

HEALTH MATTERS

Birth Control: Dispelling Common Myths About Intrauterine Contraception

There are many types of birth control. Learning about all the options can help you choose the one that's best for you.

This fact sheet is about a method called intrauterine contraception (IUC). If you think IUC might fit your needs, talk about it with your health care provider.

What Is Intrauterine Contraception?

Intrauterine means "inside the uterus." With IUC, a health care provider places a tiny plastic device in the uterus (womb). Those devices are shaped like the letter "T." They have short, thin strings that hang down a little from the cervix (opening to the uterus). You can't feel the device, and the strings stay inside your body. Partners typically can't feel the strings during sex.

Three types of intrauterine contraception are available in the United States:

- One contains copper (ParaGard®). It has no hormones.
- The other two contain a hormone called levonorgestrel (Mirena® and Skyla™). Levonorgestrel is a progestin—a hormone that is in many birth control pills.

ParaGard is effective for at least 10 years. Mirena is effective for at least 5 years. Skyla is effective for at least 3 years.

Reading about intrauterine contraception can be confusing. ParaGard is referred to as an intrauterine device (IUD). Mirena and Skyla are referred to as an intrauterine system (IUS). The terms IUD and IUS mean the same thing.

Why Do Myths About Intrauterine Contraception Exist?

Today's IUC types are not the same ones women used 25 years ago. Some IUDs used in the past caused problems, and they were taken off the market. Some people confuse old IUDs with the newer methods.

Today's Intrauterine Contraception Methods

- IUC methods now are very safe.
- IUC works better than most other types of birth control. It's as effective as having your tubes tied: 99 out of 100 women will not get pregnant when they use IUC.
- Having an IUC is simple. Self-checking the strings at the time of each menstrual period is the only thing to do and this is very simple.
- IUC lasts a long time—at least 3, 5, or 10 years, depending on the type.
- IUC can be reversed quickly and easily, if you decide you want to become pregnant. Soon after it's removed, your fertility returns to normal and you can get pregnant.

- IUC can be used by women who have had a child and by those who haven't.
- IUC is considered a very good type of birth control by the World Health Organization (WHO) and American Medical Association because it is safe, effective, and reversible.

Some Myths and Facts About IUC

- *Myth: Women who haven't had children can't use IUC.*

Fact: IUC is fine for women who haven't had children.

The benefits of IUC are greater than any of the risks for women who haven't had children.

- *Myth: IUC causes infertility.*

Fact: IUC does NOT cause infertility and does not hurt your chances of getting pregnant in the future.

There was a concern in the past that IUC caused the spread of sexually transmitted infections (STIs). If STIs aren't treated, they can scar the fallopian tubes and prevent women from getting pregnant. (Fallopian tubes connect the uterus to the ovaries. Sperm travel through them to fertilize an egg.) Research shows that today's IUC does not cause STIs and does not lead to infertility. Women who use IUC should see a health care provider if they have a new or unusual discharge or pain in their pelvis.

- *Myth: IUC works by causing an abortion.*

Fact: IUC does not cause abortion.

IUC prevents pregnancy. ParaGard, Mirena, and Skyla work by keeping a woman's egg and a man's sperm from meeting. With ParaGard, copper repels sperm, so they don't have a chance to fertilize an egg. The hormone in Mirena and Skyla thickens the mucus in the cervix, and that keeps sperm from reaching the uterus.

- *Myth: IUC often causes women to have ectopic pregnancies.*

Fact: IUC does not increase the risk of ectopic pregnancy.

In a normal pregnancy, a fertilized egg moves from the ovary through a fallopian tube and into the uterus. It then sticks to the lining of the uterus and grows there. An ectopic pregnancy happens when a fertilized egg stops and grows somewhere outside the uterus, like the fallopian tubes. Ectopic pregnancies can be very dangerous. IUC does not increase the risk of ectopic pregnancy.

- *Myth: A woman who has had an ectopic pregnancy shouldn't use IUC.*

Fact: Women who've had an ectopic pregnancy can use IUC.

IUC does not increase the risk of ectopic pregnancy, whether a woman has had an ectopic pregnancy before or not.

- *Myth: A woman who uses IUC and develops an STI or pelvic inflammatory disease (PID) should have the IUC removed immediately.*

Fact: Women who use IUC and develop an STI or PID rarely need to have the device removed. When a woman develops an STI or PID, she should be treated with antibiotics right away. She can keep the IUC in place if her symptoms get better after 72 hours (3 days). If the symptoms don't get better in that time, the IUC should be taken out.

References

Association of Reproductive Health Professionals. A Woman's Guide to Understanding IUDs.

Centers for Disease Control and Prevention. United States Medical Eligibility Criteria for Contraceptive Use, 2010. Source: MMWR. 2010;59(RR04):1-85. Accessed March 22, 2013 from: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5904a1.htm?s_cid=rr5904a1_e

Dueñas JL, Albert A, Carrasco F. Intrauterine contraception in nulligravid vs. parous women. *Contraception*. 1996;53:23-4.

Feminist Women's Health Center. Intra Uterine Devices.

Forrest JD. U.S. women's perceptions of and attitudes about the IUD. *Obstet Gynecol Surv*. 1996;51(12 Suppl):S30-4.

Hubacher D, Lara-Ricalde R, Taylor D. Use of copper intrauterine devices and the risk of tubal infertility among nulligravid women. *NEJM*. 2001;345:561-7.

Lippes J. Pelvic actinomycosis: a review and preliminary look at prevalence. *Am J Obstet Gynecol*. 1999;180(2 Pt 1):265-9.

Otero-Flores JB, Guerrero-Carreno FJ, Vazquez-Estrada LA. A comparative randomized study of three different IUDs in nulliparous Mexican women. *Contraception*. 2003;67(4):273-6.

Penney G, Brechin S, de Souza A, et al; Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit. Penney Guidance. The copper intrauterine device as long-term contraception. *J Fam Plann Reprod Health Care*. 2004;30(1):29-41.

Planned Parenthood. A History of Birth Control Methods. www.plannedparenthood.org/resources/research-papers/bc-history-6547.htm

Stanwood NL, Garrett JM, Konrad TR. Obstetrician-gynecologists and the intrauterine device: a survey of attitudes and practice. *Obstet Gynecol*. 2002;99:275-80.

World Health Organization. Medical Eligibility Criteria for Contraceptive Use. 4th ed. Geneva: WHO, 2010.