

Levonorgestrel IUDs: Mirena, Kyleena and Skyla

Levonorgestrel (LNG) IUDs have a small, 'T'- shaped frame made of soft, flexible plastic that is placed in the uterus and continuously releases a very small amount of levonorgestrel.

Levonorgestrel is a type of progesterone. Birth control pills all contain some type of progesterone and most also contain estrogen. At University Health Services we offer three LNG containing IUDs that vary in dose and duration of use but have equal effectiveness.

Levonorgestrel has an array of contraceptive actions: thickening of the cervical mucus, inhibiting sperm survival and motility, suppression of the endometrium, and for some people, anovulation due to systemic absorption of levonorgestrel.

The three LNG containing IUDs available at University Health Services are Mirena, Kyleena and Skyla. Initially Mirena releases 20 mcg/day of Levonorgestrel. Kyleena releases 17.5mcg/day and Skyla 14mcg/day. For each of these IUDs, the dosage of LNG decreases over time. All make periods lighter for most people but because of the different amount of hormones, a woman using Mirena has a 20% chance of periods going away in the first year but with Kyleena it is 12% and for Skyla 6%. Kyleena and Skyla are slightly smaller devices than Mirena and may be less uncomfortable during insertion for people who have not had full term pregnancies.

Generally the less work you have to do to use a birth control method, the more effective the birth control method tends to be. National data also show that long-acting contraceptive methods (IUDs and the implant) have very high satisfaction rates; even higher than the pill. All of these IUDs are over 99% effective. The Mirena and Kyleena IUDs are effective for 5 years, the Skyla IUD is effective for 3 years.

New research shows that the Mirena IUD implant may work for longer than we thought. There were 2 pregnancies among almost 500 people who kept their Mirena IUDs for 7 years (two extra years). The resulting failure rates (0.25% at 6 years, and 0.43% at 7 years) were still significantly lower than for other birth control methods like the pill, patch or ring.

Advantages of LNG containing IUDs:

- Highly effective contraceptive beginning 1 week after insertion
- Long-lasting (3 or 5 years, but can be removed earlier if desired)
- Convenient
- Low risk of side effects
- Well-liked by users
- Cost-effective
- Reversible (immediate return to fertility after removal)
- Decrease of menstrual blood loss

You should not use LNG IUDs if you:

- might be pregnant
- currently have pelvic inflammatory disease (PID); have had PID in the past 3 months; have a history of recurrent pelvic infections
- have a history of a uterine infection after a pregnancy or abortion in the past 3 months
- have an infection in your cervix (cervicitis)
- have cancer of the uterus, cervix, or breast
- have unexplained vaginal or uterine bleeding
- are allergic to anything in LNG IUD
- have an irregular shaped uterine cavity

What is the process for obtaining an IUD?

IUDs are placed and removed by a clinician during a clinic appointment. You will need at least 2 appointments. During the initial appointment your clinician will determine if you are a good candidate for the IUD and a detailed consent will be reviewed, STD and pregnancy screen will be completed if indicated. Another appointment will be needed for the actual placement. Ideally placement is scheduled during the time a person is on their period to reduce the risk of uterine perforation. It is also typically less uncomfortable to place the IUD during this time.

How is the IUD placed in the uterus?

Your healthcare provider will check the position of your uterus and then pass an instrument (“sound”) through the cervix to determine the length of your uterus, after which the IUD will be placed. The exam, preparation and placement will take an average of 30 minutes. Many people notice cramping (similar to severe menstrual cramps) when the sound instrument is inserted through the cervix. The intensity of the cramps varies according to each person’s pain tolerance and cervix sensitivity. Some people notice transient symptoms such as: feeling faint, nauseated, or dizzy.

How do I know if my IUD is in place?

Once the IUD has been placed, your provider will teach you how to check for the two thin threads which extend from your cervix into the upper vaginal area. The threads should be checked by you at least once per month. If unable to locate your strings, use condoms and schedule a visit with your health care provider. **We recommend that you do not use the menstrual cup or Diva cup with any IUD as there is a risk of dislodging the IUD.**

What side effects can I expect with the LNG IUD?

- All contraceptive methods have side effects. LNG containing IUDs side effects may include: irregular bleeding or spotting for the first 3-6 months; some people have heavier periods during this time. After this adjustment period, the number of bleeding days is likely to decrease and your periods may stop altogether. It is not unusual to develop cysts on the ovary; these cysts usually disappear within a month or two, though occasionally they can cause pain and in rare cases may require surgery.
- Because these IUDs contain the hormone levonorgestrel, side effects may include: acne, breast tenderness, headaches or moodiness.

Some serious risk considerations with LNG IUDs:

- Pelvic inflammatory disease (PID): The IUD itself does not increase the risk of PID, however PID may occur if infection is present during insertion or you are participating in sexual activity which increases your risk of a sexually transmitted infection (STI) exposure. People with multiple sex partners or who are having sex with people who have other sex partners, have an increased risk of STI and PID. Condom use will reduce the risk of contracting an STI or PID.
- Difficult removals: rarely the IUD may be hard to remove because it is lodged in the uterine wall. Surgery may be needed to remove the IUD.
- Perforation: Perforation (IUD goes through the wall of the uterus) may rarely occur during IUD placement. If perforation occurs, the uterine wall often heals without surgery or complications.
- Expulsion: LNG IUD may partially or completely fall out of the uterus (expulsion). People who have never been pregnant are more likely to expel the IUD than people who have been pregnant before.
- Pregnancy: Rarely, pregnancy occurs with the IUD in place. If you are pregnant with an IUD in place it is more likely to be an ectopic/tubal pregnancy. Early evaluation by your health care provider is necessary.

When should I call my healthcare provider?

- if you think you are pregnant
- have pelvic pain or pain during sex
- have unusual vaginal discharge
- have unexplained fever
- might be exposed to sexually transmitted infection (STI)
- develop migraines or very severe headaches
- have severe or prolonged vaginal bleeding
- have yellowing of the skin or whites of the eyes as these may be signs of liver problems
- have a stroke or heart attack
- cannot feel IUD's threads or can feel the threads are much longer than usual
- can feel any other part of the IUD besides the threads (e.g. feel plastic at cervix)
- if you or your partner become HIV positive

The IUD does not protect against sexually transmitted diseases

The IUD is very effective in preventing pregnancy but it does not protect you from STIs. Using condoms will reduce your risk of STIs such as herpes, chlamydia, gonorrhea, HIV, etc.

If you have an urgent need, go to the Urgent Care Clinic during clinic hours; after hours, if you have SHIP insurance, go to Alta Bates Medical Center, Emergency Room (for directions : http://www.altabatessummit.org/visiting/altabates_directions.html). Call your medical provider if you do not have SHIP.

Check our **Website**: uhs.berkeley.edu to learn more about this and other medical concerns.
For **Appointments**: etang.berkeley.edu or call 510-642-2000 For **Advice**: call 510-643-7197