Considering the intrauterine system.

The answer to effective, long-acting reversible contraception.
Who is the intrauterine system (IUS) right for?

The IUS is a small, soft, flexible plastic system that is placed in the uterus to prevent pregnancy. It can be used up to 5 years. The IUS gives you a flexible contraceptive option if you:

1. want birth control you don’t have to think about every day, week or month
2. want to have more children in the future, but not immediately
3. are happy with the size of your family
4. don’t want to get pregnant (again)
5. want to avoid surgical sterilization (getting your tubes tied)
6. you are breastfeeding your baby
7. experience heavy or painful periods.

How does the IUS work?

There is no single explanation for how the IUS works. The IUS acts as a contraceptive.

What the IUS does:

1. creates a barrier preventing sperm from entering the uterus
2. inhibits movement and function of the sperm
3. thins the lining of the uterus

Occasionally, the release of eggs may be inhibited during the early stages of IUS use. Because of the thinner lining of the uterus there is less monthly bleeding.
The IUS is the 1st line treatment in heavy menstrual bleeding recommended in many international guidelines, such as the National Institute for Health and Clinical Excellence (NICE) guidelines on heavy menstrual bleeding in the UK.

The IUS prevents fertilization (the fusion of sperm with an egg). It is not an abortifacient.

How can I compare an IUS and other long-acting birth control methods like an intrauterine device (IUD)?

Both the intrauterine system (IUS) and intrauterine device (IUD) are T-shaped contraceptive devices, about 3 cm long, that are placed inside the uterus. An IUD is made with copper and does not contain any hormones, while the IUS releases a small amount of the hormone levonorgestrel directly into your uterus.

The main difference between an IUS and an IUD is that, unlike the copper intrauterine device, the IUS decreases the amount of menstrual bleeding and menstrual cramping.

The following table compares several long-acting contraceptive methods:

<table>
<thead>
<tr>
<th></th>
<th>IUS</th>
<th>IUD</th>
<th>Sterilization</th>
<th>Implant</th>
<th>Injection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficacy</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>Return to fertility</td>
<td>++</td>
<td>++</td>
<td>-</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>Reduction of bleeding and pain</td>
<td>++</td>
<td>--</td>
<td>-</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Approved while breast feeding</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>Long-acting</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>+ (every 3 months)</td>
</tr>
<tr>
<td>Approved as 1st line treatment for heavy menstrual bleeding</td>
<td>++</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

* means the contraceptive provides this feature
- indicates it doesn’t
The amount of + and - indicate how strong this effect is.
How effective is the IUS?

The diagram below shows the chance of getting pregnant for women who use different methods of birth control. The most effective methods, including IUS, are found at the top of the chart.

Less than 1 pregnancy per 100 women in 1 year

2–8 pregnancies per 100 women in 1 year

15–25 pregnancies per 100 women in 1 year

30 or more pregnancies per 100 women in 1 year

More effective

- IUS
- IUD
- Implant
- Sterilization
- Injection
- Pill
- Ring
- Patch
- Condom
- Diaphragm
- Cervical cap
- Spermicide
- Withdrawal

Less effective


What does my healthcare provider need to know about me to help me make the best decision concerning the IUS?

Only you and your healthcare provider can decide whether the IUS is right for you. As the two of you discuss contraceptive options, please share information about your past and current health situation, your sexual life and your future contraceptive wishes.

Your healthcare provider needs to know if …

- … you have ever had a pelvic inflammatory disease?
  - Yes
  - No

- … you have ever had an ectopic pregnancy (abnormal pregnancy that occurs outside the uterus)?
  - Yes
  - No

- … you have diabetes mellitus?
  - Yes
  - No

- … you have a heart disease?
  - Yes
  - No

- … you have breast cancer?
  - Yes
  - No

- … you have high blood pressure?
  - Yes
  - No

- … you had a blood clot (thrombosis) in the past and therefore take any medicine?
  - Yes
  - No

- … you can get infected easily and if you or your partner have more than one sexual partner?
  - Yes
  - No

- … you have problems with the immune system like HIV or leukemia?
  - Yes
  - No

- … you have any abnormal bleeding from the uterus or vagina that has not been investigated?
  - Yes
  - No

- … you have fibroids (benign (non-cancerous) growths in the uterus) or other causes that change the shape of the uterus?
  - Yes
  - No

When is a good time to get the IUS?

The IUS is normally placed within a week from the first day of your period. It may be inserted immediately after surgical termination of pregnancy, but should be postponed until at least 6 weeks after delivery of a baby.

How is the IUS placed?

The IUS is placed during a simple office visit – the placement itself takes normally only a few minutes. First, your healthcare provider will perform an examination to make sure your uterus is a normal size and is healthy.

A speculum is placed in the vagina, similar to when you have a normal pap smear test, and the IUS is inserted with a special applicator into the uterus through the cervix.

Occasionally placing the IUS may cause some slight discomfort. Your healthcare provider knows how to handle any discomfort.

Most women do not find the placement procedure very uncomfortable – usually much less than expected.

Once the IUS is in place, you won’t be able to ‘feel’ it in your uterus. Your healthcare provider will show you how to check for the strings, and it is very unusual for your partner to be aware of it during intercourse.

What can I expect right after the IUS is placed?

You may feel some slight abdominal cramping for a couple of days after placement. The cramping should be mild and respond well to pain medication.

During and right after the IUS is placed, you may experience dizziness, or other symptoms from low blood pressure. These symptoms usually pass very quickly.
Are there any serious complications with the IUS?

In most cases, there are no complications. However, as with any medical procedure, some complications have been reported when choosing an intrauterine contraceptive:

1. **Perforation** (puncture of the uterine wall) may rarely occur at the time of insertion, although sometimes it may be discovered only later. Perforation occurs in less than 1 per 1000 insertions.

2. **Infection** at the time of insertion.

3. **Expulsion** which means that the contractions of the uterus push the IUS out partially or completely. If this occurs, it usually happens in the first month of use. Therefore, it is important you visit your healthcare provider 4–12 weeks after the placement to confirm that the IUS is in place and learn for yourself how to check for the presence of the threads.

To minimize these complications your healthcare provider has been trained in placing the IUS. The use of correct and sterile placement techniques helps to prevent these complications.

What are the common side effects of the IUS?

Medical treatments and their possible side effects can affect individual people in different ways. The following are some of the side effects that are known to be associated with the IUS, although not everyone will experience them:

- Change in menstrual bleeding, such as spotting, lighter bleeding, irregular bleeding or stopping of bleeding
- Pelvic or abdominal pain
- Development of cysts in the ovaries. These usually resolve without treatment.
- Headache
- Breast tenderness
- Skin changes (acne)

Most of these side effects are only seen temporarily in the first 3 to 6 months after placing the IUS.

Talk to your healthcare provider if you experience any of these symptoms.

Will I put on weight?

Studies have shown that women do not gain more weight while using the IUS more than those using a non-hormonal method of contraception (Copper IUD).

What about the IUS and breast cancer?

Studies have not provided evidence of an increased risk of development of breast cancer during the use of the IUS. Since the occurrence of breast cancer increases with age, you should examine your breasts regularly especially if you are older than 40 years.
Will my periods change with the IUS?

For the first 3 to 6 months, your monthly period may become irregular. You may also experience spotting or light bleeding. After your body adjusts, the number of bleeding days is likely to decrease, and you may even find that your periods stop altogether for as long as the IUS is in place. This is not harmful for your body.

Around the end of the third month of use, you may see up to a 75% reduction in the amount of menstrual bleeding. Women with heavy menstrual bleeding before the IUS placement experience even higher reduction, up to 97% of their bleeding amount.

By the end of year one, about 1 out of 5 users have no bleeding at all. This is not unhealthy for your body. Your periods will return once the IUS is removed.

How can I use the IUS for family planning?

With the IUS, you get effective protection and flexibility at every stage of your life. You don’t need to think about contraception every day, week or month. Especially since you can have it removed by your healthcare provider as soon as you want to change your family planning and try to have a baby. A woman’s chances of getting pregnant within 12 months of having the IUS removed are approximately 80% which is the same as the normal fertility rate. Any way you look at it, you’re in control.

Can the IUS protect me from HIV or STDs (sexually transmitted diseases)?

No. The IUS does not protect against HIV or sexually transmitted diseases.

What does the IUS cost?

Compared to many other contraception options, like the pill, the IUS may be less costly already after just 1 year.

As the IUS is an effective treatment option for heavy menstrual bleeding it may be covered under your health insurance. To find out, ask your insurance provider.

Where can I find out more about the IUS?

To learn more about the IUS talk to your healthcare provider. Your healthcare provider can supply further information on IUSs for you and your partner.

How often should I see my healthcare provider once the IUS is inserted?

After placing the IUS, a further appointment should be made for 4 to 12 weeks later to check for correct placement and any problems. Yearly checks are advised after this appointment.

The IUS needs to be replaced with a new system every 5 years.
### Considering the IUS? You might have heard the following myths. Here are the facts:

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 The IUS cannot be used by someone who has never had a baby.</td>
<td>The IUS is one of the most effective forms of contraception available and can be used by women who have not had a baby.</td>
</tr>
<tr>
<td>2 The IUS increases the risk of infertility.</td>
<td>The IUS does not increase the risk of infertility. A woman’s chances of getting pregnant within 12 months of having the IUS removed are approximately 80%, the same rate as women who do not use an IUS.</td>
</tr>
<tr>
<td>3 The IUS increases the long-term risk of infection, e.g. PID.</td>
<td>After the first month of use, the risk of infection is not significantly higher than in women without the IUS. Healthcare providers can largely reduce a woman’s risk of developing PID by screening patients for current sexually transmitted infections (STIs) or high individual risk of STIs and carefully following infection prevention procedures during insertion.</td>
</tr>
<tr>
<td>4 The IUS creates blood build up in the uterus because of less or no bleeding.</td>
<td>Monthly menstruation is simply shedding the lining of the uterus. The IUS does not stimulate the lining in the uterus to grow—so there is no blood or build up in endometrial lining to come out.</td>
</tr>
<tr>
<td>5 The IUS is not an option when breastfeeding.</td>
<td>The IUS offers a hormonal contraceptive option for breastfeeding women. The low amount of hormone in the IUS has no harmful effect on the growth and weight gain or development of the baby.</td>
</tr>
<tr>
<td>6 The IUS has not been on the market as long as the pill. Not many women have used an IUS.</td>
<td>The IUS has been on the market for the last 20 years and has been used by more than 20 million women worldwide.</td>
</tr>
</tbody>
</table>
My IUS

Placement Date: ___ ___/ ___ ___/ ___ ___
Removal Date, at latest by: ___ ___/ ___ ___/ ___ ___
The threads of my IUS have been cut by: _________.
Uterine length measurement: ________

Inserted by:

Next visit: ___ ___/ ___ ___/ ___ ___
Next visit: ___ ___/ ___ ___/ ___ ___
Next visit: ___ ___/ ___ ___/ ___ ___

Please consult the patient information leaflet for full information on the IUS.