

Patient Name (Please Print): _____

Copper Intrauterine Device (IUD) FACT SHEET

IUDs are small, T-shaped pieces of plastic that are put in the uterus. The **Copper IUD** does not have any hormones. IUDs prevent sperm from joining with an egg. The copper IUD is more than 99% effective and one of the most effective forms of contraception.

Insertion of an IUD:

IUDs are inserted after a pelvic exam. Your vagina will be held open with a speculum. Your clinician will steady your cervix with a grasping instrument. The IUD will be inserted through the opening in your cervix into the uterus. You may feel cramping during the procedure. A short length of plastic “string” will hang down into your vagina. You can check the string to make sure that the IUD is still in place.

Removal of IUD:

Your IUD may be removed at any time with a simple office visit. During the visit, the clinician will place a speculum inside the vagina in order to see the strings of the IUD. The clinician gently removes the IUD by pulling the strings. Removal of an IUD takes less time and is generally less uncomfortable than insertion. Rarely, the IUD strings are not visible or the IUD cannot be removed in this manner and additional procedures are needed.

The IUD does not protect against sexually transmitted infections (STIs). Condoms are the best way for sexually active people to reduce the risk of infection. Always use a condom if you or your partner has other sex partners.

Advantages of the Copper IUD:

- Most effective reversible birth control
- Economical
- Can be used while breastfeeding
- Nothing to do right before sex to make it work
- Ability to become pregnant returns quickly when removed
- Effective for ten years
- Contains no hormones
- Works immediately upon insertion
- Can use for emergency contraception

Disadvantages of the Copper IUD:

- May experience spotting between periods for the first several months after insertion
- May experience heavier, longer periods
- Cramping or backache at the time of insertion
- Mild to moderate discomfort with insertion

Risks of using the IUD:

- **Perforation** — Very rarely, the IUD is pushed into and through the wall of the uterus during insertion. This is called perforation. It could damage your internal organs. Sometimes surgery is needed to remove the IUD.
- **Expulsion** — Sometimes the IUD can partly or completely slip out of the uterus, which is called

expulsion. This happens to about 2-10% of women; you can become pregnant if it happens.

- **Pregnancy** — The risk of pregnancy with an IUD is very small. If it does happen, there is an increased risk of serious problems, including ectopic (tubal) pregnancy, infection, miscarriage, and early labor and delivery. These problems can be life-threatening and we recommend removal of the IUD if this happens.
- **Infection** — PID (pelvic inflammatory disease) associated with using an IUD is rare. PID may lead to sterility. Most PID happens within three weeks of insertion, infection after three weeks is very rare. STIs, such as chlamydia or gonorrhea, can also cause PID. This is why the best candidate for an IUD is a woman at low-risk for STIs.

Contraindications- The IUD cannot be used by women who:

- Are, or think they are, pregnant
- Have or may have an STI or other pelvic infection in the past 3 months
- Have had a pelvic infection in the past three months following either childbirth or an abortion
- Have cervical or uterine cancer that hasn't been treated
- Have certain abnormalities of the uterus
- Have abnormal vaginal bleeding that has not been evaluated
- Have, or may have, an allergy to copper or Wilson's Disease

Tell your clinician if you have any of these risk factors or conditions or any other past or current medical problems or concerns. Your clinician will examine you and evaluate your risks — including your risk for STIs — and will help you decide if the IUD is right for you. Sometimes special tests or follow up may be needed.

Warning Signs — Call your health care provider right away if you:

- Notice any change in the length of the string or can feel part of the IUD
- Have pain or bleeding with intercourse
- Think you are pregnant
- Have been, or might have been, exposed to an STI
- Have unusual pelvic pain, cramping, or soreness in your abdomen
- Have unusual vaginal discharge
- Have unexplained fever or chills
- Have unusually heavy bleeding from the vagina

Regular physical examinations for routine health care and for STIs and cancer screening are strongly recommended.

Patient Signature: _____ Date: _____

Clinician Signature: _____ Date: _____