POSITIVE PREGNANCY WITH IUD IN PLACE

Site: _________________________________________________

Name: _______________________________________________    Client # ______________________

I have had a positive pregnancy test and pelvic exam indicating that I am probably pregnant.

I have been told that complications that may occur in IUD users who become pregnant include an increased risk of spontaneous abortion and an increased risk of septic abortion. I understand that my risk of pregnancy loss may be higher because I conceived an intrauterine pregnancy with my IUD in place and that my loss rate may be higher if my IUD is retained than if it is removed. I have been counseled that my health care providers recommend that my IUD be removed at this time regardless of my plans for the pregnancy.

I have considered the alternatives and have decided to not have my IUD removed at this time because:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

I understand that I should seek immediate medical care with a physician or clinic of my choice.

I understand that if I get any of the danger signs of infection or miscarriage, I should seek immediate emergency medical care.

________________________________________________________  ___________________________
Client Signature        Date

________________________________________________________  ___________________________
Witness Signature       Date

Reviewed 5/2013