



INTRAUTERINE CONTRACEPTION ADVICE

This information leaflet explains issues around the fitting of the intrauterine system (**IUS**) and intrauterine device (**IUD**).

Failure Rate:

Both methods of intrauterine contraception have **very low contraception failure rates**.

Duration of use:

1. Intrauterine Systems (IUS)

There are 3 types of intrauterine systems (IUS);

- Mirena or Levosert 52mg Levonorgestrel containing IUS (duration variable depending on use and age at the time of insertion – see below)
- Kyleena 19.5mg levonorgestrel containing IUS (contraception for 5 years)
- Jaydess 13.5mg levonorgestrel containing IUS (contraception for 3 years).

If you are **under 45 years of age** when a Mirena or Levosert IUS is fitted, the Faculty of Sexual and Reproductive Health (FSRH) support use for contraceptive benefit for 6 years.

If you are **45 years of age or over** at the time of Mirena or Levosert IUS insertion, the FSRH support use for contraceptive benefit for 10 years, if you are using for contraception alone. Contraception is not needed after the age of 55 years, according to FSRH guidance.

If you are using a Mirena or Levosert 52mg LNG-IUS for **heavy bleeding or management of pelvic pain**, it will last at least 5 years but often longer. It does not need to be changed if it is effective at managing bleeding.

If you are using the Mirena or Levosert 52mg LNG-IUS for **endometrial protection** or to balance the oestrogen component of HRT, then the licensed length of use is 4 years, the FSRH support use for 5 years. This is regardless of the age at time of insertion

If you use your Mirena or Levosert 52mg LNG-IUS for a **combination of uses**, please change at the earliest advised timescale advised above.

2. Intrauterine Devices (IUD)

The Intrauterine device (IUD) is made of copper, brands are effective for either 5 or 10 years. If you are over 40 when an IUD is fitted, it will last you through your menopause.

Side effects:

In the 3-6 months after fitting, some women experience **irregular, prolonged, or frequent bleeding**. The bleeding usually settles with time and by 1 year, those with an IUS often have no bleeding at all. Those with an IUD do not have the benefit of lighter periods and indeed the **periods may be heavier**.

The risk of **ectopic** pregnancy with an intrauterine method is less than the risk with no contraception, but needs to be considered if you have missed a period (IUD user) or have unexplained pain or bleeding. In this eventuality you should do a pregnancy test and consult a doctor who can organise an urgent scan.

There is a risk that the muscles of your womb will contract, to **expel** the device. This is more common within the first 3 months after fitting, the risk rate is around 1:20. You are **advised to check to feel that the threads of the coil are present**, if you are not sure how to do this, please ask at your fitting appointment. If you cannot feel the threads, **please use extra contraceptive precautions, and make an appointment with a nurse**. Sometimes, as the device settles into place, the strings are drawn up into the womb. This is not harmful but can necessitate a scan (to locate the device) and a more complicated procedure to remove the device when it is due to be removed. Some doctors deliberately leave the strings slightly long to avoid this eventuality. If you feel the strings are too long, one of our clinicians will be happy to see you to shorten them a bit.

There is a rare risk that the insertion procedure **perforates** the wall of the womb. The risk is about 1:1000. The risk is **higher after childbirth and in breast feeding women**, when the wall of the womb is softer. There is often no pain when this happens, but if it does, the device may have to be removed surgically later. The risk when the fit is done by an experienced doctor is very low.

There is a small risk of **infection** in the first 20 days after the fit.

The IUS contains progesterone, which helps to reduce or stop periods. It is therefore very useful for the treatment of heavy menstruation. Small amounts of progesterone can be absorbed into the body, and just occasionally this can cause unacceptable side effects. The side effects to look out for are **acne, breast tenderness, and headache**.

Timing of fitting:

The device can be fitted at any time if you are not pregnant.

We will fit a coil if:

- you have not had intercourse since the first day of your last period
- you are using **reliable** contraception
- you are within the first 7 days of the start of your period.

If the IUS is fitted any time of the cycle other than the first 7 days, you must use additional precautions for 7 days after the fit.

We are happy to fit when you are bleeding, please do not cancel the appointment.

We can perform a smear at the time if you are due for a routine procedure.

Sexually transmitted infection:

If there is a chance that you may have a **sexually transmitted infection**, then we like to do swab tests before the fit. This test can be performed as a self-swab, please discuss with the clinician at triage.

Replacement of old device with a new device:

If you are having a device **CHANGE**, then we advise you to use **additional contraceptive precautions for 7 days before the fit, or to abstain from intercourse**. Just occasionally we remove the device but are unable to replace it: and if there are sperm present there is a risk of pregnancy.

On the day of the fit

The procedure is not usually as uncomfortable as expected, but we recommend taking **simple pain killers** e.g. Ibuprofen or Paracetamol, before the fitting.

An appropriately trained assistant will be present during all procedures. They may be required to provide additional instruments or equipment but also to **offer support to you** during the procedure.

It is NOT appropriate to bring young children with you to the appointment.

Please bring a **sanitary towel** as there is a high likelihood of bleeding after the procedure.

Stimulation of the cervix during the insertion can cause patients to **feel a little faint**, lower their heart rate or develop abnormal heart rhythm. In healthy women these incidents almost always **resolve very quickly either without intervention**, or with simple resuscitation measures; rarely persistent symptoms require treatment to be administered.

After the fit:

Routine follow-up is not necessary following insertion of an intrauterine contraceptive device. It is **essential that you regularly check your device** for threads at the top of the vagina.

You should **contact the practice straight away** if you experience any of the following symptoms following your fitting:

- Temperature / fever
- Abnormal vaginal discharge
- A change in your bleeding pattern that is not expected
- Pain that is not expected / worse than a period / pain during intercourse

- Unable to locate the threads (please see advice above)
- You or your partner feels the stem of your device in your vagina.
- Symptoms of pregnancy / you think you are pregnant

You should avoid vibrating gym plates for 1 month after the fitting.

The manufacturer of the Moon Cup® recommends waiting for 6 weeks following the insertion of IUC before using the menstrual cup. They also state that the Moon Cup should be placed low in the vagina with an adequate seal, which should be broken before the cup is removed. The manufacturer also recommends checking for IUC threads after each menses. If the threads cannot be located, or if a woman thinks her Cu-IUD has moved or if a woman experiences pain, the manufacturer recommends using additional contraception and consulting with an appropriate health care professional.

There are various sources of further information, but we particularly recommend the Family Planning Association website where you can find on-line information leaflets. <https://www.sexwise.org.uk/contraception>

BMG well woman team April 2023