

INTRAUTERINE DEVICE
Mirena

What is it?

Mirena is a small (about the size of a quarter) T-shaped device that is inserted into the uterus to prevent pregnancy. It releases a very small dose of hormones over the time it is in the uterus. It can remain in the uterus for up to five years.

How does it work?

There is no single explanation of how Mirena works. It may:

- Block sperm from reaching and fertilizing the egg.
- Make the uterine lining thin

We are not sure which of the mechanisms are most important in preventing pregnancy—most likely they work in combination.

How do I use it? How do I get it?

A doctor or clinician inserts the Mirena at an office visit, by dilating the cervix and inserting the Mirena through it. Most clinicians will ask you to come in for a consultation and some testing before inserting the Mirena. Once it is inserted, all you will need to do is check the string, which hangs out of the cervix into the vagina, to make sure the Mirena is still in position. We recommend checking the string once a month.

What are the advantages?

Mirena is extremely effective—statistically it is the most effective birth control method available. Many women stop having periods after having the Mirena for a while.

Although it is a common concern that sex may hurt more or dislodge the IUD, most women do not feel or notice the Mirena at all and appreciate that it does not interrupt sex.

What are the disadvantages? What are the possible side effects?

Mirena is more difficult to reverse than some other methods, since you need to have a clinician remove it. Likewise, the cost up front for an IUD is a little higher than other methods-- however, if you use the Mirena for an extended time period, the cost per month averages out to be far lower than other methods.

The most common side effects are menstrual changes, lower abdominal pain (cramps), acne or other skin problems, back pain, breast tenderness, headache, mood changes, and nausea. Serious complications are very rare but include perforation (going through) of the uterus and undetected expulsion.

How effective is it?

Mirena more than 99% effective.

Who cannot use this method?

Women cannot use Mirena if they have ever had pelvic inflammatory disease or recently had a pelvic infection. Most doctors only recommend Mirena for women in sexually monogamous relationships.

Women should not use Mirena if they think they may be pregnant, or are allergic to silicone, levonorgestrel, or polyethylene.

***Remember, only a latex condom or polyurethane condom can protect you from HIV infection and other sexually transmitted diseases.

INTRAUTERINE DEVICE
Paraguard

What is it?

Paraguard is a small (about the size of a quarter) copper T-shaped device that is inserted into the uterus to prevent pregnancy. It does not rely on hormones. It can remain in the uterus up to ten years.

How does it work?

There is no single explanation of how Paraguard works. It may:

- Block sperm from reaching and fertilizing the egg.
- Make the uterine lining thin

We are not sure which of the mechanisms are most important in preventing pregnancy—most likely they work in combination.

The copper in the Paraguard increases effectiveness in two other ways. It affects the enzymes in the lining of the uterus to prevent implantation. It also increases production of prostaglandins, the hormones that support pregnancy.

How do I use it? How do I get it?

A doctor or clinician inserts the Paraguard at an office visit, by dilating the cervix and inserting the Paraguard through it. Most clinicians will ask you to come in for a consultation and some testing before inserting the Paraguard. Once it is inserted, all you will need to do is check the string, which hangs out of the cervix into the vagina, to make sure the Paraguard is still in position.

What are the advantages?

Paraguard is very effective.

Although it is a common concern that sex may hurt more or dislodge the IUD, most women do not feel or notice the IUD at all and appreciate that it does not interrupt sex.

What are the disadvantages? What are the possible side effects?

Paraguard is more difficult to reverse than some other methods, since you need to have a clinician remove it. Likewise, the cost up front for an IUD is a little higher than other methods-- however, if you use the IUD for an extended time period, the cost per month averages out to be far lower than other methods.

The most common side effects are heavier periods and lower abdominal pain (cramps). Serious complications are very rare but include perforation (going through) of the uterus and undetected expulsion.

How effective is it?

Paraguard more than 99% effective.

Who cannot use this method?

Women cannot use Paraguard if they have ever had pelvic inflammatory disease or recently had a pelvic infection. Most doctors only recommend Paraguard for women in sexually monogamous relationships.

Women should not use Paraguard if they think they may be pregnant.

***Remember, only a latex condom or polyurethane condom can protect you from HIV infection and other sexually transmitted diseases.

Checking Your IUD

Expulsion (when the uterus pushes the IUD out) is most likely to happen during the first few months of use, but may occur later. If you are worried you may have expelled your IUD, check with your clinician. Until then, use another form of birth control — barrier methods like condoms or a diaphragm.

Although uncommon, an IUD can be expelled without your knowing it. This is most likely to happen during your period. It is a good idea to check your pads or tampons daily while you are menstruating to see if the IUD has fallen out. Feel for the string regularly between periods. It is especially important to check every few days during the first few months after insertion.

To feel for the string:

1. Wash your hands.
2. Sit or squat down.
3. Put your index or middle finger up into your vagina until you touch the cervix. The cervix will feel firm and somewhat rubbery, much like the tip of your nose.
4. Feel for the string that should be coming through. If you find the string, it means that the IUD is in place and working. However, if the string feels longer or shorter than before, it may be that the IUD has moved and needs to be repositioned by a clinician. Be sure to use another form of birth control until it is repositioned.

Do not pull on the string. Pulling might make the IUD move out of place or even come out. Your IUD was carefully positioned during insertion — it shouldn't be disturbed.