

Family Planning

Welfare Association of NT Inc.

ABN 38 812 238 738

Family Planning Welfare Association of the NT Inc exists to provide quality health care and education services in sexual and reproductive health

Intra Uterine Contraceptive Device (IUD or IUCD)

An IUD is a small flat, flexible device approximately 2-3cm long. The stem and arms may be covered in either coiled copper wire (**Copper TT380**) or levonorgestrel (a progestogen-type hormone) in a plastic matrix (**Mirena**), which allows slow, steady release of levonorgestrel into the uterus (womb). One or two nylon threads are attached to the base of an IUD to facilitate removal when indicated.

IUDs available within Australia:

Copper TT380 Approved for use for 10 yrs

Mirena Approved for use for 5 years - and is on PBS script

How do they work?

- Copper IUD - reduce the ability of sperm to fertilise an egg, and alter the lining of the womb. It is a non- hormonal method.
- Mirena IUD - thickens cervical mucus (this acts as a barrier to sperm entering the womb), thins the lining of the womb and delay transport of the egg down the Fallopian tubes.

Where do I get an IUD?

Family Planning have doctors trained in IUD counselling and insertion. Gynaecologists and some GPs are also able to undertake this procedure.

How do I know if an IUD is suitable for me?

Your doctor will discuss all methods of contraception with you so you can make an informed decision. Factors such as personal health, medical history and age, gynaecological, sexual, menstrual and obstetric history will be considered.

How effective is it?

Arguably the most reliable form of contraceptive and is considered more than 99% effective.

Advantages of an IUD:

- Rapidly reversible and can be removed at any time.
- Highly effective and very long acting contraception with minimal action required on part of the user
- A woman can check for herself that it remains correctly in place.
- Can be used as an alternative to contraceptives containing oestrogen
- Inexpensive over the long duration of use
- Is effective immediately
- Good alternative to sterilization
- Once inserted you do not need to remember to take contraception daily

Sexual health check up

- An IUD workup consists of having a pelvic examination, breast check and pap-smear test if due.
- Vaginal swabs will be taken to make sure there is no infection.

- When your results are back from pathology and if your test results are normal, an appointment for insertion of the IUD will be made, often this will be just at the end of a period.
- Abnormalities of test results may need to be treated before you have an IUD inserted.

After IUD insertion

- To reduce the risk of infection **do not use** tampons or have sexual intercourse for **one week**.
- Avoid baths, spa's and swimming for **one week**.
- Have an IUD **follow-up check one week** after insertion.
- To ensure the IUD has not moved in the womb or been expelled into the vagina, check for the string once a week for the first month and then each month after your period.

Let the clinic know about any problems you experience, especially late periods, missing strings or severe pain.

What will happen to my periods?

With copper-containing IUDs your period may stay the same, or may become slightly heavier and longer..

Mirena IUDs will mostly lighten your periods.

20% of women will have no bleeding after 12 months of Mirena IUD use. Some women get prolonged spotting for the first 3-4 months, although total blood loss is much less.

Possible problems:

Cramping

Following insertion, some women notice abdominal cramping pain and bleeding for up to a week or two. This appears to be more common in women who have not had children.

Pelvic infection

- In the first 3 weeks following an IUD insertion women have a small overall increase in risk of pelvic infection related to insertion procedure.
- If you have any offensive vaginal discharge, abdominal pain, abnormal bleeding, a fever or experiencing painful sexual intercourse see your Doctor.
- If you have an infection, which is not detected and treated, it might affect your future fertility.

Perforation of the uterus

- During insertion there is a slight risk of the IUD going through the wall of the uterus.

This is a rare but serious complication. This can occur in about 1 per 1000 insertions. This requires surgery under a general anesthetic to remove the IUD.

Expulsion of the IUD

- Occasionally the IUD may be expelled into the vagina. This will usually happen within the first year after insertion particularly in the first 3 months after insertion or during a menstrual period.
- This is more common in younger women and women who have never had children.
- It occurs in about 5 per 100 insertions and is most common in the months after insertion.
- It is important to check for the threads after each period to detect if this has occurred. The IUD will not work effectively if not

fully within the uterus. You can check by placing your fingers into your vagina and feeling for the threads.

Pregnancy and miscarriage

- Any contraception, which inhibits ovulation, will reduce the risk of ectopic pregnancy to a greater degree. It is an uncommon complication and much less common than if you use no contraception.
- If a period is missed or unexpectedly lighter than usual, get a pregnancy test.
- The risk of miscarriage may increase if a pregnancy occurs in the uterus.

Remember: It is important to keep a record of the date that replacement is due and to arrange for replacement no later than this date.