

Consent for Intrauterine Birth Control Placement and/or Removal

I authorize the provider at (*Stacey, Michelin*) to perform the following procedure (circle the procedure and device):

	IUD insertion	IUD removal	IUD replacement
	Paragard	Mirena	Skyla Liletta

I am allergic to: betadine metals Ibuprofen

I understand that (mark correct box(es) below):

This is an office procedure to **PLACE** the IUD into my uterus.

AND/OR

This is an office procedure to **REMOVE** the IUD from my uterus.

IUD Insertion

- I understand that the clinician will check the position of my uterus and will look for signs of infection. Then, my cervix will be cleaned with betadine. My cervix will be held in place with an instrument and the clinician will check how deep my uterus is. The IUD will then be placed and the strings trimmed.
- I have read and signed the manufacturer's consent form and understand the risks and benefits, side effects, danger signs, and effectiveness of the IUD. I know how to contact the clinic if I have any questions or problems and what to do if I want to stop using the IUD.
- Possible **risks** of the insertion procedure have been discussed with me and are listed below:
 - Cramps while it is placed and afterward;
 - Bleeding or spotting during and afterward;
 - Infection or pelvic inflammatory disease (PID) afterward; and/or
 - Perforation of the uterus or cervix.
- Home Care Instructions:
 - I understand that I should call the clinic if I have any worries or questions about the IUD.
 - Take ibuprofen as instructed for cramps or bleeding.
 - I understand that if I have pain, bleeding, fever, or discharge, I need to be seen by a clinician right away.
- I know there are other forms of hormonal birth control that I might be able to use (like sterilization, implant, shot, ring, patch, or pills). I understand that I may have my IUD removed at any time for any reason.
- This form has been fully explained to me, I have read it or have had it read to me, and I understand its content. I have had the chance to ask questions. All of my questions and concerns have been answered.

Date

Signature of Client/ Other Legally Responsible Person if Applicable

Date

Signature of Provider Performing the Procedure

Date

Signature of Interpreter

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IUD Removal

- I understand that the clinician will insert a speculum into my vagina and grasp the strings with a device like tweezers. Then the IUD will be gently pulled out of my uterus.
- Possible risks of removing the IUD have been discussed with me:
 - When I have the IUD removed, I could get pregnant right away. I need to use another method of birth control if I don't want to get pregnant.
 - Rarely, it can be hard to remove and I might need to see another clinician to have it removed.
- I know there are other forms of hormonal birth control that I can use when the IUD is removed (like sterilization, implant, shot, ring, patch, or pills)
- Home Care Instructions:
 - I understand that if I have pain, bleeding, fever, or discharge, I need to be seen by a clinician right away.

This form has been fully explained to me, I have read it or have had it read to me, and I understand its content. I have had the chance to ask questions. All of my questions and concerns have been answered.

Date

Signature of Client/ Other Legally Responsible Person if Applicable

Date

Signature of Provider Performing the Procedure

Date

Signature of Interpreter

Consent for Intrauterine Device (IUD)

Please review the information below. Ask questions of your health care provider to ensure that you understand the risks and benefits of using the IUD.

The IUD is one of the most effective birth control methods available. Fewer than 1/100 people per year using the IUD will get pregnant.

Advantages of using the IUD include:

- Highly effective and long lasting contraception
- Low risk of side effects
- Reversible (immediate return to fertility after removal)
- Decreased menstrual blood loss (Hormonal IUDs)
- Good safety record
- High satisfaction rates
-

Potential side effects/risks of IUD use:

- Mild to moderate pain when the IUD is inserted
- Cramping or backache for a few days after insertion
- 2-10% of IUD users spontaneously expel their IUD within the first year of use
- Irregular or absent menses (Mirena, Kyleena and Skyla)
- Heavier, longer and/or crampier menstrual periods (Paragard IUD) which may improve with time. Spotting between menses which usually improves or resolves within 3 months (both Hormonal IUDs and Paragard IUD)
- Anemia (only if heavy menses occurs)
- Acne. Hormonal IUDs, like other methods of hormonal birth control may cause or worsen acne

Serious but very infrequent risks of IUD use:

- Infection of the uterus or tubes {pelvic inflammatory disease (PID)} within the first 3 weeks after the IUD is inserted. If PID is not treated, infertility could result
- While pregnancy with an IUD in place is rare, if you are pregnant you are at increased risk of an ectopic pregnancy (pregnancy outside of the uterus) which can be life threatening if not treated
- Perforation of the uterine wall during IUD placement or embedment in the uterine wall (rare, surgery may be required)

At the time of insertion, there is a possibility that the cervix will be tightly closed and not allow for insertion of the IUD into the uterus. Another visit may need to be scheduled. You may be asked to return while on your period or after taking a medication to soften your cervix to improve success of insertion. It is also possible that dilation of your cervix may need to be performed.

The IUD does not protect against HIV (the virus that causes AIDS) or other sexually transmitted infection (STIs). Using a condom correctly and consistently helps prevent STIs.

It is important to avoid unprotected intercourse between your last menses and the IUD insertion to minimize your risk of pregnancy and infection.

I may elect to have the IUD removed at any time. A visit with a health care provider is needed to have the IUD removed.

An alternative method of contraception should be used if the IUD strings cannot be located.

Emergency care is always available if you should need it. Check the eTang Portal for more information.

I have reviewed the Paragard, Mirena, Kyleena and Skyla Patient Information handouts. I have been informed of the IUD insertion and removal procedure and what to expect when the IUD is inserted and know I should check the strings regularly.

I have reviewed and understand all of the above information. I have been given the opportunity to ask questions and have had them answered to my satisfaction. After reviewing the above information, I hereby authorize and direct my clinician to insert the IUD when my clinician and I have agreed is appropriate for me.

Consult visit sign here:

Patient signature: _____ Date: _____

Clinician signature: _____ Date: _____

Placement visit sign below:

Patient signature: _____ Date: _____

Clinician signature: _____ Date: _____

[place patient sticker here]