

Anxiety and Pain in IUD Placement: Pre-, Intra-, and Post-Procedure Interventions to Improve the Patient Experience

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Background

- Intrauterine devices (IUDs) are the third most commonly used method of contraception in the United States.
- Current guidelines on addressing pain during IUD insertions are vague, leaving the possibility of inadequately treated pain during the procedure.
- Anxiety surrounding unaddressed pain may be a barrier to accessing care for women seeking long acting contraception.
- Integrating pharmacological, methodological, and socially-aware changes are required in approaching patient centered reforms that address pain and anxiety during IUD insertion.

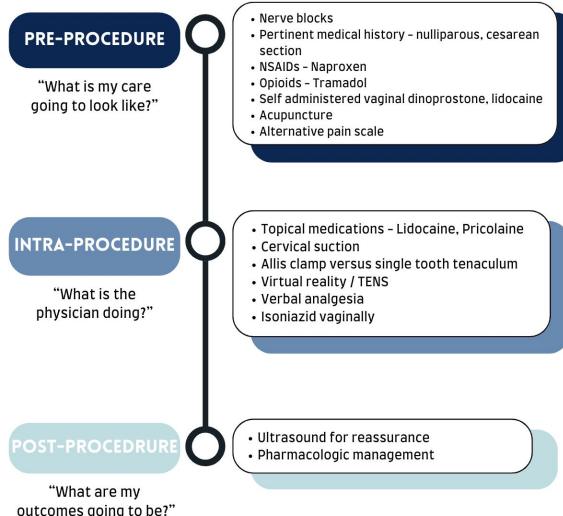
Objectives

- Identify areas within the IUD insertion that produce the most pain for women.
- Create a comprehensive list of interventions actively being researched.
- Propose a multifaceted procedural revision to IUD insertion to reduce pain and improve the patient experience.

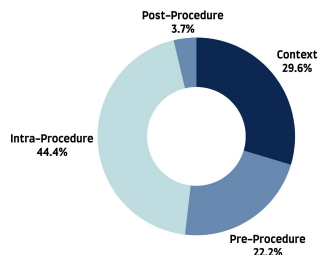
Methods

- A narrative review of EBSCOhost Medline Complete was conducted.
- Keywords used included intrauterine device, IUD insertion, analgesics, and pain management.
- Twenty seven articles met inclusion criteria after being screened for duplicates and retractions.

Results



Article Distribution by Category



Discussion

- Pre-procedural interventions reduced feelings of anxiety, intra-procedural pain, and gave women autonomy through self administration.
- There was a direct correlation between pre-procedure anxiety and pain.
- Pharmacologic pain management significantly reduced intra- and post-procedural pain without increasing procedure length.
- Alternative tools and distraction methods were effective.
- Use of ultrasound intra-procedure provided women with confirmed placement, reducing anxiety.

Conclusions

- There are many opportunities to create positive refinement of the IUD insertion procedure.
- Combining multiple of these interventions could result in significant improvement in the patient experience.
- Methods discussed have broader applications for other gynecologic procedures.
- Further research on the additive effects of interventions is needed to determine which combination is more effective.

Acknowledgements

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References

Attached as additional appendix