

## PARAGARD INTRAUTERINE DEVICE (IUD)

### Consent Form

**BENEFITS:** I am voluntarily choosing to use an intrauterine device (IUD) as a method of family planning. I am aware that the IUD is NOT guaranteed to be 100% effective, but can be 99% effective if used correctly, however, depending on the number and timing of unprotected intercourse episodes in a menstrual cycle there may be a risk of undiagnosed pregnancy. \_\_\_\_ (client initials)

**RISKS:** I realize that I should not use the IUD if I have any of the following conditions, which **I do not have:** a distorted uterine cavity, pregnancy, current chlamydial or gonococcal infection, pelvic tuberculosis, unexplained vaginal bleeding, or active breast, cervical, uterine or endometrial cancer \_\_\_\_ (client initials).

I am aware that while using an IUD I may have the following side effects: longer and heavier periods, cramping during or after insertion of the device, more cramping during my periods. I understand that I may be responsible for any cost related to complications resulting from using the method I choose.

IUDs may be associated with infections of the uterus or tubes. In addition, I have been told that IUDs may be associated with more serious complications such as puncturing the uterus, abscesses and bloodstream infections (sepsis). This may sometimes lead to ectopic pregnancy, sterility or death. Infection can be more serious if I am pregnant, and I know I should seek medical attention immediately if I think I am pregnant. If a pregnancy occurs when you have an IUD in place, there is a higher risk of miscarriage.

I have been told that in order to lessen the chance of serious complications from my IUD, it is my responsibility to return to a clinic, a doctor or a hospital emergency room if I start having any of the following:

- Period late, no period
- Symptoms of pregnancy (fatigue, nausea, breast swelling/tenderness, frequent urination, weight gain)
- Abdominal pain or cramps
- Increased temperature, fever, chills
- Unusual or abnormal discharge
- Cannot feel IUD string, strings shorter or longer
- Can feel the plastic part
- See that the IUD has come out
- Spotting, bleeding, heavy periods, clots.

I understand that the IUD does not protect against HIV/AIDS and other sexually transmitted infections. I understand that I should use condoms consistently and correctly if there is any chance that I am infected or that I am having intercourse with someone who is infected.

**ALTERNATIVES:** The other means of birth control have been explained to me.

**DECISION TO DISCONTINUE:** I have been told that I may have an IUD removed if I want it removed without losing benefits under any government program. I understand that a woman is most likely to get pregnant if she and her partner do not use any birth control method. The health risks from pregnancy are greater than the health risks of using any birth control method.

**INSTRUCTIONS:** Instructions for using the IUD have been given to me and I have been given the patient labeling information. I understand how the IUD is inserted. I have been taught how to check for the strings of my IUD. I have been given manufacturers information about the IUD and I will read it.

**QUESTIONS:** I have been given the chance to ask questions about the IUD and about the consent form.

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(Check whichever applies, and sign below)

I am voluntarily requesting the insertion of Paragard for:

\_\_\_\_ on-going contraception.

\_\_\_\_ emergency contraception and on-going contraception.

\_\_\_\_ I am voluntarily requesting the removal of Paragard.

Client name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Client signature: \_\_\_\_\_

Counselor signature: \_\_\_\_\_ Date \_\_\_\_\_