



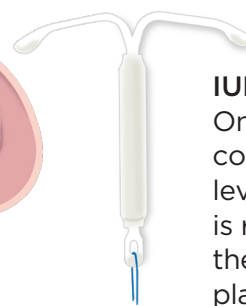
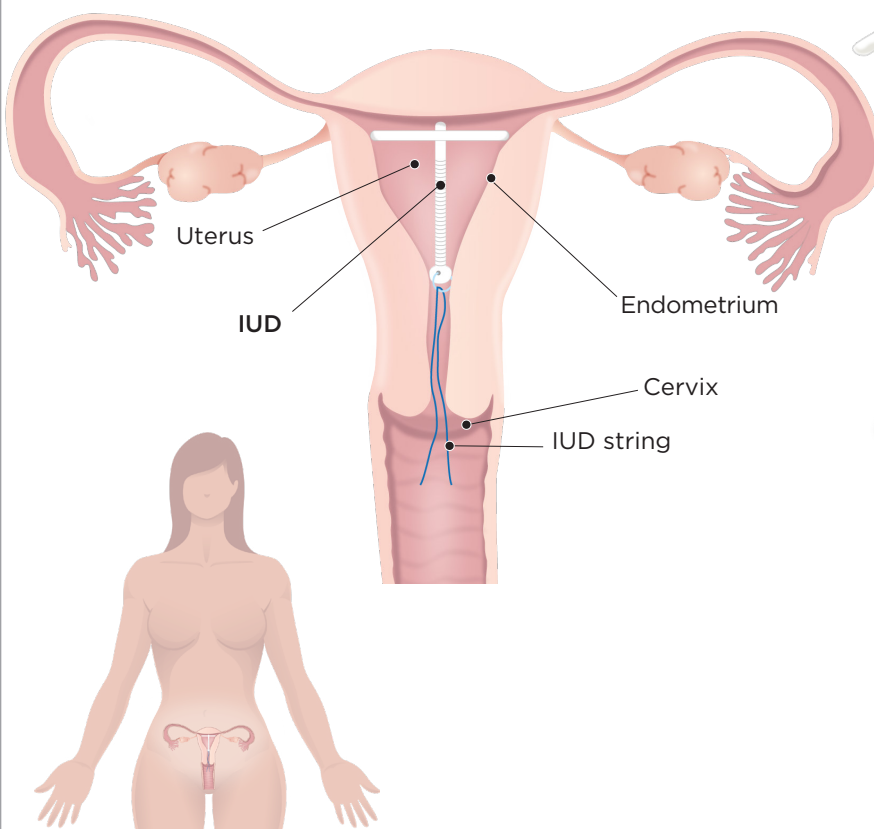
Your physician discussed has talked with you about the IUD as a method of birth control or to regulate your periods. This fact sheet explains how it works and how it is inserted.

What is an IUD?

An IUD is a small plastic or copper device that is inserted into the uterus. It is T-shaped and has a string attached that protrudes from the cervix. This string serves 2 purposes: to verify that the IUD is properly in place and to remove the IUD.

Why am I being advised to have an IUD?

An IUD is an excellent method of birth control. IUDs containing hormones may also be recommended to reduce heavy bleeding during your periods (menstruation).



IUD containing hormones:
One section of the IUD contains the hormone levonorgestrel. This hormone is released continuously into the uterus while the IUD is in place.



IUD without hormones:
One section of the IUD is coated in copper

How does an IUD work?

Both types of IUD provide effective birth control. But only an IUD containing hormones can reduce heavy bleeding.

Here is how each one works:

> IUD containing hormones

- It thickens cervical secretions (cervical mucus). This blocks the sperm from entering the uterus.
- It prevents the uterine lining (endometrium) from thickening. This prevents the fertilized eggs from attaching themselves to the lining. It also reduces heavy bleeding during periods.

An IUD containing hormones is 99.8% effective. This is more than any other form of birth control, and as effective as sterilization (tubal ligation). It should be changed every 5 years or according to your doctor's instructions.

> IUD without hormones

- It destroys sperm.
- It changes the uterine lining, so fertilized eggs can no longer attach themselves there.

An IUD without hormones is 98.5% effective. It needs to be changed every 3, 5, or 10 years, depending on the type of IUD.

Are there any side effects?

In the first few months after your IUD is inserted, you may have some of the following symptoms:

> IUD containing hormones

- Frequent and irregular bleeding during the first 3 to 6 months.
- More frequent periods for a few months. Then they will be regular again, but with a lighter flow. After a year, some women no longer have periods.
- Occasional stomach cramps.
- Breast and abdominal discomfort, mainly in the beginning.
- Nausea.

- Mood swings.
- Acne.
- Headaches.

These side effects are not dangerous and generally disappear within 3 to 6 months.

> IUD without hormones

- Abdominal cramps during periods
- Heavier flow during periods
- Periods that are 1 to 2 days longer



Can I use an IUD?

Most women can use an IUD whether they have had children or not.

When can I have an IUD inserted?

An IUD can be inserted:

- > At any point during your cycle
- > During your period
- > Right after a miscarriage, an abortion, or a birth
- > At your post-partum follow-up



ATTENTION

To prevent a pregnancy, use your usual birth control method until the day your IUD is inserted. It's important that you're not pregnant at the time of the insertion.

What happens when the IUD is inserted?

The process requires only a few minutes. There is not much pain, but you may have cramps that feel like menstrual cramps.

- 1 hour before insertion, take the pain medication you usually use for menstrual cramps (such as Tylenol or Advil).
- Bring your IUD with you. It is available from your pharmacy by prescription.

Your healthcare team will schedule a follow-up appointment to make sure everything is going well after your IUD is inserted.

What symptoms should I watch for at home?

- > Temperature above 38.5°C (101.3°F)
- > Vaginal discharge with a foul odour
- > Heavy bleeding (more than one sanitary napkin per hour)
- > Frequent or painful cramps
- > Severe abdominal pain

If you have any of these symptoms, call a nurse at the CHUM Patient Health Line at **514-890-8086**. This service is available 7 days a week, 24 hours a day.

What precautions should I take after insertion?

- > Take the pain medications you usually use (such as Tylenol or Advil).
- > Apply heat to your lower abdomen to reduce cramping.
- > **Do not insert anything into your vagina for the first 24 hours** to prevent infection.
- > Once a month, check that the string is still in place. If it is no longer there, contact your physician.



Is the IUD effective from the day it's inserted?

Not necessarily.

> IUD containing hormones:

You should use birth control for a few days after the insertion. If using a condom: at least 7 days. If using another method: follow your doctor's instructions.

> IUD without hormones:

It's effective as soon as it's inserted. However, don't insert anything into the vagina for 24 hours after the IUD is inserted.



CAUTION

An IUD does not protect against sexually transmitted infections (STIs). To protect yourself adequately, also use a condom.



Can an IUD be inserted to terminate an unwanted pregnancy?

Yes, it's sometimes used as an emergency termination of pregnancy. In this case, an IUD without hormones is inserted. It can be applied up to 7 days after unprotected sex. If you have any questions about this, your doctor will be able to answer them.



Can I have my IUD removed?

Yes. You can have it removed at any time. Call the Appointment Centre for more information.



Who should I contact for help or information?

For any question related to your health, you can call a nurse at the CHUM Patient Health Line.

> **514-890-8086**

This service is available 24 hours a day, 7 days a week. When calling, be sure to have your health insurance card on hand.

What should I do if I need to cancel or reschedule my appointment?

Call the appointment centre.

> **514 890-8051**



If you think you may be pregnant, take a pregnancy test. If it's positive, tell your doctor as soon as possible.



USEFUL RESOURCES

Sex & U:

> sexandu.ca

Click Contraception.

Other health sheets published by the CHUM are available. Ask for those that might fit your situation.



You can also find them on our web site

chumontreal.qc.ca/fiches-sante



Questions

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Translation of this fact sheet was made possible thanks to funding from the l'Ouest-de-l'Île-de-Montréal.

The content of this document in no way replaces the recommendations and diagnoses made, or the treatment suggested by your health professional.

To find out more about the Centre hospitalier de l'Université de Montréal
chumontreal.qc.ca

