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 FAMILY PLANNING PROGRAM
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IUD FACT SHEET

THE BASICS

The letters "IUD" stand for "intrauterine device."

IUD's are small, "T-shaped" contraceptive devices made of flexible plastic. IUDs are available by prescription only. A woman and her clinician will decide which is the right type for her, and the clinician inserts it in her uterus to prevent pregnancy. Two types are now available in the U.S.:

- ParaGard (Copper T 380A)- contains copper and can be left in place for 10-12 years
- Mirena- continuously releases a small amount of the hormone progesterin, and is effective for five years.

HOW IUDs WORK

Both kinds of IUDs work by preventing sperm from joining with an egg by affecting the way they move. The hormone in Mirena increases effectiveness of this process. It thickens cervical mucus, which provides a barrier that prevents sperm from entering the uterus. It also prevents some women's ovaries from releasing eggs (ovulation). IUDs have a string attached that hangs down through the cervix into the vagina. A woman can make sure the IUD is in place by feeling for the string in her vagina. A clinician uses the string to remove the IUD.

EFFECTIVENESS

The IUD is one of the most effective reversible methods of birth control. It is important to remember that the IUD does not protect against sexually transmitted diseases. Use a latex or female condom with the IUD to reduce the risk of infection.

ADVANTAGES

IUDs are the most popular form of reversible birth control in the world. More than 85 million women use them. IUDs may improve a woman's sex life. There is nothing to put in place before intercourse to protect against pregnancy. Some women say they feel free to be more spontaneous because they do not have to worry about becoming pregnant. ParaGard does not change a woman's hormone levels.

Mirena may reduce menstrual cramps and flow. Average flow is reduced by 90 percent. Flow stops altogether for about 20 percent of women within one year. Reduced flow may reduce iron deficiency anemia. The ability to become pregnant returns quickly when IUD use is stopped. The IUD is one of the most private methods of birth control. No one can tell you're using it. There is no packaging of other evidence of use that might embarrass some users. The ParaGard IUD can reduce the risk of pregnancy by 99.9 percent if inserted within five days after unprotected vaginal intercourse.

POSSIBLE SIDE EFFECTS

Possible side effects that usually clear up after the first several weeks to months include:

- Changes to menstrual flow
 - a. spotting between periods is common with IUD use,
 - b. Paragard may cause a 50-75 percent increase in menstrual flow. In some cases this may lead to anemia,
 - c. Menstrual cramps or backaches.

POSSIBLE COMPLICATIONS

Serious problems with the IUD are rare, report problems to your clinician right away to avoid further complication.

- **Expulsion-** occasionally, the IUD will partially or completely slip out of the uterus. It is more likely among younger women and women who have never had a baby. If it happens, a woman can become pregnant. If partially expelled, the IUD must be removed.
- **Perforation-** very rarely, the IUD is pushed through the wall of the uterus during insertion. Although it sounds painful, it usually isn't. Perforation is usually discovered and corrected right away. If not, the IUD

- can move into other parts of the pelvic area, and could damage internal organs. Sometimes surgery is needed to remove the IUD.
- **Infection-** pelvic infection associated with IUD use is rare. Bacteria getting into the uterus during insertion can cause infection. Most infection develops within 3 weeks of insertion. Infection after 3 weeks is very rare. It usually happens through exposure to sexually transmitted diseases such as Chlamydia or gonorrhea. Pelvic infection left untreated can cause sterility.
 - **Pregnancy-** most pregnancies happen to IUD users when their IUDs slip out without their knowing it. The chance that a pregnancy will happen while an IUD is in place is very low. If it does happen, have the IUD removed, if at all possible, as soon as you know you're pregnant. Women who choose to complete a pregnancy with an IUD in place, there is an increased risk of
 - Ectopic (not in the uterus) pregnancy
 - Dangerous pelvic infection
 - Miscarriage
 - Early labor and delivery

WHO CAN USE IUDs

Most healthy women can use an IUD, including younger who have not had children. An IUD may be right for you if you:

- Want a very effective, long-term reversible method of birth control
- Are breastfeeding
- Cannot use combined hormone methods because you smoke or have certain medical conditions, such as uncontrolled hypertension
- Do not want to use hormone methods
- Are in a mutually monogamous relationship

You should not use the IUD if you:

- Have had a pelvic infection following either childbirth or an abortion in the past three months
- Have or may have a sexually transmitted infection or other pelvic infection
- Have multiple partners without consistent condom use
- Think you might be pregnant
- Have cervical cancer that hasn't been treated
- Have cancer of the uterus
- Have unexplained bleeding from your vagina
- Have pelvic tuberculosis
- Have, or may have, an allergy to copper or have Wilson's Disease (ParaGard only)
- Have severe liver disease (Mirena only)
- Have, or may have, breast cancer (Mirena only)

GETTING AN IUD – You must see a clinician to find out if you can use an IUD.

YOUR MEDICAL HISTORY – your clinician will ask questions about your medical history and lifestyle. It is very important to be open and honest about your sex life because the IUD isn't right for all women. For example, your clinician will want to know what risks you may take for getting sexually transmitted diseases because the IUD provides no protection against them.

THE PELVIC EXAM – Your clinician will check to be sure your cervix, vagina, and internal organs are normal and not infected. You may be tested for sexually transmitted infections, such as gonorrhea or Chlamydia, vaginal infections, precancerous cervical cells, or any other condition that needs to be treated.

SCHEDULING THE INSERTION- An IUD can be inserted at any time. However, insertion may be more comfortable mid-cycle, when the cervix is naturally dilated.

This information obtained from 2005 Planned Parenthood Federation of America, Inc.