Mountain Midwifery Center

Informed Consent

Skyla IUD Insertion

Explanation:
We at Mountain Midwifery Center believe that every person should be encouraged to exercise the right to participate in making decisions that will affect their current fertility as well as their future health. Please read the following and sign below to acknowledge that you have given us your informed consent (permission) to perform the indicated procedure.

Advantages:
Highly effective, safe method, no estrogen (reduced risk of endometrial cancer) long term protection, rapid reversibility, cost-effective, convenient, private, easy placement and removal, high user satisfaction.

Risk Review:
I have been counseled regarding the risks/benefits/alternatives of IUD’s such as oral contraceptives (“the pill”), patches, vaginal ring, progestin injections (Depo shot), barrier methods (condoms & diaphragms) progestin implants (Nexplanon) and natural family planning methods. Risks associated with IUD use include method failure, ectopic pregnancy and device expulsion. This method will not protect me from HIV infection (AIDS) or any other sexually transmitted infection and if I become infected with an STI after IUD insertion I am at a higher risk for Pelvic Inflammatory Disease (PID). If I develop PID with an IUD in place and I do not receive prompt treatment with antibiotics, this could cause permanent scarring to my reproductive organs leading to an inability to become pregnant and/or ectopic pregnancy if I do become pregnant. Skyla is associated with strong menstrual cramps, heavier periods (first 3 months) and lighter or absent periods (3+ months). I am aware that possible risks include; ectopic pregnancy if method fails, higher risk of PID during the first 20 days after placement, difficulty with removal, uterine embedment, uterine perforation, ovarian cysts and expulsion of IUD from within the uterine cavity. Skyla must be removed at the end of 3 years but it can be removed sooner if I want. I understand that risks associated with the insertion procedure include uterine perforation.

Insertion Procedure:
I understand the insertion procedure involved a pelvic exam to determine the position of my uterus and that a speculum will be inserted into the vagina and my cervix will be cleaned with antiseptic solution. Sometimes a special instrument (tenaculum) must be used to hold the cervix steady during the procedure. I have been counseled to expect some cramping throughout the procedure and while the IUD is being placed inside the uterine cavity. I will be given an opportunity to feel the cut IUD string pieced immediately after the procedure.

My Responsibility:
I will contact my healthcare provider immediately with any of the following: P – Period late, abnormal bleeding (heavy bleeding that saturates a regular pad or tampon in less than an hour and continues for several hours, passage of either large blood clots or lots of tiny blood clots); A – Abdominal pain, pain with sex (excessive cramping not relieved with Tylenol or Ibuprofen); I – Infection exposure (such as Chlamydia or Gonorrhea), abnormal or foul smelling vaginal discharge; N – Not feeling well, fever, chills (fever is defined as temperature greater than 100.4); S – Strings missing, shorter or longer. I will observe pelvic rest for 48 hours after IUD placement; during this time I will abstain from sex and use of tampons. I will return in 4-6 weeks for IUD string check. Sooner if experiencing complications.

Consent to Treatment:
I certify that this form has been fully explained to me, that I have read it or have had it read to me, and that I understand its contents. I have had the chance to ask questions. All of my questions have been answered to my satisfaction. I do not believe there is any chance I might be pregnant. I realize that I should not use an IUD if I have any of the following conditions which I do NOT have: acute liver disease or liver tumor, pelvic inflammatory disease, untreated cervicitis or other vaginal infections, unexplained vaginal bleeding, breast cancer, uterine or cervical cancer or pregnancy.

Client Printed Name  Signature  Date

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CNM/RN Printed Name  Signature  Date