

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/advances-in-womens-health/improving-the-iud-experience-evidence-based-pain-management-approaches/32834/>

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Improving the IUD Experience: Evidence-Based Pain Management Approaches

Announcer:

You're listening to *Advances in Women's Health* on ReachMD, and this episode is sponsored by Bayer. And now, here's Dr. Robert Walker.

Dr. Walker:

Hi, I'm Dr. Robert Walker, and I'm a pharmacist and Clinical Learning Strategist at ReachMD. Today, I'll be talking about a paper published in the *American Journal of Obstetrics and Gynecology* in February 2025, titled "Best Practices for Reducing Pain Associated with Intrauterine Device Placement."

While intrauterine devices, or IUDs for short, are highly effective, long-acting, and reversible contraception, they remain underutilized, particularly among adolescents and underserved populations.

A key reason for this is pain during insertion. This is a well-documented concern, and one that can be a barrier for many individuals considering this option. Currently, we don't have standardized guidelines for addressing pain during IUD placement, leading to inconsistent practices across healthcare settings. And so this paper sought to address that gap by developing evidence-based, expert-informed strategies to minimize discomfort and improve the overall experience for patients.

The recommendations in this paper were developed by a panel of experts who have extensive experience in IUD placement. To establish consensus, the panel conducted a virtual advisory meeting to review existing evidence from randomized controlled trials, systematic reviews, and meta-analyses. Where high-quality data were lacking, the experts drew from clinical experience and best practices to fill in the gaps.

One of the major takeaways from the article is that a trauma-informed, patient-centered approach plays a critical role in pain management during IUD placement.

These principles emphasize respect, autonomy, informed consent, and shared decision-making, ensuring patients feel in control and that they can pause, stop, or reschedule the procedure if desired.

This also includes ensuring both administrative and clinical staff receive training in trauma-informed care, therapeutic language, and appropriate scheduling to allow time for counseling, consent, the procedure itself, and aftercare. For some patients, this may mean scheduling two visits to fully address their needs.

Another emphasis of the panel is clear and compassionate communication. Anxiety and fear are known to heighten pain perception, so screening for trauma, educating patients on the risks and benefits, and addressing concerns upfront are just as important as administering pain-relief methods.

Then, during the insertion, patients should be walked through what to expect at key points like cervical stabilization, uterine sounding, and IUD placement, with pauses as needed to maintain comfort. And post-procedure care should involve discussing pain management, self-care, and contraceptive backup needs to ensure that patients feel supported beyond the procedure itself.

The paper also highlights both non-pharmacological and pharmacological strategies for pain management during IUD placement. Non-pharmacological approaches include optimizing the clinical environment by dimming lights, using calming language, and offering distraction techniques like guided breathing. Even though these strategies may not eliminate pain, they can significantly reduce patient distress.

And on the pharmacological side, the expert panel supports the use of pre-procedural NSAIDs, such as naproxen or ketorolac, to help reduce discomfort. For patients with higher levels of anxiety, short-acting anxiolytics can be considered.

Additionally, local anesthesia and paracervical or intracervical blocks can provide targeted pain relief, but evidence suggests these methods are underutilized despite their effectiveness.

By integrating these evidence-based strategies for trauma-informed, patient-centered care, clinicians can help lower a key barrier to IUD uptake. While not every intervention will be feasible in every setting, incorporating even small adjustments—whether it's improving communication, offering pain management options, or refining insertion techniques—can improve a patient's experience and satisfaction.

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