

DESCRIPTION

An IUD is a small plastic T-shaped device that is placed in the uterus by a physician to prevent pregnancy. There are three types available in Canada: the Nova-T, the Flexi-T, and the Mirena. With the Nova-T and Flexi-T, the vertical part of the T is covered in copper, which is why it is called a copper IUD. With the Mirena, the vertical part is covered by a small tube that contains progesterone (a hormone) that is slowly released into the uterus.

HOW IT WORKS

Mirena

The progesterone released by Mirena makes the cervical mucous thicker, preventing sperm from entering the uterus. The progesterone also makes the lining of the uterus thinner, making it impossible for a fertilized egg (should this occur) to become implanted.

Nova-T and Flexi-T

The copper on the Nova-T and Flexi-T destroys sperm as they enter the uterus. The copper also alters the endometrium (inner lining of the uterus) making it impossible for a fertilized egg

(should this occur) to become embedded.

EFFECTIVENESS

This is a very effective method of contraception. All three types of IUDs may be left in place for a period of five years. The Nova-T and Flexi-T offer approximately 98.6% protection, whereas the Mirena is almost as effective as sterilization (99.8%).

COST

Mirena

The Mirena is more expensive; the price ranges from \$330 to \$360. However, it is covered by the Quebec Prescription Drug Insurance Plan and by private insurance plans. You will need a prescription in order to obtain it from a pharmacy.

Nova-T and Flexi-T

The price of a Nova-T (approximately \$170) and of Flexi-T (approximately \$80 to \$100), may vary depending on the clinic. Both IUDs may be purchased in a pharmacy or from your doctor. It is not covered by the Quebec

Prescription Drug Insurance Plan and very few private insurance plans will cover it.

INDICATION

Any woman who wants an effective method of contraception can get an IUD. Ideally, she should be in a stable relationship, which lowers the risk of getting a sexually transmitted infection (STI).

CONTRAINDICATIONS

The absolute contraindications for an IUD are as follows:

- Malformation of the uterus
- A uterus that is too small
- Acute pelvic infection (infection of the Fallopian tubes)
- Possibility of pregnancy
- Uterine bleeding of unknown cause
- Allergy to copper or another component of the IUD

There are absolute contraindications for IUD use (listed below) and there are also other conditions that limit the use of an IUD. Your doctor will discuss these with you.

INSERTION

An IUD is usually inserted during a woman's period to ensure that she is not pregnant. If an effective method of contraception is already being used, an IUD may be inserted at any time.

It may be inserted immediately after a miscarriage or an abortion. However, many doctors prefer to wait for two or three weeks. An IUD can be inserted four weeks after childbirth.

Before the IUD is inserted, a gynecological exam (vaginal and cervical swabs to test for sexually-transmitted infections - STIs) should be done and the test results should be known, even if the woman is in a stable relationship. Insertion of the IUD is not painful, but can sometimes cause cramps similar to menstrual cramps that may last for a few minutes after insertion. These cramps may be eased by taking an anti-inflammatory medication one hour before the IUD is inserted.

SIDE EFFECTS

Nova-T and Flexi-T

The copper IUD will extend the menstrual period by one to two days, on average. The period is frequently heavier for the first three months, usually becoming lighter after this.

The IUD can also make menstrual cramps worse. Your doctor can prescribe an anti-inflammatory medication that will reduce menstrual cramping and decrease flow.

In addition, some women may experience bleeding between periods which tends to disappear over time. Lastly, any unusual bleeding or pain experienced by a woman wearing an IUD should be checked by a physician.

Mirena

With the Mirena, a woman may experience irregular bleeding for the first three to four months. After that, her periods will become regular but will usually be much lighter. A certain percentage of women will completely stop getting periods after one year. This is very beneficial to women who have heavy, long, and painful periods.

Because of the progesterone, some women may initially experience abdominal discomfort, breast tenderness, and nausea (rare). These side effects are not dangerous and stop within a few months of use.

COMPLICATIONS

Pelvic Inflammatory Disease

The IUD does not increase the risk of pelvic inflammatory disease (salpingitis and infections of the Fallopian tubes) after the first month of use. When this infection occurs, it is associated with sexually-transmitted infections, not the IUD. The Mirena offers some protection against infections of the Fallopian tubes.

Ectopic Pregnancy

The incidence of ectopic pregnancy (tubal pregnancy) is very rare in women who have an IUD. Nevertheless, if a woman becomes pregnant with an IUD, she should see her doctor promptly.

REMOVAL

The IUD is removed during a woman's period. However, the IUD may be

removed at any time during her cycle if she has not had unprotected sexual relations since her last menstrual period, or if she wants to become pregnant.

CHOOSING THE RIGHT IUD

The choice is based on your needs and your gynecological history. All women may use the Mirena, especially women with heavy, long, and painful periods. However, women who have regular, light, and pain-free periods will be very satisfied with a copper IUD.

Speak to your doctor to find out what's best for you.

THE MORNING-AFTER IUD

A copper IUD can be inserted up to seven days after unprotected sexual relations. This will prevent pregnancy in almost all cases. This is, therefore, an option if it is too late for post-coital contraception (the morning-after pill). The Mirena IUD is not effective as a morning-after IUD.

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INTRAUTERINE DEVICE (IUD)

- Description
- How it works
- Effectiveness
- Cost
- Indication
- Contraindications
- Insertion
- Side Effects
- Complications
- Removal
- Choosing the right IUD
- The Morning-after IUD

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