

Getting an IUD

First

- Talk to your health professional about all the possible benefits, risks and side effects of an IUD for you.
- Have a gynaecological examination and tests for infection.

Who should fit an IUD?

- An experienced doctor or nurse.

Where?

- A Family Planning Clinic, doctor's surgery or hospital clinic.

When?

- Usually during or just after a menstrual period.
- Can be other times such as 6 weeks after your baby is born or immediately after an abortion.
- As emergency contraceptive method after unprotected sexual intercourse.

How?

- When the doctor or nurse puts the IUD into your uterus your cervix stretches a little. This usually takes a few minutes and may be painful.

What can you do to prepare for this procedure?

- Eat a meal before your appointment so you are less likely to feel faint.
- Take pain killing tablets before the appointment, ask the doctor or nurse which tablets and when to take them.
- Have someone available to drive you home if necessary.
- Allow an hour for the procedure.
- Consider taking a few hours out of your usual activities after the IUD is put in.

Caring for your IUD

You will be given detailed instructions when your IUD is put in.

Medical checks

- You should return to the clinic for a check up about 6 weeks after your IUD is put in.

Self care

- Check your IUD threads after each period.
- If you have unusual pain, bleeding or discharge see a Family Planning Clinic or a doctor.
- If you think you may be pregnant, see your doctor. If you are pregnant, you need to have a check that it is not ectopic (outside the uterus) and the IUD needs to be removed to reduce your chance of miscarriage and severe infection.

Safer sex

- An IUD does not stop you from getting STIs. If you or your partner have sexual intercourse with someone else, always use a condom.

IUD removal

Your doctor or nurse removes the IUD by pulling the threads. This may be painful for a few seconds. The IUD can be removed at any time as long as there is no chance of an unplanned pregnancy from sexual intercourse during the last week.

Condoms help protect against sexually transmissible infections (STIs).

For more information about Family Planning resources, clinics and health promotion services go to our website, familyplanning.org.nz

The IUD

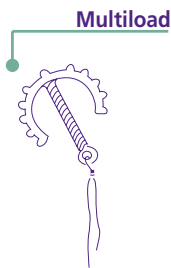
Intra Uterine Device

What is an IUD?

The letters IUD stand for Intra Uterine Device. “Intrauterine” means “inside the uterus” (womb). An IUD is a small piece of plastic with copper wire wrapped around it. A doctor or nurse puts it into a woman’s uterus to prevent pregnancy. Nylon threads attached to the IUD hang down into the vagina. This makes it easy for a woman to check that the IUD is in place. It also makes it easier for a doctor or nurse to remove the IUD.

How does it work?

Usually a woman produces a ripe egg each month in one of her two ovaries. This egg travels along one of her tubes to the uterus. If the egg meets a sperm, it may be fertilised. The fertilised egg will settle (implant) into the lining of the uterus and grow into a baby. The main way an IUD works is by preventing fertilisation of the egg. The copper on the IUD stops the sperm moving through the uterus towards the egg. Occasionally an egg is fertilised. The IUD then stops this egg implanting into the uterus.

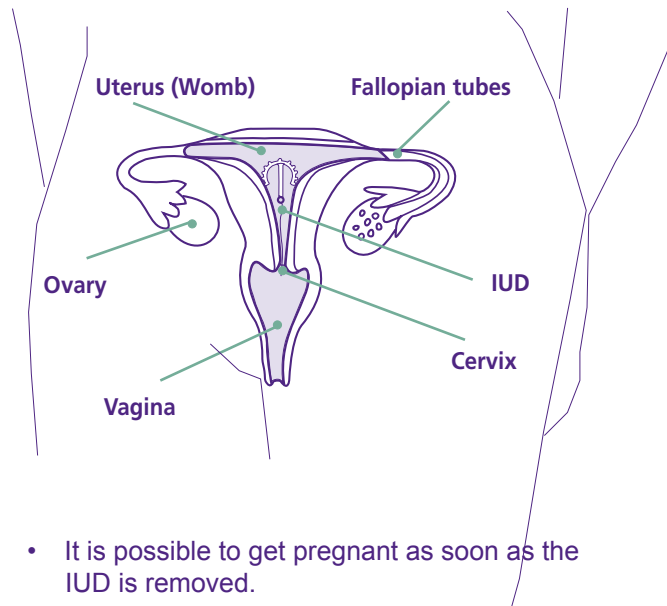


How reliable is it?

The IUD is 99% effective in preventing pregnancy. This means that only one woman out of 100 will get pregnant each year.

What are the advantages?

- Reliable contraception.
- Can stay in place for 5 years or more.



- It is possible to get pregnant as soon as the IUD is removed.
- It does not affect breastfeeding.
- It does not interfere with sexual intercourse.
- Nylon threads cannot be felt during intercourse.
- No hormones.
- No-one else need know you are using it.
- Can be used to prevent pregnancy after unprotected sexual intercourse.

What are the disadvantages?

- Increased chance of pelvic infection when the IUD is put in (about 1%), or if you get a sexually transmitted infection (STI).
- Pelvic infection can cause infertility.
- IUD may cause more bleeding and cramping during period.
- Some women feel pain or faint when the IUD is put in or taken out.
- One in 5,000 IUD users will have an ectopic pregnancy each year (in the fallopian tube) – less than if they were not using any contraception.

- IUD can occasionally come out by itself.
- A few women experience damage or perforation of the uterus when IUD is put in.
- Copper can cause an allergic reaction, but this is very rare.

Who can use it?

The IUD is most suitable for women who are in a long-term relationship. Having one partner cuts down the risk of getting an infection which may cause infertility. It is also important that your partner does not risk getting an infection by having sexual intercourse with anyone else.

Who should not use it?

Women who:

- Have recently had an infection in their uterus or fallopian tubes.
- Have an STI.
- Might be pregnant.

An IUD might not be suitable

- If your periods are very long, heavy or painful.
- If you have more than one sexual partner.
- If your partner has sexual intercourse with someone else.
- If you have had an ectopic pregnancy.
- If you have not had a child.

Mirena – Hormone IUD

This is T-shaped but has a progestogen hormone instead of the copper wire. It is particularly useful for women who wish to use an IUD but have heavy periods. Some women may experience abdominal pain and irregular bleeding in the first few months of use. After this they have less period pain and lighter or no periods at all.