your guide to
the IUD

Helping you choose the method of contraception that is best for you
The intrauterine device (IUD)

An IUD is a small plastic and copper device that is put into your womb. It has one or two soft threads on the end. These thin threads hang through the opening at the entrance of your womb (cervix) into the top of your vagina.

Questions & Answers

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There are different types and sizes of IUD to suit different women.

An IUD can stay in for three to ten years, depending on type. It should only be fitted by a trained doctor or nurse. An IUD used to be called a 'coil'.

**How effective is an IUD?**

How effective any contraceptive is depends on how old you are, how often you have sex and whether you follow the instructions.

If 100 sexually active women don't use any contraception, 80 to 90 will become pregnant in a year.

IUDs are around 99% effective. With newer, and more commonly used, types of IUD less than one woman in 100 will become pregnant in a year. With older IUDs up to two women may become pregnant in a year.
How does an IUD work?

The main way an IUD works is to stop sperm reaching an egg. It does this by:

- preventing sperm from surviving in the womb or fallopian tube
- making it difficult for sperm to get through cervical mucus.

It may also work by stopping a fertilised egg from implanting in the womb.

An IUD does not cause an abortion.

What are the advantages of an IUD?

- It works as soon as it is put in.
- It works for three to ten years depending on type.
- You don’t have to think about contraception for as long as it is in place.
- It doesn’t interrupt sex.
- Your normal fertility returns as soon as the IUD is taken out.

What are the disadvantages of an IUD?

- Your periods may be heavier, longer or more painful. This may improve after a few months.
- There is a very small chance of you getting an infection during the first 20 days after an IUD is put in. You may be advised to have a check for any possible existing infection before an IUD is fitted.
- The IUD does not protect you from sexually transmitted infections, so you may have to use condoms as well.
• If you get a sexually transmitted infection when the IUD is in place this could lead to a pelvic infection at any time.

• The IUD can be pushed out by your womb (expulsion) or it can move (displacement). This is more likely to happen soon after it has been put in and you may not know it has happened. This is why your doctor or nurse will teach you how to check your IUD threads every month.

• It is not common, but there is a risk that an IUD might go through (perforate) your womb or cervix when it is put in. This may cause pain but often there are no symptoms. If it happens, the IUD may have to be removed by surgery. The risk of perforation is low when an IUD is fitted by an experienced doctor or nurse.

• If you do become pregnant while you are using an IUD there is a small increased risk of you having an ectopic pregnancy. This is when the pregnancy develops outside your womb, usually in a fallopian tube. Although this is not common, it is dangerous. This risk of ectopic pregnancy is less in women using an IUD than in women using no contraception at all.
Can anyone use an IUD?
Most women who want to use an IUD can do so, including women who have never been pregnant and women who are HIV positive. Your doctor or nurse will need to ask you about your medical history to check if the IUD is suitable for you. Do mention any illness or operations which you have had. Some of the conditions which may mean you should not use an IUD are:

- you think you might already be pregnant
- you and your partner are at risk of getting a sexually transmitted infection.

You have:
- an untreated sexually transmitted infection or pelvic infection
- problems with your womb or cervix
- unexplained bleeding from your vagina (for example between periods or after sex)
- an artificial or diseased heart valve - this will require specialist advice.

Where can I get an IUD?
You can go to a family planning clinic, sexual health clinic or to your GP. Some GPs and practice nurses will fit IUDs, but not all. All the treatment is confidential and free.

How is an IUD put in?
An IUD can be put in at any time in your menstrual cycle if it is certain that you are not pregnant. The doctor or nurse will examine you internally to find the position and size of your womb before they put in an IUD. Sometimes they will check for any possible existing infection. It is
best to do this before the IUD is put in. In some circumstances antibiotics may be given to you at the same time as fitting the IUD.

Fitting an IUD takes about 15-20 minutes. It can be uncomfortable, or painful for some women, and you might want to have a painkiller or a local anaesthetic. Your doctor or nurse should talk to you about this beforehand. You may get a period-type pain and some light bleeding for a few days after the IUD is fitted. Painkillers can help with this.

**What if I feel unwell after the IUD is put in?**

If you feel unwell and have any pain in your lower abdomen, with a high temperature or a smelly discharge from your vagina in the first three weeks after the IUD is fitted, see a doctor or go back to the family planning clinic as soon as possible. This is because you may have an infection.