

Adverse reactions of the copper intrauterine device and related consequences: experiences described in discussion boards

Maja Fernaeus

Sophiahemmet Hogskola

Moa Sterner Molin

Sophiahemmet Hogskola

Susanne Georgsson

Karolinska Institutet

Tommy Carlsson (✉ tommy.carlsson@kbh.uu.se)

Uppsala Universitet <https://orcid.org/0000-0003-4141-8692>

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Abstract

Background

The copper intrauterine device is a recommended and effective method for contraception. Recently, agencies have seen an increase in spontaneous reports of adverse reactions, and analysis of messages in discussion boards may lead to new insights. The aim was to explore experiences of adverse reactions related to the copper intrauterine device described by posters in Swedish public discussion boards.

Methods

Messages containing descriptions of client experiences were collected via Swedish public discussion boards about sexual and reproductive health, identified through searches in Google. Posters with experience of adverse reactions were included (n = 145 unique posters) and their messages were inductively analyzed with qualitative manifest content analysis.

Results

Four categories were derived from the data; physical reactions, psychological reactions, intensity of adverse reactions, and consequences of adverse reactions. Adverse reactions were identified as physical reactions (15 sub-categories illustrating the different types of reactions) and psychological reactions (5 sub-categories illustrating the different types of reactions). Posters expressed significant intensity of adverse reactions, such as the reaction being awful, extreme, and traumatic. Some had such a negative experience of adverse reactions that they would never again consider a copper intrauterine device and that they would never have had it inserted if they knew about the experienced adverse reactions. While some decided to accept adverse reactions and keep the device, others did not and removed it. Adverse reactions had negative effects on sexual health, partner relationship, and fears and worries, including fear to seek gynecologic care because of a traumatic and painful insertion.

Conclusions

Descriptions of both expected and unexpected adverse reactions of the copper intrauterine device can be found in discussion boards, some which can feel like being of high intensity and have burdensome consequences in the lives of clients. Midwives, nurses and physicians working in contraceptive counseling need to ensure that clients are sufficiently informed about possible adverse reactions and followed-up accordingly. More research is needed that further investigates adverse reactions of the copper intrauterine device and the impact such reactions may have for clients.

Introduction

The copper intrauterine device (Cu-IUD) is a long-acting reversible contraception (LARC) that prevents unintended pregnancy through contraceptive mechanisms that lasts for several years and can be removed when desired. The LARC's do not require user compliance and are associated with high contraceptive effectiveness. They also lead to high user satisfaction among clients, in regard to how satisfied they are of having chosen LARC as their contraceptive method [1]. Many leading organizations and experts now recommend LARC as suitable alternatives for those who desire effective contraception [2–5]. Research show that clients choose the Cu-IUD because of its high efficacy and lack of hormonal mechanism [6]. However, the overall use of LARC is still limited worldwide, with regional differences across different contexts [7–9]. Client's expectations of possible adverse reactions are inversely associated with them deciding to use long-acting methods [10], and potential adverse reactions have a considerable impact on which contraceptive method that is ultimately chosen by clients [11]. This calls attention to the importance that clients place in potential adverse reactions of contraception. According to the literature, the most expected adverse reactions of Cu-IUD are localized in the uterus and are not considered medically serious [12, 13]. However, elevated levels of copper in the blood have been observed when the Cu-IUD is used [14], raising questions concerning potential systemic effects. The Cu-IUD is often categorized as a medical device, meaning that it is not subjected to similar regulation and adverse reactions are not studied in the same manner as other medical products, such as the hormonal intrauterine system. The Swedish Medical Products Agency recently received an increase of spontaneous reports about adverse reactions of the Cu-IUD, which they relate to increased activity in social media [15]. Posts in online discussion boards contain information that may be relevant to explore patient experiences related to adverse reactions [16] and a growing number of Internet users participate in discussions that take place in virtual discussion boards [17]. Such communication allows laypersons to discuss sensitive subjects in a setting in which they can be anonymous and feel comfortable enough to disclose information about their health [18]. Using material collected from online discussion boards presents an opportunity for researchers to explore unobtrusive data that can complement other methods used for data collection [19]. The aim of this exploratory study was to explore experiences of adverse reactions related to the copper intrauterine device, as described in Swedish public discussion boards.

Material And Methods

Data collection

Swedish public discussion boards about sexual and reproductive health were identified via Google, the most used search engine on the Web [20]. Two large Swedish virtual communities about reproduction, pregnancy and parenthood were identified. In these communities, searches were performed using combinations of search terms related to the study aim. The specific search terms will not be published in order to protect the identities of the posters included in the sample. Threads in which the first post was written by a poster that described own experiences related to adverse reactions of Cu-IUD were included. In total, 51 threads were identified and included in the sample. In these threads, a total of 144 unique posters (that had written a total of 369 posts in the included threads) described experiences of adverse

reactions related to Cu-IUD. The mean number of messages per unique poster was 2.5 (range = 1–77), and 14 posters wrote in more than one thread.

Data analysis

The material was inductively analyzed with qualitative content analysis, inspired by the outline presented by Graneheim and Lundman [21]. All included threads were read repeatedly to gain an overall understanding of the content. Meaning units related to the aim were then identified, defined as words, sentences or paragraphs that contain aspects related to each other through their content and context. Meaning units were labeled with a code, and collated into categories and sub-categories, i.e., the obvious and observable content identified with as little interpretation as possible. Table 1 presents examples of the analytic process. The first and last authors were responsible for the primary analysis. The first author, a female registered nurse-midwife, identified meaning units and performed an initial categorization for eight of the threads (n = 51 posters). The last author aided in this process, who is a male specialist nurse, registered midwife and researcher with formal training and experience of content analyses. In addition, he separately identified meaning units and performed initial categorization for the remaining 43 threads (n = 93 posters). The second author (registered nurse-midwife) scrutinized the analysis to check if the meaning units, categorization, and results represented the raw data. The third author (registered specialist nurse-midwife and professor) aided in the identification of categories.

Table 1
Examples of the analytic process

Modified data excerpt	Meaning units	Code	Sub-category	Category
I bled for ten days each menstruation with days of heavy bleeding and also some blood during ovulation. I also had pain during menstruation	I bled for ten days each menstruation with days of heavy bleeding	Menorrhagia	Menstrual cycle and uterine bleeding	Physical reactions
	Some blood during ovulation	Metrorrhagia	Menstrual cycle and uterine bleeding	Physical reactions
	I also had pain during menstruation	Dysmenorrhea	Menstrual cycle and uterine bleeding	Physical reactions
Little bleedings came in between periods during ovulation. I became depressed and the hemoglobin was low. It also was painful.	Little bleedings came in between periods during ovulation	Metrorrhagia	Menstrual cycle and uterine bleeding	Physical reactions
	The hemoglobin was low	Anemia	Blood system	Physical reactions
	It also was painful	Unspecified pain	General reactions	Physical reactions
	I became depressed	Depression and depressive mood	Negative alterations in mood and	Psychological reactions
I want to kill myself sometimes. I have panic attacks. I feel indifference and apathy. The stress is killing me, even though I have no real reason to feel stressed.	I want to kill myself sometimes.	Suicidal ideation	Self-injurious behaviors	Psychological reactions
	I have panic attacks	Panic reactions	Anxiety	Psychological reactions
	The stress is killing me, even though I have no real reason to feel stressed.	Stress reactions	Anxiety	Psychological reactions
	I feel indifference and apathy	Apathy	Negative alterations in mood and depression	Psychological reactions

Ethical Considerations

The sample consists of messages in public discussion boards accessible without any password requirements. According to current guidelines for Web-based research, and in line with recommendations from the Codex rules and guidelines for research in Sweden [22], texts that are published on the Web without password requirements may be regarded as public and involve an implied consent for use in research [23–26]. In order to protect the identity of the included posters, we translated and modified the quotes, while still making sure that the meaning of the quotes was retained, and changed the user names of the posters to fictitious pseudonyms. The details regarding identification of threads will not be made public, in order to protect the identity of the included posters.

Results

Four categories were derived from the data: *physical reactions*, *psychological reactions*, *intensity of adverse reactions*, and *consequences of adverse reactions*. Figure 1 presents an overview of the categories and sub-categories. Nine posters described positive dechallenge, meaning that the adverse reactions ceased when the Cu-IUD was removed. Two posters described positive rechallenge, meaning that the adverse reactions recurred when a new Cu-IUD was inserted after a positive dechallenge.

Category 1: Physical adverse reactions

The sub-categories in physical reactions included *blood system*, *cardiovascular system*, *device-related reactions*, *ears, eyes*, *excretory system*, *gastrointestinal and metabolic system*, *general reactions*, *integumentary system*, *menstrual cycle and uterine bleeding*, *muscoskeletal and connective tissue*, *nervous system*, *reproductive tract infections and inflammations*, *uterus*, *vulvovagina*, and *sexual health* (Fig. 1 and Additional File 1). The most common adverse reactions mentioned by the posters were menorrhagia (n = 68 posters), dysmenorrhea (n = 17 posters), and metrorrhagia (n = 18 posters), please see Additional File 1 for more information.

Category 2: Psychological adverse reactions

The sub-categories in psychological reactions included *anxiety*, *cognitive impairment*, *general psychological health*, *negative alterations in cognitions and mood*, and *self-injurious behaviors* (Fig. 1 and Additional File 1).

Category 3: Intensity of adverse reactions

Negative expressions illustrating intensity (sub-category 1): 34 codes of expressions illustrating intensity were identified (Table 2). The expressions portray a significant intensity of the adverse reactions, such as the reaction being “*awful*”, “*extreme*”, “*indescribable*”, and “*traumatic*”. Several described the intensity of increased menstruations as an adverse reaction, including the amount of blood feeling like “*a flood*”, “*a river*”, “*a downpour*”, and “*gigantic*”. Posters also described bleeding “*like a pig*” and “*like crazy*”. Some

took tranexamic acid or naturopathic drugs to counteract the increased menstruation. Posters described that they needed to change their tampons very often and that heavy menstruation had such intensity that it had a considerable impact on their daily life. Additional File 2 presents an expanded overview of the identified expressions.

Table 2

Expressions and quotes in the sub-category intensity of the identified adverse reactions.

Expression	Illustrative quote (respondent number)
Awful	<i>I've never experienced anything more awful. (82)</i>
Came crashing down	<i>All reactions came crashing down over me (19)</i>
Can't live like this	<i>I can't stand waiting if this will pass, I can't live like this. (39)</i>
Can't move or stand straight	<i>So much pain that I can hardly move or stand straight (74)</i>
Can't stand it	<i>I have anxiety during ovulation and anxiety before menstruation. I can't stand it. (109)</i>
Don't know what to do	<i>I don't know what to do, the tests are negative and the IUD is correctly in place (81)</i>
Enormous	<i>I had enormous pain during and right before menstruation (9)</i>
Extreme	<i>I feel really strange, I am dizzy, extremely fatigued (98)</i>
Feel really ill	<i>Felt really ill for several years because of it (82)</i>
Feels like dying	<i>You think that you are about to go insane or about to die! (1)</i>
Hell	<i>I didn't understand what it was until almost a year and it had been a year of hell (14)</i>
Horrible	<i>The Cu-IUD was horrible for me! (82)</i>
How much do I need to withstand	<i>How much do you have to withstand (as a woman)? (80)</i>
Immense	<i>I bled immensely (9)</i>
Indescribable	<i>I was prepared that it would hurt but the pain was completely indescribable (77)</i>
Insane	<i>It's insane that you bleed so much (70)</i>
It only got worse	<i>It only got worse for me. (132)</i>
In fetal position, cringing and turning in pain	<i>I'm laying on the couch and turning in pain (80)</i>
Like the plague	<i>The period is really like the plague, long and profuse (95)</i>
Lost hope	<i>I'm loosing hope in myself and become so scared when the panic comes (27)</i>
Misery	<i>It is alright all days except two, when it's misery with the Cu-IUD. (84)</i>
Never felt this ill before	<i>Never felt this ill before! (60)</i>
Not for me	<i>The Cu-IUD was absolutely not for me! (76)</i>

Expression	Illustrative quote (respondent number)
Not fun at all	<i>Then I got this infection, which was not fun at all. (54)</i>
Nothing positive	<i>I can't say a single positive thing about the copper IUD. (82)</i>
Sick and tired	<i>I have the Cu-IUD and I am so bloody sick and tired of it (16)</i>
Suffering	<i>I suffered for two years because of my copper IUD. (68)</i>
Tough	<i>The bleeding was really tough (11)</i>
Traumatic	<i>It was such a traumatic experience for me to have the IUD inserted (32)</i>
Uncomfortable	<i>Sometimes I feel a pinch somewhere in the genital area. It feels so uncomfortable (46)</i>
Without equal	<i>The worry was without equal... (1)</i>
Worse than giving birth	<i>I have given birth before but I can say that it was worse to have it inserted (54)</i>
Worst experience	<i>This is the worst thing I have experienced (1)</i>
Wouldn't wish it on my worst enemy	<i>I wouldn't wish it on my worst enemy... (1)</i>

Temporal aspects (sub-category 2): adverse reactions were described as *constant* (described for anemia, dysgeusia, dysmenorrhea, metrorrhagia, nausea, unspecific pain, and vertigo), *accelerating over time* (described for abdominal distention, alopecia, altered mood, chest pain, depression and depressive mood, excessive worries and fears, fatigue, general anxiety, mental fatigue, nervousness, palpitations, panic reactions, paresthesia, and vertigo), *having a fast onset* (described for altered mood, depression and depressive mood, and premenstrual syndrome), and *recurrent* (described for menorrhagia and metrorrhagia). One poster had reactions that prolonged over several years, and another described having sought care several times to get help with the reactions.

Retrospective thoughts (sub-category 3): eleven posters wrote that they would never again consider a Cu-IUD and one poster wrote that she would never have had the Cu-IUD inserted if she had known beforehand about the adverse reactions she experienced.

Category 4: Consequences of adverse reactions

Deciding to keep the Cu-IUD despite adverse reactions (sub-category 1): some decided to accept adverse reactions related to changes in menstrual bleeding. Reasons why these decided to accept the reactions and keep their Cu-IUD were that they regarded that the benefits associated with the contraception outweighed the adverse reactions, preferred using a contraceptive method without hormonal components, and considered the Cu-IUD as the more environmentally friendly alternative in comparison

with hormonal contraception. Posters expressed that it was negative that there are so few methods for effective contraception that do not involve hormonal treatment, other than the Cu-IUD.

"I've had a copper IUD before, and had spotting before menstruation. But I still feel that the advantages clearly outweigh the disadvantages. It's nice that it's without hormones, both for the environment and myself. But I'm so tired of the fact that there isn't any contraception that is just great." (Poster 15)

Removing the Cu-IUD due to adverse reactions (sub-category 2): 31 posters articulated that they did not accept the adverse reactions and decided to remove the Cu-IUD. Adverse reactions that led to removal included menorrhagia, metrorrhagia, depression and depressive mood, dysmenorrhea, ovulation pain, fatigue, arthralgia, inability to lose weight, altered mood, headaches, unspecified uterine infection, anemia, vaginal discharge, ocular hyperemia, ocular pruritus, pruritus, nausea, paresthesia, eczema, and somnolence.

"I bled most days of the year when I had the copper IUD. Finally, I couldn't bear it anymore and decided to take it out." (Poster 10)

Consequences on sexual health and relationships (sub-category 3): posters described that the experienced adverse reactions had negative effects on their sexual health, because of menorrhagia, vulvovaginal pain, vaginal discharge, and the partner feeling the cords of the Cu-IUD. These consequences were described to have negative effects on their quality of life. When psychological reactions were experienced, it had negative consequences on the poster's relationships with their partners. Some described that they feared that their relationships would end because of the adverse reactions. Some described that their partner was negatively affected by the alterations in mood and psychological health they experienced.

"I've had terrible premenstrual syndrome during these years that keeps getting worse. I cry, scream and have anxiety. I drive my partner crazy." (Poster 25)

Fears and worries because of adverse reactions and a traumatic insertion (sub-category 4): some described fears and worries related to the adverse reactions, particularly when they did not recognize the manifestations or could explain them. Posters who had experienced a painful and traumatic insertion expressed considerable fears of seeking care at a gynecologist or midwife. This consequence resulted in deciding not to remove the Cu-IUD, despite wanting to. Some required repeated visits to the midwife before they felt prepared and ready to remove the device.

"I tried to have it removed for several months but could not go through with it because of the pain I experienced when it was inserted. It was the most painful situation I have ever experienced" (Poster 32)

Discussion

The aim was to explore experiences of adverse reactions related to the Cu-IUD. Public discussion boards were used to analyze from posters with experience of the Cu-IUD, revealing various physical and

psychological adverse reactions. The reactions were described in powerful words illustrating an intense experience and burdensome consequences, including impacts on sexual health and relationships as well as fears and worries.

The findings illustrate that patients place great importance in potential adverse reactions of Cu-IUD and base their decisions to continue or discontinue contraception partly on this aspect. While the desire to have contraception without hormonal effects is an acknowledged reason why clients decide to use a Cu-IUD, changed menstrual bleedings and pain are expected reasons for discontinuation [27]. In addition to the expected menorrhagia and dysmenorrhea [12, 13], we also observed more unexpected physical and psychological reactions, including symptoms that could implicate serious conditions such as anemia, fatigue, depression and suicidal ideation. Posters in this study also described alterations in their cognition and mood, such as mental fatigue and increased irritability. Studies have observed a potential association between levels of free copper in blood and cognitive impairment [28]. Although inconclusive results have been reported [29], one study also suggests a relationship between elevated copper levels and depression [30]. The identified adverse reactions illustrate the importance of follow-up consultations with the aim to identify those who develop adverse reactions. However, research indicates variability with regard to how much attention that is given during contraceptive counseling to inform about possible adverse reactions, and further, that only a proportion who are prescribed contraception are offered a follow-up visit [31].

The adverse reactions resulted in burdensome consequences for included posters, including negative consequences on sexual health and relationship with partner. These findings are in line with previous research, illustrating the association between medical conditions and sexual health [32]. Another serious consequence was the articulated fear of gynecological care developed among posters with a traumatic experience of the insertion of the device. Pelvic examinations are an essential part of gynecologic care needed for many purposes, including establishing diagnoses, screening for cervical cancer, and for the insertion or removal of intrauterine devices. Consequently, fear of pelvic examinations could lead to serious consequences for women. Therefore, clinicians need to take active measures as to effectively prevent development of these fears [33]. Research acknowledges that a proportion of clients experience high pain during insertion of intrauterine devices [34, 35] and that they find the pain more intense than expected [36]. Oral analgesia, local anesthesia and cervical priming have the potential to alleviate pain during insertion, but no firm conclusions have yet been drawn concerning implementation of routine clinical use [37]. We did not observe any descriptions whether or not the posters were given any pain relief before the insertion. Nevertheless, the findings illustrate the potential impact that painful insertion may have and portray the importance of an individualized approach in which clients who are at risk of high pain are identified and supported. Research indicates that few midwives and gynecologists use analgesia in clinical practice [38], calling attention to the need for further improvement in clinical management and more studies that investigate how to prevent insertion-related pain for patients who are at risk.

Qualitative methodologies have the potential to offer insights into patient perspectives explored in an inductive approach within the field of drug utilization [39]. Using the Web to collect patient-generated data

could lead to further insights regarding adverse reactions [40], which was the rationale behind the chosen methodology. This was a convenience sample consisting of persons who decide to write about their experiences on web-based discussion boards. Thus, the transferability of the findings is limited and we acknowledge the probability that those who write about adverse reactions could constitute a subgroup with especially challenging reactions and consequences. The fact that anyone can write in public discussion boards implicate that it would be possible to fabricate stories about adverse reactions. On the other hand, web-based communication involves an opportunity for patients to tell their stories in an anonymous setting and previous research indicates that people disclose more about themselves than they do during face-to-face interactions [41]. We did not observe anything during the analysis that would suggest fabrication. Moreover, while all posters did describe their adverse reactions as being caused by the Cu-IUD, we cannot make any certain claims about causality and adverse reactions among the general population. Thus, there is a need for more descriptive and exploratory studies in this field, particularly concerning the impact and consequences that adverse reactions may have for clients.

Conclusion

Posters who write in public discussion boards about adverse reactions of the copper intrauterine device describe both expected and more unexpected reactions. Some of these are serious events that need to be identified and treated in clinical praxis. When adverse reactions of the copper intrauterine device are experienced they can have burdensome consequences, including sexual health and relationships. Those who experience a traumatic insertion are at risk of developing fear of pelvic examinations, resulting in reluctance to seek care at a gynecologist or midwife. It is important that health professionals identify, prevent and treat pain during insertion. Health professionals need to ensure that clients who have a copper intrauterine device are followed-up accordingly, so that potential adverse reactions and its potential consequences are adequately assessed and supported.

Abbreviations

Cu-IUD

Copper intrauterine device

LARC

Long-acting reversible contraception

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Availability of data and materials

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

MF designed the study, collected the data, analyzed the data, wrote an early Swedish draft of the manuscript, and critically reviewed the manuscript. MSM designed the study, aided in the analysis of the data and critically reviewed the manuscript. SG aided in the identification of categories and critically reviewed the manuscript. TC conceived and designed the study, collected the data, analyzed the data and drafted the English version of the final manuscript. All authors approved the final version of the manuscript.

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Figures

Physical reactions	
Blood system	Integumentary system
- Anemia	- Acne
Cardiovascular	- Alopecia
- Hot flushes	- Chloasma
- Irregular heartbeat	- Eczema
- Vertigo	- Pruritus
Device-related	Menstrual cycle, uterine bleeding
- Insertion pain	- Amenorrhea
- Migration or uterine perforation	- Dysmenorrhea
- Insufficient contraception	- Menorrhagia
- Expulsion of device	- Metrorrhagia
- Hemorrhage during/after insertion	- Ovulation pain
Ears	- Polymenorrhea
- Hyperacusis	Musculoskeletal, connective tissue
Eyes	- Arthralgia
- Ocular hyperemia	- Back pain
- Ocular pruritus	Nervous system
- Visual impairment	- Headache
Excretory system	- Paresthesia
- Pollakiuria	- Somnolence
Gastrointestinal and metabolic	- Unspecific tremor
- Abdominal distension	Reproductive tract infections and inflammations
- Abdominal pain	- Bacterial vaginosis
- Decreased appetite	- Salpingitis
- Defecation urgency	- Unspecified uterine infection
- Dysgeusia	Uterus
- Hunger	- Uterine contractions
- Inability to lose weight	Vulvovagina
- Nausea	- Inadequate vaginal lubrication
General reactions	- Vaginal discharge
- Chest pain	- Hemorrhage during sex
- Fatigue	- Vaginal odor
- Unspecific pain	- Vulvovaginal pain
	Sexual health
	- Decreased libido
	- Dyspareunia

Figure 1

Physical reactions described by posters.

Psychological reactions

Anxiety

- Excessive fears and worries
- General anxiety
- Nervousness
- Panic reactions
- Stress reactions

Cognitive impairment

- Mental fatigue

General psychological health

- Diminished general psychological health
- impaired quality of life

Negative alterations in cognitions and mood

- Altered mood
- Apathy
- Depression and depressed mood
- Premenstrual syndrome

Self-injurious behaviors

- Suicidal ideation

Figure 2

Psychological reactions described by posters.

Intensity of adverse reactions

Negative expressions illustrating intensity

- Awful
- Came crashing down
- Can't live like this
- Can't move or stand straight
- Can't stand this
- Don't know what to do
- Enormous
- Extreme
- Feel really ill
- Feels like dying
- Feels like hell
- Having to use a lot of tampons and pads
- Horrible
- How much do I need to withstand
- Immense
- Indescribable
- Insane
- It only got worse
- Fetal position, cringing turning in pain
- Like the plague
- Lost hope
- Menorrhagia despite taking medications
- Misery
- Never felt this ill before
- Not for me
- Not fun at all
- Nothing positive
- Sick and tired
- Suffering
- Tough
- Traumatic
- Uncomfortable
- Without equal
- Worse than giving birth
- Worst experience
- Wouldn't wish it on my worst enemy

Retrospective thoughts

- Should never have tried a Cu-IUD
- Will never have a Cu-IUD again

Temporal aspects

- Accelerating reactions
- Constant reactions
- Fast onset of reactions
- Reactions that prologed over years
- Recurrent reactions
- Sought medical care several times

Figure 3

Intensity of adverse reactions described by posters.

Consequences of adverse reactions

Deciding to keep the Cu-IUD despite reactions

- Benefits outweigh adverse reactions
- Prefer non-hormonal contraception
- Considered environmentally friendly

Removing the Cu-IUD due to reactions

Adverse reactions that led to removal:

- Anemia
- Altered mood
- Arthralgia
- Depression and depressive mood
- Dysmenorrhea
- Eczema
- Fatigue
- Headaches
- Inability to lose weight
- Menorrhagia
- Metrorrhagia
- Nausea
- Ocular hyperemia
- Ocular pruritus
- Ovulation pain
- Paresthesia
- Pruritus
- Somnolence
- Unspecified uterine infection
- Vaginal discharge

Consequences on sexual health and relationships

- Adverse reactions with negative effect on sexual health and function:
 - Menorrhagia
 - Pain
 - Vaginal discharge
 - Partner feeling the cords
- Impaired sexual health and relationships led to decreased quality of life
- Psychological reactions had consequences on relationship with partner, including fearing that the relationship would end
- Partner affected by psychological reactions

Fears and worries because of adverse reactions and a traumatic insertion

- Fears and worries related to the adverse reactions that can't be explained
- A painful and traumatic insertion led to considerable fears of seeking care at a gynecologist or midwife

Figure 4

Consequences of adverse reactions described by posters.

Supplementary Files

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