

Where can you get an IUD or IUS?

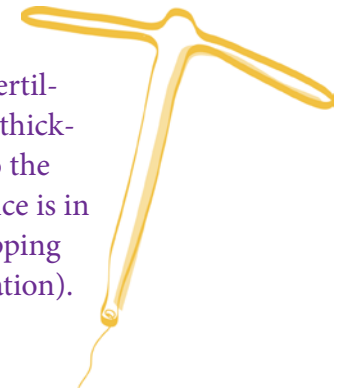
An IUD/IUS requires an exam for insertion (and removal) by a qualified doctor or health care provider. Call your local family planning clinic for information or visit the following websites: www.mirena-us.com or www.paragard.com.

Intrauterine Contraceptives (IUD & IUS)

Two types of intrauterine contraception are available in the United States. The intrauterine device IUD (ParaGard®) is a small plastic device wrapped with natural copper and the intrauterine system IUS (Mirena®) is a T-shaped plastic device that releases a low dose of a hormone (progestin).

How the IUD/IUS works:

The ParaGard® causes a change in uterine and tubal fluids so that an egg will not get fertilized. With the Mirena®, the cervical mucus thickens, preventing the sperm from getting into the uterus and reaching the egg. When the device is in place, the IUD/IUS works primarily by stopping sperm from reaching the egg (stops fertilization). These devices do not cause an abortion.



How to use the IUD/IUS:

IUD/IUS insertion is done by a specially trained doctor or health care provider. The IUD/IUS can be inserted into a woman's uterus at any time during the menstrual cycle.

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The IUD/IUS can be inserted after childbirth, or after an abortion. Ask your health care provider for more information about the timing of insertion.

You should check regularly to see that your IUD is still in place. Your provider should teach you how to check for the string before leaving the clinic after insertion.

Effectiveness:

Intrauterine contraception provides highly-effective protection against pregnancy. Two women in 1,000 will get pregnant with the Mirena® IUS (99.8% effectiveness), and six women in 1,000 will get pregnant (99.4% effectiveness) with the ParaGard® IUD. Perfect use includes checking the strings regularly to see if the IUD/IUS is still in place.

Benefits of the IUD:

IUD/IUS contraceptives offer effective, long-term, private, reversible protection against pregnancy. The Mirena® IUS can be left in the uterus for five years. The ParaGard® can be left in the uterus for 10 years. Both offer protection against ectopic pregnancy and may protect against endometrial cancer.

IUD/IUS users are more satisfied with their method of birth control than users of any other method. Both intrauterine devices can be used while breastfeeding. Fertility returns immediately after the IUD/IUS is removed.

Potential side effects and disadvantages:

ParaGard®—Women who use ParaGard® may have longer, heavier menstrual periods (bleeding), which can cause anemia in some women. Menstrual cramping may increase as well. Spotting may occur between periods.

Mirena®—Women who use Mirena® often report a decrease in blood flow and cramping. Other women may experience lighter periods or no periods at all.

Women who have never been pregnant may be more likely to experience discomfort during insertion. It is very important to talk with a trained doctor or health care provider about potential side effects with either the IUD or IUS.

The insertion of an IUD/IUS may be more uncomfortable if you have never been pregnant, because the opening to your uterus is smaller. The IUD/IUS can be inserted at any time during your menstrual cycle (you do not need to be bleeding), but your health care provider will need to make sure that you are not pregnant.

Using the IUD or IUS will not give you protection against HIV (AIDS) or sexually transmitted infections (STIs) such as chlamydia, gonorrhea, herpes, genital warts (HPV), hepatitis B and syphilis.

Potential risks:

Large, recent studies show that the IUD or IUS appear to have no effect on the risk of infection in the tubes (pelvic inflammatory disease, or PID). The insertion process can introduce infection from the vagina into the uterus, and the risk of PID is limited to the first 20 days after insertion. Untreated or recurring PID can lead to infertility (difficulty getting pregnant). Your health provider will talk with you about the potential risks.