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Insertion of an intrauterine contraceptive device or IUD

The purpose of this leaflet is to introduce the intrauterine contraceptive device and its insertion procedure.

An intrauterine contraceptive device (IUD) is a T-shaped device inserted into the uterus to prevent pregnancy. The IUD may contain metal or a corpus luteum hormone. The metal-containing IUD prevents fertilisation by affecting the motility of sperm and the egg. It also reduces the sperm cell's ability to fertilise an egg. The hormonal IUD inhibits the growth of the uterine lining and reduces the amount of menstrual blood. It is therefore recommended for women with heavy menstrual bleeding.

The IUD is suitable for women who wish to avoid pregnancy for a long time. The IUD is also suitable for breastfeeding mothers, as the intrauterine device does not affect the quantity or quality of breast milk. The IUD can also be inserted in women who have not given birth.

The likelihood of pregnancy with an IUD is very low – 1 in 100 women will get pregnant in a year. If you have become pregnant and wish to maintain the pregnancy, consult your doctor about the removal of the IUD. Very rarely, in one woman out of a thousand over a five-year period, an ectopic pregnancy is possible. The effect of the IUD is immediate after insertion. Fertility is quickly restored after the removal of the IUD; you may conceive within the next menstrual cycle.

IUD Insertion

Before IUD insertion, a PAP smear or HPV test is performed, if necessary.

The IUD is inserted by a gynaecologist and the procedure takes a few minutes. You may feel discomfort or sometimes pain during the procedure. If needed, local anaesthetics may be used to relieve pain during insertion, such as lidocaine gel on the cervix. The IUD can be inserted at any time during the menstrual cycle; the best time for insertion is during menstruation. To have an IUD inserted, it must be confirmed that you are not currently pregnant. If you are not using hormonal contraceptives or do not have an IUD that needs to be replaced due to expiration and if menstruation is absent, a pregnancy test is required before insertion. After childbirth, the IUD can be inserted from the 4th to 6th week postpartum. After an abortion, the IUD can be inserted immediately.

After IUD insertion, you may experience lower abdominal pain for a short period. Use over-the-counter painkillers available at the pharmacy to alleviate pain. Avoid intercourse for the first few days after IUD insertion. In the first few months, menstruation may be heavier and last longer than usual.

Be cautious when using tampons to avoid dislodging the device when removing the tampon. After menstruation, the presence of IUD removal threads can be checked with your fingers.

The IUD may remain in the uterus for three to eight years, depending on the chosen device. During IUD use, see your gynaecologist as usual.

Possible complications of IUD use include inflammation of internal reproductive organs, spontaneous IUD expulsion, pregnancy, anaemia. As a rare complication (1:1000), uterine perforation may occur during the procedure, and the IUD may enter the abdominal cavity. In such cases, the IUD needs to be removed via surgery.

Contact your gynaecologist if you experience persistent lower abdominal pain, pain during intercourse, unusual vaginal bleeding or discharge, or if you cannot feel the IUD removal threads with your fingers, or if menstruation is delayed.

For questions and additional information, consult your doctor.

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