

Intrauterine Contraceptive Device

What is an Intrauterine Contraceptive Device (IUD)?

- An IUD is a small soft T-shaped device with a nylon string attached. An IUD is inserted into the uterus (womb) by a health-care provider with specialized training.

How does an IUD work?

- An IUD helps prevent egg and sperm from meeting. A woman does not get pregnant if sperm does not meet the egg.
- An IUD may stop a fertilized egg from growing inside the uterus.

There are two IUD types, copper and hormonal (Levonorgestrel), which work in different ways to prevent pregnancy.

Nova T or Flexi T 300 has a copper wire wrapped around the IUD device.

- Copper directly affects how the sperm move inside your body and decreases the chances of the sperm getting through to the cervix to reach the egg.
- These IUDs provide effective contraception for 3 to 5 years.

Mirena is an IUD wrapped with a hormone (Levonorgestrel) that is slowly released into the uterus.

- Mirena IUD works by foreign body and hormone changes in the uterus.
- Cervical mucus may become thicker, reducing the ability of sperm to get through the cervix to reach the egg.
- This IUD provides effective contraception for 5 years.

How effective is the IUD?

- Nova T or Flexi T 300 IUD is about 98.7 per cent effective in preventing pregnancy.
- Mirena IUD is 99 per cent effective in preventing pregnancy.

Advantages of an IUD?

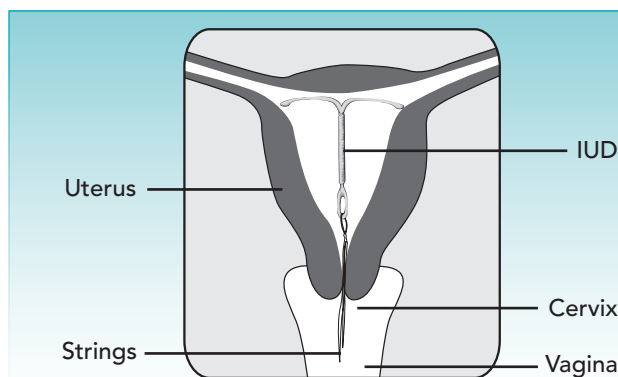
- An IUD provides long-term contraception for 3 to 5 years and is cost-effective.
- When you are ready to become pregnant, the IUD can be removed by a health-care provider.
- It is convenient. You do not need to remember daily pills.

Nova T or Flexi T 300 - Copper IUD

- Copper IUD may decrease the risk of endometrial cancer.

Mirena - Hormonal IUD (Levonorgestrel)

- Some women experience a decrease in menstrual blood loss by 74 to 97 per cent and a decrease in menstrual cramping.
- Some women gradually stop having a period, because of the effect of the hormone on the lining of the uterus.

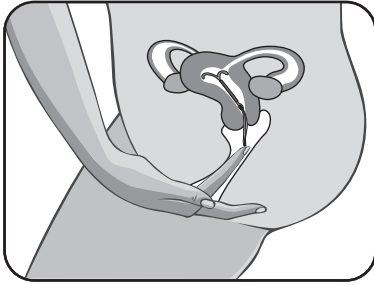


Women considering an IUD should tell their doctor if they:

- have a current, recurrent or recent (within the past 3 months) pelvic inflammatory disease (PID).
- have a sexually transmitted infection (STI).
- have unexplained vaginal bleeding.
- have cervical or endometrial cancer.
- have a copper allergy (for Nova T or Flexi T 300 IUDs).
- have breast cancer (for Mirena IUD).
- are pregnant.

How do I start and look after an IUD?

- Consult your health-care provider or birth control clinic to arrange to have an IUD inserted or removed.
- Once an IUD is inserted, the health-care provider will instruct you in how to feel for the IUD strings. Checking strings at the end of every period will help determine if the device is still in place.



Return to a health-care provider if:

- you have any problems, questions or concerns.
- you have heavy menstrual flow, sudden changes in the amount of menstrual flow, or abnormal spotting or bleeding.
- you have excessive cramping.
- you have pain when you are having sex.
- you experience pelvic pain or vaginal discharge with or without a temperature or chills.
- you cannot locate/feel the IUD strings or the strings are shorter or longer.
- your partner can feel the IUD.
- you know or think you have been exposed to an STI.
- you know or think you are pregnant.
- you know it is time to have your regular pap test.

Sexual decision making

Choose to have sex or not - you have the right to make that decision.

Choose to protect yourself from pregnancy and sexually transmitted infection (STI).

Use a condom every time you have sex to lower your risk of STI.

Talk with your partner about these choices before you have sex.

Disadvantages of an IUD?

- Between 2 to 10 per cent of IUDs fall out, most commonly in the first year of use. There is an increased risk of falling out if:
 - an IUD was inserted right after delivery.
 - an IUD has fallen out previously.
 - you have never been pregnant.
- There is an increased risk of miscarriage if an IUD is left in the uterus during a pregnancy.
- The risk of pelvic inflammatory disease (PID) may be increased slightly during the first month after an IUD is inserted. After the first month the risk of STI is related to the exposure to STI, not the use of an IUD.
- An IUD, in rare cases, may attach to or perforate the wall of the uterus. The IUD may need to be removed through minor surgery.
- With Nova T or Flexi T 300 (copper) IUD you may experience more bleeding and cramping with periods. Sometimes, light bleeding and spotting can happen between periods.
- With Mirena IUD (hormonal) you may at first experience changes in bleeding pattern, headaches, breast tenderness, acne, weight changes or mood changes. These hormone changes usually decrease over time.

For more information

Contact your physician, local community health centre or birth control clinic:

Calgary:	(403) 944-7111
Edmonton:	(780) 735-0010
Fort McMurray:	(780) 791-6263
Grande Prairie:	(780) 513-7551
Lethbridge:	(403) 320-0110
Red Deer:	(403) 346-8336

Or

Health Link Alberta (24 hours a day, 7 days a week)
Edmonton, call 408-LINK (5465)
Calgary, call 943-LINK (5465)
Outside the Edmonton
and Calgary local calling areas,
call toll-free 1-866-408-LINK (5465)

STI/HIV Information Line 1-800-772-2437