

INSTRUCTIONS FOR SOUNDING THE UTERUS^{1,2}

Brief overview of the procedure:

- Insert a speculum to visualize the cervix.
- Clean the cervix and vagina.
- Apply a tenaculum to the cervix.
- Gently pull the tenaculum to align the uterus, cervical opening, and vaginal canal.
- Insert the sound into the vagina and through the cervical opening.
- Advance the sound into the uterine cavity until a slight resistance is felt.
- Remove the sound and assess the level of mucus/blood to determine the depth of the uterus.

Rationale: This procedure is recommended for all IUD insertions to ensure high fundal placement of the IUD. Sounding the uterus also enables the provider to:

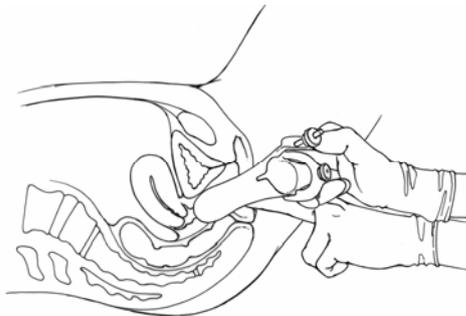
- Confirm the position of the uterus and check for obstructions in the cervical canal
- Identify the direction of the cervical canal and uterine cavity so that the insertion tube can be angled appropriately to follow the canal
- Assess the depth from external cervical os to the uterine fundus so that the blue depth-gauge on the insertion tube can be set at the same distance, thereby ensuring that the IUD will be placed as high in the uterine fundus as possible (without perforating the uterus)

Using gentle, “no-touch” (aseptic) technique throughout, perform the following steps:

STEP 1: Prepare the client:

- Give the woman a brief overview of the procedure (as shown above in grey box), encourage her to ask questions, and provide reassurance as needed.
- Remind her to let you know if she feels any pain.

Figure 1. Inserting the Speculum



STEP 2: Put new/clean examination or high-level disinfected surgical gloves on both hands (if not already done).

STEP 3: Insert the high-level disinfected (or sterile) speculum and visualize the cervix (if not already done) (Figure 1).

If the cervix bleeds easily when touched, or purulent cervical discharge or other abnormal signs are found, **do not insert the IUD.**

STEP 4: Cleanse the cervix and vagina with an appropriate antiseptic: Thoroughly apply an appropriate antiseptic (e.g., povidone iodine or chlorhexidine) two or more times to the cervix and vagina. If povidone iodine is used, ensure that the woman is not allergic to iodine and wait 2 minutes for the solution to act.

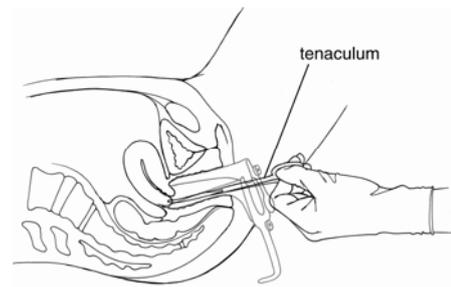
¹ This document is reprinted, with slight modifications, from: JHPIEGO. 2006. *IUD Guidelines for Family Planning Service Programs: A Problem-Solving Reference Manual*, 3rd edition. JHPIEGO: Baltimore, Maryland. The content of this document is adapted from: Program for International Training in Health (INTRAH). 1993. *Guidelines for Clinical Procedures in Family Planning: A Reference for Trainers*. INTRAH: Chapel Hill, North Carolina.

² Before sounding the uterus, the provider should already have screened the woman (including bimanual and speculum exams) to rule out the possibility of vaginal or cervical infection, determine the size and position of the uterus, and ensure that she is eligible for IUD use at this time.

Sounding the Uterus

STEP 5: Gently grasp the cervix with the high-level disinfected (or sterile) tenaculum and apply gentle traction: Gently grasp the cervix with the tenaculum (Figure 2) and apply gentle traction (i.e., pull gently), which will help straighten the cervical canal for easier insertion of the IUD. **Close the tenaculum *only* to the first notch to minimize discomfort.**

Figure 2. Gently Grasping the Cervix with the Tenaculum



STEP 6: Carefully insert the high-level disinfected (or sterile) sound: While maintaining gentle traction on the tenaculum, carefully insert the tip of the sound into the cervical os. **Be careful not to touch walls of vagina or the speculum blades with the tip of the sound.**

STEP 7: Gently advance the sound into the uterine cavity, and STOP when a slight resistance is felt:

- Advance the sound carefully and gently into the uterine cavity at the appropriate angle (based on your assessment of the position of the uterus during bimanual examination).
- Continue to pull steadily downward and outward on the tenaculum, which should enable the sound to pass through the os more easily.
 - If any resistance is felt at the level of the internal os, use a smaller sound, if available. Do **not** attempt to dilate cervix unless well qualified to perform this procedure.
 - If the woman begins to show signs of fainting, STOP advancing the sound into the uterine cavity.

Do **not** use force at any stage of this procedure.

- When you feel a slight resistance, STOP advancing the sound into the uterine cavity. (A slight resistance indicates that the tip of the sound has reached the fundus.)
 - If a sudden loss of resistance is felt, the uterine depth is greater than expected, or the woman is experiencing unexplained pain, STOP advancing the sound into the uterine cavity.

STEP 8: Note the angle of the uterine cavity (for IUD insertion), and gently remove the sound.

Do **not** pass the sound into the uterus more than once.

STEP 9: Determine the depth of the uterus:

- Determine the depth of the uterus by noting the level of mucus or wetness on the sound. (The average uterus is between 6 and 8 cm in depth. If the uterus is less than 6.5 cm in depth, the woman may be at increased risk for IUD expulsion.)
- Place the sound in 0.5% chlorine solution for 10 minutes for decontamination.