

Is the IUD right for me? (intrauterine contraceptive device)

What is “the IUD”?

The IUD is a small, plastic device that is inserted and left inside the uterus. Although there have been several types of IUDs, currently only three are available in the US. They are T-shaped and have a string at the base of the T that will extend through the cervix and lie in the vagina. The string remains inside your body. Your doctor will advise you on how you can feel the string to monitor the device. You will not see the string. Neither you nor your partner should feel the string during intercourse. **Paragard**, a non-hormonal IUD, releases a small amount of copper into the uterus and is effective for 10 years. **Mirena**, the hormonal IUD, releases a small amount of the progesterone called levonorgestrel into the uterus; it is effective for 5 years. **Kyleena**, a smaller version of the hormonal IUD, was recently released as an option for you women. It also lasts for up to 5 years. An IUD can be removed at any time if not tolerated or you desire to become pregnant.

How does the IUD work?

The IUD primarily prevents pregnancy by interfering with the movement of sperm thus preventing fertilization of the egg. Paragard slowly releases a small amount of copper into the uterus, which prevents fertilization as well as affects the lining of the uterus so implantation will not occur. **Mirena** and **Kyleena** are hormonal IUDs. They release a very low dose of progesterone into the lining of the uterus every day. This prevents pregnancy in several ways. It blocks sperm from reaching or fertilizing your egg and the hormonal effect will keep the lining of the uterus very thin.

How effective is the IUD?

The IUD is extremely effective. During the first year of use, 8 of 1000 women will become pregnant with the copper IUD and only 2 of 1000 with the hormonal IUDs. During the 5-year period with **Mirena**, only 1 out of 100 will become pregnant.

Am I a good candidate for the IUD?

The IUD is best suited for women who want **convenient, effective, reversible** contraception. Once it is placed neither you nor your partner will know it is there. Traditionally, it had been recommended only for women who have at least one child, are in a stable, mutually faithful relationship. However, recently these recommendations have been extended to young women who have not yet had children but desire to in the future. It is an excellent alternative to tubal ligation in a woman who wants effective birth control but does not want to undergo surgery.

Are there any reasons why I shouldn't use an IUD?

- Might be pregnant
- Have an untreated pelvic infection now or had a serious pelvic infection in the past 3 months after a pregnancy
- Can get infections easily. For example, if you have
 - More than one sexual partner or your partner has more than one partner
 - Problems with your immune system
 - Intravenous drug abuse
- Have or suspect you might have cancer of the uterus or cervix
- Have bleeding from the vagina that has not been explained
- Have liver disease or a liver tumor (Mirena/Kyleena)
- Have breast cancer now or in the past or suspect you have breast cancer (Mirena/Kyleena)
- Have a condition of the uterus that changes the shape of the uterine cavity, such as large fibroid tumors
- Are allergic to levonorgestrel, silicone or polyethylene (Mirena/Kyleena)
- Are allergic to copper (Paragard)

What are the common side effects of the IUD?

IRREGULAR BLEEDING. Bleeding and cramping may occur during the first few weeks after the IUD is placed but will resolve within a few months. In general, Paragard may cause slightly heavier periods than normal whereas with use of the hormonal IUDs, women have shorter, lighter periods. Many women may experience the absence of periods.

PELVIC INFECTION. The risk of developing a pelvic infection associated with the IUD is attributable to insertion of the device and exposure to sexually transmitted infection, particularly chlamydia. The greatest risk occurs during the first few weeks following insertion. Tests for STIs will be done prior or at the time of insertion. Women who have more than one sexual partner or whose partner has other sexual partners are at a higher risk for acquiring an STI.

EXPULSION. Between 2-10% of IUD users spontaneously expel their IUD within the first year. Expulsion, though infrequent, is more likely to occur during the first 3 months. An IUD expulsion can occur without a woman knowing it.

OTHER. Other side effects include lower abdominal pain, reported by 10% during the first 3 months. Side effects occurring in fewer than 5% of women include acne or other skin problems, back pain, breast tenderness, mood changes, and nausea.

What are the benefits of the IUD?

- highly **effective**
- easy to use**--you don't have to remember to insert it before sex or take a pill every day
- reversible**--it can be easily removed in the office and your cycle will return to normal the next month
- can be **used by breastfeeding women** because there is no effect on lactation
- inexpensive**--after the first year of use, the annual cost for using the IUD is less expensive per year
- comfort**--you and your partner should not be able to feel the IUD during intercourse

When can the IUD be inserted?

First it must be determined that you are a good candidate for the IUD. Your doctor will take a medical history, perform a pelvic exam and obtain any appropriate lab tests. The insertion can then be scheduled **within the first 5 days of your next menstrual period**; this ensures that you are not pregnant at the time of insertion and the method is effective immediately for birth control. If placed at a different time on your period, a test is done to rule out pregnancy and then do not rely on it for the next 2 weeks. The IUD can also be placed after giving birth, as soon as your uterus has returned to its normal pre-pregnancy state. It can be determined whether you are ready for IUD insertion at your postpartum check.

How is the IUD inserted?

You may be given some antibiotics to take prior to insertion to protect from infection. Also, taking 3-4 Motrin or Advil an hour prior to insertion will minimize the discomfort of the insertion. Insertion of the IUD does not require anesthesia. The insertion itself takes only a few minutes. Immediately before the IUD is inserted, you will be asked to sign a consent form making sure you understand everything about the insertion and a pregnancy test will be checked. To insert the IUD, the arms of the T-shaped device are folded and the IUD is placed in a long, slender, plastic tube. The tube is then inserted into the vagina and guided through the cervix into the uterus. The IUD is then pushed out of the plastic tube into the uterus and the tube is withdrawn. Each IUD comes with a string or "tail" made of a thin plastic thread. After insertion the thread is trimmed to the proper length.

How can I check that the IUD is in place?

You will be able to tell about the placement of the IUD by the location of the string. But do not pull on the strings. The string will not bother you, but your partner may feel it with his penis. If he reports discomfort, the string may be further trimmed. It is helpful to check the string each month. To do this, you must insert a finger into your vagina and feel around for the string. You can do this at any time, but doing it after your menstrual period is easier to remember. If you feel the string is shorter or longer than it used to be—or if you don't feel the string at all—call your doctor. The IUD may have slipped out of place. Use another form of birth control until your IUD is checked.

How is the IUD removed?

The IUD can be removed at anytime by your doctor during an office visit. You might have it removed because you are planning another pregnancy. Or at the end of 3 years (Skyla), 5 years (Mirena) or 10 years (Paragard), the IUD should be removed but a new IUD can be placed at the same time if you choose to continue the IUD.

What if I decide to have another baby?

You may become pregnant as soon as your IUD is removed. About 8 out of 10 women who want to become pregnant will become pregnant some time in the first year after the IUD is removed.

What if I become pregnant while using the IUD?

Call your health care provider right away if you think you are pregnant. If you get pregnant with the IUD in place, you may have an ectopic pregnancy (a pregnancy that is not in the uterus.) Unusual vaginal bleeding or abdominal pain may be signs of an ectopic pregnancy. An ectopic pregnancy can cause internal bleeding, infertility, and even death. The IUD is not recommended if you have had an ectopic pregnancy in the past or are at high risk. There are also risks if you get pregnant while using the IUD and the pregnancy is inside the uterus. Severe infection, miscarriage, premature delivery, and even death can occur with pregnancies that continue with the IUD. And the IUD should be removed immediately.

Are there any warning signs I should look out for after the IUD is inserted?

Call your doctor if you have any of the following problems:

- severe abdominal pain
- pain during intercourse
- bleeding or spotting that occurs between periods, after intercourse, or that lasts more than a few months
- missed period or other signs of pregnancy
- unusual vaginal discharge
- a change in length or position of the string

Are IUDs covered by my insurance?

With the Affordable Care Act, IUDs should be covered with no out-of-pocket expense. I would still recommend that you verify this with your insurance company. When you call your insurance company, use the following CPT codes: Paragard (J7300), Mirena (J7298) and Kyleena (J7296), Insertion of IUD (58301).