What is it?

The intrauterine device (IUD) is a birth control method that is placed into the uterus by a health care provider. IUDs are typically made of plastic or metal and have a string attached. Their presence changes the physical environment of the reproductive tract. These changes can prevent an egg from being fertilized and/or prevent a fertilized egg from implanting in the uterus.

- IUDs containing very low doses of the hormone progesterone can stay in place 3–7 years, depending on the type of IUD you choose.
- IUDs containing copper can stay in the uterus for up to 10 years.

The IUD is an excellent method of birth control for some people, but it is not for everyone. For individuals for whom it is a good choice, the IUD is both convenient and highly effective.

Is an IUD right for you?

Advantages

Many people choose an IUD because:

- It is more than 99% effective as a method of preventing pregnancy.
- Sexual intercourse does not need to be interrupted to insert a birth control device (e.g., diaphragm) or apply a spermicide or condom.
- Once in place, an IUD is effective 5 to 10 years. There is no need to remember pills, patches, rings, diaphragms, etc.
- The IUD is typically not noticeable during intercourse.
- IUDs containing progesterone decrease the amount of bleeding and cramps during periods.
- IUDs are reversible; fertility is restored once the IUD is removed.

Disadvantages

The IUD does not protect against sexually transmitted infections (STIs). Additionally—though the risk is small—the following problems could occur while you are using an IUD.

- Cramping with insertion: IUDs may not be a good choice for individuals who have difficulty with pelvic exams or with medical procedures such as blood draws or injections.

IUDs are reversible and can provide contraceptive benefit for up to 10 years.

- The non-hormonal IUD can cause increased menstrual bleeding and cramps, particularly during the first few cycles after insertion.
- Spotting between menstrual periods.
- Unnoticed accidental expulsion or partial expulsion of the IUD, which may result in unexpected pregnancy.
- Embedding of the IUD in the uterus, which is rare, but can make removal difficult.
- Potential for persistent pelvic pain. Some IUD users can have prolonged cramping and pain after the insertion of an IUD.
- Potential for perforation of the uterus by the IUD, with possible damage to other internal organs as well. This is rare but can be serious.
- Potential problems if pregnancy occurs with an IUD in place.

Talk to your health care provider about the risks of using an IUD if you have had any of the following problems:

- heavy menstrual bleeding
- an infection in any of your reproductive organs (ovaries, uterus, fallopian tubes)
- pregnancy in a fallopian tube (ectopic pregnancy)

Contraindications

If you currently have one of the following conditions, an IUD may not be a good method for you:

- cancer in the uterus or cervix
- unexplained vaginal bleeding
• pregnancy
• pelvic inflammatory disease
• allergy to copper or metals (copper IUD only)

If you think the IUD is for you

Make an appointment for an initial consultation regarding the IUD. If it is agreed that this is a good match, the health care provider will help you determine which type of IUD is best for you, and schedule a time for insertion. It takes only a few minutes to insert an IUD. You may feel some cramping pain when the IUD is being inserted. You may be given pain medicine to help control discomfort during insertion.

A post-insertion appointment will be scheduled in four to six weeks. During this appointment, the clinician will examine you to be sure the IUD is in the correct position. During the first few months after insertion of an IUD, check for the string after every menstrual period and before you have intercourse. You can do this by putting a finger inside the vagina and feeling for the string near the cervix. If you cannot feel the string, or you feel the hard plastic or metal of the IUD (not just the string), it may no longer be in the correct position. If this occurs, use a back-up method (such as condoms) and call for an appointment to have your IUD checked.

Should you wish to discontinue the use of your IUD, do not attempt to remove it yourself. It can be removed by a clinician at any time. It is best to avoid making a removal appointment near the time of ovulation due to the risk of pregnancy. Alternatively, intercourse should be avoided within five days of removal to avoid the risk of pregnancy.

Additional considerations

An IUD does not protect against sexually transmitted infections (STI) including HIV. Latex barriers (condoms or squares) are the best way for sexually active people to protect themselves against STIs.

Condoms, lubricants, and other sexual health products can be purchased at the Cornell Health Pharmacy.

For more information

The clinicians and sexual health nurses at Cornell Health can talk with you about any questions you have about the IUD, other birth control methods, and/or reducing risks of STIs and other infections. You can request an appointment via phone (607-255-5155), online via myCornellHealth, or by visiting us during business hours.

On the web

- arhp.org/clinical-fact-sheets/the-facts-about-intrauterine-contraception
- kyleena-us.com
- paragard.com
- simplymirena.com
- familydoctor.org [search IUD]