



HORMONAL IUD
Access Group

January 2026

Hormonal IUD Provision

Responding to Client Questions

Provider Job Aid

Resource Introduction

This document is intended to support family planning providers in answering their client's questions about the hormonal IUD. The answers provided are tailored to clients, providing clear, simple, and accurate responses regarding method characteristics, safety, side effects, and other key considerations.

For more in-depth technical answers to these questions, providers can reference the Hormonal IUD Provision FAQs Technical Guide, which includes medical information intended for a trained healthcare audience. That Technical Guide can be [found here](#).

This document has been set up to help quickly find answers to essential questions. Providers can use either the table of contents or the keyword index on the following pages to find relevant information and can use the navigation tools at the bottom of each page to move through the document.

Resource Background

This resource was developed by the Hormonal IUD Access Group, a global voluntary coalition of non-governmental organizations, researchers, funders, governments, procurement agencies and hormonal IUD suppliers committed to supporting evidence-informed introduction of the hormonal IUD. It has been reviewed by trained hormonal IUD providers and validated against hormonal IUD labeling.

Recommended Citation

Hormonal IUD Access Group. *Hormonal IUD Provision: Responding to Client Questions, Provider Job Aid*. (2026). Accessed at: www.hormonaliod.org/evidence-learning

Copyright © 2026, Family Health International. All rights reserved. The material in this document may be freely used for educational or noncommercial purposes, provided that the material is accompanied by an acknowledgment line.

Table of Contents

Method Characteristics	1
Efficacy & Duration.....	3
Insertion & Removal	5
Client Eligibility	7
Pregnancy, Post-Partum Provision, and Breastfeeding	8
Hormonal IUD Indications	9
Heavy Menstrual Bleeding	10
Safety & Side Effects	12
Impact on Fertility	15
User Experience.....	16
Introduction Information	18

Keyword Index

Abortion – 1

Adoption Motivations – 16

Amenorrhea

Cause of Amenorrhea – 10

Safety of Amenorrhea – 10, 11

Anemia – 9

Cancers

Risk Of – 14

Treatment Of – 9

Copper IUD, Differences – 2

Cost – 18

Countries, Introduction – 18

Development of HIUD – 18

Discontinuation – 16

Drug Interactions – 7

Duration – 2, 3, 10

Efficacy

Efficacy Limiters – 3

Level of Efficacy – 1, 4

Time to Efficacy – 3

Eligibility – 7

Breastfeeding – 8

Clients with High Body Mass – 7

General Eligibility – 7

HIV-Positive Clients – 7

Nulliparous Clients – 7

(See Also: *Risks – HIV*)

Post-Partum Clients – 8

Emergency Contraception – 9

Fertility – 15

Fertility Determinants – 15

Future Fertility, Nulliparous Users – 15

Return to Fertility – 15

Fibroids

See: Gynecological Treatment

Gynecological Treatment

Adenomyosis – 9

Endometriosis – 9

Fibroids – 9

Heavy Menstrual Bleeding – 10

Duration of Treatment – 10

Efficacy of Treatment – 4

Mechanism of Action – 10

Therapeutic Indications – 9

Time to Effect – 10

Hormone Therapy – 9

Hormone

See: Levonorgestrel

Implant, Differences – 2

Indications – 9

Insertion – 5

Insertion Pain – 5

Insertion Process – 5

Insertion Risks – 5

Levonorgestrel – 1

Mechanisms of Action – 1

Ovulation – 11

Pregnancy – 8

Breastfeeding – 8

Post-Partum Use – 8

Pregnancy During Use – 8

Removal During Pregnancy – 8

Product Materials – 1

Products, HIUD – 18

Removal

Removal Process – 5

Removal Strings – 6

Self-Removal – 6

Timing – 3

Research, HIUD – 18

Reversibility – 1

Risks - 12

Blood Clotting – 13

Complication Indicators – 16

Expulsion – 3, 13

HIV – 13

Migration – 13

Perforation – 3, 13

Satisfaction, Users – 16

Sexuality

Sexual Function – 17

Sexual Partners – 17

Shelf Life – 3

Side Effects – 12

Bleeding Changes – 4, 10, 12

Concerning Bleeding – 11

Long-Term Side Effects – 12

Short-Term Side Effects – 4, 12

Systemic Side Effects – 12

Method Characteristics

What is the hormonal IUD?

Hormonal IUDs are long-acting, highly effective reversible hormonal contraceptives that can also be used to reduce undesirable menstrual bleeding and pain.

What does the hormonal IUD look like? How big is it?

The hormonal IUD is a white plastic device that is just over 3cm tall, or about the size of two stacked dice.

What is the hormonal IUD made out of? Is that material safe?

Hormonal IUDs are made out of two types of plastic that are commonly used for medical devices and implants because they have been consistently proven to be safe and “inert” (meaning they don’t change or break apart) when inserted into the body, even for very long periods of time.

What drug does the hormonal IUD contain?

Hormonal IUDs contain a manmade hormone called levonorgestrel. Levonorgestrel was first created in the 1960s and is now used in health products, including emergency contraceptive pills and contraceptive implants, around the world.

Manmade hormones are almost always made out of natural substances. In levonorgestrel’s case, it’s made from yam or soybeans. They mimic the natural systems and processes in the body. Every body reacts differently to hormones, either natural or manmade, and you can talk to your provider about any negative side effects you experience or any concerns you may have about hormonal contraception.

How does the hormonal IUD work?

The hormonal IUD prevents sperm from reaching the egg or surviving in the uterus by thickening the fluid your cervix produces and making the environment in the uterus disruptive to sperm function. It reduces bleeding by controlling the growth of uterine tissue during the menstrual cycle, which the body would typically do to prepare for pregnancy. Most of the hormone is absorbed directly into the uterus and cervix, and very little enters the rest of the body.

Can the hormonal IUD cause an abortion?

No, the hormonal IUD cannot cause an abortion because it prevents sperm from reaching and fertilizing the egg.

How is the hormonal IUD different than the copper IUD?

Copper IUDs have a longer approved duration (10-12 years), don't contain hormones, and often cause heavier or less predictable menstrual bleeding and pain. Hormonal IUDs are approved for up to 8 years, contain a hormone, and are associated with lighter or paused menstrual bleeding and pain after the body adjusts to the device.

How is the hormonal IUD different than hormonal implants?

Implants have shorter approved duration (2-5 years) and have a less consistent impact on menstrual bleeding than hormonal IUDs. Hormonal IUDs are approved for up to 8 years and cause lighter or paused bleeding in almost all users over time. Hormonal IUDs are also approved for use in treating heavy menstrual bleeding.

Efficacy & Duration

How long does the hormonal IUD last for? Does the client need to keep the hormonal IUD for its full duration of use?

The hormonal IUD has been proven to be effective for up to 8 years as a contraceptive and up to 5 years as a treatment for heavy menstrual bleeding, but the approved duration of use varies by country. People who use the hormonal IUD can have it removed at any time, and removal before the approved maximum duration is not dangerous.

What is the hormonal IUD's shelf life and how is that different from duration of use?

The hormonal IUD can be inserted up to 3 years (for Mirena) or 5 years (for Avibela) after the date it was manufactured without a change in how effective it is or how long it will work. The “clock” for duration of use is only started after insertion, meaning that someone can still use it for a full 8 years to prevent pregnancy even if the hormonal IUD was inserted at the end of its shelf life.

How effective is the hormonal IUD at preventing pregnancy?

The hormonal IUD is over 99.8% effective in the first year, meaning that out of 1000 people using the method for a year, 2 or fewer would be expected to become pregnant. It is one of the most effective contraception options.

Is there a delay after insertion before the hormonal IUD is effective?

Unless you get a hormonal IUD immediately after an abortion, miscarriage, or childbirth, you should use condoms or abstain from vaginal sex for seven days after your hormonal IUD is inserted to allow it to reach full efficacy.

Are there things that may make the hormonal IUD less effective at preventing pregnancy or may cause a method failure?

There are very few things that can make a hormonal IUD less effective. If the hormonal IUD isn't placed correctly in the uterus due to the uterus being an unusual shape or having large fibroids, that may lower its ability to prevent pregnancy. Very rarely, the hormonal IUD will be pushed out of the uterus through the cervix (expulsion) or through the side of the uterus (perforation). These complications are extremely uncommon but would also make the method less effective. Your provider will complete a medical history and pelvic exam to ensure you do not have conditions that would make the hormonal IUD less effective or very challenging to place correctly, and will teach you how to check your hormonal IUD strings to confirm that it is still in place.

How effective is the hormonal IUD at treating heavy menstrual bleeding?

The hormonal IUD has been clinically proven to be one of the most effective options for reducing heavy menstrual bleeding over time. However, the hormonal IUD does have an adjustment period after insertion while your body gets used to the device. During those 3-6 months, many users experience irregular or more frequent bleeding. These bleeding changes are temporary, and almost all users will ultimately bleed much less, experience less pain during their periods, or may have their periods pause temporarily while they use the method.

Insertion & Removal

How is the hormonal IUD inserted? How is it removed? Does insertion or removal require surgery?

Before inserting the hormonal IUD, the provider will use a tool called a speculum to open the vaginal canal and more clearly see the cervix. They will use a thin plastic tool to determine the size of the client's uterus, to ensure the method is placed correctly. This tool is inserted through the cervix into the uterus and then withdrawn. The hormonal IUD is then loaded into a narrow plastic tube with its arms pushed up, and the end of the tube is gently inserted through the cervix and into the uterus. It will be partially pulled out while leaving the hormonal IUD in the uterus, and the provider will briefly pause to allow the arms of the IUD to extend out. They will then slowly move the IUD forward until it reaches the top of the uterus. Then the tube will be fully withdrawn and the provider will use blunt scissors to clip the removal strings. To remove the hormonal IUD, the provider will use forceps to grasp the removal strings and gently pull the IUD back through the cervix. Its arms will fold flat to facilitate removal. These are non-surgical processes and can be completed in any family planning clinic with appropriate equipment and sterilization practices. Surgical intervention is only needed in the event of extremely rare complications.

Are there risks to the insertion process?

All medical procedures have risk. While very rare, there is some risk that the IUD may become accidentally imbedded in the uterine wall (called perforation) or could be positioned incorrectly in a way that leads to the IUD being expelled through the cervix. Perforation occurs only in about 1 in 10,000 insertions. Additionally, if a provider does not maintain clean equipment and a clean environment, there is a risk of infection. If you feel unsafe or ask to stop the insertion or removal, the provider must pause or discontinue the procedure immediately.

Is hormonal IUD insertion painful? Is there anything that can help clients experience less pain?

While experiences with pain are very individual, the insertion process can be painful. You have a right to ask your provider questions about what you will experience and what your provider can offer to reduce pain. While not available at every clinic, oral painkillers, painkilling gels applied to the cervix, or painkillers injected into the cervix may help minimize pain. Providers can also offer more personalized information on your likelihood of experiencing pain based on your background and medical history.

Where can a client get the hormonal IUD removed?

Clients can get their hormonal IUD removed from any provider trained to offer the hormonal IUD. They do not need to return to the same provider who inserted their hormonal IUD if that provider is not available. It's safe for you to get the hormonal IUD removed any time.

What should happen if a client or provider can't find the hormonal IUD's removal strings?

If you are unable to locate their hormonal IUD's strings by gently inserting two fingers into the vagina up to the cervix, you should return to your family planning provider, or to any provider trained to offer the hormonal IUD, for assistance. You should also use condoms or stop having sex until your hormonal IUD is confirmed to be in place. Not being able to locate hormonal IUD strings is rarely an indicator of serious complications, and the most common reason is that the strings were cut short and have pulled up into the cervical canal, which is not dangerous. Providers will confirm this or provide next steps.

Can a client remove their own hormonal IUD?

While IUD self-removal is technically possible, it has not yet been proven to be safe, and you can and should return to a trained healthcare provider for assistance in removing your hormonal IUD at any time.

Client Eligibility

Is there anything that can prevent someone from being able to safely use the hormonal IUD?

People with active infections of the reproductive system, liver disease, reproductive cancers, or uterine distortion from recent pregnancy or illness cannot safely use the hormonal IUD. Providers will complete a full medical history and pelvic exam with you to rule out conditions that would prevent safe and effective hormonal IUD use. People with these conditions should talk to their provider about effective alternative contraceptive options.

Can someone who hasn't had children use the hormonal IUD safely? Does it hurt more to get a hormonal IUD if you haven't had children?

People who have not yet had children can use the hormonal IUD safely. It will not impact their ability to have children after they get the method removed. However, if you have not yet had children, insertion may be more painful. Your provider can tell you what resources they have available to help reduce pain.

Can people living with HIV use the hormonal IUD?

Yes, people living with HIV can safely initiate or continue use of the hormonal IUD. The method should not be *initiated* in people with stage 3 HIV (AIDS) but can be *continued* in users whose condition has advanced to stage 3 while using a hormonal IUD. The hormonal IUD does not have any known interaction with anti-retroviral medications and does not increase viral shedding or viral load.

Are hormonal IUDs still effective for users with high body mass?

Current evidence suggests weight does not significantly impact hormonal IUD efficacy, and hormonal IUDs can be recommended to anyone who is eligible and interested, regardless of weight.

Is the hormonal IUD known to interact negatively with any other drugs or herbal medicines?

Because the hormonal IUD's effect is caused by the release of a hormone directly into the uterus and cervix, its efficacy cannot be meaningfully impacted by other drugs. The hormonal IUD has no known drug interactions.

Pregnancy, Post-Partum Provision, and Breastfeeding

What should a client do if they become pregnant while using the hormonal IUD?

If you suspect or know that you are pregnant, you should return to a provider trained to offer the hormonal IUD as soon as possible. Your provider will complete an examination to confirm pregnancy, determine whether IUD removal is still possible, and explain the risks and benefits of removal/non-removal of the hormonal IUD. You can decide independently, with this information, whether to continue or terminate the pregnancy and remove or retain your hormonal IUD. You have the right to make this decision for yourself.

If a client is not willing or able to remove the hormonal IUD after becoming pregnant, what are the risks?

Pregnancy during use of a hormonal IUD is a significant medical event and should be addressed promptly. Pregnancies occurring while a hormonal IUD is placed are more likely to occur outside of the uterus, a condition that can be fatal to both the mother and baby, and more likely to result in miscarriage if the hormonal IUD is not removed. Infection risk is also elevated if a pregnancy is continued without hormonal IUD removal. These pregnancies should be considered high risk and should be monitored closely.

Can the hormonal IUD be inserted immediately post-partum? What about later in the post-partum period?

Hormonal IUDs can be inserted either immediately post-partum (within 48 hours of childbirth) **or** any time after the uterus has returned to its pre-pregnancy size and shape, typically 4-6 weeks following birth. Post-partum insertion is associated with slightly higher risk of expulsion and perforation, but the overall risk of these complications remains extremely low. You can talk about your plans and preferences for post-partum family planning with your provider during your prenatal check-ups.

Can the hormonal IUD be used if a client is breastfeeding?

Yes, the hormonal IUD is safe to use while breastfeeding, as only a very small amount of the hormone in the method enters the mother's blood or breast milk. Studies have found that hormonal IUD use while breastfeeding does not cause negative effects on milk quantity or quality, or on infant health. There is a slightly increased risk of uterine perforation during insertion in breastfeeding clients, but this risk remains extremely low overall.

Hormonal IUD Indications

Can the hormonal IUD be used for anything other than pregnancy prevention?

Yes, the hormonal IUD is also approved to treat heavy menstrual bleeding and, in some countries, can be used as part of hormone therapy in women experiencing perimenopause or menopause.

Can the hormonal IUD be used as an emergency contraceptive?

The hormonal IUD is not yet approved for use as an emergency contraceptive and its use after method failure or unprotected sex hasn't been heavily studied. As of 2026, a large clinical trial is underway in the United States to assess whether the hormonal IUD may be an effective emergency contraceptive.

Does the hormonal IUD treat or cure fibroids? What about other gynecological conditions?

While the hormonal IUD can reduce bleeding and pain associated with fibroids, it cannot shrink or remove the fibroids themselves or cure people of the condition.

The hormonal IUD is an effective first treatment for adenomyosis and endometriosis, as it helps prevent the overgrowth of tissues in and around the uterus and is associated with reduced menstrual bleeding and pain.

Can the hormonal IUD be used to treat or cure anemia?

The hormonal IUD can limit menstrual blood loss, which can help preserve essential proteins and minerals in the bodies of women with anemia, particularly among women who typically experience heavy monthly bleeding. By preserving proteins and minerals in the body, symptoms of iron-deficient anemia like fatigue, bruising, or shortness of breath can improve. While we know the method can be a helpful treatment, we do not yet know for sure how much of an improvement in symptoms it can lead to. As of 2026, a study is active in Kenya to learn more.

Can the hormonal IUD help protect against or treat reproductive cancers?

The hormonal IUD is protective against endometrial cancer and ovarian cancer and may also lower risk of cervical cancer. It can also be used to help treat early-stage endometrial cancer, either alone or combined with other medications or treatments.

Heavy Menstrual Bleeding

How long can the hormonal IUD be used to treat heavy menstrual bleeding?

Clinical studies have found that the hormonal IUD is a consistently effective treatment for heavy menstrual bleeding for up to five years. It may be effective for longer than five years, but this effect is likely to be less reliable.

How does the hormonal IUD reduce menstrual bleeding?

Hormonal IUDs block the hormone that triggers the growth and thickening of the uterine lining over the course of the menstrual cycle. As a result, the uterine lining becomes thinner and when a hormonal IUD user has their monthly period, there is very minimal blood and tissue to be released. They may see only a small amount of bleeding during their period or their monthly bleeding may be paused while they use the method.

Is reduction in bleeding immediate or does it take time to happen?

While some users experience immediate reduction in bleeding, most experience an adjustment period as their body gets used to the method and absorbs the hormone into the uterus. During this adjustment period, which typically lasts 3-6 months after insertion, bleeding may be more frequent, irregular, painful, or heavier. While every body is different and reactions to the method are unique to each person, most users will begin to see a significant reduction in these effects after 3-6 months and almost all will experience reduced or paused bleeding shortly thereafter.

If a person's bleeding is paused while using the hormonal IUD, is blood accumulating in the body?

No, blood is not accumulating in the body. Because the hormonal IUD limits the growth of the uterine lining over the course of the menstrual cycle, there is not an accumulation of blood and tissue in the uterus during method use.

Is it safe to not have a monthly period?

Yes, paused monthly periods alone due to reduced blood and tissue in the uterus are not dangerous and do not impact future fertility after stopping use of the hormonal IUD. However, unexplained stopped bleeding when *not* using a contraceptive method that is known to have that effect may be linked to health concerns. If you're concerned about paused monthly periods, whether or not you're using a contraceptive method, you should speak to your family planning provider.

What are the signs that a hormonal IUD user may be experiencing unusual or concerning bleeding? What should a client do if they have concerns about bleeding?

Heavy bleeding or severe pain within a few days of method insertion, sudden changes in bleeding patterns (for example, going from bleeding once a month to bleeding multiple days a week), bleeding that lasts much longer than your typical monthly bleeding, unusual or foul-smelling vaginal discharge, fever, or chills are all signs of a potential complication. If you experience any side effects or changes to bleeding that you're concerned about, regardless of severity, you should see a provider trained to offer the hormonal IUD to talk about what you're experiencing and learn about treatment options if needed.

If a hormonal IUD user's monthly period doesn't come, does it mean the hormonal IUD failed?

Typically, no. Paused monthly bleeding is a common side effect of hormonal IUD use, experienced by around 1 in 5 users in the first year of use and 2 in 5 users by the end of the second year. However, you can always ask for a pregnancy test if you're concerned about a potential pregnancy and your provider can tell you about possible early signs to help you self-identify a pregnancy.

Do hormonal IUD users still experience a menstrual cycle and ovulation while using the method?

Most hormonal IUD users will still experience a normal menstrual cycle and ovulation while using the method, particularly over time. Research has found that within the first year of use, ovulation occurs in about half of each user's menstrual cycles and after four years of use, ovulation occurs in three out of four cycles. The hormonal IUD is mostly effective by directly changing the environment inside the uterus and cervix to make it difficult for sperm to move and survive; it doesn't significantly impact regular hormonal changes that cause ovulation.

Is there any way to know which, if any, bleeding changes someone may individually experience in advance of using the hormonal IUD?

There is not yet a reliable way to predict what bleeding changes a specific person might experience when they use the method. Bodies uniquely react to contraceptives based on many individual factors, like their previous medical history, body composition, and natural metabolism. Your provider will offer you comprehensive counseling on all possible bleeding changes and other side effects and will be receptive and ready to respond to your questions and concerns.

Safety & Side Effects

What kinds of side effects might someone experience right after they get the hormonal IUD?

In the week after insertion, cramping and pain (similar to what you may experience during your period) is common. These may be uncomfortable but should not be so severe that they impact your day-to-day life. If the pain doesn't go away after a week or if it becomes severe, you should go back to your provider. In the first 3-6 months after insertion, many users experience longer or more irregular bleeding. This is normal and expected as the body adjusts to the hormonal IUD. For most people, the bleeding will start to become lighter and less frequent starting about 3 months after insertion. During this adjustment period, you may also experience mild nausea, tender breasts, mood changes, headache, acne, or weight gain. These side effects are associated with the small amount of the hormone levonorgestrel entering the blood stream, and in almost all cases, they improve or go away within the first 6 months of method use. You should return to your provider to talk about any side effects that concern you, regardless of how bad they are.

What kinds of side effects might someone experience after using the hormonal IUD for a long time?

Over time, the most common side effect is reduced monthly bleeding or paused monthly bleeding. Starting after the first 3-6 months of use, most people bleed substantially less during their period while using the hormonal IUD. About 2 out of every 5 users will have their monthly bleeding paused while using the method. This is safe and does not indicate a problem with the device. Research suggests that most users do not experience any notable side effects after the first year of use, other than reduced bleeding. Importantly, which side effects a person experiences and how significant they are varies a lot from person to person. If you experience something you're concerned about, even if you're not sure that it's from the hormonal IUD, you should speak to a trained provider for guidance.

Is there any way to predict what side effects someone may individually experience in advance of using the method?

There is not yet a reliable way to predict which side effects a person may have. You should ask your provider any questions you may have about the method's side effects and come back to the clinic if you experience any changes that worry you.

Does the hormonal IUD cause “systemic” (or “whole body”) side effects? If so, what effects?

The hormonal IUD can cause side effects outside of the reproductive system, but because very little of the hormone is released into the blood stream, these side effects tend to be mild and often go away on their own within the first 6 months of use. These include headache, nausea, breast tenderness, mood changes, acne, and weight gain.

How common is hormonal IUD expulsion? What causes it?

Expulsion, or pushing the hormonal IUD back out of the cervix, is very rare. Only about 3% of hormonal IUD users in the first year of insertion will expel the device, and the number of expulsions goes down in later years of use. People who have recently given birth or are breastfeeding and adolescent users have a slightly higher risk of expulsion. You can regularly check the IUD strings to make sure the device is still in place, and go back to your provider if you cannot locate the strings or can feel the IUD's frame in your vagina or cervix.

How common is uterine perforation by the hormonal IUD? What causes it?

Uterine perforation, or the hormonal IUD attaching to or pushing through the side of the uterus, is a serious but extremely rare complication, occurring during or after about 0.2% of insertions. Risk of perforation is slightly elevated in post-partum and breastfeeding hormonal IUD users and younger users who have not given birth. You should come back to your provider if you experience severe abdominal pain, heavy bleeding, or any effect you find concerning.

Can the hormonal IUD leave the uterus and enter other parts of the body (or migrate)?

About 0.005-0.01% (or 1 in 10,000) of insertions will result in IUD migration, making migration an extremely rare risk. In the rare cases of migration, almost all devices move down near the bladder or intestines, and there has never been a case of a hormonal IUD leaving the abdomen and traveling elsewhere in the body. If you cannot feel the strings of your hormonal IUD, or if you experience a sudden increase in bleeding or pain, you should see a healthcare provider as soon as possible.

Can the hormonal IUD increase the risk of acquiring HIV?

No, the hormonal IUD does not increase the risk of acquiring HIV. The method has been evaluated in populations at risk of HIV and has not been associated with increased transmission. It does not, however, protect against HIV and if you would like protection against HIV as well, you can use condoms or talk to a trained provider about other options.

Does the hormonal IUD cause blood clotting?

No, the hormonal IUD does not cause blood clotting and is safe to use by individuals at high risk of developing clots. The hormone in the hormonal IUD, levonorgestrel, is a

manmade form of the hormone progesterone, which cannot cause blood clotting. This is different from contraceptives that contain the hormone estrogen, like the combination pill or many implants, which increase risk of blood clots.

Can the hormonal IUD cause cancer?

No, the hormonal IUD cannot cause a person to get cancer, and it lowers risk of certain cancers of the reproductive system, like endometrial cancer. However, all hormonal contraceptives can cause existing breast cancer cells to grow more rapidly in women with elevated cancer risk due to their age (40+) or existing reproductive health conditions. Even in that population, though, risk remains extremely low.

Impact on Fertility

How quickly does fertility return after the hormonal IUD is removed?

Return to fertility following hormonal IUD removal is rapid, and the fertility rates for hormonal IUD users one year following removal are the same as rates for people who have never used hormonal contraceptives. This is because of the hormonal IUD's local effect, which ends as soon as it's removed from the uterus. However, if you are concerned about your ability to become pregnant, you are encouraged to talk to a doctor, nurse, or midwife who is trained in fertility about your contraceptive history and ideal timelines for pregnancy.

If the hormonal IUD is used for a long time, does it have a negative impact on fertility?

There is no evidence to suggest that duration of hormonal IUD use impacts fertility. In long-term clinical studies that included evaluation of patient fertility after the device was removed, no significant differences were found between users who had the method for shorter durations (1-3 years) and users who had the method for longer durations (4-8 years). The method can be removed any time, however, if you wish to become pregnant.

If a person who hasn't had a child uses the hormonal IUD, will they be able to get pregnant in the future after it is removed?

The hormonal IUD has no impact on future fertility. Most users will continue to ovulate during use of the method, and there is no evidence that users who have not yet had children experience any difference in return to fertility compared to users who have previously had children. The hormonal IUD is safe to use for people who have not been pregnant or given birth. However, if you are concerned about your ability to become pregnant, you are encouraged to talk to a doctor, nurse, or midwife who is trained in fertility about your contraceptive history and ideal timelines for pregnancy.

User Experience

Has there been evaluation of user satisfaction outside of clinical trials?

Yes, over the method's 50+ year history, there have been many studies on user experiences with the hormonal IUD. User satisfaction and method continuation have consistently been found to be high, with 90-95% of users in high income countries indicating high satisfaction at one year of use. Pilot studies conducted in Ghana, Nigeria, Kenya, Zambia, and Madagascar showing similar results, with 80-95% of users indicating they were "very satisfied" with their method. In these pilots, adopters showed strong interest in recommending the method to others.

What are the most common reasons people choose to use the hormonal IUD?

Much like implants and the copper IUD, users are interested in the hormonal IUD's long duration and high contraceptive efficacy. The method's unique impact on bleeding also appears to interest users. In pilot studies conducted in Kenya and Zambia, about 1 in 3 adopters referenced reduced bleeding as one of their motivations for choosing the method. Users also reference its potential for fewer side effects, convenience, duration, and efficacy as important characteristics. Similar findings have emerged in Nigeria and Madagascar.

What are the most common reasons people stop using the hormonal IUD?

In "real world" studies (in other words, not clinical trials), the most common reason for removing the hormonal IUD in the first year is pain/cramping and bleeding irregularity, both of which are common side effects which generally go away within 6 months of method insertion. After the first year, people discontinuing use are more likely to reference a desire to become pregnant instead of negative side effects. Your provider can help you decide whether the method's short-term side effects align with your needs and preferences.

When should a client come back to see their provider while using the hormonal IUD?

After insertion, you should return if:

1. You are unable to locate your IUD strings during regular self-checks
2. You know or suspect your IUD was expelled or imbedded in the uterus
3. You begin to experience increasing or severe pain, unusual vaginal discharge, fever, chills, nausea, or vomiting
4. You know or suspect that you are pregnant
5. You want the IUD removed, for any reason

You are welcome to return to talk about the hormonal IUD or your experiences any time, and you can get your IUD removed for any reason.

Can a client’s sexual partner feel the hormonal IUD during penetrative sex?

Normally, no, your sexual partner will not be able to feel the hormonal IUD. The IUD is placed fully within the uterus, where it is protected and held in place by the cervix. In the very rare event that your IUD pushes back out into the cervix, a sexual partner may be able to feel the device – this is a method failure and you should return to the clinic to have the IUD fully removed and replaced as soon as you can. While a sexual partner may sometimes be able to feel the short IUD strings, these are soft and should not be uncomfortable.

Will a hormonal IUD impact a client’s sexual function or interest in sex?

A large review of IUD research has found that hormonal IUDs may decrease pain during sex for many users and either have a minor positive effect on sexual desire or no effect, depending on the study.

Introduction Information

Is the hormonal IUD a new product globally? When and where was it developed?

The hormonal IUD is not new, globally. It was first invented in Finland by a non-profit in the mid-1970s and the product was first approved for use in 1990. It has been available throughout Europe, the United States, and Australia for more than 30 years, and it is the most commonly used long-acting contraceptive in these places.

Which hormonal IUD products are available?

There are two main hormonal IUD products available in the global market: Mirena, supplied by Bayer, and Avibela, supplied by Medicines360. There is a third hormonal IUD sometimes donated to clinics or non-profits, called the LNG-IUS.

There are also a number of hormonal IUD products that have not had their quality confirmed by the WHO *or* are not available globally. These products may still be sold in some places, and include Eloira, Kyleena, and Skyla.

Where has the hormonal IUD been studied?

Given the hormonal IUD's long history, it has been extensively studied around the world. Large-scale clinical trials to test efficacy, safety, and user experiences have been conducted since the 1970s in the United States, Europe, and China. Smaller-scale studies have also been done in these settings, and in Latin America, Africa, and South Asia.

What countries are offering the hormonal IUD now?

In addition to high-income countries, where the method has been available for more than 30 years, the hormonal IUD has now been introduced in the public sector in 17 new countries:

Senegal	Guinea	Nigeria
DRC	Uganda	Kenya
Rwanda	Zambia	Malawi
Madagascar	Kyrgyzstan	Yemen
Egypt	Honduras	Somalia
Palestine	Comoros	

Many more countries are preparing to introduce the method in the public sector. The hormonal IUD is widely available, at varying cost, in private health systems around the world.

What does the hormonal IUD cost?

For clients receiving the hormonal IUD through public sector clinics, out of pocket cost will vary by country and setting. In some settings, you may be asked to pay a service fee or pay for the cost of single-use tools.

In the private sector, cost to clients will vary widely depending on country, clinic setting, and hormonal IUD product. Costs ranging from 15 USD to 200 USD+ have been documented.