Choosing an IUD for your contraception shows that you are ready for birth control that is very convenient, reliable and cost effective. We believe that the more you know about your IUD, the more comfortable you’ll feel about having one placed. Be sure to talk with your health care provider at Gannett if you have any questions or concerns surrounding your IUD.

Choosing an IUD

There are three types of IUDs available in the United States, the Mirena, Skyla and the Paragard.

The Mirena contains a small amount of the hormone progesterone. This hormone is mainly absorbed into the lining of the uterus with very few, if any, effects on the rest of the body. The progesterone can make periods with the Mirena to be light, sometimes irregular, or absent altogether. About 20% of women have no periods at all after one year with their Mirena. This IUD is effective for 5-7 years.

Skyla has the same hormone as the Mirena, only a smaller amount. For this reason it is effective for only 3 years. Periods with Skyla can be light and irregular for 4-6 months. About 6% of women have no periods at all after one year with their Skyla. Skyla is overall a little smaller in size than the Mirena.

The Paragard contains copper and has no hormones at all. Like the Mirena and Skyla, it works by temporarily changing the physical environment of the reproductive tract, preventing transport of sperm, fertilization and embedment of an egg. The Paragard will not affect monthly ovulation. Periods with the Paragard can be longer and heavier by about 20%, and somewhat more painful than periods without an IUD. This IUD is effective for 10-12 years.

All three IUDs are more than 99% effective in preventing pregnancy. They are all rapidly reversible, can be removed at any time by a health care provider, and have no long-term effect on fertility after removal. They contain no estrogen, making them safe for women who have been told that they should not use estrogen.

Like most any procedure, there are some risks associated with having an IUD placed. These include:

- Difficulty or inability to place the IUD because of a narrow cervical opening or a uterus that is too small or too large.
- Uterus infection related to insertion of the IUD. This risk is greatest during the first 30 days after placement and occurs in about 1% of placements and, if it occurs, can generally be treated successfully with antibiotic pills.
- Expulsion of the IUD. Most commonly occurring in women who have never had a full term pregnancy, the uterus can spontaneously expel the IUD. This is most common during the first 3 months after placement and has about an 8% risk during the first several months, reducing after the first year. You’ll be taught how to check your IUD strings to be certain your IUD is still in place every month.
- Uterine perforation or embedment can occur in less than 1% of IUD users. This rare complication can make the IUD ineffective or difficult to remove later on.

How much does it cost?

For students on the Cornell Student Health Plan (SHP), the cost of the IUD and all visits associated with it are completely covered with exception of the usual $10 visit fee for clinician appointments. If you have the health fee and private insurance, the cost of the procedure to place the IUD is $10. There may be fees associated with the IUD itself depending on your insurance. We can assist you in determining private insurance coverage for the IUD.

Planning for Placement

You’ll be asked to meet with a clinician at Gannett to help you decide which IUD is right for you. You’ll be prescribed some premedications to use to make the placement easier. Let us know if you get anxious about pap smears or procedures and we’ll talk with you about anti-anxiety medication for your appointment. Plan your placement for a day when you can go home from the appointment and rest if you need to. Some women are more comfortable taking the whole day of placement off. Bring a friend if you like and a ride home if you live a distance from Gannett.

If your IUD is placed when you are not on your period, we will ask you to have a urine pregnancy test just prior to your appointment. If your IUD is placed when you are not on your period, we will ask you to have a urine pregnancy test just prior to your appointment.

If you are due for a pap smear (every 3 years starting at age 21 unless advised otherwise), or have not had screening for Chlamydia since your most recent sexual partner change, we recommend this be done prior to your IUD placement. Let us know if you are aware of any medication allergies you may have or allergies to lidocaine, copper, latex or iodine.

On the day of your IUD placement

- Eat a normal diet and drink plenty of fluids throughout the day,
- Take 800 mg of Ibuprofen (or 1000mg of acetaminophen) if you have any pain or discomfort when you wake up after the procedure.
- Plan your day so you have time to rest after the appointment.
- Check your IUD strings to be certain your IUD is still in place every month.
Lastly the IUD strings are trimmed and you’re done! The whole procedure will take about 10 to 20 minutes. Your provider will teach you how to feel for the strings, so that you can check on it in the future.

You’ll be allowed to rest for as long as you need as long it can take several minutes for the cramping and discomfort to settle down.

**After your IUD is placed**
- Rest for the remainder of the day if you need to. Use 400 mg ibuprofen every 4-6 hours, with food as needed for the first 2-3 days. Most women can return to their work by the next day, using ibuprofen to help with any cramping.
- Some vaginal spotting is normal. If you have your period at the time of placement, your period may end up being lighter or heavier, shorter or longer than usual.
- You may have some uterine cramping for 1-7 days, with each day getting better.
- You may have light vaginal bleeding and spotting for several weeks after placement. This is normal and decreases over time.
- The Mirena and Skyla IUD’s can cause periods to stay irregular for many months. You’ll likely return to the normal regularity of your periods with the Paragard within 3 months.
- When placed within 5 days of the beginning of a normal menstrual cycle, the IUD is already working, and you have no need for additional contraception. Begin to get in the habit of checking for the IUD strings every month.
- If your IUD was placed after the first 5 days of your cycle, use a backup method such as condoms for the next 7 days.
- Remember that the IUD gives no protection against sexually transmitted infections, so be sure to continue using condoms if needed.
- You can resume sexual activity when you are ready, as well as exercise and all usual activities.
- Do not use tampons until you’ve had your follow-up check, which will be done 4-6 weeks after your IUD is placed.
- If you have persistent pelvic pain that lasts more than 72 hours or is severe, a fever, foul smelling vaginal odor, or bleeding which is heavier than a normal period for several days, call Gannett to see a provider.

**Post-Insertion follow-up visit (4-6 weeks later)**
- A pelvic examination will be performed to check the position of your IUD.
- If necessary, the strings will be trimmed to a shorter length.
- Please bring a list of any questions or concerns that you have with you to discuss with your provider.

**Taking care of your IUD**

In general, IUD’s need little care or attention, but there are a few important things to check.
- Once a month, or after each period, check to be sure your IUD is in place by inserting a finger into the vagina. You should be able to feel the strings up against your cervix. If you cannot feel the strings, or you feel the IUD itself, please call Gannett for an appointment and do not use another method of contraception until you are evaluated.
- If at any time you develop vaginal discharge or odor, or significant pelvic pain, please call your provider right away.

**Contact Us:**

We’re open Mon–Sat, except for breaks.
Check web for hours: www.gannett.com

phone: 607-255-5155
fax: 607-255-0269
110 Ho Plaza, Ithaca, NY 14853-3101

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