

# What You Should Know About Intrauterine Contraception

**T**here are numerous birth control options available for women today, including the patch, the pill, an injection, the diaphragm, etc. Some contraceptives have been around for a long time, while others have been introduced within the past few years. With so many choices, it seems inevitable that some methods may be more familiar to you than others. If you are seeking a long-term, reversible contraceptive, you should also know about the intrauterine device (IUD).

## Recent History

In the 1960s and early 1970s, the IUD was one of the most popular forms of contraception in the United States. In the 1970s and 1980s, there were lawsuits concerning an IUD known as the Dalkon Shield. The bad publicity about the Dalkon Shield caused both patients and physicians to have negative attitudes about all IUDs. As a result, the IUD virtually disappeared in America.

Fortunately, two new IUDs were introduced in the United States within the past 15 years. The CuT380A IUD (copper IUD; ParaGard) became available in 1991 and the levonorgestrel-releasing intrauterine system (LNG IUS; Mirena) was introduced in 2000.

*This Patient Handout was prepared by Tony Ogburn, MD, using materials from several sources, including Espey E. Intrauterine contraception: time for a comeback. The Female Patient, September, 2004; the American Pregnancy Association ([www.americanpregnancy.org](http://www.americanpregnancy.org)); and Reproductive Health Outlook ([www.rho.org](http://www.rho.org)).*

## What Is An IUD?

An IUD is a small T-shaped device that is made of flexible plastic; it is inserted in a woman's uterus by her health care provider. This procedure can be done during a routine office visit and takes only a few minutes. Insertion is often scheduled to take place toward the end of a menstrual period, partly to ensure that the woman is not pregnant at the time.

The IUD includes a string. Women using IUDs are encouraged to check the string on a regular basis to confirm that the IUD is still in place.

As its name indicates, the copper IUD has a copper coil wrapped around the plastic "T." The LNG IUS does not contain copper; instead, it releases a constant low dose of levonorgestrel, a synthetic hormone. (For the purposes of this handout, the term IUD is being used to refer to both devices.)

## How Does An IUD Work?

Experts disagree about exactly how the IUD works. One explanation is that the IUD may interfere with the sperm's motility (i.e., its ability to swim) and stops the egg from being fertilized. The majority of scientific evidence indicates

that the IUD prevents conception; it does not work by causing an abortion.

## What About The Cost?

The exam, insertion of the IUD, and follow-up visit (usually 2 to 3 months after the IUD has been inserted) is estimated to cost between \$175 and \$400.

Obviously, the cost varies depending upon the patient's health insurance coverage. Although the IUD may have a higher initial fee than other birth control methods, there are no ongoing expenses associated with its continued use. In fact, when compared with other methods of birth control, IUDs are considered to be among the most cost-effective contraceptives available.

**O**nce an IUD has been inserted, it will prevent pregnancy for 5 to 10 years, depending upon which type of IUD is used.

## What Are The Advantages Of Using An IUD?

**Long-term use.**—Once an IUD has been inserted, it will prevent pregnancy for 5 to 10 years, depending upon which type of IUD is used.

**Reversible.**—Return to fertility is rapid after an IUD has been removed. In general, women can become pregnant after an IUD is removed at the same rate as women who have never used birth control.

**Convenient.**—Using an IUD means not having to go to the drugstore for

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prescription refills or other contraceptive supplies. Unlike most other forms of contraception, you do not have to remember to use it.

**Effective.**—Other than sterilization, the IUD is the most effective means of birth control. The IUD failure rate is less than 1% (i.e., fewer than one in 100 IUD users will become pregnant during the first year of use). Like other medical devices, contraceptives have to prove that they are safe and effective in order to gain U.S. Food and Drug Administration (FDA) approval. The IUDs that are currently available in the United States have been approved by the FDA.

**Breast-feeding.**—The IUD is an appropriate contraceptive for breast-feeding moms. Unlike some other forms of birth control, the IUD has no effect on the mother's milk.

### What Are The Disadvantages Of Using An IUD?

#### Pelvic Inflammatory Disease

**(PID).**—Pelvic inflammatory disease is an infection of the upper genital tract. If untreated, PID can cause infertility and pelvic pain. This disease is most often caused by sexually transmitted infections, such as chlamydia and gonorrhea.

The use of IUDs has been associated with a slight increase in the risk of PID during the first 20 days after placement. After this time period, PID is an uncommon event in IUD users and occurs at the same rate as women not using an IUD.

#### Pregnancies Outside the Uterus (Ectopic Pregnancies).

—Intrauterine devices protect against pregnancy. In the unlikely event that you became pregnant with an IUD in place, there is a greater chance that the pregnancy would be ectopic. Overall, however, the risk of an ectopic pregnancy is less in women using an IUD.

#### No Protection Against Sexually

**Transmitted Diseases (STDs).**—The IUD is not a barrier method of birth con-

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trol, and, therefore, does not protect you from STDs.

**Perforation or Expulsion.**—The risk that insertion of an IUD will cause the uterus to be perforated is very low (the chances are one in 1,000). The expulsion of an IUD is a rare occurrence; the risk of expulsion is approximately 6% over the first 1 to 2 years of use.

### What Are The Side Effects Of Using An IUD?

The most common side effect of using an IUD is a change in menstrual bleeding. Whether this change is an advantage or a disadvantage may depend upon your own personal history. For some women, there may be an increase in menstrual flow with some IUDs; for other women, there may be a significant decrease in bleeding associated with IUD use.

#### Who Should Not Use An IUD?

Women should not use an IUD if they have unexplained vaginal bleeding or have had cancer in the uterus or cervix. In addition, women with a recent history of PID are not appropriate candidates for IUDs.

#### Who Is Using IUDs?

About 85 million women around the world use IUDs. It is an excellent method of contraception for a monogamous woman who desires long-term contraception.

In one national survey about various birth control methods, 96% of women

who used an IUD were happy with their choice. In another study, female physicians in the United States were five times more likely than other women to choose IUDs for their personal use. Moreover, about 75% of women continue to use the IUD after 1 year, a higher rate of continuation than seen with other reversible birth control methods such as oral contraceptives or progesterone injections.

### Summary

As their lives change over time, women may have different needs and preferences regarding their use of contraception. Every birth control method available now has its advantages and disadvantages. If you are thinking about long-term, reversible contraception, you may want to ask your provider about IUDs. In any event, you should be aware that there are a wide variety of current contraceptive options. Indeed, it is important to consult your health care provider about which birth control method is the best one for you.

### For More Information

Ask your doctor for a copy of *THE FEMALE PATIENT – WAITING ROOM EDITION* entitled, “The Intrauterine Contraceptive Option: Safety, Convenience, and Efficacy.”

This is a free, 12-page supplement to the journal.

### Resources

**American Pregnancy Association**  
[www.americanpregnancy.org](http://www.americanpregnancy.org)

**Reproductive Health Outlook**  
[www.rho.org](http://www.rho.org)

**Association of Reproductive Health Professionals**  
[www.arhp.org](http://www.arhp.org)