HHS Public Access

Author manuscript

Obstet Gynecol. Author manuscript; available in PMC 2020 January 01.

Published in final edited form as:

Obstet Gynecol. 2019 January ; 133(1): 189–190. doi:10.1097/AOG.0000000000003044.

Paracervical Block for Intrauterine Device Placement Among Nulliparous Women: A Randomized Controlled Trial

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In Reply:

We thank Dr. Levine and Dr. Fernandez for their interest in our article.[1] We agree that pain with intrauterine device (IUD) placement is multifactorial. Regarding the specific points in their Letter, please see our response below.

1. A standard, single-tooth tenaculum was used in this study. All participants received 2 cc of 1% lidocaine at the tenaculum site. The control and intervention group had the similar pain scores with the tenaculum placement.
2. A review by Whiteman et al in 2013 did not find timing of IUD placement with menses to be associated with less insertion pain.[2] Even if there were some benefit to IUD placement with menses, since this was a randomized controlled trial, those who had the IUD placed during menses should be evenly distributed between our study groups and should not be a confounding factor in our data analysis.
3. We acknowledge that our study looked at pain control for the standard size IUDs. Our study found a benefit to using 20 cc of buffered 1% lidocaine with standard size IUDs. The Akers et al. study showed a benefit to using a lidocaine paracervical block for the smaller frame IUDs among nulliparous women.[3] We do not counsel nulliparous women that they should not use the standard size IUDs. The standard 52-mg LNG IUD has a favorable side effect profile and duration of use.

REFERENCES:

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Financial Disclosure

The authors did not report any potential conflicts of interest.

2. Whiteman MK, Tyler CP, Folger SG, Gaffield ME, Curtis KM. When can a woman have an intrauterine device inserted? A systematic review. Contraception 2013;87(5):666–673. [PubMed: 22995537]

3. Akers AY, Steinway C, Sonalkar S, Perriera LK, Schreiber C, Harding J, Garcia-Espana JF. Reducing Pain During Intrauterine Device Insertion: A Randomized Controlled Trial in Adolescents and Young Women. Obstet Gynecol 2017 10;130(4):795–802. [PubMed: 28885425]