Name

Date of Birth

**Intrauterine contraception self-assessment checklist**

It is important that you are suitably prepared prior to the fitting of your intrauterine device (IUD) or intrauterine system (IUS). Please confirm the following:

|  |  |  |
| --- | --- | --- |
|  | yes | no |
| I have watched the CNWL video on Intrauterine contraception  | 🞏 | 🞏 |
| I understand that no method is 100% effective and that there is a small risk of failure *(less than 1 in 100 chance of pregnancy; 1 in 2000 chance of this being an ectopic pregnancy)* | 🞏 | 🞏 |
| I understand that there is a small risk of pelvic infection (less than 1 in 100) in the first few weeks after insertion of the device | 🞏 | 🞏 |
| I understand there is a 1 in 20 chance of the device being expelled / falling out and that this may go un-noticed | 🞏 | 🞏 |
| I understand that there is a 1 in 1000 risk of perforation of the womb at the time of insertion of the device and if this happens I may require an operation in hospital to remove the device | 🞏 | 🞏 |
| *If breastfeeding*: I understand that in the first 6 months of breastfeeding, the risk of perforation increases to 6 in 1000 | 🞏 | 🞏 |
| If having the Copper IUD:I understand that the copper IUD may make my periods heavier, longer and/or more painful | 🞏 | 🞏 |
| If having the Hormone IUS: I understand that the IUS may cause:* irregular bleeding or spotting for a few months after which lighter or no periods is common
* some hormonal side effects, particularly in the first few months of use
 | 🞏 | 🞏 |
| I understand that it is not safe to insert an IUD/IUS if there is a risk of pregnancy | 🞏 | 🞏 |
| I am not at risk of pregnancy because: I am using a method of contraception correctlyMethod used: ……………………………………………………………………  | 🞏 | 🞏 |
| or I have not had vaginal sex since the beginning of my last period | 🞏 | 🞏 |
| or  I have not had vaginal sex for at least 3 weeks | 🞏 | 🞏 |
| If you are having periods what date was the first day of your last period |  |  |
| SignatureName | Date |