



Facts about the IUD

What is an IUD?

An intrauterine device (IUD) is a small, plastic device that is inserted into the uterus (womb) to prevent pregnancy.

How does the IUD work?

The ways an IUD can prevent pregnancy are not fully understood. The most recent studies suggest that IUDs work by preventing fertilization. You will still ovulate with the IUD, unlike some other methods of birth control. The effectiveness is dependent upon many factors, most importantly; the woman needs to check if it is still in place by feeling for the string of the IUD. With perfect use, the risk of pregnancy is 0.6% and with typical use 0.8%.

Are there different kinds of IUDs?

There are two types of IUDs available in the United States: one contains copper (Paragard) and the other contains a hormone called progesterone (Mirena). Both are shaped like the letter T and are 1 1/4" inches tall. Each IUD has a thread or tail on the end, which allows the woman to check that the IUD is in place; it also makes it easier for the clinician to remove the IUD. The copper IUD, which if left in place, can be effective for up to 10 years. The Mirena IUD is effective for up to 5 years.

Are there side effects?

The most common side effects of the copper IUD are increased menstrual flow and cramps, which can be relieved by the use of an over-the-counter pain medication such as ibuprofen. These side effects lessen after the first few months as the uterus adapts to the presence of the IUD. There is also pain and possibly bleeding associated with insertion and afterwards. You will be instructed on how to control this with medication. Some women have fainted as a bodily response to the insertion process. There is also a risk of perforation of your uterus during insertion. You may experience bleeding between periods or missed menstrual periods. There is also the risk of expulsion, leading to ineffectiveness of the IUD. The progesterone in the Mirena IUD enters the blood stream and in many women causes their periods to stop. This may take several months. In the meantime women might experience irregular periods and spotting.

Who is a candidate for the IUD?

IUDs are a safe and effective method of birth control when used appropriately. It is an appropriate method of birth control for women who cannot use a hormonal method of birth control and want long term prevention of pregnancy or are done with childbearing. The IUD may be difficult to insert in women who have never been pregnant. Your clinician will discuss this with you.

Risks and benefits of the IUD?

The IUD is easy for patients to use. It does not interfere with breastfeeding. Some women prefer the IUD because it is a non-hormonal method of birth control. STDs can increase a woman's risk of becoming infected with Pelvic Inflammatory Disease. This can lead to infertility, need for surgery or hospitalization. The IUD causes inflammation of the fallopian tubes and this could cause a vaginal infection or STD to develop into a more widespread pelvic infection, making the infection worse. If you are using an IUD and believe you may be at risk of getting an STD, use a latex condom to help protect yourself.

It is still debated if there is an increased risk for an ectopic pregnancy with use of the IUD. There is also the risk of the IUD falling out of place (2% first year, more with patients who have heavy periods with

cramping), and thus losing its effectiveness. There is also some question as to what to do if you become pregnant and the IUD was still in place, as this might cause problems with your pregnancy.

The insertion process may be linked with infection of the uterus or fallopian tubes. There is a risk for perforation of the uterus with placing an IUD. This could lead to infertility, need for surgery and possibly death. You should not have an IUD if you have leukemia, or AIDS or rheumatic heart disease, heart valve disease, diabetes, or are on long-term steroid therapy.

Adverse Reactions and Warnings:

If you think your IUD has been expelled or displaced or you think you have a vaginal infection or have been exposed to an STD, or have severe abdominal pain, contact your clinician for further instructions. You will need to use another method of birth control.

These symptoms may signal there is a problem with your IUD. Call Family Planning Services if you have any of the following symptoms:

- Severe abdominal pain
- Pain during sex
- A missed period or other signs of pregnancy
- Unusual vaginal discharge
- A change in length or position of the string
- The IUD can be felt in the cervix or vagina

Do not try to remove an IUD yourself. An IUD should be removed by a nurse clinician or doctor.

Insertion and removal of the IUD

When you and your clinician decide you are the right candidate for the IUD you will be scheduled for an exam and screened for infection before the insertion process. Infection and pregnancy need to be ruled out before the IUD can be inserted. You will have a pelvic exam as part of the screening and insertion process. The IUD is placed under a sterile field in the exam room through your cervix into your uterus. It is removed by your clinician in the exam room as well.

Checking for Strings of your IUD

You will need to check for the strings of the IUD after each period or if you think the IUD has fallen out or is missing. Wash your hands before checking for the string. You will insert your finger into your vaginal canal and feel for your cervix, it should feel like the tip of your nose. If you can feel the string of IUD, it is probably in place. Never tug on the string because this can pull it out.

Return to clinic

You should return to the clinic for a follow up exam after your first period with the IUD. It is still necessary to have annual exams and pap tests with your IUD. You will need to have the IUD removed after 10 years of use for the Paragard and after 5 years for the Mirena.