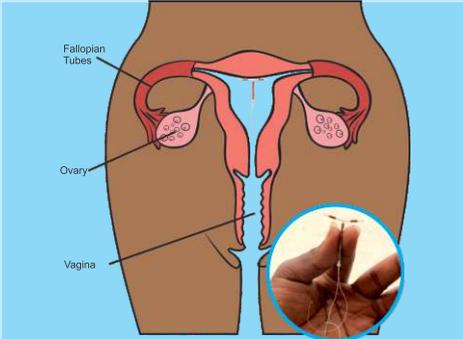


Intrauterine Device (IUD) Copper T 380A



General Information:

- The IUD is a small, flexible, plastic and copper device that is placed in the uterus
- Most IUDs have 2 thin strings that hang from the cervix into the vagina.
- It provides long-term protection against pregnancy for up to 12 years.
- Commonly, it may cause longer or heavier bleeding and more cramps or pain during monthly bleeding
- Safe for a woman living with HIV who is clinically well on antiretroviral (ARV) medicines.

Effectiveness for pregnancy prevention:

- Pregnancy rate in the first year of use is less than 1 pregnancy per 100 women (1%)
- Pregnancy rate over 10 years of use is 2 pregnancies per 100 women (2%)

How method works:

- A trained provider inserts the IUD into the uterus.
- The plastic and copper device remains in the uterus.
- It prevents the sperm from meeting the egg

Important facts:

- It is one of the most effective and long-lasting methods
- The IUD must be inserted and removed by a trained provider.
- Follow the providers instruction on checking for the string
- It does not interfere with sexual intercourse.
- There is immediate return to fertility after the IUD is removed
- It does not protect against STIs including HIV.

Advantages:

- IUDs are reversible
- They are independent of intercourse
- They are private
- No day-to-day action is required
- IUDs are easily available
- They have no effect on lactation
- May help protect from endometrial cancer
- The copper device is effective for as long as 12 years
- Has no further costs after the IUD is inserted.

When an IUD can be inserted:

- An IUD can be inserted:
 - At anytime if a woman is not pregnant
 - After child birth within 48 hours of delivery

NOTE:

An IUD can be inserted within 48 hours after delivery.

If not inserted within 48 hours after delivery, a woman will have to wait until 4 weeks after delivery.





Caution:

- The copper IUD may have common side effects which usually diminish after the first three months of use. These are:
 - Prolonged and heavy monthly bleeding
 - Irregular bleeding
 - More cramps and pain during monthly bleeding
- Complications are rare, but may occur. These include:
 - Expulsion of IUD, which may lead to pregnancy
 - Uterine perforation if inserted by untrained provider
 - Pelvic Inflammatory Disease (PID) may occur if inserted in a woman with current gonorrhoea or chlamydia
- Not advised for a woman with recurrent Sexually Transmitted Infections (STIs)

How to use:

- Your health provider will conduct a pelvic examination to rule out genital infections.
- You may take pain relievers 30 minutes before insertion to reduce cramping and pain
- A trained provider inserts the IUD in place with the necessary supplies and equipment
- The provider folds or cuts the strings on the IUD, leaving about 3cm hanging out of the cervix.

- You will feel some discomfort or cramping during the procedure. This is normal
- After the procedure, get the following information from your provider:
 - Type of IUD you had inserted
 - Date of insertion
 - Date when IUD will need to be removed or replaced

Return to the health care facility any time if:

- You have questions or concerns about your IUD
- You have any of the following, especially within the first 20 days after insertion:
 - Increase or severe pain in the lower abdomen
 - Pain during sex
 - Unusual vaginal discharge
Fever, chills, nausea, or vomiting
- You think the IUD may have slipped out of place (you do not feel the strings or you feel the hard plastic of an IUD has partially come out of the uterus)
- You think you are pregnant
- You want to remove the IUD for any reason

NOTE:

If you have any medical condition, please talk to a trained service provider.

Ensure that you return to the healthcare facility to see your provider for check up 3 to 6 weeks after insertion of the IUD.

This material is adapted from a similar material by Society for Family Health (SFH)

