


IUD insertion and reproductive planning performed by nurses in specialized primary care: An integrative review of the literature

 <https://doi.org/10.56238/sevned2024.001-016>

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ABSTRACT

Objective: The following study aims to investigate the insertion of the IUD and the sexual rights of women from the reproductive planning carried out by nurses working in specialized primary care. Provide the synthesis of knowledge and results of its impacts through the research theme. **Method:** Integrative literature review in which we listed as a guiding question "What is the role of nursing in reproductive planning and the insertion of the IUD". For the bibliographic survey, the Virtual Health Library (VHL), Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Databases (BDENF), Scientific Electronic Library Online (SciELO) were used as databases. **Results:** Based on the scientific research and articles used, a critical thinking was built regarding the nurse's performance. Many women are unaware of their sexual rights arranged in family planning and have fears about the functionality and insertion of the IUD. The propagation of information and health education by nurses is of paramount importance, so that in this way, we can provide qualified care, valuing the well-being of all involved and combating the paradigms imposed by society. **Conclusion:** Based on the other studies, it was possible to identify the importance of knowledge about reproductive and sexual planning in Brazilian society, since it is supported by Law No. 9,263 of January 12, 1996, which in addition to guaranteeing family planning, also clarifies the role of the state and the subjects involved in guaranteeing this right. Thus, increasing access to contraceptive methods offered by the public network and providing an improvement in the quality of life, also acting in the prevention and reduction of the maternal and neonatal mortality rate.

Keywords: Nursing care, Family planning, Reproductive health, Contraceptive methods, IUD.

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INTRODUCTION

Among the most significant events in health in Brazil, the National Family Planning Policy addressed on January 12, 1996 in Law No. 9263 regulates § 7 of article 226 of the Federal Constitution, for access to the Unified Health System in which the man, woman or couple can enjoy family planning consultations with the nurse about the desire or not to have children and which strategies are appropriate for the choice. If the choice is the desire not to generate, the Policy guarantees the provision of information and the provision of the following methods: combined pills, mini pills, monthly injectables, quarterly injectables, female and male condoms, diaphragms, emergency contraceptives and the Tcu-380 Intrauterine Device (copper T-IUD). The diffusion of contraceptive methods has a positive impact on women's health, and long-acting reversible contraceptives (LARC) represent an important cost-effective strategy in the prevention of unwanted pregnancies. (BRAZIL. Ministry of Health, 2010; MORAIS, 2021)

In Brazil, reproductive planning or family planning is a set of actions to regulate fertility, which help adults, young people or adolescents with a sexual life or preparing to start it, to decide whether or not to have children, and what is the most opportune moment for this, having its exercise ensured by public policies. As an example: Law No. 9,263/1996, which aims to strengthen the sexual and reproductive rights of individuals, through clinical, preventive, educational actions and the provision of means and methods to regulate fertility. (LACERDA, 2021).

For the choice of method, its efficacy, possible side effects, acceptability, availability, reversibility, ease of use, protection against Sexually Transmitted Infections should be considered. And during the counseling process, it is the role of the professional to listen to the choice of the individual or couple and the relationship between the characteristics of the method and the individual and situational factors related to the users – such as health status, socioeconomic conditions, stage of life, sexual behavior pattern, reproductive aspirations, possible doubts and insecurities. (BRAZIL. Ministry of Health, 2010).

It is essential to consider that the frequency of adverse effects or problems resulting from the use of contraceptives may vary depending on the choice of contraceptive method, considering the health of each individual, which facilitates adherence or non-adherence to treatment. (LACERDA, 2021).

The performance of health professionals, about Family Planning, must be based on Article 226, Paragraph 7, of the Constitution of the Federative Republic of Brazil, therefore, on the principle of responsible parenthood and the right of free choice of individuals and/or couples. Thus, Family Planning should be considered essential in the contemplation of reproductive rights, as it guarantees everyone a basic right to have or not children, provided for in the Brazilian Constitution. (BRAZIL, Ministry of Health, 2010).



This supply of contraceptive methods is mostly in Primary Health Care (PHC) services, a central instance in the organization of the SUS, whose main attributes are to be the first contact of users in the health system, configuring itself as the preferred gateway to the health care network (TRIGUEIRO et al., 2021).

However, even knowing that the distribution is carried out in PHC, many professionals are not trained to perform this procedure, including the nursing team, considering that it is a necessary approach that contributes to increasing the rate of successful insertions, reducing complication rates and expanding the possibility of choice and respective access to the contraceptive method in the population. (RODRIGUES, 2023)

In recent years, there has been an increased interest in the demand, preference and insertion of the intrauterine device in Primary Health Care, due to its high practicality and reduced maintenance compared to other methods, long duration, high efficacy and availability at any age in the reproductive period, even in postpartum and post-abortions with insertion in up to 10 minutes. The IUD has a failure rate of around 0.8% for typical use and 0.6% for perfect use, taking second place as the contraceptive method with the lowest chance of failure, except for definitive methods such as vasectomy and tubal ligation. Considering that because it acts directly on the endometrium, there is no drug overload as happens in contraceptives, which are pills. (LACERDA, 2021).

The new Technical Note 31/2023, published by the Ministry of Health (2023), stands out, which guarantees the insertion and removal of the intrauterine device to trained nurses, supported by technical and scientific knowledge to perform the procedures. Such action is also verified in Commission Opinion No. 004/2019/CNSM/COFEN by the Federal Council of Nursing (2019).

In this context, it is justified by the need to present a literature review in order to investigate and describe the benefits of IUD insertion performed by nurses. Clarify the advantages of using strategies in family and reproductive planning carried out in Primary Health and Specialized Care, ensuring that sexual and reproductive rights are respected, including in compliance with the principles of the SUS. Consolidating the collaborative performance of nursing in care, promoting the expansion of access to qualified information on contraceptive methods.

GENERAL OBJECTIVE

The following study aims to investigate the insertion of the IUD, as well as their rights to family planning available in specialized primary care. Providing the synthesis of knowledge and results of its impacts on society through the research theme.

METHOD

This is an integrative literature review study, which is a method that aims to synthesize results obtained in research on a theme or issue, in a systematic, orderly and comprehensive manner. In this way, the researcher can develop an integrative review with different purposes, which can be directed to the definition of concepts, revision of theories or methodological analysis of the studies included in a particular topic (ERCOLE *et al.*, 2014). The guiding question of this study is: "What is the role of nursing in reproductive planning and IUD insertion?"

Mendes, Silveira and Galvão (2008) were used as a theoretical and methodological framework, which proposes to organize and summarize the results of other studies on a given topic in question, in a systematized way, allowing conclusions about the proposed content. The steps to be followed were: the formulation of a guiding question, the search for publications in a database with inclusion and exclusion criteria, the categorization of the studies, the evaluation of the included articles, the interpretation of the results and discussion, and finally the synthesis of the knowledge with a summary of the available evidence.

A search or sampling of the literature was performed. The following inclusion criteria were considered: full scientific studies, in Portuguese and in English, published in the period from 2019 to 2023 and indexed in the databases of the Virtual Health Library (VHL), Latin American and Caribbean Health Sciences Literature (LILACS), Nursing Databases (BDENF), *Scientific Electronic Library Online* (SciELO); using the following descriptors indexed in Decs/MeSH: Nursing care, Family planning, Reproductive health, contraceptive methods, IUD. Technical manuals from the Ministry of Health were used to complement the study, in addition to the Technical Note from the Ministry of Health and the COFEN Commission Opinion.

Publications that did not address the theme of the study, published before 2019 and duplicate publications in the databases were excluded.

For the critical evaluation of the included studies, the following evidence classification system was adopted:

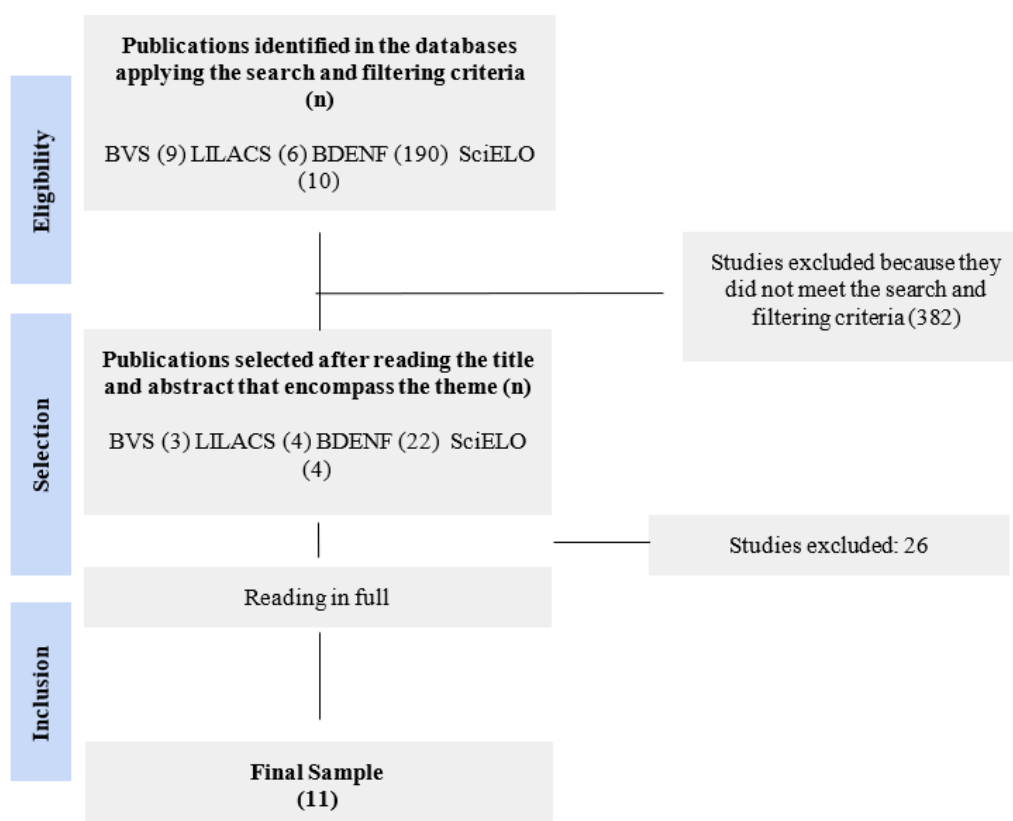
Level 1: evidence comes from a systematic review or meta-analysis of all relevant randomized controlled trials or from clinical guidelines based on systematic reviews of randomized controlled trials; Level 2: evidence derived from at least one well-designed randomized controlled trial; Level 3: evidence obtained from well-designed clinical trials without randomization; Level 4: evidence from well-designed cohort and case-control studies; Level 5: evidence from a systematic review of descriptive and qualitative studies; Level 6: evidence derived from a single descriptive or qualitative study; Level 7: evidence from the opinion of authorities and/or the report of expert committees (SOUZA, 2010, p.104-105).

A flowchart was prepared containing the number of studies obtained in the initial collection and the number remaining after the application of the inclusion and exclusion criteria, as well as the number of studies included in this research (Figure 1).

An instrument was developed for data collection that will allow the categorization of articles, facilitating their analysis according to title, author, year, journal, databases, objectives and main results. For the analysis of the scientific production, the number of publications will be identified according to descriptors and/or keywords, database/database consulted and chronological distribution. From this organization, a framework will be built, thus proceeding to a first systematization of the set of selected material in order to obtain a panoramic view of what has been published on the subject.

Subsequently, the abstracts of the selected publications will be read in order to define the inclusion or exclusion of the material according to the specific interest of the research and their selection in order to classify them among the similar categories. At this stage, the studies will be grouped according to their main focus.

The third stage will comprise the selective reading of the selected references that will be grouped according to the categories identified in the previous stages, thus concluding the literature review on the subject, in the proposed periods, and presented in the Results and Discussion sections.



RESULTS



Table 1 - List of selected articles according to title, author, year, location, descriptors, language, database and access link

No.	TITLE	AUTHORSHIP	YEAR	LOCAL	DESC.	LANGUAGE	DATABASE	ACCESS LINK
1	Attention to contraception in the puerperium: is the IUD being offered to women users of basic health units?	MELLI, T.L	2019	USP Catalog	Intrauterine device <i>and</i> nursing	Portuguese	VHL	https://www.teses.usp.br/teses/disponiveis/7/7144/tde-17122019-121642/pt-br.php
2	Nurses' knowledge of the intrauterine device in the context of basic health units	MARTINS, I.M.O <i>et al</i>	2023	Global Nursing.	IUD <i>and</i> Primary Care	Spanish	VHL	https://revistas.um.es/eglobal/article/view/537811/339121
3	Development and validation of a tool for competency assessment of intrauterine device insertion	LOPES, R.R.S; GALVÃO, E.L; GUEDES, H.M	2022	Brazilian Journal of Maternal and Child Health	Nursing and IUD	English	LILACS	https://www.scielo.br/j/rbsmi/wvZQK6dFSj6sV7C5WfPKMfg/?format=pdf&lang=pt
4	Ensuring access to the intrauterine device in primary care through social networks during the new coronavirus pandemic.	SILVA, A.C.M	2022	APS Magazine	IUD <i>and</i> primary care	Portuguese	VHL	https://periodicos.ufjf.br/index.php/aps/article/view/35982/24827
5	Intrauterine Device Insertion for Doctors and Nurses in Low-Risk Maternity	TRIGUEIRO, T.H <i>et al</i>	2021	Gaucho Nursing Magazine	IUD	Portugues	SCIELO	https://www.scielo.br/j/rgenf/a/cV8yVJKprRPzcLkDdw5dn9h/?lang=en
6	Intrauterine device insertion by nurses in primary health care	LACERDA, L.D.R.C; <i>et al</i>	2021	Nursing in focus	Nursing <i>and</i> IUD	Portuguese	BICS and BDEF	http://revista.cofen.gov.br/index.php/enfermagem/articula/view/5209/1167
7	Profile of women submitted to the insertion of the copper intrauterine device in Primary Health Care in municipalities of Paraíba	MORAIS, L.G.F	2021	Brazilian Journal of Family Medicine and Community	IUD and primary care	Portugues	VHL	https://docs.bvsalud.org/biblioref/2021/08/1282015/2649-texto-do-artigo-16431-1-10-20210714.pdf



8	Reproductive planning and insertion of Intrauterine Devices performed by doctors and nurses in Brazil	RODRIGUES, G.A; <i>et al</i>	2023	Cogitare Nursing	Nursing and reproductive planning	Portuguese	SCIELO	https://www.scielo.br/j/cenf/a/N57ScHmZPbtrFNMH67KFFfM/?format=pdf&language=pt
9	The role of the nurse in the reproductive planning program: an integrative review	VENTURA, H.N.S; <i>et al</i>	2022	Rev.Enfem, Current in Dermis	Nursing and reproductive planning	Portuguese	BDENF	https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1427838
10	Determinants of the initiation of contraceptive use after childbirth in users of Primary Health Care	SILVEIRA, L.M	2022	<i>Belo Horizonte</i>	IUD and primary care	Portuguese	BDENF	https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1436585
11	Advanced nursing practice in reproductive planning Intrauterine device insertion: An experience report	DIAS, C.L.O; SILVA, Y.L.M,	2022	Nursing	Nursing and IUD	Portuguese	BDENF	https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1402508

SOURCE: Authorial Production

TABLE 2 - List of articles used according to objectives and results

No.	Objectives	Results
1	To know the offer of contraceptive counseling and supplies for puerperal women who use UBS (Basic Health Unit) during prenatal care, childbirth and puerperium, especially the IUD (intrauterine device)	The supply of contraceptive methods in the puerperium is incipient, being focused on short-acting methods, such as the pill, and not on the IUD, which is more effective and long-lasting. One third of the postpartum women were dissatisfied with the method they were using, and a reasonable proportion would choose to use the IUD, which shows that the preference and need for contraceptive methods is disconnected from what prenatal, childbirth and postpartum care services are offering.
2	To verify the knowledge of nurses about the intrauterine device in the context of Basic Health Units	The lack of knowledge of nurses, in the context of primary health care, about The intrauterine device becomes a barrier that limits access to the contraceptive method. Therefore, the skills of nurses should be strengthened through continuing education for the qualification of primary health care.
3	To develop and validate an instrument to assess the professional competence of nurses in the insertion of the intrauterine device (IUD)	The tool developed is valid and reliable. It is believed that the implementation of this tool will contribute to the training of professionals and to the improvement of knowledge, behaviors and skills in the nursing consultation with a focus on reproductive planning with emphasis on IUD insertion
4	Report on the experience of expanding women's access to the intrauterine device through social networks and telemedicine	Social networks can be allies in accessing information shared by health professionals, in addition to facilitating access to some services offered, such as pre-consultation, before evaluation and insertion of the intrauterine device
5	To characterize the production related to the insertion of Intrauterine Devices by physicians and nurses in a maternity hospital of usual risk.	Of the 828 insertions, there was a significant difference between women who received IUDs at the Obstetric Center (247) and Outpatient Clinic (571) in terms of expulsion rate ($p= 0.00001$), with a greater chance of expulsion in the immediate postpartum period. The insertion of the IUD in the outpatient clinic by the nurse proved to be as safe as by the physician.
6	To describe the experience of nurses in the implementation of the copper intrauterine device insertion service in Primary Health Care	By offering the insertion of the device responsibly and based on scientificity, nurses have contributed to the reduction of bureaucracy in access to the method. In this sense, the training process positively influences the qualification of care and the reported practice has demonstrated efficacy and safety, in addition to overcoming models that were hegemonic until then and centered on the figure of the physician.
7	To outline the profile of women undergoing copper IUD insertion in Primary Health Care (PHC)	Most of the women who had IUDs inserted in PHC in municipalities in Paraíba were between 20 and 29 years old, had completed high school, had a paid job, and had 1 to 2 children. The low percentages of women with low schooling, adolescents and nulliparous women found in the sample point to the need to devise specific strategies to encourage the intrauterine device in Primary Health Care



8	To analyze the records related to reproductive planning consultations and intrauterine device insertion performed in 2021 by nurses and physicians in Primary Health Care in Brazil.	It was possible to identify the need to invest in the training of doctors and nurses to expand access to and the right to care for the sexual life of women living in the country. Nursing care is a way of consolidating women's right to take care of their sexual and reproductive lives.
9	To analyze the national and international scientific production on the role of nurses in the reproductive planning program	The studies showed that reproductive planning is associated with health education as an instrument for the prevention of unwanted pregnancy and that the nurse acts as a mediator between the service and the population, seeking better strategies to guarantee the rights to sexual and reproductive health.
10	OBJECTIVE: To verify whether sociodemographic and care characteristics are associated with the time until the start of contraceptive use in the first year after delivery in Primary Health Care users.	Despite the high prevalence of CM use, sociodemographic and care inequalities persist in relation to the time until the start of contraception after childbirth, as well as contraceptive insecurity. We emphasize the need for a policy to promote the use of effective CM in this period in order to reduce the adverse outcomes associated with the short interpartum interval and the risks related to the occurrence of poorly spaced pregnancies.
11	to report the experience of nurses in the placement of intrauterine devices (IUDs) within the scope of advanced nursing practices.	The training for IUD placement favored the application of differentiated care, entirely based on scientific evidence. During the consultation, the difficulty in performing the procedures was evidenced, especially in view of the occurrence of adverse reactions in the patients.

SOURCE: Authorial Production

DISCUSSION

Access to reproductive planning and contraception services is a basic right of every individual. It is a priority for sustainable development in health established in the 2030 agenda of the United Nations (UN, 2021, et al. SILVEIRA). Reproductive planning guidelines are principles and recommendations that guide actions and policies related to fertility control and reproductive health. Aiming to promote access to contraceptive information, services and methods to help people make controlled decisions about when and how to have children, as well as prevent uninitiated pregnancies. The difficulty of access contributes to the incidence of unwanted and unplanned pregnancies, unsafe abortions, obstetric and neonatal complications that can result in increased maternal and neonatal mortality.

Reproductive planning is a process endowed with complexity, conditioning and/or determinants. They vary from country to country and are influenced by cultural, religious, and political factors. However, some of the common guidelines include access to education and information, ensuring that people have access to accurate and unbiased information about the different contraceptive methods available, their benefits, risks, and effectiveness. It is a complex process that involves several other important social and environmental contexts, and the approach



has been a major public health challenge, especially when it comes to access to population groups in situations of vulnerability and inequality.

In addition, overcoming the resistance posed by other professional categories is still a reality, the International Federation of Gynecologists and Obstetricians (FIGO) recommends the transfer or sharing of tasks with nursing professionals, with regard to the provision of counseling, clinical performance, insertion and prescription in contraceptive methods (LACERDA, 2021)

In a specific opinion, the Federal Council of Nursing (COFEN) provided that nursing professionals act autonomously, ethically and perform their activities with competence to promote the human being as a whole. It is worth mentioning that nurses are able to perform nursing consultations in the field of sexual and reproductive health with a focus on reproductive planning. Enabling an expansion of access to contraception, stimulating the growth of the implementation of family planning care within the scope of comprehensive health care, executing a problem-solving practice (COFEN, 2022).

According to Dias (2022), the collaborative action of different health professionals fosters the participation of nurses in strategies to expand contraceptive supply, favoring the expansion of access to qualified information, ensuring different methods for the population of reproductive age. Enabling all people to have the right to receive accurate, impartial, and comprehensive information about contraception, sexual and reproductive health, and family planning.

The Primary Health Care (PHC) of the SUS plays a fundamental role in reproductive and family planning, and the National Policy for Comprehensive Attention to Women's Health (Pnaism) has as its specific objective the comprehensiveness and promotion of health as guiding principles and seeks to consolidate advances in the field of sexual rights. It encourages the implementation of family planning care within the scope of comprehensive health care, also includes the qualification of reproductive planning care, in addition to expanding access to qualified information on contraception.

To improve the population's access to nursing care in reproductive planning, it is necessary to adopt a comprehensive approach that involves several measures and proposals that can help achieve this goal. These professionals are responsible in sexual and reproductive health education, which implements comprehensive programs in schools and communities, providing information on anatomy, contraception, prevention of sexually transmitted infections (STIs), and antenatal care. Thus, contributing to the dissemination of knowledge to the population, assisting in decision making.

In Brazil, a study showed that more than 80% of women reported using some form of contraception, with the most commonly used being short-acting reversible contraception (SARCS), compared to long-acting methods (LARCS) (TRINDADE, 2022). Long-acting contraceptive methods are safe and effective, they are an excellent option for people who want to avoid



pregnancy, but prefer not to worry about daily or monthly contraception, and can be used at any age of the reproductive period and without harming your fertility, making it possible to insert it after 10 minutes in cases of postpartum and post-abortion, for instance. Currently, there is an increased interest in the search, preference and insertion of the intrauterine device in PHC, due to its high practicality and reduced maintenance compared to other methods. The Intrauterine Device (IUD), once correctly placed, has a failure rate of around 0.8% for typical use and 0.6% for perfect use, taking second place as the contraceptive method with the lowest chance of failure. (LACERDA, 2021).

The IUD is inserted inside the uterus and there are two main types of IUDs: copper IUDs and hormonal IUDs. Both have their own benefits, being highly effective in preventing pregnancy, with a very low failure rate. Depending on the type of IUD, it is offered free of charge in the Primary Health Care (PHC) of the SUS. Its inclusion can occur if the eligibility criteria are met and there is a manifestation of desire on the part of the woman (BRASIL, 2023).

Therefore, we highlight the evidence regarding the need for the collaborative action of different health professionals and provide the promotion for the participation of nursing in strategies to expand the contraceptive offer, which is essential for sexual and reproductive rights to be preserved, including the principle of universality and autonomy of women regarding their choices regarding the use or not of contraceptive methods. through prior knowledge of its benefits, respecting clinical criteria and considering its individual specificities.

CONCLUSION

The set of actions formed by reproductive planning, in addition to evaluating and coordinating that family that has the desire or not to build a family, aims to reduce the Maternal and Neonatal mortality rate, thus ensuring the three integrity of the SUS: universality, equity and integrality to sexual and reproductive health services, expanding gender equality.

In view of Law No. 9,263, of January 12, 1996, which regulates article 226 of the Federal Constitution, referring to reproductive planning, which aims at family planning and the roles of the state and the subjects in guaranteeing this right, it is possible to highlight the importance of offering all contraceptive methods available in SUS health networks, together with the evaluation of which method will be recommended, aiming at what each woman has your own cycle and profile. In this way, avoiding any future complications that may directly compromise the life of this woman or family, such as miscarriages and unwanted pregnancies.

Considering Resolution No. 690/2022, which provides that the insertion and withdrawal of the SUS must be carried out by the nurse himself in primary or even specialized care. Emphasizing the importance of the nurse's performance regarding the insertion of the Intrauterine Device,



considering that it is from this professional during the first nursing consultations that the woman will have her first contact with the contraceptive methods offered. Since nurses have one of the main skills formed during graduation, the role of health educator, that is, it becomes a duty to inform these women about the functioning of their own body along with the reason why the IUD method is the most indicated.

From this study, it is concluded the great importance that reproductive and sexual planning has in the current society, emphasizing the Brazilian one, especially in Primary Health Care, because it is from this moment that inequalities will be reduced. Thus, increasing the access of these women to contraceptive methods and consequently improving their quality of life by reducing unwanted pregnancies, abortion, maternal and neonatal death.



REFERENCES

1. Brasil, Ministério da Saúde. Secretaria de Atenção Primária à Saúde (SAPS). (2023). Disponível em: <https://www.gov.br>. Acesso em: 18 de julho de 2023.
2. Brasil, Ministério da Saúde. (2015). *Política Nacional de Atenção Integral à Saúde da Mulher (PNAISM) e do Plano Nacional de Políticas para as Mulheres 2013-2015 (PNPM)*. Brasília-DF. Disponível em: [https://www.gov.br/mdh/pt-br/navegue-por-temas/politicas-para-mulheres/arquivo/central-de-conteudos/publicacoes/publicacoes/2015/pnaism_pnpm-versaoweb.pdf](https://www.gov.br/mdh/pt-br/navegue-por-temas/politicas-para-mulheres/arquivo/central-de-conteudos/publicacoes/publicacoes/2015/pnaism_pnpm-versaoweb.pdf). Acesso em: 27 de julho de 2023.
3. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. (2010). *Saúde Sexual e Reprodutiva. CADERNOS DE ATENÇÃO BÁSICA*. Brasília: Ed. Ministério da Saúde. Disponível em: [http://189.28.128.100/dab/docs/publicacoes/cadernos_ab/abcdad26.pdf](http://189.28.128.100/dab/docs/publicacoes/cadernos_ab/abcdad26.pdf). Acesso em: 16 de julho de 2023.
4. Conselho Federal de Enfermagem (COFEN). (2022). *Resolução Cofen Nº 690/2022*. Disponível em: [http://www.cofen.gov.br/resolucao-cofen-no-690-2022_96063.html](http://www.cofen.gov.br/resolucao-cofen-no-690-2022_96063.html). Acesso em: 15 de julho de 2023.
5. COFEN. (2019). *Resolução COFEN nº. 004/2019: Inserção de Dispositivo Intrauterino (DIU TCU 380A) com Cobre por Enfermeiros na Rede de Atenção Especializada*. Disponível em: [http://www.cofen.gov.br/parecer-de-comissao-no-004-2019-cnsm-cofen_86641.html](http://www.cofen.gov.br/parecer-de-comissao-no-004-2019-cnsm-cofen_86641.html). Acesso em: 07 de julho de 2023.
6. Dias, C. L., & Silva, Y. L. (2022). Prática avançada de enfermagem no planejamento reprodutivo – Inserção de dispositivo intrauterino: um relato de experiência. *Nursing (São Paulo), 25*(294), 8894-8903. Disponível em: <https://www.revistanursing.com.br/index.php/revistanursing/article/view/2858/3453>. Acesso em: 06 de julho de 2023.
7. Lacerda, L. D., Arma, J. C., Paes, L. G., Siqueira, E. F., Ferreira, L. B., Fetzner, R. R., et al. (2021). Inserção de dispositivo intrauterino por enfermeiros da atenção primária à saúde. *Enferm Foco, 12*(7), 99-104. Disponível em: <http://revista.cofen.gov.br/index.php/enfermagem/article/view/5209/1167>. Acesso em: 06 de julho de 2023.
8. Lopes, R. R., Galvão, E. L., & Guedes, H. M. (2022). Desenvolvimento e validação de uma ferramenta para avaliação por competência da inserção do dispositivo intrauterino. *Revista Brasileira de Saúde Materno Infantil, 22*(2), 283-295. Disponível em: <https://www.scielo.br/j/rbsmi/a/wvZQK6dFSj6sV7C5WfPKMfg/?lang=en>. Acesso em: 06 de julho de 2023.
9. Martins, I. M. O., Nóbrega, M. C. P., Queiroga, V. E., Barreto, D. S., Holanda, V. R. de, & Faustino, W. de M. (2023). Conhecimento de enfermeiros sobre o dispositivo intrauterino no contexto das unidades básicas de saúde. *Enfermería Global, 22*(2), 192-233. Disponível em:

<https://revistas.um.es/eglobal/article/view/537811/339121>. Acesso em: 09 de julho de 2023.

10. Melli, T. L. (2019). *Atenção em Contracepção no Puerpério: O DIU Está sendo Ofertado às Mulheres Usuárias de Unidades Básicas de Saúde?* (Dissertação de mestrado). Universidade de São Paulo. Disponível em: <https://www.teses.usp.br/teses/disponiveis/7/7144/tde-17122019-121642/pt-br.php>. Acesso em: 06 de julho de 2023.
11. Morais, I. G. de F. (2021). Perfil das mulheres submetidas à inserção do dispositivo intrauterino de cobre na Atenção Primária à Saúde de municípios da Paraíba. *Revista Brasileira de Medicina de Família e Comunidade, 1-12*. Disponível em: <https://docs.bvsalud.org/biblioref/2021/08/1282015/2649-texto-do-artigo-16431-1-10-20210714.pdf>. Acesso em: 09 de julho de 2023.
12. Rodrigues, G. A. et al. (2023). Planejamento reprodutivo e inserção de dispositivo intrauterino realizada por médicos e enfermeiras no Brasil. *Cogitare Enfermagem, 28*(86717), 1-13. Disponível em: <https://www.scielo.br/j/cenf/a/N57ScHmZPbtrFNMH67KFFfM/?lang=pt#>. Acesso em: 06 de junho de 2023.
13. Silva, A. C. M. (2022). Garantindo o acesso ao dispositivo intrauterino na atenção primária através das redes sociais durante a pandemia do novo coronavírus. *Revista de Aps, 154-163*. Disponível em: <https://periodicos.ufjf.br/index.php/aps/article/view/35982/24827>. Acesso em: 09 de julho de 2023.
14. Silveira, L. M. da. (2022). *Determinantes do início do uso de métodos contraceptivos após o parto em usuárias da Atenção Primária à Saúde*. Belo Horizonte. Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1436585>. Acesso em: 15 de julho de 2023.
15. Ventura, H. N. et al. (2022). O papel do enfermeiro no programa de planejamento reprodutivo: uma revisão integrativa. *Rev. Enferm. Atual In Derme, 96*(40), 1-10. Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1427838>. Acesso em: 15 de julho de 2023.