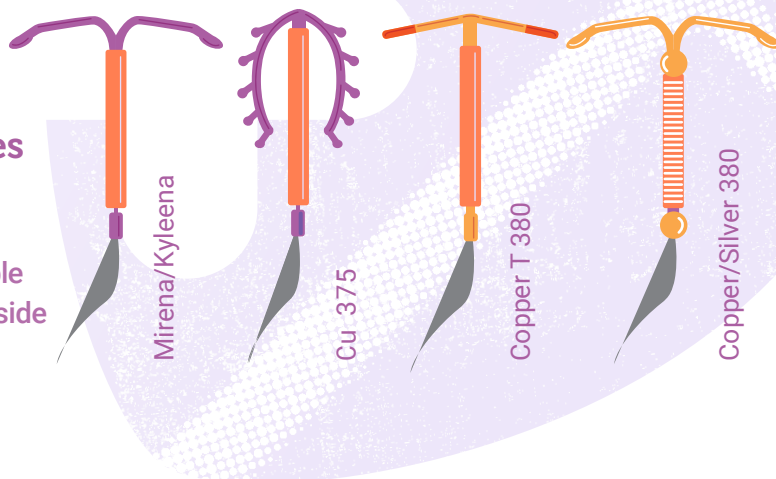


IUDs

Intrauterine Contraceptive Devices

An intrauterine contraceptive device (IUD) is one of the 'fit and forget' long acting reversible contraceptive methods (LARCs). Once fitted inside the uterus they can be used for 5 to 10 years.



QUICK FACTS

Common name:

IUD, Mirena, the coil.

Medical names:

Intrauterine device, Copper IUD, Mirena®, Kyleena®.

Effectiveness:

99.5 - 99.9%.

Effectiveness duration:

5–10 years.

Fertility:

Return to fertility immediately after removal.

Who can use it?

Suitable for most people from menarche (start of periods) up to the age of 55.

Hormones:

Hormonal IUDs: Progestogen hormone.

Copper IUDs: No hormones.

Visibility:

Discreet. Strings may be felt by partners.

STIs:

No protection.

Bleeding pattern:

Hormonal IUDs: Bleeding may be irregular initially and usually settles over 3–6 months.

Amenorrhoea (no periods) or light bleeding is common.

Copper IUDs: Normal cycles are expected; periods may be heavier or more painful.

Cost:

Cost depends on your individual situation.

Hormonal IUDs are PBS listed (under \$40). Copper IUDs cost approx. \$80–150 depending on type.

How to get an IUD:

Book an appointment at a True Clinic or discuss options with your GP or gynaecologist.

THERE ARE TWO TYPES OF IUDs AVAILABLE IN AUSTRALIA: HORMONAL (MIRENA® OR KYLEENA®) AND NON-HORMONAL (COPPER T OR LOAD).

What are IUDs?

An IUD is a small device which sits inside the uterus. Once inserted, IUDs are not felt by the individual. IUDs 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 individual to check that the IUD is still in place and allow for easy removal by a health practitioner.

Hormonal IUDs

Mirena® and Kyleena® are the brand names for IUDs which release the medication levonorgestrel, a progestogen hormone. They are T-shaped, made of plastic and steadily release small amounts of levonorgestrel directly into the uterus. Kyleena® has a lower dose of hormones, the device size is slightly smaller, and it is effective for contraception for 5 years. Mirena® is effective for up to 8 years for contraception and can also be used to reduce heavy menstrual bleeding.

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 (ovulation is more likely to be suppressed in early cycles than with longer duration of use).

Possible side effects of hormonal IUDs

Irregular bleeding and spotting in the first 3–6 months is common. Other side effects are uncommon and may include benign ovarian cysts, headaches, mood changes, weight gain, breast tenderness, loss of libido and acne.

Copper IUDs

Most copper IUDs are made of plastic and copper. Others contain plastic, copper and silver. Copper IUDs can be used for emergency and ongoing contraception. Some Copper IUDs (e.g. Cu T380A) are effective for 10 years for contraception. Other copper IUDs (e.g., Cu 375 or silver/copper 380) are effective for 5 years.

Copper IUDs work by:

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

Copper IUD possible side effects

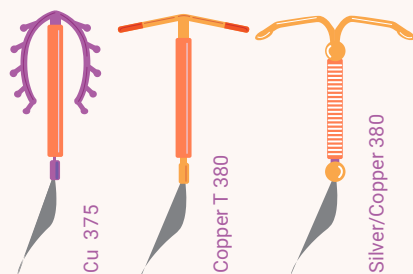
The frequency of periods should be the same, but blood loss may increase (volume and length of periods). Some people experience more painful periods.

How effective is an IUD?

All types of IUDs are highly effective. Of 500 individuals using a copper IUD for 5–10 years, 4 may experience a pregnancy, which means that copper IUDs are 99.5% effective in preventing pregnancy.

The rate of pregnancy with a hormonal IUD is 1 in 500 individuals by the end of the first year. Mirena® is 99.9% effective in preventing pregnancy and Kyleena® is 99.7% effective.

Brands of Copper IUDs available in Australia



5-year duration

- Mona Lisa Cu 375®
- Choice 380 7 MED NSTA®

10-year duration

- Mona Lisa Copper T380A®

How long does it take to start working?

Copper IUDs are immediately effective after insertion. Hormonal IUDs usually take 7 days to start working. In some situations, they start working straight away e.g. if inserted during days 1–5 of a normal period.

Which IUD type is best: copper or hormonal?

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 personal preferences, requirements, and medical issues.

Advantages of IUDs

- Long acting
- Reversible with rapid return to usual fertility when removed
- Highly effective
- Relatively inexpensive
- May be useful for individuals with medical conditions that affect the absorption of oral medication
- Copper IUDs provide an effective alternative to hormonal contraception
- Copper IUDs can also be used as emergency contraception
- Mirena® and Kyleena® have no oestrogen and a much lower dose of progestogen compared to other hormonal options, making them safer alternatives for individuals who can't have oestrogen, or who do not tolerate other forms of hormonal contraception

Possible risks of IUDs

Abdominal pain

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

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 for removal. This may occur in about 1 per 500 insertions. The risk of perforation is further increased when the IUD is inserted in an individual who is 9 months postpartum (3 times increased risk) and breast feeding (6 times increased risk).

Expulsion

Sometimes the IUD may partially or completely fall 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. If you can't find the threads it is important to use other contraception and to see your doctor to check the placement of the IUD.

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 reduced fertility.

Miscarriage or ectopic pregnancy

It is very rare to become pregnant while using an IUD. If a pregnancy occurs, there is an increased risk of a miscarriage or an ectopic pregnancy (a pregnancy outside of the uterus). Whilst uncommon, ectopic pregnancy is a serious life-threatening condition.

It is important to see a doctor as soon as possible if you have any reason to suspect you are pregnant, for example: if there is a change in your usual bleeding pattern or you have unusual abdominal or pelvic pain.

Breast cancer

The current or recent use of a hormonal IUD slightly increases the risk of breast cancer but the absolute risk remains small.

Who can use an IUD?

Most individuals can safely use an IUD. Your health practitioner will review the suitability of the method with you prior to insertion.

In assessing your suitability, consideration is given to several 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 healthcare practitioner will also review:

- previous pregnancies
- whether you need to have a Cervical Screening Test (CST) 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.

Prior to IUD insertion

Prior to insertion, a pelvic examination will be performed. Insertion of an IUD involves a procedure. It is important that you are not pregnant – it is routine to perform a pregnancy test before the procedure. For hormonal IUDs, consistent and correct use of another form of contraception is recommended for the month prior. Some individuals find insertion quite uncomfortable. This can usually be managed with the use of local anaesthetic or Pentrox® (the green whistle). Taking pain relief (e.g. non-steroidal anti-inflammatories) prior to the procedure can also help. Some people prefer referral to a specialist for insertion with sedation or general anaesthetic.

After the IUD insertion

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 you have concerns.

You should contact your health practitioner if:

- you feel you may be pregnant. If using a copper IUD, you should contact a health practitioner 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 strings or feel the strings have lengthened
- you (or your partner) can feel the hard stem of the IUD.

IUD replacement

The IUD needs to be replaced with a new device every 5, 8 or 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.

IUD Removal

The IUD can easily be removed at any time by a health practitioner. There is no specific training required for removal, however some health practitioners do not perform IUD removals, so it is best to directly ask your doctor or nurse. Sometimes, IUD removal may require referral to a specialist.

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. If pregnancy is desired, it is recommended to start prenatal supplements (e.g. folate and iodine) prior to removal of the IUD.