



Facts About IUDs

What is an IUD?

An intrauterine device (IUD) is a small, plastic device that is put into the uterus (womb) to stop a woman from getting pregnant.

Are there different types of IUDs?

Yes, many kinds of IUDs are used all over the world. Two types of IUDs are used in the United States: one contains copper and the other contains the hormone progestin. Both are shaped like the letter "T" and are about 1 1/4 inches tall (about the size of a quarter). Each IUD has a thread or string on the end. The string helps the woman to check that the IUD is in place. The string also makes it easy for the clinician to take out the IUD.

The copper IUD has copper wire coiled around the stem and arms. The copper IUD can be used for up to 10 years. The IUD with progestin, releases the hormone into the uterus throughout the day, so there are no hormone effects throughout the body. This IUD can be used up to five years.

How does the IUD work?

How the IUD works in preventing pregnancy is not fully understood. The most recent studies suggest an IUD prevents pregnancy by stopping sperm from reaching an egg that your ovaries have released. It does this by not letting sperm go into the egg. An IUD also changes the lining of the uterus so an egg does not implant in the lining if it has been fertilized. Therefore, the egg has no place to grow.

How effective are IUDs?

IUDs are about as effective in preventing pregnancy as sterilization (getting your tubes tied). For every 100 women using the IUD, fewer than 1 per year will get pregnant (less than a 1% failure rate).

Are there side effects?

Some women who use the IUD have more bleeding during and between their periods. The copper IUD also can cause cramps. Cramps can be helped by an over-the-counter pain medicine like ibuprofen or naproxen. The cramps can go away after the first few months as the uterus gets used to the IUD. Some women who use the hormone IUD notice that after a while their period get short and light, and some women may have their period stop completely.

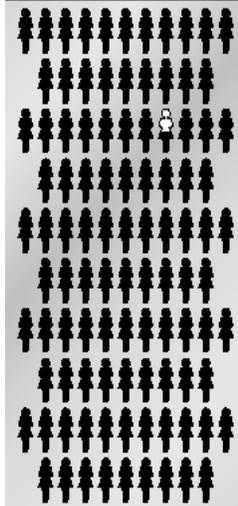
Are IUDs safe?

IUDs are a safe. In the 1970s there was an IUD that was linked to an increased risk of pelvic infection. That IUD has been off the market for more than 25 years.

Who can use IUDs?

Women at low risk of sexually transmitted diseases (STDs) are good candidates for using IUDs. The IUD is best for a woman who has one partner. Her partner must not have other partners, and not have any STDs. IUDs DO NOT protect against STDs and HIV. STDs can increase the chances of not being able to become pregnant in the future. If you are using an IUD and believe you may be at risk of getting an STD, use a latex condom to help protect yourself. You may also want to discuss with your doctor or nurse whether the IUD is still a good choice for birth control.

The Copper IUD Is More Than 99% Effective



Fewer than one woman in 100 will get pregnant over 1 year while using the copper IUD.

The Copper IUD is Effective for 10 Years



What are the benefits of IUDs?

IUDs are safe, effective, easy to use, and less expensive than most other forms of contraception over the long run. There is no need to remember to use the method every day or with every act of sex. The copper IUD can last for up to 10 years. In addition, IUD and IUS do not affect the entire body the way other hormonal methods might; therefore, women do not get side effects like nausea, breast tenderness or headache.

What if I get pregnant?

The copper IUD protects women against having a pregnancy outside the uterus (ectopic pregnancy) compared to women who do not use contraception. If you are using an IUD and think you might be pregnant, you should see a clinician right away to rule out an ectopic pregnancy and to see if the IUD needs to be removed.

Common Myths about the IUD

<i>You may have heard:</i>	<i>The truth is:</i>
IUDs are dangerous and cause serious infection.	Today's IUDs are safe and do not cause infection. Sexually transmitted diseases, or bacteria entering the womb during insertion of the IUD, are usually the cause of infection. The risk of infection is slightly increased only during the first 3 weeks after getting an IUD, and this risk is still very low.
IUDs cause pregnancies outside the uterus.	Overall, copper IUDs protect the user against having an ectopic (outside the uterus) pregnancy. IUD users are less than half as likely to have an ectopic pregnancy as women who use no contraception.
IUDs can make you sterile.	The IUD usually does not affect your ability to have children. Most women who stop using IUDs in order to become pregnant are able to conceive quickly.
An IUD works by causing an abortion.	The latest evidence suggests that IUDs work mainly by preventing sperm from fertilizing the egg. The IUD <i>does not</i> work by causing an abortion.

You should not use the IUD if you:

- are pregnant
- are allergic to copper (for copper IUD only)
- have a uterus that is shorter or smaller than the IUD
- have an artificial heart valve
- are at risk for getting a sexually transmitted disease
- have a recent history of pelvic inflammatory disease or STDs
- have cervical, endometrial, or ovarian cancer that needs treatment

Your clinician can give you more information and help you decide if the IUD is right for you.



What to Expect When Having an Intrauterine Device (IUD) Inserted

When you are making a decision about contraception, your clinician will ask you certain questions about your medical, contraceptive and sexual history. You should answer these questions honestly so that your clinician can help you decide if an intrauterine device (IUD) is right for you. An IUD is a device that is placed in the uterus, where it prevents pregnancy. Two IUDs are on the market in the United States. One contains copper and the other contains the female hormone progesterone.

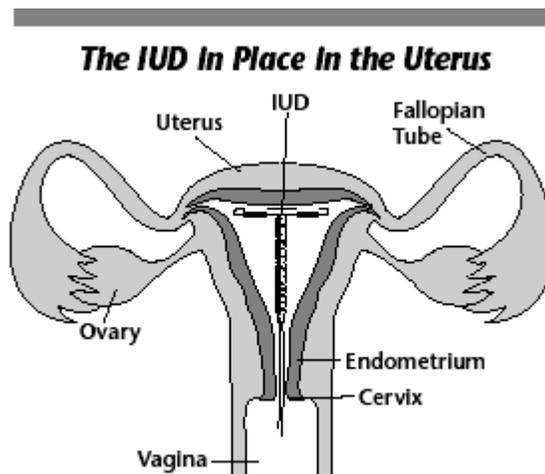
Best Candidates for an IUD

The best candidates for an IUD are women who:

- have a normal uterus
- don't have any genital tract infection or sexually transmitted diseases (STDs) now or within the past 3 months
- have a low risk of STDs (in a long-term, steady relationship with one partner who has no infection)

IUD Insertion

The process of having an IUD inserted takes only about 5 to 10 minutes. The clinician will perform a pelvic examination to measure the size, shape and position of your uterus and reproductive organs. Next, the clinician will apply an antiseptic solution to your cervix.



Your clinician will insert the IUD up through the opening of your cervix into the uterus (womb). The IUD is put inside using a special applicator that holds it flat and closed until it reaches the top of the uterus.

At this point during the procedure, most women feel cramping; however, most women describe the cramping as mild to moderate, not severe. After the device is inserted, the string at the end of your IUD will be cut short enough that the string doesn't bother you or your partner, but long enough to allow you to feel it and to periodically check that it remains safely in place.

After the IUD is inserted, your clinician or counselor will review some follow-up instructions with you. After your next period, it's a good idea to check to be sure that you can feel the IUD string.

Normally the string hangs about 2 inches down from your cervix into your vagina. Anytime you (1) **cannot** feel the string with your finger or (2) **can** feel the plastic part of the device, it means your IUD may have slipped out of place. If you have any doubts about the presence or position of your IUD, use an additional contraceptive (such as latex condoms with vaginal foam, cream, or jelly) and call the office or clinic for instructions or an examination.

Some women have pain or nausea immediately after IUD insertion so you may want to bring a family member or friend with you to the office or clinic.

Check for the IUD string after each menstrual period and any time you feel abnormal cramping during your period. At no time should you or your partner be able to feel the IUD during intercourse.

In most cases, you should have a check-up about a month after having an IUD put in. During this appointment, your clinician will make sure the IUD is in the right place and that you have no pelvic infection. After that, the IUD should be checked by a clinician once a year.

Common Side Effects

Most women have little discomfort wearing an IUD; however, it can take time for your body to adjust to an IUD. Uterine cramps (like menstrual cramps) or low backache might occur at the time of insertion, and occasionally might last for a few weeks after insertion.

The copper-containing IUD may cause heavier bleeding or cramping with your menstrual period. This is likely to get better with time. An over-the-counter pain reliever, such as naproxen or ibuprofen, is usually enough to control discomfort.

IMPORTANT SAFETY REMINDERS

- Your IUD is designed **ONLY** to keep you from getting pregnant. It will not protect you from getting **ANY** sexually transmitted diseases.
- If at any time you have a fever or chills with pelvic pain or tenderness, severe cramping, or unusual vaginal bleeding, contact your clinician because you may have an infection.
- There is a slightly increased risk of infection, called pelvic inflammatory disease (PID), during the first 3 weeks after IUD insertion. After that, the risk is very low.
- If you or your partner begin having sex with other people, you are more likely to be exposed to sexually transmitted diseases. You should use an additional method like male or female condoms to protect against infection and HIV. In addition, you should talk to your clinician about whether another method of birth control might be more appropriate for you at this time.
- Do not try to remove your IUD by yourself, and do not let anyone else try to remove it. Only clinicians should do this.

Warning Signs Report any of these signs to your clinician as soon as possible:

- P** ■ Period late (pregnancy), abnormal spotting or bleeding
- A** ■ Abdominal pain, pain with intercourse
- I** ■ Infection exposure (any STD), abnormal discharge
- N** ■ Not feeling well, fever, chills
- S** ■ String missing, shorter or longer

Questions??

If you have questions about side effects, or problems with the IUD-call the clinic right away!
