

**CONSENT FOR MEDICATION ABORTION****ABORTION RISKS, BENEFITS, AND ALTERNATIVES**

**Please place your initials in front of each number, indicating you have read and understand the statements.**

- \_\_\_\_\_ 1. **ALTERNATIVES:** People who are pregnant can decide to continue or end the pregnancy and, depending on the outcome of the pregnancy, can then decide to parent or place the child for adoption. Each option will have benefits and risks. You need to consider your choices carefully to be able to make the best decision for yourself.
- \_\_\_\_\_ 2. **BENEFITS:** Abortion, adoption, and parenting can each have benefits, depending upon the individual, the timing of the pregnancy, and the situation. The benefits of carrying to term or having an abortion can be different for each person.
- \_\_\_\_\_ 3. **RISKS:** Like any medical intervention, it is possible that a problem could happen during or after the induced abortion process and require treatment, including surgery. It is important to know about risks and include this information as part of your decision.
- \_\_\_\_\_ 4. **PROCEDURE:** The abortion will be induced by taking the following medications: mifepristone 200mg by mouth. This will be followed by taking one or two doses of misoprostol 800mcg (4 tablets) buccally (placed in the cheek) in 24 to 48 hours at home.

**Please place your initials on each line, to indicate the following to be true:**

- \_\_\_\_\_ 1. I take responsibility for making the decision to have an abortion.
- \_\_\_\_\_ 2. I understand and agree to an induced abortion using mifepristone and misoprostol. These medications have at least a 93% success rate, but can fail.
- \_\_\_\_\_ 3. I am sure of my decision and understand that the medications I am given to induce abortion cannot be reversed and may cause birth defects if the pregnancy were to continue.
- \_\_\_\_\_ 4. To the best of my knowledge, I do **NOT** have any of the following:  
(*absolute contra-indications to the medical abortion*)
- \_\_\_\_\_ **inherited porphyria**
- \_\_\_\_\_ **a blood or bleeding disorder (includes blood clotting problems, sickle cell anemia, hemophilia, or a thalassemia)**
- \_\_\_\_\_ **any condition that requires me to take “blood thinners” such as Coumadin (warfarin), or heparin**
- \_\_\_\_\_ **adrenal failure**
- \_\_\_\_\_ **an IUD in place**
- \_\_\_\_\_ **allergy to mifepristone or misoprostol (Cytotec)**
- \_\_\_\_\_ **long term use of corticosteroids (such as prednisone)**
- \_\_\_\_\_ **known or suspected tubal pregnancy (ectopic)**  
(*may be contra-indications to the medical abortion*)
- \_\_\_\_\_ **liver or kidney disease**
- \_\_\_\_\_ **heart disease (such as angina, arrhythmia, valvular disease)**
- \_\_\_\_\_ **respiratory disease (besides mild or moderate asthma)**
- \_\_\_\_\_ **inflammatory bowel disease (i.e. ulcerative colitis or Crohn’s disease)**
- \_\_\_\_\_ **seizure disorder or epilepsy**
- \_\_\_\_\_ **high blood pressure not controlled with medication**

- \_\_\_\_ 5. I understand I may or may not be able to see the egg sac, embryo, placenta, and pregnancy-related tissue. Bleeding is the most accurate sign that the medication is effective. Hope Clinic offers several options to evaluate completion of the abortion at no additional charge.
- \_\_\_\_ 6. Mifepristone is FDA approved for use in pregnancies up to 70 days (10 weeks) from last menstrual period in combination with one dose of misoprostol 800mcg buccal 24-48 hours after mifepristone. Protocols used at Hope Clinic which are different than the the FDA approved protocol have been researched and medical evidence exists to support their safety and efficacy.
- \_\_\_\_ 7. In some appropriate cases, the medication abortion can be completed without a prior ultrasound which can result in the following risks:
- Ectopic pregnancy: The risk of ectopic pregnancy in patients seeking abortion is rare (less than 1% in patients under 6 weeks from last menstrual period). Strict screening criteria are used to further decrease this risk. However, medication abortion does not treat ectopic pregnancy, which, if untreated can develop into a life-threatening emergency.
  - Inaccurate pregnancy dating: although rare, you may be earlier or later in pregnancy than predicted by last menstrual period. Inaccurate dating may affect the success, side effects, and complication rate of medication abortion.
  - Early pregnancy loss (miscarriage) may go undetected. If early pregnancy loss is not diagnose, you may lose the opportunity for other options for management. Medication abortion is one option for management of early pregnancy loss.

**Please place your initials on each line, indicating you have read and understand the statements and risks.**

\_\_\_\_ A. INFECTION: In a small number of cases the uterus or pelvis could become infected after an abortion. In most, but not all cases, medication can treat infection, causing no long-term damage, if the patient seeks medical attention in the early stages of infection. In some cases an infection may be serious enough to cause permanent damage, such as loss of the ability to have children. Hysterectomy (loss of the uterus) and even death can result.

\_\_\_\_ B. INCOMPLETE OR FAILED ABORTION: There is a risk (3-7%) that the pregnancy will continue or part of the pregnancy tissue is still inside the uterus after the abortion. Incomplete abortion may lead to serious bleeding (hemorrhaging), infection, and severe abdominal pain. We recommend a follow-up either by phone or in person at the Hope Clinic to confirm the completion of the abortion. This follow-up visit is no additional charge. Completion of the abortion with medical or surgical treatment may be recommended. Additional treatments may have additional risks.

\_\_\_\_ C. BLEEDING OR HEMORRHAGE: Very heavy bleeding can occur during or after the abortion. Treatment depends on the cause of the bleeding and can include but is not limited to observation, medication, hospitalization, transfusion, and surgery, including removal of the uterus. It is important for you to contact us if you soak two (or more) pads in an hour for more than one hour.

\_\_\_\_ D. MEDICATION SIDE EFFECTS OR REACTION: Mifepristone may cause side effects of nausea, diarrhea, and bleeding, and misoprostol may cause nausea, vomiting, diarrhea, temperature, chills, and abdominal pain and cramping. Rarely, a patient can experience an allergic reaction to a medication given which could include itching, swelling and/or difficulty breathing.

\_\_\_\_ E. MORTALITY: Pregnancy can result in death, whether the patient has an abortion, miscarriage, or gives birth. The risk of death from childbirth (23 in 100,000\*) is 14 times higher than first trimester abortion (up to 14 weeks) (0.1 to 1.7 in 100,000\*\*). The risk of death from 2<sup>nd</sup> trimester abortion (14 weeks and above) is higher (1.7-8.9 in 100,000\*\*) than for 1<sup>st</sup> trimester abortion, but is still significantly less than the risk in childbirth. (\*WHO 2014; \*\**management of unintended and abnormal pregnancy* 2009).

\_\_\_\_ F. EMOTIONAL: Research has shown the majority of patients experience feelings of relief and have no major regret after an abortion. However, some people may experience guilt, sadness, depression, and/or regret following an abortion, just as they may experience these reactions after giving birth. These feelings can range from mild to severe.

\_\_\_\_\_. G. I have read and understand possible risks, benefits, and alternatives to abortion. I have read and understand the risks of this specific procedure. I have discussed these and asked any questions before my procedure. I understand I may need additional tests or treatment as a result of the pregnancy or abortion for my physical well-being, and I accept the responsibility for additional expenses that these tests or treatment may require. I understand I am free to go to an emergency room or seek a 2<sup>nd</sup> opinion from any physician.

\_\_\_\_\_. H. For continuity of my medical care and safety, I give my permission to Hope Clinic to receive my medical records from or release my medical records to a healthcare provider who treats me for conditions related to the care I have received at Hope Clinic

\_\_\_\_\_. I. This facility trains other doctors and resident doctors. I understand that if these training doctors are present they will be working under direct supervision of a qualified medical doctor and be performing medical care appropriate to their training level.

### \_\_\_\_\_. **FOLLOW UP**

I understand that a follow-up, either remotely or in person, is recommended to confirm that my abortion was successful. I can choose to follow-up with Hope Clinic, for no additional cost, or with another healthcare provider of my choosing. If I do not follow-up after my abortion either remotely or in person, I acknowledge I may have a continuing pregnancy and may responsible for additional fees for services associated with my decision to not follow-up with a healthcare provider after initiating a medication abortion. I am responsible for communicating with Hope Clinic in a timely manner should I choose to follow up with another healthcare provider following my abortion.

### \_\_\_\_\_. **EMERGENCY INSTRUCTIONS**

*Emergency contact:* We have a nurse and doctor on call for patients at all times.

*Instructions:* Please follow all instructions carefully as they are designed to decrease your risks and alert you to warning signs of complications during and after an abortion.

*Emergency warning signs:* (if these occur please call the provided emergency number immediately)

**HEAVY BLEEDING:** Call if you soak 2 or more pads in one hour for more than one hour

**PAIN:** Pain medication recommendations will be reviewed and dispensed or prescribed. Call if your pain is not controlled with recommended pain medications.

**FEVER:** Take your temperature with a thermometer if you feel hot. Call if you have a fever of 100.4 degrees or above.

*If you are unable to reach the on call provider within 30 minutes, please call again, or if you feel you are too sick to wait, go to the nearest emergency room or call 911.*

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent or Guardian (if indicated)**

\_\_\_\_\_  
**Date**