

ADVICE AFTER HAVING INTRAUTERINE
CONTRACEPTION FITTED



NAME OF INTRAUTERINE CONTRACEPTION INSERTED: #

#

TYPE (Tick):

- COPPER INTRAUTERINE DEVICE (CU-IUD)
 LEVONORGESTREL INTRAUTERINE SYSTEM (LNG-IUS)

DATE OF INSERTION:

#

CHANGE/REMOVE BY:

#

Q. How quickly should intrauterine contraception work?

A. The copper IUD (Cu-IUD) works straight away as contraception. Levonorgestrel intrauterine system (LNG-IUS) can take up to 7 days to work as contraception, depending on when fitted. The healthcare professional fitting the device will confirm this. It takes longer to have an effect on period problems.

Q. What should I expect after insertion of intrauterine contraception?

A. It is normal to have stomach cramps and bleeding during and after insertion of intrauterine contraception. This can feel like bad period pains which should get better after a few days, sometimes longer. The pain should gradually decrease but may worsen again when you have a period. A hot water bottle or taking ibuprofen and/or paracetamol can be helpful. The 'strings' or 'threads' of the intrauterine contraception are trimmed to leave approximately 3cm of thread in the vagina. We recommend that you check the threads soon after insertion and then regularly about once a month, or after any heavy bleeding. Wash your hands and either lying down or in a squatting position reach into the vagina with one finger and feel the threads coming through the neck of the womb (cervix). If you are unable to check your own threads you can arrange a check-up 4 to 6 weeks after insertion. If the threads cause your partner discomfort during sex you can ask for them to be cut shorter. The upper part of the device does not normally cause any discomfort to you or your partner during sex.

Q. Is there anything I need to avoid doing?

A. If you use tampons or a moon cup they should be removed carefully as there is a small risk of accidentally pulling out the intrauterine device. Moon cups and vibrating gym plates shouldn't be used in the first few weeks after intrauterine contraception insertion. Intrauterine contraception does not prevent you from having an airport body scan and you will be able to have most types of medical scan. It is important to mention you have intrauterine contraception if you have any radiological scans including magnetic resonance imaging (MRI).

Q. What bleeding and side effects can I expect?

A. Cu-IUD

The first 2 or 3 periods tend to be longer, heavier and more crampy than before, and then often improves, although they may be a bit heavier than before. Many get brown staining before their period starts. Occasionally you may also get brief cramps or twinges of pain between periods. This is **not** a sign that there is anything wrong.

LNG-IUS

Your bleeding pattern is often irregular in the first 3-6 months. Daily spotting, bleeding or a brownish discharge is quite usual. This does not reduce your contraception. The bleeding usually settles to a light, regular period, occasional spotting, or no bleeding at all. Any of these bleeding patterns is

possible with the all types of IUS. Regular periods are more common in women using a Jaydess®. Women using the Mirena® or Levosert® tend to have less bleeding than women using the Kyleena® or Jaydess®.

Some women with LNG-IUS get dull cramps in between periods. This is nothing to be concerned about unless they are severe or prolonged.

It is common to experience breast discomfort and your skin may be more oily or prone to spots in the first few weeks after insertion of LNG-IUS.

These side effects are similar for all types of LNG-IUS.

Q. Can it move or fall out?

A. Intrauterine contraception can move from the correct position. If this happens you may notice pain, absence or lengthening of the threads, or a change in your bleeding pattern.

It is unusual for it to fall out without you noticing but this can happen, especially if you have had heavy bleeding.

If it moves or falls out you will not be protected against pregnancy. You may also be at risk of pregnancy from any sex in the previous 7 days. **It is important to use condoms or avoid sex** until the position has been checked. If you have concerns about movement or pregnancy see the advice below on seeking help.

Q. What if I change my mind or want to have a baby?

A. Intrauterine contraception can be removed by a nurse or doctor in a contraception clinic or some GP practices. The removal is usually easy. Unless you are hoping to become pregnant it is important to use another form of contraception in the 7 days leading up to the removal, as sex during this week could lead to pregnancy. Your usual level of fertility will return very quickly after it is removed.

Q. What should I do if I get unusual pain, bleeding or other symptoms?

A. If you start getting pain, a change in your bleeding pattern or other unusual symptoms you should do a pregnancy test. Intrauterine contraception very effective (over 99%) but occasionally a pregnancy can develop either in the womb or outside the womb (ectopic pregnancy). An ectopic pregnancy is potentially very dangerous. If you are pregnant you will need urgent tests to check the location of the pregnancy and device. Follow the advice below or call NHS 24 on 111 for out-of-hours advice.

Q. When to seek advice:

A. Contact your local sexual health clinic (see end of leaflet for contact details) or your GP if you experience any of the following

- Positive pregnancy test (see advice above)
- Pain or bleeding on sexual intercourse
- Lower abdominal discomfort
- A deterioration in your bleeding pattern
- A change in your vaginal discharge
- Fever or generally feeling unwell
- Lengthening or absence of your threads
- Feeling the device
- Your partner feeling discomfort during sexual intercourse

If you have any concerns about any of the information given in this leaflet please contact us or your GP for advice.

For more information please contact: