



# IWD

# Experiences in Aotearoa

2024 Survey Report

Report produced by Women's Health Action

**Disclaimer: This report represents the views of survey respondents, not necessarily those of Women's Health Action or our funders.**

This research is dedicated to all of our survey respondents who shared their personal stories, experiences, and insights with us.

Your vulnerability, honesty, and willingness to contribute have provided invaluable perspectives that will drive meaningful change for IUD healthcare in Aotearoa.

Thank you for trusting us with your voices.

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# Kia ora! About WHA



Isis McKay  
General Manager

Ina oranga te wāhine, ka ora te whānau, ka ora te hapū, ka ora nga iwi e  
When Women are in good health, the whānau, hapū and iwi will flourish

Women's Health Action (WHA) is a charitable trust founded in 1984 by women's health activists Phillida Bunkle and Sandra Coney. The trust's initial focus was on reproductive health and rights and came to national prominence with our key role in exposing the 'Unfortunate Experiment' at National Women's Hospital, which resulted in the landmark Cartwright Inquiry and subsequent 'Cartwright Report' in 1987/1988.

Our mission is to authentically protect women's health and serve whānau. Our team work with consumers (service users), whānau, hapū, iwi, health professionals and other agencies/providers across the health, social development, education, and justice systems/sectors.

We are committed to supporting the health system to provide timely access to quality, safe, and equitable health services. Along with delivering quality health information and initiatives, we engage with diverse communities nationwide to provide insights into the real-time needs of those accessing and delivering health care.

Every year, around 10,000 people in Aotearoa choose to use an intrauterine device (IUD) (Sexual Wellbeing Aotearoa, 2024). While most people experience little to no complications when using an IUD, there has been increased reporting of people experiencing significant pain, unexpected side effects and feeling dismissed by medical professionals.

It is our hope that this data will help inform Women's Health Action's work and provide information to help shape recommendations to support the health systems' response to these often-traumatic experiences.

Thank you again to everyone who shared your experiences with us and to Liv Roe and the team at WHA for all your hard work.

Isis Mckay.

## Executive Summary

This report explores the diverse experiences of individuals in Aotearoa New Zealand regarding IUDs, drawing from survey responses that highlight physical, mental, and emotional aspects of care. Through the voices of respondents, this report sheds light on the challenges and successes in accessing IUDs, with a focus on healthcare communication, pain management, and informed decision-making. The findings underscore the critical need for patient-centred care and systemic improvements in reproductive healthcare to better meet the needs of all IUD users.

The main themes that emerged from these stories reflect both positive and negative aspects of IUD use, and the quality of care received. Respondents shared harrowing experiences of inadequate pain management, including feeling like they have no option but to “grin and bear it” or rely on over-the-counter painkillers, even for severely painful procedures. Stories of dismissive or traumatic treatment during IUD insertion or removal highlight the urgent need for trauma-informed care and more compassionate provider-patient communication. Some respondents expressed frustration with the lack of clear, upfront information about risks, side effects, or proper device placement, while others faced financial and logistical barriers to accessing appropriate care. However, there were also stories of resilience and gratitude. Some respondents praised providers who were empathetic, knowledgeable, and thorough, making the process less distressing and more empowering. Positive experiences with funded IUD procedures and attentive care underscored the potential for meaningful improvements in reproductive healthcare when the right systems and attitudes are in place. Collectively, these stories and data offer meaningful insights into the realities of IUD use, highlighting both areas for urgent improvement and examples of best practices that should be celebrated and replicated.

## An introduction to our IUD survey

This research project involved designing and implementing an online survey to gather qualitative and quantitative data on user experiences with IUD in Aotearoa New Zealand. Survey questions were structured to explore physical, mental, and emotional experiences, as well as access to and interactions with healthcare providers. Participants shared their IUD experiences and opinions via an online Survey Monkey questionnaire.

Survey respondents were asked if they would like to share their experience(s) with the IUDs they have currently, previously or both, resulting in additional data from some respondents that chose to share more than one experience. Additionally, we sought to capture opinions of those who have never used an IUD before but have considered it or had it recommended to them in the past.

With some of our **304** total survey respondents choosing to share more than one IUD experience, we received:

**155** stories about current IUDs

**249** stories about previous IUDs

**29** opinion responses on IUDs

Responses were analysed to identify themes across people's experiences, and areas for improvement in IUD-related healthcare. This mixed-methods approach allowed for a comprehensive understanding of individual journeys, combining statistical insights with personal narratives to offer informative recommendations within the sector.

# About our survey respondents

## Summary:

The majority of respondents (93%) identified as female, while 7% identified as gender non-binary or queer. Respondents spanned various age groups, with 43% aged 35-44 years and 6% aged 18-24 years, representing a broad spectrum of life stages and reproductive health needs. Fourteen percent of respondents considered themselves to have a disability, with an additional 4% who are unsure. Ethnic diversity was present, with 82% identifying as Pākehā, 12% as Māori, 2% as Pacific Islander, and 3% as Asian. Most respondents (83.5%) reported only being able to speak English, reflecting a major reliance on English-language resources and communication with the healthcare system. A significant portion of respondents (25%) reported having their IUD experiences in Auckland, followed by 17% in Wellington. Healthcare providers played an influential role in respondents' IUD journeys, with 42% consulting a GP or doctor and 32% using Sexual Wellbeing Aotearoa (formerly Family Planning). Most IUD experiences occurred within the last four years (67%). Regarding duration of use, 37% had used an IUD for 3-5 years, with the Mirena being the most commonly used type (72%), followed by the non-hormonal copper IUD (17%), and 1% unsure of their IUD type.



## Demographics:

**93%**

Female-identifying respondents

### Gender identity:

- 93%** female
- 7%** gender non-binary/queer
- >1%** transgender male

**43%**

Respondents aged 35-44

### Age:

- 6%** 18-24 years
- 29%** 25-34 years
- 43%** 35-44 years
- 19%** 45-54 years
- 2%** 55-64 years
- 1%** 65+ years

**14%**

Respondents with disabilities

### Disabilities:

Respondents were asked if they considered themselves to have any disabilities.

- 14%** yes
- 80%** no
- 4%** unsure
- 2%** rather not say

## Ethnicities:

Respondents were asked to select all ethnicities that they identified with.

- 82%** Pākehā/Caucasian
- 12%** Māori
- 2%** Pacific Islander
- 3%** Asian
- 1%** other

## Residential status:

- 90%** citizen/tangata whenua
- 9%** resident/permanent resident
- 1%** no longer living in Aotearoa

## Language:

Respondents were asked to list their first/native language and other languages they speak fluently.

- 83.5%** only English
- 3.5%** Te Reo Māori
- 13%** other languages

## Location:

Respondents were asked where in Aotearoa their IUD experience(s) took place.

- 25%** Auckland
- 17%** Wellington
- 16%** Otago
- 13%** Canterbury
- 5%** Manawatu-Wanga
- 5%** Waikato
- 4%** Bay of Plenty
- 3%** Southland
- 3%** Taranaki
- 9%** other



## Iwi:

**Twelve percent of our survey respondents identified as Māori, with 3.5% reporting that they speak Te Reo Māori. We received IUD stories and opinion responses from people who are from the following list of iwi.**

- Kāti Mamoe
- Kāi Tahu
- Ngāpuhi
- Ngāi Tahu
- Ngāi Te Rangi
- Ngāti Apa ki te Rā Tō
- Ngāti Awa
- Ngāti Hāua
- Ngāti Kahungunu
- Ngāti Kuia
- Ngāti Kuri
- Ngāti Maniapoto
- Ngāti Maru
- Ngāti Porou
- Ngāti Ranginui
- Ngāti Rangiwewehi
- Ngāti Raukawa
- Ngāti Ruanui
- Ngāti Tūwharetoa
- Ngāti Whātua
- Ngāti Tūwharetoa
- Ngāti Whātua
- Ruawaipu
- Tapuika
- Te Āti Awa
- Te Atihaunui-a-Paparangi
- Te Aupōuri
- Te Rarawa
- Waitaha
- Whakatōhea

**When respondents were asked if they thought their residential status and/or the language that they spoke affected their IUD experience 9% answered yes. This is what some had to say:**

"I am Pākeha presenting, I was born in NZ with good health literacy. I had good understanding of my choices. I think this contributed to my positive experience of IUD."

"I wasn't a citizen at the time but spoke and understood English very well but with a noticeable accent if we spoke for a bit. It's hard to tell if they would've treated me differently if I was born and raised in Aotearoa."

"I'm a student at Te Herenga Waka so could get the IUD for free, and the GP was affirming of my gender identity which doesn't happen at other GP clinics."

"Speaking and understanding English meant I could clearly describe my symptoms to my GP, who could then advocate to get me higher up the waiting list to get an IUD."

"I am on a student visa and also insurance didn't cover it at all."

"I think it was helpful that I was familiar with the NZ health system, had lived here enough to build up a rapport with the medical team doing the procedure so I felt comfortable going into the procedure and going back for follow ups/removal. I think fluency in English was key to me understanding the risks and what to expect, and also to communicate my own concerns."

"It's easier understanding and communicating with a health provider who shares the same first language as me. It's easy for things to not be understood or communicated as well when there are cultural or language differences. Plus patient might not be as able to explain any concerns or questions as easily."

## IUD provider(s):

Respondents were asked to choose as many healthcare providers as they went to for the IUD, including consultations and transferrals.

- 42%** GP/doctor
- 32%** Sexual Wellbeing Aotearoa (formerly Family Planning)
- 20%** OB/GYN or hospital/clinic
- 6%** other

**Many respondents emphasised the importance of well-trained and empathetic providers, with private providers often offering better pain management and care compared to public systems. Accessibility issues, such as appointment delays and staff shortages, particularly with Sexual Wellbeing Aotearoa (Family Planning), were a common concern.**

"I feel I only had such a positive experience regarding pain management because I went private."

"I had a hard time getting an appointment with Sexual Wellbeing NZ (previously Family Planning). They bumped my appointment a few times due to lack of staff. I tried booking with my regular GP - they put me with an old man who refused to go ahead with the procedure because he believed someone who hadn't had a baby should not be able to receive an IUD (pretty wild, I know)! I was eventually seen by Sexual Wellbeing NZ who popped it in for me."

## When these IUD experiences happened:

**67%** in the last 4 years

**27%** 2010-2019

**4%** 2000-2009

**2%** before the 2000s

## Duration of use:

Respondents were asked how long they have been using their current or previous IUD.

**4%** less than a month

**12%** 1 - 6 months

**12%** 6 - 12 months

**35%** 1 - 3 years

**37%** 3 - 5 years

**Respondents who used the IUD for shorter periods, such as less than a month or up to six months, often faced severe pain, adverse reactions like heavy bleeding, or urgent removal due to adverse reactions. As the duration increased to six months or more, some respondents reported challenges with pain management, difficulties during removal, and unexpected complications, though others began to see improvements in symptoms like heavy periods. Long-term users, particularly those who had the IUD for three to five years, generally reflected more positively, citing successful treatment of conditions like endometriosis and better menstrual control despite occasional side effects like infection.**

## IUD types:

Respondents were asked to select all IUD types that they are currently using or have had experience using.

**72%** Mirena

**3%** Jaydess

**10%** non-hormonal copper Choice Load standard

**5%** non-hormonal copper Choice Load 375

**2%** non-hormonal copper Choice Load short

**7%** non-hormonal unsure

**1%** unsure

(See page 17 for more information on reasons and deciding factors on specific IUD type and usage.)

# Making decisions on IUD usage

## Summary:

This section highlights key factors influencing respondents' choices regarding IUDs. Medical advice was the most influential factor for 40% of respondents, while 42% cited contraception and avoiding pregnancy as their primary reason for opting for an IUD. Health-related consideration, such as pre-existing conditions, influenced 26% of respondents, while concerns about discomfort or pain during insertion (26%) and potential side effects (19%) also played significant roles in their decision-making.

## Deciding factors:

Respondents were asked to select all factors that influenced their decision in getting the IUD.

- 40%** healthcare/medical advice
- 27%** personal research
- 13%** past experience(s)
- 15%** discussions with whānau/friends
- 5%** other



## Reason(s) for IUD use:

Respondents were asked to select all reasons for their decision to use the IUD.

- 42%** contraception/avoiding pregnancy
- 22%** to help with heavy/painful periods
- 10%** to help with prolonged/"abnormal" periods
- 7%** to help with endometriosis
- 7%** to help with anemia
- 2%** to help with adenomyosis
- 1%** to help with fibroids
- 3%** to help with perimenopause/perimonausal symptoms
- 6%** other/miscellaneous reasons

**Survey respondents shared varied reasons for their decision to use the IUD and their choice of IUD type. Many opted for the copper IUD as a non-hormonal option, particularly to protect their mental health, align with gender-affirming hormone therapy, or avoid medication interactions for other healthcare concerns. Others selected the Mirena for its hormonal benefits, such as managing heavy periods or eliminating menstruation altogether.**

## Concerns:

Common concerns included severe pain during insertion or removal, insufficient pain management, and traumatic experiences caused by inexperienced healthcare providers. Some respondents reported past experiences of unexpected complications, such as IUD displacement, persistent bleeding, or cervical issues, which led to physical discomfort and emotional distress. Others expressed dissatisfaction with the lack of information about side effects or variability in outcomes, which left them feeling confused and unprepared.

## Health-related considerations:

Respondents were asked if they had any previous or current health-related considerations or medical conditions that influenced their decision to use the IUD.

**26%** yes

**74%** no

Health-related or medical concerns mentioned included:

- Acne
- Allergies
- Cholesterol
- Endometriosis
- Epilepsy
- High blood pressure
- Medication use
- Migraines
- Mental health/depression
- PCOS (polycystic ovary syndrome)
- Pregnancy

## General concerns:

Respondents were asked if they had any general concerns that influenced their decision to use the IUD.

- 26%** discomfort/pain during insertion procedure
- 10%** discomfort/pain during use
- 13%** discomfort/pain during removal procedure
- 19%** potential side effects
- 7%** effectiveness
- 2%** time span of commitment
- 8.5%** cost and affordability
- 3%** accessibility to support and medical follow-ups
- 2%** other
- 9.5%** none

**Some respondents chose to share more specific and unique insights regarding their concerns with the IUD, expressing anxiety about how their body might react to a foreign device, reflecting concerns about potential physical or immune responses. Past traumatic experiences with healthcare providers also surfaced, with one respondent recounting a deeply distressing incident that influenced their reluctance to get another IUD, involving non-consensual actions during a procedure. Additionally, some respondents questioned whether an IUD would effectively address underlying health conditions, such as endometriosis or mental health challenges.**

## Information:

The responses regarding the quality and amount of information received about IUDs reveal a wide spectrum of experiences and satisfaction levels, ranging from highly informed and confident to feeling underprepared or misled. Many respondents appreciated clear communication from knowledgeable healthcare providers, written resources, and visual aids, which helped them make informed decisions. However, others reported significant gaps in information, such as lack of discussion on potential side effects, pain management, and procedural risks, leaving them feeling unprepared or misinformed. Some respondents highlighted inconsistencies between different providers or settings, while others noted the critical role of self-research and advocacy in supplementing what was not communicated.

## Information source(s):

Respondents were asked to select as many sources from which they obtained information prior to getting the IUD.

**44%** healthcare provider

**36%** internet

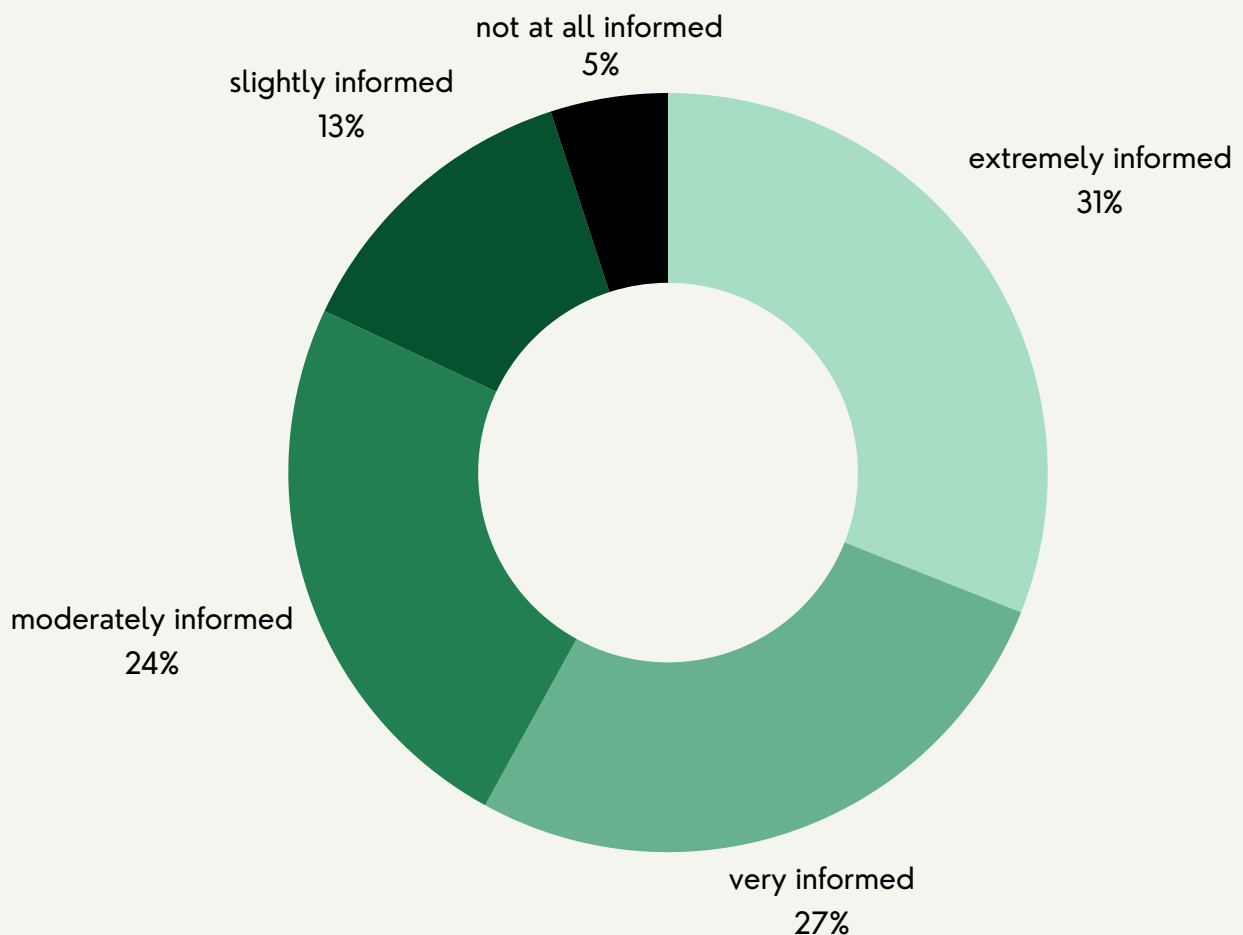
**17%** whānau/friends

**3%** other

## Information on risks and benefits:

Respondents were asked how well-informed they felt about the risks and benefits of the IUD prior to their procedures.

- 31%** extremely informed and I was confident in my decision
- 27%** very informed
- 24%** moderately informed
- 13%** slightly informed
- 5%** not at all informed but I still decided to get the IUD



# Opinion responses

**The following section contains opinion responses from survey respondents who have never used an IUD but have heard about it, considered it or had it recommended to them. This data was captured to gain insight into how the quality and amount of information received from medical professionals or shared stories from the wider community impacted their opinions and/or decision not to proceed with getting an IUD. Some survey respondents expressed that they felt pressured into considering an IUD rather than being offered alternative solutions tailored to their specific needs, such as a hysterectomy for conditions like adenomyosis. Barriers such as high costs, limited information, and insufficient support during procedures were also raised, particularly for rural individuals or those with unique medical concerns like pelvic floor tightness. Others pointed out the need for greater transparency about side effects, hormone mechanisms, and options like referrals to physiotherapy.**

*"In NZ, the cost is a definite barrier. It is an outrageous upfront cost for something that is so effective."*

*"I have a negative perception of IUD insertion and removal with an overwhelming amount of people suffering unnecessarily with the insertion and removal of this device and little to no pain management or validation from healthcare professionals."*

*"I know too many people who have required surgical removal."*

## IUD consideration:

Respondents were asked if they have considered using the IUD.

**86%** yes

**14%** no

## Healthcare discussions:

Respondents were asked if they have discussed IUD options with their healthcare provider.

**55%** yes

**31%** no

**14%** rather not say

## Discussion quality:

Respondents were asked how informative and/or helpful their healthcare provider was.

**10%** extremely informative

**3%** very informative

**21%** moderately informative

**21%** slightly informative

**0%** not at all informative

**45%** no answer/rather not say

## Contraceptive consideration:

Respondents were asked if they have considered other contraceptive options.

**93%** yes

**7%** no

## Information sources:

Respondents were asked to select as many sources from which they obtained information about the IUD.

**28%** healthcare provider

**34%** internet

**35%** whānau/friends

**3%** other

## Deciding factors:

Respondents were asked to select all factors that influenced their decision not to get the IUD.

**2%** healthcare/medical advice

**3%** personal research

**16%** past experience(s)

**32%** discussions with whānau/friends

**8%** cost and affordability

**5%** accessibility to support and medical follow-ups

**28%** concerns about risks

**6%** other



## Concerns:

### General concerns:

Respondents were asked if they had any general concerns that influenced their decision not to use the IUD.

- 22%** discomfort/pain during insertion procedure
- 17%** discomfort/pain during use
- 18%** discomfort/pain during removal procedure
- 19%** potential side effects
- 7%** effectiveness
- 5%** time span of commitment
- 6%** cost and affordability
- 6%** accessibility to support and medical follow-ups

"I was not confident that the medical provider I used heard my concerns and wouldn't go against my wishes should I change my mind. they also stated that no pain relief would be provided during insertion/removal even though I have consistently been told that it is a painful procedure."

"Pain is a huge concern, particularly given (male) doctors already undermine women's pain levels."

"More support needed during the procedure (e.g., pain relief) and taking women seriously if they have complications. I had a friend end up with intense gastro and cervical pain ending up in the hospital and not being taken seriously. Her pain was so bad she couldn't stand. Turns out it was an issue with the IUD."

# Physical, mental, and emotional experiences

## Summary:

**This section reveals the multifaceted physical, mental, and emotional challenges faced by respondents during and after their IUD experiences, ranging from relief and satisfaction to pain and trauma. The majority of respondents (79%) reported experiencing physical pain, mental, or emotional discomfort during or after their IUD procedures. Severe medical complications were reported by 14%, underscoring the need for careful monitoring and follow-up care. When asked about how well healthcare providers discussed pain and physical discomfort, 27% of respondents rated the discussion as poor, and 12% felt it was not addressed at all.**

**Pain during the procedure was commonly reported, with 32% describing it as moderate and 29% as severe. For many, the pain persisted beyond the procedure, with 29% experiencing it for a few days and 13% enduring pain for more than a month. These findings emphasise the importance of comprehensive pain management, clear communication about potential discomfort, and proactive care to support patients both during and after their procedures.**

**79%**

Respondents  
experienced IUD  
pain or discomfort

## Pain or discomfort:

Respondents were asked if they felt any physical pain, mental or emotional discomfort during or after their IUD procedures.

**79%** yes

**21%** no

**14%**

Respondents  
experienced IUD  
complications

## Complications:

Respondents were asked if they experienced any severe medical complications during or after their IUD procedures.

**14%** yes

**86%** no

Many highlighted the lack of adequate pain management and emotional support during insertion, removal, or follow-up care, leaving some feeling dismissed or unsupported by their healthcare providers. While a few respondents reported positive outcomes and effective contraception, others recounted severe physical complications, exacerbation of pre-existing conditions, and significant mental health impacts. The narratives also underscored the importance of personalised care, better communication about risks and side effects, and greater consideration for emotional well-being during IUD procedures.

## Physical pain and discomfort:

Respondents frequently described the physical pain associated with IUD procedures as intense and, in some cases, comparable to labour. Many reported insufficient pain relief options, such as being advised to take over-the-counter medication like ibuprofen, which they found wholly inadequate. Stories of complications, such as IUDs being improperly placed, causing infections, or being rejected by the body, were common, with some respondents needing surgical interventions. A recurring theme was the lack of accessibility to local anaesthetics or stronger pain relief, which left many feeling vulnerable and unsupported during what they described as a painful and invasive procedure. However, a few respondents who received care during unrelated surgeries or from highly empathetic providers recounted significantly more positive physical experiences, highlighting the impact of provider skill and approach on patient outcomes.

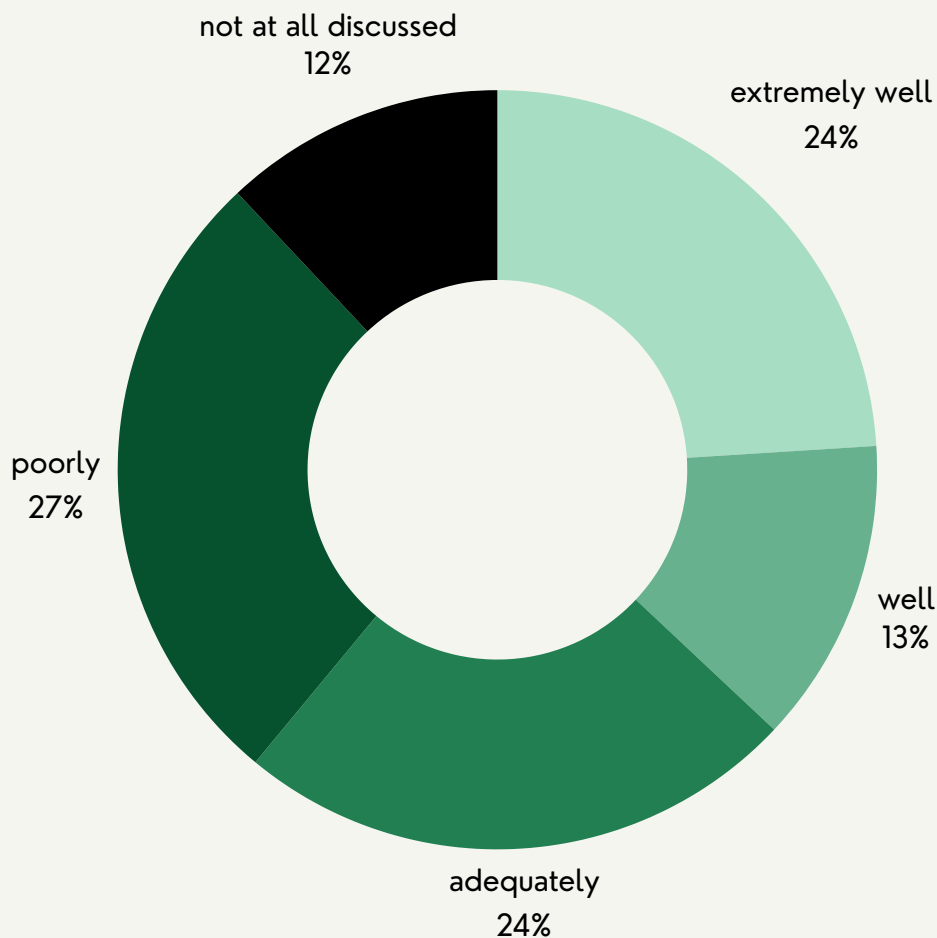
"The insertion was more painful than I expected, despite having taken a LOT of medication. I did love it for the five years I had it and DO recommend other women have one. The removal was very easy, much easier than expected."

"I had my IUD inserted while under general anaesthesia. From the moment I woke up I felt different. My breasts hurt, especially the nipples, they were swollen. And my hands, fingers, ankles and feet swelled up too. After waiting six weeks, sex was painful, and my partner got a cut on his penis from the strings hanging down. It was a horrible experience."

## Quality of discussion on physical pain and discomfort:

Respondents were asked how well the healthcare provider discussed pain and physical discomfort.

- 24%** extremely well - they talked me through what I might experience and how to manage it
- 13%** well
- 24%** adequately
- 27%** poorly
- 12%** not at all - pain and physical discomfort were not discussed with me



## Rating level of physical pain:

Respondents were asked to rate the level of pain and/or physical discomfort they experienced during their IUD procedures.

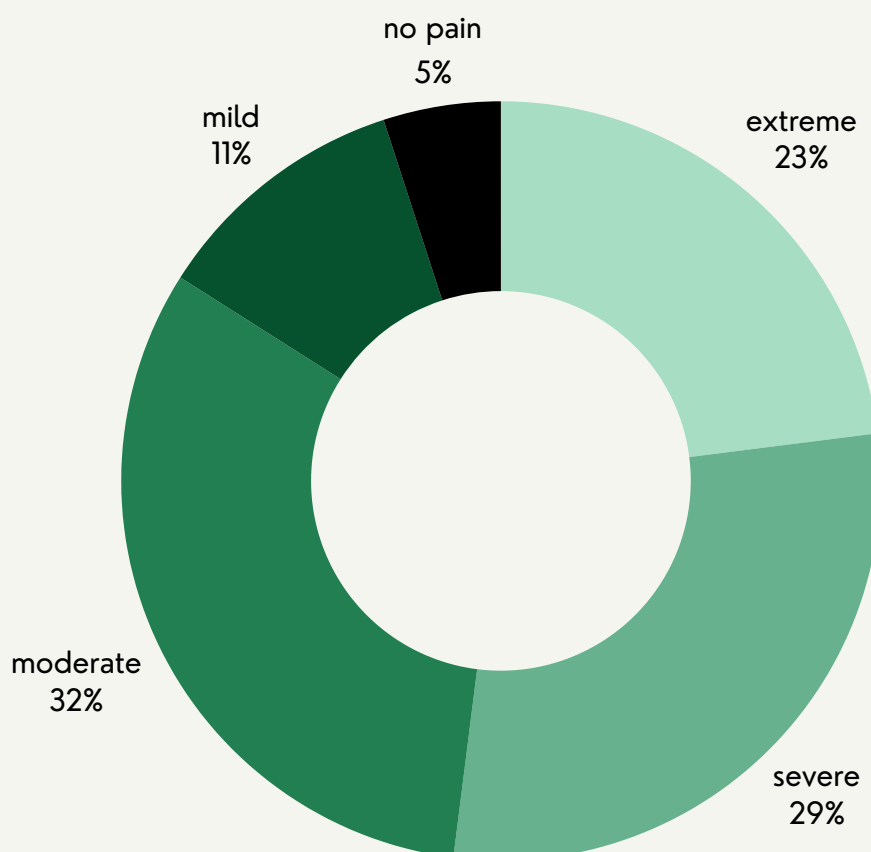
**23%** extreme pain and/or physical discomfort

**29%** severe

**32%** moderate

**11%** mild

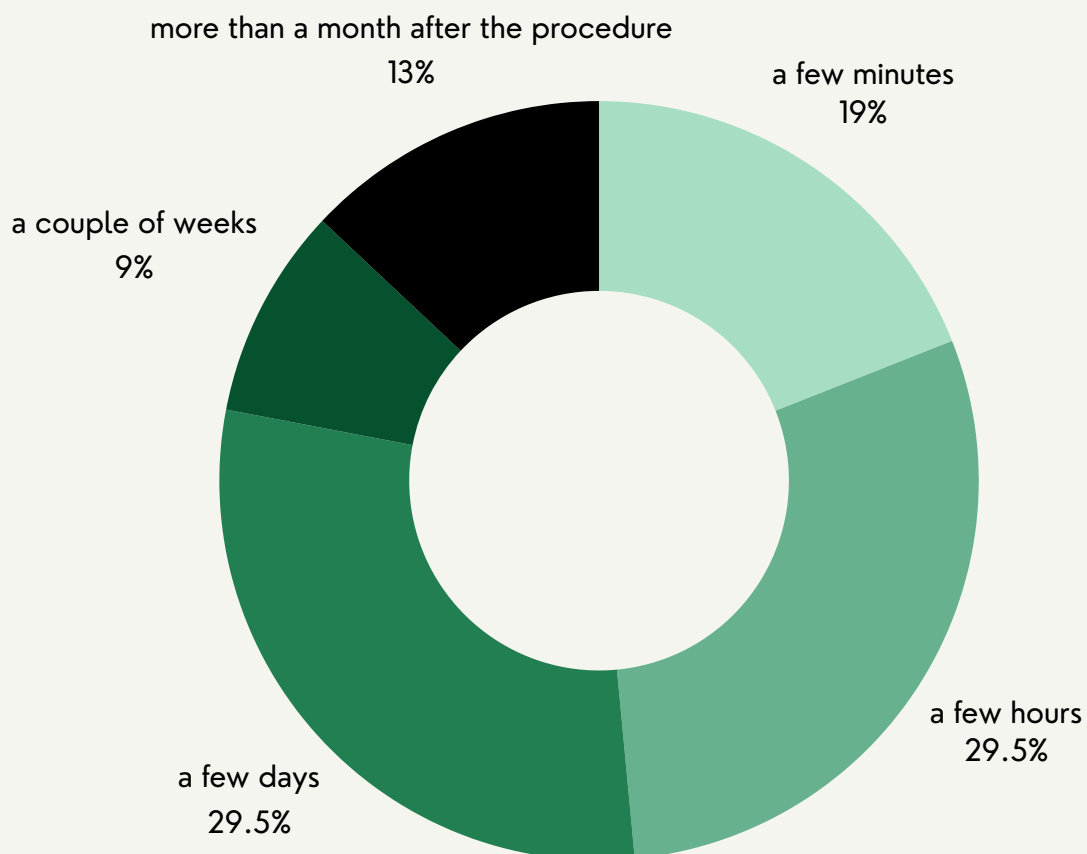
**5%** no pain and/or physical discomfort



## Duration of physical pain:

Respondents were asked about the duration of physical pain experienced during and after their IUD procedures.

- 19%** a few minutes
- 29.5%** a few hours
- 29.5%** a few days
- 9%** a couple of weeks
- 13%** more than a month after the procedure



## Mental and/or emotional discomfort:

The mental and emotional toll of IUD procedures was deeply felt by many respondents. Several recounted feelings of anxiety, fear, or trauma stemming from past experiences, including triggering memories of sexual abuse or inadequate support during the procedure. Some shared stories of being gaslit by providers or feeling pressured into decisions without fully understanding the potential risks or side effects, which eroded their trust in the healthcare system. Others highlighted the emotional distress caused by complications like failed insertions, prolonged pain, or hormonal side effects, which severely impacted their mental health. On the other hand, respondents who experienced empathetic care or had the presence of a supportive partner in the room noted reduced emotional strain.

"I think if I was better mentally prepared it would have gone smoother."

"I was asked if I was anxious about the procedure (which I was) and so was given half a Valium to take the edge off. This did absolutely nothing. As a woman, we should be given the option of some kind of pain relief or to be put under during this procedure as it was one of the most painful experiences of my life and it is extremely misunderstood in the public and women are made to feel like they cannot speak up about that and ask for more. It should be a choice for that, without judgement. I would never get it again due to the shear pain physically and emotionally I endured in this time."



## Quality of mental and/or emotional discussion:

Respondents were asked how well the healthcare provider discussed mental and/or emotional discomfort.

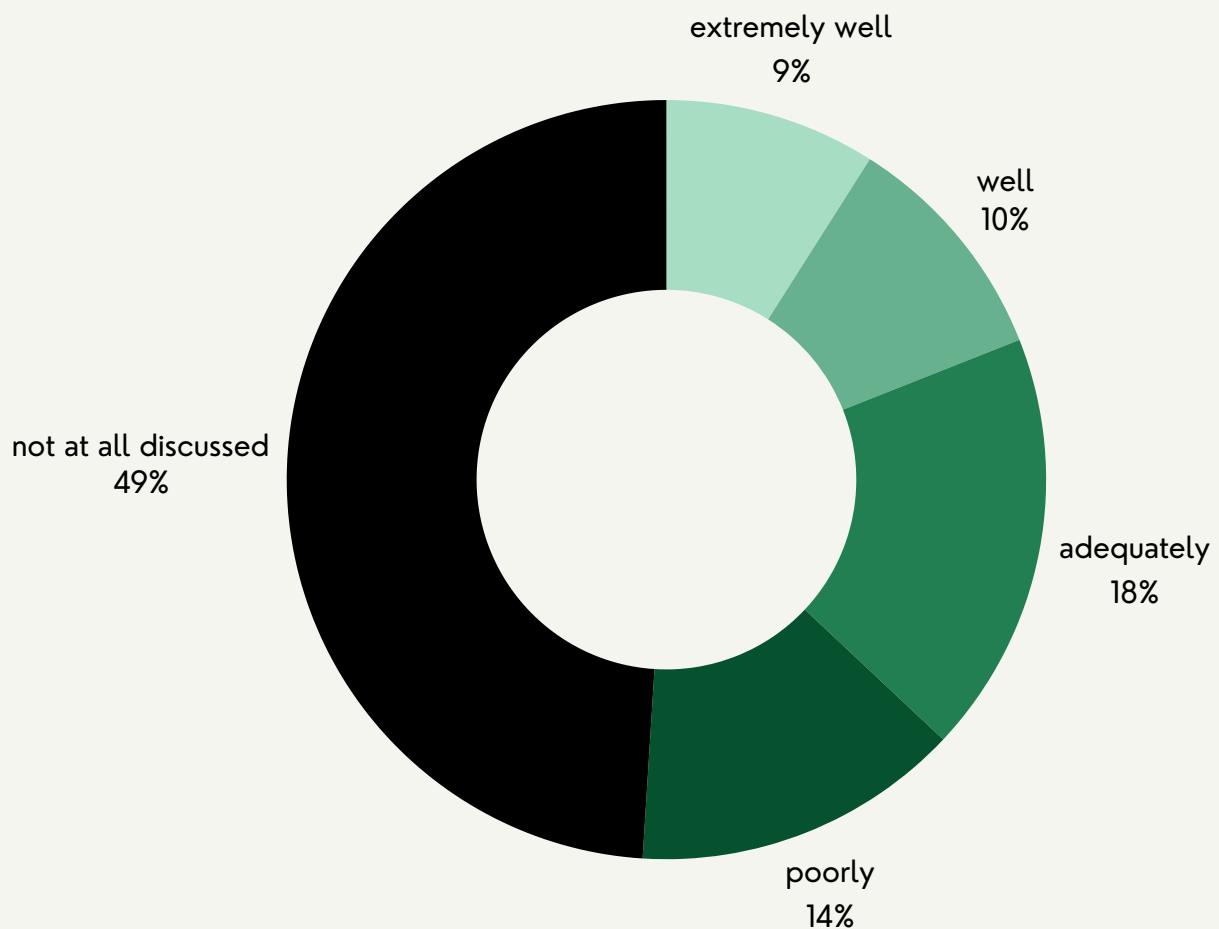
**9%** extremely well - they talked me through what I might experience and how to manage it

**10%** well

**18%** adequately

**14%** poorly

**49%** not at all - mental and emotional discomfort were not discussed with me



## Rating level of mental and/or emotional discomfort:

Respondents were asked to rate the level of mental and/or emotional discomfort they experienced during their IUD procedures.

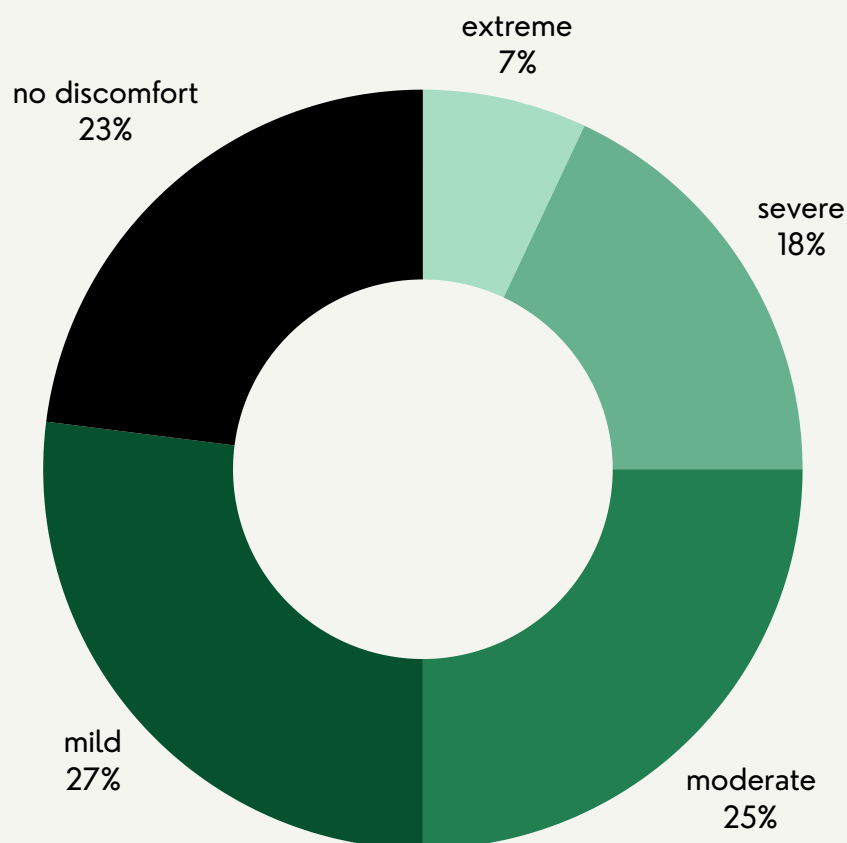
**7%** extreme mental and/or emotional discomfort

**18%** severe

**25%** moderate

**27%** mild

**23%** no mental and/or emotional discomfort



## Duration of mental and/or emotional discomfort:

Respondents were asked about the duration of mental and/or emotional discomfort during and after their IUD procedures.

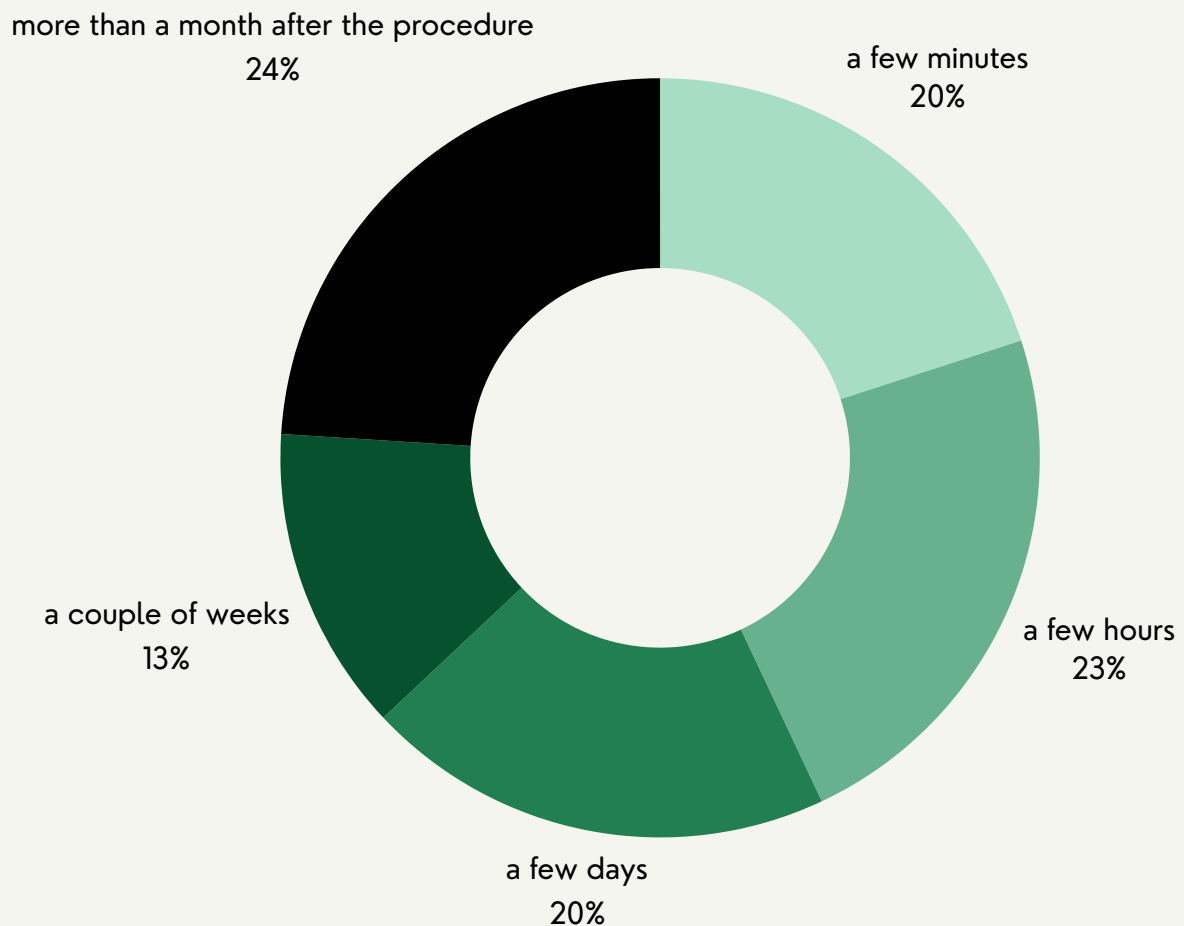
**20%** a few minutes

**23%** a few hours

**20%** a few days

**13%** a couple of weeks

**24%** more than a month after the procedure



# Quality of care from healthcare providers

## Summary:

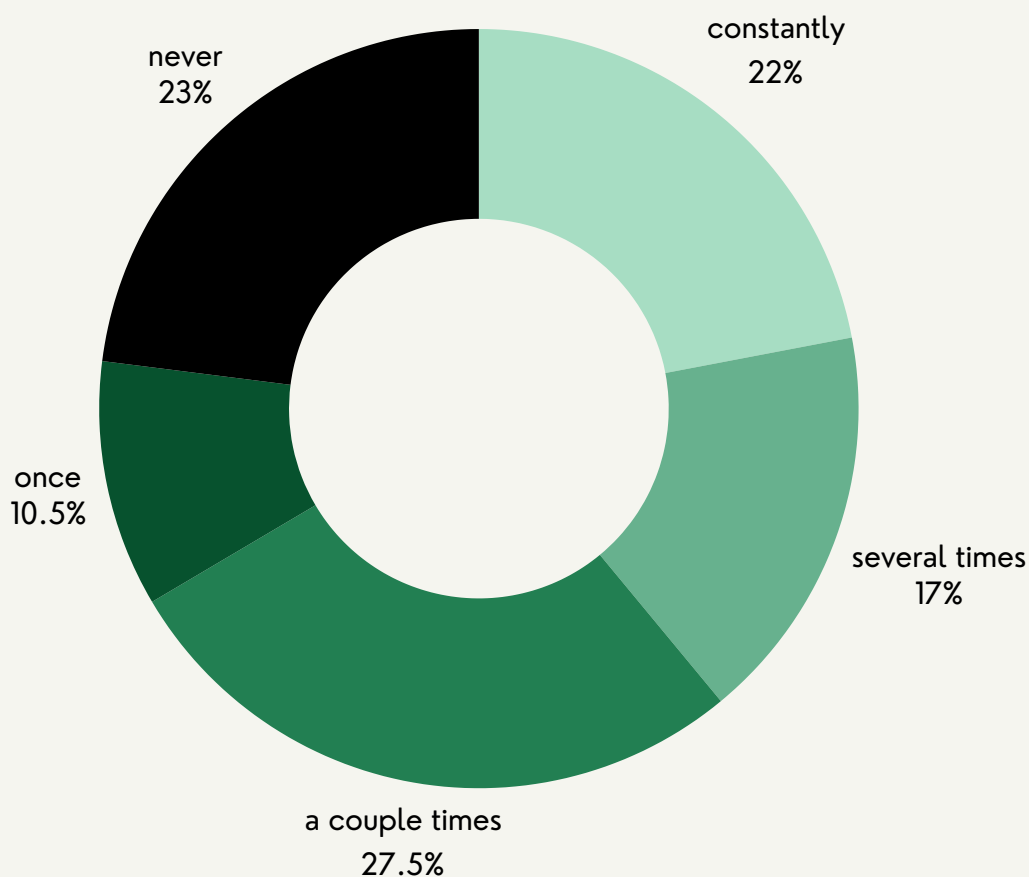
**The quality of care respondents received from healthcare providers during their IUD procedures varied widely, with mixed levels of satisfaction reported. While 32% of respondents were very satisfied with the overall care they received before, during, and after the procedure, 10% expressed strong dissatisfaction. Communication about discomfort during the procedure was inconsistent, with 27.5% stating their provider asked if they were feeling any discomfort a couple of times, but 13% reported being in constant discomfort and requiring continuous verbal reassurance, and 12% did not communicate their discomfort at all because they were too nervous to say anything.**

**When evaluating how well healthcare providers responded to their physical, mental, and emotional needs, 27% felt their needs were addressed adequately, while 9% reported their needs were completely ignored. Pain management and advice also revealed gaps in care, with 25% finding the recommendations unhelpful and 12% stating they received no advice or recommendations at all.**

## Provider care and communication:

Respondents were asked how often their healthcare provider asked if they were feeling any discomfort during the IUD procedure.

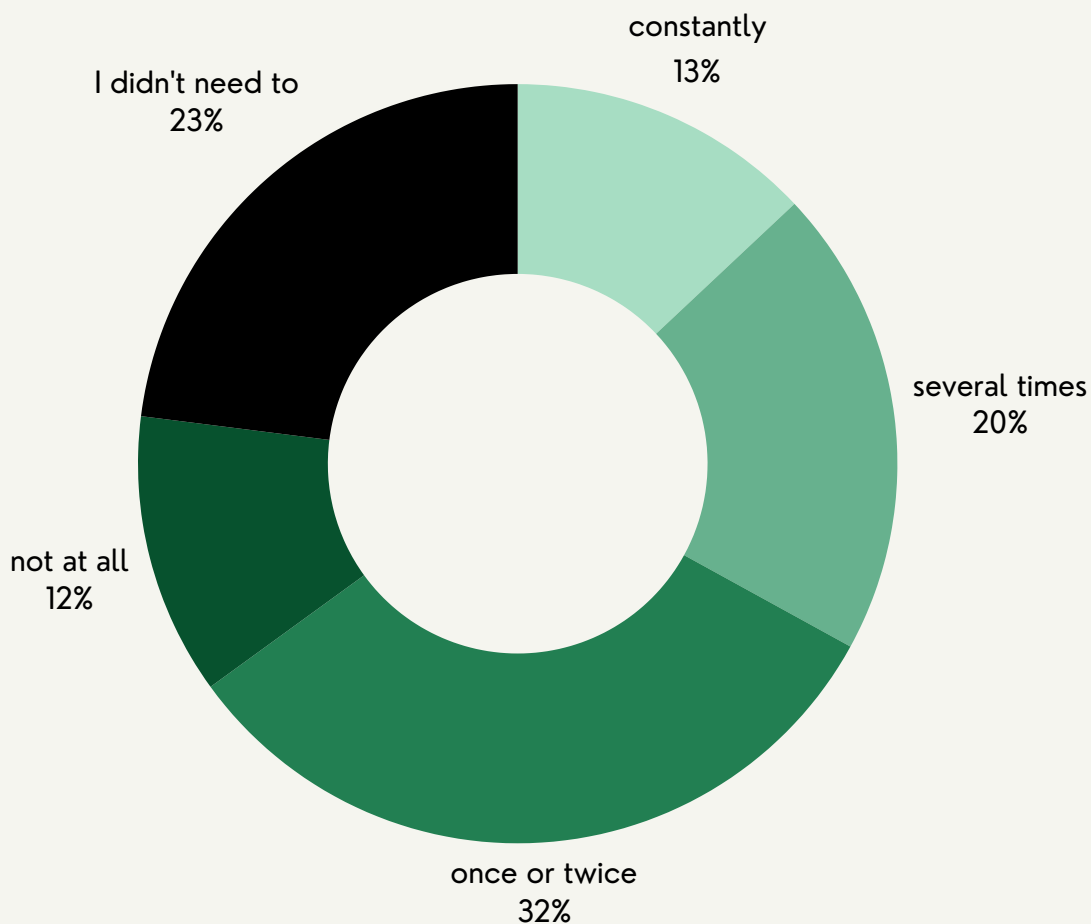
- 22%** constantly - they asked how I was feeling throughout the procedure
- 17%** several times
- 27.5%** a couple of times
- 10.5%** once
- 23%** never - I was not asked if I felt any discomfort at all



## Patient communication:

Respondents were asked how often they communicated any discomfort they felt during the IUD procedure.

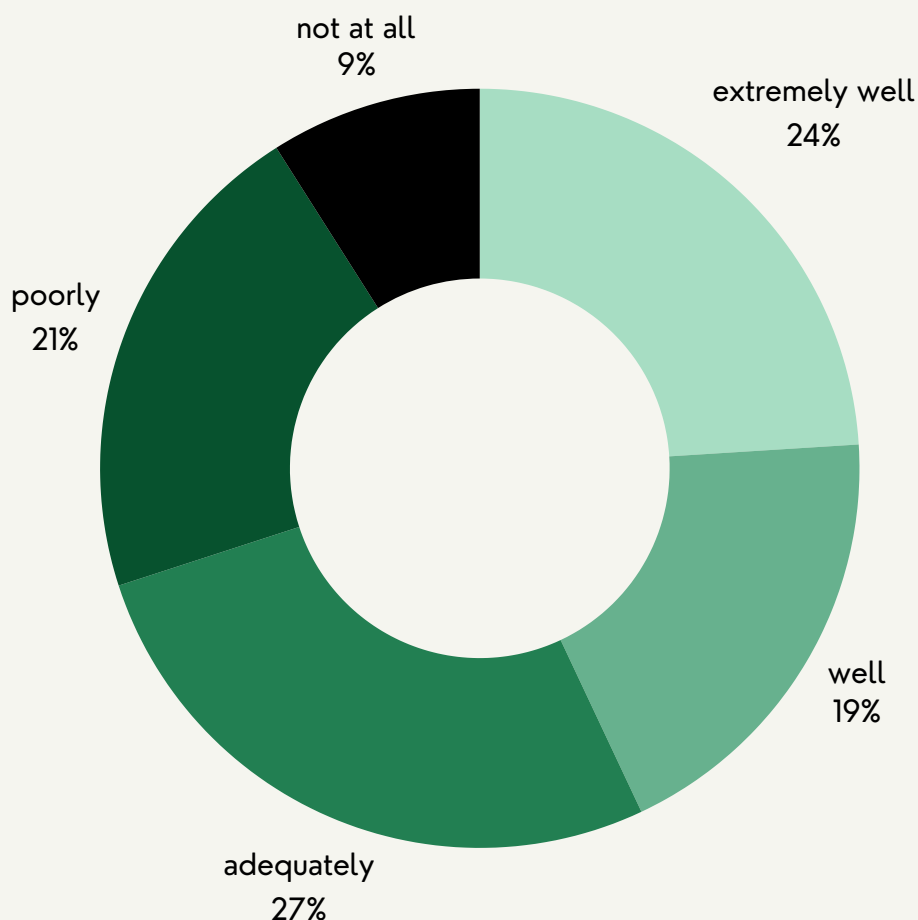
- 13%** constantly - I was in discomfort the whole time and needed continuous reassurance
- 20%** several times
- 32%** once or twice
- 12%** not at all - I was too nervous to say anything
- 23%** I didn't need to - I felt comfortable during the procedure



## Provider responsiveness:

Respondents were asked how well they thought the healthcare provider responded to their physical, mental, and emotional needs.

- 24%** extremely well - they went above and beyond making me feel comfortable
- 19%** well
- 27%** adequately
- 21%** poorly
- 9%** not at all - they did not tend to my needs



## Advice and recommendations:

Respondents were asked how helpful the medical advice and recommendations given by the healthcare provider was for managing pain and/or discomfort.

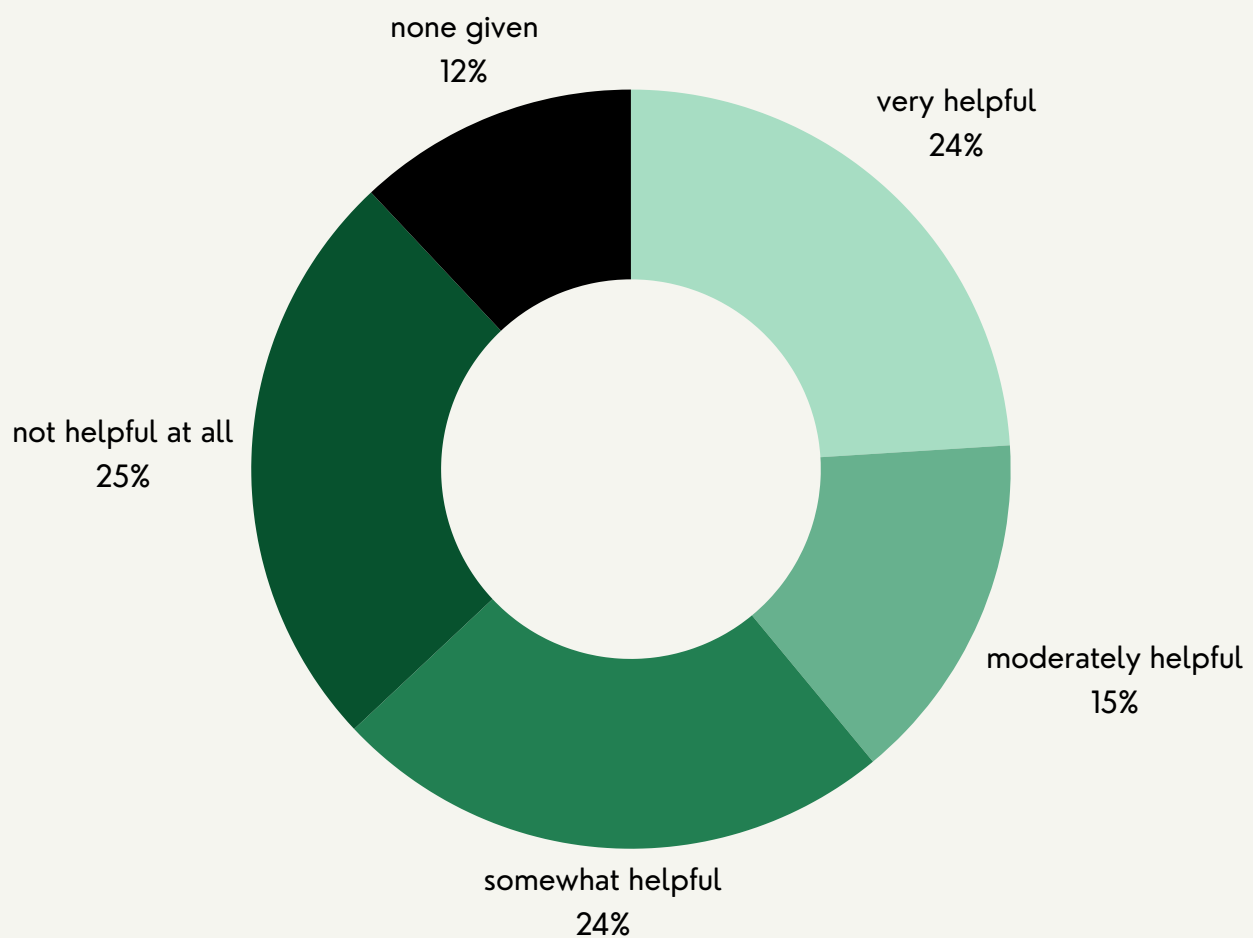
**24%** very helpful

**15%** moderately helpful

**24%** somewhat helpful

**25%** not helpful at all

**12%** no recommendations or medical advice given



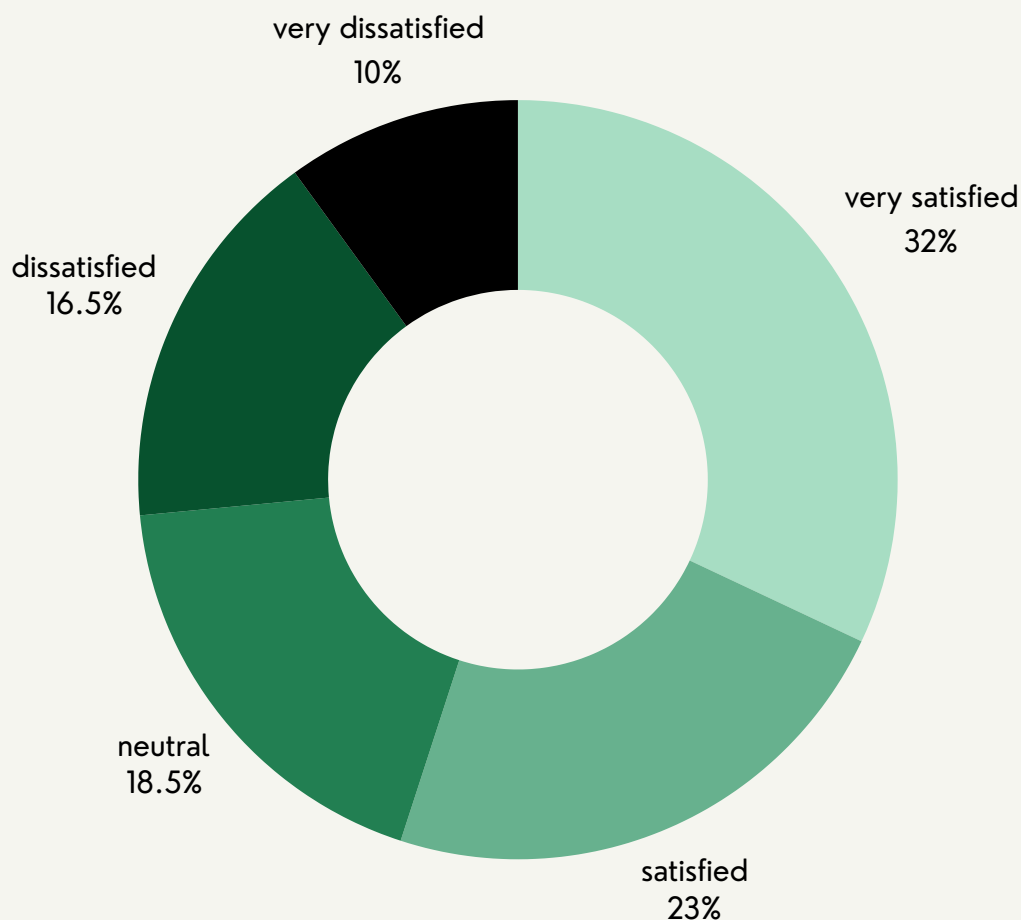


# Overall care and usage satisfaction

## Provider care satisfaction:

Respondents were asked to indicate their level of satisfaction with the overall care they received from the healthcare provider before, during, and after the IUD procedure.

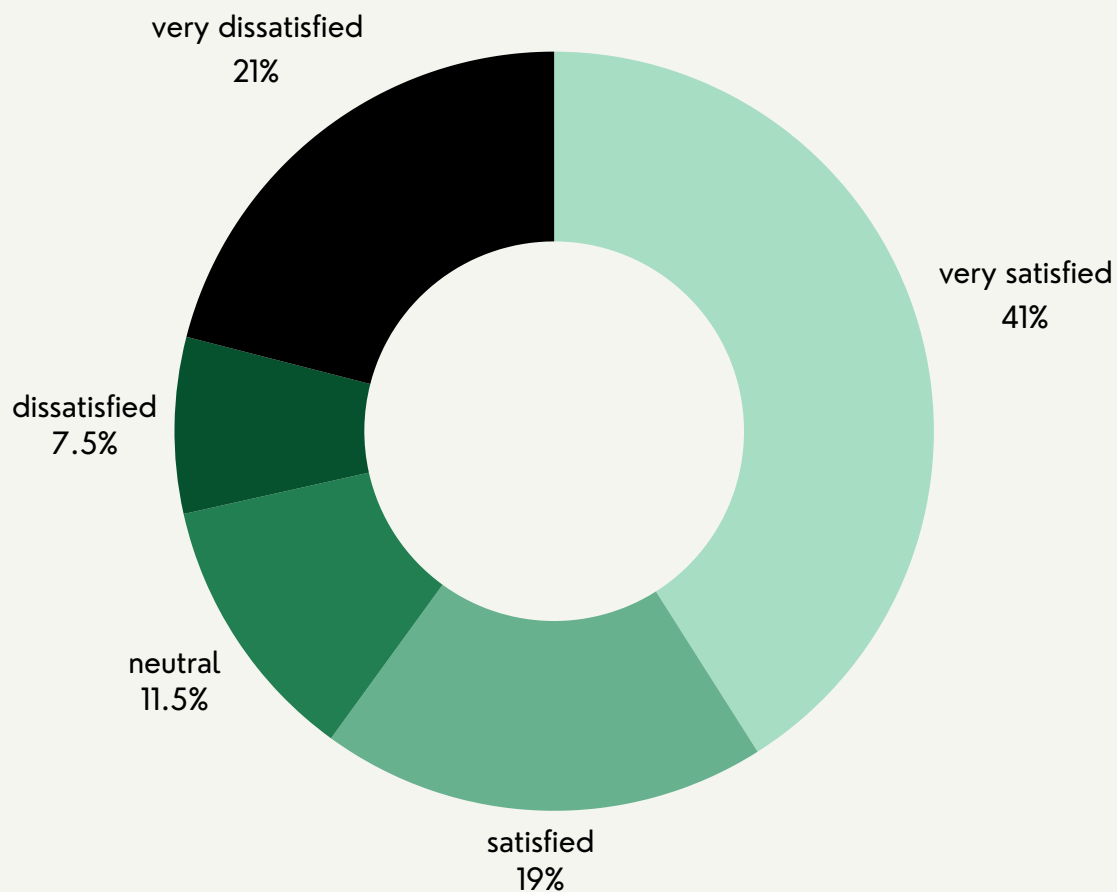
- 32%** very satisfied - I felt well cared for
- 23%** satisfied
- 18.5%** neutral
- 16.5%** dissatisfied
- 10%** very dissatisfied - I did not feel cared for at all



## Overall IUD usage satisfaction:

Respondents were asked to indicate their level of satisfaction with the use of IUD for contraception or other reasons.

- 41%** very satisfied - I am glad I am using an IUD
- 19%** satisfied
- 11.5%** neutral
- 7.5%** dissatisfied
- 21%** very dissatisfied - I do not want to use an IUD again



# Stories and whakaaro from our respondents

## Summary:

**This section offers a heartfelt glimpse into the lived experiences of respondents who bravely shared their IUD journeys with us. Their stories reflect the highs and lows of navigating reproductive healthcare in Aotearoa, from moments of gratitude for compassionate providers to deeply challenging encounters marked by pain, trauma, or dismissiveness. These voices remind us of the human impact behind every statistic and highlight the importance of improving systems to ensure every individual feels heard, respected, and supported throughout their healthcare journey. While some stories capture resilience and empowerment, others spotlight the critical need for change, particularly in addressing pain management and validation, communication, and access to care. Although we have included 15 pages of personal stories and whakaaro here, it is important to acknowledge that countless other voices and narratives could not be included due to space constraints.**

**Some stories shared in this section may be distressing or disturbing for some readers. These accounts are included to honour the experiences of respondents and to shed light on the pressing issues that must be addressed in reproductive healthcare. We encourage readers to be mindful of their emotional well-being while engaging with this section.**

“Proper analgesia need[s] to be offered, ideally local anaesthetic, and not just advice to “take a couple of Panadol”. The size of women’s uterus must be assessed with modern means, i.e., ultrasound. I was assessed with metal rods that were painfully inserted into my uterus without thoroughly explaining the procedure. I had two experiences, several years apart. The first time an IUD was inserted without assessment of the size of my uterus. The device dislodged itself and got stuck in my cervix. It took me years to convince health professionals that something wasn’t right. The second time, I had had an assessment for another gynaecological issue overseas including ultrasound and was told my uterus is too small for an IUD. However, back in NZ I was then talked into giving it another try because there are different sizes of devices. This is when the practitioner assessed me with said metal rods and decided that she agreed because even the smallest device is too big. This was after two pregnancies to term. A one size fits all approach is wrong and archaic and causes damage on several levels. Due to these experiences, I have lost all faith in NZ gynaecology. I will not seek treatment here and wait until I can return overseas. I am a new grad midwife and have heard similar or worse stories from most women. Grateful for this survey finally happening!!!”

“I love my Mirena and am now onto my third. It is uncomfortable having it inserted... but it is worth the short discomfort. I am aware that there are options available for stronger analgesia/sedation etc., but I would rather 'grin and bear it' for the short discomfort then have the hassle of sedation etc. I think pain is very much dependent on the individual... Some people find IUDs extremely painful and others straight forward. Those who suggest all women should have anaesthetic/sedation are being just as paternalistic as those who deny people analgesia (IMHO).”

"My experience was based on the fact that my IUD was inserted at the same time as my C-section. The IUD moved a lot, and I had to have the strings trimmed twice by my GP (each time costing me time and money). [They were] extremely uncomfortable procedures with no relief. By the third time I went back to my GP, I requested that the GP remove the IUD as I could not take the discomfort and pain anymore. After several failed and painful attempts to remove the IUD, I was referred to a Sonographer and gynae (which again I paid for myself as I could not wait). The scans showed that the IUD had lodged in my C-section scar and a piece of the one leg of the IUD was actually protruding into the cervix. I had to have the IUD removed under local anaesthetic. The GP, sonographer and gynae were all great and did the best they could. I would have likely had a different experience with the IUD, had the healthcare professionals not even made it an option to get it inserted at the time of the C-section. It was a horrible experience having the IUD, and having just had a baby that emotional and physical stress (and financial stress) was just unnecessary and could have easily been prevented."

"My IUD was inserted during an emergency C-section. This option was discussed with me prior, and I agreed to it before the surgery. What I was not aware of was that the manufacturer specifies that it should not be inserted earlier than six weeks postpartum, let alone during birth. The IUD flipped entirely during the postpartum period, and I had to have ultrasounds to ensure it had not perforated my uterus due to the extended, heavy postpartum bleeding (12 weeks). When I decided to have it removed, it was incredibly painful as my cervix needed to be manually dilated to allow the practitioner to reach it. Coupled with the severe side effects (weigh gain of over 20kg, bloating, extreme PMD which probably impacted my extreme PPD, etc) this further impacted my postpartum health."

"During my removal procedure, the staff realised the Mirena had become embedded and instead of referring me for a D&C [dilation and curettage] they ripped it out. When they showed it to me it had bloody fleshy stuff all over it. I was in agony, lightheaded, shaky and feeling faint. In the end I needed a D&C to clear out the muck!! I communicated how the pain was increasing every time they pulled it more, but I was shushed, told to be quiet while they ripped it out. I could tell from the look on their faces how bad it was. No apology, nothing. I can still picture their faces, hear them shushing me and holding up the fleshy Mirena and yelling at me "see its out now". Very traumatising."

"I wasn't told the Mirena could migrate away from where it should sit. It resulted in the GP undertaking a painful procedure trying to locate it. She then referred me to a private gynaecologist to have [it] removed, and this involved a lengthy procedure where he tried to extract it from beyond my cervix using instruments, with no pain relief and without checking it with me about the pain. I was eventually referred to the hospital, where they managed it with medication to soften the cervix and control the pain, and in those circumstances, it was easily retrieved. It really brought home how low a priority it was to minimise the pain involved until it was a planned medical procedure."

"My GP tried multiple times to insert the IUD, and it was too painful and wouldn't go in. She made me come back at another point in my cycle to try again and had the same problem. I was in so much pain, I felt sick. So, she got me sent to [gynae] at [Christchurch] Women's where they used local anaesthetic on my cervix to insert the IUD, but my blood pressure dropped after the LA and I almost fainted. I felt sick and they had to lower my head on the bed. They got the IUD inserted but the experience was actually quite traumatic."

"Insertion was agony, and I passed out, came to with [an] oxygen mask on. Went home with moderate bleeding and severe cramps. I got pregnant probably within four weeks. The pregnancy wasn't diagnosed [un]til I was 16 weeks during a scan as the bleeding never stopped. By then it was too late to remove the IUD. At 24 weeks I was admitted to hospital with sepsis. My baby was stillborn. The IUD had perforated my uterus causing sepsis. I then haemorrhaged when they tried to yank it out after my stillborn baby was born. I had a cardiac arrest from blood loss. I was in ICU for three weeks. When I woke up, I was told I'd never have another baby - however I was blessed with more children."

"My IUD slipped down and held my cervix open. On about day four it triggered a panic attack and vomiting. I saw my doctor the next day who told me it was just my body getting used to it. On day six I couldn't function and thankfully was seen for an urgent removal at family planning. I currently need contraception, and the IUD is most suited for me, but I have delayed getting one as the mental distress was too much and I'm worried it will happen again. I have had a very successful IUD in the past and loved it. I have also had a copper IUD which was awful painful and heavy bleeding, would not recommend."

"The IUD strings get tangled with pubic hair during sexual intercourse and I had to remove the hair manually. When I did so, I must have somehow dislodged the IUD because within a month, I was pregnant. I was not aware that my sexual partner needed to continue to wear condoms. Turns out the IUD was resting down at the opening of my cervix. I terminated the pregnancy and needed the IUD removed. I never had a pregnancy scare again since that year and it has been more than a decade. My partner got a vasectomy. Problem solved."

"I feel that the GP who advised me that the copper IUD was the best one for me, had not taken into account my lifetime of usually heavy clotty periods. After every period I would check the strings until three years after insertion; I didn't feel them and was pregnant. The IUD had come out with the large clots I use to have. After the birth of the baby, (I was 40 years old), I changed GPs and had a Mirena inserted by an obstetrician. It was in [un]til 2016 (13 years later once I'd finished menopause) and removed at a Family Planning Clinic...beautifully... I don't think the original GP knew what they were doing, they definitely didn't advise me the correct IUD for my clotty periods and huge periods. It was a very painful experience having it put in for a few weeks after, which the GP told me was normal. I know it wasn't normal at all."

"Going through Sexual Wellbeing Aotearoa was not a positive experience, mainly because they didn't use local anaesthetic nor have access to an ultrasound to insert the IUD. I had to go to several providers at the clinic and spend a lot of money before ultimately getting a referral to see a specialist, where I was able to get the appropriate care. At that point, having gone through so many painful attempts to get an IUD inserted took a toll on my mental health. It seems crazy to me that local anaesthetic is only available to more "difficult" cases and women are generally expected to manage the pain of IUD insertion on nothing more than over-the-counter painkillers."

"This was a failed insertion attempt at family planning. I felt really pressured by the nurse and she asked me if I've had any trauma in that area, while she was measuring my uterus, which was extremely painful. Then when I said I want to stop, I feel like she was pressuring me into making another appointment with a [doctor] to try again with anaesthetic. I just needed to get out of that situation and reset."



"I think stronger pain relief than "take ibuprofen before" should definitely be an option, my insertion was very painful, and the cramps persisted for a couple of weeks and came back every time I got my period. I would have liked to know more about the possible side effects of the copper IUD; my body reacted with intense inflammation. Some days I couldn't sit down because it hurt too much. The other side effect I encountered were very painful cramps every time I got physically aroused and a very tender cervix which made intercourse uncomfortable to painful 90% of the time. My periods got a lot stronger (I had been told about this), and they lasted a lot longer, up to two weeks instead of the previous five to seven days and I had constant light bleeding over the four months I used the IUD."

"I don't blame my GPs who have inserted my three Mirenas for the pain the procedure causes, I blame the lack of education about women's sexual health. It's crazy that they don't offer better pain relief than Panadol!"

"I never knew what it meant to have cramps so bad that you couldn't stand until my IUD insertion. The cramps came on and off over the next month and I got it removed. I was not prepared for the pain either during or after. I found the cramps worse than labour contractions and was really surprised that Panadol was the only pain relief suggested for during or after. I have a very high pain tolerance and the pain of the procedure and afterwards was beyond what I expected or planned for. I once had a colonoscopy without sedation that was more comfortable than the IUD procedure. I think sedation should be offered and a staged care plan afterwards to check on pain and bleeding to ensure people with IUDs inserted are comfortable. I think it is important to be able to access IUDS in primary health care but think more pain relief options are needed."

"I felt fine with the overall procedure. There was pain when it was inserted into my cervix to the point I involuntarily kicked and managed to kick my doctor in the head. Aside from this there was no real pain. My daughter was three months old at the time and the doctor allowed me to breastfeed her while my IUD was being inserted, which helped me to remain calm. My IUD also fell out on its own after about two years. I decided not to get a new one with the intention of trying to conceive and was able to conceive within a month of it coming out (vs 2.5 years after stopping the hormonal contraceptive pill)."

"Was inserted while under GA so no pain etc. Removed at GP & they struggled to remove it. It was painful I felt they were inexperienced at dealing with tricky removals. Will most definitely be having my new one (have finished having babies) put in at a serial health clinic by someone with a lot of experience."

"I had got[ten] an IUD after being on the pill for 15 years. The pain of getting it put in the first time was immense and I was visibly crying and expressed that it was really painful. I am assured this is normal and I can choose to keep going to complete the procedure or stop and not have the procedure. Had immense cramps and discomfort for over a month after. After five months of having it, I still experienced pain during intercourse and was told it was unrelated. After asking multiple times I got a scan to find out it was embedded into my uterus wall and was not inserted correctly. I had to get it removed and attempt to put in a new IUD. Second IUD procedure was unsuccessful and was told I would have to seek the procedure elsewhere if I wanted it done. Both experiences of IUD insertion [were] immensely painful and was mentally and emotionally painful as it felt like I was being assaulted. There was little care with the mental effects of having this done."

"There were 'complications' during insertion my cervix was too tight, and it was clamped for longer than normally needed. I was in an excruciating amount of pain, but I sat through it. If it had lasted seconds longer than it did, I would have asked her to stop. She had to angle it slight sideways to get it to fit. I had pain relief beforehand, but I was apparently an 'unusual case'. I waited a couple of day where I was in tonnes of pain thinking it would get better but it was too painful. I contacted my GP and got a proscription for Ponstan. I do not understand why I did not receive it after insemination when there was obvious need for it. After three months my pain was much better and that lasted for six more months. After, I bleed for 12 days and was in excruciating pain the last two of them where I could not move without feeling like I was going pass out or throw up, so my partner took me to afterhours. I was waiting for six hours before seeing a doctor and getting a pelvic exam, though I was given pain relief in the waiting room. I then had to wait three more days [un]til I could get an ultrasound where they saw that my IUD was lodge in my [uterus] lining. I went to the doctor a couple days later to get it removed."

"It was demeaning, dehumanising, and antagonistic. I felt I couldn't express any discomfort because even getting it had been a battle. I now also felt she was deliberately rough as I have had two removals and reinsertions since and neither has come within even the same ballpark of discomfort before, during, or after. As painful as the removals were, the initial sounding alone made those feel like a gentle swab. My cervix felt like it had been sliced, beaten, and bruised. I could barely walk for days. I felt incredibly ill, weak, and in pain all that night (I would have postponed my research work had I known to expect that). I had light bleeding for weeks any time I did any heavy lifting, but I was afraid to ask for a follow up."

"Having it put in by the OB/GYN was mildly uncomfortable. I couldn't have sex afterwards. It was so painful, so I went to Sexual Health Clinic for support. They said it was temporary and likely psychological. After three months I couldn't manage it anymore, so I returned to the Sexual Health Clinic to have it removed. It was so painful I was crying throughout but told them to keep trying because they told me it was all in my head and I just need to relax. They couldn't get it, so I paid the OB/GYN to remove it and he was able to with mild discomfort. The Sexual Health Clinic [was] always coming to the conclusion that my pain was psychological not real was very confusing and distressing as I only had this pain during sex and when they tried to remove it. It was a fragile time in my life having just had a baby. It also wasn't free, so I paid 100s to purchase it and get it put in privately and removed privately. My friend had no issues, so I was confused why I had pain. I wanted it to work just like hers."

"I had a trainee [gynae] try to put it in twice which caused so much pain, and I was crying, then finally the head [gynae] came and put it in quite easily but by then I was quite traumatised and in severe pain. The side effects were severe as well all though I didn't realise it was the IUD causing them at first."

"The insertion was very difficult and painful; my body went into shock. The GP ended up giving me fentanyl because all my muscles had contracted, and the insertion wasn't working. After the pain relief it was possible to proceed. The pain returned within an hour, and I had to take ibuprofen/paracetamol but those didn't help. I was in a lot of discomfort for the first 24 hours and my body felt quite shocked by the intensity of the pain during insertion. This was my third or fourth Mirena IUD. Overseas, pain relief was offered before the procedure which made it a lot more tolerable."

"In my experience I felt IUD was pushed as the only option. I had trouble getting it removed even after telling a more than one professional the pain was worse with it in then it was with it out. I later learned about the contraception bar in arm. Which is much less Intrusive to the body. I'm at the other end of this world now where I'm not far away from menopause. But being someone who suffers both endometriosis and polycystic ovaries I've tried everything when it comes to birth control. In my experience the biggest problem is not being listened to when something isn't working."

"During insertion I experienced extreme pain. I required two days off work afterwards to recover. After the procedure, I kept experiencing stabbing pains and continually discomfort. After a brief physical examination, I was advised it was I sorted properly, and I shouldn't be having issues. I got it removed due to ongoing pain. Prior to insertion, my GP mentioned if it was mentally affecting me to come back and remove it. I struggled mentally after having it inserted. I went back to my GP, without any diagnostic or assessment she decided I was depressed, and it was not the IUD's fault. There was a huge hesitancy from my GP to remove it. I really had to advocate for myself."

"I got an IUD as a method of non-hormonal birth control in 2018. I had issues with the hormones in the pill, so I was hopeful for this option. The initial conversations and then insertion was quick, however I remember a good amount of discomfort for a few days. Once the discomfort subsided, I forgot I had it in, and it was amazing for the full five years I used it. I got it out and opted not to replace it so I can start a family. The removal process was quick, reasonably painless and I was back to myself in a few hours. I intend on getting another IUD when I have had children, and I would recommend it to anyone."

"Poor pain management before and during the procedure. It was just 'suck it up, it will be painful', still not told how painful. No one informed that there may be difficulties with removal. The strings had curled up in the cervix. Initially the GP tried to remove it which was as painful as the insertion. Then I was told I will need to go to [a] specialist, they may need to open the cervix under anaesthesia, which was not something ever anyone mentioned as a possibility before the insertion. The specialist removed the IUD easily and no problem, however I was offered pain relief only after asking and being in visible distress. Green whistle was used, and it worked well."

"The copper IUD was a very negative experience for me, the practitioner doing the insertion scolded me when my cervix clenched during insertion and made me feel like I was failing. During its lifespan, my period symptoms became almost unmanageable, I was being tested for endometriosis, anaemia, etc., but no doctor suggested that the IUD could be the cause. I had to do my own research and suggest switching over to the Mirena, and advocate for myself to have that option."

"I have had it in three times now. First time when I was 19 after I gave birth at 18, it was fine just pinched a bit and carried on as usual. Second time was totally fine after my third child, super quick to pop in. However, the third time (eight years after the second time) they have made changes, and it was a bit more uncomfortable than the first two times because now they have something keeping your cervix open and it lasts a bit longer than I thought after they measure etc. But overall, it wasn't too bad, I didn't take pain relief before and after and just carried on with life as usual afterwards. So, it was still a good experience for me just takes a bit longer these days to insert the IUD. It hurts more having a baby, so this is nothing TBH."

"More discussion of side effects. I didn't get the short easy periods, and it was presented to me as almost a certainty. I also got something where the IUD caused the internal cervical cells to spread outside, causing pain and bleeding during sex. Two of my friends got the same thing which makes me suspect it's not uncommon. In the plus side - I was very scared to go on hormonal birth control as it has severely impacted my mental health in the past, and the Mirena has not negatively impacted my mental health. And it has been excellent as birth control. My Mirena is now slightly more than five years old, I was told it could last seven years now. But I have had constant pain and bleeding for the last three months. I assume because the Mirena ran out, but I suppose I'll find out when I get it swapped out next month."

"It was more painful than I thought, especially during insertion - it was for a short time but really painful. Everyone was very helpful and ensured that I was fully informed, the only downside was the wait, I travelled 45 minutes to get mine done so that I didn't have to wait three months."

"There are no options here for it, but I had mine done under anaesthesia and still was in excruciating pain after waking. I had less pain when my appendix burst, less when I had pancreatitis and less than when doctors rebroke my arm with no pain medication. It was 10/10 and I had what they thought were essentially contractions as my body tried to reject it and push it out. I had multiple rounds of fentanyl which didn't help then was told to leave an hour later because they had other people waiting for the same procedure. It is insane to me that most women are expected to get this done with NO PAIN MEDICATION at all from healthcare providers. Doctors need to be more informed and update their procedures on IUDs insertions nationwide and learn to take women's pain seriously."

"The GP appeared inexperienced. The removal of the old IUD was extremely painful and then she tried multiple times (I think four-five) to insert the new IUD causing extreme pain and was unable to insert it. Eventually she sent me home and recommended I go to Family Planning to have it inserted in a few weeks' time as they had more experience. I spent several days in a lot of pain. I was offered no pain relief other than paracetamol and anti-inflammatories. In hindsight I wish I had reported this incidence as it was awful and traumatic and clearly the staff involved should have been better trained. This followed an earlier experience ~five-six years prior in Northland where I passed out due to the pain of insertion, again later found out the GP was very new at insertion."

"I was given no options for analgesia or anxiolysis, despite verbalising that I was very anxious. I was advised to take an NSAID [non-steroidal anti-inflammatory drug] prior to the appointment. I was visibly distressed and in pain during the procedure, but I felt dismissed and that they just wanted to "get on with it". Later on, I experienced nausea. I called the provider to ask for some anti-nausea to be prescribed as I was feeling quite nauseous, but this was declined. I think that routinely offering stronger analgesia, numbing with local anaesthetic and/or an anxiolytic would have made the experience much more tolerable."

"I had insertion under general anaesthetic along with a D&C. The hospital, nursing, and gynae staff were all excellent. The medical student was awkward (them not me)- which wasn't unexpected. My issues have been after that was all done and settled: pain during sex, pain, feeling it too close, ultrasound to check and be told "couldn't see if placement was correct" (me and the technician could see it clearly); concerns not taken seriously or any solution considered."



"My experience was that it was hard to find a healthcare professional willing to put in my Mirena six weeks post-partum. One GP told me I needed to wait 36 weeks until the risk of uterine perforation reduced! This experience was also before the Mirena was funded so having to self-fund \$400 added additional stress to the process. Sexual health clinic was very supportive, and I really appreciated them doing the procedure for me, but it would have been nicer to be in a GP clinic with my newborn, with on-site parking, rather than a hospital outpatient clinic and having to walk with my baby, through town to the car after the procedure."

"My experience was good, but I am aware there are many women who experience much more pain and discomfort and insertion than I did. Whether the current prescribed after care is adequate is my question."

"I was having my first IUD replaced after it was expelled after one month and must have agreed to getting the shorter one the second time around. But I have no memory of discussing using a different kind of IUD and [was] given no written record of what I got, it was only a few years later when I checked and found out I had a different IUD than I had thought. Don't remember the procedure at all because of extreme pain and fear. I would have liked to have had on paper what I had inside me because it was only by luck that I checked and found out."

"No info about pain and pain management. Told to take Panadol after. I had a significant vasovagal response. This left me unable to drive home for several hours. It was quite upsetting. Compounded with trauma from complex birth experiences, my experience of IUD insertion meant I didn't seek medical advice for other gynae issues for a number of years."

"I was told to understand that if I'm in pain during the insertion that she wouldn't stop so then it's over and done with. I ended up going into cervical shock while I was driving home and was losing consciousness. I kept having to make appointments with my doctor to get my IUD checked because after the experience I became really paranoid that something was wrong. During the procedure after she had almost finished, I saw she was cupping heaps of blood in her hands that was dripping onto the ground and was never told what was going on."

"Please can trans guys still get reminders about women's health matters! It is frustrating to me that I have no idea what to expect in terms of maintenance and getting this thing replaced/seen. I found out that the IUD was sitting low in 2016 when I went to donate my eggs, and the specialist adjusted it for me. Before that I was just dealing with metal sticking out of my cervix and hurting me. That's not good enough."

"The first time I had an IUD placed, it was done by my GP. The Mirena was funded due to my iron deficiency, but I was still charged \$300 for insertion (the Mirena would have cost \$500 without funding according to them, plus the insertion fee). The second and current time I had a Mirena placed, my sister told me about the contraceptive clinic. This was fully funded, and I had an amazing experience - the nurse who placed my IUD was extremely comforting and knowledgeable, the procedure was very quick and painless, and she even helped me with testing and advice that I had not received from my doctor and chased up results that I was concerned about. I was extremely grateful and thankful to her, and it was the easiest best experience I could have hoped for. This is an incredibly important resource, and I have never felt so heard and looked after by a healthcare provider."

# Looking ahead: the future for IUDs in NZ

## Recommendations:

The findings in this report call for an urgent need to improve the validation, management and mitigation of pain—whether physical, mental, or emotional—associated with IUD procedures. While these issues are apparent, addressing them requires meaningful engagement with the healthcare sector to ensure actionable and practical changes. We recommend that IUD providers and relevant stakeholders review this report and the voices of our respondents in depth to collaboratively explore what is needed to better support patients and to develop a set of practical, sector-led recommendations tailored to their expertise and operational realities. This could include reevaluating pain management protocols, improving patient communication, and adopting a trauma-informed approach to care.

Additionally, the diverse voices in this report from respondents of health conditions, age groups, language abilities, and other life circumstances highlight the complexity and individuality of IUD experiences. This diversity underscores the need for further research into IUD experiences, particularly to better understand the unique challenges faced by different groups. A more comprehensive exploration of these varying experiences would contribute to the body of knowledge on equitable, inclusive, and responsive reproductive healthcare in Aotearoa. Continued research will build on this foundation, championing a more patient-centred and effective approach to IUD care.

## Conclusion:

This report has provided a comprehensive look into the varied and deeply personal experiences of individuals who are currently using, have previously used, considered, or been recommended the IUD in Aotearoa.

Through their stories and whakaaro, we have unveiled critical areas that demand attention—better validation of physical, mental, and emotional pain, improved communication and support from healthcare providers, and greater accessibility and consistency in care. The voices shared here remind us of the significant impact that healthcare practices and systems have on individual well-being and trust.

We hope this research report serves as a catalyst for meaningful reflection and action within the sector by listening to and learning from these lived experiences to create a more empathetic, informed, and patient-centred approach to reproductive healthcare in Aotearoa. The journey toward better care starts with these stories and the collective commitment to do better.

Ngā mihi nui.



# Women's Health Action

Women's Health Action is a registered charity under the Registered Charities Act 2005  
Charity registration number: CC21581

## **Contact:**

General enquires: [info@wha.org.nz](mailto:info@wha.org.nz)

Media enquiries: [isis@wha.org.nz](mailto:isis@wha.org.nz)

[linkedin.com/company/women-s-health-action](https://www.linkedin.com/company/women-s-health-action)

[facebook.com/womenshealthaction](https://www.facebook.com/womenshealthaction)

[instagram.com/biglatchonnz](https://www.instagram.com/biglatchonnz)

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Research Project Lead: Liv Roe

