INTRAUTERINE DEVICE INSERTION and/or REMOVAL CONSENT

I received information and asked all my questions about: ☐ insertion  ☐ removal  ☐ removal and reinsertion.
☐ ParaGard® Intrauterine Device (IUD)  ☐ Liletta IUS™

INSERTION CONSENT

I know that:

• The IUD/IUS (referred to as IUD) prevents pregnancy more than 99% of the time. It provides long-term protection from pregnancy.
• Each ParaGard IUD is generally effective for up to 10 years of use and may be effective for up to 20 years in specific cases which my provider has discussed with me. Each Liletta IUD is effective for up to 8 years of use and my provider has discussed with me.
• Liletta IUD contain a progestin hormone. ParaGard contains no hormones.
• The IUD does not protect me from sexually transmitted infections, including HIV. I understand condoms will help protect me from infections.
• The IUD, if placed within 5 days of the start of your period, is effective immediately. If it is not placed within 5 days of the start of your period, you will be instructed how long to use a back-up method.

Use a backup method for __________ days.

I understand the IUD may cause the following:

• Spotting, irregular bleeding and/or heavier periods
• Cramping when it is put in and during my periods
• A pelvic infection within the first 3 weeks after it is put in (Not Common)
• The IUD may go through the wall of my uterus when it is inserted and may require surgery to remove (Not Common).
• If I become pregnant while using an IUD, it is more likely to be a tubal pregnancy than if I was not using an IUD (Not Common).
• The IUD could come part of the way or all the way out. If this happens, I know I could get pregnant and should use another form of birth control if I do not want to be pregnant.

I can request a copy of the written patient information (IUD package insert) that gives me more details about these and other risks and side effects.

My health care provider has explained the reasons why a person should NOT use the IUD. They may include:

• Current pelvic infection or high risk for sexually transmitted infections
• Current pregnancy or suspicion of current pregnancy
• Known or suspected cervical or breast cancer (for Liletta)
• Wilson’s disease (a disorder in how the body handles copper)(for ParaGard)
• Allergy to copper (for ParaGard)
• Uneven shape of the uterus

I have been advised to call the clinic or my private doctor, or go to the emergency room if I have any of these symptoms:

• Late or missed period (irregular bleeding is normal and expected with Liletta) or other signs of pregnancy
• Abnormal spotting or bleeding; severe bleeding (if I bleed through one or more regular pads or tampons in an hour) or bleeding that lasts a long time
• Pain in the stomach or pelvis or pain during sex
• Exposure to sexually transmitted infections or abnormal discharge from the vagina
• Fever or chills
• Cannot feel the IUD strings; the strings feel longer or shorter than usual
• Can feel a part of the hard plastic of the IUD; the IUD has come part of the way or all the way out of the uterus.

If I have problems or concerns, I can come back to the clinic to talk with a nurse or provider. If I wish to stop using the IUD, I know I need to come back to the clinic to have it taken out. If I do not wish to become pregnant, I would need to start on another method of birth control right away.

PARAGARD INSERTION FOR EMERGENCY CONTRACEPTION

• When using Paragard for Emergency Contraception, I understand a Paragard needs to be placed within 5 days of unprotected intercourse.
• While Paragard itself is more than 99% effective at preventing pregnancy, when using Paragard for Emergency Contraception, there is less than a 1% chance I could still become pregnant.

• I understand it is important that I report all acts of unprotected intercourse in the past 2 weeks to my provider prior to Paragard placement for emergency contraception.

☐ I request Paragard be placed as an Emergency Contraceptive today.

REMOVAL CONSENT

I know that when the IUD is removed I can become pregnant right after it is taken out. If I do not want to get pregnant after the IUD is removed, I can have a new IUD placed or choose a different method of birth control to start today. I have been told what to expect when the IUD is removed. I understand that if my IUD strings cannot be located or there is a problem with my IUD removal I may be referred out for further evaluation. I understand that this will be my own financial responsibility.

The above information has been presented to me in oral and written form. I understand the information and my questions have been answered.

Based on my knowledge of the above, I consent to having an intrauterine device ☐ inserted ☐ removed ☐ removed and reinserted

Client Signature _________________________________ Date _________________________________

Provider Signature _________________________________ Date _________________________________

Interpreter Identification Information ________________________________________________________