

Consent for Hormonal Implant

Name _____

Chart No. _____

BENEFITS

I am voluntarily choosing to use a Hormonal Implant as a method of family planning. The hormonal implant is effective for three years. It may be at least 99 percent effective in preventing pregnancy. Breastfeeding may continue when using a hormonal implant.

RISK/SIDE EFFECTS

I am aware that while using a hormonal implant as a method of family planning, I may have the following side effects:

- | | | |
|--|---------------|--------------------------------|
| ❖ Bleeding irregularities | ❖ Depression | ❖ Mood Swings |
| ❖ Pain or irritation near implant site | ❖ Breast Pain | ❖ Vaginitis |
| ❖ Infection at implant site | ❖ Acne | ❖ Trouble using contact lenses |
| ❖ Headache | ❖ Weight gain | ❖ Darkening of the skin |

I understand that certain medications (mainly medications for seizures, St. John's Wort, hepatitis C medications and anti-HIV protease inhibitors) may make the hormonal implant less effective.

I have been told that in order to lessen the chance of serious complications from my hormonal implant, it is my responsibility to visit the family planning clinic, a doctor or a hospital emergency room if I start having the following **DANGER SIGNS**:

- | | |
|--|---------------|
| ❖ Bleeding irregularities | ❖ Depression |
| ❖ Pain or irritation near implant site | ❖ Breast Pain |
| ❖ Infection at implant site | ❖ Acne |
| ❖ Headache | ❖ Weight gain |

ALTERNATIVES

I have received information about the other methods of birth control that are available. For situations of suspected contraception failure, emergency contraception is available and offers a second chance to reduce the risk of unintended pregnancy.

INSTRUCTIONS

Instructions for the hormonal implant have been offered to me, and I have been offered the product information. I understand how the hormonal implant is inserted and removed. I understand a backup contraception is recommended unless implant is placed within the first 5 days of menses, within 7 days of a miscarriage or abortion, within the first 21 days postpartum if not breastfeeding, or if criteria for lactational amenorrhea is met. I understand that it is effective for three years and needs to be removed by a clinician who has had experience removing hormonal implants. I understand it may be difficult to remove the hormonal implant. I have been instructed on the care of the area following insertion and the need for follow-up care. I understand that the hormonal implant does not protect against sexually transmitted infections (STIs).

DECISION NOT TO CONTINUE USING THE HORMONAL IMPLANT

I have been told that I may have my hormonal implant removed at any time by a qualified medical clinician. Removal will require local anesthesia and one small incision. There is usually an additional medical fee for removal. I understand fertility can return immediately after the rod has been removed.

North Dakota Department of Health and Human Services
Family Planning Program

INSERTION

The hormonal implant rod is about 4 cm long and 2 mm wide. It will be inserted just under the skin of my upper arm using the insertion device and that there may be a 1/8-inch incision. Local anesthesia is used before insertion to make the skin temporarily numb. Some bruising may occur in the insertion area but should disappear within a short time. The incision will be protected by a bandage for the first few days. The site usually will heal quickly. Minimal to no scarring is expected. I will be able to feel the hormonal implant and it should be visible under the skin.

QUESTIONS

I have been given the chance to ask questions about the hormonal implant and about the consent form.

Client Signature

Date