Contraceptive Devices (IUDs)

IUD stands for intrauterine device. Intrauterine means inside the womb (*uterus*). The purpose of the IUD is to prevent pregnancy. IUDs make it more difficult for your partner's sperm to get into your womb and into your fallopian tubes, where the eggs are fertilized. IUDs also alter the secretions of your cervix, which make it a stronger sperm barrier. They also affect the lining of the womb, so it is harder for an egg to implant. The IUD does not cause an abortion.

There are 2 types of IUDs available:

- **Copper IUD** gives off a small amount of copper inside the uterus. This prevents the sperm from going through the uterus, up into the fallopian tube, where the egg is fertilized. The copper IUD can also damage or prevent the fertilized egg from attaching on the inside lining of the uterus. It can stay in place for 10 years. The copper IUD can be used as an emergency contraceptive, if inserted within 5 days after having unprotected sexual intercourse.
- **Hormone IUD** contains progestin (*synthetic progesterone*), and it releases this hormone into the uterus. The hormone thickens the mucus on the cervix and prevents sperm from entering the uterus. It also weakens the sperm that get into the uterus, so that the sperm and egg cannot live in the fallopian tube. It also makes the inside lining of the uterus thinner, which makes it difficult for a fertilized egg to attach to the uterus. The hormone progestin in the IUD decreases the amount of bleeding during a menstrual period and can be helpful in women who have heavy menstrual periods. The hormone IUD can stay in place for 5 years.

SIDE EFFECTS OF THE IUD

- There may be more cramping or pain with periods.
- It may cause heavier, longer periods, which can cause lack of red blood cells (*anemia*) and can interfere with your daily and sexual activities.

This method of birth control is not usually the best choice for a woman with heavy or prolonged periods. The birth control pill may be a better choice. IUDs work best for women who have already had a pregnancy, because the cervix is more open, making the insertion of the device easier and less painful. However, many women without children use the IUD. One of the main goals of patient selection is to prevent unintentionally inserting an IUD into a patient who has an STD (*sexually transmitted disease*), who is at high risk of exposure to an STD, or who is already pregnant. That is why the IUD is inserted during, or right after, a menstrual period.

REASONS NOT TO USE AN IUD

- The womb or cervix is not shaped normally.
- You have or have had a pelvic infection, such as an STD, in the past 3 months.
- You have or suspect cancer in the female organs.
- You have an abnormal Pap smear.
- You have certain liver diseases.
- There is severe infection or inflammation of the cervix (*cervicitis*).
- You have unexplained vaginal bleeding.
- You have heart valve problems (unless a heart specialist advises otherwise).
- You are allergic to copper (rare).
- You previously had a pregnancy outside the uterus (*ectopic*).
- You are pregnant or suspect you are pregnant.
- You have prolonged or heavy periods, or heavy pain or cramping with periods (except for the hormone IUD).
- You have or suspect pelvic cancer.
- You have an STD.

- The cervix or uterus has problems (*cervical stenosis, fibroids in the uterus*) making it difficult to insert the IUD.

IUDs should be removed when a woman becomes menopausal or pregnant.

BENEFITS

- You are always ready to have sexual intercourse.
- The copper IUD does not interfere with your female hormones.
- The copper IUD can be used as emergency contraception.
- An IUD can be used while nursing.
- It works immediately after insertion, and there is no problem getting pregnant when it is removed.
- It does not interfere with foreplay.
- The progesterone IUD can make heavy menstrual periods lighter.
- The progesterone IUD can be used for 5 years.
- The copper IUD can be used for 10 years.

RISKS

- Putting the IUD through the uterus, into the pelvis or abdomen (*perforation of the uterus*).
- Losing the IUD (*expulsion*). This is more common in women who never had children.
- When pregnant with an IUD, there is an increased chance of an infection and loss of the pregnancy.
- Pregnancy in the fallopian tube (*ectopic*).
- STD, in women who have more than 1 sex partner. The IUD **does not** protect against STDs.
- Other minor side effects may include:
  - Headaches.
  - Feeling sick to your stomach (*nausea*).
  - Breast tenderness.
  - Depression.

PROCEDURE

- The IUD is inserted during or right after a menstrual period, to make sure you are not pregnant.
- You will be given a consent form to read about the IUD, how it works, how it is inserted, and the side effects.
- You will lie on an exam table, naked from the waist down.
- Your caregiver will do an exam to determine the size and position of your uterus.
- Usually, an anesthetic is not needed.
- Your caregiver may give you a pain pill to take, 1 or 2 hours before the procedure.
- Sometimes, a paracervical block may be used to block and control any discomfort with insertion.
- A tool (*speculum*) is then placed in your vagina (*birth canal*) so your caregiver can see the cervix.
- A sound is sent into the uterus to check the depth of the uterus.
- A slim instrument (*IUD inserter*), which is shaped like a drinking straw, is inserted through the small opening in your cervix and into your uterus.
- Then, the IUD is pushed in with a plunger, much like a syringe, and the inserter is removed. There may be some cramping and pain during the insertion.
- Relaxing helps to lessen the discomfort.
- Following the procedure, you will usually spot blood. Have some pads with you. Avoid using tampons for 2 weeks. Bleeding after the procedure is normal. It varies from light spotting for a few days to menstrual-like bleeding for up to 3 weeks. It may be like a period if it is near the time for your normal period.
- You may also have mild cramping. Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver. **Do not** use aspirin, as this may increase bleeding.
- Practice checking the string coming out of the cervix, to make sure the IUD is always in the uterus.

HOME CARE INSTRUCTIONS

- **Do not** drive for 24 hours.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- No tampons, douching, or sexual intercourse for 2 weeks, or until your caregiver approves.
- Rest at home for 24 hours. You may then resume normal activities, unless told otherwise by your caregiver.
- Check your IUD prior to resuming sexual activity, to make sure it is in place. Make sure that you can feel the strings. An IUD can be pushed out and lost without the user even knowing it is gone. Also, if the strings are getting longer, it may mean that the IUD is being forced out of the uterus. This means it is no longer offering full protection from pregnancy.
- Take any medications your caregiver has ordered, as directed.
- Make sure to keep your recheck appointment, so your caregiver can make sure your IUD has remained in place. After that exam, yearly exams are advised, unless you cannot feel the strings of your IUD.
- Check that the IUD is still in place by feeling for the strings after every menstrual period.

SEEK MEDICAL CARE IF:

- Bleeding is heavier than a normal menstrual cycle.
- You have an oral temperature above 102° F (38.9° C).
- You have increasing cramps or pains, not relieved with medicine. Or you develop belly (*abdominal*) pain that does not seem to be related to the same area of earlier cramping and pain.
- You are lightheaded, unusually weak, or have fainting episodes.
- You develop pain in the tops of your shoulders (shoulder strap areas).
- You are having problems or questions, which have not been answered well enough by your caregiver.
- You develop abdominal pain.
- You have pain during sexual intercourse.
- You cannot feel the IUD strings.
- You have abnormal vaginal discharge.
- You feel the IUD at the opening of the cervix in the vagina.
- You think you are pregnant.
- You miss your menstrual period.
- The IUD string is hurting your sex partner.
- The IUD string has gotten longer.

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