RACGP
Royal Australian College *of* General Practitioners

Intrauterine device/system: Patient pre-insertion checklist and confirmation

Personal details

Title | First name | Surname

Date of birth | Medical record number | Date

This checklist has been developed to support patients by adequately informing them about the risks and side effects of intrauterine devices (IUD) and intrauterine systems (IUS) before deciding to proceed with insertion. It has been designed so it can be retained by the GP and patient and used as a record of the process and discussions that have taken place. However, it is not a requirement to use the form for this purpose and GPs may wish to record consent in other ways.

Pre-insertion

- ☐ I am aware that an IUD/IUS must only be inserted if I am not pregnant and I have followed the advice of my doctor regarding pre-insertion sexual activity.

OR

- ☐ My doctor has confirmed that the timing is correct for me to have an IUD inserted as emergency contraception.

All patients

- ☐ I have discussed the benefits, risks and side effects of using _____ [fill in name of device chosen] IUD/IUS with my doctor.
- ☐ I understand that I may have stomach cramps for two to four weeks.
- ☐ I understand that there is a one in 500 risk of uterine perforation and confirm that my doctor has explained this risk to me.
- ☐ I understand there is a five in 100 risk that the IUD/IUS could be pushed out, partly or fully, and confirm that my doctor has explained this risk to me. My doctor has explained to me the way to check the IUD/IUS and has advised me to seek medical advice if I believe it is no longer completely inserted. I understand if my IUD/IUS is not completely inserted it will not provide contraception.
- ☐ I understand that there is a one in 300 risk of pelvic infection within the first 20 days of IUD insertion only and confirm that my doctor has explained this risk to me.
- ☐ I understand that the IUD/IUS does not provide 100% effective contraception and confirm that my doctor has explained this to me.
- ☐ I understand that if I become pregnant or suspect I may be pregnant I must seek medical advice as soon as possible. My doctor has explained the risk of ectopic pregnancy and miscarriage to me.
- ☐ I understand that there is a risk of fainting during insertion and my doctor has explained this risk to me. I have told my doctor about my history (if any) of fainting.
- ☐ I understand that this device does not suppress ovulation and will not assist with premenstrual syndrome or ovarian cysts.

- ☐ I understand that an IUD/IUS will not protect me against sexually transmitted infections.
- ☐ I have told my doctor about all my known allergies.
- ☐ My doctor has explained the insertion process to me and has advised me of my options to manage my discomfort.
- ☐ I understand that if, for any clinical or anatomical reason, my doctor decides not to insert the IUD/IUS, I will be responsible for the cost of the device.
- ☐ I understand that it is my responsibility to ensure the removal or replacement of this device after _____ years.
- ☐ I understand that my doctor needs to check my IUD/IUS in _____ weeks.
- ☐ I understand that I may ask to have my IUD/IUS removed at any stage during its lifespan but to avoid unwanted pregnancy this may require careful timing.

Mirena or Kyleena only:

- ☐ I understand that this device can cause frequent and irregular bleeding in the first three to six months and that this usually settles with periods becoming less frequent and may cease completely while the device remains inserted.

Copper-containing IUD only:

- ☐ I understand that this device can cause an increase in bleeding and period pain, which will usually settle within three to six months.

Confirmation (optional)

I have received an appropriate consumer information leaflet and discussed the risks, benefits and side effects of the insertion of _____ [fill in name of device chosen] with my doctor.

Further, I confirm that I understand the risks and benefits of both the device and the insertion procedure.

I understand that, while the device is over 99% effective, there is a small risk I may get pregnant.

I confirm that I wish to proceed with the insertion procedure.

Patient signature

Date