NEW YORK STATE
Center of Excellence for Family Planning

Plan C: Copper IUD as Emergency Contraception

IMPLEMENTATION TOOLKIT

for Administrators and Clinicians

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Developed by CAI

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OVERVIEW

Introduction

The New York State Center of Excellence for Family Planning and Reproductive Health Services (NYS COE) developed this toolkit to support agencies that receive Title X family planning funding through the New York State Department of Health (NYS DOH) Comprehensive Family Planning and Reproductive Health Care Services Program – as well as other sexual and reproductive health service providers – to implement Plan C: Copper IUD as Emergency Contraception (Plan C).

In addition to being one of the most effective forms of contraception, the copper intrauterine device (IUD) is the most effective form of emergency contraception (EC), with a failure rate of less than 0.1%.[1] In offering the copper IUD as EC for immediate and long-term use, sexual and reproductive health providers have an opportunity to support women and adolescents experiencing a contraceptive emergency to take actionable steps to prevent unintended pregnancy for up to 10 years*. This is especially true among NYS DOH's Title X family planning providers, where capacity largely exists to provide long-acting reversible contraception (LARC).[2] While offering the copper IUD as EC has operational and fiscal implications for family planning providers, current LARC use prevalence rates reflect that many agencies in NYS DOH's network have the necessary infrastructure in place to offer the Copper IUD in the emergency contraceptive context. Several best practices and strategies exist that can support family planning providers to maximize and adapt their current systems to implement Plan C in their settings.

In 2014, 16.2% of women who received family planning services from a NYS DOH-funded agency and were not pregnant, not seeking pregnancy, or infertile left with a LARC method.[2]

This Toolkit Includes:

- Background information about the copper IUD
- Rationale for offering Plan C to clients
- Resource tools for administrators, prescribing clinicians (Medical Doctors, Doctors of Osteopathic Medicine, Nurse Practitioners, and Physician Assistants) and other frontline staff (Medical Technicians, Licensed Practical Nurses, Medical Assistants, Registered Nurses, and Health Educators)

The resources developed for this toolkit are intended to be used by staff at Title X family planning provider agencies and professionals in other settings that provide sexual and reproductive health services to support the successful implementation of Plan C in their settings.

* While the on-label use of the copper IUD is up to 10 years, current evidence-based, best practice supports the use of the copper IUD up to 12 years.

OVERVIEW

Background

Access to contraception, including highly effective LARC methods, reduces rates of unintended pregnancy and abortion.[3] In 2010, more than half of all pregnancies in New York State were unintended.[4] Offering the copper IUD as EC has the potential to reduce this rate. In fact, each year in the United States, millions of women, in an attempt to avoid an unintended pregnancy, seek access to EC.[5] While women seeking out EC are highly motivated to prevent pregnancy, they may not be routinely using an effective or highly effective method of contraception.

Traditionally, the terms "EC" and the "morning after pill", referring mostly to Plan B or Ella, have been used interchangeably. Both of the EC options available to women in 2015, while effective, only protect against an unintended pregnancy one time following unprotected sex.

What if, instead of using a one-time method as EC, women are given the choice to start using an EC method that also prevents future unintended pregnancies?

As with all contraceptive methods, it is important to take into account the following when counseling clients about EC options:

- Access
- Efficacy
- Client lifestyle

Clients need to be informed about the range of contraceptive choice when seeking EC. This range includes Plan C.

Advantages of the Copper IUD Include:[6,7]

- **Efficacy:** The copper IUD is the most effective EC method currently available in the U.S.
  - Of note, unlike Plan B or Ella, the effectiveness is not impacted by client's weight and is as effective on Day 5 as it is on Day 1 following the first act of unprotected sex.
- **Duration:** The copper IUD provides women with up to 10 years of contraception.
- **Mode of Action:** The copper IUD is a highly effective non-hormonal method.
  - Of note, unlike all other effective and highly effective contraceptive methods, the copper IUD does not contain hormones.
- **Contraindications:** The majority of women and adolescents are medically eligible to use the copper IUD.

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The copper IUD is recommended as an emergency contraceptive method by the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), Office of Population Affairs (OPA), and American Congress of Obstetricians and Gynecologists (ACOG).[8,9,10,11] Although the copper IUD can fulfill a dual purpose for clients, functioning as both an EC and LARC method, few clients are aware that the copper IUD is a highly effective emergency contraceptive option.

Who is this Toolkit For?

This toolkit is designed to support family planning provider staff to navigate attitudinal and structural components crucial to the implementation of Plan C in their health care settings, whether it be a freestanding clinic, hospital-based clinic, health department, or federally qualified health center (FQHC).

All Health Center staff play a distinct and important role in offering and providing Plan C to clients.

Included in this toolkit are resources designed to assist the following staff roles prepare, market, and provide Plan C to women and adolescents seeking EC:

ADMINISTRATORS

Administrators oversee the systems and infrastructure components of the service delivery site or agency. They determine how care is delivered through policies and budgeting. These leaders are crucial to building staff buy-in to provide Plan C services, as well as promoting this EC option among clients and within their communities.

PRESCRIBING CLINICIANS

Prescribing clinicians (Medical Doctor, Doctor of Osteopathic Medicine, Nurse Practitioner, and Physician Assistant) educate and counsel clients about Plan C, as well as insert the copper IUD device.

FRONTLINE STAFF

Frontline staff (Medical Technicians, Licensed Practical Nurse, Medical Assistant, Registered Nurse, and Health Educators) provide education, counseling and informational material to clients about Plan C. These staff often are clients' first point of contact, so it is imperative they relay accurate information about this EC option and its availability.

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How to Use this Toolkit?

The resources included in this toolkit are intended to support family planning providers to implement Plan C as an additional emergency contraceptive option for clients. For ease of use, this toolkit has been divided into three sections: Administrative, Clinical, and Additional Resources.

ADMINISTRATIVE

(Designed for: Administrative Staff)
Resources in this section guide administrative staff from preparation to implementation to maintenance of Plan C in their setting.
This includes fostering staff buy-in, developing policies, establishing protocols, and promoting Plan C services.

CLINICAL

(Designed for: Prescribing Clinicians and Frontline Staff)
Resources in this section support clinical staff to inform, counsel, and provide Plan C to their clients.
This includes informational material, sample scripts, and eligibility criteria algorithms, as well as resources related to managing side effects and complications.

ADDITIONAL RESOURCES

(Designed for: Clients)
Resources in this section can be used to increase client awareness of and knowledge about Plan C.
Resources are designed to supplement the information given by family planning provider staff during the counseling discussion.

Please Note: While sections are divided by staff role, it is recommended that all staff review each section. This will foster a team mentality and facilitate the implementation process. Following the initial review of resources, tools should be utilized as needed.

Additional Considerations

When implementing Plan C at a service delivery site, administrators must address additional operational considerations that go beyond the scope of this toolkit.

It is important for family planning providers to keep this in mind as part of the pre-implementation process.

These additional considerations include:

- Training appropriate staff on how to provide contraceptive counseling to clients on the different EC options
- Training appropriate staff on counseling clients about the potential side effects of a copper IUD and how to manage them
- Training appropriate staff on inserting the copper IUD
- Having strong fiscal systems in place to assure full and accurate reimbursement is secured for all LARC services, including reimbursement for the visit, IUD device, and the insertion
- Changing systems to assure the copper IUD is available same-day, both for walk-in and scheduled clients, which includes:
  - Assuring all exam rooms are stocked with the supplies necessary for an IUD insertion
  - Assuring the copper IUD is on the health center site's formulary and in-stock every day

ADMINISTRATIVE

Implementation Tools

Resources in this section support administrative leaders as they prepare to implement Plan C at their health care delivery sites.

During the pre-implementation process, administrators must foster staff buy-in, ensure that the necessary policies and protocols are in place and followed, and consider how they will get the word out in their communities about the availability of Plan C.

Administrators also should review patient flow at each service delivery site to determine when and how Plan C will be integrated into standard delivery of care, as well as consider and address systems issues involving access to insertion equipment and IUD devices.

This section includes the following resources designed to be used by administrative staff:

- 1.1 Overview: Plan C
- 1.2 Checklist: Pre-Implementation
- 1.3 Staff Buy-in
- 1.4 Policies and Procedures
- 1.5 Sample: Policies and Procedures
- 1.6 Marketing Plan C
- 1.7 Sample: Data Collection Tool (Ongoing)

1.1 Overview: Plan C

When readying a health care delivery site to implement Plan C, administrative staff are responsible for:

- Developing policies and procedures to guide the provision of Plan C
- Reviewing internal systems, such as scheduling and billing
- Reviewing protocols around same-day insertions and Quick Start
- Crafting promotion strategies and materials

To best carry out these tasks, administrators must have a basic understanding of how the copper IUD works, how to finance it, and how its provision can be integrated into existing steps in the delivery of care. The information below provides foundational knowledge about Plan C and the copper IUD from which administrators can draw and apply to their work.

What Is It?

The Copper Intrauterine Device (copper IUD), also known as the copper-T, Paragard IUD and Plan C, is a LARC method that can also be used as a form of EC. The copper IUD provides protection against pregnancy for up to 10 years following insertion by a trained health care provider. The copper IUD is the only LARC method that does not contain hormones.[12,13]

How Does It Work?

The copper IUD impacts sperm mobility and makes the uterus and fallopian tubes produce fluid that kills sperm.[14] The copper IUD is proven to be an effective method of EC up to 5 days after the first act of unprotected sex.[15] In cases where the day of ovulation can be estimated, the copper IUD can be inserted beyond 5 days after unprotected sex, as long as insertion does not occur more than 5 days after ovulation.[16]

How Effective Is the Copper IUD?

The copper IUD is 99% effective as both an EC and a LARC method. Unlike other "morning after pills," the copper IUD is a non-hormonal option. As such, client Body Mass Index (BMI) does not affect efficacy.[17] Additionally, while other EC options (i.e. Plan B or Ella) decrease in efficacy as time passes following the first act of unprotected sex, the copper IUD is just as effective on Day 5 as it is on Day 1.[18]

ADMINISTRATIVE

How Long Does It Last?

The copper IUD is categorized as a LARC method, and is one of four FDA-approved IUDs currently available in the United States. It is the only non-hormonal IUD option and protects against pregnancy for up to 10 years. This is 5 years longer than both Mirena and Liletta IUDs, which prevent pregnancy for up to 5 years, and 7 years longer than the Skyla IUD, which prevents pregnancy for up to 3 years. While all IUDs provide long lasting pregnancy protection, they can be removed at any time by a trained health care provider.[19]

How Does It Fit Into Clinical Practices?

While there are several steps in the delivery of Plan C (intake, triage, counseling, insertion of device and discharge), a typical copper IUD insertion takes roughly 15 minutes.[20] Often, time constraints are cited as an impediment to same-day insertions, a crucial component of Plan C. However, it is possible for family planning providers to streamline the patient visit, maximize all frontline and clinical staff, and utilize no-show rates to build an infrastructure that allows for the successful implementation of Plan C.

How Do You Finance It?

Client Health Insurance

Commercial and Medicaid Managed Care (MMC) health insurance plans often provide reimbursement for the cost of an IUD and its insertion. Sometimes, insurance companies require prior authorization before they decide to pay for procedures, such as the cost of inserting the IUD, as well as the device itself. It is important that appropriate staff are trained on the process for securing full and accurate reimbursement for provision of the copper IUD, including the systems that insurance companies have in place for gaining prior authorization.

Family Planning Benefit Program

The Family Planning Benefit Program (FPBP) is a public health insurance program for clients who need family planning services but may not be able to afford them, clients who are uninsured, or clients who do not feel comfortable using their health insurance coverage due to confidentiality concerns. FPBP finances the clinical visit, insertion, and the IUD device. For more information, visit the Family Planning Benefit Program webpage on the New York State Department of Health website.[21]

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Family Planning Extension Program

The Family Planning Extension Program (FPEP) provides up to 26 months of additional access to family planning services for women who were on Medicaid while they were pregnant, but subsequently lost that Medicaid coverage when the pregnancy ended, regardless of how the pregnancy ended. For more information, visit the Family Planning Extension Program webpage on the New York State Department of Health website here.[22]

Title X

Health care delivery sites with Title X designation receive federal and, in New York State, state funding to deliver contraceptive and related services to clients.[23] As Title X sub-recipient agencies, family planning providers should have a supply of copper IUDs to accommodate same-day insertion and insertion by appointment.

Who Is Eligible For a Copper IUD?

Most women and adolescents are medically eligible for the copper IUD. However, as with any contraceptive method, there are contraindications of use.[24] A prescribing clinician should always be consulted prior to initiation to determine a client's eligibility for a copper IUD. Of note, a large body of evidence now supports the copper IUD as a viable option for adolescents and women who have not yet given birth.[25]

Who Recommends It?

The copper IUD is recommended and promoted as a method of emergency contraception by the Center for Disease Control and Prevention (CDC), the World Health Organization (WHO), the Office of Population Affairs (OPA), The American Congress of Obstetricians and Gynecologists (ACOG), and other health care organizations.[26,27,28,29]

A Note About ParaGard

The copper IUD often is referred to as ParaGard IUD. ParaGard is the copper IUD brand currently available in the United States. Use of the copper IUD as EC is not listed on the ParaGard label. While the copper IUD as EC is an off-label use of the device, a large body of evidence and many accredited health organizations support and recommend the copper IUD as EC (see above).

1.2 Checklist: Pre-Implementation

Before implementing Plan C, family planning providers should take the following steps. Completion of this checklist will ensure the entire team is prepared to offer clients Plan C.

All Staff

TASK	RESOURCES
☐ Understand the rationale for providing Plan C and are prepared to support implementation tools	Tools 1.1, 1.3

Administrators

TASK	RESOURCES
☐ Policies and procedures are in place that support the implementation of Plan C	Tool 1.4, 1.5
☐ Clinicians have received training on inserting the copper IUD ☐ Clinicians have received training on managing copper IUD side effects	Tools 2.7, 2.9 ,2.10
☐ All staff providing contraceptive counseling have been trained on discussing the copper IUD as a method of EC	Tools 2.1, 2.3 ,2.4
☐ IUDs and other necessary supplies are on health center's formulary, are in stock, and are easily accessible	Tools 1.4, 2.6
☐ The health care delivery site's patient flow is designed to accommodate walk-ins, same-day IUD insertions, and clients seeking Plan C as a form of EC	Tools 2.2, 2.3, 2.5
☐ A plan has been developed to promote Plan C services to clients and the community	Tool 1.6

ADMINISTRATIVE

Frontline Staff

TASK	RESOURCES
☐ Understand that a copper IUD can be used as an EC method and can communicate how it works, its benefits, and its potential side effects to clients	Tools 1.1, 2.1, 2.8, 2.9, 2.10
☐ Have access to scripts and tools to support clinical processes	Tools 2.2, 2.3, 2.6, 2.7, 2.9, 2.10
☐ Are confident and comfortable discussing Plan C as an EC option – in person and over the phone ☐ Are comfortable counseling clients on the advantages and disadvantages of all EC methods (counseling staff)	Tools 2.1, 2.3
☐ Ensure that clients feel comfortable throughout the visit	Tool 2.7

Prescribing Clinician

TASK	RESOURCES
☐ Educate clients about their EC options and support clients' decision-making process	Tool 2.7
☐ Are comfortable counseling clients on the advantages and disadvantages of all EC methods	Tools 2.4, 2.7
☐ Understand who is eligible for a copper IUD and the contraindications of copper IUD	Tool 2.1
☐ Address client concerns and able to access information about the copper IUD ☐ Are trained in copper IUD insertion and removal ☐ Are competent and confident inserting the copper IUD into all eligible clients who choose this method, including adolescent clients, nulliparous clients (i.e., clients who have not had a baby), clients having sex with multiple partners, and clients looking for a short-term method ☐ Support and reassure the client throughout the copper IUD insertion process	Tools 2.7, 2.9, 2.10
☐ Address clients concerns and differentiate between normal and serious side effects that require medical attention	Tools 2.8, 2.9, 2.10

1.3 Staff Buy-in

Plan C is part of a broader vision of providing high-quality, evidence-based contraceptive care to women and adolescents. Building staff buy-in around the provision of such care encourages a culture in which this vision is realized through service provision. To realize this vision, all staff must understand and support the rationale guiding the provision of Plan C services.

The tips below are designed to support administrative leaders with fostering Plan C buy-in among staff throughout the implementation process.

Establish A Vision

- Establish an overarching agency vision for contraceptive care
- Develop an agency message around the provision of Plan C
- Mobilize and align staff around that vision and message
- Communicate priorities and expectations around the marketing and implementation of Plan C

Align Systems With Vision

- Enact policies and protocols that support Plan C implementation
- Disseminate new policies and protocols to all staff

Build Staff Capacity

- Build capacity to implement Plan C
- Provide on-going skill-building opportunities to all staff

Identify Champions

- Identify Plan C “champions”
- Encourage “champions” to promote a Plan C culture

Continuously Support Quality Improvement

- Routinely check-in with Plan C champions about implementation
- Assess staff performance around the provision of Plan C to all eligible clients
- Share Plan C success stories

1.4 Checklist: Policies and Procedures

Policies and procedures drive the delivery of care at a health care delivery site. Therefore, in order for the implementation of this best practice to be a success, it is critical that policies and procedures support the provision of Plan C.

The list below is designed to guide administrators through a policy review and/or development process using key policy components to the implementation of Plan C.

- ☐ Copper IUDs are available as EC at the health center site to walk-in clients
- ☐ Estimate the additional number of copper IUD insertions anticipated through Plan C at a clinic level and maintain supply accordingly
- ☐ Ensure ancillary supplies are also available and accessible
- ☐ Emergency Contraception Screening Questionnaire or another process component is in use to determine suitable EC for the client
- ☐ Flexible scheduling is possible to accommodate client's availability
- ☐ Health center site is equipped to handle clients who may choose to visit the clinic within the five-day window of unprotected sex for a copper IUD insertion
- ☐ Health center site is able to accommodate walk-ins who may wish to have same-day insertions, recognizing no-shows as windows of opportunities to meet the needs of clients currently in the office

1.5 Sample: Policies and Procedures[30]

I. POLICY: Emergency Contraception

PURPOSE: To increase access to EC for all clients who wish to prevent a pregnancy and, subsequently, decrease the number of unintended pregnancies. Eligible patients may be offered either Plan C (a long-term 99% effective method) or Plan B/Ella (one-time short-term 85%-95% effective method). [31]

II. PROCEDURE:

A. DEFINITION & METHODS:

1. Emergency Contraception (EC) refers to pregnancy prevention methods initiated after unprotected sexual intercourse. See options and descriptions listed below.
    a. **Hormonal EC (Plan B, Ella)** acts by inhibiting or delaying ovulation by disturbing the normal development or function of the endometrium (inhibiting implantation), or by altering tubal transport of sperm or ova, preventing fertilization. Cervical mucus thickening may result in sperm trapping. Hormonal EC does not cause an abortion because it works before a woman becomes pregnant. It does not work if a woman is already pregnant.
    b. **Non-Hormonal EC is obtained through use of a copper IUD (Plan C).** The copper IUD acts as an effective spermicide to prevent fertilization and promotes a sterile localized inflammatory response in the uterus that interferes with transport and/or implantation. If a woman is already pregnant a copper IUD should not be inserted.

B. DATA COLLECTION:

1. Subjective information to be collected from the patient includes:
    a. First act of unprotected intercourse after last menses within the past 120 hours
    Note: Both hormonal and non-hormonal efficacy is highest immediately after the act or within 72 hours of unprotected sex
    b. Desire to prevent pregnancy
2. When to consider EC for the patient:
    a. No contraceptive method was used during sexual intercourse
    b. A male condom slipped, broke, or leaked
    c. Two or more of the first seven combined oral contraceptive pills were missed, or four or more pills during the second week were missed
    d. One or more progestin-only oral contraceptive pills were missed
    e. Nuva Ring was not present in the vagina within 3 hours of sexual intercourse
    f. Topical Ortho Evra patch was incorrectly used or replaced, or fell off

g. Continued unprotected sexual intercourse after Depo Provera injection window of 14 days passed
h. A female condom was inserted or removed incorrectly
i. Safe days while using the "rhythm method" of contraception were miscalculated
j. Withdrawal did not happen in time
k. A diaphragm was inserted incorrectly, dislodged, removed too early, or torn
l. An IUD was partially or totally expelled
m. Possible teratogen exposure has occurred
n. Rape has occurred

3. Contraindications
    a. Absolute contraindication to use of EC is confirmed pregnancy
    b. Relative Contraindications:
        - Plan B/Ella as a short-term EC have been shown to be less effective in women with BMI greater than 25
        - Plan C should not be used in those with a diagnosis of Wilson's disease, postpartum endometriosis, cervical or uterine cancer, and/or signs of an active cervical infection

4. Additional information to be obtained:
    a. First day of the patient's last menses
    b. Cycle history and any previous use of contraceptives/emergency contraception
    c. Estimated day(s) of exposure to sperm without any protection or with known method failure
    d. Circumstances of unprotected exposure: Rape, possible STI/HIV exposure
    e. Current sexually transmitted infections (STI) and STI history including pelvic inflammatory disease
    f. If IUD is to be used, a history must be taken to rule out possibility of Wilson's disease, abnormal bleeding (Von Willebrand Disease), and use of anticoagulant

5. Laboratory Diagnois
    a. Pregnancy test
    b. STI and HIV testing, as warranted by history
        - Current STI test results are not required prior to provision of the copper IUD

C. TREATMENT (within 120 hours)

1. Progestin only pill: Plan B One Step, 1 pill
2. Ullipristal Acetate pill: Ella, 1 pill
3. Copper IUD inserted at the health center site by trained clinician

D. CLIENT EDUCATION

1. Explain side effects of methods
2. The efficacy of the EC is affected by:
    a. Patient weight
    b. When it is taken in the menstrual cycle
    c. How long taken following the first act of unprotected sex.
3. Explain that Plan B and Ella are approximately 85-95% effective, and the copper IUD is 99% effective.

E. COMPLICATIONS

1. EC may not prevent ectopic pregnancies
2. Pregnancy: Although no evidence indicates that taking Plan B/Ella are harmful during early pregnancy, it is prudent to avoid exposure to any unnecessary medication when planning optimal full term pregnancy conditions
3. Undiagnosed vaginal infection may be introduced into the uterus during IUD insertion
4. At the discretion of the prescribing clinician, treatment of an STI may be given to patient and she will return in 24-48 hours for IUD insertion

F. FOLLOW-UP

1. **Copper IUD (Plan C) Clients:**
    a. Any client experiencing heavy bleeding or severe abdominal pain, or who is concerned or worried, needs an immediate follow-up visit
    b. Clients are encouraged, but not required, to return to the health center 4 weeks post-insertion for an IUD follow-up
2. **Plan B and Ella Clients:**
    a. Educate client about more reliable methods of contraception (where desired by client):
        1. Offer to quick start a hormonal method of contraception that day
        2. Have client return to the clinic for levonorgestrel IUD insertion when risk of pregnancy is past
    b. Any clients who receive Plan B and Ella should be instructed to return to the clinic within one month if they do not have their menses and are not using another contraceptive method
    c. Clients given Ella must be instructed to use a barrier method until their next menses because Ella reduces the effectiveness of hormonal contraception

1. **All Clients Will:**
    a. Be fully instructed on contraindications for use of EC or copper IUD
    b. Receive written instructions along with their EC method or prescription for EC
    c. Review written instructions together. This review will be documented as such in the client chart

d. Be instructed that hormonal EC is not a substitute for the use of an ongoing contraceptive method. If used as an ongoing method of contraception, hormonal EC may be less effective than some other contraceptive methods

e. Receive education on the use of the copper IUD, its effectiveness, and longevity with minimal maintenance

2. For clients who cannot come into the health center for EC during clinic hours or when the clinician is present:

a. A staff member will complete the Emergency Contraception Screening Questionnaire (for sample see Tool 2.2 on page 24) with the client over the phone, and assess the client's interest in either hormonal EC or Plan C.

- If Plan B/Ella is desired, the clinician will determine EC appropriateness. The client's chosen EC method then will be provided per protocol by calling the prescription into the pharmacy of the client's choice
- If Plan C is desired and it is within the five day window, an immediate appointment is offered for a copper IUD insertion

b. The client's partner may obtain the Plan B/Ella, if they establish care as a client, complete the screening questionnaire, and meet face-to-face with a clinician

_____ _____

Medical Director Signature ***Date***

1.6 Marketing Plan C

Evidence suggests that lack of knowledge about the copper IUD as EC among women and adolescents is a barrier to utilization.[32] Marketing Plan C increases women's and adolescent's access to sexual and reproductive health care by raising community awareness of the locations at which services are provided and options are available to women experiencing a contraceptive emergency. In this way, a targeted Plan C marketing strategy contributes to the utilization of family planning services.

Responses to the following questions provide a starting point for family planning providers to develop a Plan C marketing strategy:

Target Audience

Who is your target audience?

Adolescents; young women; young men; high school students; college students; young workers; individuals with multiple sexual partners

Message

What is your key message?

Example: "The copper-T as EC! An IUD – There when you need it most. "

Marketing Method(s)

What is the best way to reach your target audience?

- Physical Advertisements: On a billboard near the mall? On a posting board in the recreation center or local department of social services?

  Note: Think about your clientele and the most suitable way to communicate with them.
- Social Media: What platforms would be suitable? Videos on YouTube, a Facebook page? An interactive blog?
- In Person Outreach and Education: In what ways can community outreach and health educators be a part of this campaign?

Call to Action

What do you want your target audience to do and how will they do it?

Call a phone number; Email a help line; Visit a website; Visit a health center

1.7 Sample: Data Collection Tool

At one year following insertion, IUD continuation rates are roughly 75%. However, high discontinuation rates are often cited as a drawback of the IUD.[33] In fact, continuation rates among IUD and Implant users are significantly higher than continuation rates among non-IUD and Implant users at one year, 75% compared to 50% respectively.[34] Collecting accurate and consistent data not only contributes to the body of evidence on contraceptive use, but also informs family planning providers' decisions around service delivery.

The template below allows administrators to assess their Plan C program outcomes and adjust Plan C implementation accordingly.

Tracking Instrument Key

Patient Identification Number (PIN):	Patient Identification Number (PIN)
Date of insertion:	Date copper IUD is inserted
Plan C Y/N:	Was the copper IUD inserted as a form of emergency contraception?
Date removed:	Date copper IUD is removed and reason for removal
Reason:	1. 10 years have passed 2. Client desires different LARC 3. Seeking pregnancy 4. Complications with IUD (bleeding, cramping, discomfort during sex – partner or client) 5. Other – explain

ADMINISTRATIVE

	INSERTION OF IUD			REMOVAL OF IUD	
	Patient Identification Number	Insertion Date	Plan C: Y/N	Date Removed	Reason
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Implementation Tools

Resources in this section support clinical staff implement Plan C at their health care delivery sites.

Competing priorities, knowledge gaps, and time constraints impact the ability of family planning providers to deliver high-quality, evidence-based sexual and reproductive health services in line with *Providing Quality Family Planning Services: Recommendations of the CDC and the U.S Office of Population Affairs.*

The resources in this section provide clinical staff with information about Plan C, EC counseling tips, basic EC algorithms and tools to streamline steps in the delivery of Plan C, from triage to treatment. Together these resources build the capacity of family planning providers to implement Plan C.

This section includes the following resources designed to be used by clinical staff:

- 2.1 The Facts: The Copper IUD as Plan C
- 2.2 Sample: Emergency Contraception Screening Questionnaire
- 2.3 Triage Scripts
- 2.4 Contraceptive Counseling
- 2.5 Eligibility Flowchart: Plan C
- 2.6 Checklist: Exam Room Preparation
- 2.7 Checklist: Client-Centered Approach
- 2.8 Fact Sheet: Copper IUD Aftercare
- 2.9 Side Effects Management: Steps in the Delivery of Care
- 2.10 Side Effects Management: Messages, Assessment & Treatment

2.1 The Facts: The Copper IUD as Plan C

Cultivating knowledge and dispelling myths among family planning provider staff facilitates the delivery of consistently high-quality, evidence-based sexual and reproductive care.

While copper IUD eligibility is ultimately determined by the prescribing clinician, all family planning staff are responsible for providing basic accurate information about the copper IUD and Plan C.

What Is It?

A copper IUD is a small, non-hormonal T-shaped device inserted into the uterus, through the cervix. The cervix is at the back of the vagina. Once inserted, the copper IUD is 99% effective as both an emergency contraceptive (EC) and long acting reversible contraceptive (LARC) method. The copper IUD protects women against unintended pregnancy for up to 10 years.[12,13,35,36]

- The copper IUD can be removed at any time by a medical professional
- As a form of EC, the copper IUD should be inserted within 5 days of the first act of unprotected sex

In most cases, the copper IUD can be inserted on the same day as the clinical visit. The copper IUD insertion can be done in about 15 minutes.

Who Is Eligible?

Most women are eligible for the copper IUD, with few contraindications of use. As the only non-hormonal EC and LARC option, the copper IUD is a great choice for many women. It is important to note that the following are not contraindications of use.

- Adolescents

  The American College of Obstetricians and Gynecologists[37] (ACOG), American Academy of Pediatricians[38] (AAP) and CDC[39] have all endorsed IUDs as a first line method for adolescents due to their ease of use and duration of use following insertion. Young people are highly motivated to avoid pregnancy, and thus will benefit from learning about highly effective methods such as the copper IUD.

- Nulliparous Women

  Historically, the health care field only offered parous women IUDs. This practice was based on the belief that the insertion of an IUD would be more difficult in a nulliparous woman compared to a parous woman. A large body of evidence supports that parity is not a contraindication of IUD use.[40]

- History of Pelvic Inflammatory Disease (PID), STI(s) or Multiple Sex Partners

  Women that report a history of PID, STI(s), or engagement with multiple sexual partners are eligible for the copper IUD. During the visit, family planning providers should discuss safer sexual practices with all clients to prevent future infections. While the copper IUD prevents pregnancy, it does not protect against STIs or HIV. It is important to counsel on risk reduction measures, serial monogamy, and regular STI testing.

- Seeking a Short-term Method

  While the copper IUD offers long-acting protection against pregnancy, it can be removed at any time. Thus, it is still an option for women seeking a shorter term method as a non-hormonal, no maintenance contraceptive method may best fit her wants and lifestyle.

For a full list of contraindications of the copper IUD visit the CDC website page: United States Medical Eligibility Criteria for Contraceptive Use, 2010.

2.2 Sample: Emergency Contraception Screening Questionnaire

Time is often cited as a key factor that prevents family planning providers from inserting same-day IUDs, a critical component of Plan C.[41] Capitalizing on "no-show" rates and streamlining client flow increases the amount of time family planning providers can allocate to women and adolescents seeking emergency contraception. An EC screening questionnaire is one tool available to family planning providers to efficiently triage clients and streamline the copper IUD counseling and insertion process. The template below can be reviewed, adapted and used to support the implementation of Plan C.

TEMPLATE

Our Clinic offers two forms of emergency contraception:

- Plan C: Copper IUD
  - The copper IUD is placed in the uterus up to five days after the first act of unprotected sex.
  - It is 99% effective and provides up to 10 years of birth control.
- Plan B/Ella (circle)
  - One pill taken up to 5 days after the first act of unprotected sex. The sooner you take it, the more effective it is.
  - It is roughly 85-95% effective, and only provides protection against pregnancy within the five day window.

1. Today's Date: _____/_____/_____
2. Name: _____ Date of Birth: _____/_____/_____
3. When was the first day your last period began? Month_____ Day_____
4. Was this period normal in both length and timing? YES_____ NO_____
5. Have you had unprotected sex within the last 5 days? YES_____ NO_____

If you answered NO to #5 – Skip to #7

6. When was the last time you had unprotected sex (no condom or birth control of any kind)?
Circle the day of the week, below, that you had unprotected sex.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

7. Have you had sex with a new partner or a partner who has other partners? YES__ NO__
8. If so are you interested in STI/HIV testing? YES_____ NO_____
9. Do you have a method of birth control you use regularly? YES_____ NO_____
10. If not, are you interested in starting a method today? YES_____ NO_____

If you have had unprotected sex in the past 5 days, which method of emergency contraception are you interested in discussing today?

The Copper IUD_____ Plan B/Ella_____
Client Signature_____

_____

FOR STAFF ONLY:
Plan B/Ella lot #: _____ # dispensed_____
Copper IUD lot #: _____ # dispensed_____
Were condoms and educational materials given?_____
Was the client instructed to return if no menses in 4 weeks? _____
Was an appointment given?_____
Staff signature_____

2.3 Triage Scripts

Transitioning clients seamlessly from intake to triage and treatment maximizes family planning providers' ability to implement Plan C. Utilizing medical receptionists and frontline staff to screen clients over the phone or in-person for EC maximizes each point of contact between family planning provider and client.

The resource below provides sample scripts for medical receptionists and captures steps in the delivery of care, from intake to client's EC choice.

Step 1: Medical Receptionist Intake Script

"I am so happy you called. We offer both Plan B and Plan C as emergency contraceptive options. Plan C is the copper IUD. It is emergency contraception as well as birth control. It is 99% effective at preventing an unplanned pregnancy and can be used as birth control for up to 10 years. Plan B, and Ella commonly known as "the morning after pill", is about 90% effective. We can see you today or set up an appointment in the next few days at a time that is convenient for you. When you are here you will be able to discuss both options with your provider."

"I am so glad you came in. We offer both Plan B and Plan C as emergency contraceptive options. Plan C is the copper IUD. It is both emergency contraception and long acting birth control. It is 99% effective at preventing an unplanned pregnancy and lasts up to 10 years as birth control. Plan B, and Ella commonly known as "the morning after pill", is about 90% effective and only protects against one act of unprotected sex. You will be able to discuss both options further with your provider today. Before you see them we have a short questionnaire for you to fill out that will help our staff best meet your needs. This questionnaire is just for you to review with your provider so that you leave here today with the method that is right for you."

Steps 2-4: Emergency Contraceptive Counseling

Step 2: Medical Receptionist gives Emergency Contraception Screening Questionnaire to client to complete (See Tool 2.2 on page 24)

Step 3: Medical Receptionist hands off completed Emergency Contraception Screening Questionnaire to frontline staff or prescribing clinician for review

Step 4: Frontline staff or prescribing clinician reviews the Emergency Contraception Screening Questionnaire with the client during the contraceptive counseling session. Family planning provider discusses all options, advantages, disadvantages, side effects and what to except (For additional assistance, see Tools 2.1 on page 22, 2.4 on page 27, 2.8 on page 33, 3.1 on page 41; 3.2 on page 43)

Step 5: Client Chooses Emergency Contraceptive Method

Plan B (or Ella): Plan B or Ella dispensed (on-site or prescription) to client. Follow-up plan developed with client and documented in the clients' medical record

Plan B (or Ella) + Birth Control: Plan B or Ella dispensed (on-site or prescription) to client. Client QuickStarts the contraceptive method of her choice that same day

Plan C: Prescribing clinician assesses client eligibility for copper IUD (See Tool 2.5 page 28). If eligible, provide same-day insertion.

2.4 Contraceptive Counseling

Evidence-based best practices in contraceptive counseling supports a client-centered, non-directive approach.[42] In this environment, the client is the expert and encouraged to talk, while the counselor supports and listens. When appropriate the contraceptive counselor provides information about all contraceptive options, from most to least effective, taking into account the client's wants, needs, and lifestyle. When discussing EC options with a client, it is important to listen, educate, and address any fears or concerns about either method, including all possible side-effects of Plan B/Ella and the copper IUD.

Contraceptive Counseling: Framing Plan C

The following statements provide information about the copper IUD (Plan C) and can be used, by counselors, to frame the discussion about Plan C as EC.

- "The copper IUD is a small T-shaped device that is placed in your uterus. It is called the copper IUD because it has copper on it. The copper kills the sperm and makes it hard for the sperm to reach an egg, preventing pregnancy. The copper is released slowly over time so you can use this method for up to 10 years."
- "Ten years is a long time! However, at any time it can be removed by a trained provider, here or by another family planning provider you are using in the future.
- "The copper IUD does not affect your ability to get pregnant after removal. In fact, if at some point you decide to have a/another child, once the IUD is removed, your ability to have a child will quickly return."
- "The copper IUD is inserted one time. After that, it requires no maintenance on your part and protects against pregnancy for up to 10 years or until you choose to have it removed."
- "Plan B and Ella are different from Plan C in a couple of ways. Plan B/Ella or the "morning after pill" has to be taken after each act of unprotected sex to prevent pregnancy. Plan C or the copper IUD only has to be inserted this one time and, as long as you decide to keep it, you are protected against pregnancy."
- "Another way in which Plan B and Plan C differ is the use of hormones. There are several types of "morning after pills"—Plan B One-Step and Ella are two of them. Both use hormones to prevent a pregnancy from taking place. There are no hormones in the copper IUD."
- "The IUD is often called a "set it and forget it" method. By that I mean, once it is inserted, there is no maintenance and minimal follow-up. If you think you are interested in the copper IUD, we can go over in more detail the advantages and disadvantages, as well as, what to expect during the insertion and after."
- "One thing that I like to tell all of my clients is how the copper IUD effects their period. Some women like having a monthly period and some do not. With the copper IUD, you will still have a monthly period, but it may be heavier and you might feel more cramping the first few months after insertion. Some women experience light spotting between periods in the first few months as well."

2.5 Eligibility Flowchart: Plan C

Prior to copper IUD insertion, prescribing clinicians must screen and rule out all contraindications of use.

The checklist below and flowchart on page 29 below capture basic components of the decision process when a client presents with a negative urine pregnancy test (UPT) and unprotected sex in the last 5 days.

For detailed Contraceptive Eligibility Algorithms, visit the LARC First and Reproductive Health Access Project websites.

Eligibility Check List

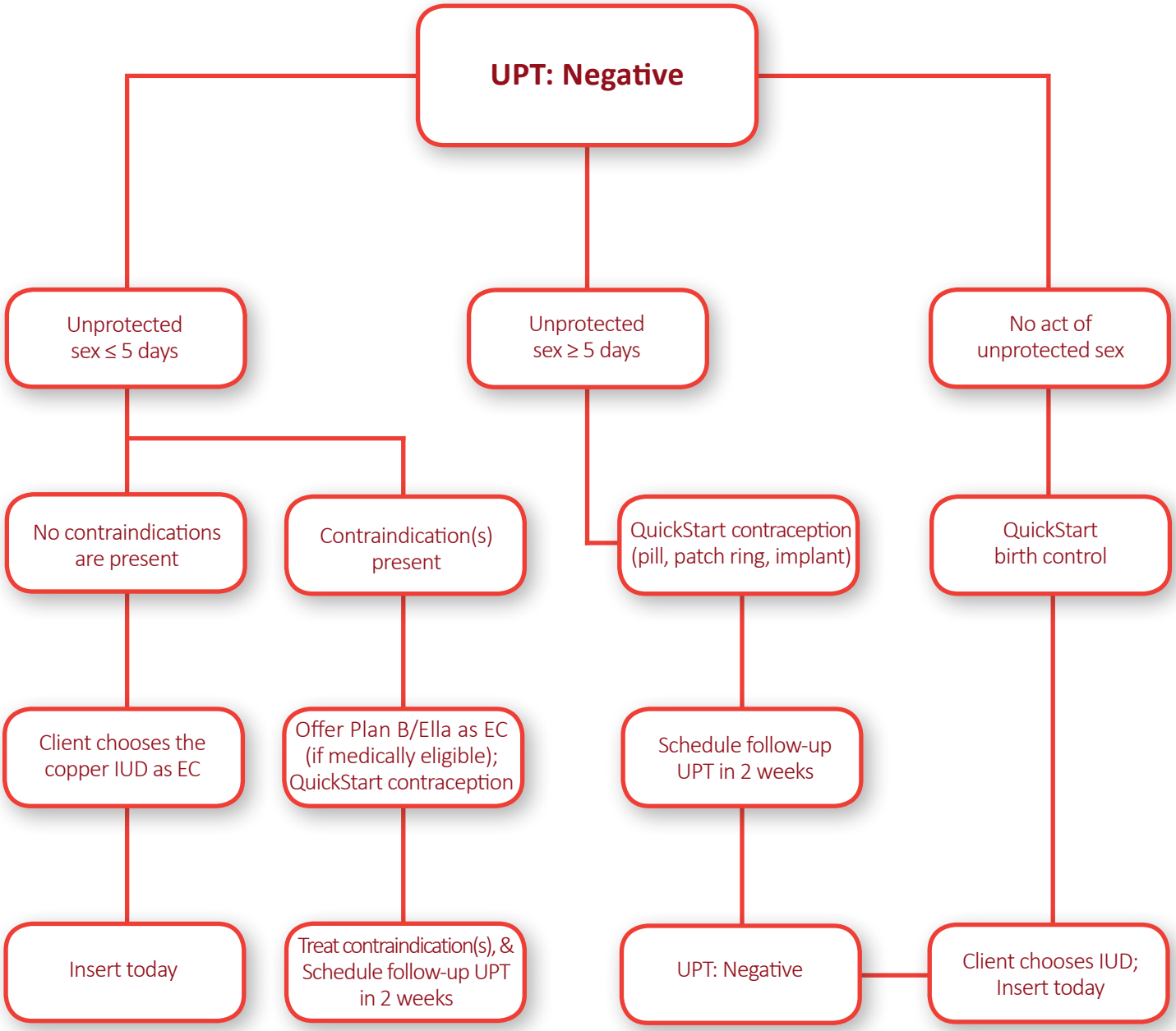
1. Urine pregnancy test (UPT) is negative
   A: Last act of unprotected sex ≤ 5 days ago
   B: Last act of unprotected sex ≥ 5 days ago

2. No allergy to copper

3. At time of insertion: Uterus sounds to 6 cm or greater

4. No current diagnosed sexually transmitted infections (STI) present

5. No STI symptoms present upon exam
   - If STI(s) present, or any other contraindications, refer to CDC's Medical Eligibility Criteria, treat, and insert the IUD once the client is medically eligible


UPT: Negative
Unprotected sex ≤ 5 days
Unprotected sex ≥ 5 days
No act of unprotected sex
No contraindications are present
Contraindication(s) present
QuickStart contraception (pill, patch ring, implant)
QuickStart birth control
Client chooses the copper IUD as EC
Offer Plan B/Ella as EC (if medically eligible); QuickStart contraception
Schedule follow-up UPT in 2 weeks
Insert today
Treat contraindication(s), & Schedule follow-up UPT in 2 weeks
UPT: Negative
Client chooses IUD; Insert today

2.6 Checklist: Exam Room Preparation

Copper IUD devices and ancillary supplies of Plan C should be available and accessible at all times. The development and utilization of a Plan C Exam Room Preparation Checklist ensures that all required materials are present in the exam room prior to preparing the client for insertion.

Sterile Instruments:

- Drape on tray
- Small speculum
- Tenaculum
- Gloves
- Uterine Sound
- Scissors
- Os Finder/Graduate Dilator (Sterile or disposable) – *In case dilation is necessary*
- IUD device
- Fox swabs and Q-tips

Additional Equipment

- Betadine
- Monsels solution – *In cases of excessive bleeding at tenaculum site*
- Sanitary napkin(s)

2.7 Checklist: Client-Centered Approach

The 2014 Centers for Disease Control and Prevention (CDC) and the Office of Population Affairs (OPA) Recommendations, *Providing Quality Family Planning Services*, advises family planning providers to take a client-centered approach to the delivery of sexual and reproductive health services.[43]

A client-centered approach acknowledges the specific needs of every client and stresses the importance of establishing an environment in which the client feels comfortable and supported. The checklist below captures key steps in the delivery of care that ensure a client-centered approach during the copper IUD insertion process.

BEFORE INSERTION

Frontline Staff

- Use a calm reassuring manner to make client feel as comfortable as possible
- Suggest that a friend or support person be with client in the room, if possible
- Check-in with client about any concerns
- Teach client breathing techniques
- Offer client juice or a snack (e.g. granola bar)
- Have client sign IUD consent form
- Administer 600mg of ibuprofen for any pain or discomfort
- Prepare the room and tray for insertion

Prescribing Clinician

- Explain the procedure to the client – what to expect, and what it feels like
- Provide counseling about efficacy, risks, benefits, and side effects
- Explain that women usually feel 2 to 3 intense cramps during the insertion. This is normal and intensity should subside within 10 seconds. Mild cramping may continue for a few minutes.

AFTER INSERTION

Prescribing Clinician

- Check-in with client about any feelings of light headedness and persistent cramping
- Advise client to wait a minute or two and, when ready, to sit up slowly (this will help avoid a vasovagal response)
- Review copper IUD aftercare instructions (See Tool 2.8 on page 33)

- Check-in with client about any concerns
  - Discuss possible short-term side effects (See Tool 2.8 on page 33)
  - Explain any rare but concerning side effects that warrant contacting a family planning provider (See Tool 2.8 on page 33)
- Advise client to call or schedule a visit if she has any concerns
- Inform client that she can take ibuprofen or naproxen, every 6 to 8 hours, to manage any discomfort and cramping
- Show client a clean, left over piece of the IUD string. Explain where the strings are at the back of the vagina. Offer for client to feel the strings you are holding if she wants.
- Explain to the client that she has the option to check to feel the strings, if comfortable, by feeling towards the back of her vagina. Explain that the string will curl up around the cervix and soften over time.
- Tell client that she can, if feeling up for it, resume normal activities

Frontline Staff

- Ensure client is feeling well enough to leave the clinic

2.8 Fact Sheet: Copper IUD Aftercare

Engaging in comprehensive counseling about IUD side effects and management strategies increases client satisfaction and continuation of use.[44,45,46] As best practice, family planning providers should counsel women and adolescents on what to expect in the first few days and months post copper IUD insertion.[47]

The resource below functions as client take-home material as well as guides the aftercare conversation between the client and prescribing clinician.[48,49]

WITHIN THE FIRST 24 HOURS POST IUD INSERTION, DO NOT:

- Use tampons
- Take a bath
- Have vaginal sex

WHAT TO EXPECT:

Immediately after insertion you can expect:

- Temporary pinching sensation
- Cramping
- Dizziness
- Nausea
- Feeling faint
- Light bleeding (spotting) may occur for 1 or 2 days

In the first few months following insertion of the copper IUD, you may experience:

- Spotting between periods
- Heavier or longer periods
- Increased cramping with periods

Note: Managing side effects is feasible. Take NSAIDS (such as ibuprofen) to relieve any pain and discomfort during this time.

AT HOME:

After the 24 hour post insertion period, you can check your IUD strings at home by feeling towards the back of the vagina. Often the strings exit and curl up around the cervix. It may be difficult for some women to find the strings for this reason. If you try to check and do not feel the strings, but have not experienced any symptoms of expulsion (expulsion is rare), there is little cause for concern. If worried, contact a family planning provider.

WHEN TO CONSULT A CLINICIAN:

While infrequent, side effects can occur that warrant medical attention. Women experiencing any of the following symptoms should contact a medical provider:

In the first 3 weeks post insertion:

- Fever (>101F)
- Chills

At any time:

- Strong or sharp abdominal pain
- Pain during intercourse
- Bleeding for more than 10 days per cycle
- Vaginal discharge and pelvic pain
- Bleeding heavier than one pad per hour for more than 8 hours

2.9 Side Effect Management: Steps in the Delivery of Care

The CDC report, Selected Practice Recommendation for *Contraceptive* Use, endorses routine follow-up to ensure safety and effective continued use of contraceptive methods among women and adolescents.[50] As part of the routine management of women's sexual and reproductive health, family planning providers must be prepared to appropriately triage and address common and concerning copper IUD side effects that arise following the implementation of Plan C. The resources below capture steps in the delivery of care related to side effects management from triage to treatment.

MEDICAL RECEPTIONIST

When a client calls or walks in with questions or concerns about her copper IUD, the medical receptionist should respond in a calm and friendly manner. Depending on the client's level of concern and reported symptom(s), the medical receptionist should schedule a same-day appointment (if possible) or within a few days, or consult with/transfer the client call to a clinician for appropriate next steps. If the client is deeply concerned, the medical receptionist should notify a prescibing clinician immediately.

When a client expresses concern about a copper IUD side effect, the medical receptionist should:

Follow-up Office Visit

Offer a same or next day appointment with frontline staff or the prescribing clinician to evaluate the concern.

- Review the electronic health record (EHR) or client file, and if possible, schedule an IUD follow-up appointment with the prescribing clinician
- If the prescribing clinician is "not available," follow the Health Center protocol for "double booking" an appointment or schedule the appointment with another available clinician

Follow-up Phone Call

Offer to set up a follow-up phone call with the prescribing clinician or frontline staff.

- Review EHR and identify the prescribing clinician. Send the prescribing clinician an "in-basket" message marked important, detailing the client's name, Patient Identification Number (PIN) and clients stated copper IUD side effect and level of concern
- If the primary clinician is not available that day, direct the follow-up request to the family planning provider scheduled that day

FRONTLINE STAFF

Frontline staff are ideally positioned to address and alleviate clients' concerns about normal or expected side effects, as well as triage cases in which client symptoms warrant concern and the attention of a prescribing clinician.

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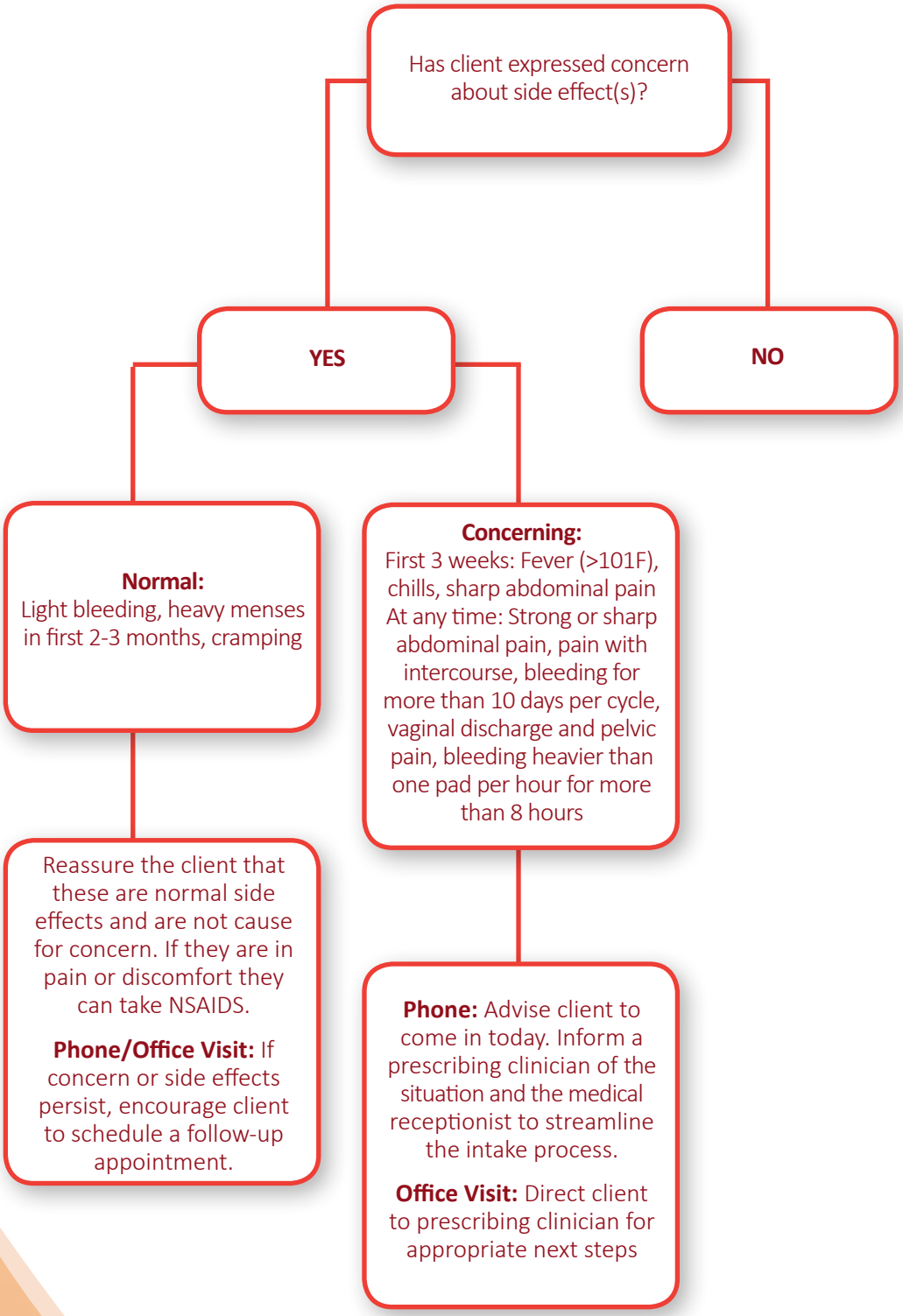
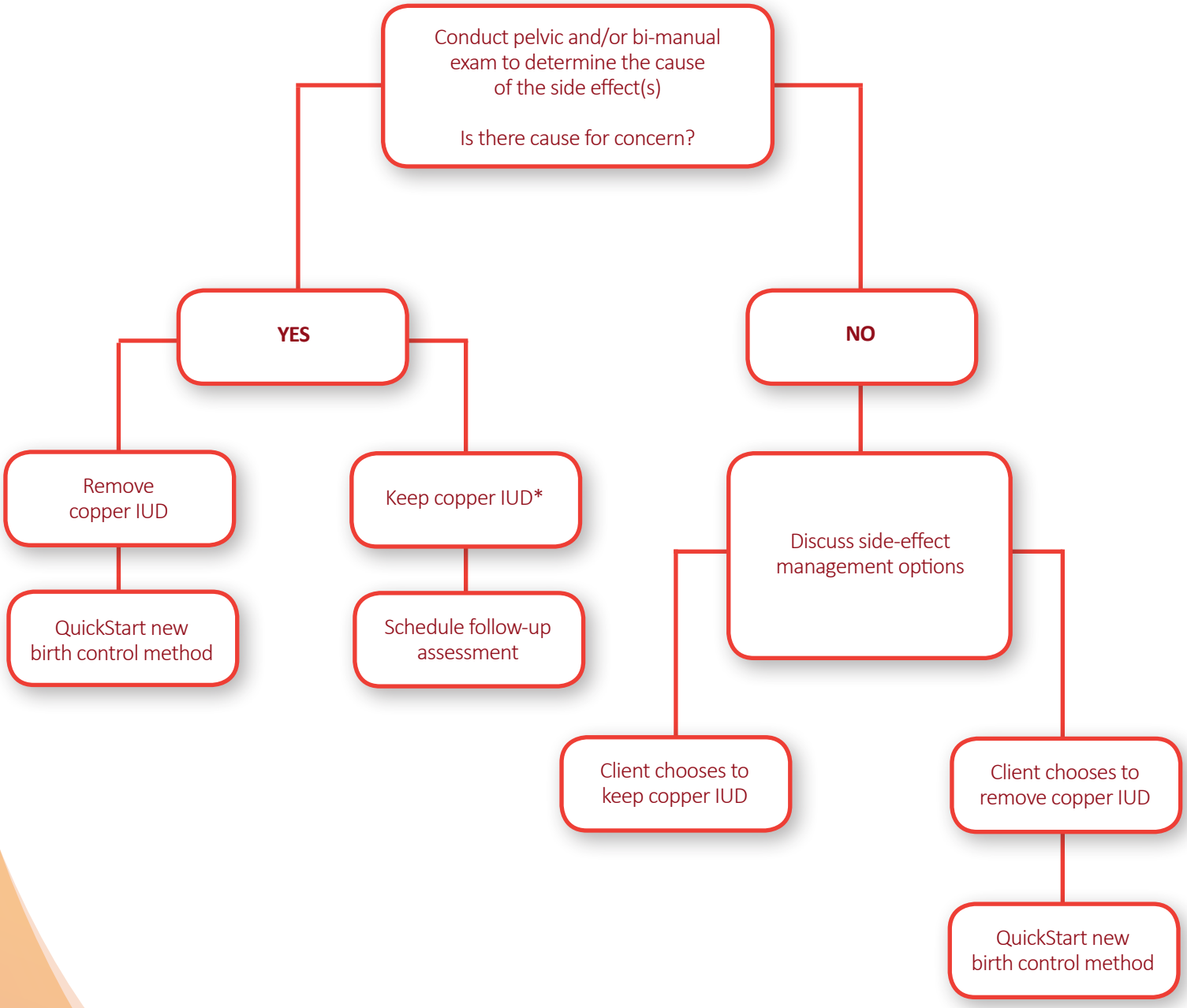


PRESCRIBING CLINICIAN

When a client presents with concerns about normal or expected side-effects of the copper IUD, clinicians should address her concerns and normalize the experience, while, at the same time, being mindful not to trivialize or dismiss the experience. When symptoms warrant concern, clinicians should assess and make a medical recommendation based upon the client's symptoms.



*Keeping the copper IUD may or may not be an option depending on symptom(s), severity and treatment options.

2.10 Side Effect Management: Messages, Assessment & Treatment

The "Principles of Quality Counseling," detailed in the 2014 CDC and OPA Recommendations, *Providing Quality Family Planning Services*, provides a guide of best practices in the delivery of information, education, and support to women and adolescents seeking sexual and reproductive health services.[51] Guided by these principles, family planning providers should affirm and, when appropriate, normalize client experience when responding to clients' concerns about side effect(s).

The table below provides examples of responses to common and concerning copper IUD side effects.

NORMAL OR EXPECTED SIDE EFFECTS

CLIENT CONCERN	SIDE EFFECTS MANAGEMENT COUNSELING MESSAGE
Pain & Cramping	"Mild period-like cramps are normal with the copper IUD. It takes some women a few period cycles for their body to adjust to the IUD. It sounds like that is what you are experiencing. If you'd like, we can do a pelvic exam today and check the placement of your strings. I recommend taking ibuprofen to help manage the cramping." **Possible Medical Recommendation:** Pelvic Exam, 600 mg Ibuprofen every 8 hours
New Vaginal Discharge and/ or Irregular Bleeding	"Sometimes an IUD increases the normal discharge our body makes. The IUD can also cause light spotting which can increase discharge as well. If you are still worried, I can do a pelvic exam today. From the exam, I can tell if the discharge is healthy and I can check for any other signs of infection. We can also do an STI test. The most common cause of new irregular bleeding is chlamydia. Even if you have an infection, we can almost always leave the IUD in place and treat the infection." **Possible Medical Recommendation:** Pelvic Exam, STI test
Heavy Periods	"It's normal for your periods to be heavier for the first few months after you have a copper IUD inserted. How often are you changing your pad or tampon, and are you passing any clots? While heavy bleeding can be normal, it might be a good idea to do a pelvic ultrasound if this has been going on for more than a few months. This test will show us if the IUD is in the right place or if there could be another cause for your bleeding like fibroids. For now, I would like to prescribe a medication that reduces bleeding. Some women who start with a copper IUD and experience very heavy bleeding, but like the convenience and effectiveness of IUD's, will switch to a levonorgestrel IUD which usually reduces bleeding. We can talk more about this after we see what the ultrasound shows and how you do with the anti-inflammatory medications." **Possible Medical Recommendation:** Pelvic Ultrasound, 600mg Ibuprofen every 8 hours, or Anaprox DS every 12 hours with food

CONCERNING OR SERIOUS SIDE EFFECTS

CLIENT CONCERN	SIDE EFFECTS MANAGEMENT COUNSELING MESSAGE
Severe Abdominal Pain (constant, during sex, when menstruating)	"Since you are experiencing pain during sex, I want to check the placement of the IUD by doing a pelvic exam. Depending on what we find, I may also want to do a pelvic ultrasound. That will let us see where the IUD is in your uterus. The ultrasound also will tell us if there could be another cause for your pain like an ovarian cyst." **Possible Medical Recommendation:** Pelvic Exam, Pelvic Ultrasound
No Period*	"Most women get their period with the copper IUD, unless they have a history of infrequent or no periods. Since you don't have history of this, I want to run a few tests. While the copper IUD is 99% effective at preventing pregnancy, just to be on the safe side, I am going to have you take a pregnancy test today. If that is negative, I want to order some blood work and see if there is another reason you are not getting your period." **Possible Medical Recommendation:** Urine Pregnancy Test, Run blood test

ADDITIONAL RESOURCES

Client Material

Resources in this section are supplementary material for clients.

They are designed to support the education and counseling provided by frontline staff and prescribing clinicians.

This section includes the following resources designed to be distributed to clients:

- 3.1 Client Education Material: F.A.Q.'s
- 3.2 Client Education Material: Emergency Contraception Chart

3.1 Client Education Material: F.A.Q.'s

All client education material should be clear, easy to understand, and written at a 4th to 6th grade reading level.[31,52] Client education materials that accompany evidence-based counseling can enhance understanding and retention of health information by highlighting essential points.[53]

Supplementing counseling with education materials empowers clients and prepares them for any changes in their body as they adjust to the copper IUD.

Below are commonly asked client questions and answers related to the copper IUD.

COPPER IUD

How Does It Works?

The copper IUD interacts with your body. This interaction stops sperm from reaching an egg.

Does an IUD Protect Against STI(s)/HIV?

No. The copper IUD does not protect against STIs or HIV. The only form of birth control that protects against STIs and HIV is the male and female condom.

Who Is Eligible for a Copper IUD?

Almost all women are eligible for the copper IUD, including teenagers and women who have never been pregnant. Discuss your medical history with a clinician to make sure that the copper IUD is a good option for you.

Is the Copper IUD Safe?

Yes. Research shows that the copper IUD is a safe and effective birth control method.

ADDITIONAL RESOURCES

Will I Still Have a Monthly Period?

Yes. The copper IUD will not affect your natural cycle. You will still have your monthly period. In the first few months, your period may be heavier and longer.

What if I Want Children Later?

The IUD can be removed at any time by a trained health care provider. Once removed, your ability to get pregnant returns quickly.

How Will a Copper IUD Affect My Day?

You will no longer have to worry about taking birth control daily, monthly, or visiting the pharmacy. The IUD is a "set it and forget it" method. That means there is no maintenance on your part after it is inserted by your clinician.

Will My Partner Feel the Copper IUD?

No. The copper IUD is inside the uterus. Neither you nor your partner will feel it during sex.

What are Common Side Effects?

Immediately following insertion, you may experience discomfort and cramping. You may have heavier or longer periods, and spotting between your periods may occur in the first few months. These side effects should stop.

3.2 Client Education Material: Emergency Contraception Chart

Family planning providers should inform clients about all EC options, highlighting duration, efficacy, and method of delivery. The chart below captures pertinent information about Plan C and the two most common EC pills: Plan B One-Step and Ella. This resource can be given to clients and referred to throughout the EC counseling session.

EMERGENCY CONTRACEPTIVE OPTIONS[51,52]			
	 Plan C Copper IUD	 Ella (Ulipristal)[53]	 Plan B (Progestin)
Effectiveness	Best 99%	Very Good ~ 98%	Good ~ 85% - 95%
Form of Contraceptive	Intrauterine Device	Pill	Pill
When to use	Up to 5 days after unprotected sex	Up to 5 days after unprotected sex	Up to 5 days after unprotected sex
Who can use it?	All Women (Talk to your health provider)	All Women (unless breastfeeding)	All women
Weight Restrictions?	None	Less effective with a BMI over 35	Less effective with a BMI over 25
Other Medication?	Not affected by medication	Notify your doctor if you are on any medication especially anticonvulsants	Notify your doctor if you are on any medication especially anticonvulsants
How to get it?	Office visit only	By prescription	Over-the-counter
Long-Term Effectiveness	10 years	None	None

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