

Intrauterine Device (IUD)

Questions and Answers

This handout answers questions you may have after getting an intrauterine device (IUD) placed.

Will I have pain after the IUD is placed?

You may have cramps after your intrauterine device (IUD) is placed. This is common. Try using heating pads or taking acetaminophen (Tylenol®), aspirin or ibuprofen (Advil®). If cramping becomes too painful, please call the clinic.

Will I bleed/spot after the IUD is placed?

Bleeding/spotting is normal for the first few months after an IUD is placed. Some people have bleeding/spotting for up to 6 months. Call the clinic if your bleeding is enough to soak through a pad or tampon every hour for more than 2 to 3 hours in the weeks after your IUD is placed.

Will my periods be regular?

This depends on the type of IUD you have. Your period will likely be shorter and lighter with the Kyleena® IUD and even more so with the Mirena®. Within the first 1 to 2 years:

- About 40% of women stop having periods altogether with the Mirena
- About 12% stop having periods with the Kyleena.

Your period *may* be heavier and longer with the Paragard IUD, but usually they stay like they were before the IUD was placed.

Does the IUD protect against sexually transmitted infections?

No. An IUD **does not** protect against sexually transmitted infections including HIV, warts (HPV), gonorrhea, chlamydia, or herpes. Use condoms to decrease the risk of sexually transmitted infections. If you think you have been exposed to a sexually transmitted infection, please call the clinic.

When is the IUD effective as birth control?

The Paragard is effective immediately. The Kyleena and Mirena are effective immediately **only** if they were placed within 7 days after the start of your period. If they were placed at any other time during **your menstrual cycle, use another method of birth control, such as condoms, for the next 7 days.**

Can the IUD come out of place?

Yes. If it does, it is most likely to happen in the first few months of being placed. If you think the IUD may have moved out of your uterus, you can either call the clinic and ask to come in for a pelvic exam or you can feel for the IUD strings.

To check for strings:

- Wash your hands.
- Sit or squat down.
- Place one finger into your vagina until you feel your cervix. It will feel hard and rubbery, like the end of your nose. The string ends should be coming through your cervix. Do not pull on the strings. Your IUD may be out of place if:
 - The strings feel much longer than before
 - You feel the hard, plastic part of the IUD
 - You cannot feel the strings at all

If your IUD feels out of place, call the clinic and consider using a back-up form of birth control until you are seen.

When should I come back for a follow-up appointment?

You should return for a routine gynecology visit in 1 year, unless your provider planned or recommended an earlier follow-up appointment. Please call the clinic if you don't know when you need to be seen again.

When does the IUD need to be replaced?

Your IUD should only be removed/replaced by a healthcare provider. The timing for removal/replacement for each IUD is:

- Kyleena: After 5 years
- Mirena: After 5-7 years
- Paragard: After 10-12 years

When should I call the clinic?

Pregnancy is unlikely after IUD placement, but it can happen. If you have early pregnancy symptoms like nausea and vomiting, breast tenderness, frequent urination, or abdominal pain, you may take a pregnancy test. Please call the clinic if you have any concerns or if your pregnancy test is positive.

Call the clinic if you experience any of the following warning signs:

- Severe abdominal pain or cramping
- Unusual bleeding that does not improve after the first few months of IUD placement
- Heavy vaginal bleeding soaking through more than one pad or one tampon per hour and for more than 2-3 hours
- Fever or chills
- Foul smelling vaginal discharge
- Painful intercourse
- Positive pregnancy test

Questions?

Your questions are important. Please call your care team if you have questions or concerns.

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