

## **Hormonal Intrauterine Device (IUD) Fact Sheet**

**IUDs** are small, T-shaped pieces of plastic that are put in the uterus by your healthcare provider during a pelvic exam. The hormonal IUD contains a small amount of progestin, a type of hormone that all women have naturally. The hormonal IUD works by preventing sperm from joining with an egg. It does this by thickening the cervical mucus. The hormonal IUD is more than 99% effective, and it is one of the most effective methods at preventing pregnancy (2 pregnancies among 1,000 women using the IUD for a year, which is slightly more effective than having your tubes tied).

### **Insertion of IUD:**

IUDs are inserted after a pelvic exam is performed to examine the shape and position of your uterus (womb). A speculum will be placed in the vagina (like during a pap smear). Your clinician will then place a stabilizing instrument on your cervix. The IUD will be inserted into the uterus through the opening in your cervix. You may feel cramping during the procedure. A short length of “string” will hang down **inside** your vagina. You can check the string to make sure that the IUD is still in place.

### **Removal of IUD:**

Your IUD may be removed at any time by a clinician during an office visit. During the visit, the clinician will place a speculum inside the vagina in order to see the strings of the IUD. The clinician gently removes the IUD by pulling the strings. Removal of an IUD takes less time and is generally less uncomfortable than insertion. Rarely, the IUD strings are not visible or the IUD cannot be removed in this manner in which case additional procedures are needed.

**The IUD does not protect against sexually transmitted infections (STIs).** Condoms are the best way for sexually active people to reduce the risk of infection. Always use a condom if you or your partner has other sex partners or if you are otherwise at risk for STIs.

### **Advantages of the hormonal IUD:**

- Most effective reversible birth control
- Can be placed immediately after delivery, surgical abortion, or miscarriage (within 10 minutes of the placenta [afterbirth])
- Nothing to do daily or right before sex to prevent pregnancy
- Ability to become pregnant returns quickly when removed
- Fewer menstrual cramps
- Lighter periods/less blood loss, some women stop having periods completely (which is safe)
- There are several types of hormonal IUDs. All are effective for at least 3 years, but can be removed sooner for any reason:
  - Mirena® - FDA-approved for 5 years, evidence for longer effectiveness
  - Liletta® - currently FDA-approved for 3 years, evidence for longer effectiveness
  - Skyla® - FDA-approved for 3 years
- May decrease risk of uterine (endometrial) cancer
- Doesn't interact with any medications
- Most preferred method by women: more women continue to use a hormonal IUD after 1 year than any other form of birth control

### **Disadvantages of the hormonal IUD:**

- May experience spotting between periods after insertion. This usually stops after 3-6 months.
- Cramping or backache at the time of insertion
- Mild to moderate discomfort with insertion

**Risks of using the IUD:**

- **Perforation** — Very rarely, the IUD is pushed into or through the wall of the uterus during insertion. This is called perforation. This happens to about 1 woman in 1,000. Sometimes surgery is needed to remove the IUD.
- **Expulsion** — Rarely the IUD can partly or completely slip out of the uterus, which is called expulsion. This happens to about 2-10% of women who have an IUD; you can become pregnant if this happens and you don't use another reliable form of birth control after the IUD is expelled.
- **Pregnancy** — The risk of pregnancy with an IUD is very small. If it does happen, there is an increased risk of serious problems. They include ectopic (tubal) pregnancy, infection, miscarriage, and early labor and delivery. Overall, your risk of these complications is lower with an IUD than with less effective methods of birth control. These problems can be life-threatening and you should call your provider's office immediately if you think you may be pregnant after having an IUD placed.
- **Infection** — PID (pelvic inflammatory disease) associated with using an IUD is very rare. Most PID happens within three weeks of insertion and is related to the woman having an existing infection at the time the IUD is placed. Infection after three weeks is very rare and hormonal IUDs may actually decrease the chance that an infection in the vagina will travel into the uterus or pelvis.

**Contraindications — Hormonal IUDs are generally not recommended for women who:**

- Might have a pregnancy that's too early to make a pregnancy test turn positive
- Have had an infection in the uterus (womb) in the past 3 months (PID, endometritis)
- Have certain abnormalities of the uterus
- Have abnormal vaginal bleeding that has not been evaluated

Tell your clinician if you have any of these risk factors or conditions. Your clinician will examine you and will help you decide if the hormonal IUD is right for you. Sometimes special tests or follow-up may be needed.

**Warning Signs — Call your healthcare provider right away if you:**

- Notice any change in the length of the IUD strings or can feel part of the IUD
- Think the IUD may have fallen out
- Think you are pregnant
- Have unusual pelvic pain, cramping, or soreness in your abdomen
- Have other new symptoms you think may be related to the IUD

Regular physical examinations for routine health care and for STI and cancer screening are strongly recommended.