

IUD CONSENT FORM



Care
Education
Advocacy

Please initial each box

- I understand the importance of excluding the possibility that I am already pregnant when the IUD is inserted. I have given the clinician accurate information about recent periods, contraception and sexual activity to ensure appropriate timing of insertion. The first day of my last period was _____

- I understand that the use of an IUD carries risks. These include:
 - the clinician being unable to insert the IUD, risk is estimated as 1 in 25
 - fainting after or during the procedure (this may require prolonged observation or an injection)
 - perforation (going through the wall) of the uterus (womb)
 - risk is estimated as 1 in 500*
 - if you have given birth within the last 9 months the risk is higher, estimated as 1 in 100
 - may require minor key hole surgery to have the IUD removed
 - <1% failure of the IUD to prevent pregnancy
 - an increased chance of any pregnancy occurring being ectopic (outside the womb)*
 - a high risk of miscarriage or premature delivery if you choose to continue with a pregnancy that occurs a and the IUD cannot be removed
 - the IUD partially or completely coming out, risk estimated as 1 in 20
 - infection, risk estimated as 1 in 300*
 - difficulty removing the IUD (uncommon, exact numbers unknown)
 - abdominal pain and irregular bleeding in the initial weeks after insertion
 - changes to bleeding
 - an increase in vaginal discharge
 - for hormonal IUD users:
 - hormonal side effects including headaches, breast tenderness, acne, mood changes and weight gain
 - little cysts are more likely to develop on the ovaries, which are thought to be harmless

* These may have an effect on fertility

- I understand that if an ambulance is called following the insertion of my IUD (around 1/2000) and I do not have ambulance transport cover, there may be significant costs.

- I understand that the IUD must be removed within years, as it may not remain effective if left in place for longer. I am aware that it is my responsibility to arrange removal/replacement.

- I agree to being sent an SMS reminder around 3 months prior to the due date for removal or changeover.

- I understand that if I am having an IUD replacement, I should not have had unprotected vaginal sex for seven days prior to insertion.

- I understand that if I am having a hormonal IUD insertion, it may take seven days to work in preventing pregnancy. I should not have unprotected sex for seven days after insertion.

- I have been advised not to insert tampons, swim, take a bath or have vaginal sex for 2 days and not to use a menstrual cup for 3 months after insertion and to check for IUD strings after each period.

- I agree to attend for an in person or phone consult if requested by the practitioner who inserts my IUD. I agree to call SHV if there are any concerns (as indicated on the post-IUD insertion information sheet, a copy of which I have been given a link to).

I, consent to the insertion of a IUD.

By signing this consent form I acknowledge that I have discussed the benefits, risks and side effects of using an intrauterine device (IUD) with the clinician and the information above has been checked with and understood by me.

Client's signature Date:

Inserting clinician's signature