

Intrauterine Devices

Possible but rare risks

Perforation

Rarely, the IUD may be pushed through the wall of the uterus and then require removal by surgery under general anaesthetic.

Pelvic infection

The risk of pelvic infection is highest in the first three weeks following insertion. SHQ recommends screening for chlamydia and gonorrhoea prior to the insertion of an IUD to reduce the risk of these infections being passed into the uterus.

Ectopic pregnancy and miscarriage

Very few women become pregnant while using an IUD. If a pregnancy does occur with an IUD in place, there is a small chance of an ectopic pregnancy (a pregnancy that develops outside the uterus, usually in a fallopian tube). This is a serious condition that needs urgent medical attention.

If a pregnancy occurs in the uterus there is risk of miscarriage. If the IUD is left in place during pregnancy, there is an increased risk of miscarriage in the later stages of pregnancy or premature birth.

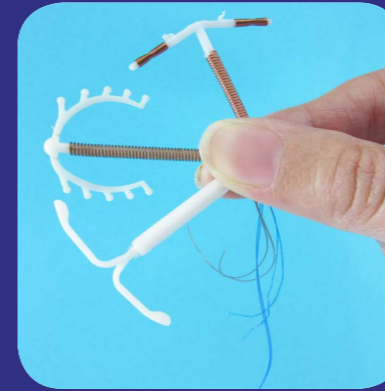
If you have an IUD and think you may be pregnant, do a pregnancy test. If the test is positive, see a doctor as soon as possible.

Removal

Never attempt to remove an IUD yourself. Removal should only be undertaken by a trained health professional who will remove the IUD by pulling gently on the threads. Mild cramping and some bleeding may be experienced when the device is removed.

It is important to consider future contraceptive needs before having your IUD removed, as its contraceptive effects will cease upon removal. A health professional can discuss this with you further.

IUDs do not protect against sexually transmissible infections (STIs).



Quick Facts

Method

Hormonal or non-hormonal

Effectiveness

More than 99%

Return to Fertility

No delay

Availability

Prescription and fitting by a trained health professional required

What is it?

An intrauterine device (IUD) is a small, flexible device which is inserted into the uterus (womb) by a health professional to prevent pregnancy.

There are two different types of IUDs:

• Non-hormonal copper IUDs

The copper IUD is a plastic frame with copper bands and/or wire. There are two types of copper IUDs currently available in Australia.

• Hormonal IUDs

The hormonal IUD, commonly known by the brand name Mirena®, is a plastic frame with a sleeve which releases a progestogen hormone.

IUDs have fine threads attached to their lower end so that when they are fitted, the threads extend through the cervix into the vagina. Once inserted, IUDs cannot usually be felt by the woman or her partner.

How do they work?

Both IUDs prevent pregnancy by:

- affecting sperm movement and stopping them from moving through the uterus (this is its main action)
- affecting egg movement and in the rare instance of an egg being fertilised, preventing the egg from attaching to the endometrium.

Copper IUDs are sometimes used as a very effective form of emergency contraception up to five days after unprotected sex.

The hormonal IUD prevents pregnancy by:

- making the lining of the uterus thin and unsuitable for implantation of a fertilised egg
- making the mucus in the cervix (the entrance of the uterus) thicker, so sperm cannot get through
- stopping the ovaries from releasing an egg (ovulation) altogether (in some women only).

How effective are they?

IUDs are more than 99% effective at preventing pregnancy. Copper IUDs are effective for 5 to 10 years, depending on the type. Copper IUDs inserted in women over the age of 40 can be left until after menopause. The hormonal IUD provides effective contraception for 5 years. Both IUDs can be removed at any time.

SHQ is on Whadjuk land. We acknowledge the traditional owners of country across Western Australia.



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Who can use them?

Your health professional will take a detailed medical history and pelvic examination to ensure that an IUD is suitable for you.

All IUDs are suitable for women:

- looking for reliable long-acting reversible contraception
- who cannot take oestrogen (found in most oral contraceptives and the vaginal ring)
- who have difficulty remembering to take daily contraception.

Hormonal IUDs may be particularly suitable for women who:

- have heavy or painful menstrual bleeding (women using Mirena® often have lighter, less painful periods, or none at all).

All IUDs are not suitable for women who have:

- a current sexually transmissible infection (chlamydia or gonorrhoea) or recent history of pelvic inflammatory disease (PID)
- current cancer of the cervix or uterus
- unexplained vaginal bleeding e.g. bleeding between periods or after sex – discuss this with your doctor
- uterine or cervical abnormalities – discuss this with your doctor.

Copper IUDs may not be suitable for women with very heavy, painful or prolonged periods, or iron deficiency anaemia.

Hormonal IUDs may not be suitable for women with a history of breast cancer.

Advantages

- Very reliable long-acting reversible methods of contraception.
- Relatively inexpensive, considering how long they last.
- Suitable method of contraception for some women who are unable to take oestrogen.
- Can be removed at any time, and fertility returns quickly.
- Have very small or no metabolic effects e.g. on cholesterol levels and blood clotting.
- Are not affected by other medicines.

Disadvantages

- Periods may be heavier, longer and more painful with a copper IUD. This may improve after the first few months.
- Women may experience frequent (but usually light) bleeding or spotting in the first few months of having a hormonal IUD. Some also experience side effects, such as mood changes or breast tenderness, but these usually improve with time.
- IUDs do not protect against STIs.

How are they inserted?

The insertion of an IUD does not usually require a general anaesthetic or sedation. The health professional will do an internal examination to determine the size and position of the uterus. A speculum is put into the vagina so that the cervix can be seen. After measuring the length of the uterus with a thin rod, the device is inserted.

Many women have cramping similar to period pain and sometimes feel faint. The level of discomfort felt can vary greatly between women – discuss this and pain relief methods with the health professional.

When can they be inserted?

IUDs can be inserted any time that pregnancy can confidently be excluded. Because a copper IUD works as an emergency contraceptive, it can also be put in during the first 12 days of the menstrual cycle, or up to five days after the first incidence of unprotected sex in a cycle.

Mirena® can be inserted between day 1 (first day of menstrual bleeding) to day 7 of the menstrual cycle, or at other times provided there is no possibility of pregnancy in the current cycle.

What to do after your IUD is inserted

SHQ recommends that women don't put anything into their vagina for 48 hours after the insertion of an IUD to reduce the risk of infection. This means no tampons (use pads), no intercourse, no swimming and no baths (shower instead) for two days after insertion.

You will need to visit a health professional for a check-up a few weeks after the insertion, and then once every one or two years. This can coincide with your Pap smear.

In a small percentage of women the IUD can be expelled by the uterus. This most commonly happens in the first few months after insertion.

Learn to check the threads of your IUD, and do so every month. This tells you that it is still in place and has not been expelled by your uterus, perhaps during a period. Most pregnancies that occur in women using IUDs are due to unnoticed expulsion.

To feel the threads place two fingers deep in your vagina and feel for your cervix (a firm knob like the end of your nose). The threads should come out of the cervix and lie next to it. Many women find this convenient to do in the shower. If you cannot feel the threads (and they can be hard to find), go back to the health professional for a check-up, and use other contraception until then.

