

Helping you live
well to learn well

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What is it?

The intrauterine device (IUD) is a birth control method that is placed into the uterus by a medical clinician. 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.

- IUDs containing very low doses of the hormone progesterone can stay in place 5-8 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 those 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.
- The non-hormonal IUD can cause increased menstrual bleeding and cramps, particularly during the first few cycles after insertion.



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

- Spotting between menstrual periods (with hormonal IUDs).
- Unnoticed accidental expulsion or partial expulsion of the IUD, which may result in compromised contraception and 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:

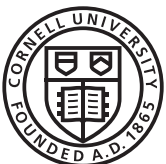
- heavy menstrual bleeding
- history of infection in your reproductive organs (ovaries, uterus, fallopian tubes)
- pregnancy in a fallopian tube (ectopic pregnancy)

Contraindications

If you 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)

(over)



Using an IUD for emergency contraception

Having an IUD placed within 5 days after unprotected sex reduces your chances of getting pregnant by more than 99.9 percent. Mirena and Paragard (but not Kyleena) can be used as emergency contraception.

If you think the IUD is right for you

Make an appointment for an initial consultation regarding the IUD. If it is agreed that this is a good match, the sexual health nurse will help you determine which type of IUD is best for you, and schedule a time for insertion. It takes about 10–15 minutes to insert an IUD. You may feel some cramping when the IUD is being inserted. You will be instructed to take non-prescription pain medication before your appointment to help with pain following the IUD insertion. Topical numbing medication, which can be applied by your clinician before insertion, may also help reduce pain.

A post-insertion appointment can be scheduled in four to six weeks. During this appointment, the medical clinician can examine you and follow up on your IUD placement. 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 medical 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 medical 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

- kyleena-us.com
- mirena-us.com
- paragard.com

Image of an IUD

