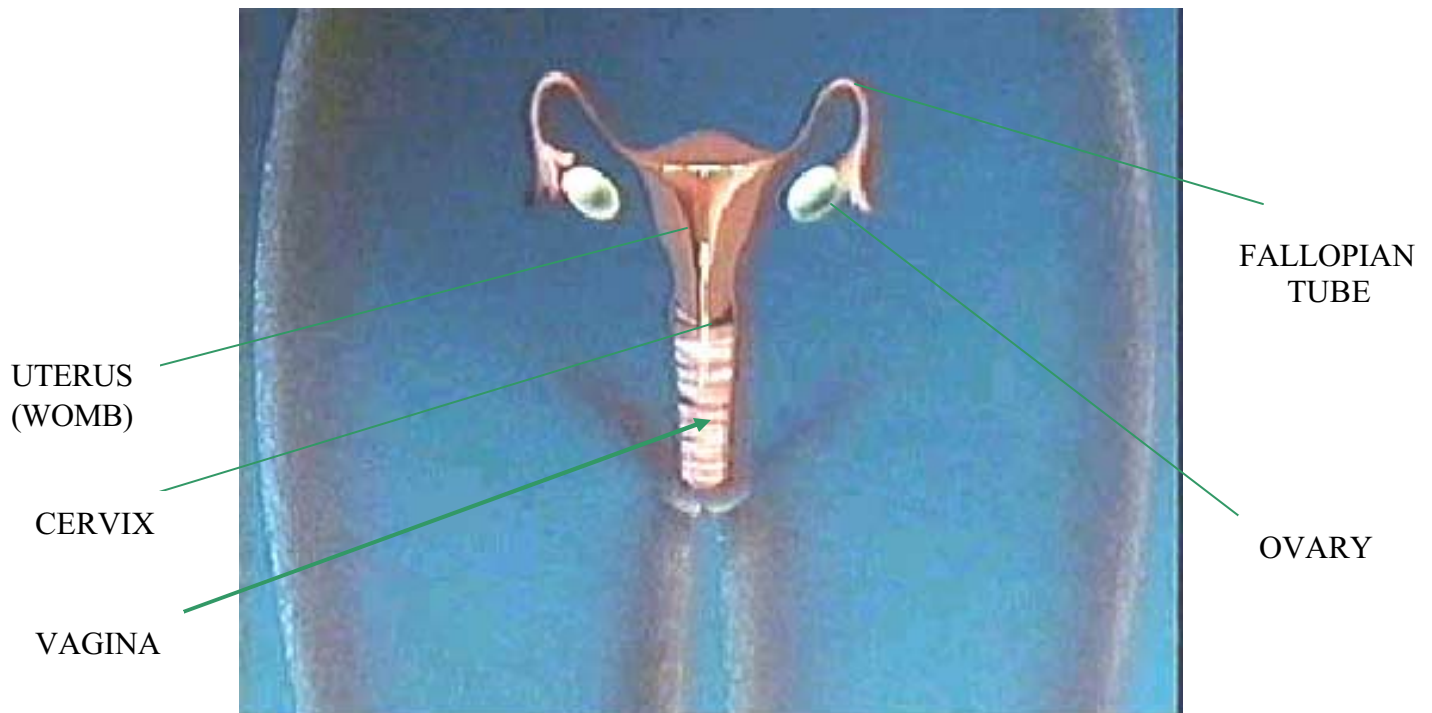


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Copper T Model T Cu 380 A
INTRAUTERINE CONTRACEPTIVE DEVICE

WOMAN REPRODUCTIVE SYSTEM



- The uterus or womb is located in the lower part of the abdomen.
- Uterus or womb is pear shaped muscular organ, slightly smaller than your fist.
- The cervix is the opening of the uterus. The cervix opens in the vaginal canal.
- The fallopian tubes extend from both sides of the upper part of the uterus to the ovaries.
- Together the ovaries, fallopian tubes, uterus and vagina form the female reproductive organ.

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IUD IN PLACE



The IUD placed in the uterus

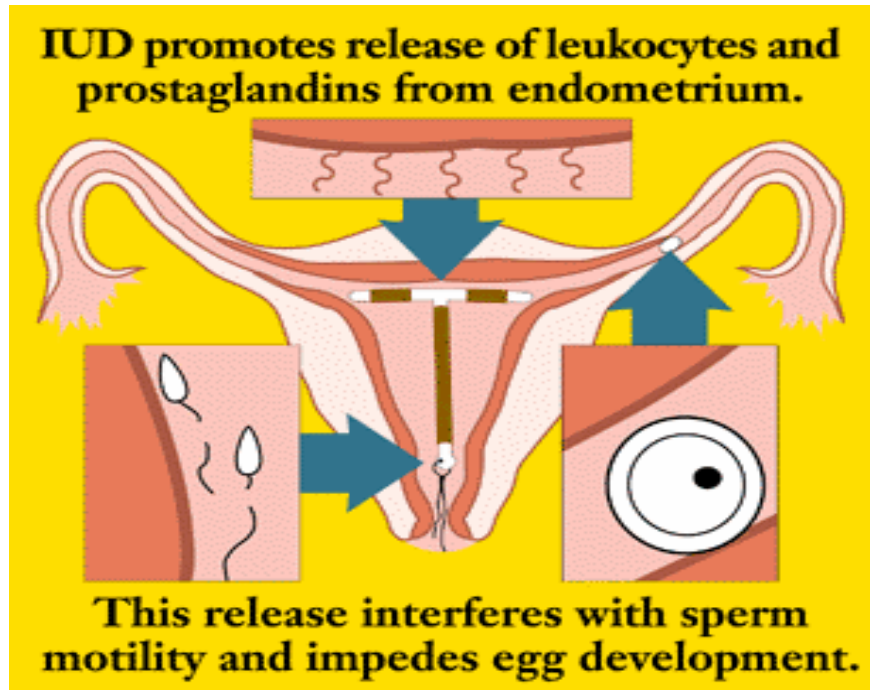
Once the T Cu 380 A is placed the user is protected from pregnancies for 10 years.

- Effective immediately.
- Does not interfere with intercourse.
- Reversible method - Immediate restoration of fertility upon removal.
- Does not affect breastfeeding as it is non-hormonal.
- Does not require daily attention.
- Very safe, convenient and effective.

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MECHANISM OF ACTION - Copper T Model T Cu 380 A



The Copper T 380A works by:

- Impairing the viability and mobility of the sperm.
- Interfering with sperm movement.
- Interferes with ovum transport and fertilization.
- Stimulates a sterile body reaction in the Uterus.

Note: Copper T 380A does not act as an abortifacient and the mechanism of action of the device is previous to fertilization.



Copper T Model T Cu 380 A
INTRAUTERINE CONTRACEPTIVE DEVICE

When can an IUD be inserted?

In general, an IUD can be inserted:

1. At any time during the menstrual cycle if the woman is not pregnant, but preferably during or immediately after menstruation;
2. Within the first 48 hours postpartum, but special training is required to perform the insertion of an IUD at this time;
3. From 4 weeks postpartum;
4. After spontaneous or induced first trimester abortion, provided there is no evidence of infection (fever, tenderness in the uterus, pus or foul-smelling discharge).


What information and care is needed after IUD insertion?

Most women do not experience any problems immediately following IUD insertion. Sometimes however, women do have mild to moderate lower abdominal pain (cramping), nausea, and, rarely, fainting. For this reason, women are advised to stay at the clinic for about 15 to 30 minutes after the IUD is inserted to rest and receive instructions for follow-up care, including how to recognize the early warning signs of an IUD problem. Ideally, the woman should receive print materials that reinforce these instructions.

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Before the woman leaves the clinic, the provider should give the woman a written record of the date and type of IUD inserted and instruct her to:

1. Return to the clinic in three to six weeks so the provider can check for menstrual problems, pain, signs of infection, possible pregnancy, or expulsion.
2. Regularly check the IUD strings. The woman should check for the IUD strings often during the first few months of use and after her monthly period thereafter. If the strings become longer or shorter, she should return to the clinic to have the IUD checked. Women should check IUD strings frequently in the first month after insertion and after each menses thereafter.
3. Know the five warning signs of IUD problems. Women who experience any of the following signs and symptoms should return to their provider for assistance:
 - Late period (may indicate pregnancy) or abnormal spotting or bleeding;
 - Abdominal pain or pain with intercourse;
 - Infection exposure (any STD), abnormal discharge;
 - Not feeling well, fever, chills;
 - Strings missing, shorter or longer.



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INTRAUTERINE CONTRACEPTIVE DEVICE

4. Request IUD removal from a trained provider. Clients should not attempt to remove IUDs themselves. Providers can help prevent self-removal by informing women of the availability of removal services and honoring all requests for removal.

5. Return to the clinic to have the IUD checked when requested or whenever the client has questions or concerns.