

Intrauterine Device (IUD)

What is an intrauterine device (IUD)?

An intrauterine device (IUD) is a birth control device put into a woman's uterus by her healthcare provider. It is usually made of plastic or metal with a string attached.

There are 2 types of IUDs.

- IUDs that contain copper
- IUDs that contain a form of the female hormone progesterone

The IUD prevents pregnancy in several ways:

- It keeps sperm from reaching your eggs.
- It can slow the movement of eggs to your uterus.
- It can make the eggs unable to be fertilized even if sperm are present.
- It may keep a fertilized egg from implanting in the uterus.

There has been some controversy over the use of the IUD because of its association with pelvic infections. Most of these infections happened with older types of IUDs. The modern designs have very low rates of infection, especially if they are used correctly. Talk to your healthcare provider about the risks of using an IUD if you have had any of the following problems:

- Heavy menstrual bleeding
- An infection in any of your reproductive organs (ovaries, uterus, fallopian tubes)
- Pregnancy in a fallopian tube (ectopic pregnancy)

Tell your healthcare provider if you or your partner have more than 1 sexual partner. Your risk of having a pelvic infection is higher if you have more than 1 sexual partner, especially while you have an IUD in place.

How is it used?

Your healthcare provider will put the IUD into the uterus through the vagina and cervix (the cervix is the opening of the uterus). The IUD is usually inserted during a menstrual period, when the cervix is slightly open and you are least likely to be pregnant.

It takes only a few minutes to insert an IUD. You may feel some cramping pain while it is being put into place. You may be given a local anesthetic or pain medicine to help control this discomfort. If you have never had a baby, your healthcare provider may give you a medicine to soften the cervix and make it easier to place the IUD.

The copper IUD can also be used for emergency birth control. It can be inserted up to 5 days after unprotected sex. Studies have shown it to prevent pregnancy 99.9% of the time when it is used in this way. The IUD can then be left in place for up to 10 years.

What happens after I get an IUD?

The IUD could come out accidentally in the first few months after its placement, possibly without your knowing it. You might want to use a backup method of birth control during the first few months, just to be safe.

Your healthcare provider may want to examine you within 3 months after the insertion of the IUD to be sure that everything is normal. You need to see your provider regularly for checkups as long as you have the IUD in place. Talk with your provider about this.

During the first few months after insertion of the IUD, check often for the string attached to it to be sure that the IUD is still in the uterus. The string passes from the IUD inside the uterus through the cervix and into the vagina. The end of the string usually stays out of the way at the top of the vagina. You can check for the string by putting a finger inside the vagina and feeling for the string near the cervix. (Be careful not to pull on the string.) Also check for the string after every menstrual period and before you have sex. As long as you can feel the string, the IUD is in position and it is unlikely that you will get pregnant. If you feel the hard plastic of the IUD, it is no longer in the right place and you will have to see your healthcare provider to change it.

You may be able to have an IUD for 3 to 10 years before it needs to be removed and replaced. Usually progesterone IUDs are replaced after 5 years. Copper IUDs need to be replaced after 10 years. Removal or replacement of an IUD must be done by your healthcare provider. Do not try to remove the IUD yourself.

What are the benefits?

The benefits of an IUD are:

- It is more than 99% effective as a method of preventing pregnancy. This means that for every 1000 women who use an IUD for birth control, fewer than 10 will get pregnant.
- It does not cost much.
- Lovemaking does not need to be interrupted by the insertion of a birth control device or spermicide.
- Replacement is required just every 3 to 10 years, depending on the type.
- If you have a progesterone-containing IUD, you will have less bleeding and cramps during your periods. Sometimes you may skip menstrual periods with this type of IUD.
- Unlike birth control pills, an IUD starts preventing pregnancy as soon as it is inserted.

Women generally do not have a harder time getting pregnant after removal of an IUD than they do after the use of other forms of birth control.

What are the risks?

A number of problems could happen while you are using an IUD, some of which can be severe. These problems are listed below (the first 2 are the most common):

- Increased menstrual bleeding and cramps, mostly during the first few months of use
- Spotting between menstrual periods
- Irritation of your partner's penis by the string
- Increased risk of infection in your tubes or a more serious infection called pelvic inflammatory disease, which can lead to infertility
- Unnoticed loss of the IUD from the uterus, which may result in unexpected pregnancy
- Embedding of the IUD in the uterine wall
- Damage to the uterus by the IUD, with possible damage to other organs as well as internal bleeding, but this is rare
- Potential problems if pregnancy occurs with an IUD in place, including ectopic (tubal) pregnancy

If you get pregnant with an IUD in place, tell your healthcare provider right away. The IUD should be removed right away to lower the chances of a pregnancy complication. In some cases, it might increase your risk of miscarriage (loss of the baby), as well as the risk of infection in the uterus and preterm birth of the baby.

Talk with your healthcare provider before you have deep heat treatment or therapeutic ultrasound while your IUD is in place. These treatments may increase the risk of injury to the tissues of the uterus.

IUDs don't keep you from getting AIDS or other sexually transmitted diseases. Latex or polyurethane condoms are the only method of birth control that can protect against the HIV virus and AIDS.

There has been no evidence of birth defects resulting from the use of an IUD.

Who should not use an IUD?

You should not use an IUD if:

- You have cancer in the uterus or cervix.
- You have unexplained vaginal bleeding.
- You may be pregnant.
- You have had pelvic inflammatory disease.
- You have a severe infection of the cervix (cervicitis).
- You have fibroids or other problems with your uterus that make it hard to insert the IUD.
- You change sexual partners often.

Also, if you have had either a pregnancy or infection in your tubes, an IUD may not be a good choice for a birth control method. Check with your healthcare provider to see if there is another method that would be better for you.

You should not use a copper IUD if you are allergic to copper or metals.

When should I call my healthcare provider?

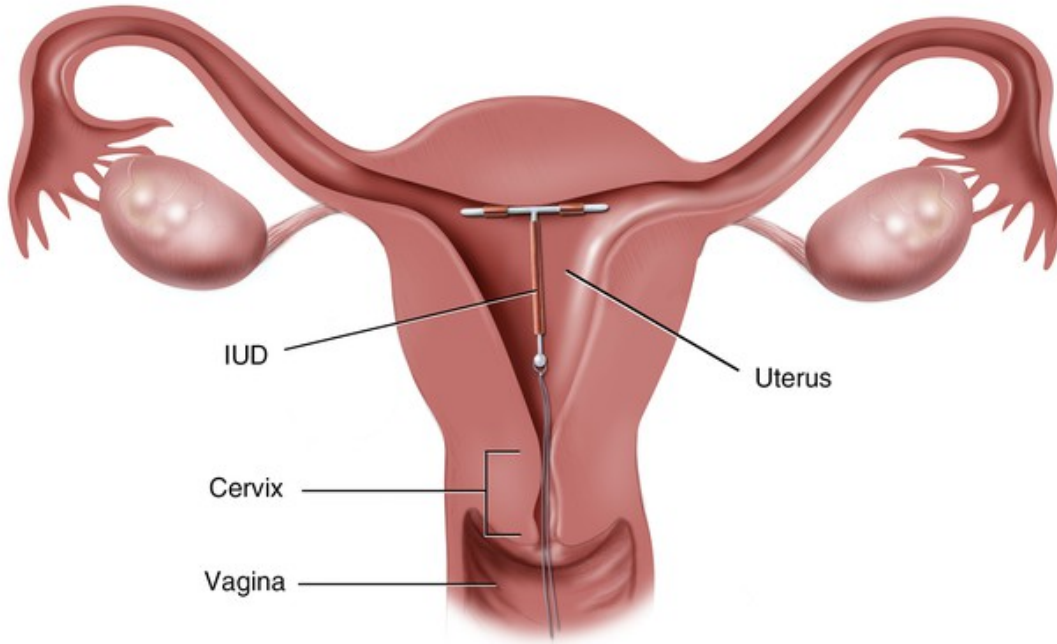
Call your provider if:

- You cannot find the IUD string or you feel the hard plastic of the IUD.
- You have vaginal discharge with a bad odor.
- You have severe, unexpected pain in your lower belly, especially if it happens when you have sex.
- You have heavy bleeding for more than 1 menstrual period.
- You have a fever with no apparent cause, especially if you also have lower abdominal and pelvic pain.
- You have missed a period.
- You think you might be pregnant with the IUD still inside the uterus.
- You want to have the IUD removed.

Developed by RelayHealth.

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Progesterone-containing IUD



Copper IUD

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