

Comparing IUDs: Copper, Mirena, and Kyleena at a glance

Type of IUD (images not to scale)	Copper 	Mirena®  DIN: 02243005	Kyleena®  DIN: 02459523
Cost	Free if client has BC Carecard	Free if client has BC Carecard	Free if client has BC Carecard
Lasts for	Up to 5 or 12 years (depending on type)	Up to 8 years for contraception, 5 years for bleed control	Up to 5 years
Hormones?	None	Yes, 20 µg LNG ¹ (average released daily)	Yes, 9 µg LNG ¹ (average released daily)
Failure Rate with typical use, in 1st year of use (approx.)	8 pregnancies per 1000 users	2 pregnancies per 1000 users	2 pregnancies per 1000 users
Advantages	-Very cost effective over time. -After removal, return to baseline fertility is immediate. (within the month) -A copper IUD may be used by those who cannot/do not want to use hormonal methods. -Ovulation is not effected in users. - May be used for emergency contraception within 7 days of intercourse.	-Cost effective in comparison to other hormonal methods over time. -After removal return to baseline fertility is rapid (within the month). -Decreases or stops menstrual cramping and blood loss. -Can reduce endometriosis pain and be used by postmenopausal users to reduce risk of endometrial cancer. -Can be used by those who cannot/do not wish to use estrogen containing methods including breast/chestfeeding users. Low dose hormones. - May be used as emergency contraception within 7 days of intercourse	-Cost effective in comparison to other hormonal methods over time. -After removal return to baseline fertility is rapid (within the month) -Can be used by those who cannot/do not wish to use estrogen containing methods including breastfeeding users. Very low dose hormones. -In most users, there is a trend over time towards less frequent and shorter episodes of bleeding -Physical frame size is smaller than Mirena - CANNOT be used as emergency contraception
Possible Side Effects	-Longer number of bleeding days and heavier bleeding -Users may experience an increase in menstrual cramping -There may be an increase/change in vaginal discharge	-Atypical/unpredictable bleeding in the first 3-6 months - Following insertion -1-10% chance of progestin related side effects including acne/oily skin, breast pain, nausea, headaches, hair loss, ovarian cyst, vaginal discharge, and/or mood changes (likely to improve and/or resolve within first few months)	-Atypical/unpredictable bleeding during the first 3-6 months following insertion -1-10% chance of progestin related side effects including acne/oily skin, nausea, headaches, breast, ovarian cyst, vaginal discharge and/or mood changes (likely to improve and/or resolve within first few months)

More info on other side →

Intrauterine Device Information

What is an IUD?

An IUD is a small, flexible plastic device which is placed inside the uterus by a health care professional. IUDs are highly effective in reducing the risk of pregnancy, convenient, safe and private for the user and can be used for any duration of time up to 5-10 years depending on the type. An IUD may be inserted 6 weeks postpartum or immediately after an abortion. Currently, there are 2 categories of IUDs available in Canada:

1. **Copper based IUDs (Does not contain hormone)**

Copper based IUDs slowly release copper into the uterus and the ions in the fluids reduce the mobility of the sperm and their ability to fertilize an ovum.

2. **Hormone based IUDs (Mirena & Kyleena)**

Hormone based IUDs contain and release small amounts of levonorgestrel which is a progestin much like the hormone progesterone ovaries produce. Levonorgestrel thickens cervical mucus so sperm and ovum do not meet and also thins the lining of the uterus. The amount of hormone released daily varies on the type (*Refer to other side for specific amounts*).

How does an IUD work?

Although the mechanism of action differs between the Copper and hormone based IUDs; all IUDs create changes within the reproductive system to prevent fertilization from occurring. IUDs are referred to as Long Acting Reversible Contraception or LARC for short.

IUDs do not provide protection vs. STIs—we recommend pairing a suitable barrier method (condom, dam, glove) with an IUD to reduce the risk of STIs.

What are the risks of IUDs?

There is a 5% risk of expulsion (IUD falling out) leading to pregnancy. This is most common in the first 2 months.

There is a 0.1% (1/1000) risk of uterine perforation at the time of insertion.

There is a less than 1% (<1/100) risk of pelvic infection in the 20 days following insertion but the risk is the same as a non IUD user thereafter.

How can I start using an IUD?

Gather information and consult with a healthcare provider about which IUD is the most suitable for you. They can provide you with the most current and factual information.

An IUD should be inserted by a trained healthcare provider. ISHS runs designated IUD clinics regularly.

An IUD can be inserted at any time during the menstrual cycle as long as the risk of pregnancy can be excluded.

Prior to your IUD insertion, be sure that you are comfortable and familiar with locating your cervix so you will be able to check your strings following insertion. The inside of vaginal walls feel similar to the inside of your mouth; fleshy and flexible where as the cervix feels similar to the tip of your nose; firm and round.

How do I prepare for my insertion appointment?

If you are not current using any type of contraceptive method, please abstain from vaginal/internal intercourse from the start of your period or 14 days prior to your IUD insertion; whichever comes later.

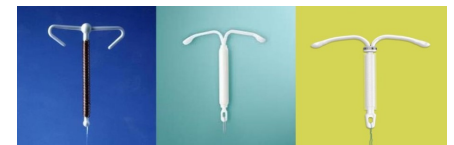
If you are using the pill, patch, ring, injection, IUD, implant or condoms regularly it is not necessary to abstain from intercourse prior to insertion.

Eat a light meal with fluids and take 800 mg of ibuprofen (if allergic ask Dr./NP for alternative) 90 minutes before your scheduled insertion time. If you are concerned about

What can I expect during an insertion appointment?

- Arrive at your booked appointment time and be prepared to provide a urine sample for a pregnancy test.
- During insertion, you can expect some strong menstrual type cramping and discomfort at the time of insertion and for about 20 minutes after. The intensity of the cramping differs for each person. The insertion itself usually takes less than 5 minutes.
- If possible, bring a support person along to accompany you home after insertion and try to schedule your insertion for a day where you don't have strenuous commitments following the insertion.
- Use an additional/ back up method of contraception or abstain for 7 days after insertion.

©2025 Island Sexual Health



For more information or to book an appointment, call Island Sexual Health at 250-592-3479.

More info on other side →