

your guide to the IUD

Helping you choose the method
of contraception that is best for you



The intrauterine device (IUD)

An IUD is a small plastic and copper device that is put into your uterus (womb). It has one or two threads on the end. These thin threads hang through the opening at the entrance of your uterus (cervix) into the top of your vagina.

There are different types and sizes of IUD to suit different women.

An IUD can stay in for 5–10 years, depending on the type. If you are

aged 40 or older when the IUD is fitted, it can be left in until the menopause. It



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should only be fitted by a trained doctor or nurse. An IUD is sometimes called a 'coil'.

How effective is an IUD?

How effective any contraceptive is depends on how old you are, how often you have sex and whether you follow the instructions.

If 100 sexually active women don't use any contraception 80 to 90 will become pregnant in a year.

There are different types of IUDs. Newer IUDs contain more copper and are the most effective – over 99 per cent effective. This means less than two women in 100 will get pregnant over five years. Older IUDs have less copper and are less effective. The IUD is a method of long-acting reversible contraception (LARC). All LARC is very effective because while it is being used you do not have to remember to take or use contraception.

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When will the IUD start to work?

An IUD can be put in at any time in your menstrual cycle if it is certain that you are not pregnant. It will be effective immediately.

How does an IUD work?

The main way an IUD works is to stop sperm reaching an egg. It does this by preventing sperm from surviving in the cervix, uterus or fallopian tube.

It may also work by stopping a fertilised egg from implanting in the uterus.

An IUD does not cause an abortion.

What are the advantages of an IUD?

- It works as soon as it is put in.
- It works for 5–10 years depending on the type.
- It can be used if you are breastfeeding.
- Your fertility returns to normal as soon as the IUD is taken out.
- It is not affected by other medicines.

What are the disadvantages of an IUD?

- Your periods may be heavier, longer or more painful. This may improve after a few months.
- You will need an internal examination to check the IUD is suitable, and so it can be fitted.
- The IUD does not protect you from sexually transmitted infections, so you may have to use condoms as well. The IUD does not increase your risk of infection but if you get an infection when an IUD is in place this could lead to a pelvic infection if it is not treated.

Are there any risks?

- There is a very small chance of you getting an infection during the first 20 days after an IUD is put in. You may be advised to have a check for any possible existing infection before an IUD is fitted.
- The IUD can be pushed out by your uterus (expulsion) or it can move (displacement). This is not common. This is more likely to happen soon after it has been put in and you may not know it has happened. This is why your doctor or nurse will teach you how to check your IUD threads every month.
- It is not common, but there is a risk that an IUD might go through (perforate) your uterus or cervix when it is put in. This may cause pain but often there are no symptoms. If this happens, the IUD may have to be removed by surgery. The risk of perforation is low when an IUD is fitted by an experienced doctor or nurse.
- If you do become pregnant while you are using an IUD there is a small increased risk of you having an ectopic pregnancy. The risk of ectopic pregnancy is less in women using an IUD than in women using no contraception at all.

Can anyone use an IUD?

Most women can use an IUD, including women who have never been pregnant and women who are HIV positive. Your doctor or nurse will need to ask you about your medical history to check if the IUD is suitable for you. Do mention any illness or operations you have had as you may require specialist care when the IUD is fitted. Some of the conditions which **may** mean you should not use an IUD are:

- you think you might already be pregnant

You have:

- an untreated sexually transmitted infection or pelvic infection
- problems with your uterus or cervix
- unexplained bleeding from your vagina (for example, between periods or after sex).

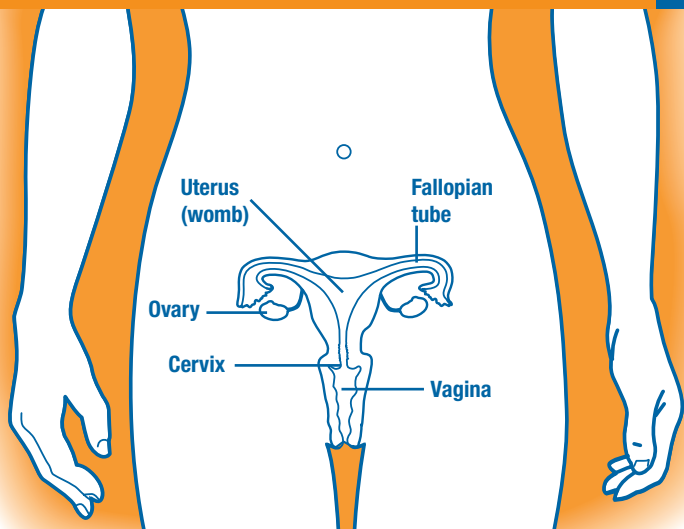
Where can I get an IUD?

You can go to a contraception or sexual health clinic or to a doctor or nurse at a general practice. Some doctors and practice nurses will fit IUDs, but not all (see Where can I get more information and advice? on page 10).

How is an IUD put in?

The IUD is fitted inside the uterus. The doctor or nurse will examine you internally to find the position and size of your uterus before they put in an IUD. Sometimes they will check for any possible existing infection. This can be done before or at the time of fitting the IUD. Sometimes you may be given antibiotics at the same time as the IUD is fitted.

Fitting an IUD takes about 10–15 minutes. It can be uncomfortable or painful for some women, and you might want to use a local anaesthetic. Your doctor or nurse should talk to you about this beforehand. You may get a period-type pain and some light bleeding for a few days after the IUD is fitted. Pain-relieving drugs can help with this.



What if I feel unwell after the IUD is put in?

If you feel unwell and have any pain in your lower abdomen, with a high temperature or a smelly discharge from your vagina see a doctor or go back to the clinic where it was fitted as soon as possible. You may have an infection.

How will I know that the IUD is still in place?

An IUD has one or two threads attached to the end that hang a little way down from your uterus into the top of your vagina. The doctor or nurse will teach you how to feel the threads to make sure the IUD is still in place. You should do this a few times in the first month and then after each period or at regular intervals. It is very unlikely that an IUD will come out, but if you cannot feel the threads, or if you think you can feel the IUD itself, you may not be protected against pregnancy. See your doctor or nurse straight away and use an extra contraceptive method, such as condoms. If you had sex recently you might need to use emergency contraception (see page 11).

Rarely, a partner may say they can feel the threads during sex. If this is the case, get your doctor or nurse to check the threads.

Is it safe to use tampons if I have an IUD fitted?

Yes, you can use either tampons or towels.

When can the IUD be removed?

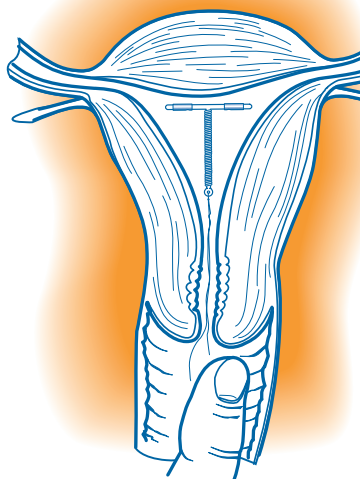
A trained doctor or nurse can take the IUD out at any time by pulling gently on the threads. If you are not going to have another IUD put in, and you don't want to become pregnant, use additional contraception, such as condoms, for seven days before the IUD is taken out. This is to stop sperm getting into your body. Sperm can live for up to seven days inside your body and could cause a pregnancy once the IUD is removed. Your fertility returns to normal as soon as the IUD is taken out.

If you want to try for a baby start pre-pregnancy care such as taking folic acid and stopping smoking. You can ask your doctor or nurse for advice.

Will an IUD affect my periods?

You may have spotting (bleeding between periods) or irregular bleeding in the first six months after you have had the IUD fitted.

Some women have heavier, longer and more painful periods. This may improve over time. If you have prolonged bleeding it may be possible for the doctor or nurse to give you additional





hormones or medicine that can help control the bleeding. They may also check the bleeding is not due to other causes such as infection.

You may wish to consider using a hormone-releasing IUD called an intrauterine system (IUS) which can reduce bleeding and pain.

What if I become pregnant while I am using an IUD?

Very few women become pregnant while using an IUD. If you do become pregnant there is a small increased risk of having an ectopic pregnancy. An ectopic pregnancy develops outside the uterus, usually in a fallopian tube. If you think you might be pregnant and/or have a sudden or unusual pain in your lower abdomen, seek medical advice as soon as possible. This might be the warning sign of an ectopic pregnancy.

If you are pregnant, contact your doctor or nurse to discuss your options as soon as you can. If you want to continue the pregnancy, removing the IUD can increase the risk of miscarriage.

I've just had a baby. Can I use an IUD?

An IUD is usually put in from four weeks after a vaginal or caesarean birth. You will need to use another method of contraception from three weeks (day 21) after the birth until the IUD is put in. It can also be put in within 48 hours of birth.

An IUD can be used safely while you are breastfeeding and will not affect your milk supply.

Can I use an IUD after a miscarriage or abortion?

An IUD can be put in by an experienced doctor or nurse, immediately after a miscarriage or abortion. You will be protected against pregnancy immediately.

How often do I need to see a doctor or nurse?

You should have your IUD checked 3–6 weeks after it is put in. An IUD can stay in for 5–10 years depending on type, or longer if you have it put in over the age of 40. Do contact your doctor or nurse if you have any problems, questions or want it removed. It's important to seek advice if you think you could be at risk of getting a sexually transmitted infection, as this can lead to a pelvic infection.

Where can I get more information and advice?

The Sexual Health Information Line provides confidential advice and information on all aspects of sexual health. The number is 0300 123 7123 and the service is available from Monday to Friday from 9am - 8pm and at weekends from 11am - 4pm.

For additional information on sexual health visit www.fpa.org.uk

Information for young people can be found at www.brook.org.uk

Clinics

To locate your closest clinic you can:

- Use Find a Clinic at www.fpa.org.uk/clinics
- Download FPA's Find a Clinic app for iPhone or Android.

You can find details of general practices and pharmacies in England at www.nhs.uk and in Wales at www.nhsdirect.wales.nhs.uk. In Scotland you can find details of general practices at www.nhs.24.com and in Northern Ireland at www.hscni.net

Emergency contraception

If you have had sex without contraception, or think your method might have failed there are different types of emergency contraception you can use.

- The emergency contraceptive pill, Levonelle – can be taken up to three days (72 hours) after sex. It is more effective the earlier it is taken after sex. It is available with a prescription or to buy from a pharmacy.
- The emergency contraceptive pill, ellaOne – can be taken up to five days (120 hours) after sex. It is only available with a prescription.
- An IUD – can be fitted up to five days after sex, or up to five days after the earliest time you could have released an egg (ovulation).

Ask your doctor, nurse or pharmacist about getting emergency pills in advance, just in case you need them.

Sexually transmitted infections

Most methods of contraception do not protect you from sexually transmitted infections.

Male and female condoms, when used correctly and consistently, can help protect against sexually transmitted infections. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly contains a chemical called Nonoxinol 9, which does not protect against HIV and may even increase the risk of infection.

A final word

This booklet can only give you general information. The information is based on evidence-guided research from the World Health Organisation and The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists and National Institute of Health and Care Excellence guidance.

All methods of contraception come with a Patient Information Leaflet which provides detailed information about the method. Remember - contact your doctor, practice nurse or a sexual health clinic if you are worried or unsure about anything.



talking sense about sex



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If you would like the information on the evidence used to produce this booklet or would like to provide us with feedback about this booklet email feedback@fpa.org.uk

