

Advanced nursing practice in reproductive planning - Intrauterine device insertion: An experience report

RESUMO | Objetivo: relatar a experiência de enfermeiros na colocação de dispositivos intrauterinos (DIU), no âmbito das práticas avançadas de enfermagem. Método: trata-se de um relato de experiência realizado a partir das vivências de enfermeiros, em um ambulatório especializado, na cidade de Belo Horizonte (MG), durante os períodos de novembro de 2021 a abril de 2022. Resultados: a realização dos treinamentos para a colocação dos DIUs favoreceu a aplicação de uma assistência diferenciada, inteiramente baseada em evidências científicas. Durante a consulta, evidenciou-se a dificuldade para a realização dos procedimentos, especialmente diante da ocorrência de reações adversas nas pacientes. Diante disso, um dos profissionais em treinamento chegou a desenvolver um instrumental que auxiliaria no corte dos fios do DIU, após ser inserido no útero da mulher. Conclusão: a experiência vivenciada contribuirá para a resolução da demanda reprimida para a colocação do DIU, além de ampliar o escopo de atuação profissional da enfermagem.

Descritores: Dispositivos Intrauterinos; Prática Avançada de Enfermagem; Anticoncepção.

ABSTRACT | Objective: to report the experience of nurses in the placement of intrauterine devices (IUD) within the scope of advanced nursing practices. Method: this is an experience report based on the experiences of nurses, in a specialized outpatient clinic, in the city of Belo Horizonte (MG), during the periods from November 2021 to April 2022. Results: the completion of training for the placement of IUDs favored the application of differentiated care, entirely based on scientific evidence. During the consultation, the difficulty in carrying out the procedures became evident, especially in view of the occurrence of adverse reactions in the patients. In view of this, one of the professionals in training even developed an instrument that would assist in cutting the IUD threads, after being inserted into the woman's uterus. expand the scope of professional nursing practice.

Keywords: Intrauterine Devices; Advanced Practice Nursing; Contraception.

RESUMEN | Objetivo: relatar la experiencia de enfermeros en la colocación de dispositivos intrauterinos (DIU) en el ámbito de las prácticas avanzadas de enfermería. Método: se trata de un relato de experiencia basado en las vivencias de enfermeros, en un ambulatorio especializado, en la ciudad de Belo Horizonte (MG), durante los períodos de noviembre de 2021 a abril de 2022. Resultados: la finalización de la formación para la colocación de Los DIU favorecieron la aplicación de cuidados diferenciados, enteramente basados en evidencia científica. Durante la consulta, se hizo evidente la dificultad en la realización de los procedimientos, sobre todo ante la ocurrencia de reacciones adversas en los pacientes. En vista de eso, uno de los profesionales en formación incluso desarrolló un instrumento que ayudaría a cortar los hilos del DIU, después de ser insertado en el útero de la mujer. Conclusión: la experiencia vivida contribuirá a la resolución de la demanda reprimida para la colocación del DIU, además de ampliar el alcance de la práctica profesional de enfermería.

Palabras claves: Dispositivos Intrauterinos; Enfermería de Práctica Avanzada; Anticoncepción.

Cristiano Leonardo Oliveira Dias

Nurse. Doctor in Sciences from the Federal University of São Paulo (Unifesp). Professor at the State University of Montes Claros (Unimontes).

ORCID: 0000-0002-2750-8416

Yan Lucas Martins Silva

Graduating in Nursing at the State University of Montes Claros (Unimontes), Minas Gerais.

ORCID: 0000-0002-1275-7284

INTRODUCTION

In Brazil, based on successive public health policies, women's health care has been planned, programmed and structured, and it is possible to see clear signs of improvement. As an example of this, reproductive planning, which goes beyond conception and contraception, is offered in accordance with the principle of respect for the sexual rights and reproductive rights of individuals.^(1, 2)

Reproductive planning is not something simple, but a highly complex process that involves the care of individuals and families in different contexts. In this way, it is essential to provide opportuni-

ties for behaviors that consider, for example, social, economic, environmental, cultural aspects, since these factors are conditioning and/or determining factors in the approach to reproductive planning.^(1, 3)

Reproductive planning is not something simple, but a highly complex process that involves the care of individuals and families in different contexts. In this way, it is essential to provide opportunities for behaviors that consider, for example, social, economic, environmental, cultural aspects, since these factors are conditioning and/or determining factors in the approach to reproductive planning.^(1, 4)

Recebido em: 12/09/2022

Aprovado em: 10/10/2022



The occurrence of unplanned pregnancies is a remarkable event for the couple, especially for the woman, and there may be overloads of psycho-affective stressors, which contributes to striking changes in the lives of these subjects.⁽⁵⁾

Several types of contraceptive methods are made available by the Unified Health System (SUS), including those that are reversible and long-lasting, such as the intrauterine device (IUD). The IUD is a small piece of flexible plastic, T-shaped, the most common, measuring approximately 31mm. Copper or hormones can also be added to the device which, when inserted into the uterine cavity, exerts a contraceptive function.⁽¹⁾

The IUD is one of the most commonly used family planning methods around the world. Its acceptance is increasing and the most recent research shows that the most modern IUDs, medicated with copper or levonorgestrel, are safe and very effective, with extremely low failure rates, similar to those seen in female surgical sterilization (0.5%).⁽¹⁾ Observing the proper selection of the user and careful insertion, carried out by a trained professional, the effectiveness, continuity of use and safety of the method are improved.

In a scientific work, in which 17,809 Brazilian women were studied, a ranking of the most used methods was constructed. The results showed that, despite the different regional patterns, the surgical method is the most used, with the IUD occupying the last place – 6th (sixth) in the list of methods evaluated in the study.⁽²⁾

Health services have degrees that facilitate or hinder access to reproductive planning. For access to the IUD, for example, there are several obstacles that prevent women from having access to it, such as: compliance with participation in educational groups; insufficient and discontinued supply of the device; the lack of knowledge of health professionals about their mechanisms of action; the lack of qualified professionals – added to the exclusivity of the medical professional for their insertion. In addition, it is

important to highlight the existence of individual barriers, namely: the low level of knowledge of women and couples about the method and the persistence of myths and taboos about the IUD - such as the



The occurrence of unplanned pregnancies is a remarkable event for the couple, especially for the woman, and there may be overloads of psycho-affective stressors, which contributes to striking changes in the lives of these subjects.



belief in the possibility of causing cancer, of being abortive and of being ineffective.⁽⁶⁾

Law No. 9,263, of January 12th, 1996⁽⁷⁾, which regulates art. 226 of the Federal Constitution, referring to reproductive

planning, establishes the founding precepts of family planning and the roles of the State and subjects in guaranteeing this right:

Based on the principles of human dignity and responsible parenthood, family planning is a free decision of the couple, and the State is responsible for providing educational and scientific resources for the exercise of this right, with any coercive form on the part of official or private institutions being prohibited.⁽⁷⁾

In a specific opinion, the Federal Nursing Council (COFEN) provided for the insertion of an intrauterine device (IUD), with copper, by nurses in the specialized care network. The document highlights that there is no legal impediment for Nurses, Obstetricians and Midwives to carry out nursing consultations, within the scope of reproductive planning, for indication, insertion or removal of IUDs, provided they are properly trained to perform this technique. Furthermore, the regulation establishes that there is no need for the Federal Council of COFEN to enact resolutions that regulate the actions of the Nurse in the reproductive and sexual planning policy with a focus on acting from the Nursing Consultation or Nursing Process. In these cases, it is recommended to build institutional protocols that support the professional in his decision making.⁽⁸⁾

In this context, the objective of this work is to report the experience lived by nurses in the advanced practice of IUD insertion nursing, in the context of reproductive planning, in the care of women who sought a specialized reference service in women's health and free of charge, in Belo Horizonte - MG.

METHOD

This is a descriptive study, with a qualitative approach, of the experience report

type, based on the experience in a reproductive planning outpatient clinic.

Reproductive planning activities, with emphasis on the insertion of the IUD, are carried out by previously trained obstetric nurses who work in the service as facilitators of a theoretical-practical course on reproductive planning for other professionals in the area, such as residents in obstetric nursing, obstetric nurses from other regions of the country, in the sector dedicated to Sexual and Reproductive Health. In the service, users are oriented on reproductive planning methods, such as: oral and injectable contraceptives, male and female condoms, IUDs (intrauterine devices), tubal ligations (tubal ligations) and vasectomies (vas deferens ligations) for men.

For certification, the requirements were at least 20 (twenty) insertions of the intrauterine device, in addition to the assessment of other skills and competences of the apprentice professionals. The training period was on 11/23/2021 and 04/23/2022. The service is referenced by the Municipal Health Department, SUS manager in the Municipality, according to the Family Planning Law, nº 9.263, of January 12th, 1996.⁽⁷⁾

Before starting the practice of inserting the IUD by the nurse, some steps were followed, using the "TECHNICAL MANUAL FOR HEALTH PROFESSIONALS – IUD WITH COPPER T Cu 380 A" as a reference. The purpose of this is to contribute with theoretical content to the qualification of health professionals, fundamental agents in the execution of this action. With this framework, the objective is to guarantee qualified, humanized care that respects women in terms of their anatomy and physiology. Since 2017, the Ministry of Health, as a way to increase the provision of the device, both in Primary Care, as well as in the services provided in maternity wards, in the postpartum and post-abortion period, it has made recommendations for its insertion and highlights the participation of nursing in this care.⁽⁹⁾

RESULTS

The steps of the training for IUD insertion performed by the subject of this experience report will be described below:

1. Theoretical component of training: characteristics of the IUD with copper mechanism of action; IUD effectiveness; indication contraindications for the use of IUD with copper; adverse effects of copper IUD; when inserting the copper-bearing IUD, in the immediate postpartum and post-abortion period. For the qualification of this stage, remote classes and video classes were used, totaling, in the end, a workload of 30 hours.

2. Insertion technique: the necessary materials were presented and discussed; IUD insertion technique in the outpatient clinic (interval IUD – outside the puerperal period). A simulator was used for IUD insertion, which made it possible to review the anatomy of the internal generating organs and limits of the uterus for insertion of the device. Each nurse in training performed, on the simulator, the insertion numerous times, in order to acquire dexterity with the equipment used in the insertion and to recognize the difficulties of the insertion process.

3. Clinical case studies: materials were passed on to assist in the recognition of vaginal reaction during IUD insertion, and to support the systematization of nursing care in the positioning of the IUD and also in cases of vaginal bleeding.

4. The informed consent form for the insertion of the intrauterine device (IUD) was presented during training to discuss each topic and fill it out.

5. Discussion of the main doubts before starting the insertion practice: guidelines after insertion of the IUD with copper; what to do when the copper IUD wire is not found; what to do in the face of pelvic infection; how to proceed in the face of expulsion of the copper-bearing

IUD and what to do when the copper-bearing IUD is misplaced.

6. Insertion of the IUD in practice: the procedure took place in pairs, always involving the supervision of the facilitating nurse, together with the nurse in training. It was established that only the first insertion would be observed by the nurse in training and that the subsequent insertions would be made by the nurse in training under the supervision of the nurse who facilitated the reference service.

DISCUSSION

This report describes the experience of nurses in IUD insertion training as an Advanced Nursing Practice. According to the concept of the International Council of Nurses (ICN), Advanced Nursing Practice presupposes that nurses introduce, in their training, specialized knowledge, skills and competences for decision making in complex situations in multiple practice scenarios.⁽¹⁰⁾

In view of the need to improve access to services for populations in a situation of socioeconomic inequality, due to the difficulties of geographical access, advanced nursing practices enable professionals to acquire additional skills through experience with increased access and substantial improvement in care.⁽¹¹⁾ The insertion of the IUD in this experience report reveals a seminal application of advanced nursing practice involving sexual and reproductive health.

In carrying out the insertion of the IUD, during the training, it was possible to observe a totally differentiated service, in which the focus is the woman. The latter was given the role of protagonist, and the assistance was guided in terms of epidemiological, sociocultural, environmental and gender issues, which were markers both for the nursing consultation and for the elaboration of the care plan.

It was possible to verify that the nursing consultation for women is not just a space for performing techniques, trai-

ning or even tracking infections, more than that, female bodies were respected, valued and emancipated in their singularities. We worked with the science of care, in the light of the best scientific evidence and public policies available on this topic. In this way, it was possible to create a bond, a relationship of trust and security with each woman attended at the service. Furthermore, it was possible to build a care plan for all women to have a dignified sexual health, in which they could feel welcomed, respected and could fully exercise their sexual and reproductive rights.

When users entered the nursing office to be seen, it was clear that anxiety, fear and insecurity were present and this moment was essential for understanding the real definition of reception. So, welcoming was put into practice, in its true sense, as a key component in caring relationships with women. In real meetings, between health workers and users, power relations were fully dissolved, in the quality nursing consultation and in the acts of receiving and listening to the service's clients.

During the insertion of the devices, initially, some aspects of malpractice became evident, namely: the inability to perform the procedure; the duration of the procedures; the identification and anatomical positioning of the uterine cervix by vaginal touch and the placement of the clamp for rectifying the cervix for measurement via hystrometer. Hystrometry and insertion are very tense and distressing moments due to the risk of uterine perforation (especially in extremely anteverted or retroverted uteri) and these feelings were intensely experienced during training. Regardless of whether the insertion is with a copper or hormonal IUD, the main complications are: perforation and expulsion of the device. It is important to highlight that perforation is a rare event, whose rate varies from 0.13% to 0.22%, usually occurring during the insertion procedure.⁽¹²⁾

In the insertion process, the cervix is

clamped with Pozzi forceps and traction (uterus rectification). By performing this maneuver, some women are more likely to develop a vasovagal reaction, with hypotension, pallor, bradycardia, and diaphoresis.⁽⁸⁾ When the reaction occurred,



From the perspective of the nurse who conducted the insertion, this step was made difficult by the instruments (cutting scissors) and by the anatomical site (vaginal canal), which, together with the vaginal secretions, made the scissor cut slippery, being an impediment to making the cut on the first attempt, which led to other attempts at cutting.



in hystrometry, before the introduction of the IUD, the procedure was suspended. One of the users, in a procedure, developed this reaction after insertion, but with the conduction and nursing care provided by the facilitating nurse and the

professional in training - such as clinical observation and simple stay in the supine position - it was possible to restabilize the patient.^(8, 12)

The indicators defined for the evaluation process and for the training certification were: the level of knowledge and skill for insertion - 24 IUDs were inserted by the nurse -; the nursing consultation after insertion of the IUD for evaluation, adaptation and control of the method - 6 women were assisted for these purposes-; the withdrawal was performed, in 2 (two) women, by the nurse with the supervision of the facilitating nurse, due to the woman's desire or non-adaptation to the method.

The professional in training, during all times of the insertion process, found it to be an obstacle to cutting the IUD wires. From the perspective of the nurse who conducted the insertion, this step was made difficult by the instruments (cutting scissors) and by the anatomical site (vaginal canal), which, together with the vaginal secretions, made the scissor cut slippery, being an impediment to making the cut on the first attempt, which led to other attempts at cutting.

Due to the difficulty described, the professional in training developed an instrument to perform the cutting of the IUD wires with more precision, quickly and without risk of moving it from the insertion site; this cutting instrument is in the patent registration phase. Innovation in nursing makes it possible to improve health processes and here, specifically, this innovation is materialized from the invention/idealization of a new or adapted instrument to facilitate and provide more security to the user of the public health service during the insertion of the IUD.

Regarding the negative aspects observed during training, the following were listed: the overload of work for the facilitating nurses and for the professionals in training in the service and the copious demand, especially during the task forces to reduce the waiting time of the service users for the insertion of the IUD. Therefore

re, the importance of the qualified nurse, in the context of reproductive planning, as a qualified professional for IUD insertion, is fully justified.

CONCLUSION

The experience lived during this practice significantly contributed to the construction of knowledge in the area of advanced nursing practices applied to se-

xual and reproductive health. Therefore, the training of nurses, after certified effective training and the acquired experience, will contribute to the reduction of the repressed demand for insertion of the device, within the scope of the specialized and free public health system.

The experience was successful, providing the opportunity for expansion and greater visibility of the scope of Nursing practices. In addition, the practical ex-

perience also allowed, in an innovative way, to propose the invention of a specific instrument to facilitate the IUD insertion process, which, ultimately, would contribute to improve the problem-solving capacity of the health service. Currently, the object is in the process of registering a patent and the next step, which is already underway, will be the preparation of the instruments for testing. 🍷

References

1. Brasil. Saúde sexual e saúde reprodutiva/Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Atenção Básica. 1 ed. Brasília: Ministério da Saúde Brasília; 2013. p. 302.
2. Trindade RED, Siqueira BB, Paula TF, Felisbino-Mendes MS. Contraception use and family planning inequalities among Brazilian women. *Cien Saude Colet.* 2021;26 (suppl 2):3493-504. DOI: 10.1590/1413-81232021269.2.24332019.
3. Luiz MdS, Nakano AR, Bonan C. Planejamento reprodutivo na clínica da família de um Teias: condições facilitadoras e limites à assistência. *Saúde em Debate.* 2015;39(106):671-82. DOI: 10.1590/0103-110420151060003009.
4. Gonzaga VAS, Borges ALV, Santos OAD, Rosa P, Gonçalves RFS. Organizational barriers to the availability and insertion of intrauterine devices in Primary Health Care Services. *Rev Esc Enferm USP.* 2017;51:e03270. DOI: 10.1590/S1980-220X2016046803270.
5. Ribeiro WA, Andrade M, Fassarella BPA, Lima JC de, Sousa M de OSS, Fonseca C dos SG da. A gravidez na adolescência e os métodos contraceptivos: a gestação e o impacto do conhecimento. *Nursing [Internet].* 2019; 22(253):2990-4. DOI: <https://doi.org/10.36489/nursing.2019v22i253p2990-2994>.
6. Gonçalves TR, Leite HM, Bairos FS, Olinto MTA, Barcellos NT, Costa J. Social inequalities in the use of contraceptives in adult women from Southern Brazil. *Rev Saude Publica.* 2019;53:28. DOI: 10.11606/S1518-8787.2019053000861.
7. Brasil. Lei Nº 9.263, de 12 DE Janeiro de 1996. Regula o § 7º do art. 226 da Constituição Federal, que trata do planejamento familiar, estabelece penalidades e dá outras providências. Brasília: Diário Oficial da União [Internet].
8. Enfermagem CFd. Parecer de Comissão Nº 004, de 24 de setembro de 2019. Inserção de dispositivo intrauterino (DIU TCU 380A) com cobre por enfermeiros na rede de atenção especializada. Brasília Diário Oficial da União 2019.
9. Brasil. Manual Técnico para Profissionais de Saúde. DIU com cobre TCu 380A. Brasília: MS; 2018. p. 72.
10. Zanetti ML. Advanced nursing practice: strategies for training and knowledge building. *Rev Lat Am Enfermagem.* 2015;23(5):779-80. DOI: 10.1590/0104-1169.0000.2614.
11. Oldenburger D, De Bortoli Cassiani SH, Bryant-Lukosius D, Valaitis RK, Baumann A, Pulcini J, et al. Implementation strategy for advanced practice nursing in primary health care in Latin America and the Caribbean. *Rev Panam Salud Publica.* 2017;41:e40. DOI: <https://doi.org/10.26633/rpsp.2017.40>.
12. Giordano MV, Giordano LA, Panisset KS. Dispositivo intrauterino de cobre. *Femina.* 2015;43:15-20.

