

## INTRAUTERINE CONTRACEPTION (IUC)

### I. INTRODUCTION

There are three FDA approved long-term intrauterine contraceptive methods available in the United States:

- A. Mirena® Levonorgestrel releasing intrauterine system (LNG-IUS)
- B. Copper T- 380 Paragard® Intrauterine Device (CU IUD).
- C. Skyla® Levonorgestrel releasing intrauterine system (SKYLA IUS)

All methods are extremely effective once inserted to prevent pregnancy.

LNG-IUS typical use failure rate: 0.1%

Over 5 years the LNG-IUS typical use failure rate is 0.71%.

Over 3 years, the Skyla® IUS has typical use failure rates similar to LNG-IUS

Copper IUD typical use failure rate/year: 0.8%.

Over the 10 years of use the failure rate is 2%.

The mechanisms of action for the methods are as follows:

- A. Levonorgestrel IUS – approved for 3 or 5 years of use
  1. Thickened mucus impairs sperm penetration
  2. Foreign body reaction is spermicidal
- B. Copper T – 380 IUD – approved for 10 years of use
  1. Foreign body reaction is spermicidal
  2. Copper impairs sperm motility and capacitation

Only clinicians (physicians, NP, PAs, CNMs) with training and demonstrated skill in successful IUC insertion should insert IUCs. The site medical director should approve clinicians to be eligible to provide this service.

#### **Skyla® Levonogestrel IUS:**

The Skyla Levonogestrel IUS was FDA approved in early 2013. This device is similar to the Mirena IUD, with notable differences as outlined below. The Skyla IUS is indicated only for contraception (not for menorrhagia), may be used for up to 3 years only, and has the same risks, client selection, side effects and similar benefits as the Mirena IUD. The Skyla IUS is not yet discussed in the CDC MEC, although no major differences are anticipated.

Limited clinical information is available regarding Skyla. The majority of information comes from Phase II trials; the Phase III trials have not been published at the time of this document editing.

**For this document, unless clearly indicated otherwise, all information regarding Mirena IUS is applicable to Skyla IUS.**

Skyla IUS:

- FDA approved for contraception.
- Use is up to 3 years.
- Releases levonogestrel (average 6mcg / day); contains 13.5mg of levonogestrel in the reservoir (Mirena contains 52mg of levonogestrel).

- Expulsion, perforation and failure rates are similar to Mirena per the available data.
- Amenorrhea rates are lower than is typically seen with Mirena (6% at 1-year with Skyla, 23% at 1-year with Mirena).
- The Skyla IUD is slightly smaller (2mm shorter, 4mm less wide) with an applicator that is 0.95mm narrower than the Mirena applicator.
- The Skyla IUD device and applicator differ from Mirena in the following ways:
  - o Skyla has a small silver ring at the “t” of the IUD to help differentiate between Skyla and Mirena on ultrasound
  - o The Skyla applicator encases the IUD strings; no manipulation is needed with loading. The inserter can not be re-loaded if the initial insertion fails.

## II. CLIENT SELECTION

- A. Indications:
- B. Contraceptive implants and intrauterine devices (IUD) are top-tier contraceptive options and **should be highly encouraged for all women, especially adolescents.**
  - a. Implants and IUDs have lower failure (pregnancy) rates, higher continuation rates and improved safety when compared with other reversible hormonal or non-hormonal methods of contraception.
  - b. If patients decline the contraceptive implant or IUDs, alternate, less-effective contraceptive methods should be initiated.
- C. Contraceptive implants and IUDs offer long-term, highly-effective, private contraception.
- D. The LNG-IUS (Mirena®) is also FDA-approved for the treatment of menorrhagia. This method can/should be offered as a therapeutic option for women with menorrhagia, regardless of if they require contraception (eg: after tubal sterilization).
  - 1.
- E. Contraindications (USMEC 3--Risks outweigh advantages for method use; USMEC 4- Unacceptable risk for method use).
  - 1. Current pregnancy (USMEC 4)
  - 2. Postpartum puerperal sepsis (USMEC 4)
  - 3. Post-septic abortion (immediate) (USMEC 4)
  - 4. Ischemic heart disease (current and history of) (LNG continuation is USMEC 3)
  - 5. Systemic Lupus Erythematosus- Positive (or unknown) antiphospholipid antibodies (LNG USMEC 3)
  - 6. Systemic Lupus Erythematosus with severe thrombocytopenia (CU initiation USMEC 3)
  - 7. Headaches with aura—any age (LNG continuation USMEC 3)
  - 8. Gestational trophoblastic disease (decreasing or undetectable  $\beta$ -hCG) (USMEC 3) or persistently elevated  $\beta$ -hCG levels (USMEC 4)
  - 9. Unexplained vaginal bleeding (initiation USMEC 4)
  - 10. Breast cancer (current, LNG USMEC 4) (past and no evidence of current disease for 5 years, LNG USMEC 3)
  - 11. Distorted uterine cavity or other anatomical abnormalities (USMEC 4)
  - 12. Cervical cancer (initiation USMEC 4)
  - 13. Endometrial cancer (initiation USMEC 4)

14. Pelvic inflammatory disease (current USMEC 4)
  15. Current purulent cervicitis, chlamydial infection or gonorrhea (initiation USMEC 4)
  16. AIDS (initiation USMEC 3), unless clinically well on ART (USMEC 2).
  17. STIs—increased risk for (USMEC 2/3); continuation after diagnosis of STI (USMEC 2).
  18. Cirrhosis (severe-decompensated) (LNG USMEC 3)
  19. Liver tumors (benign hepatocellular adenoma or malignant hepatoma) (LNG USMEC 3)
  20. Solid organ transplantation- complicated (initiation USMEC 3)
  21. Pelvic tuberculosis (initiation USMEC 4) (continuation USMEC 3)
  22. Known or suspected allergy to copper (Copper IUD only) (PI)
  23. History of Wilson's Disease (Copper IUD only) (PI)
  24. Small uterine cavity with sounding less than 6.0 cm (PI)
- F. The following factors should be considered in the risk/benefit evaluation and decisions regarding individualized management must be based on protocols approved by the site Medical Director or clinic physician. The client must sign the consent form IUC for Women with Special Considerations if she has:
1. Client or her partner with multiple sexual partners (LNG-IUS only) (PI)
  2. Increased risk for STIs, (USMEC 2, 3)
  3. Previous IUC intolerance, expulsion or failure
  4. Suspected or known uterine perforation during uterine sounding with the current procedure.

### III. WOMEN WITH SPECIAL CONDITIONS REQUIRING FURTHER EVALUATION

- A. Decisions regarding individualized management, follow-up intervals, the need for additional testing or referral must be made based on protocols approved by the site Medical Director. In addition, there should be consultation with the site Medical Director if needed.
- B. Consultation should be conducted when a client develops migraine with aura during use of LNG-IUS (USMEC 3)

### IV. MEDICAL SCREENING AND EVALUATION

- A. Targeted medical evaluation (history, physical examination and laboratory testing as indicated) should be completed prior to the provision of an IUC.
- B. The client must complete a medical history which the clinician will review for determination of conditions which might affect the decision for IUC use (for example, possible pregnancy, risk for STIs).
- C. Gonorrhea/Chlamydia testing:
- D. -
  1. Chlamydia/gonorrhea testing can be done in high-risk populations to assure negative results.
  2. In the absence of signs or symptoms of cervicitis, testing can be done at time of insertion.
    - a. If the patient has clinical signs for cervicitis, IUD insertion at that time is contraindicated until cervicitis is ruled out.

3. If testing at time of insertion is positive, the patient should be treated, but the IUC does not need to be removed unless there are signs or symptoms of PID.
  4. IUD insertion should not be delayed for pap or STI screening (in patients without clinical concern for cervicitis)
- E. Prior to insertion, a pelvic exam including a speculum and bimanual exam must be done to determine uterine size, position and any degree of uterine flexion.
- F. Clients transferring from another provider must have a blood pressure measurement prior to providing IUC.

V. TIMING OF INSERTION AND INSERTION PROCEDURE

- A. For Insertion Procedure, follow manufacturer's instructions in package insert.
- B. For an IUC Insertion Check List Template see Appendix A.
- C. A system & protocol must be in place for the management of vaso-vagal reactions.
- D. The table below should be followed when inserting an IUC. Alternative timings must be individualized to ensure adequate contraceptive protection and client safety.

<b>Current Method</b>	<b>IUC Insertion</b>	<b>Back- up</b>
None	<ul style="list-style-type: none"> <li>■ First 7 days of normal menses</li> <li>■ Anytime during cycle if certain client is not pregnant **</li> </ul>	<ul style="list-style-type: none"> <li>■ None</li> <li>■ For LNG, Back up required if more than 7 days since onset of normal menses.</li> </ul>
All hormonal methods (when used reliably)	<ul style="list-style-type: none"> <li>■ For users of OCs, Ring, or Patch, may insert any time in cycle. Or client may continue her method for rest of cycle.</li> </ul>	<ul style="list-style-type: none"> <li>■ For Copper T users, hormonal method may be stopped immediately.</li> <li>■ For LNG users, continue method for seven days.</li> </ul>
Non-hormonal methods	<ul style="list-style-type: none"> <li>■ At any time in the cycle if pregnancy is reliably excluded.**</li> </ul>	<ul style="list-style-type: none"> <li>■ For copper T users, No back-up needed</li> <li>■ For LNG users, back up is required if it has been more than seven days since the onset of a normal menses.</li> </ul>
First-Trimester Spontaneous or Induced Abortion	<ul style="list-style-type: none"> <li>■ Immediately</li> <li>■ Or any time thereafter in</li> </ul>	<ul style="list-style-type: none"> <li>■ None</li> <li>For LNG users, back up</li> </ul>

	appropriate candidates	method for 7 days
Second-Trimester Abortion	<ul style="list-style-type: none"> <li>■ Immediately, by an experienced, specially-trained clinician only. The client must be informed of the increased risk of expulsion.</li> <li>■ Or wait at least four weeks (uterine involution)</li> </ul>	<ul style="list-style-type: none"> <li>■ For copper IUD users, no back-up needed</li> <li>■ For LNG users, back up method for 7 days</li> </ul>
Post Delivery (breast feeding or non breast feeding) (vaginal or caesarean delivery)	<ul style="list-style-type: none"> <li>■ <math>\geq 4</math> weeks for both, assure client is not pregnant** (uterine involution)</li> </ul>	<ul style="list-style-type: none"> <li>■ For copper T users, no back-up needed</li> <li>■ For LNG users, back-up method for 7 days</li> </ul>
As form of Emergency Contraception (EC) Copper IUD only	<ul style="list-style-type: none"> <li>■ Within 5 days of first act of unprotected intercourse</li> </ul>	Can be left in as long-term contraceptive.

\*\*The provider can be reasonably certain that the woman is not pregnant if she has no symptoms or signs of pregnancy, has a negative urine pregnancy test and meets any of the following criteria:

- A. Has not had intercourse since last normal menses
- B. Has been correctly and consistently using a reliable method of contraception
- C. Is within the first seven days after normal menses
- D. Is within four weeks postpartum for non-lactating women
- E. Is within the first seven days post-abortion or miscarriage
- F. Is fully or nearly fully breastfeeding, amenorrheic, and less than six months postpartum

(World Health Organization, 2002)

## VI. CLIENT EDUCATION/ INFORMED CONSENT

All clients being provided intrauterine contraception should receive the following:

- A. Information/counseling regarding all contraceptive options available
- B. Information specific to IUC method of choice including effectiveness, benefits, risks, use, danger signs, potential side effects, complications and discontinuation issues. (Appendix A)
- C. Information that IUC does not offer protection against STIs/HIV, the routine use of condoms should be encouraged to decrease STI risk

- D. Informed consent (form attached to this guideline) should be reviewed and signed and a copy of the same upon request
- E. If IUC is being provided/prescribed to a client with risk factors, then a Request for Contraception for Women with Risk Factors form should be reviewed and signed (Appendix B)
- F. Patient should be provided with and given instruction/counseling on importance of reading the Patient Package Insert (PPI)
- G. Client should be provided with user card that comes with the IUC kit (insertion date, lot #, removal date)
- H. Client should be provided with post-insertion instructions
- I. Emergency, 24-hour telephone number and location where emergency services can be obtained
- J. Clinic access information

## VII. MANAGEMENT OF SIDE EFFECTS AND COMPLICATIONS

- A. Irregular Bleeding and Amenorrhea
  - 1. LNG-IUS: It is expected that users will have an increased number of days of spotting and bleeding, especially in the first 90-180 days of use.
    - a. Approximately 20-40% of users will have amenorrhea after 12 months of use.
  - 2. Copper T-380: Intra-menstrual bleeding may occur during the first 2-3 months of use. Menses may be heavier and longer. Rule out pregnancy if any delayed menstrual period.
  - 3. During use of any IUD, if the patient has persistent unexpected vaginal bleeding, unexpected delayed menstruation or pregnancy symptoms, a urine pregnancy test should be performed immediately.
- B. Client unable to feel strings:
  - 1. Appointment ASAP. Advise client to use back-up birth control method until she can be evaluated.
  - 2. If coitus within last 120 hours, emergency contraception should be recommended.
- C. Clinician unable to see strings upon exam: Attempt retrieval using cytobrush insertion into the endocervical canal. Rotate brush 180 degrees and remove brush gently. If strings retrieved, reassure client. If strings not retrievable:
  - 1. Determine the IUC location. Advise client to use back-up method until evaluation can be made whether IUC is in uterus, has been expelled or has translocated into the abdominal cavity.
  - 2. Consult with medical director regarding referral for ultrasound. (If IUC cannot be located by ultrasound, may need to refer for abdominal x-ray).
  - 3. If IUC has not been expelled, consult with OB/GYN for management/removal
- D. Client presents with:
  - 1. Trichomoniasis, Chlamydia, +/- Gonorrhea, PID.
    - a. Treat infection per current CDC STD Treatment Guidelines.
    - b. Discuss with client risk factors for infection and sequelae
  - 2. Vulvovaginitis or Bacterial Vaginosis: treat per CDC guidelines; no need to remove IUC.
  - 3. Actinomyces on pap smear – note a large majority of IUC users have asymptomatic colonization.
    - a. Client must be examined for evaluation of pelvic infection.

- b. If client has symptoms for infection, consult an Ob/Gyn for immediate treatment.
- c. If client does not have symptoms of infection, the IUC is safe to leave in place. Patients should be counseled regarding this diagnosis, symptoms of infection, and may decide if they would like to continue use of the IUC or switch methods.
- 4. Pregnancy – failure rate of IUC is extremely low.
  - a. Perform highly sensitive pregnancy test. If positive, perform pelvic exam and order ultrasound to insure pregnancy is not ectopic.
  - b. If ectopic suspected or confirmed, refer out for emergency care.
  - c. If pregnancy is in the uterus, the IUC should be removed in select circumstances (depending on the location of the pregnancy, the location of the IUD and visibility of the IUD strings). Removal of IUC reduces the risk of spontaneous abortion (45% if IUC is left in place versus if removed). If IUC cannot be removed (strings not visible), refer immediately to OB/ GYN.
  - d. Inform client of risk of spontaneous abortion and sepsis and advise to report for emergency care if these develop prior to referral visit.

## VIII. FOLLOW-UP

- A. Advise client to report any of the following:
  - 1. Pregnancy symptoms
  - 2. If unable to feel string
  - 3. Suspected or confirmed IUC expulsion
  - 4. Bleeding that is extremely heavy or lasts longer than 2 weeks
  - 5. Continuous lower abdominal pain, or pelvic pain with a fever
  - 6. Any severe medical problem that develops such as headache with aura, DVT or pulmonary embolism, stroke, myocardial infarction, jaundice, hypertension (LNG-IUS only)
- B. Post insertion exams – clients should return for a post insertion check approximately 1-3 months(after first menses) to visualize strings, confirm placement and assess for signs of infection.
- C. Annual exams are to be scheduled by the client.
- D. Removal-- When method change desired, pregnancy desired or IUC has reached expiration date:
  - 1. Follow removal guidelines in the manufacturer’s package insert
  - 2. Clients who have had intercourse without a barrier method should wait 5-7 days post coitus for removal.
  - 3. Counsel clients as indicated for alternate contraceptive methods or preconception health care information if pregnancy is desired. If client desires another IUC, it may be inserted immediately after removal of the current IUC.
  - 4. If there is difficulty with removal or IUC is embedded, consult with the site medical director or refer to an OB/GYN physician.

## IX. DOCUMENTATION

- A. Insertion Documentation:
  - 1. Order must be written in the medical record

2. Documentation in the medical record for insertion must contain:
  - a. Position of uterus
  - b. Sounding measurement
  - c. Documentation of sterile technique
  - d. Information related to client tolerance/problems
  - e. Lot number of IUC (must also be given to client)
  - f. Client checklists, consents
- B. Removal Documentation:
  1. Reason for removal
  2. Notations specific to removal
  3. Last coitus date
3. All education/counseling must be documented.

## REFERENCES

1. Medical Eligibility Criteria for Contraceptive Use. MMWR, Vol. 59, No. RR-4, June 18,2010
2. Manufacturers FDA approved patient package insert for Mirena IUS and Skyla IUS (Bayer Pharmaceuticals).
3. Gemzell-Danielsson K, et al "A randomized, phase II study describing efficacy, bleeding profile and safety of two low-dose levonorgestrel-releasing intrauterine contraceptive systems and Mirena", Fertil and Steril, 96 (3): 616-622, 2012.

## Appendix A

### CLIENT EDUCATION FOR INTRAUTERINE CONTRACEPTION (IUC)

Before using intrauterine contraception, you need to know about all forms of birth control, meaning all prescription, non-prescription, and natural methods. It is important that your questions are answered and that you understood all of the instructions in the manufacturers insert. It is important that you understand that no method of birth control, except abstinence, is 100% effective against pregnancy or contracting sexually transmitted diseases, including the Human Immunodeficiency Virus (HIV) infection that leads to the Acquired Immunodeficiency Syndrome (AIDS) disease.

The following benefits, risks/side effects, warning signs, alternatives, instructions, and decision to discontinue use option, regarding the birth control method, intrauterine contraception, were explained to me before I voluntarily decided to use this method of birth control.

#### **BENEFITS:**

The IUC is 98 -99% effective. IUCs containing progestin (Mirena® or Skyla®) which may decrease menstrual flow and painful menstrual periods. The IUC provides protection from pregnancy (Paragard® – 10 years; Mirena® – 5 years; Skyla® - 3 years).

**If you have any of the following conditions, you should discuss this further with your healthcare provider. The IUD may not be the preferred contraceptive for you.**

:

- Cirrhosis or liver tumors
- Breast cancer
- Serious blood clots in your deep veins
- Current pelvic infection (PID), (Chlamydia, gonorrhea)
- HIV/AIDS –
- Cancer of the uterus, cervix, or ovaries
- Blood clotting problems or taking medications for clotting problems
- Vaginal bleeding (undiagnosed – i.e. with no known reason)
- Wilsons Disease
- Lupus
- Migraine headaches with aura
- Ischemic heart disease (current or history of)
- Pelvic Tuberculosis
- Solid organ transplant
- Allergy to copper or silver
- Uterine fibroids

#### **RISKS/ SIDE EFFECTS**

1. Menstrual bleeding changes and/or spotting between periods – very common and will vary with the IUC used
2. Partial or complete expulsion of device – you can become pregnant if this happens
3. Puncturing of the uterus (called perforation) rarely occurs, but sometimes surgery is needed to remove the IUC.
4. Failure of the IUC (pregnancy – either within the uterus or ectopic / tubal pregnancy).

**WARNING SIGNS:** You need to call your provider if you have any of the following early warning signs develop:

- Delayed or abnormal menstrual period (pregnancy), abnormal spotting or bleeding
- Abdominal pain, pain with intercourse
- Infection exposure (such as gonorrhea), abnormal discharge
- Not feeling well, fever, chills
- String missing, shorter or longer than previously felt.

**ALTERNATIVES:** There are alternative methods of contraception and you can receive upon request, information about any of those choices and the ability to discuss with your provider whether alternative methods may be a good choice for you.

**INSTRUCTIONS:** You should check for the IUC string after each monthly period and report to your provider if you cannot feel the strings or if you have another reason to believe that your IUC may have been expelled.

**DECISION TO DISCONTINUE USE:** You can choose to have the IUC removed at any time. If at the time of removal you want to prevent pregnancy, you can have another IUC inserted or choose to use another method of birth control.

**REQUEST FOR INTRAUTERINE CONTRACEPTION (IUC)  
BY WOMEN WITH RISK FACTORS**

IUCs, like any method of birth control, are not always suitable for all women. Risks versus benefits are determined for each woman.

Your medical history and an examination may show risk(s) for using an IUC. Checked below are symptoms or conditions which might lead to serious side effects if you use an IUC.

- Cirrhosis or liver tumors
- Current pelvic infection (PID), (Chlamydia, gonorrhea)
- Exposure to multiple sexual partners
- Partner who has multiple sexual partners
- Have HIV/AIDS
- Have breast, cervical, endometrial or ovarian cancer (or being evaluated for)
- Have serious blood clots in your deep veins
- Have blood clotting problems or taking medications for clotting problems
- Have vaginal bleeding (undiagnosed)
- History of Wilson's Disease
- Lupus
- Headaches with aura
- Ischemic heart disease (current or history of)
- Pelvic Tuberculosis
- Solid organ transplant
- Allergy to copper or silver

The above side effects, symptoms, and conditions have been explained to me. I read the instruction sheet, the manufacturer's booklet, and I desire to have the IUC prescribed. Once the IUC is inserted, I will return to the clinic following my first menstrual cycle or within 3 months for a follow-up exam.

I have been advised of and accept the possible serious risk and harm that may result from my using an IUC. The health care provider has explained my condition in a satisfactory manner. The health care professional answered all my questions. I may ask any questions at any time. I may seek an alternate method of birth control at any time.

I release the \_\_\_\_\_ (agency name), its employees or agents from any and all claims, damages, or liabilities which I may have against them as a result of the receipt of medical services, supplies and/or procedures.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## CONSENT FOR INTRAUTERINE CONTRACEPTION

I, (print or type name) \_\_\_\_\_,  
request Intrauterine Contraception as my family planning method.

I have received and read information for (print or type kind of intrauterine contraceptive) \_\_\_\_\_  
\_\_\_\_\_ in the Patient Package Insert that has information  
about the benefits and risks of using this method. I was given an opportunity to ask  
questions about all forms of birth control, meaning all prescription, non-prescription, and  
natural methods. All of my questions were answered to my satisfaction and I understood  
all of those answers.

I understand that no method of birth control, except abstinence, is 100% effective  
against pregnancy or contracting sexually transmitted diseases, including the Human  
Immunodeficiency Virus (HIV) infection that leads to the Acquired Immunodeficiency  
Syndrome (AIDS) disease. I understand the IUD will not protect me from sexually  
transmitted infections and that I need to use condoms for protection from these  
infections.

I have been told that the IUC is 98 -99% effective. IUCs containing progestin (Mirena®,  
Skyla®) may decrease menstrual flow and painful menstrual periods. I have been told  
the IUC provides protection from pregnancy (Paragard® – 10 years; Mirena® – 5 years,  
Skyla® - 3 years).

I understand that I may not be an ideal candidate and/or should not use an IUC if I  
have:

1. Allergy to copper or silver
2. Blood clotting problems or taking medications for clotting problems
3. Breast cancer
4. Cancer of the uterus, cervix, or ovaries
5. Cirrhosis or liver tumors
6. Current pelvic infection (PID), (Chlamydia, gonorrhea)
7. Headaches with aura
8. HIV/AIDS – taking antiretroviral medications
9. Ischemic heart disease (current or history of)
10. Lupus
11. Pelvic Tuberculosis
12. Solid organ transplant
13. Uterine fibroids
14. Vaginal bleeding (undiagnosed)
15. Wilsons Disease

### RISKS/ SIDE EFFECTS

I understand that side effects sometimes associated with the IUD include:

1. Menstrual bleeding changes and/or spotting between periods – very common  
and will vary with the IUC used
2. Partial or complete expulsion of device – you can become pregnant if this  
happens

3. Puncturing of the uterus (called perforation) rarely occurs, but sometimes surgery is needed to remove the IUC.
4. Failure of the IUC (pregnancy – either within the uterus or ectopic / tubal pregnancy).

**WARNING SIGNS:** I have been told that I need to call if I have any of the following early warning signs develop:

- Delayed or abnormal menstrual period (pregnancy), abnormal spotting or bleeding
- Abdominal pain, pain with intercourse
- Infection exposure (such as gonorrhea), abnormal discharge (PID)
- Not feeling well, fever, chills, faintness
- String missing, shorter or longer than previously felt

**ALTERNATIVES:** I have received written information about other methods of birth control and I choose an IUC.

**INSTRUCTIONS:** I have been told how the IUC is inserted. I have read and will follow the instructions provided to me. I understand I should check for the IUC string after each monthly period.

**DECISION TO DISCONTINUE USE:** I understand that I may have the IUC removed at any time. If I do not desire to become pregnant, I have been told I may request to have another IUC inserted or choose to use another method of birth control

I have had a chance to ask questions and have had my questions answered.

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_

\*\*\*\*\*

Please complete the following if interpretation of informed consent was required:

- An interpreter was offered to the client.  yes  no
- This form has been read to the client in the client's spoken language.  yes  no
- Patient's Language (specify): \_\_\_\_\_
- Interpreter Name: \_\_\_\_\_  
(print or type name of interpreter)
- Interpreter Services provided by(agency): \_\_\_\_\_
- Date: \_\_\_\_\_ Interpreter Signature: \_\_\_\_\_

\*\*\*\*\*

Staff Use only

By my signature I affirm that:

- The client has read this form or had it read to her by an interpreter.
- The client states that she understands this information.
- The client has indicated that she has no further questions.

Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_