

Hormonal (Levonorgestrel) Intrauterine Devices (IUDs)

Notes:

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

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Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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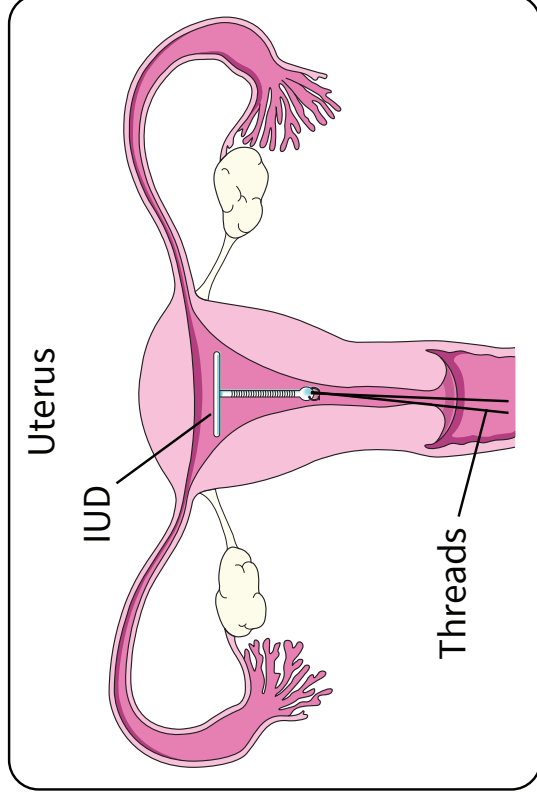
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Hormonal IUDs

What is a hormonal IUD?

- A hormonal IUD is a small device made of flexible plastic with a hormone called levonorgestrel. It is placed inside your uterus by your primary health care provider (family doctor or nurse practitioner) to prevent pregnancy.



How does a hormonal IUD work?

- The hormone changes the lining of your uterus and stops sperm from reaching the egg.

How well does a hormonal IUD work?

- A hormonal IUD is more than 99% effective in preventing pregnancy over 5 years.

- If your primary health care provider sees that the IUD has moved outside of your uterus, they will arrange to safely remove the IUD. This is very rare.

Periods

- Your next period after the IUD is put in may be the same as usual, lighter, or not come at all. For some people, their periods become very light right away, and for others it may take a few months.
- **Remember:** it is normal to have no periods at all while your hormonal IUD is in place.
- Each person's body responds differently to an IUD. If you have questions or concerns, talk to your primary health care provider.

Taking out your IUD

- Any primary health care provider who does Pap tests can take out an IUD. This can be done very quickly if the strings are at your cervix.
- An IUD can be taken out at any time. You will be able to get pregnant quickly, often within 30 days (1 month) after the IUD is taken out.

For more information on sexual and reproductive health, visit:

> www.sexandu.ca

- **Call your primary health care provider if you have any of the following symptoms:**
 - › Pain in your lower abdomen (stomach area) that is getting worse
 - › Discharge from your vagina that smells bad
 - › Fever (temperature above 38 °C or 100.4 °F)

Lost strings

- If your primary health care provider cannot see the IUD strings in your cervix at your first check-up, or at any future check-up, it could mean the IUD is still in your uterus, but the strings have gone into your uterus too.
- Your primary health care provider will order an ultrasound to look for the IUD. **Use condoms until the IUD is found.**
- **If the IUD is in the correct place**, you do not need to do anything. This means it is working. When it is time for the IUD to be taken out, you may be referred to a gynecologist (a doctor that specializes in the female reproductive system).
- **If your primary health care provider cannot see the IUD**, it has likely been pushed out of your uterus. Your primary health care provider can remove it and put in another IUD.

Pros of a hormonal IUD:

- A hormonal IUD works for 8 years.
- There are no pills or patches to remember.
- It is cheaper than some other methods of birth control.
- Depending on the type of IUD you choose, your period flow may be lighter or stop.
- You will save money on menstrual products (like tampons, pads).
- It is easily put in or taken out by your primary health care provider in a few minutes.
- An IUD cannot be felt during sex.
- It is a safe birth control method for people who:
 - › smoke and are 35 years old or older.
 - › cannot take birth control pills.

Cons of a hormonal IUD:

- You will have pain (cramping) when the IUD is put in.
- Depending on the type of IUD you choose, you may have irregular periods and/or light spotting, or no bleeding at all.

What will happen when the IUD is put in?

- You may take 400 to 600 mg of ibuprofen (Advil®, Motrin®) about 1 hour before your appointment. This helps with any discomfort.

- **You cannot get an IUD if you are pregnant.** You must have a pregnancy test before the IUD is put in.
- You may have a swab for STIs before, or at the same time as, the IUD is put in.
- Your primary health care provider will put a device called a speculum in your vagina so they can see your cervix (opening to the uterus).
- They will place an instrument in your cervix to measure the size of your uterus.
- They will place the IUD in your uterus.
- You may have a light spotting of blood and cramping for a few hours after the IUD is put in.

What will happen after the IUD is put in?

- You may have cramping for a few hours or days.
- You may have spotting on and off for a few days.
- **Important: Do not put anything in your vagina for the first 24 hours (1 day) after your IUD is put in.** This includes tampons, menstrual cups, vaginal creams, fingers, or a penis.
- **Do not have sex for the first 24 hours after your IUD is put in.**

- Keep using the same birth control method you were using before for 7 days after your IUD is put in.
- Book a follow-up appointment with your primary health care provider 6 to 8 weeks after your IUD is put in to make sure it is in the right place (see next section).

Movement or loss of IUD

- Your IUD may move out of place in the first weeks after it is put in. You may not feel it move. **Book an appointment with your primary health care provider (or where you had your IUD inserted) if you:**
 - > have new, unusual cramps.
 - > feel a tiny, hard end (the bottom of the IUD) in your cervix.
- **While you are waiting for this appointment, use condoms.**

Note: We no longer recommend that you try to feel for the strings on your IUD, but if you can feel them, the IUD has **not** been lost.

Infections

- It is very rare to have an infection after an IUD is put in. **If you do have an infection, it must be treated right away.**