HORMONAL IUD
Access Group

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Hormonal IUD Provision

Frequently Asked Questions

Technical Guide

Resource Introduction

This document is intended to provide quick answers to common questions hormonal IUD providers may have regarding method provision. The answers provided assume technical familiarity with family planning service provision and should not be read verbatim to clients. Instead, they can help build a provider's knowledgebase to ensure accurate counseling, safe method insertion and removal, and appropriate management of side effects and complications.

Providers can use the Hormonal IUD Provision: Responding to Client Questions job aid to directly answer client questions, as the responses in that document have been tailored to clients without medical experience. That job aid 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.

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Method Characteristics

What is the hormonal IUD?

The hormonal IUD, also sometimes called the hormonal IUS or LNG IUS, is a long-acting, highly effective reversible women's health product indicated for use both as a contraceptive and as a treatment option for heavy menstrual bleeding.

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. It is extremely lightweight, less than 5g. The hormonal IUD is T-shaped, with two flexible arms that collapse flat as the IUD is being inserted or removed. If available, providers should allow their clients to see or hold a hormonal IUD model (*not* the product that will be inserted) during counseling.

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

Hormonal IUDs are made out of a material called polyethylene. Polyethylene is a plastic that is widely used for surgical implants and other medical applications due to its high "biocompatibility" or ability to be placed in the body safely, without becoming damaged or unstable. Extensive evaluation of the material has found it to be non-toxic. Hormonal IUDs also contain a very small quantity of silicone, a polymer also found to be biocompatible and widely used for breast implants, contact lenses, artificial cardiac valves, and other medical applications. The hormonal IUD's materials are considered extremely safe, and the product is manufactured in quality-assured facilities inspected by the WHO.

What drug does the hormonal IUD contain?

Hormonal IUDs contain the progestin, or synthetic hormone, levonorgestrel. Levonorgestrel was first created in the 1960s and is now used in reproductive health products, including emergency contraception and implants, around the world.

Synthetic hormones are generally derived from natural substances. In levonorgestrel's case, its base materials are derived from yam or soybeans. They mimic the natural systems and hormonal processes in the body. Every body reacts differently to hormones, either natural or synthetic, and clients can talk to their provider about any negative side effects they experience.

How does the hormonal IUD work?

The hormonal IUD slowly releases the hormone levonorgestrel directly into the uterine and cervical tissue, causing an effect that is predominantly localized in the reproductive system. The method has three main effects: thickening of the cervical mucus to prevent sperm from entering the uterus, a mild inflammatory effect within the uterus that inhibits sperm movement and survival, and inhibition of uterine lining growth over the course of the menstrual cycle. These effects work together to provide contraceptive protection and reduction of menstrual bleeding. Unlike many hormonal methods, the hormonal IUD does not meaningfully inhibit ovulation as part of its contraceptive effect. Most users will continue to ovulate (and have cyclical hormonal fluctuation) during their use of the method.

Can the hormonal IUD cause an abortion?

No, the hormonal IUD is not considered an abortifacient because its primary contraceptive effects prevent sperm from reaching and fertilizing the egg. Embryo loss does not occur significantly more frequently in hormonal IUD users than it does for people not using any contraceptive.

How is the hormonal IUD different than the copper IUD?

Both the hormonal IUD and the copper IUD are highly effective, long-acting reversible contraceptives. The copper IUD has a longer approved duration (up to 12 years), is approved for use as emergency contraception, and is often associated with heavier, less predictable bleeding and increased abdominal pain during use. The hormonal IUD has a shorter approved duration (up to 8 years), is not yet approved for use as emergency contraception, and is often associated with lighter or paused menstrual bleeding and pain over time. The hormonal IUD is indicated for treatment of heavy menstrual bleeding. As the copper IUD is often associated with heavier bleeding, it does not have this indication.

How is the hormonal IUD different than hormonal implants?

Both the hormonal IUD and implants are highly effective, long-acting reversible contraceptives. Implants have shorter durations (3-5 years) and while many people experience reduction in menstrual bleeding during their use of the implant, that effect is less consistent and universal than it is for hormonal IUDs. Implants may also lead to ongoing unpredictable bleeding for their full duration of use. Hormonal IUDs have a longer approved duration (up to 8 years) and cause lighter or paused menstrual bleeding and pain in almost all users over time. The hormonal IUD is indicated for treatment of heavy menstrual bleeding. Implants do not have this indication. Implant insertion and removal can be more technically complex than IUD insertion as it is considered a minor surgical procedure, though both require specialized training to ensure patient safety and product

efficacy. The two methods also may contain different hormones; while all hormonal IUDs only contain levonorgestrel (as of 2026), many single-rod implants contain etonogestrel.

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?

Large clinical trials have decisively proven that the hormonal IUD is effective as a contraceptive for up to 8 years after insertion and effective as a treatment for heavy menstrual bleeding for up to 5 years after insertion. However, approved duration of use varies by country. Providers can counsel clients on both the approved duration for their country and the product's clinically proven duration of efficacy, 8 years. Clients can remove the hormonal IUD at any time. Removal before the labeled duration is not dangerous, and while providers should offer counseling and support if clients present with undesirable side effects, they should not attempt to discourage clients from removing the method.

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

Mirena has a shelf life of 36 months (3 years) and Avibela has a shelf life of 60 months (5 years). Each hormonal IUD will have an expiration month and year printed on its package; the product can be inserted up through the final day of the printed month with no change in method efficacy or duration of use. Duration of use does not begin until the product is actually inserted, meaning that if Avibela or Mirena is inserted in the 60th or 36th month after manufacture respectively, a client can still use it for up to 8 years as a contraceptive without a reduction in efficacy. Insertion after the expiration date printed on the package is not believed to be dangerous, but the product will be less effective.

How effective is the hormonal IUD at preventing pregnancy?

The hormonal IUD is one of the most effective contraceptive methods. It is over 99.8% effective after one year of use and over 99.3% effective from years 2-8. That means that out of 1000 people using the method for 12 months, 2 or fewer would be expected to become pregnant. This is slightly more effective than the copper IUD and equal in efficacy to Nexplanon.

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

Generally speaking, the hormonal IUD takes about 7 days to reach full efficacy. If the method is inserted within seven days of the first day of a client's period or immediately following an abortion, miscarriage, or childbirth, the client will have contraceptive protection from those processes and does not need to use a backup method. If that is not the case, the client should use condoms or abstain from vaginal sex for seven days after insertion.

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

The hormonal IUD is highly effective for most users and in most circumstances, including post-partum and post-abortion use and use while breastfeeding. The hormonal IUD doesn't interact with alcohol, other drugs (including GLP-1 agonists), supplements, or foods (e.g., grapefruit). Decreases in efficacy are generally caused by misplacement of the hormonal IUD due to uterine distortion, active infection of the reproductive system, method expulsion through the cervix, or uterine perforation. Providers must complete a medical history with their clients to ensure they do not have conditions that might cause uterine distortion (such as large fibroids), and are free from localized infection. Proper fundal placement of the hormonal IUD will limit the risk of expulsion or perforation, but providers should also instruct clients to regularly check the strings of their IUD to confirm that it is still in place.

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

In a clinical study on the hormonal IUD and heavy menstrual bleeding, the hormonal IUD caused a >95% reduction in median menstrual blood loss in the first 6 months of use in users without systemic conditions causing heavy bleeding, in contrast to a 21% reduction in users of oral hormonal therapy. The hormonal IUD has been consistently proven in both clinical and "real world" settings to be among the most effective options for reducing menstrual blood loss associated with gynecological conditions like endometriosis, fibroids, or adenomyosis. However, many users will experience irregular or more frequent bleeding in the first months of method use. While bleeding will reduce for almost all users over time, clients should be counseled on the potential for irregularity immediately following insertion.

Insertion & Removal

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

Please see full method insertion and removal training materials for comprehensive information on the insertion and removal processes.

Are there risks to the insertion process?

Risks include uterine perforation, incorrect placement leading to expulsion, or the introduction of infection if aseptic conditions are not maintained. All patient screening and insertion and removal steps must be followed to ensure that these risks are minimized. Should a provider not feel confident in their ability to safely insert or remove the hormonal IUD, they should refer the client to a colleague or another clinic for hormonal IUD services.

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

Insertion pain is extremely individual, but clinical evidence suggests that moderate to severe pain during insertion is common, and is more frequent in nulliparous clients, younger clients, or clients who experience painful periods. Providers should offer their clients pain management assistance if available, including NSAIDs, topical lidocaine placed on the cervix, or lidocaine injection in the cervix if trained to do so. However, if these resources are not available, clients should **not** be denied hormonal IUD insertion if desired. Providers should also offer comprehensive counseling on the method and insertion process to each client, as some evidence suggests higher quality counseling can lead to lower reported pain during and after insertion. Medications to induce cervical dilation are not generally recommended. While evidence is limited, non-pharmacological interventions may be beneficial, such as ensuring the environment is as quiet and calm as possible or lowering the lighting in the examination room.

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.

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

If a client returns to the clinic because they cannot locate their IUD strings, providers should perform a basic pelvic exam and gently attempt to locate the strings in the vagina and cervical canal. If trained and able, providers can use a cervical brush to return stings to vaginal canal. If the provider is unable to locate the strings, they should conduct an x-ray or ultrasound. If their facility does not offer these imaging services, they should refer to a health center that does, to determine hormonal IUD placement hormonal IUD or confirm complete expulsion. The provider should offer the client a backup contraceptive method to use during this time. If the hormonal IUD is located through x-ray or ultrasound, providers can consider cervical dilation to retrieve and remove the hormonal IUD or – in extreme cases of uterine perforation – refer for surgical intervention. Once the hormonal IUD is removed, discuss the client's contraceptive preferences. If they still wish to use the hormonal IUD and pregnancy has been ruled out, a new hormonal IUD can be inserted.

Can a client remove their own hormonal IUD?

Two very small studies have suggested that IUD self-removal is both possible and safe, if the IUD user takes appropriate infection control measures, such as thorough hand washing. However, given the limited evidence and the challenge of ensuring clients have sufficient information to perform self-removal safely, this practice is not promoted. If a client expresses interest in self-removal or indicates their intention to self-remove, providers should recommend they return to the clinic for assistance in removing the hormonal IUD. Providers can also counsel clients that intend to self-remove to ensure their hands are fully sanitized in advance and to stop their attempt and seek medical assistance if they experience bleeding or pain.

Client Eligibility

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

The WHO Medical Eligibility Criteria indicates that clients who are pregnant, experiencing sepsis following childbirth, miscarriage, or abortion, have unexplained vaginal bleeding, malignant gestational trophoblastic disease, cervical cancer, breast cancer, endometrial cancer, active pelvic inflammatory disease, chlamydia or gonorrhea, stage 3 HIV (AIDS), pelvic tuberculosis, severe cirrhosis or tumors of the liver, or who have a distorted uterus due to fibroids or other health conditions should not initiate use of a hormonal IUD, as risk to the client outweighs the potential benefit to use of the hormonal IUD.

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. The side effect profile and level of efficacy is the same in this population as in people who have had children, and the hormonal IUD does not impact future fertility. Some evidence suggests that insertion is moderately more painful in people who have not given birth vaginally than in people who have. Clients should talk to their providers about resources available to help minimize pain during insertion.

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?

In clinical evaluation of hormonal IUD use in women who were classified as standard weight, overweight, and obese by Body Mass Index (BMI), no statistically significant difference in method efficacy or safety was found between the different user groups. Current evidence suggests body mass does not significantly impact hormonal IUD efficacy, and hormonal IUDs can be recommended to any eligible and interested client, regardless of weight.

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

Drugs or herbal medicines that inhibit the enzymes that metabolize the hormone levonorgestrel (LNG) may decrease serum concentrations of LNG in clients using the hormonal IUD. These drugs include select HIV medications, antibiotics, and antifungals (see prescribing sheet for more information). However, this interaction has never been clinically observed and is not believed to be capable of causing any reduction in method efficacy, as the hormonal IUD's contraceptive effect is achieved through the release of LNG directly into the uterus and cervix rather than on LNG entering the blood stream. There are no other known or hypothesized drug interactions.

Pregnancy, Post-Partum Provision, and Breastfeeding

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

If a client believes they are pregnant, they should return to a provider trained to offer the hormonal IUD. Removal of the hormonal IUD following confirmation of pregnancy is preferred, if still physically possible, but depending on the timing of removal, may have a risk of termination of early-stage pregnancy. Providers should outline the risks and benefits of both removal and non-removal to clients and support their decision-making regarding both continuing/terminating the pregnancy and removing/retaining the hormonal IUD. If a client wants to continue their pregnancy and opts to retain their hormonal IUD, they should be counseled on risks (see below) and considered at elevated risk for miscarriage and ectopic pregnancy. Close follow-up during their pregnancy to monitor for these complications is necessary.

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

Pregnancy during use of any IUD is a significant medical event and should be addressed promptly. Pregnancies occurring while a hormonal IUD is placed are more likely to be ectopic and more likely to result in miscarriage or pre-term birth 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. They should not be inserted *after* 48 hours but *before* 4 weeks.

Post-partum insertion is associated with slightly higher risk of expulsion and perforation, but the overall risk of these complications remains extremely low. Providers should discuss their clients' plans and preferences for post-partum contraception during their routine prenatal check-ins.

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

Yes, because almost all of the levonorgestrel in the hormonal IUD is released and absorbed directly into the uterus and cervix, and very little enters the bloodstream, it is safe to breastfeed while using a hormonal IUD. Clinical evaluation of hormonal IUD use 6+ weeks following childbirth has not shown any adverse effects on milk quantity/quality or infant growth and development. Breastfeeding is associated with a modestly increased risk of uterine perforation during insertion, but this risk remains extremely low overall. Providers should take extra caution during hormonal IUD insertion to ensure the method is placed correctly.

Method Indications

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

Yes, the hormonal IUD is indicated for treatment of heavy menstrual bleeding in users also willing to experience its contraceptive effect. In some countries, the hormonal IUD Mirena is also indicated for use as part of hormone therapy in women experiencing perimenopause or menopause, as it protects against endometrial hypoplasia, reduces the risk of endometrial cancer associated with estrogen supplementation, and can help maintain bone density.

Can the hormonal IUD be used as an emergency contraceptive?

The hormonal IUD is not yet approved for use as an emergency contraceptive and evidence supporting this use is limited. As of 2026, a large clinical trial is underway in the United States to assess whether the hormonal IUD may be a viable emergency contraceptive when used in "real world" clinical settings.

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 uterine myomas or cure clients of the condition. Clients should be made aware of this distinction by their providers during method counseling.

The hormonal IUD is an effective treatment (alone and in combination with other treatments) for adenomyosis and endometriosis, as it limits uterine volume and endometrial thickness 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 is associated with increased or restored hemoglobin levels and iron stores in women with anemia, particularly those who typically experience heavy menstrual bleeding. This retention of hemoglobin and iron can improve the symptoms of iron-deficient anemia. A study is underway in Kenya to determine how effective the hormonal IUD is in treating the symptoms of iron-deficient anemia.

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

Based on large population studies, hormonal IUD use is believed to be associated with lower risk of endometrial cancer and ovarian cancer and potentially associated with lower risk of cervical cancer. This effect is largely due to the method's inhibition of endometrial

over-growth. Extensive clinical evaluation of the method has determined that it is an effective treatment option for early-stage endometrial cancer and atypical hyperplasia, either alone or when combined with oral progestins, GnRH agonists, or hysteroscopic resection. The method can also be used alongside tamoxifen therapy in women being treated for breast cancer to reduce the risk of tamoxifen's common side effects, endometrial polyps and hyperplasia.

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 up to 5 years. It may be effective for longer than five years, but this effect is likely to be less consistent.

How does the hormonal IUD reduce menstrual bleeding?

Hormonal IUDs inhibit the hormone that triggers the growth and thickening of the uterine lining (the endometrium) over the course of the menstrual cycle. As a result, the uterine lining becomes thinner. 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 highly individual, most users will begin to see a 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 the reduction in blood and tissue in the uterus are not dangerous and do not impact future fertility after stopping use of the hormonal IUD. However, unexplained amenorrhea when not using a contraceptive method associated with that effect may be linked to health concerns. If a person is concerned about paused monthly periods, whether or not they're using a contraceptive method, they should speak to their 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 after routine bleeding patterns have been established, bleeding that lasts much longer than their typical monthly bleeding, unusual or foul-smelling vaginal discharge, fever, or chills are all indicators of a potential complication. If a client experiences any side effects or changes to bleeding that they're concerned about, regardless of severity, they should see a provider trained to offer the hormonal IUD to discuss what they're experiencing and learn about their 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 20% of users in the first year of use and 40% of users by the end of the second year. However, hormonal IUD users should be given a pregnancy test if they are concerned about a potential pregnancy and should be counseled on possible early signs of pregnancy to help with self-identification.

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. Clinical evaluation has determined that within the first year of use, 45% of menstrual cycles in users are ovulatory, and after four years of use, 75% of cycles are ovulatory. The hormonal IUD's effect is primarily local, meaning it's not capable of consistently effecting processes that occur in multiple systems in the body simultaneously, like the menstrual cycle and 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 method of predicting what bleeding changes individual clients may experience when using the hormonal IUD. Bodies uniquely react to hormonal methods and to the physical presence of the IUD in the uterus based on a combination of genetics, physical characteristics, diet and exercise, lived experiences, and brain chemistry. Some preliminary research has identified genetic markers that may make a person more likely to experience irregular or longer bleeding while using the hormonal IUD, but this research is not yet able to be applied in a clinical setting. It's essential that each client receive comprehensive counseling on possible bleeding changes and other side effects, and that providers are receptive and ready to respond to client questions and concerns.

Safety & Side Effects

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

In the week immediately following hormonal IUD insertion, cramping (similar to what someone would experience during their period) and mild-to-moderate abdominal pain is common. This typically resolves on its own within a week. If it doesn't or if it becomes severe, the client should return to their provider. In the first 3-6 months of method use, irregular or longer menstrual bleeding may occur. This is normal and expected as the body adjusts to the hormonal IUD. Users may begin to see a reduction in menstrual blood loss during this time as well. Clients may also experience 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 in the first 6 months of method use as the hormone level in the blood decreases and the body adjusts. Clients should return to their provider to talk about any side effects that concern them, regardless of severity.

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 significant reduction in menstrual bleeding (experienced by almost all users) or paused menstrual bleeding (experienced by 20-40% of users). While a hormonal IUD user is likely to never be aware of the effect, some users develop benign, painless ovarian cysts which resolve on their own. For almost all users, systemic side effects such as headache or nausea resolve or substantially improve over time, and clinical evidence suggests that most users do not experience any notable systemic effects after the first year of use. Importantly, for both short- and long-term effects, side effect presentation is extremely individual, and side effects being rare does not diminish the need to fully counsel clients on what they may experience during use of the method, though they should also receive information on the relative risk of each known effect. Clients should be empowered to return to their provider to talk about any changes or side effects that concern them, regardless of severity or known association with the hormonal IUD.

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 method of predicting what side effects someone may experience while using the hormonal IUD. While previous experiences with hormonal contraceptives

may provide some indication of how an individual might react to the hormonal IUD, the method's unique attributes (very low daily dose, local effect, limited hormone release into the blood stream) prevent perfect comparison, even to other levonorgestrel-based contraceptives. Clinical evidence has suggested that younger, nulliparous users or users with smaller uterine cavities may experience slightly more abdominal pain and irregular bleeding during use than older users who have had children or those with larger uterine cavities, but this effect does not appear to be consistent. Providers should ensure each client receives comprehensive counselling on the method's side effect profile, and clients should be encouraged to return to the clinic if they experience any side effects that concern them.

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

Systemic side effects, or side effects associated with multiple systems in the body, are caused by a drug's active ingredient entering the blood stream and disseminating throughout the body. Only a small amount of the hormonal IUD's active ingredient, levonorgestrel, enters the blood stream (as most is absorbed directly into the uterus and cervix), so its systemic side effects tend to be mild and often resolve within the first 6 months of use. These include headache, nausea, breast tenderness, mood changes, acne, and weight gain. Each hormonal IUD user will react to levonorgestrel differently, and so side effects vary from person to person. While many will experience few or no systemic side effects, a small number of users will experience more severe or longer-lasting effects. Users should talk to their provider if they experience any side effects that concern them.

How common is hormonal IUD expulsion? What causes it?

Expulsion occurs in about 3-6% of hormonal IUD users during the first year after insertion and is most likely to occur in the first few months of use. Users who have recently given birth and/or are breastfeeding, adolescent users, and users with uterine distortion (typically due to fibroids) are at a slightly elevated risk of expulsion. Generally, expulsion is caused by improper placement of the hormonal IUD or improper insertion technique. The most common error is failing to properly sound the uterus to set the hormonal IUD inserter depth and, as a result, not fully advancing the IUD to the fundus. Clients should regularly check the strings of their IUD to confirm that it is still in place and should return to their provider if they cannot locate their strings or if they can feel the IUD in the vaginal canal or cervical canal. They should also return to their provider if they fully expel the IUD, meaning if the IUD has fully exited the body through the cervix and vagina.

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

Uterine perforation is a serious but extremely rare complication. In large population studies on the hormonal IUD, about 1-2 insertions out of 1000 resulted in uterine perforation, or 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. Accurate uterine sounding and inserter depth-setting is essential to ensure that the hormonal IUD is advanced to the fundus without perforation. New providers should have supportive supervision to help ensure these steps are taken. Providers should be aware of the profile of patients more likely to experience perforation. The most consistent sign that perforation has taken place is severe abdominal pain in the week following insertion, though clients should be encouraged to return to their provider if they experience any effect they find concerning.

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

Approximately 0.005-0.01% of insertions result in the hormonal IUD fully exiting the uterus through the uterine wall, with the IUD adhering to the intestine (most commonly the rectum), the bladder, or abdominal wall. While this complication does significantly limit or eliminate the efficacy of the method, case studies suggest that many clients (as many as 1/3rd) experiencing migration are wholly asymptomatic and experience no increased pain or bleeding. Despite this, migration should be treated as a significant medical event warranting rapid intervention in all patients presenting with the concern. If an IUD cannot be visualized in the uterus by ultrasound, patients should be referred to higher-level medical facilities for full visualization of the abdomen and removal of the IUD through laparoscopy, cystoscopy, or laparotomy. There has never been a documented case of the hormonal IUD migrating outside of the abdomen (e.g., towards the heart or lungs) and no cases of adhesion to the liver, spleen, or kidneys. Migration is near-universally restricted to the lower abdomen, reproductive, and excretory systems. There are also no known deaths or cases of permanent disability associated with hormonal IUD migration.

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 individuals who desire HIV protection should use condoms and/or pre-exposure prophylaxis.

Does the hormonal IUD increase the risk of getting cancer?

The hormonal IUD is generally protective against reproductive cancers, lowering risk of both endometrial and cervical cancer. Risk of breast cancer during or after use of the hormonal IUD is complex. The hormonal IUD does not cause any increase in lifetime risk of

developing breast cancer or dying from breast cancer. Use of the method may, however, accelerate growth of preexisting cancerous cells in the breast, leading to more *diagnoses* of breast cancer in older women with additional reproductive health concerns. In other words, a hormonal IUD cannot cause a patient to get breast cancer but may speed up the growth of cancerous cells in patients at higher risk due to age and comorbid conditions. Risk should be discussed with patients older than 40 seeking treatment for heavy menstrual bleeding.

Does the hormonal IUD cause blood clotting?

No, the hormonal IUD does not cause blood clotting and is safe to use by individuals at elevated risk of developing clots. The hormone in the hormonal IUD, levonorgestrel, is a synthetic form of the hormone progesterone, which has no association with 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.

If a client experiences a serious complication or side effect from their use of the hormonal IUD, how can a provider report it and who should they report it to?

Reporting serious complications is an important part of ensuring that medical products are safe to use. If a client experiences a serious complication or side effect, their provider should first determine the brand of hormonal IUD they were given and use the information below to report safety events directly to the product's supplier. In addition to reporting to the product suppliers, providers should also notify their national drug regulatory agency of serious complications. This reporting process varies by country but information is typically available through the national drug regulator's website. Providers should ensure that they are accurately reporting the specific hormonal IUD brand involved in the patient safety event.

Mirena

Bayer collects all safety information on their products, including Mirena, though SafeTrack. Providers should go to https://safetrack-public.bayer.com/ and complete the online tool in as much detail as possible. Providers can also report complications and side effects directly to the United States Food and Drug Administration, the method's most stringent regulatory agency, at www.fda.gov/medwatch.

Avibela

Complications with Avibela, which is sold in the United States under the name Liletta, should be reported to Medicines360 via email at Liletta_Intake@abbvie.com and to the

United States Food and Drug Administration at www.fda.gov/medwatch. Country-specific reporting emails can be found here: https://www.avibelapv.net.

Impact on Fertility

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

About 80% of women removing the hormonal IUD who want to become pregnant will be pregnant within the first year following removal. This is functionally identical to the 1-year rate of pregnancy among women who have never used hormonal contraceptives, indicating that a user's typical level of fertility is restored more or less immediately following removal in most cases. Unlike methods that work by releasing hormones into the blood stream, hormonal IUD does not have a "tail" following method removal in which clinically significant levels of the hormone remain in the body – the method's effect only occurs as long as it is in the uterus. Some users may need to experience 2-3 menstrual cycles for their uterine wall to thicken sufficiently to support implantation, but this process will begin immediately following removal and resolves quickly.

Despite this low risk of negative impact on fertility, it's essential that providers are responsive to client concerns regarding their ability to get pregnant following method use. Providers should offer thorough screening for health conditions that may impact fertility, and engage in clear discussion about each client's fertility intentions prior to and during their use of the hormonal IUD.

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 post-removal evaluation of fertility, no significant differences were identified between users who had the method for shorter durations (1-3 years) and users who had the method for longer durations (4-8 years).

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.

User Experience

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

Yes, over the method's 50+ year history, it has been extensively evaluated outside of trial settings. User satisfaction and method continuation have consistently been found to be high, with 90-95% of users in cohort studies indicating high satisfaction at one year of use and 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 drive user interest. In pilot studies conducted in Kenya and Zambia, about 1 in 3 adopters respectively referenced bleeding reduction as one of their motivations for choosing the method. Half of new adopters in Kenya and 1in 5 adopters in Zambia indicated that if they were to recommend the method to other women, they would reference reduced bleeding as a benefit, though also selected its potential for fewer side effects, convenience, duration, and efficacy as important characteristics to share. Similar findings have emerged in Nigeria and Madagascar.

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

In "real world" studies (e.g., not clinical trials), the most commonly referenced reason for removing the hormonal IUD in the first year of use is pain/cramping and bleeding irregularity, both of which are common side effects which generally resolve within 6 months of method insertion. After the first year, people discontinuing use are more likely to reference a desire to become pregnant than negative side effects as their primary motivation. Comprehensive method counseling may help potential adopters decide whether the method's short-term side effects align with their needs and reassure adopters that side effects in the first 6 months of use are normal and likely temporary.

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

After insertion, clients should return if:

1. They are unable to locate their IUD strings during regular self-checks
2. They know or suspect their IUD was expelled or imbedded in the uterus

3. They begin to experience increasing or severe pain, unusual vaginal discharge, fever, chills, nausea, or vomiting
4. They know or suspect that they are pregnant
5. They want the IUD removed, for any reason

Providers should reassure clients that they are welcome to return to talk about the hormonal IUD or their experiences any time, and that they can get their IUD removed for any reason.

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

Under normal circumstances, no, a 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. If the IUD were to partially expel and enter the cervical canal, a sexual partner may be able to feel the device – this is a method failure and the client should return to the clinic to have the IUD fully removed. While a sexual partner may be able to feel the short IUD strings, these are soft and would not be uncomfortable.

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

A comprehensive review of IUD research has found that hormonal IUDs may have a positive impact on sexual pain (meaning sexual pain is decreased in hormonal IUD users) and a positive-to-neutral effect on sexual desire. IUDs did not appear to have any impact on other areas of sexual function.

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 developed in Finland by the Population Council (an international, non-governmental research organization) and the University of Helsinki in the mid-1970s and the product received its first regulatory approval in 1990. It has been available throughout Europe, the United States, and Australia for more than 30 years, and it is among the most commonly used LARCs in these contexts.

Which hormonal IUD products are available?

There are two WHO pre-qualified hormonal IUD products available in the global market: Mirena, supplied by Bayer, and Avibela, supplied by Medicines360. Both contain 52mg of the hormone levonorgestrel. There is a third quality-assured 52mg hormonal IUD available non-commercially, called the LNG-IUS. This unbranded IUD is donated by the International Contraceptive Access Foundation.

There are also a number of hormonal IUD products that either have not received regulatory approval from a WHO Listed Authority or are not available globally. These products may be sold in the private sector, and include Eloira, a 52mg IUD supplied by Pregna, and Kyleena or Skyla, low-dose IUDs supplied by Bayer.

Where has the hormonal IUD been studied?

Given the hormonal IUD's long history, it has been extensively and comprehensively studied around the world. Large-scale clinical trials to assess efficacy, safety, and user experiences have been conducted since the 1970s in the United States, Europe, and China. Smaller-scale clinical and sociobehavioral evaluation has also been conducted in these settings, and in Latin America, Africa, and South Asia. See the Hormonal IUD Scientific Communications materials for a full review of the method's evidence.

What countries are offering the hormonal IUD now?

In addition to high-income settings, where the method has been available for more than 30 years, the hormonal IUD has now been introduced in the public sector in 17 countries as of January 2026:

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 governments procuring the hormonal IUD for introduction in the public sector through UNFPA, the method costs about 10 USD/unit. As of 2026, UNFPA assists national governments with hormonal IUD procurement by covering some or all of the commodity cost for eligible countries through a targeted fund. For clients receiving the hormonal IUD through public sector clinics, out of pocket cost will vary by country and setting. In some settings, they 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.