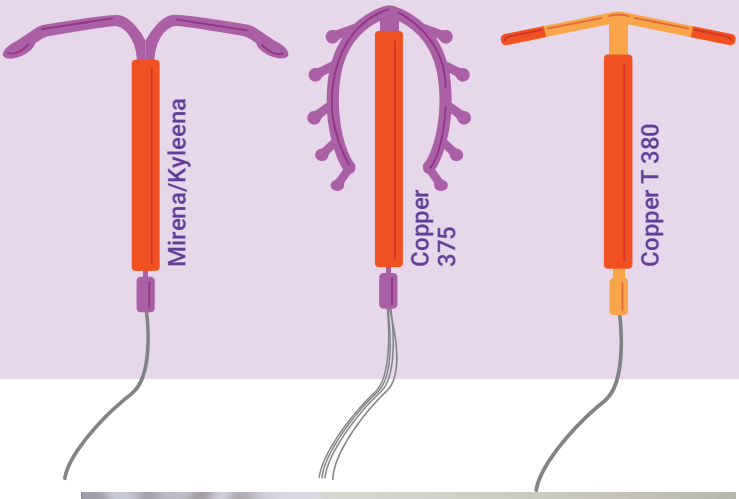
IUDs

Intrauterine Contraceptive devices

An intrauterine contraceptive device (IUD) is one of the 'fit and forget' long acting reversible contraceptive methods (LARC's). It is a small device which is fitted inside the uterus by a health practitioner, where it can remain for up to 5 to 10 years to prevent pregnancy.



What are IUDs?

An intrauterine device (IUD) is placed inside the uterus by a clinician. Fine nylon threads attached to the lower end of the IUD extend through the cervix (neck of the womb) into the upper vagina. These threads allow the individual to check that the IUD is still in place and allow for easy removal by a health practitioner.

Hormonal IUD

Mirena® and Kyleena® are the brand names for IUDs which release progestogen. They are T-shaped, made of plastic and steadily release small amounts of progestogen directly into the uterus. Kyleena® has a lower dose of progestogen and the device size is slightly smaller than Mirena®. Kyleena is effective for 5 years, and Mirena for up to 8 years. Mirena is effective at reducing heavy menstrual bleeding and can be used as part of menopause treatment.

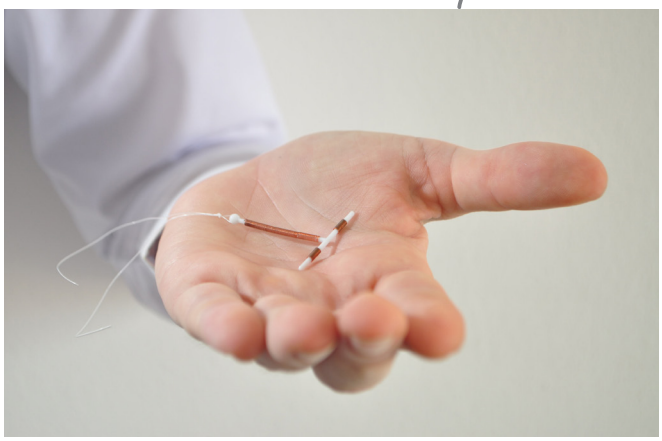
Hormonal IUDs work by:

- thickening cervical mucus to prevent sperm penetration
- inhibiting sperm migration to the upper genital tract
- interfering with egg survival
- causing endometrial changes including thinning
- preventing ovulation in some users

Side effects:

Irregular and unpredictable bleeding and spotting in first 3–5 months is common.

Hormonal side effects are uncommon but may include: mood changes, headaches, breast tenderness, acne, weight gain, loss of libido and benign ovarian cysts. These are generally mild and improve with time.



Copper IUD

Copper IUDs are made of plastic and copper. There are 2 types of copper IUDs currently available in Australia, the Copper T 380 (effective for 10 years) and Copper 375 (effective for 5 years). A copper IUD can be an option for emergency contraception when inserted up to 5 days after unprotected sex.

Copper IUDs work by:

- inhibiting sperm migration to the upper genital tract
- interfering with egg survival
- preventing implantation

Side effects:

The frequency of periods should be the same, but it is common for users to experience heavier and longer periods.

Some individuals experience more painful periods.

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How effective is an IUD?

All types of IUDs are highly effective.

Over 10 years of copper IUD use, 21 of 1000 users will fall pregnant, up to 10 of them in the first year.

Over 8 years of Mirena use, 14 of 1000 users will fall pregnant, 2 of them in the first year.

Over 5 years of Kyleena use, 14 of 1000 users will fall pregnant, 2 of them in the first year.

Advantages of IUDs

- long acting
- reversible with rapid return to usual fertility when removed
- highly effective
- cost effective over the life of the IUD
- are an alternative for individuals not suited to oral contraceptives
- copper IUDs are hormone-free and are an alternative for those who do not tolerate hormonal contraceptives
- hormonal IUDs can reduce menstrual bleeding
- Mirena® and Kyleena® have no oestrogen and a much lower dose of progestogen than other hormonal options. They can be a helpful alternative for individuals unsuited to other hormonal contraception.

Disadvantages of IUDs

- insertion and removal of the device can only be done by a trained health practitioner
- initial costs for the device and insertion procedure
- insertion into the uterus requires a procedure which some individuals may find quite uncomfortable
- possible changes in periods/bleeding patterns
- does not protect against sexually transmitted infections (STIs)

Cancer and IUDs

- Hormonal contraceptives including hormonal IUDs increase the risk of breast cancer to a varying degree depending on age. After 5 years of use, there is one additional breast cancer per 12,000 people aged under 20, and one additional breast cancer per 400 people aged 35-39.
- All IUDs decrease the risk of endometrial cancer, cervical cancer and ovarian cancer.

Possible risks

Abdominal pain

Following insertion, some individuals notice abdominal cramping pain for up to a few weeks. Studies show that 2% of individuals have their IUD removed by 6 months due to ongoing discomfort.

Vasovagal

Fainting during or shortly after the procedure can happen on occasion. If this occurs, extra recovery time will be required. Driving is not recommended for 1 hour after the insertion.

Perforation

This is a rare but serious complication where an insertion instrument or the IUD device passes through the wall of the uterus during or shortly after insertion and may then require surgery. This may occur in about 1 per 500 insertions. The risk of perforation is increased when the IUD is inserted in an individual who is breast feeding (six times increased risk) or is within 36 weeks postpartum (three times increased risk).

Expulsion

Sometimes the IUD may partially or completely fall out of the uterus. It occurs in about 1 per 20 insertions and is most common in the first few months following insertion. It is important to regularly check for the threads.

Pelvic Inflammatory disease (PID)

PID is an infection of the uterus and tubes. It can be serious causing complications such as infertility. IUD insertion can be a cause of PID, occurring in less than 1 per 200 insertions, in the first few weeks after the procedure..About 1 in 50 individuals will be given antibiotics after an IUD insertion as a precaution.

Miscarriage or ectopic pregnancy

It is very rare to become pregnant while using an IUD. If a pregnancy occurs however, there is an increased risk of a miscarriage or ectopic pregnancy. An ectopic pregnancy is when the pregnancy develops outside of the uterus and can be a life-threatening condition.

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When pregnancy is suspected with an IUD in place, an urgent review with a health practitioner is important.

Who can use an IUD?

Most individuals can safely use an IUD.

In assessing suitability, consideration is given to several important factors:

- current menstrual and bleeding patterns
- a recent history of a sexually transmitted infection or PID
- uterine or cervical anatomy
- medical history including bleeding disorders, heart problems, and cancers
- any allergies including copper allergy
- previous pregnancies

Prior to IUD insertion

The health assessment may include:

- a pelvic examination, cervical screening test and tests for vaginal and sexually transmissable infections. A pelvic ultrasound may also be required.
- discussion of the appropriate timing for the insertion
- planning pain relief for the insertion procedure.

After the IUD insertion

A review 3-4 weeks after insertions is important to check for complications and concerns.

A prompt review with a health practitioner is needed for:

- a suspected pregnancy, or a missed period with a copper IUD.
- pelvic pain or tenderness, fever or chills, offensive discharge, or deep pain with intercourse.
- strings that have lengthened or are unable to be felt.
- a prominent hard stem of the IUD that can be felt.

Replacement/Removal

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

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.

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For more information on **contraception**, please visit:
true.org.au

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