

Hormonal Intrauterine Device (IUD) FACT SHEET

The **hormonal IUD** is a small, T-shaped device made of soft plastic which is placed in the uterus by your health care provider. The hormonal IUD, also known as the Mirena®, Liletta®, or Skyla®, contains a small amount of progesterone, a hormone that all women make naturally. The hormonal IUD works by preventing sperm from joining with an egg. It does this by thickening the cervical mucus and making the lining of the uterus (called the endometrium) very thin. The hormonal IUD is one of the most effective methods at preventing pregnancy, more than 99% effective.

IUD's are inserted after a pelvic exam. Your clinician will place a speculum and steady your cervix with an instrument. The IUD will be placed through the opening in your cervix into the uterus. You may feel cramping during the procedure. A short length of plastic "string" will hang down **inside** your vagina. You can check the string to make sure the IUD is still in place.

The IUD does not protect against sexually transmitted infections (STIs). Condoms are the best way for sexually active people to reduce the risk of infection. Always use a condom to prevent STIs.

Advantages of IUDs:

- Highly effective reversible birth control
- Can be used while breastfeeding
- Nothing to do right before sex to make it work
- Ability to become pregnant returns quickly when removed

Advantages of the hormonal IUD:

- Lighter or less frequent periods, some women stop having periods completely
- Decreased menstrual cramps
- Approved for three to five years and may be effective for longer

Disadvantages of the IUD:

Possible side effects that may improve for the first 3 to 6 months:

- Irregular periods or spotting between periods
- Cramping or backache

Other possible disadvantages of the IUD:

- Mild to moderate discomfort with placement
- Needs to be placed and removed by a health care provider

Risks of using the IUD:

- **Perforation** – Very rarely, the IUD is pushed into and through the wall of the uterus during insertion. This is called perforation. It could damage your internal organs. Sometimes surgery is needed to remove the IUD.
- **Expulsion** – Sometimes the IUD can partly or completely slip out of the uterus, which is called expulsion. This happens to about 5% of women who have an IUD. You can become pregnant if it happens
- **Pregnancy** – The chance that a pregnancy will happen is very small. If it does, there is an increased risk of serious problems including ectopic (tubal) pregnancy, infection, miscarriage, and early labor and delivery. We recommend immediate evaluation and removal of the IUD if this happens.
- **Infection** – PID (pelvic inflammatory disease) associated with using an IUD is rare. PID may lead to sterility. Most PID related to IUD use occurs within three weeks of insertion.

The hormonal IUD cannot be used by women who:

- Are, or think they are pregnant
- Currently have or have had any pelvic infection within the past three months
- Currently have signs of a cervical infection or have a known infection such as gonorrhea or chlamydia
- Have cervical or uterine cancer that hasn't been treated
- Have certain abnormalities of the uterus
- Have abnormal vaginal bleeding that has not been evaluated
- Have liver disease
- Currently have, or have a history of breast cancer

Tell your clinician if you have any of these risk factors or conditions or any other past or current medical problems or concerns. Your clinician will examine you and evaluate your risks – including your risk for STIs – and will help you decide if the IUD is right for you. Sometimes special tests or follow up may be needed.

Warning signs – Call your health care provider right away if you:

- Notice any change in the length of the string or can feel part of the IUD or think your IUD might have fallen out
- Think you are pregnant
- Have unusual pelvic pain in your abdomen
- Have been, or might have been, exposed to an STI
- Have unusual vaginal discharge
- Have unexplained fever or chills
- Have unusually heavy bleeding from the vagina.

Regular physical examinations for routine health care and for STIs and cancer screening are strongly recommended.