

Consent for Using IUC (Intrauterine Contraception)

When you sign this consent form, it means that:

- ◆ Your Family PACT provider has told you about all the birth control methods.
- ◆ You have decided which birth control method is right for you.

Directions: Read each statement carefully. If you agree with the statements, sign your name on the line on the last page.

- ◆ I understand that there many birth control methods I could choose from. These include:
 - ◆ Pill
 - ◆ Patch
 - ◆ Ring
 - ◆ Shot
 - ◆ Implant
 - ◆ Diaphragm
 - ◆ Intrauterine Contraception (IUC)
 - ◆ Spermicides
 - ◆ Sponge
 - ◆ Cervical Cap
 - ◆ Condoms for Men
 - ◆ Condoms for Women
 - ◆ Natural Family Planning
 - ◆ Fertility Awareness Method
 - ◆ Lactation Amenorrhea Method
 - ◆ Sterilization for Women
 - ◆ Sterilization for Men

- ◆ My Family PACT provider has explained how the IUC will be placed inside my uterus.
- ◆ I have been told that there are two types of IUCs -- ParaGard and Mirena. I have been told how each IUC works to prevent pregnancy.
- ◆ I have been told that if 100 women use an IUC for a year, at most only 1 woman will get pregnant.
- ◆ I understand that I can use either IUC and that:
 - ◆ ParaGard has copper in it and works for up to 10 years.
 - ◆ Mirena has a hormone in it and works for up to 5 years.
- ◆ I have been told about the benefits and risks of using either IUC. We have discussed any health problems I may have.

- ◆ I have been told that the possible side effects include cramping when either IUC is put in, and spotting right after it is put in. I have also been told that:
 - ◆ With ParaGard, I may have heavier or longer periods
 - ◆ With Mirena, I could have very light periods, no periods or spotting between period, headaches, dizziness, nausea, sore breasts or acne. For most women, these get better after 3 to 6 months.
- ◆ I have been told that complications include:
 - ◆ Infection or Pelvic Inflammatory Disease (PID)
 - ◆ A tear or hole in the uterus
 - ◆ The IUC coming out part way or all the way
 - ◆ Pregnancy outside the uterus

- ◆ I have been told that the warning signs of complications include:
 - ◆ Late periods
 - ◆ Abnormal spotting or bleeding
 - ◆ Abnormal discharge
 - ◆ Pain in the abdomen
 - ◆ Pelvic pain
 - ◆ Fever or chills
 - ◆ Painful sex
 - ◆ Can't feel the string
- ◆ My Family PACT provider has talked to me about whether the IUC would be right for me, especially if any of the following is true:
 - ◆ Have had an infection of the uterus or tubes in the past year
 - ◆ Have had vaginal bleeding for no known reason
 - ◆ Have had a pregnancy in my tubes
 - ◆ Have ever had breast cancer (Mirena only)

- ◆ I have been told that using an IUC does not protect me from HIV or other infections that people get from having sex. Using condoms can help protect against such infections.
- ◆ I have been told what to do if I want to stop using the IUC:
 - ◆ I must come back to a health care provider to have it taken out.
 - ◆ I must not take it out myself.
- ◆ I have been given written information about the IUC that I have chosen in a language I understand.
- ◆ My Family PACT provider has answered all my questions.

Based on this information, I have freely chosen to use _____ as my method of birth control.
(Name of IUC)

Signed: _____

Date: _____