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INTRAUTERINE DEVICE (IUD)



What is an IUD?

An Intrauterine Device (IUD) is a small, flexible, plastic device placed inside a woman's uterus, with a soft string in the upper part of her vagina. Neither the plastic in the uterus nor the string in the vagina can be seen or felt. A woman can have the IUD removed whenever she wants, although she can keep it in for up to twelve years. The IUD makes it harder for sperm and eggs to move, or for a fertilized egg to lodge in the uterus. It is 99.2 to 99.9% effective in preventing pregnancy, making it slightly more effective than sterilization. They do not protect against sexually transmitted infections (STI), including HIV/AIDS.

Types of IUDs

There are two brands of IUDs in the United States: Mirena and ParaGard. Mirena has a small amount of synthetic progesterone hormone that goes into the wall of the uterus. Women with this IUD usually have lighter, less painful menstrual periods. Some women may have light, irregular bleeding or spotting throughout the cycle. Others have no menstrual periods at all. A few women have mood changes, less enjoyment of sex, or headaches due to the hormones in Mirena, but this is not common.

ParaGard has a tiny piece of wire wrapped around the plastic body. Some women choose this IUD because they want a method without artificial hormones. Most women with the ParaGard have heavier, more painful menstrual periods than before it was inserted. Some also have irregular bleeding.

Insertion and Removal

First, patients may need a pre-insertion visit for discussion and pre-testing. Then, a physician or advanced practice clinician inserts the IUD. The insertion takes five to 15 minutes, and some women barely feel it. Others find the insertion excruciatingly painful. For most it is somewhere in between. Usually, any pain lasts only a few minutes.

Very rarely during insertion, the IUD can poke a hole in the uterus (a condition called "perforation"). If this happens, the IUD is removed, and typically the uterus heals with no problems. Sometimes in cases of perforation, the IUD moves into the abdominal cavity or becomes embedded in the wall of the uterus; it would then have to be removed surgically.

When it comes time for the IUD to be removed, it only takes a few seconds. With a speculum in the woman's vagina, the medical professional simply pulls gently on her IUD string. It usually slips out easily, and sometimes the woman doesn't even feel this.

It is your right to have the IUD removed anytime you want, such as if you want to get pregnant or if the bleeding or cramping becomes uncomfortable. Unfortunately, some women have had trouble getting their IUDs taken out because of the cost—either their coverage was gone when the time came for removal or their program did not pay for removal. Some providers are reluctant to remove IUDs for what they consider trivial reasons. It is a good idea to talk with your medical professional about these things before having the IUD put in.

Use

Getting an IUD involves a clinic visit. To prevent infection, clinics require women to have check-ups prior to insertion. This can include a full medical, pelvic, and breast exam, with a Pap smear, STI check, and pregnancy test. If anything unusual is found, it is addressed before the IUD is inserted. After insertion, an IUD is effective immediately.

A woman can use the Mirena up to five years. The ParaGard can stay in for up to ten or twelve years depending on the protocol of different providers.

ParaGard IUD begins preventing pregnancy as soon as it is inserted. Mirena takes up to 7 days to become effective.

Advantages and Disadvantages

Advantages of Mirena

- Doesn't require action from the user
- Private—can't be seen or felt
- Highly effective
- Can lighten painful or heavy menstrual periods
- Can eliminate menstruation for some women, and the women like that

Advantages of ParaGard

- Doesn't require action from the user
- Private—can't be seen or felt
- Highly effective
- Causes no hormonal effects such as mood changes, or changes in sexual response

Disadvantages of Mirena

- Provides no protection from sexually transmitted infections
- Requires a medical visit to start or stop use
- Can cause irregular bleeding throughout the cycle or cramping
- Can eliminate menstruation for some women, and the women don't like that

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Disadvantages ParaGard

- Provides no protection from sexually transmitted infections
- Requires a medical visit to start or stop use
- Can cause irregular bleeding throughout the cycle or cramping
- Causes heavier, more painful menstrual periods
- Breastfeeding women should be aware the synthetic hormone in the Mirena IUD is excreted in breast milk.

Your Health

In most cases, you will not be able to have either of the two IUDs inserted if:

- There is any possibility you are pregnant
- You have a serious pelvic infection (PID), chlamydia, or gonorrhea. These need to be completely treated before the IUD is put in
- You have a post-childbirth or post-abortion infection.
 These should be resolved before you get the IUD.
- You are being treated cervical cancer you should finish your treatment before the IUD is put in
- The shape of your uterus blocks the IUD from being inserted
- You have pelvic tuberculosis or malignant trophoblastic disease (both rare diseases)
- If you have breast cancer you can't use Mirena because of the hormones it releases. ParaGard would be okay.

Your provider will help decide if the IUD is safe for you if:

- You gave birth or had an abortion in the past four weeks
- You have a high chance of getting sexually transmitted infections - if either you or your partner have other partners besides each other
- You have AIDS or HIV
- You have benign trophoblastic disease (rare)

For the Mirena IUD only, discuss with your provider if you have a blood clot in a vein (DVT) or in your lung (pulmonary embolism), breast cancer, viral hepatitis or liver tumors. For the ParaGard IUD, it may be a problem if you are anemic. Anemia isn't a problem with Mirena, however.

Your Cervix

The cervix is the opening to the uterus where menstrual blood, babies, and sperm pass. It is the opening through which abortions are performed and IUDs are inserted.

If you have an IUD, you can check if it is in place by looking at your cervix where the string comes out. Women's bodies naturally make hormones that change the cervix during a monthly cycle. You can observe these changes and learn more about your cervix by using a speculum to perform a self-exam. For instructions and a speculum, ask your clinician or see FWHC.org.

Life with an IUD

Many women have cramping and irregular bleeding for the first few months. If the cramping is severe and is not only during menstruation, you should ask your provider if it is

simply an unpleasant effect of the IUD or if it is a sign of infection. If the amount of the bleeding is more than you usually have in your cycle, your provider can help determine if it's serious. Both non-medical home remedies and medical treatments can help. Bleeding and cramping usually last only a few months. If they are too bothersome, you can have the IUD taken out.

The IUD and pregnancy

Women with IUDs almost never get pregnant. But if they do, there is danger of a serious, fast spreading pelvic infection. So, the IUD should be removed for the woman's safety.

An ectopic pregnancy (growing outside the uterus) can be life threatening for a woman if it's not caught early enough. The IUD doesn't cause these but if you become pregnant during use, there is a high chance that the pregnancy is ectopic. If you have any signs of pregnancy, it is important to get a pregnancy test as soon as possible.

The IUD could come out, sometimes without the woman noticing. You can check for the string once a month by feeling with your finger. Because the string is soft, and can be tucked pretty far back in the folds of your vagina, your provider can show you how to find it. If you stop feeling the string, or if you or your partner feel the hard plastic part of your IUD in your vagina, it could be coming out, and you should have it checked.

IUD and infection

If a woman gets chlamydia, gonorrhea or a pelvic infection with the IUD in place, it is important that the infection us treated as soon as possible. If the treatment is successful, the IUD can usually stay in the uterus.

Emergency Contraception

You can prevent pregnancy after unprotected intercourse by having a copper IUD inserted within one week of unprotected intercourse or by taking emergency contraception pills. The pills work best in the first 24 to 48 hours but may work for several days. You can get one brand, Plan B, from your pharmacy without a prescription. (ec.princeton.edu)

Further Resources

- Our Bodies, Ourselves. <u>www.ourbodiesourselves.org</u>
- Feminist Women's Health Center at www.FWHC.org
- www.paraguard.com www.mirena-us.com
- Get a free Mirena IUS at www.archfoundation.com
- If you are uninsured in WA State, you may apply for FREE birth control under the State sponsored program, Take Charge. Call 800-770-4334 to find out more. Then apply at Cedar River Clinics.

Cedar River Clinics make birth control and abortion accessible so that women may decide their futures.

www.CedarRiverClinics.org or 800-572-4223 www.Birth-Control-Comparison.info

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