INTRAUTERINE DEVICE/SYSTEM CONSENT

I received the information and asked all my questions about:

☐ ParaGard Intrauterine Device (IUD) ☐ Mirena Intrauterine System (IUS)

I know that:

- The IUD/IUS prevents pregnancy more than 99% of the time. It provides long term protection from pregnancy
- Each ParaGard IUD is good for 10 years of use. Each Mirena IUS is good for 5 years of use.
- Mirena IUS contains the hormone progestin and may decrease menstrual bleeding and cramps.
- The IUD/IUS does not protect me from sexually transmitted infections. If I need this protection, I will use condoms PLUS this method.

I know the IUD/IUS might cause the following:

- Spotting, irregular bleeding, heavier periods;
- Cramping when it is put in at the clinic and during my periods;
- Making a hole in the wall of the uterus when it is put in at the clinic;
- String may not be found **at future visits**, or other string problems.

I have a copy of the "Information for Patients" which gives more details about these and other risks/side effects. My health care provider has told me the following reasons why a person should not use the IUD/IUS:

- Current Pelvic Infection (PID) or high risk for sexually transmitted infections;
- Current pregnancy or suspicion of current pregnancy;
- Known or suspected uterine/cervical cancer; or breast cancer (for Mirena);
- Wilson's disease;
- Allergy to copper (for ParaGard);
- Uneven shape of the uterus.

I will call the clinic or my private doctor, or go to the emergency room if I have any of these danger signs:

- Late or missed period; abnormal spotting or bleeding; signs or symptoms or pregnancy;
- Pelvic or lower abdominal pain; pain with intercourse;
- Exposure to sexually transmitted infections; abnormal vaginal discharge;
- Fever or chills;
- Cannot locate the string;
- The IUD/IUS has come part of the way out, or all the way out, of the uterus.

If I have problems or concerns, I will come back to the clinic to talk with a nurse or doctor to see if I can make the IUD/IUS work for me. If I wish to stop using the IUD/IUS, I know that I need to come back to the clinic to have it taken out. If I do not wish to become pregnant, I must start on another method right away.

_____

Patient signature **Date**

_____

Staff signature **Agency** **Date**

Interpreter's Statement

I have translated the information and advice presented orally to the client who has chosen: ☐ ParaGard ☐ Mirena
I have also read the consent form to her in a language she understands and explained its contents to her. To the best of my knowledge and belief, she understands this explanation and voluntarily consents to the IUD/IUS.

_____

Interpreter's signature **Date**