PREPARING FOR INSERTION OF AN INTRAUTERINE DEVICE (COPPER IUD OR IUS/MIRENA®) AT THE TIME OF CAESAREAN SECTION

We will aim to insert an IUD/IUS for you at the time of your Caesarean section if you wish. It is important that you have read the following information beforehand and are suitable for the procedure on the day you come in. You can speak to your doctor or midwife if you have any questions.

Please bring this completed form with you when you attend the hospital.

Please tick the boxes to confirm that you have **understood and agreed** to the following:

- ❑ I have read the leaflet ***or*** viewed the website information/online video ***or*** I have already had an IUD/IUS and am familiar with the method.
- ❑ I understand that no method is 100% effective but that the IUD/IUS has a very low risk of failure (less than 1 pregnancy per 100 women over 1 year).
- ❑ I understand that there might be less than 1 in 1000 chance of injury to the womb (perforation) at the time of insertion of the device.
- ❑ I understand that there is approximately a 1 in 20 chance of the device coming out/being expelled from the womb after insertion
- ❑ I understand that the IUD/IUS will not protect against sexually transmitted infections and condoms are recommended in addition if, for example, I have a new partner.
- ❑ I understand that there is a small risk of infection (1 in 100) in the first few weeks following insertion of the device – this is not any higher that if the coil were fitted later on
- ❑ I know that a copper IUD can make my periods slightly heavier, longer and more painful.
- ❑ I know that an IUS (*Mirena*®) will make my periods much lighter but can cause some erratic bleeding or spotting in the first few months of use.
- ❑ I understand that I will need to attend a check-up at around 4 to 6 weeks as the coil threads might need to be trimmed. If threads are not seen at this time, I will need an ultrasound scan to confirm that the IUD/IUS is still in place.
- ❑ I understand that in rare circumstances it may not be possible to fit the device immediately after childbirth, and in this situation it would be postponed for at least 4 weeks.

Print Name (patient): _____ Date: _____

Signature (patient): _____

Completed form should be checked and filed in handheld maternity notes