Dr Abhishek Gupta's HYT

Week 1 · Topic 4 · Thursday

Intrauterine Contraceptive Devices (IUCD)

Subject: Obstetrics & Gynaecology (also Community Medicine — family planning)

Asked 44 times

Exam	PYQs
FMGE	17
UPSC CMS	15
NEET PG	6
AIIMS PG	5
INI-CET	1
Total	**44**

Years asked: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026

Asked from 2021 onwards: 20

Decided by PYQs. Not by me. — Revise this free on HYT Revision, by Dr Abhishek Gupta.

2. PYQ Map

#	Exam	Year	Angle tested
1	FMGE	2026	Missing threads: first step = TVS
2	FMGE	2026	Breast cancer: Cu-IUD, avoid all hormones
3	UPSC CMS	2026	PPIUCD window: up to 48 hours
4	INI-CET	2025	Insertion timing: which window is not valid
5	FMGE	2024	Spotting after insertion: reassure
6	FMGE	2024	Identify device: Lippes Loop (image)
7	FMGE	2024	PPIUCD window: within 48 hours
8	FMGE	2024	PPIUCD window: 48 hours
9	NEET PG	2024	Earliest postpartum insertion: within 48 h
10	NEET PG	2024	Pregnancy + visible thread: remove gently
11	UPSC CMS	2024	Indications for removal (pyelonephritis not)
12	UPSC CMS	2024	Mirena statements: LNG, 0.2/100, less bleeding
13	FMGE	2023	Cu-T 380A life: 10 years
14	UPSC CMS	2023	Removal: perforation, pregnancy, menopause +1 yr
15	FMGE	2022	Longest-acting IUD: Cu-T 380A
16	FMGE	2022	Postpartum spacing 3 years: LNG IUCD
17	NEET PG	2022	Cu-T most significant complication: ectopic (image)
18	UPSC CMS	2022	Contraindications: age >35 is not one
19	FMGE	2021	Absolute CI: undiagnosed vaginal bleeding (image)
20	UPSC CMS	2021	Generations: copper = second generation
21	FMGE	2020	Not absolute CI: HIV (image)
22	FMGE	2020	Commonest side effect: bleeding
23	FMGE	2020	Cu-T 380A facts: life is not 5 years (image)
24	NEET PG	2020	Not absolute CI: uterine malformation
25	UPSC CMS	2020	Removal: cyclical bleeding is not an indication
26	UPSC CMS	2020	Not a CI: intra-caesarean insertion
27	UPSC CMS	2020	LNG-20: 0.2/100, fewer ectopics, less bleeding
28	FMGE	2019	Absolute CI: acute PID
29	FMGE	2019	CI of Cu-T: PID (image)
30	FMGE	2019	Pregnancy 20 wk + tail visible: remove
31	UPSC CMS	2019	HTN + menorrhagia + dysmenorrhoea: LNG-IUS
32	UPSC CMS	2019	Mirena advantages: low pregnancy, prevents anaemia

33	AIIMS PG	2018	Mirena LNG release: 20 µg/day
34	AIIMS PG	2018	LARC: tubal ligation is not reversible
35	AIIMS PG	2018	Absolute CI of CuT (unmotivated woman)
36	FMGE	2018	Post-abortion contraception: IUD
37	UPSC CMS	2017	HTN + menorrhagia + dysmenorrhoea: LNG-IUD
38	AIIMS PG	2016	Pregnancy 10 wk + string visible: remove
39	AIIMS PG	2015	LNG non-contraceptive uses: not PMS
40	NEET PG	2015	Not absolute CI: uterine malformation
41	UPSC CMS	2015	Cu-T 380A replacement: 10 years
42	UPSC CMS	2014	Highest ectopic proportion: Progestasert
43	NEET PG	2013	Interval insertion: within 10 days of period
44	UPSC CMS	2013	Why remove in pregnancy: septic abortion, preterm

What examiners keep asking

1. Contraindications — absolute vs relative (PID, undiagnosed bleeding, pregnancy; 'which is NOT') — **9 PYQs**
2. Pregnancy with IUD in situ, indications for removal, missing threads — **8 PYQs**
3. Timing of insertion — PPIUCD 48 hours, interval insertion — **6 PYQs**
4. Choosing the method — LNG-IUS for HTN + menorrhagia, Cu-IUD in breast cancer, postpartum/post-abortion, LARC — **6 PYQs**
5. LNG-IUS (Mirena) — 20 µg/day, 0.2/100, less bleeding, fewer ectopics, uses — **5 PYQs**
6. Cu-T 380A — 10 years, 380 mm^2, withdrawal technique — **4 PYQs**
7. Side effects and complications — bleeding commonest, ectopic (Progestasert highest) — **4 PYQs**
8. Generations and device identification — Lippes Loop, copper = 2nd — **2 PYQs**

3. Full Concept Notes

3.1 Definition and basics

An **intrauterine contraceptive device (IUCD / IUD)** is a small device placed in the uterine cavity that gives long-acting, reversible contraception. With implants, IUCDs form the **LARC** group (long-acting reversible contraception) PYQ — effective for years after a single procedure, independent of daily user action, and fertility returns promptly after removal. Tubal ligation is permanent, not LARC PYQ .

- A **spacing method** in India's National Family Planning Programme; devices supplied free in the public sector are the **Cu-IUCD 380A (10 years)** and the **Cu-IUCD 375 (5 years)**.
- Typical-use failure: Cu-T 380A about **0.6–0.8 per 100 women in the first year**; LNG-IUS (Mirena) about **0.2 per 100 women-years** PYQ — comparable to sterilisation.
- **Ideal candidate** (Park): a woman who has borne at least one child, has no history of pelvic disease, has normal menstrual periods, is willing to check the IUD tail, has access to follow-up, and is in a mutually monogamous relationship. Nulliparity is *not* a contraindication in current practice.



Fig 1. Copper-T in correct position: arms at the uterine fundus, stem in the cavity, threads passing through the cervical canal into the vagina (the woman checks these threads after each period).

3.2 Classification — the three generations

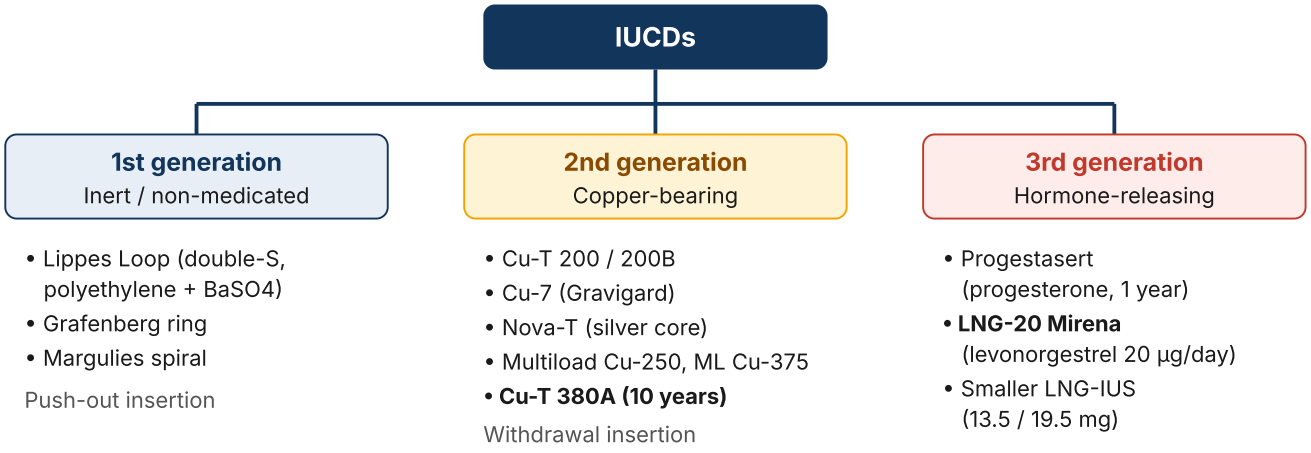


Fig 2 (drawn fresh). Generations of IUCDs — "copper = second, hormone = third" is a direct PYQ.

PYQ Second-generation IUDs are the copper devices (Cu-T 200, Cu-T 380A); Lippes Loop is first generation; Mirena is third generation.

Device	Active agent	Approved life	Key exam fact
Lippes Loop	None (inert); barium sulphate makes it radio-opaque	Indefinite (no longer used)	Double-S shape; sizes A–D (D largest); identification image PYQ
Cu-T 200B	200 mm² copper	3–4 years	Older device of the Indian programme
Nova-T	200 mm² copper on a silver core	5 years	Silver core prevents fragmentation of copper
Multiload Cu-375 (Cu-IUCD 375)	375 mm² copper	5 years	Flexible serrated arms; in the national programme
Cu-T 380A	380 mm² copper (314 mm² wire on stem + 33 mm² sleeve on each arm)	**10 years**	Longest-acting IUD; inserted by withdrawal technique; usable as emergency contraception PYQ
Progestasert	38 mg natural progesterone, 65 µg/day	1 year	Highest *proportion* of ectopics among failures PYQ
LNG-20 (Mirena)	52 mg levonorgestrel, **20 µg/day**	5 years (US FDA extended contraceptive use to 8 years)	Reduces blood loss; 0.2/100; fewer ectopics PYQ



Fig 3. Lippes Loop — first-generation inert IUD: flat double-S polyethylene coil with two trailing threads (FMGE 2024 image question).

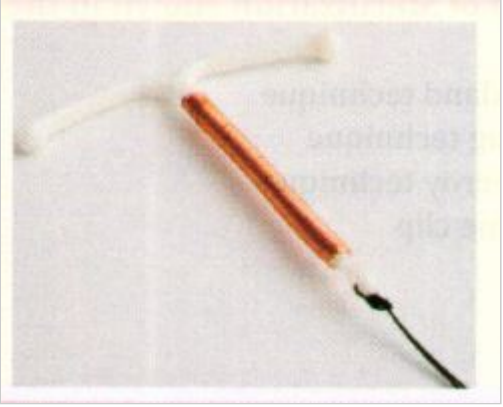


Fig 4. Copper-T 380A — T-shaped polyethylene frame, copper wire wound on the vertical stem and copper sleeves on both horizontal arms (total 380 mm²).



Fig 5. Multiload Cu-375 — copper wire on the stem with two flexible curved, serrated arms; effective for 5 years.

3.3 Mechanism of action

All IUDs (foreign body effect)

- A **sterile inflammatory reaction** in the endometrium: leucocytes and macrophages accumulate and phagocytose sperm; the uterine environment becomes hostile to sperm and to implantation.
- The main action is **prevention of fertilisation**, not abortion of an implanted pregnancy.

Copper devices

- Copper ions are **spermicidal**: they reduce sperm motility and viability and interfere with endometrial enzymes, intensifying the inflammatory reaction.
- Because they also prevent implantation, a copper IUD inserted within **5 days (120 hours)** of unprotected intercourse is the **most effective emergency contraceptive** PYQ .
- Copper does not stop ovulation → periods continue and are often **heavier and more painful**.

Hormonal devices (LNG-IUS, Progestasert)

- **Thick cervical mucus** (main mechanism) → blocks sperm entry.
- **Endometrial suppression** (decidualisation, glandular atrophy) → scanty periods; about one in five users is amenorrhoeic at one year.
- Ovulation is **not reliably suppressed** (most cycles remain ovulatory) — so functional ovarian cysts may occur.
- Mirena releases **synthetic levonorgestrel**, not natural progesterone PYQ ; release is about **20 µg/day** PYQ initially, falling to about 10 µg/day by 5 years.

Must know — Mirena (LNG-20) in one box
52 mg LNG · 20 µg/day PYQ · pregnancy rate 0.2 per 100 women-years (= 2 per 1000) PYQ · **reduces menstrual blood loss (up to ~90%) and prevents anaemia** PYQ · reduces dysmenorrhoea · **lowers absolute ectopic risk** PYQ · approved life 5 years (8 years for contraception per US FDA) — **not 10 years**.

3.4 Timing of insertion

Situation	When	Remarks
Interval (not postpartum)	During or **within 10 days of the start of menstruation** (Park) PYQ ; GoI manual allows up to 12 days. Any other day if pregnancy is reasonably excluded.	Os slightly open, pregnancy unlikely, insertion bleeding masked. LNG-IUS: within first 7 days of cycle needs no backup; otherwise backup for 7 days.
Post-placental	Within **10 minutes** of delivery of the placenta	Lowest expulsion among postpartum timings; by hand or long Kelly's placental forceps
Intra-caesarean	After placenta is delivered, before uterine closure	Recommended; *not* a contraindication PYQ
Immediate postpartum	Up to **48 hours** after delivery PYQ	Earliest time after a normal delivery = within 48 hours PYQ
48 hours – 4/6 weeks	**Avoid**	Higher expulsion and perforation (WHO MEC 3 for 48 h to <4 wk; GoI defers to 6 weeks)
Extended postpartum	From 6 weeks (GoI) / 4 weeks (WHO)	Interval-type insertion; lactational amenorrhoea women — exclude pregnancy
Post-abortion	**Immediately** after uterine evacuation (or within 12 days)	WHO MEC 1 after first-trimester, 2 after second-trimester abortion; **4 after septic abortion** PYQ
Emergency contraception	Within 5 days of unprotected intercourse	Copper IUD only (most effective EC)

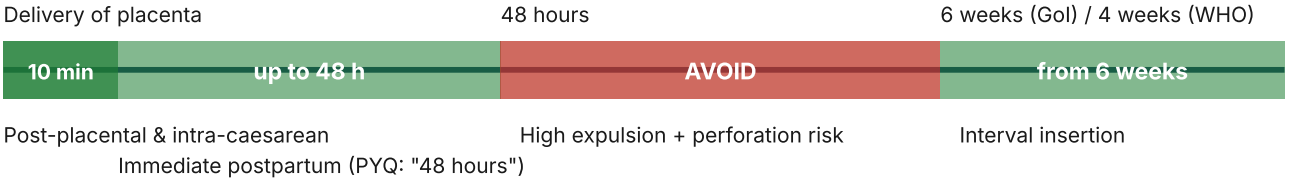


Fig 6 (drawn fresh). Postpartum IUCD (PPIUCD) windows — the single most repeated timing fact.

3.5 Insertion technique and follow-up (essentials)

- Before insertion: counselling, exclude pregnancy, pelvic examination (uterine size and position), rule out cervicitis/PID. Routine antibiotic prophylaxis is not recommended.
- **No-touch technique** — the device is loaded in its sterile packet. Uterine sounding, then insertion to the fundus.
- **Cu-T 380A: withdrawal technique** PYQ — the inserter tube is placed at the fundus and *withdrawn* over the plunger rod, releasing the arms (avoids pushing the device through the fundus). Lippes Loop used the **push-out** technique.
- Threads cut to about 3 cm from the os. The woman is taught to **check the threads after every menstrual period**.
- Follow-up: after the first menstrual period (3–6 weeks), then as needed / yearly; return at once for missed period, pain, fever, abnormal discharge, missing or lengthened threads.

3.6 Contraindications

Two frameworks are asked: the **classic textbook list (Park / Dutta)** that most Indian PYQ keys follow, and the **WHO Medical Eligibility Criteria (MEC)** categories 1–4 (4 = unacceptable risk = absolute).

Absolute (textbook) — WHO MEC 4	Relative (textbook)	NOT contraindications
• **Suspected / known pregnancy** PYQ • **Current PID**, purulent cervicitis, current chlamydia/gonorrhoea PYQ • **Undiagnosed vaginal bleeding** PYQ • Cervical / endometrial cancer awaiting treatment; pelvic tumours • Puerperal sepsis; immediately after septic abortion • Gestational trophoblastic disease with persistently raised hCG or malignant disease PYQ • Pelvic tuberculosis • (Park also lists previous ectopic pregnancy)	• Anaemia, menorrhagia PYQ • Severe dysmenorrhoea PYQ • History of PID since last pregnancy • Uterine malformations, fibroids, polyps PYQ • Unmotivated woman PYQ • HIV, advanced stage (initiation MEC 3) PYQ	• Age above 35 PYQ • Breastfeeding PYQ • Hypertension PYQ, DVT, migraine PYQ • Monogamous relationship PYQ • Insertion at caesarean PYQ • Breast cancer (for copper IUD) PYQ • Nulliparity, previous abortion, endometriosis (copper)

Trap — "uterine malformation": Park lists distortion of the cavity by malformations, fibroids or polyps as **relative**, and NEET PG keys (2015, 2020) follow this PYQ. WHO MEC places a malformation that **distorts the cavity** in category 4. In a "which is NOT absolute" question with pregnancy, PID and undiagnosed bleeding as the other options, mark the malformation.

Trap — HIV: not an absolute contraindication (initiation MEC 2 in clinical stage 1–2, MEC 3 in stage 3–4; continuation 2) PYQ. **Trap — age**: age >35 is never a contraindication to an IUD PYQ.

Hormonal (LNG-IUS) — extra contraindications

- **Current breast cancer** (MEC 4); past breast cancer with no disease for 5 years (MEC 3). Use a **copper IUD** instead (MEC 1) PYQ.
- Acute DVT/PE, severe decompensated cirrhosis, liver tumours, ischaemic heart disease/stroke developing during use (MEC 3).

3.7 Side effects and complications

Problem	Key facts
Bleeding	**Commonest side effect** of copper IUCD and commonest medical reason for removal PYQ : heavier, longer periods and intermenstrual spotting, mostly in the first 3–6 months. Initial management of spotting = **reassure and observe** PYQ ; NSAIDs (e.g. mefenamic acid) reduce copper-IUD bleeding. LNG-IUS gives irregular spotting early, then scanty periods/amenorrhoea.
Pain	Second commonest; cramps at insertion and with menses. Persistent pain → look for malposition, partial expulsion, perforation, infection or pregnancy.
Pelvic infection (PID)	Risk is increased only in the **first 20 days after insertion** (introduced organisms / pre-existing cervical infection); thereafter equals the background risk and depends on STI exposure. Treat with antibiotics; the device need not be removed unless no improvement in 48–72 h. Classic removal indication: "flaring up of salpingitis" PYQ .
Actinomyces	Actinomyces-like organisms on Pap smear in long-term users: if asymptomatic, **no removal and no treatment**; if pelvic actinomycosis is suspected, remove device and give prolonged penicillin.
Uterine perforation	About 1–2 per 1000 insertions; usually at insertion; more likely postpartum/lactating uterus and with inexperienced inserters. Copper device in the peritoneal cavity → laparoscopic removal (causes adhesions). Indication for removal PYQ .
Expulsion	Commonest in the first year, especially first few months and during menses; more in nulliparous women and with postpartum insertion (least with post-placental). Often unnoticed → missing threads/pregnancy.
Pregnancy (failure)	Risk of septic abortion, miscarriage, chorioamnionitis, preterm labour — see 3.8 PYQ .
Ectopic pregnancy	IUDs **reduce the absolute risk** of ectopic compared with no contraception, but protect the uterus better than the tube, so **if a pregnancy occurs a higher proportion is ectopic** — the most significant complication of Cu-T in the PYQ sense PYQ . Highest proportion with **Progestasert** PYQ ; LNG-IUS has the lowest absolute risk PYQ .

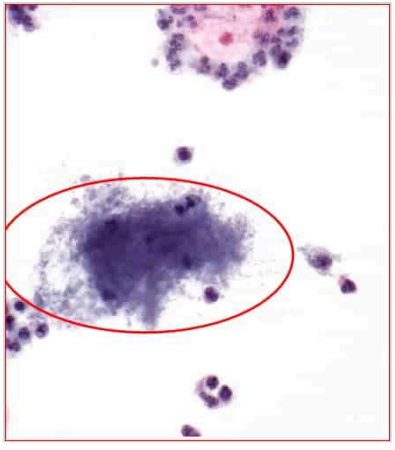


Fig 7. Pap smear from an IUCD user showing clusters of branching filamentous Actinomyces ("dust-bunny" appearance) — asymptomatic colonisation does not need removal.

3.8 Pregnancy with an IUD in situ

1. **Confirm pregnancy and exclude ectopic** (USG).

2. Intrauterine, wanted, **threads visible** (any trimester in PYQs: 10 weeks PYQ , 20 weeks PYQ) → **remove the device gently** PYQ and continue the pregnancy.
3. Threads not visible → leave the device; counsel about risks; watch for infection and preterm labour; locate and remove at delivery.
4. Reason for removal: to prevent **septic abortion and preterm labour** PYQ . IUDs are **not teratogenic** → MTP is not indicated just because a device is present; prophylactic antibiotics through pregnancy have no role.

3.9 Missing threads — algorithm

Step 1	Threads not seen at the external os → exclude pregnancy (hCG); give backup contraception.
Step 2	Gently explore the cervical canal (thread retriever / artery forceps) — threads may be curled up in the canal.
Step 3	**Transvaginal ultrasonography** — investigation of choice to locate the device PYQ .
→ In cavity	Remove/replace with retriever or under **hysteroscopy** (embedded device) — or leave if correctly placed and the woman wishes to continue.
→ Not seen on USG	**Plain X-ray abdomen-pelvis** (AP + lateral; device is radio-opaque): seen = **perforation** → laparoscopic removal; not seen = **unnoticed expulsion** → new contraception.

Trap: Do not insert a new IUCD, do hysteroscopy, or operate before locating the old device PYQ .

3.10 Indications for removal

- Persistent excessive or irregular bleeding PYQ
- Flaring up of salpingitis / PID not responding to treatment PYQ
- **Perforation of the uterus** PYQ
- **Intrauterine pregnancy with device in situ** (threads visible) PYQ
- **One year after menopause** PYQ
- Wish to conceive; expiry of the device's life (replace)

Not indications: normal cyclical menstrual bleeding PYQ , pyelonephritis PYQ , migraine PYQ , asymptomatic Actinomyces.

3.11 Choosing the right method — clinical scenarios

Scenario	Best choice	Why
38 y, chronic hypertension + menorrhagia + dysmenorrhoea (malignancy excluded)	**LNG-IUS** PYQ (asked twice)	Oestrogen-free; reduces bleeding and pain. Copper would worsen symptoms; COC contraindicated in HTN.
Breast cancer (current or past)	**Copper IUD** PYQ	Non-hormonal; all hormonal methods avoided
Postpartum, wants 3 years' spacing	**IUCD** (keyed: LNG IUCD) PYQ	LARC, safe in breastfeeding; LAM only up to 6 months
After abortion, wants no pregnancy	**IUD inserted immediately** PYQ	Long-acting, highly effective, inserted at the same sitting
Emergency contraception up to 5 days	**Copper IUD**	Most effective EC; continues as regular contraception
HRT needing endometrial protection, endometrial hyperplasia, adenomyosis, endometriosis pain	**LNG-IUS** PYQ	Non-contraceptive uses of levonorgestrel — **PMS is not one** PYQ

3.12 Indian programme points

- Under the National Family Planning Programme, IUCDs are spacing methods offered free; the devices are **Cu-IUCD 380A (10 years)** and **Cu-IUCD 375 (5 years)**.
- **PPIUCD** (post-placental, intra-caesarean, within 48 hours) is actively promoted to use the facility-delivery contact; post-abortion IUCD (PAIUCD) likewise.
- Interval IUCD insertion: within 12 days of the start of menstruation (GoI IUCD Reference Manual) or any time pregnancy is reasonably excluded; extended postpartum from 6 weeks.
- Other basket methods (context): condoms, OCP (Mala-N), Centchroman (Chhaya), injectable MPA (Antara), ECP, sterilisation.

Special exam points
• Cu-T 380A = 380 mm² copper, **10 years**, withdrawal technique, EC within 5 days PYQ — "5 years" is the false statement PYQ .
• Commonest side effect = **bleeding**; commonest cause of removal = bleeding/pain PYQ .
• PID risk highest in the **first 20 days** after insertion.
• Progestasert: natural progesterone, 1 year, **highest ectopic proportion** PYQ .
• Mirena: **20 µg/day**, 0.2/100, less bleeding, fewer ectopics PYQ .

4. High Yield Notes

Ordered by how often examiners asked them.

1. **Absolute contraindications** (9 PYQs): pregnancy, current PID, undiagnosed vaginal bleeding, genital malignancy, septic abortion/puerperal sepsis. **Not absolute**: uterine malformation (textbook), HIV, age >35, breastfeeding, hypertension, insertion at caesarean.
2. **Pregnancy with IUD + threads visible** → remove gently (prevents septic abortion, preterm labour). Not teratogenic; no MTP.
3. **Removal indications**: perforation, pregnancy, persistent bleeding, salpingitis flare, 1 year after menopause. Not: cyclical bleeding, pyelonephritis, migraine.
4. **Missing threads** → exclude pregnancy → TVS first → X-ray if not seen on USG.
5. **PPIUCD**: post-placental (10 min), intra-caesarean, up to **48 hours**; else wait till 6 weeks.
6. **Interval insertion**: within 10 days of the start of the period (GoI: 12 days).
7. **LNG-IUS** for HTN + menorrhagia + dysmenorrhoea; **Cu-IUD** for breast cancer.
8. **Mirena**: LNG 52 mg, **20 µg/day**, 0.2/100 WY, less blood loss, prevents anaemia, fewer ectopics; life 5 years (not 10).
9. **Cu-T 380A**: **10 years**, 380 mm², withdrawal technique, EC within 5 days — longest-acting IUD.
10. **Commonest side effect**: bleeding. Early spotting → reassure.
11. **Ectopic**: absolute risk ↓, proportion ↑ if failure; highest proportion with Progestasert.
12. **Generations**: inert (Lippes Loop) → copper (Cu-T 200, 380A) → hormonal (Progestasert, Mirena).
13. **LARC**: Cu-T, LNG-IUS, implant — not tubal ligation. IUD is preferred post-abortion.

	Cu-T 380A	LNG-20 (Mirena)	Progestasert
Generation	2nd (copper)	3rd (hormonal)	3rd (hormonal)
Agent	380 mm² copper	LNG 52 mg, 20 µg/day	Progesterone 38 mg, 65 µg/day
Life	**10 years**	5 years (8 for contraception, US FDA)	1 year
Failure	0.6–0.8 / 100 (1st year)	**0.2 / 100**	Higher
Menses	Heavier, more painful	**Lighter**, amenorrhoea possible	Lighter
Ectopic	Proportion ↑ if failure	Lowest absolute risk	**Highest proportion**
Emergency contraception	Yes (5 days)	Not standard	No
Breast cancer	Allowed (MEC 1)	Avoid (MEC 4)	Avoid

If you remember one thing: An IUCD is never inserted into a uterus that may be pregnant, infected or bleeding for an unknown reason — and if a pregnancy occurs with the threads visible, take it out gently.

5. All PYQs (44, newest first)

1. FMGE 2026

A 30-year-old woman presents to the gynecology outpatient department because she is unable to feel the threads of her intrauterine contraceptive device (IUCD). The IUCD was inserted 6 months ago. On speculum examination, the IUCD strings are not visible at the external cervical os. She is asymptomatic. What is the most appropriate next step in management?

A. Insert a new IUCD
B. Perform hysteroscopy
C. Perform transvaginal ultrasonography
D. Perform immediate surgical removal of the IUCD

Answer: **C. Perform transvaginal ultrasonography**

Threads not seen at the os in an asymptomatic woman: first **exclude pregnancy** and advise a backup method, then **locate the device with transvaginal ultrasonography** (investigation of choice).
If USG shows it in the cavity: retrieve threads with a thread retriever / hysteroscopy. If not seen on USG: plain X-ray abdomen-pelvis to look for perforation vs. unnoticed expulsion.
New IUCD (A) without locating the old one is wrong; hysteroscopy (B) and surgery (D) come only after imaging.

2. FMGE 2026

A woman with a history of breast cancer seeks contraception. Which of the following contraceptive methods is appropriate for her?

A. Combined oral contraceptive pills
B. Progestin-only pills
C. Copper intrauterine contraceptive device (Cu-IUD)
D. Levonorgestrel-releasing intrauterine system (LNG-IUS)

Answer: **C. Copper intrauterine contraceptive device (Cu-IUD)**

Breast cancer is hormone-sensitive: **all hormonal methods are avoided** — COC, POP, injectables, implants and the LNG-IUS (current breast cancer = WHO MEC category 4; past, no disease for 5 years = category 3). The **copper IUD** is non-hormonal (MEC category 1) and is the method of choice.

3. UPSC CMS 2026

In postpartum period, the intrauterine device may be inserted in the woman

A. up to 72 hours of delivery
B. up to 48 hours of delivery
C. up to 36 hours of delivery
D. up to 24 hours of delivery

Answer: **B. up to 48 hours of delivery**

Postpartum IUCD (PPIUCD) windows: **post-placental (within 10 minutes)**, **intra-caesarean**, and **immediate postpartum up to 48 hours**.
Between 48 hours and 6 weeks insertion is avoided (higher expulsion/perforation; GoI defers to 6 weeks, WHO MEC to 4 weeks).

4. INI-CET 2025

Under the family planning scheme, levonorgestrel (LNG)-containing IUCD can be inserted in all of the following conditions except:

A. Within 48 hours of delivery
B. Within 7 days of menstruation
C. Within 10 days of next menstrual cycle
D. Immediate post delivery

Answer: **C. Within 10 days of next menstrual cycle**

Recognised windows: immediate post-placental, within 48 hours of delivery, and interval insertion in the early part of the cycle (within the first 7 days for an LNG device without backup).
"Within 10 days of the next menstrual cycle" is taken as the non-recognised option (keyed C).
Note for Dr Gupta: check answer — the GoI IUCD Reference Manual allows interval insertion within 12 days of the start of the period (Park: within 10 days), so option C can be read as a valid window; the key works only if read as an LNG device's 7-day rule / an unclear 'next cycle' wording.

5. FMGE 2024

A 32-year-old woman presents with intermenstrual bleeding following the insertion of an intrauterine device (IUD). She reports no other complications. What is the most appropriate initial management step?

A. Remove the IUD
B. Reassure the patient and observe
C. Perform a pelvic ultrasound
D. Prescribe hormonal therapy

Answer: **B. Reassure the patient and observe**

Irregular bleeding / spotting in the first 3–6 months after an IUD is common and self-limiting.
In the absence of pain, fever or signs of malposition, the first step is **reassurance and observation**; examination/USG is reserved for heavy or persistent bleeding, pain or missing threads. NSAIDs help copper-IUD bleeding.

6. FMGE 2024

Identify the device



A. Mirena
B. Lippes Loop
C. Copper T
D. Progestasert

Answer: **B. Lippes Loop**

A flat **double-S (serpentine) polyethylene** device = **Lippes Loop**, a first-generation inert IUD impregnated with barium sulphate (radio-opaque), sizes A–D (D largest), inserted by the push-out technique.
Mirena and Copper T are T-shaped; Progestasert is a T-shaped progesterone device.

7. FMGE 2024

Until what time after delivery can an intrauterine contraceptive device (IUCD) be inserted postpartum?

A. Within 24 hours
B. Within 48 hours
C. Within 6 weeks
D. Within 12 weeks

Answer: **B. Within 48 hours**

An IUCD can be inserted post-placentally (within 10 minutes) or up to **48 hours** after delivery.
After 48 hours it is deferred to 6 weeks postpartum (GoI) because of higher expulsion and perforation risk.

8. FMGE 2024

Upto how many hours postpartum can an intrauterine device (IUD) be safely inserted?

A. 24 hours
B. 48 hours
C. 6 weeks
D. 12 weeks

Answer: **B. 48 hours**

Postpartum insertion is safe up to **48 hours** (post-placental within 10 minutes has the lowest expulsion among postpartum timings).
From 48 hours to 4 weeks (WHO MEC category 3) insertion is avoided; GoI advises interval insertion from 6 weeks.

9. NEET PG 2024

A pregnant lady delivers a healthy baby via normal delivery. What is the earliest time at which an intrauterine contraceptive device (IUCD) can be inserted?

A. Within 48 hours
B. After 6 weeks
C. After 3 months
D. After 1 month

Answer: **A. Within 48 hours**

The **earliest** time is immediately after delivery: post-placental (within 10 minutes) or within **48 hours**.
If missed, wait until 6 weeks. After 3 months or 1 month are possible later times, not the earliest.

10. NEET PG 2024

A pregnant woman presents with an IUD in place, and the thread is clearly visible. She wishes to continue the pregnancy. What is the most appropriate next step?

A. Leave the IUD inside
B. Remove gently
C. MTP (Medical Termination of Pregnancy)
D. Cesarean section

Answer: **B. Remove gently**

Pregnancy with an IUD in situ: first **exclude ectopic pregnancy** (USG).
If the pregnancy is intrauterine, wanted, and the **threads are visible**, **remove the device gently** — this lowers the risk of septic abortion, miscarriage, chorioamnionitis and preterm labour.
If threads are not visible, leave it and counsel. MTP is not indicated just because an IUD is present; the device is not teratogenic.

11. UPSC CMS 2024

Which of the following conditions are indications for removal of intrauterine device?
1. Persistent irregular uterine bleeding
2. Perforation of uterus
3. Pyelonephritis
4. Pregnancy with device in situ

A. 1, 2, and 3
B. 1, 2, and 4
C. 1, 3, and 4
D. 2, 3, and 4

Answer: **B. 1, 2, and 4**

Textbook (Park) indications for removal: persistent excessive/irregular bleeding, flaring up of salpingitis, **perforation**, **intrauterine pregnancy with device in situ**, one year after menopause, wish to conceive, and expiry of the device.
Pyelonephritis is a urinary tract infection, not a pelvic genital infection, and is not an indication. Answer 1, 2 and 4.

12. UPSC CMS 2024

Consider the following statements regarding LNG-20 (Mirena):

1. It is a T-shaped IUD filled with natural hormone progesterone.
2. It is associated with a low pregnancy rate (2 per 1000 women).
3. It is associated with a large number of ectopic pregnancies.
4. It is associated with lower menstrual blood loss as compared to copper IUDs. Which of the statements given above is/are correct?

A. 2 only
B. 2 and 4 only
C. 1, 3, and 4
D. 2, 3, and 4

Answer: **B. 2 and 4 only**

(1) False — Mirena releases **levonorgestrel** (synthetic progestogen), not natural progesterone (natural progesterone = Progestasert).
(2) True — pregnancy rate about 0.2 per 100 women-years (= 2 per 1000).
(3) False — absolute ectopic risk is **reduced** (Progestasert, not Mirena, is notorious for ectopics).
(4) True — reduces menstrual blood loss (up to ~90%), unlike copper IUDs which increase it.

13. FMGE 2023

Copper T 380 A is a copper-bearing intrauterine contraceptive device. For how many years after insertion does it remain effective?

A. 3 years
B. 5 years
C. 7 years
D. 10 years

Answer: **D. 10 years**

Cu-T 380A carries 380 mm^2 of copper (wire on the stem + sleeves on both arms) and is approved for **10 years** — the longest-acting copper IUCD; it is supplied free under India's family planning programme.

14. UPSC CMS 2023

Indications for removal of IUDs include which of the following?

1. Perforation of uterus
2. Pregnancy with device in situ
3. One year after menopause
4. Persistent migraine

Select the correct answer using the code given below:

A. 1, 2, and 3
B. 1, 2, and 4
C. 1, 3, and 4
D. 2, 3, and 4

Answer: **A. 1, 2, and 3**

Removal indications include **uterine perforation**, **pregnancy with device in situ** and **one year after menopause** (no further need; atrophic uterus makes later removal difficult).
Migraine is not an indication for removing a copper IUD (it matters for oestrogen-containing pills). Answer 1, 2 and 3.

15. FMGE 2022

Which contraceptive device has the longest duration of effectiveness?

A. Progestasert
B. CuT 380 A
C. Mirena
D. Nova T

Answer: **B. CuT 380 A**

Approved durations: Cu-T 380A **10 years**; Mirena 5 years (contraceptive use now extended to 8 years by US FDA); Nova T 5 years; Progestasert only **1 year**.
So Cu-T 380A has the longest duration.

16. FMGE 2022

Which contraceptive method is most appropriate for a 34-year-old woman who has just given birth and wants to prevent pregnancy for the next three years?

A. Barrier method
B. IUCD with progesterone
C. Injectable progesterone
D. Nothing besides lactation amenorrhea

Answer: **B. IUCD with progesterone**

A postpartum woman wanting reliable spacing for ~3 years is best served by a **long-acting reversible IUCD**; the keyed option is the progestogen (LNG) IUCD, which is safe in breastfeeding and lasts years.
Barrier methods are less effective; lactational amenorrhoea protects only up to 6 months (exclusive breastfeeding, amenorrhoeic). A copper IUCD would be equally appropriate in practice (it is the device offered in India's programme).

17. NEET PG 2022

The image shows an intrauterine contraceptive device (IUCD) – Copper T. What is the most significant complication associated with its use?



A. Oligomenorrhea
B. Ectopic Pregnancy
C. Condom rupture during intercourse
D. Dysmenorrhea

Answer: **B. Ectopic Pregnancy**

A copper IUD prevents intrauterine implantation much better than tubal implantation, so **if a pregnancy occurs, a higher proportion is ectopic** — the most significant (life-threatening) complication among the options.
Copper IUDs cause heavier periods (not oligomenorrhoea) and can worsen dysmenorrhoea, but these are side effects, not the most serious complication. Note: absolute ectopic risk is lower than in non-users.

18. UPSC CMS 2022

Which of the following are contraindications for insertion of Intrauterine Contraceptive Device (IUCD)?

1. Age > 35 years.
2. Suspected pregnancy.
3. Acute pelvic infection.
4. Severe dysmenorrhea.

Select the correct answer using the code given below:

A. 1, 2, and 3
B. 1, 2, and 4
C. 1, 3, and 4
D. 2, 3, and 4

Answer: **D. 2, 3, and 4**

Contraindications: **suspected pregnancy** and **acute pelvic infection** (absolute) and **severe dysmenorrhoea** (relative — copper worsens it).
Age above 35 is not a contraindication; IUDs suit women of any reproductive age. Answer 2, 3 and 4.

19. FMGE 2021

What is the absolute contraindication for the device depicted in the image below?



A. Anemia
B. Vaginal bleeding
C. Uterine malformations
D. Uterine fibroids

Answer: **B. Vaginal bleeding**

The device is a copper IUCD. **Undiagnosed (unexplained) vaginal bleeding** is an absolute contraindication — it may hide pregnancy or genital malignancy (WHO MEC 4 until evaluated).
Anaemia, fibroids and uterine malformations are relative contraindications (unless the cavity is distorted).

20. UPSC CMS 2021

Among the following intrauterine contraceptive devices, which of the following are included in second-generation IUDs?

1. Lippes Loop
2. Copper T-200
3. LNG-20 (Mirena)
4. Copper-T 380 A Select the correct answer using the code given below:

A. 1 and 3 only
B. 2 and 4 only
C. 1, 2, 3 and 4
D. 1, 2 and 3 only

Answer: **B. 2 and 4 only**

Generations: **1st – inert** (Lippes Loop); **2nd – copper-bearing** (Cu-T 200, Cu-7, Nova-T, Multiload, **Cu-T 380A**); **3rd – hormone-releasing** (Progestasert, LNG-20 Mirena).
So second generation = 2 and 4.

21. FMGE 2020

Which of the following below does not represent an absolute contraindication for the use of the device shown?



A. Undiagnosed vaginal bleeding
B. Suspected pregnancy
C. HIV-infected women
D. PID

Answer: **C. HIV-infected women**

The device is a Copper-T 380A. Undiagnosed vaginal bleeding, suspected pregnancy and current PID are absolute contraindications (WHO MEC 4).
HIV infection is not: initiation is MEC 2 (clinical stage 1–2) and MEC 3 (stage 3–4); an IUD may be continued in women who develop HIV.

22. FMGE 2020

A 24-year-old woman visits a rural primary healthcare center in India seeking the insertion of an intrauterine contraceptive device (IUCD) to prevent pregnancy. What is the most frequent side effect experienced by her after the insertion?

A. Ectopic pregnancy
B. Pelvic infection
C. Pain
D. Bleeding

Answer: **D. Bleeding**

Bleeding (heavier, longer periods and intermenstrual spotting) is the **commonest side effect** of a copper IUCD and the commonest medical reason for removal. Pain is the second commonest.
Pelvic infection and ectopic pregnancy are complications, but much less frequent.

23. FMGE 2020

Which of the following statements about the given image is not true?



A. It is inserted by withdrawal technique
B. The copper in this device has a surface area of 380 square mm.
C. It has a life-span of 5 years
D. It is used in emergency contraception

Answer: **C. It has a life-span of 5 years**

The device is Cu-T 380A: inserted by the **withdrawal technique** (true), copper surface area **380 mm²** (true), useful as **emergency contraception** within 5 days (true).
Its life span is **10 years, not 5** — so statement C is false.

24. NEET PG 2020

Which of the following is not an absolute contraindication for the use of an intrauterine device (IUD)?

A. Pregnancy
B. Undiagnosed vaginal bleeding
C. Pelvic inflammatory disease (PID)
D. Uterine malformation

Answer: **D. Uterine malformation**

Absolute (textbook) contraindications: pregnancy, undiagnosed vaginal bleeding, current PID, genital malignancy.
Uterine malformation is listed as a **relative** contraindication in standard Indian texts (Park). Caution: WHO MEC places a malformation that **distorts the cavity** in category 4.
Note for Dr Gupta: keyed answer follows Park (malformation = relative); WHO MEC 2015 puts a cavity-distorting uterine anomaly in category 4. Teach both.

25. UPSC CMS 2020

Indications for removal of IUDs are all EXCEPT:

A. Perforation of uterus
B. Cyclical menstrual bleeding
C. Flaring up of salpingitis
D. Pregnancy with IUD

Answer: **B. Cyclical menstrual bleeding**

Removal is indicated for perforation, flare-up of salpingitis (not responding to treatment), intrauterine pregnancy with device, persistent heavy bleeding, menopause + 1 year, wish to conceive, expiry.
Normal cyclical menstrual bleeding is not an indication.

26. UPSC CMS 2020

Which of the following is not a contraindication for intrauterine device (IUD) insertion?

A. Suspected pregnancy
B. Trophoblastic disease
C. Severe dysmenorrhea
D. During cesarean section

Answer: **D. During cesarean section**

Intra-caesarean insertion (after delivery of the placenta, before closing the uterine incision) is a recommended PPIUCD method, not a contraindication.
Suspected pregnancy and gestational trophoblastic disease with raised hCG are contraindications; severe dysmenorrhoea is a relative contraindication.

27. UPSC CMS 2020

Which one of the following IUDs is associated with a low pregnancy rate (0.2 per 100), less number of ectopic pregnancies and lower menstrual blood loss?

A. Cu T-380A
B. ML-Cu 375
C. Progestasert
D. LNG-20(Mirena)

Answer: **D. LNG-20(Mirena)**

LNG-20 (Mirena): releases 20 µg levonorgestrel/day; pregnancy rate about **0.2 per 100 women-years**, fewer ectopics in absolute terms, and **reduced menstrual blood loss** — unique among IUDs.
Copper devices (Cu-T 380A, ML-Cu 375) increase blood loss; Progestasert has the highest proportion of ectopics.

28. FMGE 2019

A 28-year-old woman visits the clinic seeking advice on contraceptive methods. She is considering an intrauterine contraceptive device (IUCD) but has a history of various medical conditions. Which of the following conditions is an absolute contraindication for IUCD insertion?

A. Anaemia
B. DVT
C. Acute PID
D. Endometriosis

Answer: **C. Acute PID**

Current **acute PID** is an absolute contraindication (WHO MEC 4): insertion can spread infection to the upper genital tract. Insert only after treatment (and ideally 3 months free of infection).
Anaemia is relative (copper increases blood loss); DVT and endometriosis are not contraindications to a copper IUCD.

29. FMGE 2019

Contraindications of the device shown in image:



A. Breastfeeding
B. Monogamous
C. Hypertension
D. PID

Answer: **D. PID**

The device is a copper-T IUCD. Its key contraindication is **PID** (current — WHO MEC 4).
Breastfeeding, a mutually monogamous relationship and hypertension are not contraindications; the monogamous woman is in fact the ideal candidate.

30. FMGE 2019

In a patient who had been utilizing CuT for contraception, she now presents with a 20-week pregnancy. The intrauterine device (IUD) is positioned at the fundus, with the tail visible at the os. The patient expresses her desire to proceed with the pregnancy. What would be your subsequent course of action for this patient?

A. Leave IUD in-situ, continue pregnancy
B. Do medical termination of Pregnancy
C. Remove IUCD and continue pregnancy
D. Remove IUCD and do MTP

Answer: **C. Remove IUCD and continue pregnancy**

With the tail visible at the os and a wanted pregnancy, the textbook answer is to **remove the IUCD gently and continue the pregnancy**; a retained device raises the risk of septic abortion, chorioamnionitis and preterm labour.
The device is not teratogenic, so MTP is not indicated merely because it is present. (Removal is easiest and safest in the first trimester.)

31. UPSC CMS 2019

The contraceptive choice for a 38 year old woman with chronic hypertension and history of dysmenorrhea and menorrhagia (malignancy ruled out) is:

A. Copper intrauterine device
B. Levonorgestrel intrauterine device
C. Combined oral contraceptive pills
D. Sterilization

Answer: **B. Levonorgestrel intrauterine device**

Chronic hypertension → avoid oestrogen (COC is WHO MEC 3–4). Menorrhagia + dysmenorrhoea → a copper IUD would worsen both.
The **LNG-IUS** is oestrogen-free, highly effective and **reduces bleeding and pain** — the best choice.
Sterilisation gives no treatment for her symptoms.

32. UPSC CMS 2019

LNG-20 (Mirena) is a third generation intra uterine device. What are the advantages of its use?1. Low uterine pregnancy rates2. Prevents anemia3. Long effective life of 10 years4. No effect on incidence of ectopic pregnancySelect the correct answer using the code given below:

A. 1, 2 and 3
B. 2, 3 and 4
C. 1, 3 and 4
D. 1, 2 and 4

Answer: **A. 1, 2 and 3**

Mirena advantages: very low intrauterine pregnancy rate (1) and **prevention of anaemia** by reducing blood loss (2). Statement 4 is false — it reduces ectopic risk.
Keyed answer A by elimination. Note: Mirena's approved life is 5 years (contraception extended to 8 years by US FDA); "10 years" belongs to Cu-T 380A.
Note for Dr Gupta: check answer — statement 3 ('long effective life of 10 years') is not accurate for Mirena (5 years; 8 years for contraception per US FDA 2022). Option A is keyed only by elimination since statement 4 is clearly false.

33. AIIMS PG 2018

What is the rate of release of levonorgestrel into the uterus from Mirena, a progestin releasing intrauterine device?

A. 20 microgram/d
B. 30 microgram/d
C. 50 microgram/d
D. 70 microgram/d

Answer: **A. 20 microgram/d**

Mirena (LNG-20) contains **52 mg levonorgestrel** and releases about **20 µg/day** initially, declining to about 10 µg/day by 5 years — hence the name LNG-20.
Progestasert, by contrast, released natural progesterone 65 µg/day for 1 year.

34. AIIMS PG 2018

All of the following are reversible long-acting contraceptives except:-

A. Copper T
B. Laparoscopic tubal ligation
C. LNG- IUS
D. Implanon

Answer: **B. Laparoscopic tubal ligation**

LARC = long-acting reversible contraception: **Copper T, LNG-IUS and implants (Implanon)**; NICE also counts injectables.
Tubal ligation is permanent sterilisation, not reversible contraception.

35. AIIMS PG 2018

Absolute contraindication for CuT insertion?

A. Unmotivated person
B. Menorrhagia
C. Previous ectopic
D. Previous history of abortion

Answer: **A. Unmotivated person**

Keyed answer: **unmotivated person** — the IUCD needs a woman who will check threads and attend follow-up.
Menorrhagia is a relative contraindication; previous abortion is not a contraindication.
Note for Dr Gupta: check answer — Park lists 'unmotivated person' as a RELATIVE contraindication and 'previous ectopic pregnancy' as ABSOLUTE, which would make C the answer by Park; under WHO MEC none of the options is category 4. Stored key A is kept.

36. FMGE 2018

28 year old lady (G2 P1) who does not want to conceive after abortion, which is the preferred mode of contraception?

A. OCP
B. IUD
C. Barrier
D. Implant

Answer: **B. IUD**

An IUD can be inserted **immediately after a first-trimester abortion** (WHO MEC 1; 2 after second-trimester abortion; 4 after septic abortion). It is long-acting, highly effective and needs no daily action — preferred for a woman who wants no further pregnancy for a long time.

37. UPSC CMS 2017

What is the most suitable contraceptive choice for a 38-year-old woman (P1L1) who has chronic hypertension, dysmenorrhoea, and menorrhagia?

A. Copper intrauterine device
B. Sterilization
C. Levonorgestrel intrauterine device (LNG-IUD)
D. Combined oral contraceptive pills

Answer: **C. Levonorgestrel intrauterine device (LNG-IUD)**

Same logic as UPSC CMS 2019: hypertension rules out oestrogen; menorrhagia and dysmenorrhoea make copper unsuitable.
LNG-IUD gives contraception and treats the bleeding and pain.

38. AIIMS PG 2016

A 30 years old G3P2 with 10 weeks of amenorrhea comes with an intrauterine pregnancy with intra uterine contraceptive device in situ. On pelvic examination, the string of the IUCD was visible at the cervical os. Patient wishes to continue pregnancy. What will you do?

A. Leave IUCD and continue pregnancy
B. Terminate pregnancy because of high risk of infections
C. Continue pregnancy with use of antibiotics throughout pregnancy
D. Remove intrauterine contraceptive device

Answer: **D. Remove intrauterine contraceptive device**

Intrauterine pregnancy, wanted, with the **string visible** at the os: **remove the IUCD gently**.
This reduces septic abortion, miscarriage and preterm birth. Termination is not required, and prolonged antibiotics have no role.

39. AIIMS PG 2015

Which of these is not a non-contraceptive use of levonorgestrel?

A. Endometriosis
B. Premenstrual tension
C. Complex endometrial hyperplasia
D. Emergency contraception

Answer: **B. Premenstrual tension**

Levonorgestrel (mainly via LNG-IUS) is used for heavy menstrual bleeding, endometriosis pain, adenomyosis, endometrial hyperplasia (without atypia / as progestogen therapy), endometrial protection in HRT; oral LNG 1.5 mg is emergency contraception.
Premenstrual tension is not an indication — progestogens can worsen PMS-type symptoms.

40. NEET PG 2015

Absolute contraindication for IUD (Intra Uterine Contraceptive Device) are all except -

A. Pregnancy
B. Undiagnosed vaginal bleeding
C. Pelvic inflammatory disease
D. Uterine malformation

Answer: **D. Uterine malformation**

Absolute: pregnancy, undiagnosed vaginal bleeding, PID (and genital malignancy).
Uterine malformation is relative in standard texts. Same question as NEET PG 2020 — a repeat.
Note for Dr Gupta: same as NEET PG 2020 — keyed answer follows Park; WHO MEC puts a cavity-distorting anomaly in category 4.

41. UPSC CMS 2015

After how many years should the Cu-T 380A intrauterine contraceptive device (IUCD) be replaced?

A. 4 years
B. 6 years
C. 8 years
D. 10 years

Answer: **D. 10 years**

Cu-T 380A (a second-generation copper IUCD, 380 mm^2 copper) is replaced after **10 years**.
Compare: Cu IUCD 375 (Multiload) 5 years; Cu-T 200B 3–4 years.

42. UPSC CMS 2014

Among contraceptive users, which method is associated with the highest incidence of ectopic pregnancy if pregnancy occurs?

A. Combined oral contraceptive pills (COCPs)
B. Copper T intrauterine contraceptive device (IUCD)
C. Progestasert intrauterine device
D. Levonorgestrel intrauterine system (LNG-IUS)

Answer: **C. Progestasert intrauterine device**

Progestasert (natural progesterone, 1 year) acts locally on the endometrium but does not reliably inhibit ovulation and impairs tubal motility; among pregnancies occurring in users, the **proportion that is ectopic is highest**.
COCs suppress ovulation and give the lowest ectopic risk; LNG-IUS has a very low absolute risk.

43. NEET PG 2013

When is copper T inserted ?

A. 3 days after periods are over
B. Within 10 days of the start of the menstrual cycle
C. Placed just before menstruation
D. Just after menstruation

Answer: **B. Within 10 days of the start of the menstrual cycle**

Copper-T is classically inserted **during or within 10 days of the start of the menstrual period** (GoI manual allows up to 12 days): the os is slightly open, pregnancy is unlikely, and insertion bleeding is masked.
In practice it can be inserted any day if pregnancy is reasonably excluded.

44. UPSC CMS 2013

In a woman using an intrauterine contraceptive device (IUCD), an intrauterine pregnancy occurs and the IUCD threads are visible. What is the reason to recommend removal of the device?

A. To prevent the risk of subsequent septic abortion and preterm labour
B. To prevent congenital abnormality of the newborn
C. To prevent postpartum haemorrhage
D. To prevent perforation

Answer: **A. To prevent the risk of subsequent septic abortion and preterm labour**

A retained IUCD beside a growing pregnancy raises the risk of **septic (second-trimester) abortion**, chorioamnionitis and **preterm labour**; this is why gentle removal is advised when threads are visible.
The device is not teratogenic and does not cause PPH or perforation in pregnancy.

6. Recording Kit

6a. HYT Concept Video — "IUCD in 4 Minutes | Asked 44 Times | Dr Abhishek Gupta's HYT"

0:00–0:15 Hook (face, full screen)
"Intrauterine contraceptive devices. Asked 44 times in 14 years. In four minutes, everything the examiners want."

0:15–0:45 PYQ map slide
FMGE 17 · UPSC CMS 15 · NEET PG 6 · AIIMS PG 5 · INI-CET 1 — every year from 2013 to 2026; 20 of them from 2021 onwards.
Angles: Contraindications (9) · Pregnancy with IUD / removal / missing threads (8) · Timing — PPIUCD 48 h (6) · Choosing the method (6) · Mirena facts (5) · Cu-T 380A — 10 years (4) · Side effects and ectopic (4) · Generations / identify the device (2).

0:45–1:40 Block 1 — Core idea
• Three generations: inert (Lippes Loop) → copper (Cu-T 380A) → hormonal (Progestasert, Mirena).
• Copper = foreign-body reaction + spermicidal copper → prevents fertilisation; periods heavier; works as EC up to 5 days.
• Mirena = levonorgestrel 20 µg/day → thick mucus, thin endometrium → periods lighter, 0.2 per 100.
• Cu-T 380A lasts 10 years; Mirena 5 (8 for contraception per US FDA); Progestasert 1.

1:40–2:50 Block 2 — What examiners ask
• Absolute contraindications: pregnancy, PID, undiagnosed bleeding, genital cancer, septic abortion.
• Timing: post-placental within 10 min, intra-caesarean, up to 48 hours; else wait 6 weeks. Interval: within 10 days of period.
• Pregnancy with IUD, threads visible → remove gently (septic abortion, preterm labour).
• Missing threads → exclude pregnancy → TVS → X-ray.
• Hypertension + menorrhagia + dysmenorrhoea → LNG-IUS. Breast cancer → copper IUD.

2:50–3:30 Block 3 — The common trap
• "IUD causes ectopic" — half true. Absolute risk goes **down**; only the **proportion** of failures that are ectopic goes up. Highest proportion: Progestasert. Lowest absolute risk: Mirena.
• Second trap: uterine malformation and HIV are NOT absolute contraindications in the textbook keys; age above 35 is not a contraindication at all.

3:30–4:10 Rapid recall (ask, pause 2 s, answer)
1. Up to how many hours after delivery can an IUCD be inserted? — **48 hours.**
2. Life of Cu-T 380A? — **10 years.**
3. Levonorgestrel released by Mirena per day? — **20 micrograms.**
4. Commonest side effect of a copper IUCD? — **Bleeding.**
5. Pregnant with IUD, threads visible, wants to continue — what next? — **Remove it gently.**

4:10–4:20 App drive
"These five questions and the full IUCD card set are on HYT Revision. Free. By Dr Abhishek Gupta."
End card: Revise this free on HYT Revision, by Dr Abhishek Gupta.

6b. PYQ MCQ Videos (4)

MCQ Video 1 — Missing IUCD threads | FMGE 2026 PYQ | Dr Abhishek Gupta's HYT

0:00–0:10 Hook: *"This was asked in FMGE, 2026. Pause and try it."*

0:10–0:40 Question slide FMGE 2026

A 30-year-old woman presents to the gynecology outpatient department because she is unable to feel the threads of her intrauterine contraceptive device (IUCD). The IUCD was inserted 6 months ago. On speculum examination, the IUCD strings are not visible at the external cervical os. She is asymptomatic. What is the most appropriate next step in management?

A. Insert a new IUCD

B. Perform hysteroscopy

C. Perform transvaginal ultrasonography

D. Perform immediate surgical removal of the IUCD

0:40–3:00 Teaching notes:

- Missing threads = tail not seen at the external os on speculum.
- Causes: threads curled up in canal/cavity, thread broken, unnoticed expulsion, perforation (myometrium/peritoneal cavity), pregnancy pulling threads up.
- Step 1: exclude pregnancy (hCG) + backup contraception. Step 2: gentle exploration of the canal with a thread retriever.
- Step 3: transvaginal USG — investigation of choice. In cavity → retrieve (hysteroscopy if embedded). Not seen → X-ray abdomen-pelvis (device radio-opaque): seen = perforation → laparoscopy; not seen = expulsion.

3:00–3:40 Why the wrong options are wrong:

- A. Insert a new IUCD — A new IUCD on top of a lost one is unsafe — the first device may still be in the uterus or abdomen.
- B. Perform hysteroscopy — Hysteroscopy is for retrieval after USG shows the device in the cavity, not the first step.
- D. Perform immediate surgical removal of the IUCD — Surgery is only for a confirmed extrauterine (perforated) device; she is asymptomatic and the device is not yet located.

Correct answer: C. Perform transvaginal ultrasonography

3:40–4:10 How else can the examiner ask this?

- Threads missing, TVS shows no device in the uterus — next? (X-ray abdomen-pelvis.)
- X-ray shows a copper device in the peritoneal cavity — management? (Laparoscopic removal.)
- Missing threads with a positive pregnancy test — what next? (USG to locate pregnancy and device; exclude ectopic.)

4:10–4:20 App drive: *"Ten more questions on IUCD are on HYT Revision. Free. Dr Abhishek Gupta's HYT."*

MCQ Video 2 — Postpartum IUCD timing | UPSC CMS 2026 PYQ | Dr Abhishek Gupta's HYT
0:00–0:10 Hook: *"This was asked in UPSC CMS, 2026. Pause and try it."*
0:10–0:40 Question slide UPSC CMS 2026
In postpartum period, the intrauterine device may be inserted in the woman
A. up to 72 hours of delivery
B. up to 48 hours of delivery
C. up to 36 hours of delivery
D. up to 24 hours of delivery
0:40–3:00 Teaching notes:

- PPIUCD windows: post-placental (within 10 minutes of placenta), intra-caesarean, immediate postpartum up to 48 hours.
- 48 hours to 6 weeks (GoI) / 4 weeks (WHO MEC 3): avoid — uterus involuting, high expulsion and perforation.
- After the window: interval insertion from 6 weeks.
- Lowest expulsion among postpartum timings: post-placental. Contraindicated with puerperal sepsis, PPROM/chorioamnionitis, unresolved PPH.

3:00–3:40 Why the wrong options are wrong:

- A. up to 72 hours of delivery — 72 hours is beyond the accepted window.
- C. up to 36 hours of delivery — 36 hours is within the window but is not the limit — the limit is 48 hours.
- D. up to 24 hours of delivery — 24 hours is too short; insertion is allowed up to 48 hours.

Correct answer: B. up to 48 hours of delivery
3:40–4:10 How else can the examiner ask this?

- Earliest time to insert an IUCD after normal delivery? (Within 48 hours — NEET PG 2024.)
- Is insertion during caesarean section a contraindication? (No — intra-caesarean insertion is recommended; UPSC CMS 2020.)
- Window missed at 48 hours — when next? (6 weeks.)

4:10–4:20 App drive: *"The ten-question quiz on IUCD is on HYT Revision. Free. Dr Abhishek Gupta's HYT."*

MCQ Video 3 — Pregnancy with an IUD in situ | NEET PG 2024 PYQ | Dr Abhishek Gupta's HYT
0:00–0:10 Hook: *"This was asked in NEET PG, 2024. Pause and try it."*
0:10–0:40 Question slide NEET PG 2024
A pregnant woman presents with an IUD in place, and the thread is clearly visible. She wishes to continue the pregnancy. What is the most appropriate next step?
A. Leave the IUD inside
B. Remove gently
C. MTP (Medical Termination of Pregnancy)
D. Cesarean section
0:40–3:00 Teaching notes:

- First exclude ectopic pregnancy with USG — IUD failures have a higher proportion of ectopics.
- Intrauterine, wanted, threads visible → remove gently (any trimester in PYQs: 10 weeks, 20 weeks).
- Why: retained device → septic abortion, miscarriage, chorioamnionitis, preterm labour.
- Threads not visible → leave in, counsel, watch for infection/preterm labour; remove at delivery. Device is not teratogenic.

3:00–3:40 Why the wrong options are wrong:

- A. Leave the IUD inside — Leaving it when threads are visible keeps the risk of septic abortion and preterm labour.
- C. MTP (Medical Termination of Pregnancy) — MTP is not indicated — the IUD does not cause congenital anomalies and she wants the pregnancy.
- D. Cesarean section — Caesarean section has no role in managing an early pregnancy with an IUD.

Correct answer: B. Remove gently
3:40–4:10 How else can the examiner ask this?

- Why is removal advised? (To prevent septic abortion and preterm labour — UPSC CMS 2013.)
- Same case at 20 weeks with tail visible? (Remove IUCD and continue pregnancy — FMGE 2019.)
- Threads not visible at 10 weeks? (Leave the device, counsel and monitor.)

4:10–4:20 App drive: *"Revision cards for IUCD are on HYT Revision. Free. By Dr Abhishek Gupta."*

MCQ Video 4 — Mirena (LNG-IUS) | AIIMS PG 2018 PYQ | Dr Abhishek Gupta's HYT

0:00–0:10 Hook: *"This was asked in AIIMS PG, 2018. Pause and try it."*

0:10–0:40 Question slide AIIMS PG 2018

What is the rate of release of levonorgestrel into the uterus from Mirena, a progestin releasing intrauterine device?

A. 20 microgram/d
B. 30 microgram/d
C. 50 microgram/d
D. 70 microgram/d

0:40–3:00 Teaching notes:

- Mirena = LNG-20: T-frame with 52 mg levonorgestrel; releases about 20 µg/day (falling to ~10 by 5 years) — the '20' is in the name.
- Action: thick cervical mucus, endometrial suppression; ovulation mostly continues.
- Pregnancy rate 0.2 per 100 women-years; reduces blood loss (up to ~90%) → prevents anaemia; fewer ectopics (absolute).
- Life: 5 years (contraception extended to 8 years by US FDA). Uses: HMB, dysmenorrhoea, endometriosis, adenomyosis, hyperplasia, HRT endometrial protection — not PMS.
- Compare Progestasert: natural progesterone 65 µg/day, 1 year, highest proportion of ectopics.

3:00–3:40 Why the wrong options are wrong:

- B. 30 microgram/d — 30 µg/day is not Mirena's release rate (30 µg is the LNG dose of some progestogen-only pills).
- C. 50 microgram/d — 50 µg/day is too high for local intrauterine release.
- D. 70 microgram/d — 70 µg/day is not a recognised LNG-IUS rate; Progestasert released 65 µg/day of progesterone, not LNG.

Correct answer: A. 20 microgram/d

3:40–4:10 How else can the examiner ask this?

- Which IUD has pregnancy rate 0.2/100, fewer ectopics and less blood loss? (LNG-20 — UPSC CMS 2020.)
- Is Mirena filled with natural progesterone? (No — levonorgestrel; UPSC CMS 2024.)
- Which is NOT a non-contraceptive use of levonorgestrel — PMS, endometriosis, hyperplasia, EC? (PMS — AIIMS 2015.)

4:10–4:20 App drive: *"Ten more questions on IUCD are on HYT Revision. Free. Dr Abhishek Gupta's HYT."*

6c. Reels

Reel 1 — Important Concept: "Does an IUD cause ectopic pregnancy?"
Hook (0–2 s): *"Does a Copper-T cause ectopic pregnancy? Yes and no — and examiners love that."*
Body: Beat 1 — A copper IUD protects the uterus very well and the tube less well. So a woman using one has a **lower** chance of ectopic than a woman using nothing. Beat 2 — but if she does get pregnant, a bigger share of those rare pregnancies sit in the tube. That is why NEET PG called ectopic the most significant complication of Copper-T. Beat 3 — the device with the highest share of ectopics is Progestasert; the one with the lowest absolute risk is Mirena. *"If you remember one thing, remember this: absolute risk falls, the proportion rises."*
Close: *"The ten-question quiz on IUCD is on HYT Revision. Free. Dr Abhishek Gupta's HYT."*

Reel 2 — Exam Analysis
Hook: *"IUCD. Asked 44 times in 14 years."*
Body (badges on screen): FMGE 17, UPSC CMS 15, NEET PG 6, AIIMS PG 5, INI-CET 1 — asked every single year from 2013 to 2026, 20 times from 2021 onwards. The angles: contraindications nine times; pregnancy with IUD, removal and missing threads eight times; insertion timing — the 48-hour rule — six times; choosing the right method six times; Mirena facts five times; Cu-T 380A's ten years four times. What the pattern points to: contraindications and the 48-hour postpartum window keep coming back, with image-based "identify the device" questions in FMGE. *"I didn't choose this topic. The examiners did."*
Close: *"All 44 IUCD PYQs are on HYT Revision. Free. Dr Abhishek Gupta's HYT."*

Reel 3 — 5 Most Important Points
Hook: *"5 things examiners keep asking about IUCD."*
1. Absolute contraindications: pregnancy, PID, undiagnosed bleeding, genital cancer.
2. Postpartum insertion: up to 48 hours — or wait till 6 weeks.
3. Cu-T 380A lasts 10 years; Mirena releases 20 micrograms a day.
4. Pregnant with IUD and threads visible: remove it gently.
5. Hypertension with heavy painful periods: LNG-IUS. Breast cancer: copper IUD.
(Final screen holds all five.)
Close: *"Revision cards for IUCD are on HYT Revision. Free. By Dr Abhishek Gupta."*

Reel 4 — Mnemonic: absolute contraindications
Hook: *"Everyone forgets the absolute contraindications of an IUCD. Here's how you won't."*
Mnemonic on screen: "PUPS Can't have a Copper-T"
P — Pregnancy (suspected or known) · **U** — Undiagnosed vaginal bleeding · **P** — PID (current) · **S** — Sepsis (puerperal or post-septic abortion) · **Can't** — Cancer (cervix, endometrium; malignant GTD). Walk through once, then: *"Now look away and say it."* Add: age above 35, breastfeeding and HIV are not on this list.
Close: *"Ten more questions on IUCD are on HYT Revision. Free. Dr Abhishek Gupta's HYT."*

Reel 5 — My POV prompt idea (Hinglish, face only)
Hook idea: *"Forty-four questions on one small T-shaped device. Aur hum 600-page textbook se padh rahe hain?"*
Opinion: a topic asked every year deserves an hour of active recall, not a weekend of passive reading — the examiners have already shown which lines matter. Attack the suffering, not the student.
Close: standard end card + *"IUCD ke saare PYQs HYT Revision pe free hain — Dr Abhishek Gupta's HYT."*

6d. HYT Quiz — IUCD (10 questions)

Q1. UPSC CMS 2022
Which of the following are contraindications for insertion of Intrauterine Contraceptive Device (IUCD)?
1. Age > 35 years.
2. Suspected pregnancy.
3. Acute pelvic infection.
4. Severe dysmenorrhea.
Select the correct answer using the code given below:

A. 1, 2, and 3
B. 1, 2, and 4
C. 1, 3, and 4
D. 2, 3, and 4

Answer: **D. 2, 3, and 4** — Suspected pregnancy, acute pelvic infection and severe dysmenorrhoea are contraindications; age above 35 is not.

Q2. FMGE 2023
Copper T 380 A is a copper-bearing intrauterine contraceptive device. For how many years after insertion does it remain effective?

A. 3 years
B. 5 years
C. 7 years
D. 10 years

Answer: **D. 10 years** — Cu-T 380A is approved for 10 years — the longest-acting IUCD.

Q3. UPSC CMS 2019
The contraceptive choice for a 38 year old woman with chronic hypertension and history of dysmenorrhea and menorrhagia (malignancy ruled out) is:

A. Copper intrauterine device
B. Levonorgestrel intrauterine device
C. Combined oral contraceptive pills
D. Sterilization

Answer: **B. Levonorgestrel intrauterine device** — Oestrogen-free, and it reduces menstrual bleeding and pain.

Q4. FMGE 2020

A 24-year-old woman visits a rural primary healthcare center in India seeking the insertion of an intrauterine contraceptive device (IUCD) to prevent pregnancy. What is the most frequent side effect experienced by her after the insertion?

A. Ectopic pregnancy
B. Pelvic infection
C. Pain
D. Bleeding

Answer: **D. Bleeding** — Bleeding (heavier periods, spotting) is the commonest side effect and the main reason for removal.

Q5. UPSC CMS 2021

Among the following intrauterine contraceptive devices, which of the following are included in second-generation IUDs?
1. Lippes Loop
2. Copper T-200
3. LNG-20 (Mirena)
4. Copper-T 380 A Select the correct answer using the code given below:

A. 1 and 3 only
B. 2 and 4 only
C. 1, 2, 3 and 4
D. 1, 2 and 3 only

Answer: **B. 2 and 4 only** — Copper-bearing devices (Cu-T 200, Cu-T 380A) are second generation.

Q6. New

A woman had unprotected intercourse 4 days ago and wants long-term contraception. Most effective option?

A. Levonorgestrel 1.5 mg pill
B. Copper IUD insertion
C. Combined pills (Yuzpe method)
D. Ulipristal followed by condoms only

Answer: **B. Copper IUD insertion** — A copper IUD inserted within 5 days is the most effective emergency contraceptive and continues as regular contraception.

Q7. New

After IUCD insertion, the risk of pelvic infection is highest during:

A. The first 20 days
B. The third month
C. The second year
D. The year before expiry

Answer: **A. The first 20 days** — Infection risk is linked to the insertion itself and is raised only in the first 20 days.

Q8. New

A Pap smear of an asymptomatic Cu-T user (6 years) reports Actinomyces-like organisms. Best management?

A. Remove the IUD immediately
B. Remove IUD and give penicillin for 6 months
C. Continue the IUD, no treatment
D. Hysterectomy

Answer: **C. Continue the IUD, no treatment** — Asymptomatic colonisation needs neither removal nor treatment; act only if pelvic infection is suspected.

Q9. New

IUCD threads missing; pregnancy test negative; TVS shows no device in the uterus. Next investigation?

A. Hysteroscopy
B. Plain X-ray abdomen and pelvis
C. Repeat TVS after 6 months
D. Insert a new IUCD

Answer: **B. Plain X-ray abdomen and pelvis** — The device is radio-opaque: X-ray tells perforation (device seen) from unnoticed expulsion (not seen).

Q10. New

The Cu-IUCD 375 (Multiload) supplied in India's family planning programme is effective for:

A. 3 years
B. 5 years
C. 8 years
D. 10 years

Answer: **B. 5 years** — Cu-IUCD 375 lasts 5 years; Cu-IUCD 380A lasts 10 years.

Summary Note — IUCD

1. Generations: inert (Lippes Loop) → copper (Cu-T 380A) → hormonal (Progestasert, Mirena).
2. Cu-T 380A: 380 mm² copper, 10 years, withdrawal technique, EC up to 5 days.
3. Mirena: LNG 20 µg/day, 0.2/100, lighter periods, fewer ectopics.
4. Insert: within 10 days of period; post-placental, intra-caesarean or up to 48 h postpartum; else 6 weeks.
5. Absolute CI: pregnancy, PID, undiagnosed bleeding, genital cancer, septic abortion.
6. Not CI: age >35, breastfeeding, HIV (not absolute), hypertension, caesarean.
7. Commonest side effect: bleeding. PID risk: first 20 days.
8. Pregnancy + threads visible: remove gently.
9. Missing threads: exclude pregnancy → TVS → X-ray.
10. HTN + menorrhagia → LNG-IUS; breast cancer → copper IUD.

— *Dr Abhishek Gupta's HYT*

Quiz → Result → links to the IUCD videos + revision cards for IUCD on HYT Revision.

6e. MCQ Polls (from the 4 MCQ videos)

Poll 1 FMGE 2026

A 30-year-old woman presents to the gynecology outpatient department because she is unable to feel the threads of her intrauterine contraceptive device (IUCD). The IUCD was inserted 6 months ago. On speculum examination, the IUCD strings are not visible at the external cervical os. She is asymptomatic. What is the most appropriate next step in management?

A. Insert a new IUCD
B. Perform hysteroscopy
C. Perform transvaginal ultrasonography
D. Perform immediate surgical removal of the IUCD

Answer: **C. Perform transvaginal ultrasonography** — Locate the device first: after excluding pregnancy, transvaginal USG is the investigation of choice.

Poll 2 UPSC CMS 2026

In postpartum period, the intrauterine device may be inserted in the woman

A. up to 72 hours of delivery
B. up to 48 hours of delivery
C. up to 36 hours of delivery
D. up to 24 hours of delivery

Answer: **B. up to 48 hours of delivery** — PPIUCD is inserted post-placentally or up to 48 hours after delivery; otherwise wait till 6 weeks.

Poll 3 NEET PG 2024

A pregnant woman presents with an IUD in place, and the thread is clearly visible. She wishes to continue the pregnancy. What is the most appropriate next step?

A. Leave the IUD inside
B. Remove gently
C. MTP (Medical Termination of Pregnancy)
D. Cesarean section

Answer: **B. Remove gently** — With a wanted intrauterine pregnancy and visible threads, gentle removal lowers the risk of septic abortion and preterm labour.

Poll 4 AIIMS PG 2018

What is the rate of release of levonorgestrel into the uterus from Mirena, a progestin releasing intrauterine device?

A. 20 microgram/d
B. 30 microgram/d
C. 50 microgram/d
D. 70 microgram/d

Answer: **A. 20 microgram/d** — Mirena (LNG-20) releases about 20 µg of levonorgestrel per day.

Every poll answer post ends with: "Ten more questions on IUCD are on HYT Revision. Free." + link to the explanation video + link to the IUCD quiz.