Intrauterine contraceptive devices (IUDs)

An intrauterine contraceptive device (IUD) is one of the “fit and forget” long acting reversible contraceptive methods (LARCs). It is a small device which is fitted inside the uterus, where it can remain for lengthy periods to prevent pregnancy.

### Hormonal IUD

Mirena® is the brand name for the IUD which releases a progestogen (similar to the hormone progesterone, which is naturally produced by the female body). It is T-shaped, made of plastic and steadily releases small amounts of the progestogen directly into the uterus.

**Hormonal IUD**

**Medical names**

Hormonal IUD, Mirena (brand)

**Effectiveness**

99.8%

**It lasts**

5 years, unless you have it removed earlier

**Fertility**

Fertility returns when it is removed

**Who can use it?**

Females of any age from menarche to menopause

**Hormones**

Contains progestogen

**Visibility**

Very discreet

**STIs**

No protection

**Side effects - bleeding patterns**

During the first 3-5 months after insertion, bleeding patterns are unpredictable. Irregular light bleeding is common.

After 12 months approximately 65% of women will have only very light bleeding or no periods at all.

Mirena can be used to treat excessively heavy menstrual bleeding.

**Side effects - hormonal**

Allow 6 months to adjust to hormones

Only a small amount of progestogen passes into the bloodstream and hormonal side effects are extremely rare. If they occur they are generally mild and improve with time.

Research has found no difference in the rate of symptoms such as headache, acne, mood change and weight gain between users of copper IUDs and hormonal IUDs

**Cost**

For current costs, check at the time of making an appointment.

### Copper IUD

Copper IUDs are made of plastic and copper. There are 3 types of copper IUDs currently available in Australia.

**Copper IUD**

**Street names**

IUD, Copper T

**Medical names**

Load 375, TT380

**Effectiveness**

99.2%

**It lasts**

Copper Load 375 is effective for 5 years.

TT380 Standard is effective for 10 years. This is sometimes called a ‘Copper T’.

TT380 Short is effective for 5 years.

**Fertility**

Fertility returns when it is removed

**Who can use it?**

Females of any age from menarche to menopause

**Hormones**

Does not contain hormones

**Visibility**

Very discreet

**STIs**

No protection

**Side effects - hormonal**

There are no hormonal side effects as copper IUDs do not release hormones.

**Cost**

For current costs, check at the time of making an appointment.

<table>
<thead>
<tr>
<th>Street names</th>
<th>Hormonal IUD</th>
<th>Copper IUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical names</td>
<td>Hormonal IUD, Mirena (brand)</td>
<td>Load 375, TT380</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>99.8%</td>
<td>99.2%</td>
</tr>
<tr>
<td>It lasts</td>
<td>5 years, unless you have it removed earlier</td>
<td>Copper Load 375 is effective for 5 years. TT380 Standard is effective for 10 years. This is sometimes called a ‘Copper T’. TT380 Short is effective for 5 years.</td>
</tr>
<tr>
<td>Fertility</td>
<td>Fertility returns when it is removed</td>
<td>Fertility returns when it is removed</td>
</tr>
<tr>
<td>Who can use it?</td>
<td>Females of any age from menarche to menopause</td>
<td>Females of any age from menarche to menopause</td>
</tr>
<tr>
<td>Hormones</td>
<td>Contains progestogen</td>
<td>Does not contain hormones</td>
</tr>
<tr>
<td>Visibility</td>
<td>Very discreet</td>
<td>Very discreet</td>
</tr>
<tr>
<td>STIs</td>
<td>No protection</td>
<td>No protection</td>
</tr>
<tr>
<td>Side effects - bleeding patterns</td>
<td>During the first 3-5 months after insertion, bleeding patterns are unpredictable. Irregular light bleeding is common. After 12 months approximately 65% of women will have only very light bleeding or no periods at all. Mirena can be used to treat excessively heavy menstrual bleeding.</td>
<td>The frequency of periods will be the same as that experienced prior to insertion but blood loss may increase in amount and number of days bleeding. Some women may experience more painful periods.</td>
</tr>
<tr>
<td>Side effects - hormonal</td>
<td>Allow 6 months to adjust to hormones</td>
<td>There are no hormonal side effects as copper IUDs do not release hormones.</td>
</tr>
</tbody>
</table>
What is an IUD

IUDs are inserted into the uterus. Once inserted they are not felt by the woman or her partner. All IUDs available in Australia have fine nylon threads attached to the lower end of them so that when fitted, the threads extend through the cervix (neck of the womb) into the upper vagina. These threads allow the woman to check that the IUD is still in place and allow for easy removal by a health practitioner.

How do IUDs work?

IUDs work by:
• changing the lining of the uterus making it unsuitable for a pregnancy
• thickening the mucus of the cervix, preventing sperm entering the uterus

How effective is an IUD?

Both types of IUDs are highly effective. The copper IUDs are at least 99% effective. This means that, on average, if 100 women use an IUD for 1 year, it is possible that 1 of them could become pregnant.

Mirena® is approximately 99.8% effective. This means that, on average, if 1000 women use Mirena® for 1 year, it is possible that 2 of them could become pregnant.

What are the advantages of using an IUD as a method of contraception?

• long acting
• reversible with rapid return to usual fertility when removed
• highly effective
• relatively inexpensive

What are the disadvantages of using an IUD as a method of contraception?

• insertion and removal of the device can only be done by a trained Health Practitioner
• insertion into the uterus requires a procedure which some women may find quite uncomfortable
• possible changes in periods/bleeding patterns
• does not protect against sexually transmitted infections (STIs)

IUDs do not protect against STIs.

To make sure you are protected against pregnancy and STIs use a condom for every sexual encounter.

What are the possible risks of using an IUD?

Possible risks associated with the insertion procedure include:

Abdominal pain

 Following insertion, some women notice abdominal cramping pain for up to a few weeks.

Perforation

This is a rare but serious complication where the IUD passes through the wall of the uterus into the pelvic area, usually at the time of, or shortly after, insertion. This may occur in about 1 per 500 insertions. This requires surgery under a general anaesthetic to remove the IUD. The risk of perforation is further increased when the IUD is inserted in a woman who is breast feeding (six times increased risk) and is within 36 weeks postpartum (three times increased risk).

Expulsion

Sometimes the IUD may be partially or completely pushed out of the uterus. It occurs in about 5 per 100 insertions and is most common in the first few months following insertion. It is important to regularly check for the threads, to detect if this has occurred, as the IUD won’t work effectively if not fully within the uterus.

Pelvic inflammatory disease (PID)

This is a rare complication of IUD insertion, most likely to occur in the first few weeks following the insertion procedure. It occurs in less than 1 per 300 insertions. PID may in some cases lead to infertility.

Possible risks associated with ongoing use of an IUD:

Miscarriage

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

Ectopic pregnancy

If a pregnancy does occur with an IUD in place there is a small chance the pregnancy will develop in the Fallopian tube. However, because the IUD prevents most pregnancies, it is an uncommon complication and less common than amongst women who are not using any contraception.

Ectopic pregnancy is a serious condition and can lead to reduced fertility.

To reduce complications, in the rare event of a pregnancy occurring with an IUD in place, it is important to see a doctor as soon as possible if you have any reason to suspect you are pregnant, e.g. if there is a change in your usual bleeding pattern; if a period is missed; is lighter than usual or you have unusual abdominal or pelvic pain.

Is an IUD suitable for all women?

Most women can safely use an IUD.

Your doctor will review the suitability of the method with you prior to insertion.

In assessing your suitability, consideration is given to a number of important factors:

• current menstrual and bleeding patterns
• unexplained vaginal bleeding (this should be investigated before using an IUD)
• a recent history of a sexually transmitted infection or PID
• uterine or cervical abnormalities
• any history of breast, cervical or uterine cancer

The doctor will also review:

• previous pregnancies
• whether you need to have a Cervical Screening test and other tests for infection prior to insertion
• any allergies including copper allergy
• the timing of insertion and pain relief needs for the insertion procedure

What do I need to know about having an IUD insertion?

Prior to insertion, an assessment of your medical history and suitability for this method will happen. This assessment enables you to ask any questions you may have and be certain that it is the most suitable method for you. A pelvic examination will be performed, a Cervical Screening Test, if due, and other tests to check for infection, may also be required.

Insertion of an IUD involves a procedure. Some women find insertion quite uncomfortable. This can be managed with the use of local anaesthetic into the cervix but occasionally requires a sedative or general anaesthetic.

The device should be inserted by a medical practitioner trained in the procedure.

©True Relationships & Reproductive Health  www.true.org.au
What do I need to know about the ongoing use of an IUD?

You will be given details of follow up at the time of the insertion. Generally, you are asked to attend for a follow up visit after insertion and/or any time concerns exist.

You should contact your doctor if:

• you feel you may be pregnant. If using a copper IUD you should contact a doctor if you miss a period.
• you experience pelvic pain or tenderness, fever or chills, offensive discharge or deep pain with intercourse
• you cannot feel the string or feel the string has lengthened
• you (or your partner) can feel the hard stem of the IUD

The IUD needs to be replaced with a new device every 5 or 10 years depending on which device is inserted.

However, if you have a copper IUD inserted after the age of 40 or a hormonal IUD inserted after the age of 45, this expiry date can often be extended and the same device left in for a longer period of time. This is because you have a lower risk of falling pregnant in your late 40s and 50s. Please discuss further with your medical practitioner.

It is important to keep a record of the date that replacement is due and to arrange for replacement no later than this date.

The IUD can easily be removed at any time. As fertility can return immediately after removal, it is important to consider alternative methods of contraception, before the IUD is removed, if trying to avoid pregnancy.

What are the main differences between copper and hormonal IUDs?

While there are many similarities, there are some differences between copper and hormonal IUDs.

Making a choice about which IUD is most suitable for you will be based on your own preferences, requirements and medical issues.

Can the IUD be used as emergency contraception?

In some circumstances a copper IUD can be inserted up to 5 days after unprotected sex to prevent pregnancy occurring. It can be left in place to provide ongoing contraception or removed after a normal period.

Where is the IUD available?

The IUD is available from True clinics, gynaecologists as well as some general practitioners (GPs).

To make an appointment at a True clinic, visit our website for contact details of a clinic near you.

www.true.org.au