



INTRAUTERINE DEVICE (IUD)

Copper-bearing IUD

Intrauterine Device (IUD) Copper-bearing IUD



General information

- Provides long-term protection against pregnancy for 5 - 12 years.
- It is a small, flexible, plastic and copper device placed in the uterus. Most intrauterine devices (IUDs) have 1 or 2 thin strings that hang from the cervix into the vagina.
- It is a safe and effective method for almost all women. Including women in the postabortion or postpartum period.
- A trained provider must insert and remove the IUD.
- It can be inserted immediately after childbirth (within 48 hours) or after 4 weeks postpartum.
- Typically causes longer and heavier bleeding and more cramps or pain during monthly bleeding.
- Safe for a woman living with HIV or with AIDS who is clinically well on antiretroviral (ARV) therapy.
- Not advised for a woman at very high risk of having a sexually transmitted infection (STI).
- It does not protect against sexually transmitted infections (STIs), including immunodeficiency virus (HIV).

Effectiveness

- 99% effective with less than 1 pregnancy per 100 women

How the method works

- A trained provider inserts the IUD into your uterus, where it stays.
- The plastic and copper device prevents the sperm and egg from meeting.

How to use

- Have a pelvic exam to rule out genital infections.
- Take ibuprofen, paracetamol, or other pain reliever 30 minutes before insertion to reduce cramping and pain.
- A trained provider inserts the IUD in a place with the necessary supplies and equipment.
- The provider inserts the IUD into your uterus through your vagina and cervix. S/he cuts the strings on the IUD, leaving about 3 cm hanging out of the cervix.
- You will feel some discomfort or cramping during the procedure. This is normal.
- After the procedure get the following information from your provider:
Type of IUD you have - Date of insertion - Date when IUD will need to be removed or replaced

Do not use this method if you

- Are pregnant or think you might be pregnant.
- Have unusual vaginal bleeding. Seek further assessment from the provider.
- Have gonorrhea or chlamydia.
- Are living with HIV and are not doing well clinically.
- Are at a very high risk of having an STI.

Important facts

- One of the most effective and long-lasting methods.
- Must be inserted and removed by a trained provider.
- Immediate return to fertility after IUD is removed.
- Does not interfere with sex.
- Does not require you to do anything once the IUD is inserted.
- Can be used as emergency contraception, if inserted within five days of unprotected intercourse or five days after the estimated time of ovulation.
- Use condoms (male or female) if you are at risk of STIs, including HIV.

Seek medical help if

- You have questions or problems.
- You have any of the following, especially in the first 20 days after insertion: - increasing or severe pain in the lower abdomen - pain during sex - unusual vaginal discharge - fever, chills, nausea, or vomiting
- Your provider scheduled a post-insertion visit 3 to 6 weeks after insertion of the IUD.
- You think the IUD may have slipped out of place (you do not feel the strings or you feel the hard plastic of an IUD that has partially come out of the uterus).
- You miss your menstrual period or think you may be pregnant.
- You want to remove the IUD for any reason.



Sources:

- Population Council. The Balanced Counseling Strategy Plus (3rd ed.) [Internet] 2015 [cited 2021 April 06]. Available from: https://www.popcouncil.org/uploads/pdfs/2015RH_BCS-Plus_CounselingCards_en.pdf.
- Family Planning: A Global Handbook for Providers. Chapter 18 - Fertility Awareness Methods. [Internet] [cited 2021 April 06]. Available from: https://www.fphandbook.org/sites/default/files/Chapter_18_Eng.pdf.
- National Health Mission. Reference Manual for Oral Contraceptive Pills. [Internet] 2016 Mar [cited 2021 April 06].