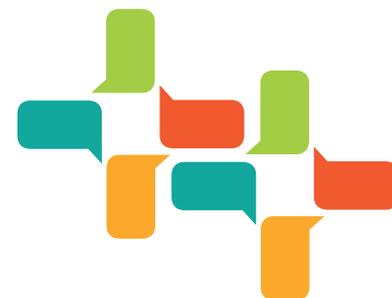


Fact Sheet

The copper IUD



What is a copper IUD?

A copper intrauterine device (IUD) is a small plastic device which has copper wire wrapped around its stem. There are two types of copper IUDs currently available in Australia, one which lasts up to five years and one which lasts up to ten years. The IUD is placed inside the uterus (womb) by a doctor, to prevent pregnancy. The IUD has a fine nylon string attached to it. When the IUD is in place, the string comes out through the cervix (the neck of the uterus) into the top end of the vagina. If you feel high up inside your vagina with your finger, you can check that the string is there and know the IUD is still in place. The string also makes it easy for a doctor to remove the IUD.



How does the copper IUD work?

The copper IUD affects the sperm and stops sperm from fertilising the egg and affects the transport of the egg in the fallopian tubes. It also changes the lining of the womb, making it less suitable for a pregnancy.

How effective is the copper IUD?

The copper IUD is at least 99% effective. This means that on average, if 100 women use a copper IUD for one year, one woman could become pregnant while using the IUD.

Who can use a copper IUD?

Most women who want a reliable, long-term contraceptive can use a copper IUD.

It is suitable for women who cannot, or prefer not to use a hormonal form of contraception.

Women who have completed their families, those who are spacing their pregnancies as well as women who have not had a pregnancy can all potentially use a copper IUD.

Women who are breastfeeding can use a copper IUD.

When you should not use a copper IUD

You should not use a copper IUD if:

- you could be pregnant
- you have a current pelvic infection - this is called pelvic inflammatory disease (PID)
- you have abnormal bleeding from your vagina that has not been diagnosed
- you are awaiting treatment for cervical cancer or cervical changes

Situations that require further consideration before choosing a copper IUD

If any of these things apply to you, it is best to talk them over with your doctor before deciding to use a copper IUD:

- you have painful or long-lasting periods
- you are anaemic (not enough iron in your blood)
- you have had a recent sexually transmitted infection
- you have a congenital heart or valve disease
- you have fibroids or other conditions that change the shape of your uterus or cervix, or your uterus is fairly large or small (the doctor will be able to tell you when you are examined)
- you have already had previous problems with an IUD (for instance the IUD has come out by itself)
- you are unable to have a follow-up check after insertion

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Benefits of using a copper IUD

- It is a very effective form of contraception
- It is long acting and can stay in place and protect against pregnancy for five years or ten years depending on which type you choose
- Although the initial cost of an IUD is more than for other methods it is relatively inexpensive over the five or ten years of use
- It does not contain hormones, which may be useful for women who cannot use hormones or those who prefer not to use a hormonal form of contraception
- It is immediately reversible so when it is removed you return to your usual level of fertility
- In some circumstances a copper IUD can be inserted up to five days after unprotected sex to prevent pregnancy occurring. It can be left in place to provide ongoing contraception or removed after a normal period

Possible problems with using a copper IUD

- If you haven't had children or if you have only had caesarean deliveries, the IUD may be more difficult to insert
- Your periods may be heavier, longer and sometimes more painful with a copper IUD
- There is a small chance of getting a pelvic infection (PID) at the time of the IUD insertion. It occurs in about one in every 500 insertions and usually happens in the first 3 weeks after insertion. PID may rarely lead to reduced fertility and problems falling pregnant in some women
- Very rarely an IUD can pass into the wall of the uterus, usually at the time of the insertion. It occurs in about one in every thousand insertions
- The IUD may be pushed out of the uterus into the vagina and can occasionally fall out, without you noticing. This is called 'expulsion' and happens in about five out of every 100 women with an IUD. It is most common in the few months after the insertion procedure and may occur with a heavy period
- Occasionally a woman becomes pregnant with an IUD in place. This happens in fewer than one in 100 women who have an IUD. The IUD is usually removed although this is associated with a small chance of miscarriage
- If you fall pregnant with an IUD in place there is a small risk that the pregnancy is outside the uterus in the fallopian tubes. This is called an ectopic pregnancy. This is an uncommon complication and less common than amongst women who are not using any contraception

How do you get a copper IUD?

You need to go to a specially trained doctor for an IUD. At a Family Planning clinic you are usually asked to make two visits. On the first visit the doctor will ask you questions about your general and reproductive health. You will need to have a vaginal/pelvic examination, and if necessary a Pap test and possibly a test for infections.

On the second visit you will have the IUD inserted. You may be given a local anaesthetic into the cervix before the IUD is inserted, but this is not always needed. Sometimes women are referred to have the IUD inserted under sedation, especially if they are very anxious or have not had a vaginal birth. Your doctor will explain the procedure to you. It takes about 10 minutes. Some women may find the experience a bit uncomfortable while others may find it somewhat painful. Some women can feel faint during or after the insertion and you will probably need to rest for a while before you leave the clinic.

You do not have to fast before the procedure, in fact it is a good idea to eat beforehand. You should allow about an hour to be at the clinic.

What to expect after an IUD insertion

You may have period-like cramps and bleeding or spotting in the first few days after the IUD is inserted. Taking paracetamol and holding a hot water bottle on your abdomen may help to relieve any discomfort. If cramps, spotting or pain last more than a few days, see your doctor. You should avoid vaginal sex, tampons, swimming and baths for two days to reduce the risk of infection. You will need to go back to the doctor for a check up four to six weeks after the IUD insertion. After that you will need a check up every two years with your regular Pap test.

How is the copper IUD taken out?

The IUD can stay in place for five to ten years depending on the type. If you want to get pregnant or you decide that you do not want to have the IUD for other reasons, it can be removed earlier. You need to go to a doctor or Family Planning clinic to have it taken out. The doctor uses a special instrument to remove the IUD by gently pulling on the string. This only takes a couple of minutes. Some women find it a little uncomfortable and some don't feel much at all.

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Family Planning WA 08 9227 6177 | Family Planning Welfare Association of NT 08 8948 0144

Sexual Health and Family Planning ACT 02 6247 3077 | SHine SA 08 8300 5300

Things to remember if you decide to use a copper IUD

- Learn to check the string each month after your period to make sure the IUD is still in the right place
- If you have any unusual symptoms including a discharge from your vagina, pain low in your abdomen or deep pain during intercourse, see your doctor straight away
- If your period is more than a week overdue, you have a change in your usual bleeding pattern or you are concerned that you could be pregnant, go to see your doctor or clinic for a pregnancy test
- If you, or your partner, ever have casual sex or if you have a new sexual partner, use a condom every time until you both have been checked for sexually transmissible infections (STIs)
- Keep a record of the date for replacement because an IUD should not stay in for longer than the recommended time

For more information

- Contact the Family Planning NSW Talkline on 1300 658 886 or go to www.fpnsw.org.au/talkline
- NRS (for deaf) 133 677
- Visit your nearest Family Planning clinic

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