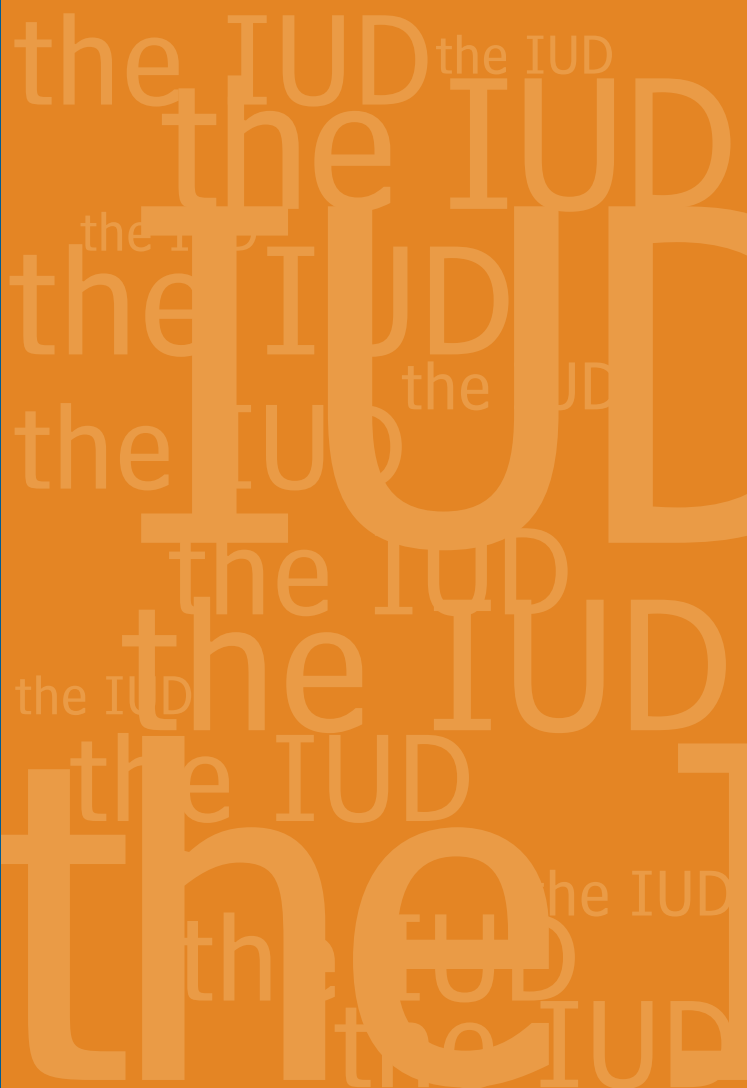


your guide to the IUD

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 womb. It has one or two soft threads on the end. These thin threads hang through the opening at the entrance of your womb (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 type. If you are aged 40 or older when the IUD is fitted, it can be left in until the menopause, or until contraception is no



longer needed. It should only be fitted by a trained doctor or nurse. An IUD used to be called a 'coil'.

Q

How effective is an IUD?

A

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 – more than 99 per cent effective. This means less than one woman in every 100 women who use the IUD will get pregnant in a year. Older IUDs have less copper and are less effective. The IUD is a long-acting reversible method of contraception. **All** long-acting methods are very effective because while they are 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, womb or fallopian tube.

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

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 type.
- It doesn't interrupt sex.
- It can be used if you are breastfeeding.
- Your normal fertility returns 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 it is suitable, and when it is fitted.
- The IUD does not protect you from sexually transmitted infections, so you may have to use condoms as well. 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 womb (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 womb or cervix when it is put in. This may cause pain but often there are no symptoms. If it 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 (see page 9). 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?

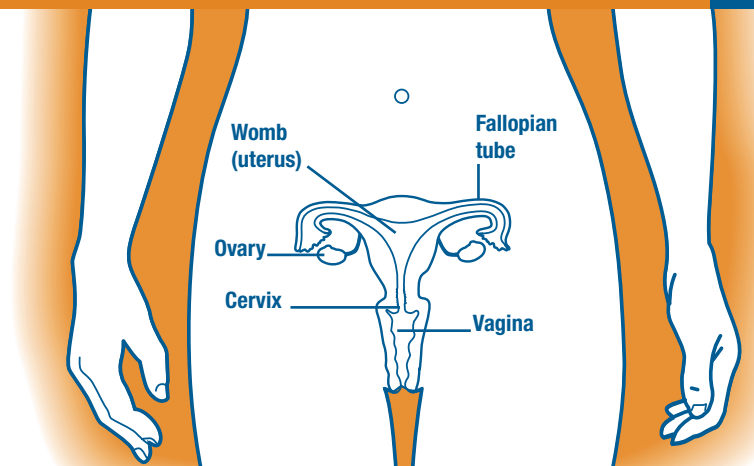
Most women who want to use an IUD can do so, including women who have never been pregnant and women who are HIV positive. Your doctor or nurse will need to ask you about your medical history to check if the IUD is suitable for you. Do mention any illness or operations which you have had as some may require 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 and your partner are at risk of getting a sexually transmitted infection.

You have:

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



Q Where can I get an IUD?

A 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 page 10).

Q How is an IUD put in?

A The IUD is fitted inside the womb. The doctor or nurse will examine you internally to find the position and size of your womb before they put in an IUD. Sometimes they will check for any possible existing infection. It is best to do this before the IUD is put in. In some circumstances you may be given antibiotics at the same time as the IUD is fitted.

Fitting an IUD takes about 15–20 minutes. It can be uncomfortable, or painful for some women, and you might want to use pain relieving drugs or 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 relief can help with this.

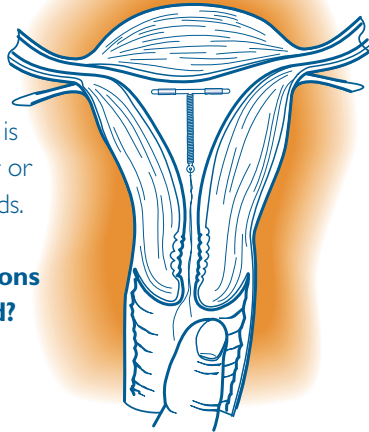
Q What if I feel unwell after the IUD is put in?

A If you feel unwell and have any pain in your lower abdomen, with a high temperature or a smelly discharge from your vagina in the first three weeks after the IUD is fitted, see a doctor or go back to the clinic where it was fitted **as soon as possible**. This is because you may have an infection.

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

A An IUD has one or two threads attached to the end that hang a little way down from your womb 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, your partner may say he can feel the threads during sex. If this is the case, get your doctor or nurse to check the threads.



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

A Yes, you can use either tampons or towels.

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

A You should have your IUD checked by a doctor or nurse 3–6 weeks after it is put in. An IUD can stay in for 5–10 years depending on type, or longer if you are over 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.

Q When can the IUD be removed?

A 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 an extra contraceptive method, 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 normal fertility returns 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, stopping smoking and reducing how much alcohol you drink. You can ask your doctor or nurse for advice.

Q Will an IUD affect my periods?

A You may have some slight bleeding between your first two or three periods after you have had the IUD fitted.

Many women have heavier, longer and more painful periods. This may improve over time. Research does not show that one type of copper IUD is better than another. If you have prolonged bleeding it may be possible for the doctor or nurse to give you additional 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 will reduce bleeding and pain.

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

A 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 womb, usually in a fallopian tube. If you think you might be pregnant 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 the IUD should be removed as soon as possible, whether or not you wish to continue with the pregnancy. If you want to continue the pregnancy, removing the IUD can increase the risk of miscarriage. This risk is less than if the IUD remains in the womb. If you do not have a miscarriage, the IUD will not harm the baby.



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 if you were pregnant for less than 24 weeks.



How do I find out about contraception services?

Contraception is free for women and men of all ages through the National Health Service.

- You can find out about all sexual health services from **sexual health direct**, run by **fpa** on 0845 122 8690 or at www.fpa.org.uk.
- You can find details of all services including general practices and pharmacies at www.nhsdirect.nhs.uk. In England and Wales you can call NHS Direct on 0845 46 47, in Scotland NHS 24 on 08454 24 24 24 and in Northern Ireland **fpa's** helpline on 028 90 325 488.
- You can also get details of your nearest contraception, genitourinary medicine (GUM) or sexual health clinic from a telephone directory, health centre, local pharmacy, hospital, midwife, health visitor or advice centre.
- You can get details of GUM or sexual health clinics from the Sexual Health Line on 0800 567 123 or at www.condomessentialwear.co.uk.

- You can find details of young people's services from Brook on 0800 0185 023 or from Sexwise on 0800 28 29 30, or at www.ruthinking.co.uk.

Emergency contraception

If you have had sex without using contraception or think your method might have failed there are two emergency methods you can use.

- The emergency hormonal pill – must be taken up to three days (72 hours) after sex. It is more effective, the earlier it is taken after sex.
- An IUD – must 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 or nurse 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. Diaphragms and caps may also protect against some sexually transmitted infections. If you can, avoid using condoms containing Nonoxinol 9 (spermicidally lubricated), as this does not protect against HIV and may even increase the risk of infection.

How fpa can help you

sexual health direct is a nationwide service run by **fpa**. It provides:

- confidential information and advice and a wide range of leaflets on individual methods of contraception, common sexually transmitted infections, pregnancy choices, abortion and planning a pregnancy
- details of contraception clinics, sexual health clinics and genitourinary medicine (GUM) clinics.

fpa helplines

England and Wales

helpline 0845 122 8690

9am to 6pm Monday to Friday

Northern Ireland

helpline 028 90 325 488

9am to 5pm Monday to Thursday, 9am to 4.30pm Friday

or visit **fpa's** website www.fpa.org.uk

A final word

This leaflet can only give you basic information about the IUD. The information in this leaflet is based on evidence-guided research from the World Health Organization and The Faculty of Family Planning and Reproductive Health Care. Different people may give you different advice on certain points. 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 contraception clinic if you are worried or unsure about anything.



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