

## **IUD's are Making a Comeback**

IUD's fell into disfavor in the 1970's when the Dalkon Shield (a common IUD at that time) was linked to an increase risk of Pelvic inflammatory disease (PID) and found a high incidence of uterine perforation. IUD use fell to almost zero.

They are now making a comeback with about 10% of fertile women using 1 of the 3 available IUD's for contraception. This is low when compared to other countries/continents (Asia) of 25%-30% of fertile women using IUD's

The IUD's in that era used braided strings which acted like a wick that allowed bacteria to ascend into the uterus and fallopian tubes. Also at that time, there was no test to detect asymptomatic Chlamydia infections. Because of this there was an increased risk of severe pelvic infections (PID) which lead to an increased in infertility with blocked tubes and pelvic abscess.

The IUD's available in the US ( ParaGard, copper secreting IUD) that is effective for 10 years and the 2 progesterone secreting IUD's. Mirena is effective for 5 years, while, Skyla (a smaller/easier to insert IUD) is good for 3 years. All have monofilament strings that are not associated with increase in infection.

Slowly the negative publicity and misinformation about the risks of ectopic pregnancy and infertility are being dispelled.

Actively informing patients about the other benefits with IUD use has increased acceptance. All three IUD's provide long acting contraception ( 3-10 yrs). And when you spread the cost over that duration of time, are very cost effective.

There is minimal discomfort with insertion even more so now with the Skyla which is used on women who have not had children. The progesterone secreting IUD's (Mirena & Skyla) also have the added benefit of making periods (menses) lighter and shorter. Almost half of the patients will not have a period after 6 months of use.

IUD's work primarily by preventing fertilization and do not act as abortifacients (defined as interruption of an implanted pregnancy). The IUD's set up a sterile inflammatory response which is toxic to sperm & Ovum (eggs) and impair implantation.

The inflammation leads to inhibition of sperm motility and reduced sperm survival.

We now know that using IUD's decrease the risk of Ectopic (tubal pregnancy) when compared to using no contraception.

The progesterone in Mirena & Skyla thickens the cervical mucus which creates a barrier to sperm entrance into the uterus. The progesterone can also inhibit ovulation and make the endometrial lining thin thus decreasing implantation.

IUD's are very effective with a failure rate of less than 1 per 100 women years. Women should check each month to make sure the strings are in place and make sure there has not been spontaneous expulsion of the IUD.

**Possible complications with the IUD insertion and use include:**

1. Spontaneous expulsion may happen in as many as 3-6% of women. It is imperative to check the strings once per month to make sure the IUD is in place.
2. Uterine perforation occurs in 1/1000 insertions and may not be known immediately. Most physicians have the patients return in 4-6 weeks after placement to ensure the IUD is in place.
3. Strings not visible or palpable. Sometimes, the strings curl or retract into the cervix or the uterine cavity making it impossible to feel or see. An Ultrasound is performed to make sure the IUD is in place.
4. Partner can feel the strings. Strings should be cut at 3-4 cm from Cervix. If cut too short the male may experience irritation or discomfort with intercourse.
5. Altered Menses – ParaGard – 50% of women using the copper IUD will complain of heavier or more painful periods (menses). (Discontinued rates are low (.1-2%).

Mirena & Skyla -the first 2-6 months, some women may have irregular bleeding but after this, most women will have lighter, scanty periods and about 50% won't have periods ( This is not a side effect, but a benefit). Mirena is FDA approved for treating heavy menses.

6. PID is not increased over non-IUD users except in the first month after insertion. This occurs in 1-10/1000 insertions. The progesterone secreting IUD's are protective against PID by making the cervical mucus thick making it less impermeable to bacteria.
7. Some women complain of increased Vaginal discharge
8. Hormonal side effects with the progesterone secreting IUD's: some women complain of nausea, headache, mood changes, breast tenderness and increase acne. As many as 10-12% of women will discontinue their use before the 3-5 years because of one of these side effects.

**IUD's are a great option for any age group and certainly for any women where compliance is an issue (more commonly in adolescence)**

They are extremely effective; less than 1 in 100 women get pregnant each year. The patient doesn't have to remember to take a pill every day. Side effects are minimal. IUD's do not contain estrogen (some women may have contraindications to estrogen). The IUD's are easily reversible removing them in the office, with no pain.

The progesterone secreting IUD's are excellent choices for women having heavy menses.

In summary, IUD's are a safe, effective, low cost, long acting contraception that require little or no effort after insertion (monthly string check).