

COSMOPOLITAN

Should You Get an IUD?

Listen, I totally get it. It took me about six months of Googling, talking to my husband, and hemming and hawing before I decided to get an intrauterine device (IUD). What held me back? Fear, mostly: that insertion would hurt, that my guy would get “poked,” that the hormones would eff with my sex drive or my period, and maybe that I’d decide in a year that I was ready to get pregnant and all the stress and pain wouldn’t be worth it. There has been a lot written lately about why less than 5 percent of “contracepting” women under 30 use IUDs. Why so few when they are super safe, effective, and the favored birth control of ob-gyns, plus European women love them, and the American Academy of Pediatrics issued recommendations this past fall that said IUDs are great for teens? Yet this isn’t actually a question I wonder about, because I know! IUDs can be scary.

It doesn’t help that they have a rocky history. We’ve had IUD-like devices for about 100 years now, but truly safe and effective versions didn’t make their debuts until pretty recently: 27 years ago for ParaGard, 14 years for Mirena. When you say “IUD” to your mom, she probably thinks of the Dalkon Shield, which was pulled from the market in the 1970s for causing injuries, infections, miscarriages, and 17 deaths. “There’s a hangover from that period,” says Laura MacIsaac, M.D., director of family planning for the Mount Sinai Health System. People assume that IUDs are injury-causing nightmares, but uterine perforation is extremely rare (and even more rarely serious).

Also, ParaGard was marketed initially to married moms. Maybe the manufacturer was trying to avoid controversy, Dr. MacIsaac says, but the approach made people mistakenly think IUDs were only for 40-year-olds who were done with babies.

“Now, more providers are finally talking to young women about IUDs, and more women are hearing about them on their own,” says nurse practitioner Linda Dominguez, immediate past chair of the board of directors at the Association of Reproductive Health Professionals. “It’s my hope that women and doctors will see the IUD on a level playing field with any other method. It’s not for some special person — it can be for any woman.”

How do I decide if an IUD is right for me?

Experts say: What women want most in a method are effectiveness, safety, and few side effects, Dr. MacIsaac says. An IUD pretty much knocks it out of the park on all three fronts. It requires zero upkeep — once it’s in, it’s in, and you won’t have to worry about risks from estrogen, because the hormone in Skyla and Mirena is a type of progestin. However, an IUD might not be for you if you like the reassurance of a daily pill, you want to experience your period “naturally,” or you’re freaked out about harboring a tiny foreign object. It might not be worth it if you think you want to get pregnant within the next six months, Dominguez says — and it does require at least one office visit, the insertion isn’t exactly a spa day, and if you pay out-of-pocket, it’s pricey. (If you’re insured, it should be covered.)

Women say: Most IUD users say it’s their favorite birth control, a Cosmo and Bedsider.org survey found. “I was on the pill and had been single for a while, so I kept forgetting to take it,” says Amanda M., 22, a student in Portland, Oregon. “Now I have 10 years of free birth control I don’t have to remember to take.”

Paragard

Lasts: 10 years

How it works: A wire wound around the T-shaped device releases copper ions inside the uterus that kill sperm or make them bad swimmers. The ions also make it hard for an embryo to implant in the uterine wall on the tiny off chance that an egg does get fertilized.

Worth noting: Contains zero hormones.

Skyla

Lasts: 3 years

How it works: The mechanism is the same as Mirena. The main rationale for using it over Mirena is that it is smaller and easier to insert. Unlike Mirena, your period most likely will not go away completely.

Worth noting: Not all medical practices offer it.

Mirena

Lasts: 5 years

How it works: Every day, the device releases a small amount of a hormone that creates a thick plug of mucus at the cervix to prevent sperm from swimming by. The hormone also thins the lining of the uterus to make it an unfavorable place for an embryo.

Worth noting: The FDA OKed it based on research on moms. Your doc should be happy to give it to you if you haven't had a baby, but it's an off-label use.

How much does it suck to get one?

Experts say: "I see a lot of concern about insertion: 'They're going to put some- thing in my body! I'm going to need anesthesia!'" says Nerys Benfield, MD, director of family planning at Albert Einstein College of Medicine and Montefiore Medical Center. "But it's actually a very simple procedure—it takes 30 seconds and feels like a Pap smear, plus some cramping."

Women say: So, "cramping" might describe what you'll go through—or it could be total BS. (Sorry, docs! Luv U!) "Honestly, the insertion process sucked a lot," says Mirena user Abby L., 29, a PhD student in Austin, Texas. "It was the most painful minutes of my life. However, I would do it all over again in a heartbeat, because I love the peace of mind my IUD gives me."

What exactly happens during placement?

Experts say: Here's the gist, as described by Dominguez: "We start with a pelvic exam to feel in what direction the patient's uterus is lying so we can properly place the IUD. Then, we insert a warm speculum into her vagina and may use some cleansing soap to clear it out. If everything looks fine, we may use some numbing ointment on the cervix, then insert a small tool to stabilize the cervix. We'll pass a measuring wand into the uterus to make sure it can accommodate the IUD, which for nearly 99 percent of women I've measured, it can. And then we'll do the insertion: We load the device into an applicator, which we insert through the cervix, and then the IUD gets released and the applicator comes out. We clip the strings that hang down from the device, and then we remove the stabilizer and speculum, and we're done."

Women say: "I thought I knew what I was in for since I had read a bunch of materials about the ParaGard, but I had educated myself about the product, not the method of insertion," says Courtney Fenwick, 29, an assistant construction project manager in New York City. "I kind of assumed that my doctor would just...you know...stick the thingy in there." Unless you'd really rather not know, ask your MD or nurse to explain her process in advance and to talk you through it the day of.

How will it affect my period?

Experts say: With a copper IUD, your periods may get worse for at least a few months. "The copper can cause inflammation in the uterine lining, so you build up more blood and cramp," Dr. MacIsaac explains. "Generally, by the fourth or fifth period, the menses goes back to the way it was." With hormonal IUDs, there's spotting for up to six months, by which time your period may disappear or reduce to a light flow for one to two days. You may feel minor side effects for a few months, such as breast tenderness, PMS-y moods, or acne. "Out of 100 Mirena users I see, about 10 decide they don't like it—eight because of spotting and two because they feel moody or hormonal," Dr. MacIsaac says.

Women say: "I had strong cramps, but that's gone away," says Tanya Rosenblut, 24, a Mirena user, in sales, in Washington, DC. "With Mirena, I basically don't get a period," says Conley J., 32, a dancer in NYC. "It's not worth wearing a pad or tampon—I just bought a bunch of black underwear."

Will it change sex?

Experts say: Maybe for the better. "If you know you are protected and don't have to worry about whether you took your Pill, you can be more comfortable and confident," Dr. Benfield says. Your partner may feel a little poke from the strings, but tell him not to freak—it won't injure him, and the strings will soften up.

Women say: "My sex life is wonderful!" gushes Casey Park, 28, an administrative specialist in Liberty, Missouri. "There's minimal worry for both me and my boyfriend." Adds Kalah McCaffrey, 29, a literary scout in NYC, "It was amazing to do away with condoms—after both testing clean for STIs, of course."

Could it fall out?

Experts say: It happens about 3 percent of the time. "You may feel cramping or pain, and your partner may feel it—not just the strings—dur- ing sex," Dr. Benfield says. "It isn't dangerous, but it leaves you unprotected."

Women say: "I got a Mirena six weeks after childbirth. Three months later, I was sitting on the toilet and felt something funny. I put my hand down, and the Mirena fell out," says Robyn T., 27, a teacher in Kansas City, Missouri. "My doctor offered to put it back in, and I declined. Those three months were bad—lots of bleeding. I was done."

What happens after it expires?

Experts say: You have some wiggle room. “It’s not like it expires within days of the end date, like milk,” Dr. MacIsaac says. Docs say it’s a piece of cake to have an IUD removed—they simply pull on the strings. Inserting a new IUD should feel similar to the first one, but you won’t have the same adjustment period.

Women say: “Removal didn’t hurt much,” says Conley J. “Insertion was a little more painful the second time, but I felt fine the next day. I’ll do it again if I’m not ready to get pregnant when it expires.

This article was originally published as “Why We Love the IUD” in the March 2015 issue of Cosmopolitan