

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. **PROCEDURE:** The abortion will be completed by cervical dilation and removal of the pregnancy by suction. (also referred to as: **dilation and curettage (D&C) or suction aspiration or vacuum aspiration**). In pregnancies greater than 12 weeks, the procedure may include the use of an instrument called forceps placed into the uterus through the cervix and used to assist with removal of the pregnancy. This procedure is referred to as **dilation and evacuation or D&E**. Prior to some D&E procedures in pregnancies 19 weeks and above, an injection may be given into the uterus called digoxin. This injection is intended to stop the fetal heart and cannot be reversed. *Common side effects of the procedure are moderate to severe pain during the procedure and bleeding during and after the procedure. Common side effects of the injection are pain or swelling at injection site and uterine cramping.*
- _____ 4. **CERVICAL DILATION:** The cervix will need to be opened through a process called dilation. This can be done in different ways. Dilating instruments made of metal or plastic in different sizes may be used to gently push the cervix open. Medications called misoprostol or mifepristone may be given. Dilators, the approximate size of matchsticks, that expand slowly over time or a sterile balloon inflated in the cervix which may take several hours or overnight to be effective may be placed. Every patient is different and may need one or a combination of these methods to open the cervix. *Common side effects of the dilators are pain and bleeding. Common side effects of the medications are pain, bleeding, nausea, vomiting, diarrhea, fever, headache, dizziness, back pain, tiredness, and fluid leaking from the vagina.*

Please place your initials in front of each statement, indicating you have read and understand the following risks.

The following, possible risks from first trimester abortion occur in less than 1% of Hope Clinic patients. Risks increase in the 2nd trimester of pregnancy, but still occur in less than 2% of patients at Hope Clinic.

- _____ 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. You will receive prophylactic (preventive) antibiotic treatment prior to your procedure. Medical research has concluded this is the most effective timing and delivery of antibiotics to decrease your risk of infection from an abortion procedure.
- _____ B. **INCOMPLETE ABORTION:** It is possible for part of the pregnancy tissue to still be inside the uterus after the abortion. Incomplete abortion can lead to serious bleeding (hemorrhaging), infection, and severe abdominal pain.
- _____ C. **CONTINUING PREGNANCY:** In rare cases, a patient can still be pregnant after an abortion. Possible causes include: incomplete procedure, a twin or multiple pregnancy, very early pregnancy, a tubal pregnancy (ectopic), or an abnormality of the uterus. A tubal pregnancy is a medical emergency that would require immediate further testing, treatment, possible hospitalization, and surgery.

- _____ D. BLEEDING OR HEMORRHAGE: Very heavy bleeding can occur inside or outside the body 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 further surgery, including removal of the uterus.
- _____ E. POST-ABORTION SYNDROME (hematometra): The uterus may fill with blood clots that do not pass and create severe cramping. Uterine massage, medication, or repeating the abortion procedure to remove the clots are all possible treatments.
- _____ F. CERVICAL DILATION RISKS: Infections and injury to the uterus or cervix can occur as a result of opening the cervix. Dilators may get stuck or break. The dilators or medications can cause an allergic reaction. The medications or dilators can cause labor before the procedure.
- _____ G. PERFORATION OR LACERATION (TEAR OR PUNCTURE): A tear can occur in the uterus, cervix, bowel, or bladder during an abortion and can result in loss of ability to have children, hemorrhage, or death. Treatment depends on the seriousness and location of the injury. Treatment can include but is not limited to observation, hospitalization, surgery, and the removal of the uterus (hysterectomy). The risk of perforation may be increased by patient movement during the procedure
- _____ H. AMNIOTIC FLUID EMBOLISM: This extremely rare, pregnancy-related complication can occur during childbirth, miscarriage, or abortion. Scientists theorize that antibodies from the fetus create an allergic reaction in the woman's heart, resulting in coma or death. It is not predictable or preventable.
- _____ I. ASHERMAN'S SYNDROME: Rarely, scar tissue in the uterus can result after an abortion and could create problems with future childbearing.
- _____ J. MORTALITY: Pregnancy can result in death, whether the woman 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 2nd trimester abortion (14 weeks and above) is higher (1.7-8.9 in 100,000**) than for 1st trimester abortion but is still significantly less than the risk in childbirth. (*WHO 2014; **management of unintended and abnormal pregnancy 2009).
- _____ K. DRUG INTERACTION: Patients who have taken drugs such as METHAMPHETAMINE (METH) or COCAINE within the past 72 hours may be at higher risk of interactions with anesthesia and DEATH. Do not proceed with an abortion today if you have used these drugs in the last 3 days.
- _____ L. EMOTIONAL: Research has shown the majority of patients experience feelings of relief and have no major regret after an abortion. However, some patients 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.
- _____ I understand that once cervical dilation has begun with instruments, dilators, and/or medication, it is not advisable to stop the procedure and attempt to continue the pregnancy. Doing so can increase the risk of miscarriage, pregnancy complications, and other risks detailed above.
- _____ If I measure at or above 16 weeks in my pregnancy, I have been informed if my abortion may take multiple appointments to complete. I understand it is critical to return for all appointments to complete the procedure. Not returning as advised could significantly increase many of the risks discussed.
- _____ I have read and understand possible risks, benefits, and alternatives to abortion. 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 2nd opinion from any physician.

CONSENT TO TREATMENT

Please place your initials in front of the number to show you read each statement.

- _____ 1. I am sure of my decision to have an abortion and take full responsibility for this decision.
- _____ 2. 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.
- _____ 3. I understand that the fetal tissue removed during the abortion will be sent to a laboratory for pathology, as required by state law. The tissue will be disposed of by the lab, following legal guidelines.
- _____ 4. I understand that if a major problem occurs during or after my abortion, I may need to be hospitalized and perhaps require additional surgery. I agree to have any such treatment that the doctor judges to be necessary for my well-being.
- _____ 5. For continuity of my medical care and safety, I give my permission to The Hope Clinic for Women 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 The Hope Clinic for Women.

_____ **AFTERCARE 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 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.

Medications: Some patients may be given prescriptions or medications to take home depending on their individual medical situation. Please fill these prescriptions promptly and take medication as directed.

Signature of Patient

Date

Witness

Date

Signature of Parent or Guardian (if indicated)

Date