

Current models of the IUD are safe, low-maintenance, and highly effective, but there are still myths and misconceptions that exist due to the bad reputation of the Dalkon Shield, the poorly-designed IUD that caused many women severe health problems in the 1970's. Fortunately, the latest forms of the IUD have evolved into one of the best methods of contraception available now. See below for several IUD Myths busted.

Myth 1: The IUD is only for women who have had a child.

Women do not need to have been pregnant or in labor to get an IUD. It can be used by both women who have given birth and by who have not.

Myth 2: Adolescents should not use the IUD.

The IUD is an appropriate method of birth control for women of all ages. Adolescents are great candidates for a long-term reversible method since they may be interested in delaying pregnancy for many years.

Myth 3: Women in monogamous relationships are the only ones that should use an IUD.

The IUD is one of the most effective methods of birth control, regardless of how many partners a woman has. IUDs do not protect against sexually transmitted infections (STIs) however, so condoms should be used to prevent STI transmission.

Myth 4: A woman needs to be on her period for IUD insertion.

The IUD can be inserted at any time, if it is reasonably certain that the woman is not pregnant. While some providers prefer placing the IUD while the patient is menstruating, it is not necessary.

Myth 5: IUDs cannot be inserted on the same day of the initial consultation.

The IUD can be inserted on the same day of the initial consultation if it is reasonably certain that the woman is not pregnant. Some health centers, however, do not offer [same-day insertions](#).

Myth 6: You need to get a Pap smear before getting an IUD.

A Pap smear is not needed before starting birth control, including the IUD. If you are due for a Pap smear, your provider may recommend that you have one, but it is not necessary for the IUD insertion.

Myth 7: Women need a sonogram during IUD insertion.

A sonogram is not necessary for IUD insertion. If a provider is having difficulty placing an IUD, she may want to use a sonogram to assist her with the procedure, but it is not routinely required.

Myth 8: The IUD works by causing an abortion.

The IUD prevents pregnancy by preventing fertilization of the egg by the sperm. The IUD does not cause abortions.

Myth 9: The IUD causes infertility.

Using an IUD poses no increased risk of infertility compared to other types of birth control. The IUD is a reversible long-term contraception option, meaning a woman can get pregnant immediately after the IUD is removed, assuming no other infertility-causing health issues.

Myth 10: The IUD causes infection, such as pelvic inflammatory disease (PID).

The IUD does not increase the risk of contracting infections such as PID or a STI.

Myth 11: The IUD often causes women to have ectopic pregnancies.

An ectopic pregnancy occurs when a fertilized egg grows somewhere outside the uterus, usually the fallopian tubes. The IUD does not increase the risk of ectopic pregnancy.

Resources

1. [CDC. U.S. Selected practice recommendations for contraceptive use 2013. MMWR 2013;62\(No. RR-5\)](#)
2. [Planned Parenthood Health Topics: IUD Birth Control](#)
3. [American College of Obstetrics and Gynecology \(ACOG\) FAQ: Long-Acting Reversible Contraception \(LARC\)](#)

We have developed a series of Frequently Asked Questions to assist providers and healthcare institutions interested in offering IUDs to their patients. These guides are intended to be a starting point for providing IUDs by addressing basic questions. The answers are compiled from a selection of references and the general knowledge of our Patient Access Workgroup membership. For technical guidance and protocols, please refer to the clinical protocols of your own organization or the references provided within the FAQs.

About the IUD Taskforce. The NYC IUD Taskforce aims to ensure that everyone has access to a full range of contraceptive methods, including IUDs and implants, known as long-acting reversible contraceptives (LARCs). The Taskforce seeks to address the systemic barriers (financial, institutional, legal, and educational) that may limit knowledge, awareness, access, and use of LARCs. More than 50 medical providers, educators, administrators, public health professionals, reproductive health advocates, and researchers from more than 25 New York City-based organizations currently serve on the IUD Taskforce. The IUD Taskforce's central activities are concentrated in the Taskforce workgroups, comprised of voluntary members that meet regularly.

About the Patient Access Workgroup. The Patient Access Workgroup of the NYC IUD Taskforce aims to improve IUD access for all women in New York City by identifying existing barriers to access and remediating the barriers through educational initiatives and other interventions.

For additional FAQs and guidance on providing IUDs at your organization as well as general questions about IUDs, visit <http://iudtaskforce.org/Resources>

For further information, please visit IUDTaskforce.org or email us at IUDTaskforce@healthsolutions.org