



NATIONWIDE CHILDREN'S
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Helping Hand™

Health Education for Patients and Families

Hormonal Intrauterine Device (IUD) Insertion

An intrauterine device (in tra U ter in de vice), or IUD, is a small T-shaped type of birth control. It is inserted through the vagina and cervix into the uterus. Most IUDs are inserted in your health provider's office. Rarely, IUD insertions are done in a procedure room or operating room. This is for use of sedation during the IUD insertion. The IUD is placed in your uterus by your provider to prevent pregnancy or lessen menstrual symptoms such as heavy bleeding or pain.

Preparation at home

Before you come to the office for your IUD insertion, consider taking an over-the-counter pain medicine such as Tylenol® or Motrin®.

She should take a shower or bath as usual before coming in for her insertion.

Insertion of the IUD

Insertion of an IUD takes only about 5 to 10 minutes. Just like having a gynecological exam, you will lie on your back with your feet on foot rests. A sheet will drape over your body.

- The health care provider will first do a pelvic exam to measure the size, shape, and position of the uterus and ovaries.
- Your provider will then use a device called a speculum that holds the vagina open.
- Next, an antiseptic solution will be used to gently clean the vagina and cervix.
- The IUD will be inserted through the opening of the cervix into the uterus. You will likely feel some cramping when the IUD is inserted.

IUDs are about 1¼ inches long. Each IUD has strings attached to the end, so you and your provider can check to make sure the IUD is in place. The strings also makes it easier for the provider to remove the IUD when it is time to take it out.

When the device is in place, your provider will cut the strings at the end of the IUD. They will be short enough to not bother her or a partner, but long enough so you can check to make sure that the IUD is in place.

It is OK to schedule the insertion of the IUD at the time of your period. If you are sexually active, the IUD should be inserted during your period, or when you have not had intercourse for 2 weeks before the IUD insertion.

What to do and watch for at home

Your child may have cramping or pain, bleeding, and dizziness during and right after the IUD is placed.

In the first 3 to 6 months

- Your period may be irregular
- Your period may be heavier at first and the number of bleeding days may increase
- You may have frequent spotting or light bleeding
- A few females may find that their periods are heavier than normal. Call your healthcare provider if your period continues to be heavier than usual.

After your body has adjusted to the IUD

- Your period may be shorter and lighter than before
- Your period may remain irregular
- Your period may stop altogether

Continued care

If the IUD was inserted while you were sedated, your provider may order an ultrasound to look at the position of the IUD in the uterus.

You should check for the IUD strings inside the vagina:

- at a regularly scheduled time, like the end of each monthly menstrual period
- any time you feel unusual cramping during a period.

You can do this by inserting a clean finger into your vagina all the way to your cervix. Your health care provider will explain how to check for the strings and

may show you what the IUD strings look like. The IUD strings feel like lightweight plastic thread or a fishing line. They should hang about 2 inches down from the cervix into the vagina.

The threads attached to the IUD are the only part one should feel when the IUD is in the uterus. If you cannot feel the strings or if you feel the IUD itself, it may not be in the correct place. If you ever think the IUD is not in the correct place, you should call your health care provider and you need to use a backup method of non-hormonal birth control (like a condom) if you have sexual intercourse.

You will need to follow up with the provider about 6 to 8 weeks after the insertion to check the position of the device. After this exam, you should get regular gynecologic checkups every year.

Risk factors:

There is a slightly increased risk of infection, called pelvic inflammatory disease (PID), during the first 20 days after the IUD is inserted. After that, the risk for PID is very low. Very rarely, a small hole can be made in the uterus when the IUD is inserted (this is called a “perforation”). There is also a small risk of IUD expulsion (the uterus cramping the IUD out).

Activity and diet

You may have your usual foods and go about your usual activities.

When to call the health care provider

Call your health care provider if one or more of the following occurs:

- You have abdominal pain that is not relieved with over-the-counter medicine or a heating pad. The pain may or may not come with bleeding or a discharge.
- You can see or feel that your IUD is out of place.
- You cannot feel the string attached to the IUD.
- You are concerned about a possible pregnancy.
- Your period continues to be heavier than usual.
- There is pain or vaginal bleeding if you have sexual intercourse.