What is an intrauterine device (IUD)?
The *intrauterine device (IUD)* is a small, plastic device that is inserted and left inside the *uterus* to prevent pregnancy. The IUD can be used by women of all ages, including teenagers and those who have never had children.

What are the types of IUDs?
Two types of IUDs are available in the United States: 1) the hormonal IUD and 2) the copper IUD. Both are T-shaped. The hormonal IUD lasts up to 5 years. The copper IUD lasts up to 10 years.

How effective are IUDs?
IUDs are among the most effective forms of birth control available. During the first year of typical use, fewer than 1 in 100 women using an IUD will become pregnant.

Are IUDs permanent?
Unlike *sterilization*, IUDs are reversible. If you want to get pregnant, the IUD can be removed. You can try to become pregnant right away after having it removed.

Do IUDs protect against sexually transmitted diseases?
Intrauterine devices do not protect against *sexually transmitted diseases*, including *human immunodeficiency virus (HIV)* (see the FAQ *How to Prevent Sexually Transmitted Diseases*).

How do IUDs prevent pregnancy?
The hormonal IUD releases a small amount of the hormone *progestin* into the uterus. The copper IUD releases a small amount of copper into the uterus. Both types of IUDs are thought to prevent pregnancy mainly by preventing *fertilization* of the *egg* by the *sperm*. 

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**FREQUENTLY ASKED QUESTIONS**

**FAQ014**

**CONTRACEPTION**

**Intrauterine Device**

- What is an intrauterine device (IUD)?
- What are the types of IUDs?
- How effective are IUDs?
- Are IUDs permanent?
- Do IUDs protect against sexually transmitted diseases?
- How do IUDs prevent pregnancy?
- How can I get an IUD?
- Can all women use IUDs?
- How is the IUD inserted?
- What are some benefits of using the IUD?
- What are the possible side effects of using the IUD?
- Are there any risks associated with IUD use?
- What signs and symptoms should alert me to call my health care provider?
- Glossary
How can I get an IUD?
A health care provider must insert and remove your IUD. He or she will review your medical history and will perform a routine exam to make sure you are able to use one.

Can all women use IUDs?
Women with certain infections or other health conditions may not be able to use an IUD. Also, the size or shape of some women's uteruses may not be compatible with an IUD.

How is the IUD inserted?
Your health care provider puts the IUD in a long, slender plastic tube. He or she places it into the vagina and guides it through the cervix into the uterus. The IUD is then pushed out of the plastic tube into the uterus. The IUD springs open into place, and the tube is withdrawn.

What are some benefits of using the IUD?
Using IUDs has the following benefits:
• It is easy to use. Once it is in place, you do not have to do anything else to prevent pregnancy.
• It does not interfere with sex or daily activities. You can use a tampon with it.
• It can be inserted immediately after childbirth and while breastfeeding.
• It is easily reversible. If you wish to become pregnant, simply have the IUD removed.
• The hormonal IUD may help decrease menstrual pain and heavy menstrual bleeding.

What are the possible side effects of using the IUD?
Menstrual pain and heavy bleeding, as well as bleeding between periods, may increase with the copper IUD, especially in the first few months of use. Pain can be relieved with over-the-counter pain relievers. Pain and heavy bleeding usually decrease within 1 year of use. Irregular bleeding, heavier bleeding, and spotting can occur with the hormonal IUD, especially in the first 3–6 months of use. For some women, menstrual bleeding stops completely within 2 years.

A small number of women using the hormonal IUD may have side effects related to the hormone in the IUD. These include headaches, nausea, and breast tenderness. Some women may develop cysts on their ovaries. The cysts usually go away on their own in a month or two, but they may cause pain.

Are there any risks associated with IUD use?
Serious complications from use of an IUD are rare. However, some women do have problems:
• The IUD may come out of the uterus and move into the vagina.
• The IUD can perforate (or pierce) the wall of the uterus during insertion. It is rare and occurs in only about 1 out of every 1,000 insertions.
• Pelvic inflammatory disease may occur. Pelvic inflammatory disease is an infection of the uterus and fallopian tubes.
• Rarely, pregnancy may occur while a woman is using an IUD. If pregnancy does occur, there also is a small increased risk that it will be an ectopic pregnancy.

What signs and symptoms should alert me to call my health care provider?
Call your health care provider if you have any of the following:
• Severe pelvic pain
• Unexplained fever
• Pain during sex
• Signs of pregnancy, such as a missed menstrual period (although one of the side effects of the hormonal IUD is a lack of menstrual periods, the first time you miss a menstrual period should be reported to your health care provider)
• Unusual vaginal discharge
• The IUD can be felt in the cervix or vagina

Do not try to remove an IUD yourself. An IUD should be removed by a health care provider.

Glossary
Cervix: The opening of the uterus at the top of the vagina.
Cysts: Sacs or pouches filled with fluid.
Ectopic Pregnancy: A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in the fallopian tubes.
Egg: The female reproductive cell produced in and released from the ovaries; also called the ovum.
**Fallopian Tubes:** Tubes through which an egg travels from the ovary to the uterus.

**Fertilization:** Joining of the egg and sperm.

**Human Immunodeficiency Virus (HIV):** A virus that attacks certain cells of the body’s immune system and causes acquired immunodeficiency syndrome (AIDS).

**Intrauterine Device (IUD):** A small device that is inserted and left inside the uterus to prevent pregnancy.

**Ovaries:** Two glands, located on either side of the uterus, that contain the eggs released at ovulation and that produce hormones.

**Pelvic Inflammatory Disease:** An infection of the uterus, fallopian tubes, and nearby pelvic structures.

**Progestin:** A synthetic form of progesterone that is similar to the hormone produced naturally by the body. Progesterone is a female hormone that is produced in the ovaries and that prepares the lining of the uterus for pregnancy.

**Sexually Transmitted Diseases (STDs):** Diseases that are spread by sexual contact, including chlamydia, gonorrhea, genital warts, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

**Sperm:** A male cell that is produced in the testes and can fertilize a female egg cell.

**Sterilization:** A permanent method of birth control.

**Uterus:** A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

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If you have further questions, contact your obstetrician–gynecologist.

FA0014: Designed as an aid to patients, this document sets forth current information and opinions related to women’s health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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