

Who can use it?

- Most women are able to use an IUD – including young women and women who have not had children.
- Mirena is particularly suitable for women with heavy periods.

Who should not use it?

- Women who have symptoms of infection should have treatment before an IUD is inserted
- The Copper IUD is not suitable for women with heavy or painful periods as it may make them more heavy or painful.

Getting an IUD

- Talk to Family Planning about all the possible benefits, risks and side effects of an IUD for you
- You may be offered tests for STIs (sexually transmitted infections)
- An IUD can be inserted any time it is clear you are not already pregnant
- Ideally:
 - during or just after a menstrual period
 - 6 weeks after your baby is born
 - at the time of a surgical abortion
 - Copper IUD as emergency contraception after unprotected intercourse.
- Eat something before your appointment so you are less likely to feel faint
- You may want to take pain relief tablets before the appointment – ask the doctor or nurse which tablets and when to take them
- Most people go straight back to their usual routine after an IUD is put in. In case you feel faint or have cramps after the procedure, you may want to have someone available to drive you home, and have the option of resting for a few hours
- Allow an hour to be in the clinic.

Caring for your IUD

- You will be given more details when your IUD is put in.
- You should return to the clinic for a check up about 6 weeks after your IUD is put in, to make sure it is still in the correct place.

Self care

- Check your IUD threads after each period or at the beginning of each calendar month
- See a doctor if:
 - you have unusual pain, bleeding or discharge
 - you think your IUD is coming out or has come out (you may need emergency contraception)
 - you think you may be pregnant
- If you are pregnant with an IUD in place you need to have a check that the pregnancy is not ectopic (in the tubes). If you decide to continue with the pregnancy the IUD needs to be removed to decrease the risk of infection and miscarriage.

Safer sex

An IUD does not stop you from getting sexually transmissible infections (STIs). If you or your partner have sexual intercourse with someone else, always use a condom (and lubricant). If there is a chance you may have an STI, have a check up.

IUD removal

Your doctor or nurse can remove an IUD by inserting a speculum and pulling the threads. This may be uncomfortable for a few seconds. If you want to become pregnant the IUD can be removed at any time of your cycle. If you don't want to become pregnant we need to be sure there is no chance of an unplanned pregnancy from sexual intercourse during the last week. It is better to start alternative contraception before removing the IUD or do not have any sexual intercourse for at least 7 days before the removal.

The IUD (Intra Uterine Device)



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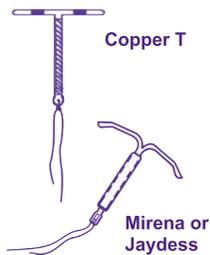
What is an IUD?

A small device that fits inside your womb. You can't feel it or tell it is there except by checking for the threads. Your partner should not be able to feel it and you can still use tampons. The removal threads come out of your cervix and curl up inside the top of your vagina – they don't hang outside.

There are 2 types of IUD. One type contains copper (Copper IUD). The other type has a progestogen hormone which is slowly released into your womb (Mirena or Jaydess).

How does it work?

The main way an IUD works is by preventing fertilisation of the egg. The copper or the hormone from the IUD stops the sperm moving through the womb towards the egg. Occasionally an egg is fertilised. The IUD then stops the egg settling (implanting) into the womb.



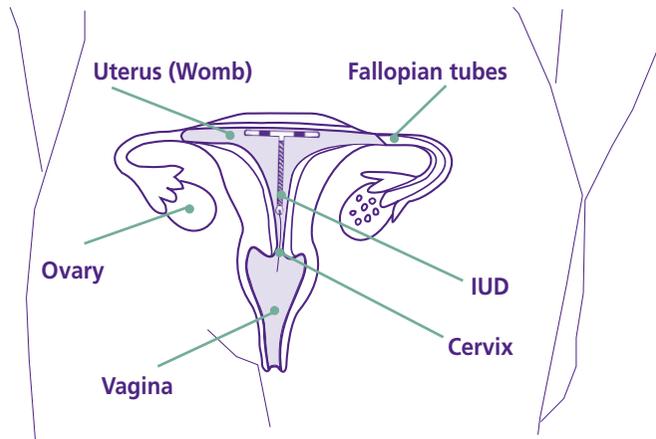
How well does it work?

Copper and hormone releasing IUDs are at least 99% effective in preventing pregnancy - only one woman out of 100 will get pregnant each year.

What will I notice?

Copper IUD: Spotting, light bleeding, heavier or prolonged bleeding are common in the first 3 to 6 months of use. This usually improves with time.

Hormone releasing IUDs: For the first 3 to 6 months your periods may be lighter but longer and you may have some bleeding or spotting in between your periods. After this, most women have lighter periods and some have no bleeding at all. This is safe for your body.



Becoming pregnant after removal

Your natural fertility will return as soon as you have the IUD removed.

If you get pregnant with an IUD in place, and decide to continue with your pregnancy, the chance of having an abnormal baby is not increased. You will need to have the IUD removed.

What are the advantages?

- Long Acting Reversible Contraception
- Very effective contraception
- Can stay in place for many years
 - Jaydess is licensed for 3 years. Multiload and Mirena for 5 years, Copper T licensed for 10 years
 - However IUDs may be effective longer for some women – you can discuss this with your doctor or nurse
- Can be easily removed (by any doctor or Family Planning nurse) if you don't like it or want to get pregnant
- It is possible to get pregnant as soon as the IUD is removed
- It does not affect breastfeeding
- It does not interfere with sexual intercourse
- No-one else need know you are using it
- There is no evidence of an increased risk of cancer
- Copper IUDs do not contain any hormones

The IUD Intra Uterine Device

- Copper IUDs can also be used to prevent pregnancy after unprotected sexual intercourse (emergency contraception)
- Mirena and Jaydess IUDs have a very small dose of hormone and most women have no side effects from this
- Mirena reduces period bleeding and pain so most women will have light bleeding or no periods at all.

What are the disadvantages?

- You have to have the IUD inserted. This is usually a simple, safe procedure carried out by a doctor or nurse who is experienced at fitting IUDs. It takes about 5 – 10 minutes. Most women have some period-like cramping. Some women feel pain and occasionally feel faint when the IUD is put in or taken out
- There are some risks from having an IUD put in:
 - There may be a small chance of infection (about 1%) when an IUD is put in
 - There is a very small risk of damage or perforation of the womb (usually 1 in 1000, can be 6 in 1000 if breastfeeding).
- You may (rarely) get pregnant with an IUD in place
- Any pregnancy can be ectopic (in the tubes). This risk is less than in women not using any contraception
- Copper IUDs may cause more bleeding and cramping during periods
- Copper can very rarely cause an allergic reaction
- Hormone releasing IUDs may initially cause irregular, light bleeding for more days than normal
- There is no evidence that hormone releasing IUDs cause acne, headaches, breast tenderness, nausea, mood changes, loss of libido or weight gain
- An IUD can occasionally come out by itself (about 5%) – you can check the strings are still in place after each period or at the beginning of each month
- Sometimes the threads cannot be seen so that it may be more difficult to remove the IUD.

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