IUD (Intrauterine Device) Fact Sheet

What are IUD’s?
- Made of flexible plastic (in the shape of a “T”) with a plastic string at the bottom of the IUD
- They are placed into a woman’s uterus by a medical provider
- Available in 3 types, only by prescription:
  1. ParaGard
     - Copper, hormone-free
     - In place for up to 10 years
  2. Mirena & Kyleena
     - Progestin-releasing
     - In place for up to 5 years
  3. Skyla & Liletta
     - Progestin-releasing
     - In place for up to 3 years
- Contraception is immediately effective upon insertion and immediately reversed upon removal

How do IUD’s work?
- They prevent fertilization
- They may immobilize sperm
- They may increase rate of speed of egg through tubes (moves too fast to be fertilized)
- Copper-based IUD may increase amount of prostaglandins that support pregnancy. The copper-based IUD also causes the body to make specific cells in the body that attack and kill sperm.
- Progestin-based IUD thickens cervical mucus to prevent sperm from entering uterus

Note – A woman must be willing to check for the string to verify that the IUD is still in place.
With any change in string length or position, the chance of pregnancy is increased.

Who might be able to use an IUD?
- Someone wanting a long term, reversible, and very effective (approximately 99.4%) form of birth control
- Someone who cannot take The Pill daily
- Someone who prefers a Progestin releasing IUD, for help with heavy periods and severe cramps

Who might prefer non-hormonal IUD’s to hormonal forms of contraception?
The above conditions, plus:
- Someone who is currently breastfeeding
- Someone who cannot use hormonal methods of birth control (such as The Pill) because of cigarette smoking or certain health conditions (i.e. hypertension)
You should not use an IUD if you:
- Are at risk for contracting a sexually transmitted disease
- Have been diagnosed with pelvic inflammatory disease (PID), gonorrhea, or chlamydia within the past 12 months
- Are pregnant
- Had postpartum endometriosis or an infection following an abortion in the past 3 months
- Have untreated vaginal or cervical infections or have abnormal vaginal bleeding
- Have cancer of the cervix or uterus or have had abnormal pap test results
- Have certain abnormalities of the cervix or uterus that would make insertion difficult or dangerous
- Already have an IUD that hasn't been removed
- Don't have access to medical care in case problems develop
- Have other medical conditions that would create health problems if you were to get an IUD
- Someone who is not at risk for contracting a sexually transmitted infection
- Someone who has not been diagnosed with pelvic inflammatory disease, gonorrhea, or chlamydia within the last 12 months

Possible side effects of using the IUD:
- Increased cramping during menstrual periods
- Heavier than usual menstrual periods (copper IUD)
- Increased risk for ectopic (tubal) pregnancy
- Increased risk for infection during the first few months after IUD insertion
- Changes in menstrual bleeding patterns (mostly when using hormonal IUD's) during the first 3-6 months, with less menstrual bleeding over time

Side effects occurring in fewer than 5% of women using hormonal IUD's:
- Acne or other skin problems
- Back pain
- Breast tenderness
- Headache
- Mood changes
- Nausea