

## HEALTH MATTERS

# Dispelling Common Myths About Intrauterine Contraception

Many women think of “the pill” when talking about birth control (contraception). Although the pill is very popular, there are many different birth control methods. Learning about different options can help you choose a method that’s best for you and your lifestyle. Intrauterine contraception (IUC) is a convenient birth control method that you might not know much about. Read this fact sheet, then talk with your health care provider if you think IUC might be right for you.

### What Is Intrauterine Contraception?

If you choose to use IUC, your health care provider will place a small and safe device into your uterus (womb). The types of devices made today are shaped like the letter “T.” They have short, thin strings that hang down slightly from the cervix (opening to the uterus). You can’t feel the device, and the soft strings can’t be seen from the outside of your body. Partners typically can’t feel the strings during sex.

Two types of intrauterine contraception are available in the United States. One contains copper (ParaGard®), and the other contains a hormone called levonorgestrel (Mirena®). Levonorgestrel is a progesterone hormone that is also contained in many birth control pills. ParaGard is effective for at least 10 years. Mirena is effective for at least five years.

Reading about IUC can be a little confusing. One company refers to its product as an “intrauterine device” (IUD). Another refers to its product as an “intrauterine system” (IUS). These terms can be used in place of one another.

- Paragard, the non-hormonal copper device, is referred to as an IUD.
- Mirena, the device that contains the hormone levonorgestrel (LNG), is referred to as the LNG IUS.

### Why Do Myths About Intrauterine Contraception Exist?

Today’s methods are not the same ones women used 25 years ago. There were concerns about the safety of some of the older IUD methods that are no longer available. Some people still confuse old IUDs with today’s very safe IUC methods. Some IUDs used in the past caused problems that led to their being taken off the market. IUC methods today are safe, long acting, and easily reversible. They can be used for women who have had children as well as by those who haven’t.

### Today’s Intrauterine Contraception Methods

- New methods are very safe.
- IUC is relatively maintenance free.
- IUC is more effective than most other types of birth control. It is as effective as having your tubes tied: 99 women out of 100 will not get pregnant when using IUC.
- IUC can be removed quickly and easily if you decide you want to become pregnant. As soon as IUC is removed, your fertility quickly returns to normal and you can get pregnant.
- The World Health Organization (WHO) and the American Medical Association consider IUC to be a very good type of birth control. This is because IUC methods are 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 WHO states that 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 left untreated, STIs can scar the fallopian tubes and prevent women from getting pregnant. Research shows that today's IUC does not cause STIs or lead to infertility. It is important for women to know that if they do use IUC and have a new or unusual discharge or pelvic pain, they need to be examined by a health care provider. If they are diagnosed with an STI, they will need to be treated with antibiotics, just like women with STIs who don't have IUDs.

*Myth: IUC works by causing an abortion.*

**Fact: IUC does not cause abortion.**

IUC prevents pregnancy. Both ParaGard and Mirena work by keeping a woman's egg and a man's sperm from meeting. With ParaGard, copper repels sperm and the hormone in Mirena thickens the cervical mucus. Both methods prevent sperm from fertilizing an egg.

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

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

An ectopic pregnancy happens when a fertilized egg implants in a place other than the uterus, like the fallopian tubes. Ectopic pregnancies are potentially life threatening to the woman if they occur. Women who use IUC are NOT more likely to have an ectopic pregnancy than women who use other types of birth control.

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

**Fact: Women who have had an ectopic pregnancy in the past can use IUC.**

If a woman chooses IUC, a past ectopic pregnancy will not increase her risk of having another ectopic pregnancy.

*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 do not need to have the device removed.**

If this happens, the woman should be treated with antibiotics right away. Usually, the device does not need to be removed.

---

Association of Reproductive Health Professionals. *A Clinical Update on Intrauterine Contraception.*

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

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. [www.fwhc.org/birth-control/iudinfo.htm](http://www.fwhc.org/birth-control/iudinfo.htm)

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-Carreño FJ, Vázquez-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](http://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.* 2nd ed. Geneva: WHO, 2000.