

Intrauterine Contraceptive Device

The intrauterine contraceptive device (IUCD) is an effective method of contraception. It is also known as 'the coil'. Most women have no problems with their IUCD. Once fitted, it can stay in place for several years.

What is an intrauterine contraceptive device?

An IUCD is a small device made from plastic and copper. There are two threads attached to the coil which lie in the vagina. They allow it to be removed easily. It can be placed quite easily into the womb (uterus) by a trained doctor or nurse.

How does the intrauterine contraceptive device work as a contraceptive?

It works mainly by stopping the egg and sperm from meeting. It may also prevent the fertilised egg from attaching to the lining of the uterus. The copper also has a spermicidal effect (kills sperm).

How effective is the intrauterine contraceptive device for contraception?

Modern IUCDs are very effective. Around 6-8 women in 1000 will become pregnant after a year of this method. Compare this with when no contraception is used. More than 800 in 1000 sexually active women who do not use contraception become pregnant within one year. There are many different types of IUCD. Most copper coils will work well for at least five years. Some types work for ten years.

What are the advantages of the intrauterine contraceptive device?

Once an IUCD is inserted you can forget about contraception. So, unlike the pill, you don't need to think about contraception every day. It does not interfere with sex. It is not an hormonal method so it has no side-effects on the rest of the body. This means that it will not affect your mood, weight or libido. Having an IUCD does not increase your risk of having any type of cancer in the future.

Because it does not contain hormones, many women can have an IUCD if they wish. There are some situations where an IUCD is not recommended, such as undiagnosed, irregular vaginal bleeding and pelvic infection. Your doctor or nurse will make sure it is safe for you to use a coil, by asking questions about your health.

What are the disadvantages of the intrauterine contraceptive device?

Although the majority women with an IUCD have no problems, the following may occasionally occur:

Heavy, painful periods

Some women find that their periods become heavier, longer or more painful with an IUCD. This tends to be in the first few months after insertion and then often settles. This means that the IUCD may not be suitable if you already have heavy or painful periods. There is a special IUCD called the intrauterine system (IUS), which is like an IUCD, but it also releases a progestogen hormone into the uterus. This is an effective treatment for heavy periods as well as a contraceptive. (See separate leaflet called '*Intrauterine System*').

Painful, heavy periods can still be treated in the same way as in women who do not have an IUCD. For example, by taking anti-inflammatory painkillers or other medicines during your periods.

Infection

There is a small risk of an infection of the uterus (pelvic infection). The main risk of infection is within the first 20 days after insertion. A check for infection of the vagina or cervix may be advised by taking a swab before an IUCD is inserted. You should not have an IUCD inserted if you have an infection which has not been treated.

Ectopic pregnancy

The chance of becoming pregnant is very small if you use an IUCD. However, if you do become pregnant, there is a slightly increased risk of having an ectopic pregnancy. This means the pregnancy is in the Fallopian tube and not in the uterus. This is rare, but serious. See a doctor urgently if you miss a period and develop lower abdominal pain.

Expulsion

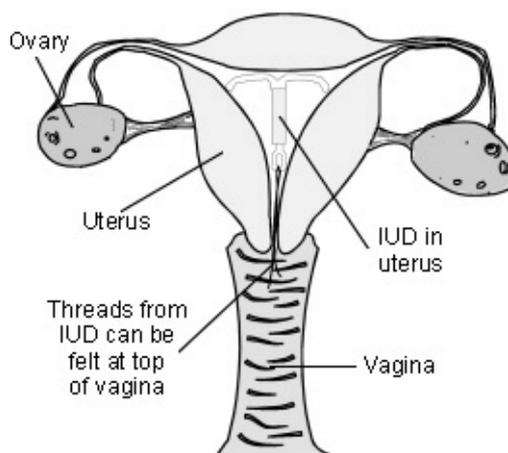
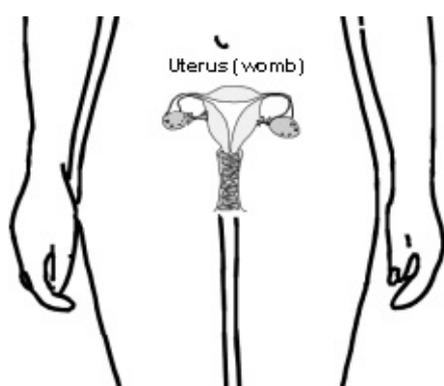
Rarely the IUCD may come out without your noticing. This may happen during a period, most commonly in the first three months. It is a good idea to check you can feel the threads of the coil after your period. If you cannot feel them, you should use extra precautions such as a condom, until your doctor has checked the coil is still there. The doctor may ask you questions to see whether you need emergency contraception.

Damage to the womb

The fitting of an IUCD can very rarely cause damage to the womb. It may work through the wall of the womb and into the pelvis. This happens in fewer than 2 women per 1,000. You should tell your doctor or nurse if you can no longer feel the threads of your coil. An ultrasound scan will be carried out to find a lost coil. If ultrasound does not find the coil, an X-ray will be ordered.

How is the intrauterine contraceptive device fitted?

This is usually done towards the end of a period or shortly afterwards. However, it can be fitted at any time provided that you are certain you are not pregnant. You will need to have a vaginal examination. The doctor or nurse will pass a small instrument into your uterus to check its size and position. An IUCD is then fitted. You will be taught how to feel the threads of the IUCD so you can check it is in place. It is best to check the threads regularly - for example, once a month just after a period.



Fitting an IUCD can sometimes be uncomfortable. Once the IUCD has been inserted, some women have crampy pains like period pains for a few hours afterwards. These can be eased by painkillers such as paracetamol or ibuprofen. Light vaginal bleeding may also occur for a short while.

Follow-up

The doctor or nurse will usually want to check that there are no problems a few weeks after fitting an IUCD. It is best done after your next period. After this, there is no need for any routine check until it is time to remove the IUCD. However, return to see your doctor or nurse at any time if you have any problems or queries. Most women have no problems, and the IUCD can remain in place for several years.

An IUCD can be removed at any time by a trained doctor or nurse. If you plan to have it removed, but do not want to get pregnant, then you should use other methods of contraception (such as condoms) for seven days before it is removed. This is because sperm can last up to seven days in the uterus and can fertilise an egg after the IUCD is removed.

You can use sanitary towels or tampons for periods with an IUCD in place. A cervical smear can also be taken with an IUCD in place. Sometimes, the smear result may show that there is an organism in the cervix; these are called actinomyces-like organisms. These are normally found and do not mean the coil should be removed. If you have had pelvic pain and signs of infection, such as a temperature, your doctor may consider removing the IUCD.

You should consult a doctor if any of the following occur:

- Prolonged abdominal pain after an IUCD is inserted.
- A delayed period, or bleeding between periods.
- A delayed period and lower abdominal pain (which may be due to an ectopic pregnancy).
- Vaginal discharge with or without pain (which may indicate infection).
- If you suspect that the IUCD has come out or is coming out. It is usually possible to feel the threads of the IUCD inside the vagina to check it is in place. If you cannot feel the threads then use other contraceptive methods (such as condoms) until you have been checked by a doctor or nurse.

Further information

Your GP and practice nurse are good sources of information if you have any queries.

The fpa (formerly the Family Planning Association) also provides information and advice. fpa's helpline: 0845 310 1334 or visit their website www.fpa.org.uk

Further reading & references

- [Long-acting reversible contraception](#), NICE Clinical guideline (October 2005)
- [Intrauterine Contraception](#), Faculty of Sexual and Reproductive Healthcare (2007)
- [Trussell J - Contraceptive Efficacy](#), In Hatcher RA, Trussell J, Nelson AL, Cates W, Kowal D, Policar M. Contraceptive Technology: Twentieth Revised Edition. New York NY: Ardent Media, 2011.

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