Participant Handout 2.4.2: Passing a Uterine Sound

Sounding the uterus is required for all copper IUDs inserted with the withdrawal technique, in order to ensure high fundal placement.

**Purpose of Sounding the Uterus**
- To check for obstructions in the cervical canal.
- To measure the length from external cervical os to the uterine fundus so that the blue depth gauge on the insertion tube (TCu 380A IUD) can be set at the same distance, so that the IUD will be placed high in the uterine fundus.

**Procedure for Sounding the Uterus**
Use gentle, no touch (aseptic) technique throughout.

*Note: Before attempting to sound the uterus, a screening speculum and bimanual exam should have been performed to assess the position of the uterus and rule out the possibility of vaginal and cervical infection and to determine the size of the uterus.*

**Step 1:** Thoroughly clean the cervix with an antiseptic solution e.g., Chlorhexidine Gluconate (Hibiclens®, Hibiscrub®, Hibitane® or Savlon® note: concentration of Savlon® may vary) or iodophors (Povidone Iodine, Betadine®, Wesodyne®).

**Step 2:** Apply the HLD or sterile tenaculum to the cervix. Close the tenaculum one notch at a time, slowly, and no further than necessary.

**Step 3:** Pick up the handle of the sound, do not touch the tip. Turn the sound so that it curves in the same direction as the uterus. Gently pass the HLD or sterile tip of the uterine sound into the cervical canal. At the same time, keep a firm grip with the tenaculum. (Be careful not to touch the walls of the vagina with tip of sound.) Carefully and gently, insert the uterine sound in the direction of the uterus while gently pulling steadily outward on the tenaculum. If there is resistance at the internal os, use a smaller sound, if available. Do not attempt to dilate the cervix unless well qualified. Gentle traction on the tenaculum may enable the sound to pass more easily. If client begins to show symptoms of fainting or pallor with slow heart rate, STOP.

**Step 4:** Slowly withdraw the sound, it will be wet and darker where it was in the uterus. Place the sound next to the IUD and set the blue depth gauge at the depth of the uterus. Determine the length of the uterus by noting the mucus and or blood on the sound. The average uterus will sound to a depth of six to eight centimeters.
**Note:** If the uterus sounds to a depth of 10 cm or more, the sound may have perforated the uterus, or the uterus may be enlarged due to tumors or pregnancy. DO NOT insert an IUD. If perforation is suspected, observe the client in the clinic carefully.

a) For the first hour, keep the woman in bed and check the pulse and blood pressure every 5 to 10 minutes.

b) If the woman remains stable after one hour, check the hematocrit/hemoglobin if possible, allow her to walk, check vital signs as needed, and observe for several more hours. If she has no signs or symptoms, she can be sent home, but should avoid intercourse for two weeks. Help her make an informed choice about a different (back up) contraceptive.

c) If there is a rapid pulse and falling blood pressure, or new pain or increasing pain around the uterus, hospitalization is needed.