

Intrauterine Contraception

This leaflet is written for women who would like intrauterine contraception.

Detailed leaflets regarding intrauterine contraception can be found on the following websites:

Intrauterine device (IUD/ copper coil):

<http://www.fpa.org.uk/contraception-help/iud-intrauterine-device>

Hormonal intrauterine system (IUS / Mirena / Jaydess/ Kyleena):

<http://www.fpa.org.uk/contraception-help/ius-intrauterine-system>

Information about intrauterine contraception:

An intrauterine form of contraception is a small plastic device which is inserted into the uterus (womb) to prevent a pregnancy. Some devices contain copper (IUD) and last 5 to 10 years. Some contain a progesterone-like hormone (IUS) which is released gradually and they last for either 3 or 5 years.

They mainly work by stopping the sperm meeting the egg which prevents fertilization. Depending on the situation, they may also work by preventing a fertilised egg implanting into the womb, therefore preventing a pregnancy. They are very effective forms of contraception. In a hundred women who are using intrauterine contraception, less than one will become pregnant over 3 years.

Some women get a cramping pain in their abdomen (tummy) at the time of fitting. This can be reduced by taking a dose of painkiller such as Paracetamol or Ibuprofen/Nurofen (if you have no medical reason such as asthma or stomach ulcers not to take them) an hour before your appointment.

Frequently occurring risks:

- Irregular, prolonged or frequent bleeding especially in first 3 – 6 months: bleeding pattern should improve with time
- Infrequent or no bleeding (IUS only)
- Hormonal side effects – acne, breast tenderness, headaches, mood changes (IUS only)

Serious risks:

- Ectopic pregnancy (pregnancy outside the womb): rarely a pregnancy occurs with an IUD / IUS in place (less than 1 in 100 women with an IUD / IUS will get pregnant). In this scenario up to 50% of these pregnancies may be ectopic.
- Expulsion: 1 in 20 devices may be expelled partially or completely
- Perforation: up to 2 in 1000 insertions (up to 12 in 1000 in breast feeding women)
- Infection: 6 times higher in first 20 days after insertion

Timing of fitting:

We need to be sure that you are not pregnant before we can fit an IUD or IUS so you must be using a reliable method of contraception in the month before your appointment

- If you are using a reliable method of contraception ('pill' taken correctly, condoms used correctly, injection, implant), the fitting can take place at any time.
- If you are not using one of the methods above, you should avoid intercourse from the first day of your period until your appointment.
- If you have recently had a baby you should start using reliable contraception 21 days after giving birth. You can have an IUD / IUS inserted from 4 weeks after the birth in most cases.
- If you have recently had a pregnancy loss or abortion you can have an IUD / IUS inserted at any time provided we can be certain you are not pregnant.
- If you are having a device replaced (old one out, new one in) avoid having intercourse for 7 days before your appointment.

The clinician will try and fit the coil at this appointment but they may need to make you a further appointment.

You should expect to be in the clinic for approximately 1 hour. As detailed above, you should take a dose of your usual painkiller 1 hour before your appointment.

How soon does it work?

- Copper coil (IUD) immediate
 - Mirena / Jaydess / Kyleena (IUS) fitted before day 7 of menstrual cycle immediate
 - Mirena / Jaydess / Kyleena (IUS) fitted after day 7 of menstrual cycle 7 days
- Day 1 is the first day of your period.

Problems after fitting

It is usual to have some mild period like cramping pains for the first 1-2 days. It is safe to treat these with your usual painkillers such as paracetamol, ibuprofen (Nurofen), aspirin or similar (unless you have a medical reason such as asthma or stomach ulcers not to take them).

It is IMPORTANT to see a doctor if you suffer any symptoms of infection. These might be:

- Worsening pain / pain not settling after 2 days
- Abnormal discharge from vagina
- Fever / shivering and feeling severely unwell

Pelvic infection is a rare occurrence but needs to be treated urgently if it happens. If you are worried, please telephone the Sexual Health Service on 0300 300 2016, attend a sexual health clinic or contact your GP.

Routine follow up after an IUD / IUS fitting is not essential, provided you are happy with your IUD/IUS.

Occasionally IUDs are expelled (fall out) – this occurs most commonly in the first 4 weeks after insertion but can happen at any time. You are advised to check the threads of your device – (you can usually feel these with a finger in the vagina).

If you have any concerns at any time you should contact the Sexual Health Service or your GP. In particular you should seek advice if ever:

- You think the IUD/IUS has fallen out or you cannot feel the threads
- You think you may be pregnant
- You have symptoms suggesting infection, eg pain, discharge, pain having sex.

If you had a chlamydia test done before the IUD / IUS was inserted, we should contact you with your results – please ensure the clinic has your up to date contact details.

If you change your sexual partner, we advise that you have another chlamydia test.

If your IUD was fitted for EMERGENCY CONTRACEPTION please remember:

- You should have a pregnancy test in 3-4 weeks if you have not had a normal period by this time.

Any problems / questions? Contact your sexual health clinic or telephone 0300 300 2016
Clinic times are available from our website: www.letstalkaboutit.nhs.uk

Date of fitting : Type of device :

This device is licensed to be used for years.

Date suggested for removal or replacement :

Note: it is recommended that your IUD/IUS is removed or replaced on or before the date above, although in some cases you may be given information to choose to retain it beyond this date. **You will not be sent reminders.**