

The Intra Uterine Device

What is it?

An intra uterine device is placed in a woman's uterus (womb) to prevent pregnancy. There are currently two types of devices available in Australia. They are both made of flexible plastic with nylon string attached to the stem. One type has a fine copper wire wound firmly around it. The other, called the Mirena™ contains a synthetic version of a progestogen (a female hormone) that is slowly released into the womb. A very small amount also gets in the woman's blood circulation.

How does it work?

Both the copper and Mirena IUDs are toxic to sperm and thus prevent fertilisation of the egg. IUDs also stop an egg that has been fertilised from implanting in the lining of the uterus.

How effective are they?

The IUDs in current use have an effectivity rate of at least 99%.

Who might they suit?

Most women are able to have an IUD inserted for contraception. They are particularly good for women who have finished having children and would like a long-term reversible form of contraception. They are a good alternative for those who experience side effects on the pill. They are not recommended for women who are at ongoing risk of sexually transmitted infections. The Mirena IUD dramatically reduces the amount of menstrual blood flow and is therefore good for women with heavy periods. It is an excellent alternative for women considering hysterectomy for this reason and can also be used as part of hormone replacement therapy.

What are the possible side effects?

- Bleeding and pain. The Mirena and copper IUDs have similar side effects, except for the bleeding. Copper IUDs tend to make bleeding heavier and more painful and the Mirena has the opposite effect. Copper IUDs increase bleeding on average by 20%-50%. This is equivalent to an increase of 1-2 tablespoons per month. Periods also tend to be more painful, although both symptoms tend to settle more with time. Mirena may decrease menstrual bleeding by up to 90%. Twenty percent of women will stop getting periods completely. This is not harmful. When Mirena is first inserted there tends to be frequent light bleeding, which will almost certainly settle within three months. In a small percentage of women it will persist.
- Hormonal side effects of the Mirena IUD. Some women are sensitive to the tiny amount of hormone in their system and may experience side effects such as pimples, headaches and weight gain. These are also likely to settle in time.
- Failure. Both types of IUD have a very low failure rate. Where pregnancy does occur, the IUD must be removed as soon as possible. If it cannot be removed, there is thought to be an increased risk of miscarriage or premature delivery. There is also an increased chance that the pregnancy will be in the tubes (ectopic). It is very important to see a doctor as soon as possible if there is any possibility of pregnancy.
- Vaginal discharge. There is often an increase in vaginal discharge.
- Expulsion. The IUD may fall out from the uterus. This is most common in the first three months and usually happens during a period. Surprisingly it may occur without the woman being aware of it. It is important to check for the strings monthly, for example, after each period.
- Infection. There is a small risk of infection occurring in the first three weeks after insertion. After this, a woman's risk of an infection is related to her risk of sexually transmitted infections. A pelvic infection can lead to damage to the fallopian tubes. It is extremely important for a woman with an IUD in place to protect herself from sexually transmitted infections (STIs), if changing partner, by using condoms.

- Perforation. There is an extremely rare possibility that the wall of the uterus is punctured. This may happen at the time of the insertion, so a careful measuring procedure is performed when inserting the device.

Prior to insertion

All women need to have a pap smear and swabs to check for infection. Any infection, even a minor one, needs to be treated prior to insertion. The IUD can be inserted at any time, as long as it is certain that the woman is not pregnant. To be sure of this the best time is during, or immediately after, a period. The woman is positioned as if for a Pap smear. A speculum is placed in the vagina and the cervix is cleaned with antiseptic. The length of the uterus is measured with an instrument called a 'sound' and the IUD is passed through the cervix and the strings cut to 3-4 cms. The woman usually waits in the clinic for about 15 minutes. If possible she should arrange for someone else to give her a lift home. No intercourse, swimming or tampons are advised for 48 hours.

How long should they be left in for?

They can remain in the uterus between five and ten years, depending on the IUD. They can be removed earlier if need be.

Will it affect my fertility?

This is extremely unlikely and it is possible to fall pregnant very quickly after the IUD is removed.

When should the doctor be contacted?

- Six weeks after insertion and then every two years the woman should have an IUD check.
- If pain is severe or bleeding is heavy after insertion. It is quite normal to experience some pain and irregular bleeding initially.
- If lengthening or shortening of the strings occurs. This may mean that the IUD has come out of position. It is important to check the length of the strings monthly.
- If there is a raised temperature for no obvious reason.
- If there is persistent low back or abdominal pain, particularly if it is associated with a rise in temperature.
- If there is unusual discharge or bleeding from the vagina, or if there is pain with intercourse.
- If the woman or her partner has unprotected sexual intercourse with another partner and is at risk of contracting an STI.



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