

Live Well to

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Choosing an IUD for your contraception shows that you are ready for birth control that is very convenient, reliable and cost effective. We believe that the more you know about your IUD, the more comfortable you'll feel about having one placed. Be sure to talk with your health care provider at Cornell Health if you have any questions or concerns surrounding your IUD.

Choosing an IUD

Common IUDs available in the United States are the Mirena, Skyla and the Paragard.

The Mirena contains a small amount of the hormone progesterone. This hormone is mainly absorbed into the lining of the uterus with very few, if any, effects on the rest of the body. The progesterone can make periods with the Mirena to be light, sometimes irregular, or absent altogether. About 20% of women have no periods at all after one year with their Mirena. This IUD is effective for 5-7 years.

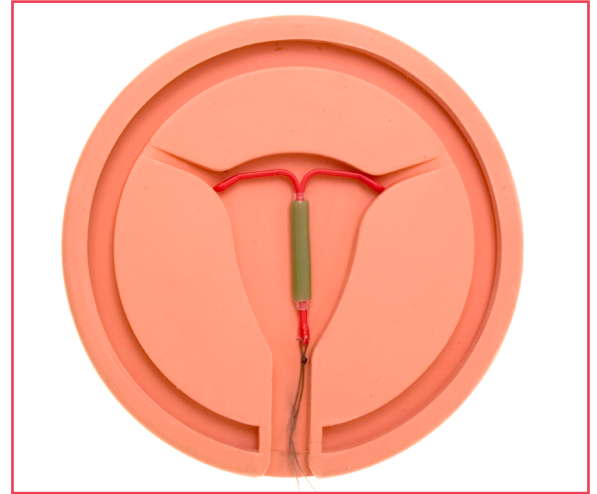
Skyla has the same hormone as the Mirena, only a smaller amount. For this reason it is effective for only 3 years. Periods with Skyla can be light and irregular for 4-6 months. About 6 % of women have no periods at all after one year with their Skyla. Skyla is overall a little smaller in size than the Mirena.

The Paragard contains copper and has no hormones at all. Like the Mirena and Skyla, it works by temporarily changing the physical environment of the reproductive tract, preventing transport of sperm, fertilization and embedment of an egg. The Paragard will not affect monthly ovulation. For most women, the first few periods with the Paragard can be longer and heavier by about 20%, and somewhat more painful than periods without an IUD. This IUD is effective for 10-12 years.

All three IUDs are more than 99% effective in preventing pregnancy. They are all rapidly reversible, can be removed at any time by a health care provider, and have no long-term effect on fertility after removal. They contain no estrogen, making them safe for women who have been told that they should not use estrogen.

Like most any procedure, there are some risks associated with having an IUD placed, including:

- Difficulty or inability to place the IUD because of a narrow cervical opening or a uterus that is too small or too large.
- Infection of the uterus related to insertion of the IUD. This risk is greatest during the first 30 days after placement and occurs in about 1%



Your IUD may look different; there are several brands.

of placements and, if it occurs, can generally be treated successfully with antibiotic pills.

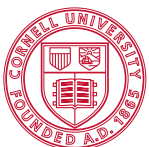
- Expulsion of the IUD. Most commonly occurring in women who have never had a full term pregnancy, the uterus can spontaneously expel the IUD. This is most common during the first 3 months after placement and has about an 8% risk during the first several months, reducing after the first year. You'll be taught how to check your IUD strings to be certain your IUD is still in place every month.
- Uterine perforation or embedment can occur in less than 1% of IUD users. This rare complication can make the IUD ineffective or difficult to remove later on.

How much does it cost?

For students on Cornell's Student Health Plan (SHP), the cost of the IUD and all associated visits are completely covered with exception of the usual \$10 visit fee for clinician appointments. If you have the student health fee and private insurance, the cost of the procedure to place the IUD is \$10. There may be fees associated with the IUD itself depending on your insurance. We can assist you in determining private insurance coverage for the IUD.

Planning for placement

You'll be asked to meet with a clinician at Cornell Health to help you decide which IUD is right for you. You'll be prescribed some premedications to use to make the placement easier. Let us know if you get anxious about pap smears or procedures and we'll talk with you about anti-anxiety medication for your appointment. Plan your placement for a day when you can go home from



the appointment and rest if you need to. Some women are more comfortable taking the whole day off on the day of placement. Many women are fine returning to normal activities right away. If your IUD is placed when you are not on your period, we will ask you to have a urine pregnancy test just prior to your appointment.

If you are due for a pap smear (every 3 years starting at age 21 unless advised otherwise), or have not had screening for Chlamydia since your most recent sexual partner change, we recommend this be done prior to your IUD placement. Let us know if you are aware of any medication allergies you may have or allergies to lidocaine, copper, latex or iodine.

The day your IUD is placed

- Eat a normal diet and drink plenty of fluids throughout the day.
- Take 800 mg of Ibuprofen (or 1000mg of Tylenol if you are intolerant to ibuprofen) about one hour before your appointment. Be sure to take this with some food.
- If you have been prescribed additional medications for the placement, take them as directed.
- Plan to spend about one hour here. While many women leave sooner, some want more time to relax after their placement appointment. We encourage you to have a friend available to pick you up or walk home with you after your appointment.
- Let us know if you are experiencing any unusual vaginal discharge, odor, pain, irritation, or other symptoms that may require evaluation before IUD placement.

IUD placement

- You'll be asked to change into a gown and place your feet into foot rests, much as you would for a pap smear and exam.
- The inside of your vagina and your cervix will be cleansed with an antibacterial solution.
- You'll next feel a cramping sensation as your cervix is held in place with an instrument.
- Next, we'll measure your uterus to be sure it is a good fit for the IUD and that your cervix is open enough for the placement. We'll put some

numbing medication into your uterus when we do this. You'll still feel a bit of a cramp at this step.

Some women won't get beyond this step because of the size of their uterus or opening of their cervix. We'll talk with you about whether or not your IUD can still be placed.

- Next, the IUD is placed in the uterus. You may feel another distinct "menstrual cramp" sensation. Some women get a little dizzy, nauseated, or sweaty. This is normal and doesn't last long. Tell us how you are feeling so that we can help you feel better.
- Lastly the IUD strings are trimmed and you're done! The whole procedure will take about 10 minutes. Your provider will teach you how to feel for the strings, so that you can check on it in the future.

You'll be allowed to rest for as long as you need as long it can take several minutes for the cramping and discomfort to settle down.

After your IUD is placed

- Rest for the remainder of the day if you need to. Use 400 mg ibuprofen every 4-6 hours, with food as needed for the first 2-3 days. Most women can return to their work by the next day, using ibuprofen to help with any cramping.
- Some vaginal spotting is normal. If you have your period at the time of placement, your period may end up being lighter or heavier, shorter or longer than usual.
- You may have some uterine cramping for 1-7 days, with each day getting better.
- You may have light vaginal bleeding and spotting for several weeks after placement. This is normal and decreases over time.
- The Mirena and Skyla IUDs can cause periods to stay irregular for many months. You'll likely return to the normal regularity of your periods with the Paragard within 3 months.
- When placed within 5 days of the beginning of a normal menstrual cycle, the IUD is already working, and you have no need for additional contraception. Begin to get in the habit of checking for the IUD strings every month.

- If your Mirena or Skyla IUD was placed after the first 5 days of your cycle, use a backup method such as condoms for the next 7 days.
- Paragard IUDs are effective immediately in preventing pregnancy.
- Remember that an IUD gives no protection against sexually transmitted infections, so be sure to continue using condoms if needed.
- You can resume sexual activity when you are ready, as well as exercise and enjoy all usual activities.
- If you use tampons or menstrual cups, change them more frequently than normal during the first month with your IUD.
- If you have persistent pelvic pain that lasts more than 72 hours or is severe, a fever, foul vaginal odor, or bleeding (heavier than a normal period) for several days, call Cornell Health and ask to see a provider.

Post-Insertion Visit (4-6 weeks later)

- A pelvic examination will be performed to check the position of your IUD.
- If necessary, the strings will be trimmed to a shorter length.
- Please bring a list of any questions or concerns that you have with you to discuss with your provider.

Taking care of your IUD

In general, IUD's need little care or attention, but there are a few important things to check.

- Once a month, or after each period, check to be sure your IUD is in place by inserting a finger into the vagina. You should be able to feel the strings up against your cervix. If you cannot feel the strings, or you feel the IUD itself, please call Cornell Health for an appointment and do not use another method of contraception until you are evaluated.
- If at any time you develop vaginal discharge or odor, or significant pelvic pain, please call your provider right away.