



**Patient Management: *Clinician Call Back System***

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content:	Frequently Asked Questions_ Intrauterine Devices (IUDs)

**Overview**

This document contains the most frequently asked questions by CHOICE participants regarding the hormonal and non-hormonal copper IUDs and provides an answer guide for staff. In this table, green represents questions which CHOICE receptionists were trained to answer, yellow represents questions which the CHOICE contraceptive counselors and staff nurse were trained to answer (in addition to the green questions), and red represents questions requiring a Clinician Call Back (CCB). The red level represents suggested responses and evidence based on the consensus of CHOICE clinicians. Refer to the [Clinician Call Back System Overview](#) for further information.

KEY: STAFF LEVEL OF KNOWLEDGE	
	Receptionists
	Contraceptive Counselors, Staff Nurse
	Advanced Practitioners

QUESTION	ANSWER
<i>How effective is an IUD at preventing pregnancy?</i>	Both IUDs are more than 99% effective at preventing pregnancy, which is just as effective as getting your tubes tied. However, both IUDs are reversible, so if you want to become pregnant you can have the device removed and your fertility will return.
<i>I just had my hormonal IUD placed. How long do I need to use condoms for back up protection?</i>	To protect yourself from pregnancy, you should use a back up method of birth control for 7 days after getting the hormonal IUD placed.
<i>I've never been pregnant before. Can I still get an IUD?</i>	Absolutely! Many women who have never been pregnant use IUDs. At the time of your visit, you and your clinician can decide if the IUD is a good method for you.
<i>Can I still use tampons with my IUD?</i>	Sure. We encourage women to wait for 24 hours after their IUD insertion to use tampons. This will allow some time for the strings to soften and make it less likely for the accidental removal of your IUD.
<i>Is it safe to stop having a period with the hormonal IUD?</i>	It is completely healthy and safe to stop having a period when using the hormonal IUD. The IUD makes the uterine lining very thin; thus there is nothing built up that needs to shed.
<i>Can I still use my diva or soft cup?</i>	Yes. Just make sure to break the seal before

	removing.
<b><i>How soon after the copper IUD is placed is it effective?</i></b>	The copper IUD is effective immediately once it is placed. That's why it can also be used as emergency contraception.
<b><i>It's been a month and I'm having heavy, crampy periods. Is there anything I can do?</i></b>	You can take over-the-counter ibuprofen (Advil or Motrin) or Naprosyn (Anaprox or Aleve) to help with the cramping. Feel free to give us a call back if that doesn't help.
<b><i>Will my partner feel the strings during sex?</i></b>	The strings usually get soft and lay next to your cervix so they shouldn't be a problem for you or your partner during sex. If they are uncomfortable for you or your partner, give us a call and we can schedule a string check appointment.
<b><i>I think my IUD came out. What should I do?</i></b>	We can schedule you for an appointment to check. Remember, you may not be protected from pregnancy right now, so be sure to use a back up method of birth control, such as condoms. Have you had sex in the past five days? Do you want to take emergency contraception?
<b><i>Why am I having all of this irregular bleeding?</i></b>	It can be normal to experience irregular bleeding with the IUDs, especially for the first few months. This usually subsides with the copper IUD. The hormonal IUD is releasing a small amount of the hormone progesterone that is thinning out the lining of your uterus. This is why it is perfectly normal to have irregular bleeding, and eventually lighter "periods" or no period at all.

QUESTION	ANSWER
<b><i>It's been four months and I'm still having periods that last 15 days. Is there anything I can do?</i></b>	When the bleeding starts, try taking 600mg of ibuprofen (Advil or Motrin) three times a day with food for the next 5-7 days. This can help cut down how long the bleeding lasts. It may take 3 days before you notice a decrease in bleeding.
<b><i>What if I get pregnant with my IUD?</i></b>	Pregnancy is rare with an IUD, but it can happen. If you think you may be pregnant or you have a positive urine pregnancy test, we should schedule an appointment for you to see a clinician as soon as possible.

<b><i>Will taking St. John's Wort change how effective my hormonal IUD is at preventing pregnancy?</i></b>	No, St. John's Wort does not affect the effectiveness of the hormonal IUD.
<b><i>What are some of the health benefits to using a hormonal IUD?</i></b>	Women who use the hormonal IUD may experience a dramatic decrease in menstrual bleeding. Twenty percent of women stop having a period altogether after the first year. Using a hormonal IUD can also decrease a woman's risk of endometrial cancer.
<b><i>My mom told me I shouldn't get an IUD because it can cause a bad infection.</i></b>	In the 1970s, there was an IUD called the Dalkon Shield. This IUD was found to cause infections because the material of the strings helped spread infections into a woman's uterus. The modern IUDs are safe and have a different design than the Dalkon Shield. They do not increase a woman's risk of infection unless she has chlamydia or gonorrhea <b><i>at the time of insertion</i></b> . That is why we test for gonorrhea and chlamydia at the time of insertion, and encourage you to use condoms for the first 21 days after insertion.
<b><i>Can an IUD hurt my partner?</i></b>	The IUD is in your uterus, not your vagina, so it shouldn't cause you or your partner any pain during sex. Your partner may feel the IUD strings, but these usually get much softer over time.
<b><i>How do I check for my strings?</i></b>	There are a few positions that make it easier to feel your strings. Try squatting in a catcher's position (like in baseball) or putting one foot up on a chair or stool. Insert 1 or 2 fingers into your vagina and feel towards the back your vagina for the strings. They feel like fishing line.
<b><i>I think I have a yeast infection. Can I still come in to have my IUD placed?</i></b>	Yes. The clinician can further evaluate the infection during your visit.

QUESTION	ANSWER	EVIDENCE BASE
<p><b><i>I keep getting bacteria infections with my IUD. What can I do?</i></b></p>	<p>Bacterial Vaginosis (BV) is caused by a change in the normal acid-base balance of the vagina. Things that can alter the balance include: 1) blood; 2) ejaculate; or 3) other bacteria. IUDs do not cause BV. However, the hormonal IUD can cause an increase in irregular bleeding which can increase BV occurrence. There are many things you can do to prevent BV but two of the most helpful tips are to avoid douching and to avoid using an antibacterial soap to cleanse the vagina. Risk Factors for BV include: African American ethnicity, Sexual Activity and cigarette smoking.</p> <p><i>[If a CHOICE patient was contemplating removal because of BV, an appt. would be offered. At that time, evaluation for the presence of BV would be done. If positive, then counseling on good vulvar skin care guidelines would be done. Handouts given: CDC BV and good vulvar skin care guidelines. Rx would be given.]</i></p>	<p>Some women report increased vaginal discharge with the IUD; this is usually normal leukorrhea and not a sign of infection.<sup>1</sup></p> <p>“Irregular bleeding and the presence of intermediate vaginal flora are strong predictors of the development of BV. Irregular bleeding is a common side effect of the hormonal IUD. There are several potential mechanisms by which irregular bleeding could increase the risk of BV acquisition. Blood has a neutral pH which raises the pH of the normally acidic vagina. Association between menses and BV recurrence has been described with an increase in anaerobic bacteria and a decrease in lactobacilli. In addition, lactobacilli agglutinate to red blood cells which may result in a decreased vaginal lactobacillus concentration in women with frequent or persistent uterine bleeding.”<sup>2</sup></p>
<p><b><i>I'm having a lot more acne with my IUD. Is this normal?</i></b></p>	<p>Each person reacts to hormones differently. Although it's not very common, some hormonal IUD users do report more acne. It is important to be on a good cleansing and moisturizing routine.</p>	<p>Acne with the hormonal IUD is due to the systemic effects of levonorgestrel. If a patient was previously using an estrogen-containing method, she may notice an increase in acne</p>

		<p>after switching to an IUD. This is due to estrogen helping to reduce androgen production. Estrogen use causes testosterone production to decrease and sex hormone binding globulin to increase which then further binds any free testosterone.<sup>3</sup></p>
<p><i>I've tried the ibuprofen regimen but I'm still having irregular bleeding. Is there anything else I can try?</i></p>	<p><i>[One therapy for irregular bleeding is not necessarily superior to another. A clinician must take into account the individual health history when recommending one treatment versus another, ie, contraindications to estrogen, history of gastric bypass, etc.]</i></p> <p>Common regimens are:  <b>Over the Counter:</b></p> <ul style="list-style-type: none"> <li>• Ibuprofen 600mg tablet tid x 5-7 days</li> <li>• Naproxen sodium 220mg tablet 2 tablets bid x 5-7 days</li> </ul> <p><b>Prescription:</b></p> <ul style="list-style-type: none"> <li>• Naproxen 500mg tablet 1 po bid x 5-7 days</li> <li>• Estrogen supplementation:</li> <li>• Conjugated estrogen 1.25mg 1 tablet po daily for 7-14 days</li> <li>• Micronized estradiol 2mg tablet po daily for 7-14 days</li> <li>• Transdermal estrogen patch 0.1mg for 7-14 days</li> <li>• Mefenamic acid 500mg tablet bid for 5-7 days</li> <li>• Tranexamic acid 500mg tablet bid for 5-7 days</li> <li>• Doxycycline 100mg tablet one po bid for 7 days</li> </ul> <p><i>[Once you prescribe the patient with a therapy, tell her: ]</i></p> <p>This will help stop the bleeding, however, there is no proven method to</p>	<p>It is not completely understood why progesterone only methods cause unscheduled bleeding. With the POPs, injection and implant, the inhibition of ovarian function results in a hypoestrogenic state, which inhibits endometrial proliferation and renders the endometrium less receptive to implantation. With the hormonal IUD, unscheduled bleeding is thought to be due to a relatively thick endometrium transitioning to a relatively thin endometrium. Then, the endometrium develops a dense network of small, thin-walled, dilated, superficial veins and capillaries, which are fragile and prone to focal bleeding. Irregular bleeding is an uncommon side effect with the copper IUD and usually does not occur after the first three months of use. NSAIDs and Doxycycline act as a prostaglandin synthetase inhibitor. Estrogen use can stabilize the uterine lining.<sup>4 5</sup></p>

	keep the bleeding from returning. It may stay away permanently, several months or return at the completion of the medication.	
<b><i>I'm having pain with sex.</i></b>	<i>Have her check her strings. If they do not feel normal or she cannot feel them, she should make a clinic appointment for further evaluation; counsel on use of backup contraception until her clinic appointment.</i>	
<b><i>The hormonal IUD is making me moody.</i></b>	Each person responds differently to hormones, but 5-10% of hormonal IUD users complain of increased moodiness. <sup>6</sup>	This is an effect of systemic levonorgesterel.
<b><i>The hormonal IUD is causing me to gain weight.</i></b>	Weight gain with the hormonal IUD is uncommon; it has been mentioned by less than 5% of users. <sup>7</sup> It may help to be aware of your food choices and to keep an exercise routine.	
<b><i>The hormonal IUD is causing ovarian cysts.</i></b>	A little over 10% of hormonal IUD users develop an ovarian cyst. Most will self resolve within a few months.  <i>[NSAIDs can be used for pain control, or COCs, the vaginal ring, or patch can be used to suppress ovarian function. If pain persists or worsens, further evaluation is necessary.]</i>	Use of the hormonal IUD does not necessarily stop ovulation. After ovulation, atresia of the follicle can be delayed and the follicle may continue to grow. Most will spontaneously regress in 2-3 months without intervention. <sup>8</sup>
<b><i>My IUD is causing headaches.</i></b>	Headaches are uncommon with IUDs, especially the copper IUD. During clinical trials, 5-10% of hormonal IUD users reported a headache/migraine.  <i>[Help the patient identify other triggers of headaches including: caffeine intake, vision changes requiring correction, blood pressure elevation, etc.]</i>	This is an effect of systemic levonorgesterel.

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<sup>1</sup> Dean, G., Goldberg, AB. Management of problems related to intrauterine contraception. In: UpToDate, Zieman, M(Ed), UpToDate, Waltham, MA, 2013.

<sup>2</sup> Madden, T, Grentzer, JM, Secura, GM, Allsworth, JE, Peipert, JF. Risk of Bacterial Vaginosis in Users of the Intrauterine Device: A Longitudinal Study. *Sexually Transmitted Diseases* 2012;39:217-222.

<sup>3</sup> Hatcher, RA, Trussell, J, Nelson, AL, Cates, Jr. W, Kowal, D, Policar, MS. *Contraceptive Technology*, (20<sup>th</sup> ed.). New York City (NY): Ardent Media, Inc.; 2011

<sup>4</sup> Hatcher, RA, Trussell, J, Nelson, AL, Cates, Jr. W, Kowal, D, Policar, MS. *Contraceptive Technology*, (20<sup>th</sup> ed.). New York City (NY): Ardent Media, Inc.; 2011

<sup>5</sup> Edelman, A, Kaneshiro, B. Management of unscheduled bleeding in women using contraception. In: UpToDate, Zieman, M(Ed) Waltham, MA, 2013.

<sup>6</sup> Bayer Health Care Pharmaceuticals. Mirena Package Insert. Wayne, NJ: Bayer Health Care Pharmaceuticals, Inc.: 2009

<sup>7</sup> Bayer Health Care Pharmaceuticals. Mirena Package Insert. Wayne, NJ: Bayer Health Care Pharmaceuticals, Inc.: 2009

<sup>8</sup> Bayer Health Care Pharmaceuticals. Mirena Package Insert. Wayne, NJ: Bayer Health Care Pharmaceuticals, Inc.: 2009