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ORIGINAL ARTICLE

COUNSELING, INSERTION AND MONITORING OF COPPER INTRAUTERINE DEVICE BY NURSES IN PRIMARY CARE

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ABSTRACT

Objectives: to understand women's perceptions regarding counseling, insertion, and monitoring of copper intrauterine devices by nurses in primary health care. **Method:** descriptive study with a qualitative approach, carried out in a city in southern Brazil with 11 women. Data were collected in November and December 2022 through semi-structured individual interviews and analyzed using the thematic content analysis technique. **Results:** nurses were shown to be professionals who facilitate women's choice of intrauterine devices, who had positive experiences with the insertion of the device by the professional due to the embracement, safety, and trust in the professional. The nurse's professionalism stood out for the differentiated care provided to women during the insertion of the device, as well as the professional's communication skills and post-procedure care. Furthermore, encouraging women's autonomy in self-care with the device, review consultations, and the nurse's availability to clarify doubts demonstrated how the inserted device is monitored. **Final considerations:** women's positive perception of counseling, insertion and monitoring of the intrauterine device by nurses in primary care is related to successful practices, ranging from embracement to professionalism.

Keywords: Nurses. Intrauterine Devices. Long-Term Reversible Contraception. Advanced Nursing Practice. Primary Health Care.

INTRODUCTION

Primary Health Care (PHC), through Basic Health Units (BHU), is the gateway to health care in the Unified Health System (SUS), where the work of the Family Health Strategy (FHS) teams stands out. A pillar in reducing health inequities, PHC intervenes in risk factors, disease prevention, health promotion and improvement of the population's quality of life[1]. Thus, among its attributions, it has sexual and reproductive health care, and in this sense, it is indicated that investments are necessary to increase the possibility of women obtaining access to conception and contraception methods[2].

In this regard, a study highlights the need to expand the scope of the so-called long-acting reversible contraceptive (LARC) methods, such as the copper intrauterine device (IUD), using, among the strategies, the training of health professionals to increase the supply of the method[3].

Regarding the IUD, it is one of the most effective contraceptives, widely used worldwide, with low discontinuation rates and common side effects[4-6]. However, especially in low-income countries, millions of women do not use a modern method such as the IUD, as is the case in Brazil, although it is available through the SUS[3].

In this regard, the expansion and improvement of the professional practice of nurses in PHC as members of the Family Health Team (FHS)[1] stands out as a way to enhance the provision of sexual and reproductive health care, since once trained in the prescription and insertion of contraceptive methods such as IUD, these professionals may contribute significantly to this goal, particularly improving the access for vulnerable populations. The role of nurses in the insertion

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of IUDs in Brazil is supported by Resolution number 690/2022[7] of the Federal Nursing Council (COFEN), and it is essential for the practice to have an in-person training course on insertion, review and removal of the device. In PHC, the IUD provided by nurses in a responsible and scientific manner has contributed to the reduction of bureaucracy in access to the method, overcoming models that were previously hegemonic and focused on medical professionals[8]. On the other hand, organizational barriers such as limited training for nurses to perform the procedure can make it impossible to insert the device, a condition that is not supported by the most recent scientific evidence[9].

In Florianópolis, starting in 2018, continuing education actions were initiated, promoted by the Municipal Health Department (MHD), aimed at implementing the copper IUD insertion service by nurses in the municipality. In just over three years, PHC nurses were responsible for the majority of insertions of the device, corresponding to 58.3% of the total insertions performed, eliminating the waiting list for the procedure and expanding access to this method for women[8].

Thus, nurses have been expanding their scope of action and consolidating their professional practice in sexual and reproductive health care through IUD insertion, which can be understood as an advanced nursing practice[10], since it requires specialized knowledge applied by a licensed and qualified nurse and has as one of its attributes evidence-based practice[11].

The present research is justified by the scarcity of national studies addressing the IUD in PHC and the insertion of the device by nurses[12,13], as well as by the absence of investigations on the satisfaction of women who inserted the IUD[12].

In view of the above, considering the knowledge gaps related to the topic in the PHC scenario in the country[12], the contribution of nurses in women's access to the copper IUD, as well as the consolidated experience of insertion of the device in PHC in Florianópolis[8], the present study had as its guiding question: what is the perception of women in relation to counseling, insertion and monitoring of the copper intrauterine device by nurses in Primary Health Care? Thus, the research aimed to understand women's perceptions regarding counseling, insertion and monitoring of copper intrauterine devices by nurses in PHC.

METHOD

This is a descriptive study with a qualitative approach, conducted with women who had copper IUDs inserted by a nurse in the city of Florianópolis, southern Brazil. For this study, the recommendations for developing qualitative research were followed in accordance with the Consolidated Criteria for Reporting Qualitative Research – COREQ[14].

The research was carried out in eight Health Centers (HC), two HC from each of the four Health Districts (Center, Continent, North and South), in order to contemplate, in the broadest possible way, women's perceptions about the practice of copper IUD insertion by PHC nurses in the city.

Eleven women who met the eligibility criteria participated in the study. The following inclusion criteria were considered: women aged at least 18 years who had a copper IUD inserted by a qualified nurse in the city of Florianópolis, with insertion performed between seven days and two years, a period of time that is justified by reducing the participants' memory bias, which can occur when interviews are conducted at intervals far from the experience of care[14]. Women who did not receive counseling from a nurse before insertion of the copper IUD and/or who did not have supervision of the device with the nurse after its insertion were excluded.

To select the HC that would be included in the study, the Florianópolis MHD was asked to indicate the two HC from each of the four health districts that had the highest number of IUDs inserted by nurses, and the coordinators and nurses were informed about the research via institutional e-mail to act as mediators, signaling the day of the scheduled IUD monitoring appointments. However, due to the difficulty in responding to the e-mails sent, the nurses were contacted in person, most of whom already had scheduled monitoring appointments for the device.

The women were approached to be invited

to participate in the study in person, immediately after the IUD monitoring appointment. Once the invitation was accepted, the woman chose the interview method, online or in person, according to her availability and agreeing on the location of the interview.

Data collection took place in November and December 2022, through semi-structured individual interviews, eight of which were conducted in person and three online, using the Google Meet® virtual platform.

A script was applied in the interviews that included: the sociodemographic and contraceptive characteristics of the participants; three questions related to the woman's perception of the nurse's consultations for: counseling on the IUD; insertion of the device; and monitoring of the use of the method. The interviews lasted a mean of 20 minutes, were recorded in digital audio format and transcribed in full by one of the researchers. Data saturation was determined when at least two women from each of the four health districts in the municipality were interviewed and a consensus was reached among researchers that a broad, diverse and reliable view of the complexity and layers of the phenomenon under investigation had been achieved.

In the data analysis, Minayo's thematic content analysis technique[15] was used, with the following stages: pre-analysis, exploration of the material, treatment of the results obtained, and interpretation. In the pre-analysis, the researcher had primary contact with the data collected by transcribing the interviews, revisiting the study objectives and analyzing the statements in search of connections with them. After transcription, the interviews were organized in Microsoft Word® spreadsheets, grouped by questions, which facilitated the reading and viewing of the statements, respecting the questions and expressions of each interviewee.

Later, the material was explored by cutting out the statements, seeking similarities to identify the categories that emerged from the interviews. Finally, the results obtained were treated and interpreted, a stage in which the meanings of the data found were understood, as well as analyzed and discussed in light of the literature, in order to respond to the study objectives.

The study was approved by the Research Ethics Committee of the State University or Santa Catarina (UDESC), under Opinion number 5.712.395 and CAAE 61369122.8.0000.0118. All participants signed the Informed Consent Form and, to guarantee their anonymity, were identified in the research by the letter "I", which corresponds to the interviewee, followed by the ordinal number (1-11) of each interview. Thus, the first interviewee was named I1 and the last one I11.

RESULTS

The study included 11 women who had copper IUDs inserted by nurses working in eight Health Centers, which make up the four health districts of Florianópolis. The majority of participants were single (n=7), white (n=7) and aged from 22 to 30 years (n=7). Regarding the number of children, women with only one child stood out (n=5), and regarding education, those with a high school diploma (n=5). The participants had different occupations, such as housewives (n=2) and self-employed (n=2).

With respect to the contraceptive methods used prior to the IUD, all women had already used condoms (n=11), seven of them had used injectable contraceptives and two had used the copper IUD. As for the current method, all participants had used the copper IUD (n=11) and the majority (n=7) were using another associated contraceptive, with condoms standing out (n=5).

The analysis of the testimonies allowed the elaboration of five categories: the nurse as a facilitator in the choice of IUD; positive experiences of women with the insertion of the copper IUD by a nurse: thoughts, feelings and attitudes that permeated the moment; insertion of the IUD by a nurse: focus on professionalism; nurses' care practices in the consultation for insertion of the copper IUD; and monitoring of the insertion of the IUD by the nurse: self-care and clinical practices.

The nurse as a facilitator in the choice of the IUD

In this category, the testimonies evidenced

the choice of the women for the copper IUD as a contraceptive method, highlighting the fundamental role played by the nurse in guiding and supporting this decision in the nursing consultation prior to insertion of the device.

> Before the IUD was inserted, I received guidance from my nurse, and she explained how it would work, and I signed a little contract [...], a term of responsibility for inserting the IUD [...]. They **provided me guidance on** how to get here and how the procedure would be, and I felt reassured. **I was well informed** about the situation and **they were very open to clarify doubts** I had. (I1) **(Our emphasis)**

> **It was very enlightening** [...] **she made it very clear** that it would very possibly increase the symptoms of PMS {premenstrual syndrome}, both before, during and after, that I already felt cramps, it could very well increase. [...] And that was it, **it was very enlightening**, because I had no knowledge about this method, this IUD. (I2) **(Our emphasis)**

> It was a very long consultation, right? **She explained in detail** how the IUD works, what method the IUD uses to be a contraceptive, she explained how in great detail. (I11) **(Our emphasis).**

The nurses' guidance was provided both in person and through nursing teleconsultations carried out with the help of WhatsApp®, with the same meanings in both forms of care.

> So the person who provided all the care I needed was a nurse through **WhatsApp®**, and I thought the care was wonderful. [...] he clarified my doubts, **explained** about the IUD, and all the contraceptive methods available through the SUS. (I3) **(Our emphasis)**

The testimonies highlighted that, by providing clear and detailed information, the nurses helped women choose the IUD and contributed for them to feel safe and comfortable during the procedure.

Positive experiences of women with the insertion of the copper IUD by a nurse: thoughts, feelings and attitudes that permeated the moment

For the women, the moment of insertion of the IUD was permeated by an initial fear, especially related to the possibility of feeling pain, which was overcome by the embracement and confidence transmitted by the nurse. For the participants, the security and support offered by the professional made the experience "excellent" and "very calm". These feelings of security and trust are related to the bond previously established between the women and the nurses in the PHC.

> At first, **I was afraid**, right, and then as things went on, **I only felt pain when it was being inserted**, but then **it was no problem at all** [...]. (I1) **(Our emphasis)**

> **It was great**, they were, I think the word is, **very welcoming**, they reassured me [...], **I felt very welcome, very well received** [...]. **It's a bit scary**, but I felt, kind of, safe, trying there with the two nurses [...], I was very happy and safe and welcomed to have that kind of care from two women. (I2) **(Our emphasis)**

> I was **scared,** because I thought it would hurt, but even with that she reassured me, she told me, it really depends on each woman, I didn't feel anything, I didn't feel any pain [...] (I10) (**Our emphasis**)

> I confess that I was a little scared. Because **I see that at the health center, it is the nurse who does everything; she was the one who inserted the IUD, she was the one who attended to my son, she was the one who monitored me, so I really liked her work.** I really liked her as a person, **so I felt more secure**, **and I felt very confident with her**, it was even quick, quicker than I expected. And I liked it, I really liked it. (I4) **(Our emphasis)**

> Look, I think that since we've been seeing each other for a long time, **I already know her, she already knows me;** it was very calm, very friendly, she's very attentive, very dear. There's nothing wrong with her, **I felt very comfortable with her.** (I6) **(Our emphasis)**

> When it comes to trust, I trusted her 100%, you know? and everything worked out. I think that was the main thing, having confidence in what she was doing, that she really knew what she was doing and everything worked out. (I7) **(Our emphasis)**

The testimonies highlighted the women's trust in nurses and the security they represent as a central element in the positive experience of IUD insertion.

IUD insertion by nurses: focus on professionalism

Also in relation to the insertion of copper IUDs, reports highlighted the professionalism of nurses and drew attention to the differentiated care provided by the technical-scientific knowledge involved, the welcoming practice and the confidence transmitted to women.

> I think **it was the same thing a physician would do**; I think it was very calm **and the nurse was more careful, perhaps.** Because **she was very welcoming**. [...] **she was super careful,** she guided me in everything she was going to do; she was narrating, and **she was very concerned about me**; **she welcomed me very well** [...]. (I1) **(Our emphasis)**

> **She was very professional, she had complete knowledge of what she was doing, she never seemed nervous, insecure** or like she didn't know what she was doing; **she knew exactly what she was doing**, so much so that I felt completely calm. They even put on some music **to make it more welcoming**, you know? a little rain music, there was another {nurse} talking to me too. It was wonderful, really wonderful, **really super professional.** (I3) **(Our emphasis)**

> **Same thing as the physician, nothing changes for me.** She **has the same care, affection, attention with us that the physician has.** The first two IUDs were placed by physicians, but accompanied by a nurse, and now I had the IUD placed by her, but there's nothing to say, the same thing, nothing changes, **the professionalism is the same.** (I5) **(Our emphasis)**

The professionalism and differentiated care demonstrated by nurses during IUD insertion, combining technical knowledge and qualified embracement were decisive for women's satisfaction with the procedure.

Nurses' practices during copper IUD insertion consultations

During IUD insertion consultations, the nurses' communication skills were highlighted, which were very present and can be understood as indispensable tools in professional care. In addition, post-procedure care was also highlighted, with the best positioning of the woman to ensure her immediate well-being.

> **She talked to me a lot,** normally, she even asked me if everything was okay, if I wanted to stop, before and after she put the IUD in; **she left me there for a while**, **to see if I would have any reaction;** to ease my nervousness a little, because whether we like it or not, we get nervous, even because of the fact that we feel a little pain. (I4) (**Our emphasis**)

> [...] After they put the device in, **she asked me to stay lying down**. They saw that I was in pain, a lot of pain. Then she asked me to sit down for a little bit, she said that I was very pale and immediately told me to **lie down again, put my leg up**; **she took this precaution** when she saw that my blood pressure had dropped right there. (I2) (**Our emphasis**)

> [...] they were very worried because I went alone and t**hey immediately said, "Stay here for a few minutes until you sit down,**" because I stayed lying down, [...] **they got me a cup of coffee,** so that I would leave there feeling a little better, you know?; **During the treatment, they also cleaned my cervix,** I believe they cleaned it with iodine, a red medicine; **they were concerned about giving me a pad** to contain this product that could get me dirty; all the nurses were very concerned about me; **after the treatment they were also attentive**; I left there very grateful indeed. (I3) **(Our emphasis)**

> [...] **she {the nurse} spent the whole time talking to me**, asking me if it was hurting, if I was calm, if I was feeling a little cramping, because when they put the IUD in, they say that we feel pain, but I didn't feel it. When she was talking to me, I might have felt it, but at that moment, I didn't feel anything, you know? (I8) **(Our emphasis)**

> I found them very attentive, **they try to keep you calm** and **a little detached** from the **whole situation**, so that you don't feel embarrassed, you know? Because we are all exposed, and so it's like, they **talk to you** about other things too, they ask "if anything happens, raise your finger, let us know and we'll stop, like it was really nice of them." (I9) (**Our emphasis**)

The nurses' care practices demonstrated concern for the physical and emotional well-being of women during IUD insertion, which is essential in situations of physical discomfort and nervousness, which were reported by the participants.

Nurses' monitoring of IUD insertion: self-care and clinical practices

The statements revealed that nurses encouraged women's autonomy in self-care with the IUD, based on guidance on vaginal self-examination, for example. Another aspect highlighted was the nurses' practices during device review consultations, such as: anamnesis - to identify complaints such as abnormal bleeding, pain, discomfort or infection; speculum physical examination - which aims to verify the presence and size of the IUD strings; and assessment by means of transvaginal ultrasound (TVUS). This assessment is worth reflecting on, given that, according to some women, they should only return for a consultation to review the device with the results of the examination, which raises questions: have TVUS requests been applied indiscriminately or do they follow the recommended criteria? Were nurses insecure about validating the positioning of the IUD with the anamnesis and the speculum physical examination?

It was also evident that the IUD monitoring consultations did not occur in a homogeneous or standardized manner in relation to their frequency, considering that some women had their first consultation seven days after insertion of the device, while others were instructed to return for a consultation only with the TVUS. Thus, the question is: what reasons justify the differences in the frequency of IUD monitoring consultations?

In addition, it is noteworthy, in a positive way that during the monitoring of the IUD insertion, the availability of nurses to clarify doubts, either in person or through the messaging application (WhatsApp®).

> **They asked me to come back for a revision of the device, and only after I had the transvaginal exam** did they send me **the request, which took a while** for me to not only be directed here, but also to the exam [...]. They also explained to me that we would do it right after the transvaginal exam, so I could look for the team here to ask for the revision of the IUD, and it was the team **itself that sent me a message to schedule the appointment** and said that **the nurse said: maybe we'll do a digital vaginal examination**; **you can also do it at home, when you are seated on the toilet, she gave me instructions on how to do it** and I just told her that I didn't have the courage to do it, I was afraid of pulling it. (I2) **(Our emphasis)**

> **They also told me about the little line that sticks out of the IUD, that I can also do a self-exam to see if it's there, they told me about everything, you know, about the post-treatment, too, so I could do it,** right? They gave me guidance on this appointment, on the next ones, every few months, and **if I have any questions**, **I can contact them** at any time [...], **even through WhatsApp®; it becomes very humanized, for me,** you know, and it was super easy, it was super guided [...], **she even took pictures to show me,** asked if I was interested in seeing what it was like, I said yes, she took my phone and took pictures, explained it to me, **now I'm waiting for the follow-up appointment with the ultrasound, to see if everything is okay inside, right?** (I3) (**Our emphasis**)

> **My first appointment was seven days ago**, when I had it inserted on Thursday last week, so it's pretty recent, right? But I felt calm. She just touched it, **to see how the little string was,** everything was fine, even to see this secretion thing, but everything is fine. It was much calmer. (I4) **(Our emphasis)**

> **It's to see if the IUD is in the right place**, to see if it hasn't come out or if it's rejecting me, something like that, **but the two appointments I've had, one was for seven days and this time for 30, have been fine**. She {the nurse} even **took a picture and showed me how everything is there**. **I said that the little string was bothering me, she cut a little piece [...], gave me other medicines for cramps and said that if I have a lot of pain, I can send her a message** or if I want to remove it, I can send her a message. (I9) **(Our emphasis)**

> I**t's to see if everything is okay, if the IUD is in place**, if everything is going well, **if the bleeding is not unusual, if there is an infection to be treated**, things like that, **to know how I'm feeling, if I feel any pain or discomfort. (**I11) **(Our emphasis)**

Finally, monitoring IUD insertion goes beyond the clinical practice that occurs in nursing consultations, as women are encouraged to take care of themselves with the device and to clarify doubts with the nurses at any time, an aspect that can strengthen the bond with the professional, as well as promote continuous and humanized care.

DISCUSSION

Women's perceptions about nursing consultations for counseling, insertion and monitoring of copper IUDs were permeated by experiences supported by nurses, from the choice of method, through the practices of insertion of the device to the encouragement of women's autonomy and clinical practices of the nurses (anamnesis, physical examination and evaluation with TVUS) for supervision of IUD use.

Women perceive the nurses as the facilitators of the choice of IUD when, during the nursing consultation for counseling on the method, they receive guidance, have their doubts clarified and were made aware of the possible side effects and mechanism of action of the device. In line with this, the literature highlights that the choice of contraceptive should consider the autonomy of the woman and that PHC health professionals need to ensure this choice[16]. However, a study draws attention to the need for better communication by professionals about side effects, as they correspond to a major concern of women and guide the decision to discontinue use of the device. Considering, for example, that menstrual changes are important side effects and a reason for discontinuing the IUD, improving counseling on these effects would be valuable[6].

In this sense, when counseling on the copper IUD, professionals can use tools such as the mnemonic device “NORMAL” to communicate changes in menstruation associated with the contraceptive. To clarify, the mnemonic "NORMAL" is equivalent to: N – normal (changes in the cycle are normal); O – opportunities (light bleeding or absence of menstruation bring opportunities for health benefits); R – return (menstruation and fertility return to normal after stopping the method); M – methods (different methods cause different changes in bleeding); A – absence of menstruation (when using hormonal methods, the absence of menstruation does not mean pregnancy); and L – limit (limitations in daily life can be treated)[4].

Still regarding the choice of contraceptive method, the literature corroborates the findings of the present study when it highlights PHC as a reference in the provision of IUD, as it is the main gateway for reproductive planning, facilitating access and allowing women to choose a method appropriate to their reality[12]. By offering appropriate counseling, nurses can contribute to overcoming barriers that perpetuate the underuse of the intrauterine device.

A study revealed that women aware of the effectiveness of contraceptive methods tend to choose the IUD, while lack of knowledge about its safety reduces this probability. The stigma surrounding the device among women and professionals also influences its low adherence[17].

The stigmatization attributed to the IUD can be reinforced by the barriers imposed by health services, such as the application of unnecessary criteria for the provision of the device and the lack of incentive for health professionals to seek and update knowledge about the method, fostering misconceptions among women. Furthermore, the absence, non-use or incorrect use of protocols and individual obstacles such as the low level of knowledge of women and couples contribute to myths and taboos about the device[9].

Regarding guidance on the method, it was evident that there was no distinction or harm in counseling between the forms of in-person care or nursing teleconsultation with the help of WhatsApp®, a care strategy implemented in the city of Florianópolis during the pandemic to facilitate access to the services offered. A study confirms that, in the pandemic context, technological tools were widely used by nursing, especially in PHC, given the need to incorporate the remote health care modality[18]. The definitions and attributions of tele-nursing are regulated by COFEN Resolution 696/2022, whose practice includes nursing consultation mediated by information and communication technology (ICT)[19].

In Florianópolis, it is worth noting the development of an educational infographic with information about the IUD to support nurses in counseling on the method[20], which corroborates that, in the city, professionals are committed to offering guidance to women so that they can make an informed choice of the device. However, the infographic was not mentioned by the participants of this study, which may be related to the similar period of its development and the performance of this research. The fact is that the work of nurses in PHC related to IUD

insertion represents a greater opportunity for women to gain knowledge and access to the device[21].

The positive aspects of women's experience regarding the procedure and monitoring of the IUD performed by nurses are indisputable, which is also evidenced in international research. About this, it is worth noting that, in some countries, IUD insertion by nurses is a practice with well-defined flows and routines, which further favors the positive perception attributed to the experience. Considering the resistance of other health professional categories in relation to this practice by nurses in Brazil, positive reports of successful experiences should be taken into account, aiming to overcome this reality[8,21].

At the heart of women's experiences with IUD insertion is the safety and confidence conveyed by nurses, which are associated with the pre-established bond between these subjects in PHC, when different demands for health care for women or their families arise. It is understood that the role of nurses in this scenario of care in the different phases of human life leads to a strengthening of bonds, which, consequently, strengthens the link of trust evidenced in women's statements.

Another factor linked to women's positive perception of the IUD insertion procedure is scientificity, since in addition to the responsibility inherent to the profession, nurses are equipped with scientific basis for this practice, configuring an Advanced Nursing Practice[11].

Regarding skills and professionalism in performing the procedure, the particular qualities attributed to nurses in this practice stand out, emphasizing the differentiated embracement by the professional. A study confirms that when the insertion of the device is performed by an adequately trained nurse, there is no clinical difference in the performance of the practice by the physician, regardless of the age and parity of the women. These findings, especially in low- and middle-income countries, can stimulate investments in the training of nurses[22], qualifying them for the insertion of IUDs with excellence.

In this context, research reinforces the need for greater training for nurses, given the benefits to society related to increased access to hormone-free devices and procedures performed with quality and safety, and not focused on a single professional category[23].

The study also covers the monitoring of copper IUD insertion by nurses, whose practices refer to women's self-care and clinical care. The evidence that women are the center and protagonists of their care portrays the differentiated care provided by nurses in long-term reversible contraception. In line with this, in the elaboration of the care plan in relation to the IUD, a study highlighted the focus on women, their role as protagonists, with the nursing consultation being not only a space for techniques, but also for respect, appreciation and emancipation of female bodies in their singularities[10].

The guidelines for women regarding their active participation in IUD supervision, revealed in this research, are also supported by the Brazilian Ministry of Health, which recommends that women using IUDs be encouraged to perform periodic digital vaginal examinations in order to feel their cervix and identify the presence of the strings or part of the plastic rod of the device[24].

With regard to clinical practices involved in monitoring women with IUDs, it is important to reflect in the light of the literature that monitoring after insertion of the device is not carried out in a homogeneous and standardized manner regarding its frequency, which may be supported by the lack of evidence supporting routine consultation for asymptomatic women[25], so that the literature seems to converge on carrying out a consultation after the first menstruation following the procedure[25-27].

In this regard, the Standard Operating Protocol (SOP) for IUD insertion by nurses in Florianópolis suggests a consultation between one and three months, preferably after the first menstrual cycle following the procedure, in order to check satisfaction with the method, identify concerns, side effects and positioning of the device's thread[25]. Another instrument guiding IUD insertion in the city, the Women's Health Nursing Protocol, recommends that monitoring after the procedure occur within one week and after the first menstrual cycle with the professional who performed the insertion. In the

absence of complications, monitoring should occur annually[26].

Studies recommend a gynecological examination after the first menstruation[27] or between 30 and 45 days[28], six to twelve months[27] and, thereafter, annually, to ensure visualization of the control threads, which should project through the external cervical orifice of the uterus by 2 to 3 cm[27,28]. The above indicates that there is no consensus regarding the frequency of routine consultations for women with IUDs, except for the consultation after the first menstruation, inferring that the particularities of each woman should be considered when planning the other consultations for monitoring the device.

Regarding the monitoring of the positioning of the IUD by requesting and evaluating an imaging exam by the nurse, the SOP for insertion of the device in Florianópolis limits TVUS to cases of difficult insertion due to stenosis/tortuosity of the cervical canal, resistance to insertion or history of uterine anatomical changes, and the presence of intense pain outside the menstrual period[25]. In the city, the Women's Health Nursing Protocol also recommends performing TVUS to manage complications related to the device: IUD strings not visualized on speculum examination or suspected expulsion[26].

Regarding this, an investigation into monitoring consultations after insertion of a post-placental copper IUD warns that the indiscriminate request for ultrasound may produce inequities in access to specific exams such as this in PHC. Furthermore, using this request as a requirement for the monitoring consultation on the use of the device may generate unfavorable consequences for the continuity of monitoring[29].

Regardless of the reason that led to the request for the imaging exam by the nurse for the study participants, it is understood that the evaluation of women, in a timely manner, through a gynecological exam, should be performed for monitoring and early interventions in the event of complaints of pain or heavy bleeding, for example, also to avoid discontinuation of the method due to undesirable side effects, since TV ultrasound does not replace the clinical exam. A study suggests that the monitoring of women in PHC still requires qualification, supported by defined protocols, given the low frequency of gynecological examinations and the high number of ultrasounds requested for those who had a post-placental copper IUD inserted[29].

It is admitted that the experiences of women in understanding the object of study were limited to the testimonies of 11 women; however, the type of sampling adopted allowed women treated in the four Health Districts of the municipality to be represented, making it possible to recognize unique experiences linked to care provided by different PHC nurses.

FINAL CONSIDERATIONS

The positive perception of women regarding the counseling, insertion and monitoring of the copper IUD by nurses in the PHC is related to the successful practices of the professional, including: embracement, trust, bonding, safety, communication skills, scientific knowledge, competence and professionalism.

In the counseling about the device, the nurses' role as a facilitator of the informed and enlightened choice of the method was highlighted. Regarding the insertion of the IUD, the thoughts, feelings and attitudes that permeated this moment, such as fear and nervousness, common to experiences involving invasive procedures, were managed favorably by the nurses, in order to guarantee care and tranquility to the women, making the moment particularly humanized. The differentiated care provided by nurses before and during the procedure was also highlighted.

The monitoring of women using the device was understood as an important stage in maintaining the method and promoting reproductive health, a stage favored by the continuous support of the nurses. Furthermore, the woman's self-care constituted an important aspect of the monitoring of the IUD, a practice guided and encouraged by the nurses.

Finally, the study supports the literature, since the results indicate that nurses who are properly trained and certified for practices involving the IUD contribute to reducing bureaucracy in access to the method and to expanding, valuing and consolidating this

advanced professional practice, which is still the subject of legal discussions.

Efforts are suggested to develop new studies on the subject in order to broaden the understanding of the phenomenon from the perspective of PHC nurses. Furthermore, it is recommended that the research be replicated with a larger contingent of participants and that experiences from other municipalities or regions of the country be considered.

ACONSELHAMENTO, INSERÇÃO E ACOMPANHAMENTO DE DISPOSITIVO INTRAUTERINO DE COBRE POR ENFERMEIROS NA ATENÇÃO PRIMÁRIA

RESUMO

Objetivos: compreender a percepção de mulheres em relação ao aconselhamento, inserção e acompanhamento de dispositivo intrauterino de cobre pelo enfermeiro na atenção primária à saúde. **Método:** estudo descritivo com abordagem qualitativa, realizado em um município do Sul do Brasil com 11 mulheres. Os dados foram coletados em novembro e dezembro de 2022 por meio de entrevista individual semiestruturada e analisados pela técnica de análise de conteúdo temática. **Resultados:** evidenciou-se o enfermeiro como profissional facilitador da escolha do dispositivo intrauterino pelas mulheres, as quais tiveram experiências positivas com a inserção do dispositivo pelo profissional pela acolhida, segurança e confiança neste. Destacou-se o profissionalismo do enfermeiro pelo cuidado diferenciado à mulher na inserção do dispositivo, assim como as habilidades de comunicação do profissional e o cuidado pós-procedimento. Ademais, o estímulo à autonomia das mulheres no autocuidado com o dispositivo, as consultas de revisão deste e a disponibilidade do enfermeiro para o esclarecimento de dúvidas evidenciaram como ocorre o acompanhamento do dispositivo inserido. **Considerações finais:** a percepção positiva das mulheres sobre o aconselhamento, inserção e acompanhamento do dispositivo intrauterino pelo enfermeiro na atenção primária está relacionada às práticas bem-sucedidas, que vão do acolhimento ao profissionalismo.

Palavras-chave: Enfermeiros. Dispositivos Intrauterinos. Contracepção Reversível de Longo Prazo. Prática Avançada de Enfermagem. Atenção Primária à Saúde.

ASESORAMIENTO, INSERCIÓN Y ACOMPAÑAMIENTO DE DISPOSITIVO INTRAUTERINO DE COBRE POR ENFERMEROS EN ATENCIÓN PRIMARIA

RESUMEN

Objetivos: comprender la percepción de mujeres con relación al asesoramiento, inserción y acompañamiento del dispositivo intrauterino de cobre por parte del enfermero en la atención primaria de salud. **Método**: estudio descriptivo con enfoque cualitativo, realizado en un municipio del Sur de Brasil con 11 mujeres. Los datos fueron recogidos en noviembre y diciembre de 2022 por medio de entrevista individual semiestructurada y analizados por la técnica de análisis de contenido temático. **Resultados**: se evidenció al enfermero como facilitador profesional de la elección del dispositivo intrauterino por las mujeres, quienes tuvieron experiencias positivas con la inserción del dispositivo por el profesional por la acogida, seguridad y confianza en este. Se destacó el profesionalismo del enfermero por el cuidado diferenciado a la mujer en la inserción del dispositivo, así como las habilidades de comunicación del profesional y el cuidado post procedimiento. Además, el estímulo a la autonomía de las mujeres en el autocuidado con el dispositivo, las consultas de revisión del mismo y la disponibilidad del enfermero para aclarar dudas evidenciaron cómo se produce el seguimiento del dispositivo insertado. **Consideraciones finales**: la percepción positiva de las mujeres sobre el asesoramiento, inserción y acompañamiento del dispositivo intrauterino por parte del enfermero en atención primaria está relacionada con las prácticas exitosas, que van desde la acogida hasta el profesionalismo.

Palabras clave: Enfermeros. Dispositivos Intrauterinos. Anticoncepción Reversible de Larga Duración; Práctica Avanzada de Enfermería. Atención Primaria de Salud.

REFERENCES

1. Silva A, Nitschke RG, Tafner DPOV, Tholl AD, Bellaguarda MLR, Aguiar DCM. Nurses' routine in family healthcare: rethinking technosociality and health promotion during pandemic. Nursing (São Paulo). 2022; 25(294): 9000-7. DOI: http://doi.org/10.36489/nursing.2022v25i294p8992-9007.
2. Rodrigues GA, Alves VH, Rodrigues DP, Pereira AV, Marchiori GRS, Oliveira MLB, et al. Reproductive planning and insertion of intrauterine devices by physicians and nurses in Brazil. Cogitare Enferm. 2023; 28:e86717. DOI: https://dx.doi.org/10.1590/ce.v28i0.90554
3. Trindade RE, Siqueira BB, Paula TF, Felisbino-Mendes MS. Contraception use and family planning inequalities among brazilian women. Ciênc Saúde Colet. 2021; 26(Supl 2):3493-504. DOI: http://dx.doi.org/10.1590/1413-81232021269.2.24332019.
4. Hendrick CE, Cone JN, Cirullo J, Maslowsky J. Menstrual bleeding changes are NORMAL: proposed counseling tool to address common reasons for non-use and discontinuation of contraception. Glob Health Sci Pract. 2018; 6(3):603-10. DOI: https://doi.org/10.9745/GHSP-D-18-00093.
5. Saloranta TH, Gyllenberg FK, But A, Gissler M, Laine MK, Heikinheimo O. Free-of-charge long-acting reversible contraception: two-year discontinuation, its risk factors, and reasons. Am J Obstet Gynecol. 2020; 223(886):1-17. DOI: https://dx.doi.org/10.1016/j.ajog.2020.06.023.

6. Chin-Quee D, Diadhiou M, Eichleay M, Youssef A, Chen M, Bernholc A, et al. How much do side effects contribute to discontinuation? A longitudinal study of IUD and implant users in Senegal. Front. Glob. Womens Health. 2022; 2:804135. DOI: https://doi.org/10.3389/fgwh.2021.804135.

7. Conselho Federal de Enfermagem. Resolução COFEN nº 690 de 4 de fevereiro de 2022. Normatiza a atuação do enfermeiro no planejamento familiar e reprodutivo. Conselho Federal de Enfermagem: Brasília [internet]; 2022 [citado em 30 set 2024]. Disponível em: https://www.cofen.gov.br/resolucao-cofen-no-690-2022/

8. Lacerda LD, Arma JC, Paes LG, Siqueira EF, Ferreira LB, Fetzner RR, et al. Inserção de dispositivo intrauterino por enfermeiros da atenção primária à saúde. Enfermagem em Foco. 2021; 12(1):99-104. DOI: http://doi.org/10.21675/2357-707X.2021.v12.n7Supl.1.5209.

9. Gonzaga VAS, Borges ALV, Santos AO, Rosa PLFS, 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: http://dx.doi.org/10.1590/S1980-220X2016046803270.

10. Dias CLO, Silva YLM. Advanced nursing practice in reproductive planning – intrauterine device insertion: an experience report. Nursing (São Paulo). 2022; 25(294): 8899-903. DOI: https://doi.org/10.36489/nursing.2022v25i294p8894-8903.

11. Olímpio JA, Araújo JN, Pitombeira DO, Enders BC, Sonenberg A, Vitor AF. Advanced practice nursing: a concept analysis. Acta Paul Enferm. 2018;31(6):674-80. DOI: https:// dx.doi.org/10.1590/1982-0194201800092.

12. Barreto DS, Gonçalves RD, Maia DS, Soares RS. Dispositivo intrauterino na atenção primária a saúde: uma revisão integrativa. Rev Bras Med Fam Comunidade. 2021; 16(43):2821. DOI: https://doi.org/10.5712/rbmfc16(43)2821.

13. Trigueiro TH, Ferrari JC, Souza SRRK, Wall ML, Barbosa R. Follow-up of copper intrauterine device insertion by nurses: a prospective longitudinal study. Rev Bras Enferm. 2020; 73(4):e20200156. DOI: http://dx.doi.org/10.1590/0034-7167-2020-0156.

14. Souza AMLB, Bastos RA, Guerra LM, Gondinho BVC, Meneghim MC, Leme PAT. Perceptions about the therapeutic itinerary after stroke: a qualitative research. Rev Bras Enferm. 2021; 74(3):e20201140. DOI: https://doi.org/10.1590/0034-7167-2020-1140.

15. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14 ed. São Paulo: Hucitec; 2014.

16. Monçalves KLM, Wilhelm LA, Silveira A, Ferreira CLL, Silva SC, Soliz PP, et al. Choice of hormonal contraception by women assisted in primary care: limiting factors and fear. Cienc Cuid Saúde. 2023; 22:e65836. DOI: http://dx.doi.org/10.4025/ciencuidsaude.v22i0.65836

17. Borges ALV, Araújo KS, Santos AO, Gonçalves RFS, Fujimori E, Divino EA. Knowledge about the intrauterine device and interest in using it among women users of primary care services. Rev Latino-Am Enfermagem. 2020; 28:e3232. DOI: http://dx.doi.org/10.1590/1518-8345.3140.3232.

18. Silva WNS, Silva KCS, Araújo AA, Barros MBSC, Monteiro EMLM, Bushatsky M, et al. Technologies in the empowerment process of primary nursing care in the COVID-19 context. Cienc Cuid Saúde. 2022; 21:e58837. DOI: http://doi.org/10.4025/cienccuidsaude.v21i0.58837.

19. Conselho Federal de Enfermagem. Resolução COFEN n° 696/2022. Dispõe sobre a atuação da enfermagem na saúde digital, normatizando a telenfermagem. Conselho Federal de Enfermagem: Brasília [internet]; 2022 [citado em 30 set 2024]. Disponível em: http://www.cofen.gov.br/resolucao-cofen-no-696-2022_99117.html.

20. Canuto LC, Felisbino J, Tholl AD, Locks MOH, Amante LN. Construção de um infográfico educacional sobre o dispositivo intrauterino de cobre. Enferm Bras. 2023; 22(5):680-92. DOI: https://doi.org/10.33233/eb.v22i5.5525

21. Oliveira LS, Hermida PMV, Siqueira EF, Arma JCBS, Thomas LS, Dalmolin IS. Evidence of intrauterine device insertion by nurses in primary health care: an integrative review. Rev Bras Enferm. 2024; 77(1):e20230134. DOI: https://doi.org/10.1590/0034-7167-2023-0134.

22. Laporte M, Becerra A, Castro L, Veiga N, Espejo-Arce X, Bahamondes L. Evaluation of clinical performance when intrauterine devices are inserted by different categories of healthcare professional. Int J Gynecol Obstet. 2021; 152:196-201. DOI: https://doi.org/10.1002/ijgo.13396.

23. Trigueiro TH, Lima GS, Borges R, Guimarães PRB, Souza SRRK, Wall ML. Insertion of intrauterine device for doctors and nurses in a low-risk maternity hospital. Rev Gaúch Enferm. 2021; 42:e20200015. DOI: https://doi.org/10.1590/1983-1447.2021.20200015.

24. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Manual técnico para profissionais de saúde: DIU com cobre TCu 380A. Brasília: Ministério da Saúde [internet]; 2018 [citado em 29 set 2024]. Disponível em: https://portaldeboaspraticas.iff.fiocruz.br/wp-content/uploads/2018/12/manual_diu_08_2018.pdf

25. Florianópolis. Secretaria Municipal de Saúde. Procedimento operacional padrão: inserção e retirada do dispositivo intra-uterino (DIU) de cobre. Florianópolis. [Internet]. Florianópolis: Secretaria Municipal de Saúde; 2018 [citado em 29 set 2024]. Disponível em: http://www.pmf.sc.gov.br/arquivos/arquivos/pdf/08_10_2018_15.26.55.6316cf808ca76c1afb5336f66fb5a7cc.pdf

26. Florianópolis. Secretaria Municipal de Saúde. Protocolo de enfermagem volume 3 - saúde da mulher - acolhimento às demandas da mulher nos diferentes ciclos de vida. [Internet]. Florianópolis: Secretaria Municipal de Saúde; 2016. [atualizado 2020; citado em 29 set 2024]. Disponível em: http://www.pmf.sc.gov.br/arquivos/arquivos/PDF/PROTOCOLO%203%20SMS%20ATUALIZADO.pdf.

27. Teixeira AC, Teixeira BCA, Teixeira GCA. Aspectos atuais da avaliação do dispositivo intrauterino (DIU) pelos métodos de imagem e suas principais intercorrências. Braz. J. Hea. Rev. 2022; 5(1):1536-52. DOI: https://doi.org/10.34119/bjhrv5n1-130.

28. Giordano MV, Giordano LA, Panisset KS. Dispositivo intrauterino de cobre. Femina. [internet]. 2015; 43(1):15-20. [citado em 29 set 2024]. Disponível em: http://files.bvs.br/upload/S/0100-7254/2015/v43nsuppl1/a4850.pdf

29. Silva CS, Schuster RV, Dornfeld D, Patuzzi GC, Szczepanik JC, Neutzling AL. Follow-up visit after post-placental copper intrauterine device insertion (TCU 380A). Cienc Cuid Saude. 2023; 22:e64631. DOI: http://dx.doi.org/10.4025/ciencuidsaude.v22i0.64631

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