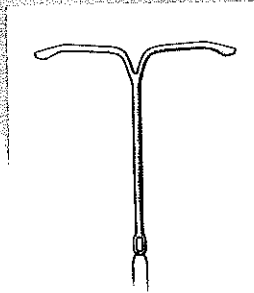


The Intrauterine Device

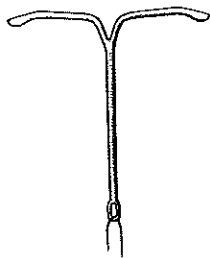


ACOG PATIENT EDUCATION

The intrauterine device (IUD) is a type of birth control. It is a small, plastic device that is inserted and left inside the uterus to prevent pregnancy.

This pamphlet explains:

- The IUD and how it is used
- The benefits and risks of using the IUD
- If the IUD is right for you



The IUD offers safe, effective, and reversible protection against pregnancy for many women.

Reproduction

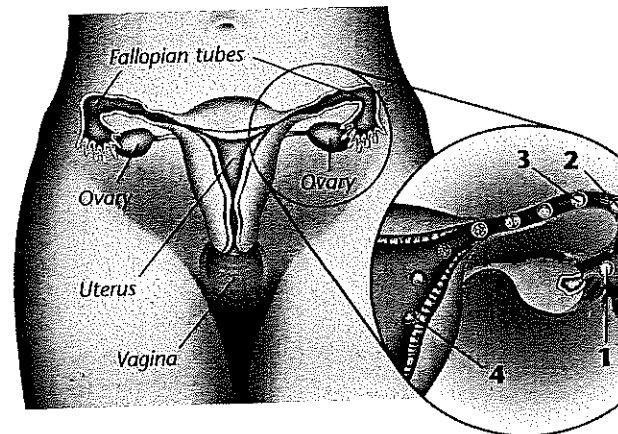
To understand how the IUD works, you should know what happens during reproduction. A woman has two ovaries, one on each side of the uterus. Each month, one of the ovaries releases an egg into a fallopian tube. This is called ovulation. It typically occurs about 12–14 days before the start of the menstrual period.

A woman can get pregnant if she has sex around the time of ovulation. During sex, the man ejaculates sperm into the vagina. The sperm travel up through the cervix and into the fallopian tubes.

If a sperm meets an egg in the fallopian tube, fertilization—union of egg and sperm—can occur (see figure below). The fertilized egg then moves down the fallopian tube to the uterus. It then attaches to the uterus and grows into a *fetus*.

Types of Intrauterine Devices

Although there have been several types of IUDs, currently only two are available in the United States: the hormonal and the copper. The hormonal IUD must be replaced every 5 years. The copper IUD can remain in your body for as long as 10 years. As soon as the IUD is removed, there is no protection against pregnancy.



Each month during ovulation an egg is released (1) and moves into one of the fallopian tubes (2). If a woman has sex around this time, an egg may meet a sperm in the fallopian tube, and the two will join (3). This is called fertilization. The fertilized egg then moves through the fallopian tube into the uterus and becomes attached there to grow during pregnancy (4).



The IUD is more effective than most other forms of birth control. However, the IUD does not protect against *sexually transmitted diseases (STDs)*.

The IUD is a very popular method of birth control throughout the world. However, in the United States, less than 1% of women using birth control use an IUD. Many women are afraid to use an IUD because one type had problems and was withdrawn from the market in 1975. Today's IUDs are safer and more effective. The design changed, and doctors are careful in selecting patients who can use them.

How an IUD Works

Both types of IUDs are T-shaped, but they work in different ways. The hormonal IUD releases a small amount of *progestin* into the uterus. This thickens the cervical mucus, which blocks the sperm from entering the cervix. It may make the sperm less mobile and make the sperm and the egg less likely to be able to live in the tube. It also thins the endometrium (lining of the uterus). This keeps a fertilized egg from attaching and makes menstrual periods lighter.

The copper IUD releases a small amount of copper into the uterus. A copper IUD does not affect ovulation or the menstrual cycle. It causes a reaction inside the uterus and fallopian tubes. This can prevent the egg from being fertilized or attaching to the wall of the uterus. The copper seems to work as a kind of *spermicide*. It prevents sperm from going through the uterus and into the tubes. It also reduces the sperm's ability to fertilize an egg.

Inserting the IUD

A doctor must insert and remove the IUD. Your doctor will perform a routine exam to make sure you're able to use one. It may include:

- Reviewing your medical history
- Performing a pregnancy test
- Taking a sample from your vagina and cervix to check for infection

You may not be able to use an IUD if you have:

- A uterine size or shape incompatible with the IUD
- A recent abnormal *Pap test* result
- Abnormal uterine bleeding

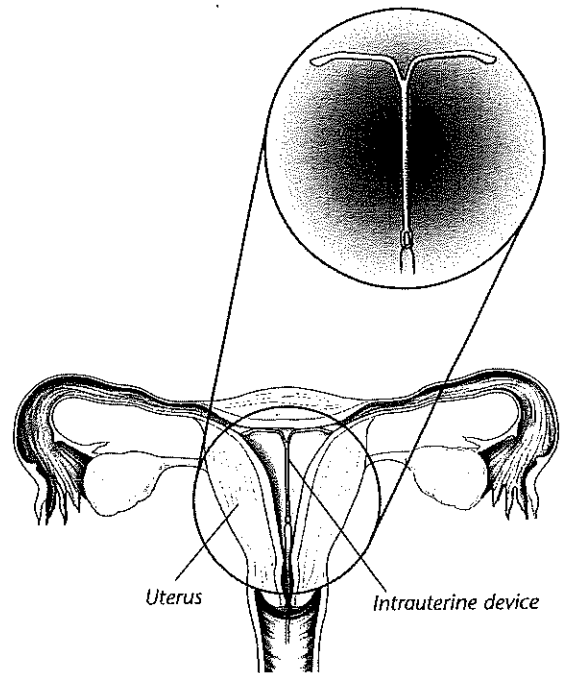
You may be asked to read and sign a consent form before using an IUD. Make sure you understand everything about the IUD to be inserted. If you have questions, ask your doctor.

The IUD is often inserted during or right after your menstrual period. The doctor puts the IUD in a long, slender, plastic tube. He or she places it into the vagina and guides it through the cervix into the uterus. The IUD is then pushed out of the plastic tube into the uterus. The IUD springs open into place, and the tube is withdrawn.

Insertion of the IUD does not require anesthesia (pain relief), although you may have some discomfort. Taking over-the-counter pain relief medication before the procedure may help. Sometimes a doctor will choose to use *local anesthesia* to insert the IUD.

You Should Not Use an IUD If You:

- Are pregnant
- Have a known or suspected pelvic cancer
- Have undiagnosed vaginal bleeding
- Have a known or suspected pelvic infection
- Have multiple sex partners
- Are at high risk for STDs
- Have certain liver conditions (copper IUD only)



Once the IUD is inserted, the doctor will show you how to check that it is in place. Each IUD comes with a string or "tail" made of a thin plastic thread. After insertion, the tail is trimmed so that 1-2 inches hang out of the cervix inside your vagina. You will be able to tell the placement of the IUD by the location of this string. The string will not bother you, but your partner may feel it with his penis. This should not interfere with his sexual feeling.

It is important to check the string regularly. To do this, you must insert a finger into your vagina and feel around for the string. You can do this at any time, but doing it right after your menstrual period is easy to remember. If you don't feel the string or if you feel the IUD, call your doctor. The IUD may have slipped out of place. Use another form of birth control until your IUD is checked.

A doctor must remove the IUD. Do not try to remove it yourself.

Benefits

During the first year of use, about 8 out of 1,000 women using the copper IUD will become pregnant.



This makes it one of the most effective forms of birth control available. The hormonal IUD is even more effective. The IUD also has many other benefits:

- It is easy to use. Once it is in place, you do not have to do anything else to prevent pregnancy.
- It does not interfere with sex, daily activities, or menstruation. You can use a tampon with it.
- Physical activity will not dislodge the IUD.

Risks

Serious complications from use of an IUD are rare. However, some women do have problems. These problems usually happen during, or soon after, insertion:

- *Expulsion:* The IUD is pushed out of the uterus into the vagina. It happens within the first year of use in about 5% of users. This rate decreases with length of use. It is more likely to occur in women who have not had children. If the IUD is expelled, it is no longer effective.

- *Perforation:* The IUD can perforate (or pierce) the wall of the uterus during insertion. This is very rare and occurs in only about 2 out of every 1,000 insertions.
- *Infections:* Infections in the uterus or fallopian tubes can occur. This may cause scarring in the reproductive organs, making it harder to become pregnant later.
- *Pregnancy:* Rarely, pregnancy may occur while a woman is using an IUD. If the string is visible, sometimes the IUD can be removed. If the IUD is removed soon after conception, the risks caused by having the IUD in place are decreased. If the IUD remains in place, there can be risks to the mother and fetus, including miscarriage, infection, or preterm birth. However, pregnancy may go to term with an IUD in place. If you are using an IUD and think you may be pregnant, talk to your doctor about your options and risks.

Be alert for symptoms that may signal a problem with your IUD (see box).

Side Effects

Menstrual pain and bleeding are increased with the copper IUD, but decreased with the hormonal IUD. Some women have some cramping and spotting during the first few weeks after the IUD is inserted. Vaginal discharge also can occur. These symptoms are common and should disappear within a month.

Warning Signs

These symptoms may signal there is a problem with your IUD. Call your doctor if you have any of the following symptoms:

- Severe abdominal pain
- Pain during sex
- A missed period or other signs of pregnancy
- Unusual vaginal discharge
- A change in length or position of the string

Finally . . .

The IUD offers safe, effective, and reversible protection against pregnancy for many women. Weighing the benefits and risks of using an IUD, and knowing your medical and sexual history, will help you and your doctor decide whether this method of birth control is right for you.

Glossary

Fetus: A baby growing in the woman's uterus.

Local Anesthesia: The use of drugs that prevent pain in a part of the body.

Pap Test: A test in which cells are taken from the cervix and vagina and examined under a microscope.

Progestin: A synthetic form of progesterone that is similar to the hormone produced naturally by the body. Progesterone is a female hormone that is produced in the ovaries and makes the lining of the uterus grow; when the level of progesterone decreases, menstruation occurs.

Sexually Transmitted Diseases (STDs): Diseases that are spread by sexual contact, including chlamydial infection, gonorrhea, genital warts, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Spermicide: Chemicals that inactivate sperm, including spermicidal creams, jellies, foams, films, and suppositories; a barrier method of contraception.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

This Patient Education Pamphlet was developed under the direction of the Committee on Patient Education of the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6-8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as "superior." To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice may be appropriate.

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The American College of Obstetricians and Gynecologists
409 12th Street, SW
PO Box 96920
Washington, DC 20090-6920

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