

## Is an Intrauterine Device (IUD) The Right Contraceptive Choice For You?

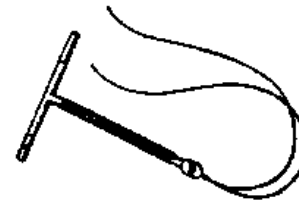
The following information is meant to help you:

- Make the best use of your gynecological visit
- Make an informed decision about whether an IUD is right for you
- Learn the answers to commonly asked questions
- Know next steps if you want an IUD

### *What is an IUD?*

An IUD is a small plastic device medicated with copper or progestin that is inserted into the uterus to prevent pregnancy. It may work by:

- Preventing sperm from joining with an egg
- Altering the lining of the uterus
- Releasing hormones to prevent ovulation



### *What are benefits of an IUD?*

- Effective at preventing pregnancy
- Cost effective
- Lasts for a long time
- Can be removed by your doctor at any time
- Your ability to become pregnant returns quickly once the IUD is removed
- No need to remember to take a pill every day or put anything in place before intercourse

### *When might an IUD be a good contraceptive choice for me?*

An IUD may be a good option if you:

- Have tried oral contraceptives but found that the pill wasn't right for you
- Want a high level of pregnancy protection
- Need management of your menstrual bleeding
- Don't want to use hormones or cannot use hormones because of a medical condition

### *What kinds of IUDs are available?*

Two brands are available in the US: Mirena and Paragard.

Brand	Duration of protection	Hormones	Efficacy	Menstrual effects
Mirena	Lasts up to 5 years	Releases progestin	99.9%	<ul style="list-style-type: none"> <li>• Lighter periods</li> <li>• Periods may be irregular or stop all together</li> <li>• Decreased cramping</li> </ul>
Paragard	Lasts up to 10 years	<ul style="list-style-type: none"> <li>• No hormones</li> <li>• Contains copper</li> </ul>	99.4%	<ul style="list-style-type: none"> <li>• Heavier periods*</li> <li>• Increased cramping*</li> </ul> <p>*More likely in the first few months</p>

### *What are risks of an IUD?*

**Expulsion:** The IUD may slip out of the uterus, either partially or entirely. This is more likely to happen to women who are younger and who have never had a baby (2-10% higher probability). If the IUD gets displaced, pregnancy can happen. If it comes out partially it must be removed.

Sexually transmitted infections (STI) and pelvic inflammatory disease (PID): IUDs do not protect against STIs. A woman using an IUD has the same risk for acquiring STIs and developing PID as a woman using oral contraceptives; however, women who already have an STI at the time of insertion may have a greater risk of PID. Because a woman can be infected with an STI but not have any symptoms, you may be tested for chlamydia and gonorrhea before insertion.

Pregnancy: An IUD is over 99% effective at preventing pregnancy, but if it is displaced pregnancy can happen. If you become pregnant, have the IUD removed as soon as you learn that you are pregnant. If you are pregnant with an IUD in place, there is an increased risk of ectopic pregnancy, pelvic infection, miscarriage, and early labor and delivery.

Infection: A woman could develop an infection if bacteria get into the uterus when the IUD is inserted (less than 1% risk). Most infections develop within three weeks of insertion. If the infection isn't treated, it can affect a woman's ability to become pregnant in the future.

Perforation: When an IUD is inserted it may push through the wall of the uterus, but this is uncommon (less than 1% risk). Usually when this happens, the health care provider will notice it and it can be fixed right away. But if not, the IUD can move around and harm other parts of the body (this is called *migration*). When this happens, surgery may be needed to remove the IUD.

#### *Will an IUD affect my ability to get pregnant later?*

Studies have shown no change in fertility even for women who have never had children. An IUD may be removed at any time and once removed it will not affect your ability to get pregnant.

#### *How much does an IUD cost?*

An IUD costs \$500 - \$750 (subject to change). It is one of the most cost effective forms of birth control available. You will pay only once at the time of insertion instead of monthly as with oral contraceptives. If you are an enrolled UM student, your health service fee will cover the cost of your clinic visit. It will NOT cover the cost of the IUD. Most insurance plans that cover contraception will cover an IUD so check with your insurance provider.

#### *What should I know about insertion?*

- It is best to schedule insertion during your menstrual bleeding, but insertion is possible other times during your cycle if you are sure you are not pregnant.
- You will experience cramping (like menstrual cramps) during and after, so it is recommended that you take 600mg of ibuprofen two hours before insertion and 650mg of acetaminophen one hour before.
- Your clinician will:
  - Put a speculum into your vagina
  - Cleanse the area with antibacterial soap to minimize the chance of infection
  - Put an instrument on your cervix to stabilize it (this will cause cramping)
  - Put an instrument into your uterus to measure its depth
  - Insert the IUD
- Uterine cramping can be expected from several hours to several weeks after insertion.
- Your clinician will want to check your IUD placement two to four weeks after insertion.

**IUD Checklist**

If you decide that an IUD may be right for you, complete this checklist and bring it to your appointment. This checklist is meant to help you and your clinician discuss the pros and cons of an IUD for you.

Do you have any of the following conditions?	Yes	No	Don't Know
Abnormal Pap smear			
Abnormalities of the uterus			
Abortion or miscarriage in the past 2 months			
Allergy to copper			
Anemia or blood clotting problems			
Bleeding between periods			
Breastfeeding			
Cancer of the uterus or cervix			
Diabetes			
Ectopic pregnancy in the past			
Fainting attacks			
Genital sores			
Heart disease			
Heart murmur			
Heavy menstrual flow			
Hepatitis or other liver disease			
History of cancer other than uterine or cervical cancer			
HIV or AIDS			
Infection of the uterus or cervix			
IUD in place now or the past			
Injection drug use now or in the past			
Leukemia			
More than one sexual partner			
Pelvic infection			
Possible pregnancy			
Pregnancy in the past 2 months			
Repeated episodes of pelvic infection			
Serious infection following a pregnancy or abortion in the past 3 months			
Severe menstrual cramps			
Sexual partner who has more than one sexual partner			
Sexually transmitted infection (STI) such as gonorrhea or chlamydia			
Steroid therapy (for example, prednisone)			
Unexplained genital bleeding			
Uterine or pelvic surgery			
Vaginal discharge or infection			
Wilson's disease			