

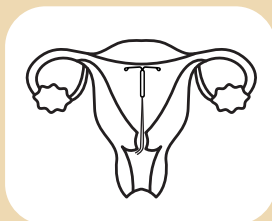
# Hormonal Intrauterine Device (IUD)

This information is designed to be used in consultation with your health professional.



## What is it?

There are two types of hormonal intrauterine devices (IUDs) available in Australia: Mirena® and Kyleena®. They both are a small plastic frame with a sleeve which releases a hormone called levonorgestrel. Kyleena® is slightly smaller than Mirena® and contains a slightly lower amount of hormone. Both have fine threads which extend through the cervix into the vagina. Once inserted, IUDs are not usually noticeable to you or your partner/s.



## How does it work?

The hormonal IUD prevents pregnancy by:

- affecting egg movement, and in the rare instance of an egg being fertilised, preventing the egg from attaching to the lining of the uterus.
- making the mucus in the cervix thicker, so sperm cannot get through.
- changing the lining of the uterus.
- stopping the body from releasing an egg every month (some people).

## How effective is it?

The Mirena® hormonal IUD is 99.9% effective and the Kyleena® IUD is 99.7% effective at preventing pregnancy.

99%  
Effective

The Kyleena IUD is effective for 5 years and the Mirena IUD is effective for 8 years, when used for contraception. The Mirena can also be used as part of menopausal hormone replacement therapy (HRT) for up to 5 years. When used to reduce heavy menstrual bleeding, the Mirena is effective for 5 to 8 years, as long as bleeding remains well controlled.

## Who can use it?

A health professional will take a detailed medical history and pelvic examination to ensure that an IUD is suitable for you.

### ✓ Hormonal IUDs are suitable for those who:

- are looking for very effective and reliable long-term contraception.
- have difficulty remembering to take daily contraception.
- have heavy or painful menstrual bleeding.

### ✗ Hormonal IUDs are not suitable for those who have:

- a history of breast cancer.
- a current sexually transmissible infection or pelvic infection.
- current cancer of the cervix or uterus.
- unexplained vaginal bleeding e.g., bleeding between periods or after sex.
- uterine or cervical abnormalities.

## How is it inserted?

The insertion of an IUD does not usually require a general anaesthetic or sedation.

1. A health professional will do an internal examination to determine the size and position of the uterus.
2. A speculum is put into the vagina so that the cervix can be seen.
3. After measuring the length of the uterus, the device is inserted using a special applicator.

Most people tolerate the procedure well. Many people have cramping and some feel faint during the procedure. You can discuss pain relief options with a health professional.

## When can it be inserted?

IUDs can be inserted at any time that pregnancy can confidently be excluded.

The hormonal IUD is effective immediately if it is inserted between day one (first day of bleeding) to day five of your menstrual cycle. If it is inserted at any other time of the cycle, back-up contraception (e.g. condoms) should be used for the next seven days.

## Advantages

- Very reliable long-acting reversible method of contraception.
- Inexpensive considering how long it lasts.
- Lighter, less painful periods, or none at all (more likely with Mirena® than Kyleena®).
- Not affected by other medications.
- Can remove at any time - fertility returns quickly.

## Disadvantages

- People may experience frequent, light bleeding in the first few months after insertion. Generally, this settles.
- Some side effects i.e., mood changes or breast tenderness, but these usually improve with time.

## Possible but uncommon risks

### Pelvic infection

The risk of infection is highest in the first three weeks following insertion. SHQ tests for STIs prior to insertion, to reduce this risk.

### Perforation

Rarely, the IUD may be pushed through the wall of the uterus and then require removal by surgery under general anaesthetic.

### Ectopic pregnancy and miscarriage

Very few people become pregnant while using an IUD. If a pregnancy does occur, there is a small chance of an ectopic pregnancy. This is a serious condition that needs urgent medical attention. The risk of having an ectopic pregnancy with an IUD is lower than that of the general population.

If a pregnancy occurs in the uterus and the IUD is left in place, there is an increased risk of miscarriage or premature birth. If you think you may be pregnant, do a pregnancy test and see a health professional as soon as possible if it is positive.

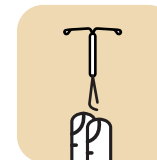
## What to do after an IUD is inserted



To reduce the risk of infection, SHQ recommends that you don't put anything into your vagina for 48 hours after insertion (i.e. no tampons, intercourse, swimming or baths).



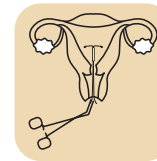
You will need to visit a health professional for a check-up a few weeks after the insertion, and after that if you have any concerns, or want the IUD removed.



In a small percentage of people, the IUD can be expelled by the uterus. This most commonly happens in the first few months after insertion, so learn to check the threads of your IUD regularly.

To feel the threads, place two fingers deep in your vagina and feel for your cervix. The threads should come out of the cervix and lie next to it. If you cannot feel the threads, visit a health professional for a check-up, and use other contraception.

## How is it removed?



Never attempt to remove an IUD yourself. Removal should only be undertaken by a health professional who will remove it by pulling gently on the threads. Mild cramping and some bleeding may be experienced when the device is removed.

It is important to consider future contraceptive needs before having your IUD removed, as its contraceptive effects will cease upon removal - discuss this with a health professional.

**IUDs do not protect against sexually transmissible infections (STIs).**



For information about copper IUDs, please see the Copper IUD Information Sheet available on our website.