

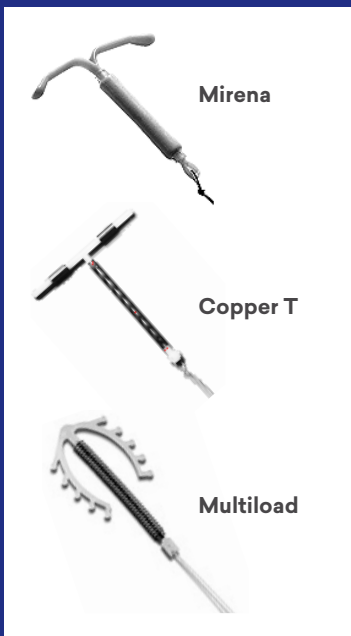
INTRA-UTERINE DEVICE (IUD)

FACT SHEET

What is an Intra-Uterine Device?

An intra-uterine device (IUD) is placed inside the uterus (womb) to prevent pregnancy. At SHINE SA two types of IUD are used:

- a hormonal IUD (Mirena) made of plastic that releases small amounts of progestogen into the uterus
- copper IUDs (Multiload and Copper T) made of plastic and copper



How do IUDs work?

IUDs affect sperm movement to the egg and change the lining of the uterus to make it difficult for a fertilised egg to take hold.

Hormonal IUDs thicken the mucus at the neck of the uterus, blocking the sperm. They may also affect ovulation by changing the hormones that cause an egg to be released each month.

What's good about IUDs?

- They are a very effective, reliable method of contraception (>99%) which is easily reversible and works for a long time. Copper T is effective for 10 years and Multiload and Mirena are effective for 5 years.
- They are cheap if used for more than a couple of years.
- They are a 'set and forget' method and the strings only need to be checked once a month.
- They can be taken out at any time by a specially trained doctor or nurse.

Who should not use IUDs?

IUDs may not be suitable for people:

- who have a current sexually transmitted infection
- with abnormal vaginal bleeding (this may need to be checked out by a doctor first)
- with certain known abnormalities of the uterus such as large fibroids

A copper IUD may not be your first choice of contraception if you have:

- painful or long periods
- anaemia (low blood iron)
- an allergy to copper (which is uncommon)

The hormonal IUD is not recommended for people with past or current breast cancer.

Sometimes IUDs can be difficult to insert and you may be referred to a gynaecologist.

What are the side effects?

The side effects and complications with all IUDs include:

- a small risk of developing pelvic infection in the first 3 weeks following insertion (this must be treated promptly by a doctor)
- a small risk of perforation of the uterus during insertion
- a small risk of the IUD moving from its position some time after insertion
- very occasionally the IUD may come out during a period
- a very small risk of ectopic pregnancy (pregnancy developing in the tubes)

People using copper IUDs may have:

- heavier and/or more painful periods, which may settle after the first 3–6 months

People using hormonal IUDs may have:

- irregular bleeding and/or spotting for the first 3–6 months
- no periods at all or occasional light periods by 12 months
- hormonal side effects (uncommon) such as weight gain, acne, headache and breast tenderness, which usually settle after the first 3 months

Ovarian cysts may occur when using the hormonal IUD; however, most cysts will not cause pain and will settle without any treatment.

How can I get an IUD?

Come to SHINE SA or see your doctor to discuss whether this is the best method of contraception for you. If you decide to use an IUD you will usually need to have a test for infections and make sure your Pap smear tests are up to date and normal. You can then make an appointment to get an IUD put in. You will need to purchase the IUD and bring it with you.

When can an IUD be inserted?

Hormonal IUDs should be inserted during the first 7 days of your menstrual cycle, which starts with the first day of bleeding.

Copper IUDs should be inserted during the first 12 days of your menstrual cycle, which starts with the first day of bleeding.

If you are using other methods of contraception and are changing to an IUD you need to discuss with the doctor when the IUD should be inserted.

To decrease cramping a medicine used for period pain, such as Nurofen, Ponstan or Naprogesic, should be taken one hour before insertion.

Make sure you have eaten breakfast or lunch on the day the IUD is being inserted.

When does the IUD start working?

If the IUD is inserted as recommended above, the contraceptive effect will start immediately. It may be inserted at another time in the cycle if pregnancy can be ruled out; in that case it will be effective after 7 days.

When can an IUD be used after childbirth?

An IUD can be inserted from 6 weeks after childbirth.

What do I do after my IUD has been put in?

To reduce the risk of infection do not have sexual intercourse or use tampons for 48 hours.

If cramps occur, take medicine used for period pain to reduce pain and reduce the risk of the IUD coming out.

You should check your IUD after your first period and if you have severe or unusual pain. To check that your IUD is still in place insert one or two fingers into your vagina to feel the string.

Contact your doctor or SHINE SA clinic if you:

- cannot feel the string
- feel the string has lengthened
- can feel the hard stem of the IUD

Use another form of contraception (e.g. a condom) until you have had a check-up by a doctor.

Also contact your doctor or SHINE SA clinic if you have any of the following symptoms:

- a fever or you're feeling unwell, weak or tired
- persistent or excessive cramps or back pain
- unusual pelvic pain or tenderness
- unusual vaginal discharge or odour
- pain during sexual intercourse

With a copper IUD if your period is more than a week overdue see your doctor or SHINE SA clinic for a pregnancy test.

You will need to have a check-up by 6 weeks or if you have any concerns at any time.

When can the IUD be removed?

An IUD can be removed at any time but there is a risk of pregnancy if you have had unprotected sexual intercourse within the last week. It's a good idea to use condoms or avoid sex for 7 days before removal, unless you are planning a pregnancy.

When will I be fertile again?

The contraceptive effects of both types of IUD stop as soon as the IUD is removed.

And remember...

Have a regular Pap smear/health check as recommended by your doctor, and consult your doctor promptly if you have symptoms of pelvic pain or infection.

The IUD does not protect against sexually transmitted infections (STIs) or blood-borne viruses (BBVs). Practise safer sex. Condoms reduce the risk of STIs and BBVs.

CONTACT
SHINE SA

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Clinic & Counselling Appointments and General Enquiries

Tel 1300 794 584

Clinic locations and times are available at www.shinesa.org.au

Sexual Healthline

Tel 1300 883 793 **Country callers (toll free)** 1800 188 171

Talk to a sexual health nurse about any sexual health issue.

Available 9am – 12.30pm, Monday – Friday

National Relay Service

www.relayservice.gov.au

133 677 (TTY/Voice) 1300 555 727 (Speak & Listen) 0423 677 767 (SMS Relay)