Where can you get IUC?

IUC requires an exam for insertion (and removal) by a qualified health care provider. Call your local family planning clinic for information or visit the following websites: www.mirena-us.com or www.paragard.com.

CARDEA Training, Organizational Development and Research

www. cardeas ervices. org

Intrauterine Contraception (IUC)

Three types of intrauterine contraception (IUC) are available in the United States. The intrauterine device—IUD (ParaGard®) is a small plastic device wrapped with natural copper. The intrauterine system—IUS (Mirena® and Skyla®) are T-shaped plastic devices that release a low dose of a hormone (progestin).

How IUC works

Each of these devices work primarily the same way by changing the environment of the uterus, cervix and fallopian tubes in a way that stops sperm from reaching the egg (prevents fertilization). These devices do not cause abortion.

How to use IUC

IUC is placed by a specially trained health care provider at any time during the menstrual cycle. It can be inserted after childbirth, or after an abortion. Ask your health care provider for more information about the timing of insertion.

Your health care provider can show you how to check for the IUC string to be sure it is still in place. If you or your partner feels hard plastic, or if you think it might have come out, you should have

Revised 2013 (continued)

an exam. If you have signs of pregnancy, you should have a pregnancy test. The IUC should be removed if you become pregnant.

Effectiveness

Intrauterine contraception is a highly effective long acting, reversible contraceptive method with almost no difference between perfect-use and typical-use. Fewer than one (1) woman in 100 becomes pregnant in the first year of using intrauterine contraception with typical use. The ParaGard® is also a highly effective method of emergency contraception (EC) for those women who would like to use an IUD as ongoing contraception. For EC, the IUD must be inserted within 5 days of the first act of unprotected sexual intercourse.

Benefits of IUC

IUC offers effective, long-term, private, reversible protection against pregnancy. The Skyla® is effective for up to three years and the Mirena® can be left in the uterus for five years. The ParaGard® can be left in the uterus for 10-12 years. IUC offers protection against ectopic pregnancy and a reduced risk of endometrial cancer.

IUC users are more satisfied with their method of birth control than users of any other method. IUC devices can be inserted any time during menstrual cycle as long as the woman is not pregnant. This method is available for adolescents and women who have never been pregnant. IUC can be used while breastfeeding.

The IUC device can be removed at any time; it is not required that the device be used for the full length of approved effectiveness time (3 years to 10/12 years). Fertility returns immediately after the device is removed.

Potential side effects and disadvantages

ParaGard®—Women who use ParaGard® may have longer, heavier menstrual periods (bleeding), which can cause anemia in some women. Menstrual cramping may increase as well. Spotting may occur between periods.

Mirena® or Skyla®—Women who use Mirena® or Skyla® (devices that release a low continuous dose of hormone) often report a decrease in blood flow and cramping. Other women may experience spotting between periods, lighter periods or no periods at all.

The insertion of IUC can be uncomfortable. It is very important to talk with a trained health care provider about potential effects with these devices.

Using IUC will not give you protection against HIV (AIDS) or sexually transmitted infections (STIs) such as chlamydia, herpes, genital warts (HPV), gonorrhea, hepatitis B and syphilis.

Potential risks

Large, recent studies show that intrauterine contraceptives have no effect on the risk of infection in the tubes (pelvic inflammatory disease, or PID). Rarely, the insertion process can introduce infection from the vagina into the uterus, and the risk of PID is limited to the first 20 days after insertion. Your health provider will talk with you about the potential risks.