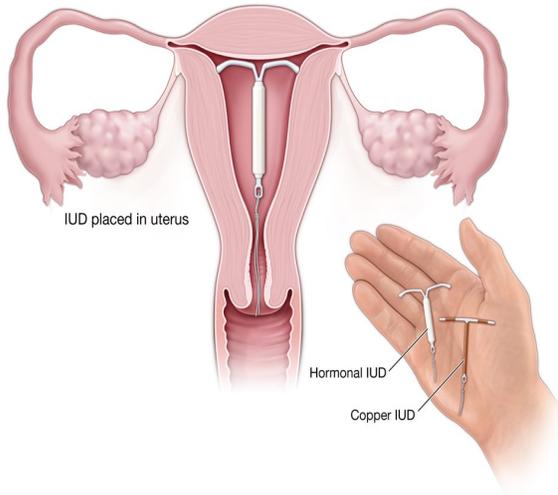


The Intrauterine Device (IUD)



What is it? The intrauterine device (IUD) is a small, T-shaped device that is inserted into the uterus. At the end of the T are two plastic strings that hang out of the uterus into the cervix and vagina. These strings are used to remove the IUD. You can check the strings by inserting a finger high up into the vagina.

How does it work? There are two types of IUDs: the copper IUD and the hormonal IUD. The hormonal IUD releases a small amount of a hormone called levonorgestrel (a form of progestin). It works by changing the cervical mucus to prevent sperm from reaching the egg. The copper IUD releases a small amount of copper. It works by inactivating sperm.

How effective is it? Both types of IUDs are highly effective at preventing pregnancy. Less than 1 woman in 100 will become pregnant within the first year of using an IUD.

How long does it last? Both kinds of IUDs give long-term (as in years) protection against pregnancy.

How do you get it? You need to have an IUD inserted by a health-care provider.

Quick Facts About IUDs:

- * IUDs are among the most highly effective forms of reversible birth control.
- * “Reversible” means it’s not permanent. You can stop using it or change to another method at any time.
- * They last for years.
- * You can get an IUD right after you have your baby in the delivery room.

Types of IUDs

There are 4 different brands of hormonal IUDs—Mirena, Liletta, Kyleena, and Skyla. They differ in hormone levels, how long they protect against pregnancy, and the effect that they have on your period. There is only one brand of copper IUD—Paragard.

Name of IUD	How It Works	Failure Rate (# of women out of 100 who will become pregnant within 1 year of use)	Length of Time Approved for Use	Interesting Facts	Likelihood That Your Period Will Stop With Continued Use
Paragard	Contains copper	Less than 1	10 years	Can be used for emergency contraception	Unlikely
Mirena	Releases 20 mcg of hormone daily	Less than 1	5 years	Can be used to treat heavy menstrual bleeding	Very likely
Liletta	Releases 18.6 mcg of hormone	Less than 1	5 years	Very similar to Mirena.	Likely
Kyleena	Releases 17.5 mcg of hormone daily	Less than 1	5 years	Smaller than Mirena and Liletta; may cause less discomfort during insertion	Somewhat likely
Skyla	Releases 14 mcg of hormone daily	Less than 1	3 years	Smallest IUD and may cause less discomfort during insertion	Not very likely

Benefits

- **Very effective and long-lasting.** IUDs are among the most effective birth control methods out there. Each protects against pregnancy for up to a certain number of years (see the table).
- **Reversible.** You can have an IUD removed at any time if you want to become pregnant or if you want to switch methods.
- **Nothing to remember.** Once you start one of these methods, you no longer have to think about birth control until the time your IUD is due to be replaced or removed.
- **No waiting period.** You can have an IUD inserted right after you deliver your baby (and the placenta comes out) in the delivery room. Having an IUD inserted at this time causes less discomfort because your cervix is open after childbirth. If you have a cesarean delivery, an IUD can be placed during the surgery after your baby is delivered. There is a higher risk of expulsion (the IUD coming out of the uterus) with getting an IUD right after delivery than when the IUD is placed at any other time.
- **Compatible with breastfeeding.** IUDs don't have any effect on how much milk you make or when your milk comes in. Breastfeeding while using these methods is safe for your baby.
- **No estrogen.** If you cannot take estrogen (which is off limits if you have certain diseases, like breast cancer, or at risk for blood clots), these are good methods to use.
- **No hormones in the copper IUD.** This IUD does not have hormones.
- **Additional benefits.** Hormonal IUDs have other benefits, such as control of heavy menstrual bleeding. They also reduce menstrual cramps.
- **Changes in IUD position.** Your menstrual flow and having cramps may cause the IUD to move a bit inside the uterus. This is normal. But if the IUD moves into the lower part of your uterus and stays there, it may increase the risk of the IUD coming out. You may be able to tell if your IUD has moved by checking the strings. If the strings are longer than usual, your IUD may have moved down in the uterus. Your health care provider can use ultrasound to see where the IUD is in your uterus. If it has shifted, you have a couple of options. You can leave it there, or you can have the IUD removed and replaced. Talk with your health care provider about what's best for you.
- **Expulsion.** The IUD may partly or entirely come out of the uterus. This happens in 2-10% of women overall. In women who have the IUD inserted right after delivery, it happens in 10-25%. If the IUD comes out—even part way into the cervix—you can get pregnant. For a lot of women, though, the benefits of getting an IUD right after delivery—less discomfort, more convenience, and avoiding an unintended pregnancy—outweigh this small risk of expulsion. If you are concerned about expulsion, you can get an IUD placed within a week or two of having your baby. Expulsion rates are lower than with placement right after delivery.
- **Perforation.** Very rarely, the IUD can poke through the wall of the uterus. Perforation seems to occur more frequently in women who are breastfeeding at the time the IUD is inserted than in women who are not breastfeeding. But overall, the chance of perforation is very low whether you are breastfeeding or not. Perforation requires medical attention and sometimes surgery to remove the IUD.

Common Questions

Possible Side Effects and Risks

- **Changes in your period.** Both the copper and hormonal IUDs can cause changes in your period:
 - ◆ With the copper IUD, you may have heavier bleeding and increased menstrual pain for the first months. Bleeding and pain usually decrease over time.
 - ◆ With the hormonal IUDs, you may have spotting (bleeding between periods), longer periods, or irregular periods at first. These symptoms usually improve within 6 months to 1 year. Periods may get lighter and shorter. They may even stop completely depending on the type of IUD you have (see the table on the previous page). Not having a period isn't harmful. Some women like this side effect, but others don't.
- **Does getting an IUD hurt?** Getting an IUD may be painful for some women; for others, it's not. Taking an over-the-counter pain reliever is often recommended beforehand, but it hasn't been shown to help much. Having an IUD inserted after you deliver your baby in the delivery room is generally causes less discomfort than getting an IUD at any other time.
- **Do I need to check my IUD by feeling the strings?** When you get an IUD, the strings are trimmed so that they just barely poke out of the cervix in the vagina. You may be told to check the strings every month to make sure that your IUD is where it should be. Sometimes, though, you can't feel the strings because they have bunched up inside the cervix. Or, your strings were trimmed too short to begin with. So yes, you can check your strings, but if you do not feel them, don't panic. If you are concerned that your IUD has moved or is coming out, see your health-care provider.

- **How do I know if my IUD has come out?** Signs that your IUD may have come out include increased cramping, pain, heavy or abnormal bleeding, or abnormal discharge. You may be able to feel all or part of the device coming out of the cervix. Your IUD may come out without you noticing (but this is uncommon). If you think your IUD has come out, see your health-care provider.
- **How can I get an IUD right after delivery?** Tell your obstetric care provider during one of your prenatal care visits that you would like to have an IUD inserted right after delivery. Arrangements need to be made beforehand for this to happen. Some religiously affiliated hospitals do not prescribe birth control methods. Some insurance companies do not cover IUD placement right after delivery. It is a good idea to find out about your hospital's policies and your insurance coverage before you deliver your baby.