P014, December 2011

The Intrauterine Device

The ***intrauterine device (IUD)*** is one of the most effective forms of birth control. It is a small, plastic device that is inserted and left inside the ***uterus*** to prevent pregnancy. The IUD can be used by women of all ages, including teenagers and those who have never had children.

This pamphlet explains

- types of IUDs
- how an IUD works
- how the IUD is inserted
- the benefits, side effects, and risks of using an IUD

Types of Intrauterine Devices

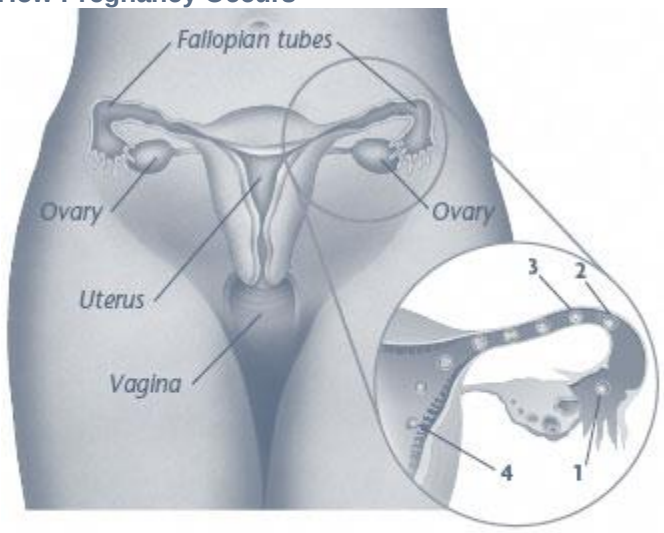
Two types of IUDs are available in the United States: 1) the hormonal IUD and 2) the copper IUD. Both are T-shaped. The hormonal IUD lasts up to 5 years. The copper IUD lasts up to 10 years.

Effectiveness

The IUD is one of the most effective forms of birth control available. During the first year of typical use, fewer than 1 in 100 women using an IUD will become pregnant. This rate is in the same range as that for ***sterilization***. But unlike sterilization, the IUD is reversible. If you want to get pregnant, the IUD can be removed. You can try to become pregnant right away after having it removed.

The IUD does not protect against s***exually transmitted diseases (STDs)***, including ***human immunodeficiency virus (HIV)***. A male or female condom should be used to provide STD protection if you are at risk of getting an STD.

How Pregnancy Occurs



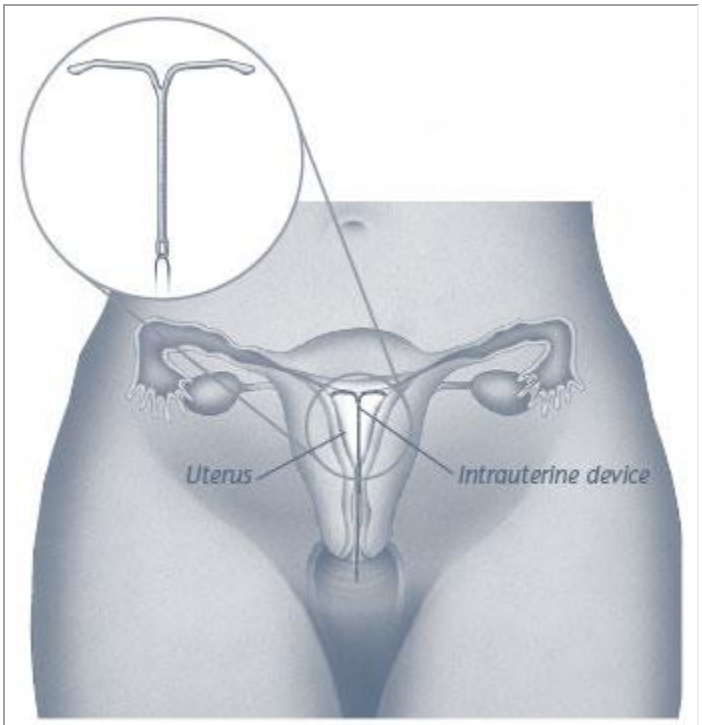
Each month during ovulation, an egg is released (1) and moves into one of the fallopian tubes. If a woman has sex around this time, and an egg and sperm meet in the fallopian tube (2), the two may join. If they join (3), the fertilized egg then moves through the fallopian tube into the uterus and attaches there to grow during pregnancy (4). The IUD prevents pregnancy mainly by preventing fertilization.

How an IUD Works

The hormonal IUD releases a small amount of the hormone ***progestin*** into the uterus. The copper IUD releases a small amount of copper into the uterus. Both types of IUDs are thought to prevent pregnancy mainly by preventing ***fertilization*** of the ***egg*** by the ***sperm***.

Inserting the IUD

A health care provider must insert and remove the IUD. He or she will review your medical history and will perform a routine exam to make sure you are able to use one. You may have a pregnancy test. Your health care provider may ask you questions to find out if you have risk factors for certain STDs. If you do have risk factors, you may be tested for these infections.



The intrauterine device is inserted and left inside the uterus to prevent pregnancy.

Some women may not be able to use an IUD, such as women with certain infections or other health conditions. The size or shape of a woman's uterus may not be compatible with the IUD.

The IUD can be inserted at any time during your menstrual cycle. The health care provider puts the IUD in a long, slender, plastic tube. He or she places it into the vagina and guides it through the cervix into the uterus. The IUD is then pushed out of the plastic tube into the uterus. The IUD springs open into place, and the tube is withdrawn.

Insertion of the IUD may cause some discomfort. Taking over-the-counter pain relief medication before the procedure may help.

Each IUD comes with a string or "tail" made of a thin plastic thread. After insertion, the tail is trimmed so that 1–2 inches hang out of the cervix inside your vagina. The tail should not bother you, but your partner may feel it with his penis. If this occurs and it is a problem, your health care provider may be able to trim the tail further.

Benefits

The IUD has the following benefits:

- It is easy to use. Once it is in place, you do not have to do anything else to prevent pregnancy.
- It does not interfere with sex or daily activities. You can use a tampon with it.
- It can be inserted immediately after childbirth and while breastfeeding.
- It is easily reversible. If you wish to become pregnant, simply have the IUD removed.
- The hormonal IUD may help decrease menstrual pain and heavy menstrual bleeding.

The copper IUD is the most effective form of ***emergency contraception***. It must be placed in the uterus within 5 days (120 hours) of having unprotected sex.

Warning Signs

These symptoms may signal there is a problem with your IUD. Call your health care provider if you have any of the

Side Effects

Menstrual pain and heavy bleeding, as well as bleeding between periods, may increase with the copper IUD, especially in the first few months of use. Pain can be relieved with over-the-counter pain relievers. Pain and heavy bleeding usually decrease within 1 year of use.

Irregular bleeding, heavier bleeding, and spotting can occur with the hormonal IUD, especially in the first 3–6 months of use. In most women using the hormonal IUD, the amount of menstrual bleeding and the length of the menstrual period decrease over time. For some women, menstrual bleeding stops completely within 2 years. For this reason, the hormonal IUD is used to treat heavy menstrual bleeding.

A small number of women using the hormonal IUD may have side effects related to the hormone in the IUD. These include headaches, nausea, and breast tenderness. Some women may develop cysts on their ***ovaries***. The cysts usually go away on their own in a month or two, but they may cause pain.

following symptoms:

- Severe pelvic pain
- Unexplained fever
- Pain during sex
- Signs of pregnancy, such as a missed menstrual period (although one of the side effects of the hormonal IUD is a lack of menstrual periods, the first time you miss a menstrual period should be reported to your health care provider)
- Unusual vaginal discharge
- The IUD can be felt in the cervix or vagina

Do not try to remove an IUD yourself. An IUD should be removed by a health care provider.

Risks

Serious complications from use of an IUD are rare. However, some women do have problems. Be alert for symptoms that may signal a problem with your IUD (see box). These problems usually happen during or soon after insertion:

- The IUD may come out of the uterus and move into the vagina. It happens within the first year of use in about 2–10% of users. The risk of this happening is increased if the IUD is inserted immediately after childbirth. If the IUD comes out, it is no longer effective.
- The IUD can perforate (or pierce) the wall of the uterus during insertion. It is rare and occurs in only about 1 out of every 1,000 insertions.
- ***Pelvic inflammatory disease (PID)*** is an infection of the uterus and ***fallopian tubes***. PID may cause scarring in the reproductive organs, making it harder to become pregnant later. It most often is caused by STDs that are not treated promptly. It also can be caused by other bacteria not linked to STDs. The risk of PID is slightly increased in the first 20 days after insertion of an IUD, but the overall risk is still low (less than 1 in 100 women).
- Rarely, pregnancy may occur while a woman is using an IUD. If pregnancy occurs, and you wish to continue the pregnancy, the IUD should be removed if it is possible to do so without surgery. If the IUD remains in place, there are increased risks for both the woman and the fetus, including increased risk of miscarriage, infection, or preterm birth.

If pregnancy does occur, there also is a small increased risk that it will be an ***ectopic pregnancy***. If you are using an IUD and think you may be pregnant, talk to your health care provider.

Finally...

The IUD offers safe, effective, and reversible protection against pregnancy for most women. Weighing the benefits and risks of using an IUD and knowing your medical history will help you and your health care provider decide whether this method of birth control is right for you.

Glossary

Cervix: The opening of the uterus at the top of the vagina.

Cysts: Sacs or pouches filled with fluid.

Ectopic Pregnancy: A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in the fallopian tubes.

Egg: The female reproductive cell produced in and released from the ovaries; also called the ovum.

Emergency Contraception: Birth control methods that are used to prevent pregnancy after a woman has had sex without birth control or after the method she used has failed.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

Fertilization: Joining of the egg and sperm.

Fetus: The developing offspring in the uterus from the ninth week of pregnancy until the end of pregnancy.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body's immune system and causes acquired immunodeficiency syndrome (AIDS).

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Ovaries: Two glands, located on either side of the uterus, that contain the eggs released at ovulation and that produce hormones.

Pelvic Inflammatory Disease (PID): An infection of the uterus, fallopian tubes, and nearby pelvic structures.

Progestin: A synthetic form of progesterone that is similar to the hormone produced naturally by the body. Progesterone is a female hormone that is produced in the ovaries and that prepares the lining of the uterus for pregnancy.

Sexually Transmitted Diseases (STDs): Diseases that are spread by sexual contact, including chlamydia, gonorrhea, genital warts, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Sperm: A male cell that is produced in the testes and can fertilize a female egg cell.

Sterilization: A permanent method of birth control.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as "superior." To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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