



MERRITT HEALTH & WELLNESS

-Implantable Subdermal Contraceptive (Implant) -Client Information for Informed Consent / PARQ-

The implant goes under the skin of your arm. It is a thin, match-stick sized rod. It is made of plastic and the hormone **progestin**. It is like the hormone made by a woman's body. This hormone keeps you from getting pregnant.

- It keeps the egg from leaving the ovaries
- It makes cervical mucus thicker. This keeps sperm from getting to the eggs.

How is the implant taken out?

The implant is put under the skin of your arm by a trained and licensed health care provider. The skin of your upper arm is made numb with a shot of numbing medicine (local anesthesia). Then the rod is placed just under the skin through a needle. It takes a few minutes.

The best time to have the implant put in is when you are sure you are not pregnant. You may be told to use a back-up method of birth control for 7 days after your implant is put in.

The implant can be taken out at any time you want. It must be removed by a doctor or nurse. It takes longer to take out the rod than to put it in. It may be harder to take out the rod than to put it in.

How well does the implant work?

- For every 100 women who use the implant for a year, only 1 will get pregnant.
- It is good for 3 years.

There is nothing you have to do before sex to make the implant work. Being able to get pregnant comes back quickly after removing the implant.

FYI- Drug Interactions:

The implant may not work quite as well for women who are taking certain other medicines, including herbals like St John's Wort and some that are used for TB, seizures, mental disorders, and HIV/AIDS. The implant may affect the other medicines you take. Always tell your health care provider about your medicines, and medicine updates.

The implant does not protect you from sexually transmitted infections:

It **does** protect you from

- Pregnancy in the tubes
- Bad cramps

What are the side effects of using the implant?

- Nausea (feeling sick to your stomach)- usually clears up in 2-3 months
- Sore breasts- usually clears up in 2-3 months
- Headache

- Irregular bleeding- including early or late periods, spotting between periods, or no periods. Irregular bleeding might happen for up to 6 months, or longer.
- Weight gain
- Soreness, bruising, or swelling for a few days after the implant is put in

What are the risks of the implant?

- Rarely, arm pain for longer than a few days
- Rarely, an infection or pain in the arm that needs medicine
- A scar on your arm where the implant goes in

FYI- What will happen to my period when I'm using the implant?

Most women have a change in their periods, including irregular bleeding more days than usual, spotting between periods, bleeding more heavily or lighter, no periods, or more than one of these two changes. Your periods may not come on a regular schedule. You may not be able to predict when your bleeding will happen.

Women with certain health problems can't use the implant. Talk with your health care provider about your risks and health problems. It will help you to decide if the implant is right for you. You may need special tests or extra visits to the clinic.

Warning signs- Call the clinic right away if you have:

- Pus, bleeding, increased redness, or pain where the implant was inserted
- Any concerns about the location of the implant
- Yellowing of the skin or eyes
- A new lump in the breast
- Signs of pregnancy
- Bleeding from the vagina for many, many days.

If you decided to use the implant- Read the package insert that comes with it. The information may be different than ours. Let us know if you have questions.

What about other methods of birth control? There are many other methods of birth control. We will offer you information about them and answer your questions.

Take care of your health- Don't forget to get regular check-ups and screening for sexually transmitted infections and cancer.

I understand the following (INITIAL):

_____ I will have a pregnancy test before the implant is inserted. If I had unprotected sex within the past 7 days the pregnancy test may not be accurate and may read negative when an early pregnancy is starting.

_____ The implant protects against pregnancy for 3 years from insertion date, and I need to have mine removed by ___/___/___

_____ I understand that I may have my implant removed by my health care provider at any time.

_____ The possible serious risks of implant placement include infection, abnormal heavy vaginal bleeding, and/or allergic reaction

_____ I may have irregular bleeding with the implant and that periods could be unpredictable. I also understand with the implant my periods may get lighter and disappear and I understand this is not dangerous.

_____ Possible side effects of the implant hormones include breast tenderness, nausea, irregular bleeding, headaches, weight gain, moodiness, or soreness/bruising/swelling at the insertion site for a few days after placement.

_____ I understand that the implant does not protect against any sexually transmitted infections.

_____ I have been given a client Information sheet to take home about implant, and/or understand I can access this information on the clinic website

_____ I understand that if my insurance has a "Buy and Bill policy" for the implant, MHW will check my benefit coverage for the device, and if there is anything but expected coverage, I will be contacted. Once MHW orders and pays for the device at the current manufacturer cost, they will then bill my insurance plan for 100% reimbursement of the device. *If MHW is not reimbursed by my insurance plan within 6 months of purchase for the device, I understand that I will be billed for the total cost of the device by MHW, and upon prompt payment of that bill to MHW, I can receive a receipt from MHW which I can then submit to my insurance plan for reimbursement.*

_____ I hereby consent that _____ (provider name) insert the implant for me.

Take care of your health- Don't forget to get regular checkups and screening for STI's and cancer.

Patient Signature

Date

Guardian Signature (if needed)

Date

I witness the client received this information, said she read and understood it, had an opportunity to ask all related questions, and verbalized understanding of all answers to questions.

Provider Signature

Date

