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**JULIE JONES CNM, MS**

**MANDY JOHNSON WHNP, MS**

**ParaGard T380A Intrauterine Contraceptive Device Informed Consent**

1. I request that Julie Jones, CNM and/or Mandy Johnson, WHNP, insert a ParaGard T380A IUD into my uterus for use as a contraceptive method. I plan to follow the instructions given to me and return for check ups as I have been instructed.
2. I have read the ParaGard T380A manufacture's information form. I have had a chance to ask questions and to have them answered to my satisfaction.
3. I have answered truthfully all questions my clinician and her assistant asked about my medical history.
4. I understand that pregnancy can happen with the ParaGard T380A in place. Less than 1 woman out of 100 will get pregnant with ParaGard T380A use. This is better than or comparable to pregnancy rates with oral contraceptives, OrthoEvra Patch, NuvaRing, Depo-Provera, and Norplant. If I become pregnant with the ParaGard in place I should have the ParaGard removed as soon as possible. There is an approximately 25% chance of miscarriage if this should happen.
5. I understand that the ParaGard T380A does not protect against sexually transmitted diseases.
6. I understand that IUD use may increase my risk of infertility if I develop Pelvic Inflammatory Disease (PID). PID can cause permanent blockage of the fallopian tubes, sterility, and ectopic pregnancy. I can reduce my risk of developing PID if I am in a mutually monogamous sexually relationship.
7. I understand that the ParaGard T380A IUD needs to be removed in 10 years following the date of insertion. It may be replaced at that time with a new ParaGard T380A.
8. I understand that perforation (hole in the uterine wall) of the uterus is rare but can happen in 1 in 1000 women and it may need surgery to be corrected.
9. I understand that there is a small risk that the IUD may fall out after being inserted. This will leave me unprotected against pregnancy.
10. I understand I need to return to the clinic yearly for my annual Pap smear and exam.
11. I understand my menstrual periods may be heavier, longer and crampier after insertion of the ParaGard IUD.
12. I understand that the ParaGard T380A will not be give to me if I now have:
  - Pregnancy or suspicion of pregnancy
  - Pelvic Inflammatory Disease (PID) or significant history of PID
  - More than one sexual partner or a partner with more than one partner
  - Allergy to copper or other metals. Diagnosis of Wilson's disease

- An intrauterine contraceptive already in place
- Unexplained genital bleeding or bleeding between periods
- Current vaginal infection
- Recent abnormal Pap smear
- Current genital sores or lesions
- History of uterine or pelvic surgery

13. I understand the IUD danger signs I must watch for are : **“PAINS”**

- **Period** late (pregnancy), abnormal spotting or bleeding
- **Abdominal** pain, pain with intercourse
- **Infection** exposure (such as Gonorrhea or Chlamydia), abnormal discharge
- **Not** feeling well, fever, chills
- **String** missing, shorter or longer

14. I understand I need to check the IUD strings once a day for a week, once a week for a month, after my first period, after the first time I have intercourse, and then monthly for as long as I have the IUD.

15. I understand that I must see my clinician at once if I develop any of these signs, and that I should go to a hospital emergency room if I am unable to see my clinician.

16. I understand that if complications from the ParaGard T380A require medical follow-up, the expense of medical follow-up is my responsibility.

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 my questions and concerns have been answered to my satisfaction. I will indicate my informed consent for treatment with the following signature:

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Date      Signature of Patient

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Witness