

Name
Date of Birth

Intrauterine contraception self-assessment checklist

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

	yes	no
I have watched the CNWL online video on Intrauterine contraception	<input type="checkbox"/>	<input type="checkbox"/>
I understand that no method is 100% effective and that there is a small risk of failure (<i>less than 1 in 100 chance of pregnancy; 1 in 2000 chance of having an ectopic pregnancy</i>)	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
I understand there is a 1 in 20 chance of the device being expelled / falling out and that this may go un-noticed	<input type="checkbox"/>	<input type="checkbox"/>
I understand that: <ul style="list-style-type: none"> • there is a risk 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. • the risk of perforation for most women is approximately 1 in 1000, this risk is higher if within 9 months of having a baby or during breastfeeding. • If breastfeeding the risk of perforation increases to approximately 6 in 1000 	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
If having a Copper IUD: I understand that the copper IUD may make my periods heavier, longer and/or more painful	<input type="checkbox"/>	<input type="checkbox"/>
If having a Hormone IUS: I understand that the IUS may cause: <ul style="list-style-type: none"> • 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 	<input type="checkbox"/>	<input type="checkbox"/>
I understand that it is not safe to insert an IUD/IUS if there is a risk of pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
I am not at risk of pregnancy because: I am using a method of contraception correctly Method used:	<input type="checkbox"/>	<input type="checkbox"/>
or I have not had vaginal sex since the beginning of my last period	<input type="checkbox"/>	<input type="checkbox"/>
or I have not had vaginal sex for at least 3 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a mooncup?	<input type="checkbox"/>	<input type="checkbox"/>
If you are having periods what date was the <u>first day of your last period</u>	DD/MM/YYYY	
What method of contraception have you used most recently?		
Signature	Name:	Date