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CONTRACEPTIVE INFORMATION

I, [REDACTED], am aware of the various forms of contraception and will agree to initiate the use of contraception of my own free will. I feel satisfied after asking Dr Yunayev all my questions and understand the risks and benefits of all the different birth control options. I am also cognizant of the information that is described below and will inform Dr Yunayev if I have any further questions.

- a) Barrier (ie: condoms). Couples vary widely in their ability to use male condoms consistently and correctly. An estimated 2 percent of women will become pregnant during the first year of perfect (ie, consistent and correct) use of the condom, and about 18 of every 100 will become pregnant during the first year of typical use. The difference in condom failure rates between perfect and typical use is secondary to an inability to use condoms during every act of sexual intercourse and failure to use condoms throughout intercourse**
- b) Non-Hormonal IUD. May be left for up to 10 years. Risks include heavy bleeding and cramping pain (<10%) for up to the first 3-6 months. Risks of uterine perforation and expulsion are rare. Typical failure rate, 1 %.**
- c) Hormonal (failure rate <1% perfect use)
 - a. Pill, Patch, Ring. Taken on a daily/weekly/monthly basis, this group comes in multiple forms and doses but ultimately are categorized as a combined estrogen-progestin or progestin only formulation. There are multiple side effects and are listed as: abnormal uterine bleeding, bloating/water retention/edema, headache, nausea, hair loss, mood swings, thromboembolic disease (rare), liver dysfunction (rare) and breast/ovarian cancer (rare). Typical failure rates approximate 9% (9/100)**
 - b. DPMA injection (Depo shot). Administered every three months, the injection has been to cause irregular bleeding for the first 3-6 months followed by loss of menses (period). The injection may also prevent the patient from having their menstrual cycle return to a “normal” pre-injection state (may last up towards a year). This form of birth control is also associate with the****

greatest amount of weight gain. Has also been associated with Osteoporosis (rare). Typical failure rates approximate 6%.

c. LARC (Long Acting Reversible Contraception) (failure rate <1% perfect use)

i. Mirena IUD may be left for up to 5 years. Greatest risks include Uterine perforation (1:3000), expulsion (1-3%), PID (if infected with Chlamydia, Gonorrhea or untreated Bacterial Vaginosis. Typical Failure rate 1%

ii. Nexplanon Subdermal Implant may be left for up to 3 years. Greatest risks include abnormal uterine bleeding, infection (rare) and migration (rare). Typical Failure rate 1%

d) Sterilization. In this office we offer Essure Hysteroscopic Sterilization. This product offers the benefit of permanent tubal sterilization without the need for abdominal incision. It is less risky and can be performed in the office. Pregnancy rates if done correctly may be as high as .05%. Pelvic pain may be related to tubal spasm or uterine perforation (rare). Other related symptoms are controversial and have not been completely associated with the device. Once it is placed in, it cannot be undone without removal of the fallopian tubes and/or uterus.

***rare events are those that occur <1% of the time

By signing this form, I fully understand the risks, benefits and alternatives of the various contraceptives that have been explained to me here and by the physician (including his/her staff)

X _____

Patient Signature

Date

Witness

Date