

Intra-Uterine Device (IUD)

Fact Sheet

What is an intra-uterine device?

An intra-uterine device (IUD) is a small device placed inside the uterus (womb) to prevent pregnancy. At SHINE SA, two types of IUD are available:

- Hormonal IUDs (Mirena and Kyleena) are made of plastic and release a small amount of the hormone progesterone into the uterus
- Copper IUDs (Load and Copper T) are made of plastic and copper



Mirena/Kyleena



Copper T



Copper Load

IUDs are a type of Long-Acting Reversible Contraception (LARC). This means they work for a long time and you don't need to remember to take or use anything every day or every time you have sex.

LARCs are the most effective forms of contraception (over 99% effective) and are suitable for most people. They do not affect your future fertility – once the IUD is removed, your fertility returns straight away.

How do IUDs work?

- Hormonal IUDs thicken the mucus at the cervix (neck of the womb) to block sperm from entering. They may also stop ovulation by changing the hormones that cause an egg to be released each month.
- Copper IUDs stop sperm from reaching an egg and change the lining of the uterus, making it hard for a fertilised egg to attach.
- IUDs do not protect against sexually transmitted infections (STIs). The best way to reduce the risk of STIs is to use condoms.

How can I get an IUD?

If you're thinking about getting an IUD, you'll first have an appointment to talk about which type is best for you.

For a small number of people, an IUD might not be suitable, and another type of contraception may be recommended.

If you decide an IUD is right for you, you can then book an appointment to have it inserted. You may need to buy the IUD beforehand and bring it with you to your appointment.

The IUD is inserted inside your uterus by a trained clinician.

What are the benefits of an IUD?

- Very effective and long-lasting: IUDs are more than 99% effective at preventing pregnancy.
 - Copper IUDs work for 5 or 10 years, depending on the type
 - Hormonal IUDs work for 5 or 8 years, depending on the type
- Set and forget' method: Once inserted, you don't need to do anything to stay protected against unintended pregnancy.
- Easily removed: An IUD can be taken out at any time by a trained clinician.
- Fully reversible: Your fertility returns to normal as soon as the IUD is removed.
- They are safe to use if you are breastfeeding.
- No medications stop them from working.
- Copper IUDs (Load and Copper T) can also be used as highly effective emergency contraception.
- The Mirena IUD can help treat heavy menstrual bleeding.
- The Mirena IUD can also be used as part of menopausal hormone therapy (MHT).

What are the side effects?

Most people use IUDs without problems, but some side effects or complications can occur including:

- A small risk of the IUD moving or coming out (expulsion)
- A small risk of pelvic infection in the first 3 weeks after insertion (can be treated with antibiotics)
- A very small risk of uterine perforation (damage to the wall of the uterus) during insertion
- An extremely small risk of ectopic pregnancy (a pregnancy developing outside the uterus, usually in a fallopian tube).

Copper IUDs may cause spotting or frequent bleeding, especially in the first 3–6 months and heavier and/or longer periods.

Hormonal IUDs may cause irregular or persistent bleeding/spotting in the first 3–5 months. By 12 months, many people have no periods, or only very light bleeding (this is not harmful to the body).

Mild hormonal side effects are rare and can include acne, headaches, breast/chest tenderness, or hair changes – these usually improve with time.

The hormonal IUD has not been shown to cause weight gain. Ovarian cysts may develop, but they are usually harmless, cause no pain and go away without treatment.

Who should not use IUDs?

An IUD may not be suitable for people who:

- Have a current sexually transmitted infection (STI)
- Have unexplained or abnormal vaginal bleeding (this should be checked by a clinician)
- Have a uterus that is not the usual shape, or have certain abnormalities such as large fibroids.

A copper IUD may not be the best choice if you:

- have heavy periods
- have anaemia or low iron levels
- have endometriosis.

A hormonal IUD is not recommended for people with current or past breast cancer.

When can and IUD be inserted?

Hormonal IUDs: ideally inserted during the first 5 days of your period (menstrual cycle), starting from the first day of bleeding.

Copper IUDs: ideally inserted during the first 12 days of your menstrual cycle.

If IUDs are inserted at any other time, pregnancy must be ruled out first. If you are changing from another form of contraception, your doctor will advise you on the best time for insertion. To make the procedure more comfortable:

- Take a period pain medication (such as Nurofen, Ponstan or Naprogesic) about one hour before your appointment
- Have something to eat and drink plenty of fluids beforehand.

When does the IUD start working?

If inserted during the recommended time in your cycle, the IUD works immediately.

If inserted at any other time, it will start working after 7 days, once pregnancy is excluded

When can an IUD be used after childbirth?

An IUD can be inserted from 4 weeks after giving birth.

What do I do after my IUD has been put in?

To reduce infection risk:

- Avoid sex, tampons, swimming and baths for 48 hours after insertion.

If you have cramps take a period pain medicine and use a heat pack to help with pain and reduce the chance of the IUD coming out.

It's a good idea to check your strings about one week after insertion.

- The IUD has a fine nylon thread attached to it which comes out through the cervix, at the top of your vagina.
- You can gently feel high up inside your vagina with your fingers to check for the string – this helps you know the IUD is still in place. The string is too high up to be seen from outside.
- If you have a copper IUD, check your strings after every period.

Contact your doctor or SHINE SA if you can't feel the string, the string has become longer or if you can feel the hard plastic part of the of the IUD. Use another form of contraception (like condoms) until you have had your IUD checked. Also contact your doctor or SHINE SA if you have:

- Fever, feeling unwell or tired
- Persistent or strong cramps or back pain
- Unusual pelvic pain
- Unusual vaginal discharge or odour
- Pain during sex.

If you have a copper IUD and your period is more than one week late, do a pregnancy test or see your doctor/SHINE SA.

You will be offered a check-up around 6 weeks after insertion, or sooner if you have any concerns.

When can the IUD be removed?

An IUD can be removed at any time by a trained clinician.

If you've had unprotected sex within the last week, there is a risk of pregnancy after removal. To avoid this, use condoms or avoid sex for 7 days before the IUD is taken out – unless you are planning to become pregnant.

Need help finding an IUD practitioner?

If you're looking for a clinician who can insert IUDs outside of SHINE SA you can use SHINE SA's IUD Inserters List to find an IUD-trained practitioner near you.



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