Looking for birth control that helps with heavy periods?

Get to know Mirena® — the only IUD that is FDA-approved to treat heavy menstrual bleeding (HMB) in women who choose an IUD for birth control.

Mirena is an IUD (intrauterine device) placed in your uterus to prevent pregnancy for as long as you want, for up to 5 years. Mirena also treats heavy periods in women who choose intrauterine contraception.
For Important Risk and Use Information about Mirena, please click here for the full Prescribing Information.
Effective birth control that helps with heavy periods

Choosing birth control is personal, and for women who want to prevent pregnancy and get help with heavy periods, it’s important to know there are options that can do both. If you’re considering an IUD but also struggle with heavy periods, get to know Mirena®:

• Over 99% effective at preventing pregnancy for up to 5 years
• The first and only hormone-releasing IUD that is FDA-approved to treat heavy periods, also known as heavy menstrual bleeding (HMB), in women who choose an IUD for birth control
• Can be used whether or not you’ve had a baby
• Can be removed by your healthcare professional anytime in case your plans change

DID YOU KNOW?

Mirena is the #1 prescribed IUD in the U.S.*

IMPORTANT SAFETY INFORMATION

• If you have a pelvic infection, get infections easily, or have certain cancers, don’t use Mirena. Less than 1% of users get a serious pelvic infection called pelvic inflammatory disease (PID).
• If you have persistent pelvic or stomach pain or if Mirena comes out, tell your healthcare professional (HCP). If Mirena comes out, use back-up birth control. Mirena may attach to or go through the uterus and cause other problems.

*Supported by 2017–2019 SHS data.

For additional important safety information, please see throughout. Please see Important Facts on pages 20–23.
A closer look at Mirena

- Small and T-shaped
- Made of soft, flexible plastic
- Placed in your uterus by a healthcare professional who can remove it at any time

**IMPORTANT SAFETY INFORMATION**

- Pregnancy while using Mirena® is uncommon but can be life threatening and may result in loss of pregnancy or fertility.
- Ovarian cysts may occur but usually disappear.

**DID YOU KNOW?**

Mirena is 1.26” — about the same height as a set of stacked dice.

For additional important safety information, please see throughout. Please see Important Facts on pages 20–23.
IUDs are considered one of the most effective forms of birth control by the American College of Obstetricians and Gynecologists (ACOG).

**IMPORTANT SAFETY INFORMATION**

- Bleeding and spotting may increase in the first 3 to 6 months and remain irregular. Periods over time usually become shorter, lighter, or may stop.

Mirena does not protect against HIV or STDs.

Only you and your HCP can decide if Mirena is right for you. Mirena is available by prescription only.

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.
Mirena works in the uterus

- Mirena® is placed in the uterus by a healthcare professional
- It works by giving you a continuous dose of a hormone called progestin
- Because Mirena releases hormones locally in the uterus at a slow rate, only small amounts enter the bloodstream

Common side effects include:

- **Pain, bleeding or dizziness during and after placement.** If these symptoms do not stop 30 minutes after placement, Mirena may not have been placed correctly. Your healthcare professional will examine you to see if Mirena needs to be removed or replaced.

For more information, visit Mirena.com.
How does Mirena prevent pregnancy?

Mirena prevents pregnancy most likely by:

- Thickening the mucus in the cervix, preventing sperm from entering the uterus
- Inhibiting sperm from reaching and fertilizing the egg
- Thinning the uterine lining

It is not known exactly how these actions work together to prevent pregnancy.

Common side effects include:

- **Expulsion.** Mirena may come out by itself. This is called expulsion. You may become pregnant if Mirena comes out. If you think that Mirena has come out, use a back-up birth control method like condoms and spermicide and call your healthcare professional.

For additional important safety information, please see throughout. Please see Important Facts on pages 20–23.
What is Heavy Menstrual Bleeding (HMB)?

Heavy menstrual bleeding, also known as HMB, is excessive menstrual blood loss (≥ 80 mL, or about 6 tablespoons) during a single cycle. You may have HMB if you:

- Need to double up on pads to control your menstrual flow
- Have menstrual periods lasting more than 7 days
- Need to change pads or tampons during the night

If you have any of these symptoms, talk to your healthcare professional.
With Mirena, your heavy periods may change

Mirena® rapidly reduces heavy periods. In a clinical trial of Mirena in women with heavy periods, the majority experienced:

- 80% reduction in bleeding after 3 months
- >90% reduction in bleeding after 6 months

Mirena may also affect heavy periods in other ways

The number of spotting and bleeding days may initially increase but then typically decrease in the months that follow. Bleeding may also continue to be irregular.

Call your healthcare professional if bleeding remains heavier than usual or you do not have a period for 6 weeks during Mirena use.

Other common side effects include:

- **Missed menstrual periods.** About 2 out of 10 women stop having periods after 1 year of Mirena use. If you do not have a period for 6 weeks during Mirena use, call your healthcare professional. When Mirena is removed, your menstrual periods will come back.

For additional important safety information, please see throughout. Please see Important Facts on pages 20–23.
What to expect when getting Mirena

• Mirena® is inserted in the uterus by your healthcare professional
• The procedure is non-surgical and only takes a few minutes
• Mirena can be placed during one of your routine office visits
• After 4–6 weeks, you should return for a follow-up visit
• After placement, your healthcare professional will show you how to perform a monthly thread check to ensure Mirena is still in your uterus
• If you can’t locate the threads, contact your healthcare professional. Your IUD may not be in the right position and may not prevent pregnancy. Use non-hormonal back-up birth control (such as condoms and spermicide) and ask your healthcare professional to check that Mirena is still in the right place.

DID YOU KNOW?

Mirena is reversible anytime in case your plans change. Once your healthcare professional removes Mirena, you can try to get pregnant right away.

Other common side effects include:

• Changes in bleeding. You may have bleeding and spotting between menstrual periods, especially during the first 3 to 6 months. Sometimes the bleeding is heavier than usual at first. However, the bleeding usually becomes lighter than usual and may be irregular. Call your healthcare professional if the bleeding remains heavier than usual or increases after it has been light for a while.
What to expect during placement

- Common side effects experienced by women are pain, bleeding, or dizziness during or after placement
- If your symptoms do not pass within 30 minutes after placement, Mirena may not have been placed correctly
- Your healthcare professional will examine you to see if Mirena needs to be removed or replaced

If pain is a concern for you, ask your healthcare professional about taking over-the-counter pain medication before the procedure to help minimize any discomfort.

Other common side effects include:

- **Cysts on the ovary.** About 12 out of 100 women using Mirena develop a cyst on the ovary. These cysts usually disappear on their own in a month or two. However, cysts can cause pain and sometimes need surgery.

If you experience any of these side effects or want more information, talk to your healthcare professional.
How Mirena may affect your period

For the first 3 to 6 months, your period may become irregular and the number of bleeding and spotting days may increase. Some women have heavy bleeding during this time. Call your healthcare professional if the bleeding remains heavier than usual.

After your body adjusts, the number of bleeding and spotting days is likely to decrease, but may remain irregular. You may find that your periods stop altogether for as long as Mirena® is in place. This is because the hormone in Mirena reduces the monthly thickening of your uterine lining.

By the end of year one, about 20% of users have no period at all. Your periods will return once Mirena is removed.

If you do not have a period for 6 weeks during Mirena use, contact your healthcare professional.

**DID YOU KNOW?**

You can still use tampons while using Mirena.

Some serious risk considerations about Mirena

- Call your healthcare professional right away if you think you are pregnant. If you get pregnant while using Mirena, you may have an ectopic pregnancy. This means that the pregnancy is not in the uterus. Unusual vaginal bleeding or abdominal pain may be a sign of ectopic pregnancy.

- Ectopic pregnancy is a medical emergency that often requires surgery. Ectopic pregnancy can cause internal bleeding, infertility, and even death.
Because Mirena is in your uterus, not your vagina:

- You and your partner should not feel Mirena during sex
- Sometimes your partner may feel the threads; if this occurs, talk to your healthcare professional

Some serious risk considerations about Mirena

- There are also risks if you get pregnant while using Mirena and the pregnancy is in the uterus. Severe infection, miscarriage, premature delivery, and even death can occur with pregnancies that continue with an intrauterine device (IUD). Because of this, your healthcare professional may try to remove Mirena, even though removing it may cause a miscarriage. If Mirena cannot be removed, talk with your healthcare professional about the benefits and risks of continuing the pregnancy.

- If you continue your pregnancy, see your healthcare professional regularly. Call your healthcare professional right away if you get flu-like symptoms, fever, chills, cramping, pain, bleeding, vaginal discharge, or fluid leaking from your vagina. These may be signs of infection.

- It is not known if Mirena can cause long-term effects on the fetus if it stays in place during a pregnancy.
Check if Mirena is covered by your insurance

1. Call the number on the back of your insurance card and tell them that Mirena® is a healthcare professional-administered method of birth control.

2. Ask them to check if Mirena is covered at no cost.


4. Ask if you will have any out-of-pocket costs if Mirena is only partially covered under your plan.

If you need help understanding your insurance coverage, visit CoverHer.org.

DID YOU KNOW?

You may be able to get Mirena with no out-of-pocket cost. Call your insurance company.

Other serious risk considerations about Mirena

- Pelvic inflammatory disease (PID). Some IUD users get a serious pelvic infection called pelvic inflammatory disease. PID is usually sexually transmitted. You have a higher chance of getting PID if you or your partner have sex with other partners. PID can cause serious problems such as infertility, ectopic pregnancy or pelvic pain that does not go away. PID is usually treated with antibiotics. More serious cases of PID may require surgery. A hysterectomy (removal of the uterus) is sometimes needed. In rare cases, infections that start as PID can even cause death.

- Tell your healthcare professional right away if you have any of these signs of PID: long-lasting or heavy bleeding, unusual vaginal discharge, low abdominal (stomach area) pain, painful sex, chills, or fever.

- Life-threatening infection. Life-threatening infection can occur within the first few days after Mirena is placed. Call your healthcare professional immediately if you develop severe pain or fever shortly after Mirena is placed.

For additional important safety information, please see throughout. Please see Important Facts on pages 20–23.
No insurance? Bayer may be able to help

The Bayer US Patient Assistance Foundation is a charitable organization that helps eligible patients get Bayer prescription medicine at no cost.

Please contact the program at 1-866-2BUSPAF (228-7723) Monday–Friday, 8:30 AM–5:00 PM ET, or visit the foundation website at patientassistance.bayer.us for information. Apply online and see if you may qualify for assistance.

Learn more at Mirena.com or call 1-866-647-3646

Other serious risk considerations about Mirena

- **Perforation.** Mirena may become attached to (embedded) or go through the wall of the uterus. This is called perforation. If this occurs, Mirena may no longer prevent pregnancy. If perforation occurs, Mirena may move outside the uterus and can cause internal scarring, infection, or damage to other organs and you may need surgery to have Mirena removed. The risk of perforation is increased if Mirena is inserted while you are breastfeeding.
If you’re a new mom considering Mirena®:

- You can breastfeed while using Mirena, but be sure to discuss it with your healthcare professional first.
- Mirena can be placed by your healthcare professional during an office visit if more than six weeks have passed since you had your baby.

Also consider this:

- The risk of Mirena becoming attached to (embedded) or going through the wall of the uterus is increased when Mirena is placed in breastfeeding women.

Mirena is not right for everyone. Do not use Mirena if you:

- Are or might be pregnant; Mirena cannot be used as an emergency contraceptive
- Have had a serious pelvic infection called pelvic inflammatory disease (PID) unless you have had a normal pregnancy after the infection went away
- Have an untreated pelvic infection now

For additional important safety information, please see throughout. Please see Important Facts on pages 20–23.

For more information, visit Mirena.com.
Is Mirena right for me?

I’m looking for birth control that:

☐ Is highly effective
☐ Helps alleviate my heavy periods
☐ Is reversible if my plans for my family change
☐ I can use while breastfeeding if more than 6 weeks have passed since I had my baby
☐ Is helpful in planning the time in between my pregnancies

Only you and your healthcare professional can decide if Mirena is right for you. If you checked any of the boxes above, ask your healthcare professional about Mirena today.

Mirena is not right for everyone. Do not use Mirena if you:

• Have had a serious pelvic infection in the past 3 months after a pregnancy
• Can get infections easily. For example, if you have:
  - Multiple sexual partners or your partner has multiple sexual partners
  - Problems with your immune system
  - Intravenous drug abuse
• Have or suspect you might have cancer of the uterus or cervix
• Have bleeding from the vagina that has not been explained
• Have liver disease or a liver tumor
• Have breast cancer or any other cancer that is sensitive to progestin (a female hormone), now or in the past
• Have an intrauterine device in your uterus already
• Have a condition of the uterus that changes the shape of the uterine cavity, such as large fibroid tumors
• Are allergic to levonorgestrel, silicone, polyethylene, silica, barium sulfate, or iron oxide

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.
Looking for birth control, but don’t have HMB?

Meet Kyleena® (levonorgestrel-releasing intrauterine system) 19.5 mg — the smallest, lowest-hormone 5-year IUD approved to prevent pregnancy:

- Over 99% effective at preventing pregnancy for each year of use, and 98.5% effective over 5 years
- The lowest hormone-dose available in a 5-year IUD
- Can be used whether or not you’ve had a baby
- Can be removed by your healthcare professional anytime in case your plans change

Kyleena and Mirena Important Safety Information

- If you have a pelvic infection, get infections easily, or have certain cancers, don’t use Kyleena or Mirena. Less than 1% of users get a serious pelvic infection called pelvic inflammatory disease (PID).

For additional important safety information, please see throughout. Please see Important Facts on pages 20–23.

For Important Risk and Use Information about Kyleena, please click here for the full Prescribing Information.
Which IUD is right for me?

I want a 5-year IUD that provides birth control and will help with my heavy periods

Ask your healthcare professional about

Mirena
(levonorgestrel-releasing intrauterine system) 52 mg

I want a 5-year IUD that provides birth control with the lowest dose of hormones

Ask your healthcare professional about

Kyleena
(levonorgestrel-releasing intrauterine system) 19.5 mg

Kyleena and Mirena Important Safety Information

- If you have persistent pelvic or stomach pain or if Kyleena or Mirena comes out, tell your healthcare professional (HCP). If Kyleena or Mirena comes out, use back-up birth control. Kyleena or Mirena may attach to or go through the uterus and cause other problems.
- Pregnancy while using Kyleena or Mirena is uncommon but can be life threatening and may result in loss of pregnancy or fertility.
- Ovarian cysts may occur but usually disappear.
- Bleeding and spotting may increase in the first 3 to 6 months and remain irregular. Periods over time usually become shorter, lighter, or may stop.

Kyleena or Mirena do not protect against HIV or STDs.

Only you and your HCP can decide if Kyleena or Mirena is right for you. Kyleena and Mirena are available by prescription only. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.
IMPORTANT FACTS ABOUT MIRENA® (LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM) 52 MG
KYLEENA® (LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM) 19.5 MG

Mirena and Kyleena do not protect against HIV infection (AIDS) and other sexually transmitted infections (STIs). This information does not take the place of talking with your gynecologist or other healthcare provider (HCP) who specializes in women’s health. If you have any questions about Mirena or Kyleena, ask your HCP.

INDICATIONS FOR MIRENA
Mirena is a hormone-releasing IUD that prevents pregnancy for up to 5 years. Mirena also treats heavy periods in women who choose intrauterine contraception.

INDICATION FOR KYLEENA
Kyleena is a hormone-releasing intrauterine device (IUD) that prevents pregnancy for up to 5 years.

Who might use Mirena or Kyleena?
You might choose Mirena or Kyleena if you:
- Want long-term birth control that provides a low chance of getting pregnant (less than 1 in 100)
- Want birth control that works continuously for up to 5 years
- Want birth control that is reversible
- Want a birth control method that you do not need to take daily
- Are willing to use a birth control method that is placed in the uterus
- Want birth control that does not contain estrogen

You should not use Mirena or Kyleena if you:
- Are or might be pregnant; Mirena or Kyleena cannot be used as an emergency contraceptive
- Have had a serious pelvic infection called pelvic inflammatory disease (PID) unless you have had a normal pregnancy after the infection went away
- Have an untreated pelvic infection now
- Have had a serious pelvic infection in the past 3 months after a pregnancy
- Can get infections easily. For example, if you:
  - Have multiple sexual partners or your partner has multiple sexual partners
  - Have problems with your immune system
  - Abuse intravenous drugs
  - Have or suspect you might have cancer of the uterus or cervix
  - Have bleeding from the vagina that has not been explained
  - Have liver disease or a liver tumor
  - Have breast cancer or any other cancer that is sensitive to progestin (a female hormone), now or in the past
  - Have an intrauterine device in your uterus already
  - Have a condition of the uterus that changes the shape of the uterine cavity, such as large fibroid tumors
  - Are allergic to these ingredients:
    - Do not use Mirena if you’re allergic to levonorgestrel, silicone, polyethylene, silica, barium sulfate, or iron oxide
    - Do not use Kyleena if you’re allergic to levonorgestrel, silicone, polyethylene, silver, silica, barium sulfate, polypropylene, or copper phthalocyanine

Before having Mirena or Kyleena placed, tell your HCP if you:
- Have any of the conditions listed above
- Have had a heart attack
- Have had a stroke
- Were born with heart disease or have problems with your heart valves
• Have problems with blood clotting or take medicine to reduce clotting
• Have high blood pressure
• Recently had a baby or are breastfeeding
• Have severe migraine headaches

Should I check that Mirena or Kyleena is in place?
Yes, you should check that Mirena or Kyleena is in proper position by feeling the removal threads. It is a good habit to do this 1 time a month. If you feel more than just the threads or if you cannot feel the threads, be sure to call your HCP and use back-up birth control, as Mirena or Kyleena may not be in the right position and may not prevent pregnancy.

How soon after placement should I return to my HCP?
Call your HCP if you have any questions or concerns (see “After Mirena or Kyleena has been placed, when should I call my HCP?”). Otherwise, you should return to your HCP for a follow-up visit 4 to 6 weeks after Mirena or Kyleena is placed to make sure that Mirena or Kyleena is in the right position.

Can I use tampons with Mirena or Kyleena?
Yes, tampons may be used with Mirena or Kyleena.

What if I become pregnant while using Mirena or Kyleena?
Call your HCP right away if you think you may be pregnant. If possible, also do a urine pregnancy test. If you get pregnant while using Mirena or Kyleena, you may have an ectopic pregnancy. This means that the pregnancy is not in the uterus. Unusual vaginal bleeding or abdominal pain may be a sign of ectopic pregnancy.

Ectopic pregnancy is a medical emergency that often requires surgery. Ectopic pregnancy can cause internal bleeding, infertility, and even death.

There are also risks if you get pregnant while using Mirena or Kyleena and the pregnancy is in the uterus. Severe infection, miscarriage, premature delivery, and even death can occur with pregnancies that continue with an intrauterine device (IUD). Because of this, your HCP may try to remove Mirena or Kyleena, even though removing it may cause a miscarriage. If Mirena or Kyleena cannot be removed, talk with your HCP about the benefits and risks of continuing the pregnancy.

If you continue your pregnancy, see your HCP regularly. Call your HCP right away if you get flu-like symptoms, fever, chills, cramping, pain, bleeding, vaginal discharge, or fluid leaking from your vagina. These may be signs of infection. It is not known if Mirena or Kyleena can cause long-term effects on the fetus if it stays in place during a pregnancy.

How will Mirena or Kyleena change my periods?
For the first 3 to 6 months, your period may become irregular and the number of bleeding days may increase. You may also have frequent spotting or light bleeding. Some women have heavy bleeding during this time. After you have used Mirena or Kyleena for a while, the number of bleeding and spotting days is likely to lessen. There is a small chance that your periods will stop altogether. About 2 out of 10 women stop having periods after 1 year of Mirena use. About 12 out of 100 women stop having periods after 1 year of Kyleena use. When Mirena or Kyleena is removed, your menstrual periods should return.

In some women with heavy bleeding who are using Mirena, the total blood loss per cycle progressively decreases with continued use. The number of spotting and bleeding days may initially increase but then typically decreases in the months that follow.

Is it safe to breastfeed while using Mirena or Kyleena?
You may use Mirena or Kyleena when you are breastfeeding if more than 6 weeks have passed since you had your baby. If you are breastfeeding,
Mirena or Kyleena is not likely to affect the quality or amount of your breast milk or the health of your nursing baby. However, isolated cases of decreased milk production have been reported. The risk of Mirena or Kyleena becoming attached to (embedded) or going through the wall of the uterus is increased if Mirena or Kyleena is inserted while you are breastfeeding.

Will Mirena or Kyleena interfere with sexual intercourse?
You and your partner should not feel Mirena or Kyleena during intercourse. Mirena or Kyleena is placed in the uterus, not in the vagina. Sometimes your partner may feel the threads. If this occurs, or if you or your partner experience pain during sex, talk with your HCP.

Can I have an MRI with Kyleena in place?
Kyleena can be safely scanned with MRI only under specific conditions. Before you have an MRI, tell your healthcare provider that you have Kyleena, an intrauterine device (IUD), in place.

What are the possible serious side effects of Mirena or Kyleena?
- **Ectopic pregnancy and intrauterine pregnancy risks.** There are risks if you become pregnant while using Mirena or Kyleena (see "What if I become pregnant while using Mirena or Kyleena?").
- **Life-threatening infection.** Life-threatening infection can occur within the first few days after Mirena or Kyleena is placed. Call your HCP immediately if you develop severe pain or fever shortly after Mirena or Kyleena is placed.
- **Pelvic inflammatory disease (PID).** Some IUD users get a serious pelvic infection called pelvic inflammatory disease. PID is usually sexually transmitted. You have a higher chance of getting PID if you or your partner has sex with other partners. PID can cause serious problems such as infertility, ectopic pregnancy or pelvic pain that does not go away. PID is usually treated with antibiotics. More serious cases of PID may require surgery. A hysterectomy (removal of the uterus) is sometimes needed. In rare cases, infections that start as PID can even cause death. Tell your HCP right away if you have any of these signs of PID: long-lasting or heavy bleeding, unusual vaginal discharge, low abdominal (stomach area) pain, painful sex, chills, or fever.
- **Perforation.** Mirena or Kyleena may become attached to (embedded) or go through the wall of the uterus. This is called perforation. If this occurs, Mirena or Kyleena may no longer prevent pregnancy. If perforation occurs, Mirena or Kyleena may move outside the uterus and can cause internal scarring, infection, or damage to other organs and you may need surgery to have Mirena or Kyleena removed. The risk of perforation is increased if Mirena or Kyleena is inserted while you are breastfeeding.

Common side effects of Mirena or Kyleena include:
- **Pain, bleeding or dizziness during and after placement.** If these symptoms do not stop 30 minutes after placement, Mirena or Kyleena may not have been placed correctly. Your HCP will examine you to see if Mirena or Kyleena needs to be removed or replaced.
- **Expulsion.** Mirena or Kyleena may come out by itself. This is called expulsion. You may become pregnant if Mirena or Kyleena comes out. If you think that Mirena or Kyleena has come out, use a back-up birth control method like condoms and spermicide and call your HCP.
- **Missed menstrual periods.** Your periods may stop after 1 year of Mirena or Kyleena use. If you do not have a period for 6 weeks during Mirena or Kyleena use, call your HCP. When Mirena or Kyleena is removed, your menstrual periods should return.
- **Changes in bleeding.** You may have bleeding and spotting between menstrual periods, especially during the first 3-6 months.
Sometimes the bleeding is heavier than usual at first. However, the bleeding usually becomes lighter than usual and may be irregular. Call your HCP if the bleeding remains heavier than usual or increases after it has been light for a while.

- **Cysts on the ovary.** Ovarian cysts may occur on the ovary when using Mirena or Kyleena. These cysts usually disappear on their own in two to three months. However, cysts can cause pain and sometimes cysts will need surgery.

Other common side effects for Mirena include:
- Changes in bleeding
- Stomach or pelvic pain
- Stop having periods
- Headache/migraine
- Vaginal discharge
- Inflammation or infection of the outer part of your vagina (vulvovaginitis)

Other common side effects for Kyleena include:
- Inflammation or infection of the outer part of your vagina (vulvovaginitis)
- Abdomen or pelvic pain
- Headache or migraine
- Acne or greasy skin
- Painful periods
- Sore or painful breasts

This is not a complete list of possible side effects with Mirena or Kyleena. For more information, ask your HCP. Tell your HCP if you have any side effect that bothers you or does not go away.

Call your HCP for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088. You may also report side effects to the manufacturer at 1-888-842-2937, or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

**After Mirena or Kyleena has been placed, when should I call my HCP?**

If Mirena or Kyleena is accidentally removed and you had vaginal intercourse within the preceding week, you may be at risk of pregnancy, and you should talk to a HCP. Call your HCP if you have any concerns about Mirena or Kyleena. Be sure to call if you:
- Think you are pregnant
- Have pelvic pain, abdominal pain, or pain during sex
- Have unusual vaginal discharge or genital sores
- Have unexplained fever, flu-like symptoms or chills
- Might be exposed to sexually transmitted infections (STIs)
- Are concerned that Mirena or Kyleena may have been expelled (came out)
- Cannot feel Mirena's or Kyleena's threads
- Develop very severe or migraine headaches
- Have yellowing of the skin or whites of the eyes. These may be signs of liver problems
- Have had a stroke or heart attack
- Become HIV positive or your partner becomes HIV positive
- Have severe vaginal bleeding, bleeding that lasts a long time or bleeding that otherwise concerns you

To learn more, talk about Mirena or Kyleena with your HCP and see the FDA-approved Full Prescribing Information found on [www.kyleena.com](http://www.kyleena.com) and [www.mirena.com](http://www.mirena.com), or call 1-866-647-3646.

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If you have any questions about Mirena®, you should ask your healthcare professional. You should also learn about other birth control methods, and choose the one that is right for you.