

Information for informed consent for Insertion of a Mirena IUD

What is an IUD (Intrauterine Device)?

An intrauterine device (IUD) is a plastic device that is placed into your uterus to prevent pregnancy. The Mirena IUD may also help women who have heavy or long periods by making them lighter or shorter. The Mirena IUD contains a small amount of a hormone called progesterone, which acts to thin the lining of the uterus. The lining of the uterus is what sheds each month during a woman's menstrual cycle. The Mirena IUD is very effective at preventing pregnancy. Less than one percent of women using the Mirena IUD will become pregnant. Many women using the Mirena IUD will also have significantly lighter periods. Most of those women will experience between a 50 to 90 percent reduction in their monthly flow.

How does the Mirena IUD work?

The Mirena IUD slowly releases a hormone called "levonogestrel" (a progesterone hormone) that causes the lining of the uterus to become thinner. It also causes the mucus in the cervix (the opening to the uterus) to become thicker. As a birth control method, the Mirena IUD works mainly by preventing the sperm from fertilizing the egg, which normally takes place in the fallopian tube. It is important to know that while the Mirena IUD works to prevent pregnancy, it does not prevent the transmission of sexually transmitted diseases (STDs). This device can be left in place for up to 5 years.

What are my other choices for treatment?

There are many forms of birth control and many ways to improve a woman's menstrual flow. Your choices for pregnancy prevention include:

- Barrier methods such as condoms and diaphragms.
- Hormonal options such as the pill, patches, vaginal ring, and injectable or implantable contraceptives.
- Inserting an IUD without hormones.
- Permanent sterilization such as having your tubes tied (a tubal ligation) or Mirena device for yourself, or a vasectomy for your partner.

Your choices to reduce your menstrual flow include:

- Hormonal cycle control
- Destroying the lining of the uterus
- Removing the uterus

There are advantages, disadvantages, and potential risks for each option. Your clinician can help you choose which one may be best for you.

What are the benefits of the Mirena IUD?

The benefits of the Mirena IUD include:

- It is a highly effective method of birth control.
- It is a convenient way to prevent pregnancy because it lasts for 5 years. During that time you do not need to remember to take anything to have effective birth control.
- Lighter periods. In most women, the menstrual blood flow will decrease by 50 to 90 percent.

What are the risks of the Mirena IUD?

Like any procedure there are some risks involved with the placement of the Mirena IUD. The following occur rarely:

- Your cervix or uterus may become infected. In rare cases, medication or another procedure could be needed to treat an infection. If this happens, the IUD would have to be removed.
- While placing the IUD, it can unintentionally be pushed through the top of the uterus and end up inside the belly. This could require an additional surgery to remove.
- No birth control is 100 percent effective. If you were to become pregnant while using the Mirena IUD, the pregnancy is more likely to occur in the fallopian tube. This would mean you would have to end your pregnancy. It might also mean that you would need surgery to remove your fallopian tube, possibly reducing your chances of getting pregnant again.
- If a pregnancy were to occur in your uterus, there is a higher risk of miscarriage.
- You could expel the IUD from your uterus. In that case, your body squeezes the Mirena IUD out of the uterus. This can cause cramping and irregular bleeding. It also significantly increases your chances of getting pregnant.

Who can use a Mirena IUD?

The best candidates for a Mirena IUD are women who have a normally shaped uterus and who are at low risk for getting a sexually transmitted disease (for instance, they are in a committed relationship with one partner). Women who have never been pregnant or given birth can use this device, however there is a greater chance that the IUD will cause discomfort during the menstrual cycle. There is also a greater chance of a woman expelling the IUD, making it ineffective, and possibly leading to unplanned pregnancy.

Who should NOT get a Mirena IUD?

- Women whose uteruses have a very abnormal shape.
- Women with an active pelvic infection.
- Women who may already be pregnant.
- Women who currently have breast cancer.
- Women with abnormal bleeding that have not been evaluated by a health care professional.

How is the Mirena IUD placed in my uterus?

The insertion of the Mirena IUD is a simple office procedure. Your clinician will want to make sure that you are not pregnant. It is important that you continue to use birth control before you have your appointment for the IUD insertion. Also, it is very important to tell your clinician if you have:

- A bleeding disorder
- Allergies to local anesthesia, latex, antibiotics or iodine
- A vaginal infection
- An active herpes virus infection
- Pelvic inflammatory disease (PID)

You may want to take Motrin or Advil before you come to your appointment for the IUD insertion to help prevent any discomfort. Your clinician will do a pelvic exam to feel your uterus and will insert a speculum in your vagina just like when you have a Pap test. An instrument is placed on the cervix to hold it in place (this usually pinches for a minute) and the length of the uterus is measured by placing a thin measuring rod through the cervix to the top of the uterus. Most women have cramping during this part of the procedure but it is usually mild and passes quickly.

Your clinician will place the IUD inside the uterus through a small plastic straw. The IUD has strings at the end of it which you will be able to feel at your cervix (the opening to your uterus). These strings are trimmed after it is inserted. You can check to feel that the IUD is in the right place by feeling these strings before you have intercourse or at least once each month.

What happens after the insertion is over?

Most women have little or no pain immediately after the procedure. It is common to have cramps in your lower belly for several days after the procedure. (It is OK to use Tylenol, Motrin, or Advil for pain relief.) You can resume normal activity after your IUD has been inserted.

Follow up after the Mirena insertion

- Your clinician may want to see you in about 4 weeks to recheck the IUD.
- It is important to check the strings regularly. To do this, you must insert a finger into your vagina and feel around for the string. You can do this at any time, but doing it right after your menstrual period is easy to remember. If you do not feel the string or if you feel the IUD, call your clinician. The IUD may have slipped out of place. Use another form of birth control until your IUD is checked.
- If you become pregnant while you have a Mirena IUD, it is important to let your clinician know right a way.

Common Side Effects of Mirena:

To help prevent unnecessary worry or visits, it is helpful to know some of the common side effects of the Mirena IUD.

- Frequent irregular bleeding and bleeding between your normal cycle: Because the Mirena IUD thins the lining of the uterus, many women will experience irregular bleeding that can occur throughout the first 3 months after insertion. This typically resolves itself within 3-6 months after insertion.
- No period: Some women will stop having periods all together. This is a common effect of the Mirena. If you have any symptoms of pregnancy you should do a home pregnancy test and inform your provider.
- Cramping: It is common for women to have increased menstrual cramping, especially in the first couple of months after inserting the IUD.
- Hormonal Side effects: Acne, nausea, weight gain, breast tenderness and mood change have all been reported as side effects of the Mirena IUD.

Call our advice center right away if you have any of these symptoms:

- Vaginal bleeding greater than 1 pad per hour for more than 3 hours
- Vaginal bleeding for more than 3 weeks
- Pain that is not controlled with Tylenol, Advil, or the prescription pain medication that might have been given after the procedure
- A temperature greater than 100.4 degrees Fahrenheit
- Pus (yellow or green discharge) coming from the vagina

Where can you learn more?

Go to kp.org and enter the term **U681** in the search box to learn more about **"Intrauterine Device (IUD) for Birth Control"**.