

Abortion Procedure Consent

Options: With pregnancy there are three options to think about – abortion, making an adoption plan, and parenting. These options may have different benefits to you depending on your circumstances. There are two ways to have an abortion, medication abortion and an abortion procedure. Medication abortion is available in early pregnancy and may or may not be available to you depending on your health history and individual circumstances. You can talk to the staff about all of these options.

What is an abortion procedure?

- An abortion procedure is the removal of a pregnancy by a health care provider. In order to remove the pregnancy, the cervix must be opened first in a process called dilation. The removal of the pregnancy will occur by suction. This is also referred to as dilation and curettage (D&C) or suction/vacuum aspiration.
- In pregnancies greater than 12 weeks, the procedure may include the use of an instrument called forceps which is placed into the uterus through the cervix to assist with the removal of the pregnancy. This procedure is referred to as dilation and evacuation (D&E).

What is cervical dilation?

The cervix will need to be stretched open in a process called dilation. This can happen in several different ways.

- Dilating instruments made of metal or plastic in different sizes may be used to push open the cervix. This is the most common method in pregnancies under 12 weeks.
- Medications called misoprostol or mifepristone may be given.
- Osmotic dilators (the size of match sticks) that expand slowly overtime may be placed in the cervix for use over a period of several hours/overnight.
- A sterile balloon inflated in the cervix may be placed.

Risks of Abortion Procedures: Abortion procedures are safe, but there are risks with any medical care. These risks occur in less than 1 out of every 100 people having abortions before 14 weeks of pregnancy, and occurs in less than 2 out of every 100 people having abortions at 14 weeks or greater in pregnancy.

- **Hemorrhage:** Very heavy bleeding can occur inside or outside of the body during or after an abortion. Treatment depends on the cause of the bleeding and can include observation, medication, hospitalization, transfusion, and further surgery.
- **Infection:** Rarely the pelvis could become infected following an abortion. In most cases, medication can treat infection causing no long-term damage if medical attention is sought in the early stages of infection. Antibiotics are given to all patients prior to the procedure to reduce this risk.
- **Perforation/Laceration:** A tear or puncture can occur in the uterus, cervix, bowel, or bladder during an abortion. Treatment depends on seriousness and location of the injury. The risk of perforation/laceration may be increased by patient movement during the procedure.
- **Incomplete abortion or continuing pregnancy:** Small amounts of pregnancy tissue or blood may still be inside the uterus after an abortion procedure. Rarely this can lead to serious bleeding, infection, severe abdominal pain, or the pregnancy does not end after the abortion procedure. Possible causes include an incomplete procedure, a multiple pregnancy, very early pregnancy, pregnancy outside of the uterus, or an abnormality of the uterus.
- **Cervical Dilation Risks:** Once cervical dilation has begun 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 in this document. Side-effects of cervical dilation include pain/cramping and bleeding. Medications used to assist with dilation may cause pain, bleeding, nausea, vomiting, diarrhea, fever, headache, dizziness, back pain, tiredness, or leaking of fluids from the vagina.
- **Allergic Reaction:** While rare, some people are allergic to certain medications used.
- **Drug Interaction:** People who have used methamphetamine (meth) or cocaine within the past 72 hours may be at higher risk of interactions with anesthesia and death. For your safety, please let a staff member know all substances you have used within the past 3 days.
- **Emotional:** It is normal to experience a range of emotions following any pregnancy outcome, and these feelings can range from mild to intense. Research has shown that the majority of people who feel sure of their decision to abort (without pressure/force to do so) experience relief and have no major regret.

- **Fertility:** An uncomplicated abortion carries no risk to future fertility. Abortion complications (listed in this document) can result in difficulties with fertility, and very rarely require removal of the uterus (hysterectomy). Rarely, scar tissue in the uterus may result after an abortion and could create problems with fertility.
- **Death:** Death from abortion is very rare. The risk of death from childbirth is about 10 times greater than the risk of death from an abortion. There are some pregnancy-related complications that may result in death or other adverse outcomes regardless of how the pregnancy ends.

If a major problem occurs during or after an abortion hospitalization and/or additional surgery may be required.

Aftercare Instructions & Warning Signs: All post-procedure ("Aftercare") instructions should be followed closely. These instructions are designed to decrease your risks and alert you to warning signs of complications after an abortion. Hope Clinic provides a 24 hour on call health care provider team for urgent medical issues. This contact information will be given to you in written instructions and is available on the website and through the after hours phone message.

- **Cramping/Pain:** It is normal to have cramping after an abortion. Cramping is usually worst during and immediately after the procedure. Milder cramps may last for a few days after the abortion is complete. Pain that is unrelieved by pain medication is not normal and Hope Clinic should be contacted.
- **Bleeding:** Bleeding or spotting is normal immediately following an abortion and may last a few days up until 6 weeks after the abortion. Heavy bleeding, soaking 2 pads an hour for more than 1 hour, is not normal and Hope Clinic should be contacted.
- **Fever:** A fever of 100.4°F or above is not normal and Hope Clinic should be contacted.

On-call providers should answer immediately, but if you are feeling too sick to wait, you should go to an emergency room or call 911.

Multi-Day Abortion Information

(16+ weeks): If a pregnancy is measuring at 16 weeks or above, the abortion may take multiple appointments to complete. It is critical that you return for all appointments to complete the procedure. Not returning as scheduled could significantly increase many of the procedure risks.

(18+ weeks): Prior to D&E procedures in pregnancies 18 weeks and above, an injection may be given into the uterus through the lower abdomen. This injection is intended to stop the fetal heart movement. This injection is not reversible. Examples of medications used may include: digoxin, lidocaine, or potassium chloride.

- Common side-effects are pain/swelling at the injection site and uterine cramping.
 - Rare side-effects include allergic reaction, infection, and injury to vessels/organs surrounding the uterus.
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Pain Management & Sedation

A variety of different medications may be used for analgesia (to reduce discomfort and pain) and sedation (increase drowsiness and relaxation).

- **Analgesia/No Sedation**
 - Medication taken by mouth or in the muscle or vein to reduce pain that has no sedation side effects; ibuprofen (Motrin, Advil), acetaminophen (Tylenol) or Toradol is typical. Side-effects: nausea, vomiting, and stomach pain.
 - Local injection/shot of a local anesthetic in the skin or at the cervix (uterine opening) to decrease pain; lidocaine is typically used. Side-effects: discomfort with injection, ringing in ears, numb lips/mouth, metallic taste, dizziness, nausea, vomiting.
- **Minimal Sedation** – medication taken by mouth to decrease pain with more sedative or relaxing effects; diphenhydramine (Benadryl) and alprazolam (Xanax) are typically used. Side-effects: dizziness, drowsiness, decreased coordination/mental function.
- **Moderate Sedation/Analgesia** – medication administered intravenously (IV) to decrease pain, anxiety, awareness, and to improve relaxation; fentanyl and midazolam (Versed) are typically used. Side-effects: drowsiness, dizziness, amnesia (forgetfulness), decreased coordination/mental function, decrease in inhibitions, nausea, vomiting, discomfort during injection.

• Risks of Analgesia/Sedation:

- Failure to decrease your discomfort
- Sedation can impair your motor control and judgement
 - If you opt to receive sedation, must have safe transportation home from Hope Clinic
 - Some medication side effects can continue even after leaving the facility and *you should not drive* for 24 hours after sedation.
- Severe allergic reaction, organ damage, seizures, breathing or cardiac arrest and death are rare risks

Additional Information:

What if I have questions/concerns? For emergent issues, please call Hope Clinic's 24-hour on-call line at 618-346-3040 any time. For non-emergent questions, please call our regular line at 618-451-5722 during business hours.

What happens to the pregnancy tissue after my abortion? The products of conception (pregnancy 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.

Consent to Treatment

Please read through the following information carefully and sign/date this document. By signing this form, I verify the following statements are accurate.

1. I have reviewed the information in these consent documents in their entirety and understand the risks, benefits, and alternatives to the abortion procedure and medications commonly used at this facility.
2. I give my consent to have an abortion voluntarily. I take full responsibility for the decision to have an abortion. No one is forcing me to make this decision. I am aware that I may have a copy of this information at my request.
3. All information I have provided is true and correct. I acknowledge that the provider and staff have relied on such information.
4. I have been given the opportunity to ask questions and all of my questions have been answered to my satisfaction. If any other questions or concerns arise, I agree to contact Hope Clinic.
5. 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.

Signature of Patient

Date

Signature of Hope Clinic Staff

Date

Patient ID: _____

Date: _____

Post-Procedure Transportation Plan

Hope Clinic has a strict transportation policy to ensure that patients have a safe method of transportation at the time of discharge from our facility. If this policy cannot be followed, the patient may have to reschedule their appointment.

If I plan on driving myself home from my appointment, I am not eligible to receive minimal/moderate anesthesia as part of my care. If desired, I can reschedule for a later date or I can proceed with a procedure today without this anesthesia. Starting at 14 weeks, I am not able to drive myself home and will require a post-procedure transportation plan for my comfort and safety.

Driver/Support Person Policy

After receiving sedation, patients seeking care at Hope Clinic must avoid driving or operating heavy machinery for at least 24 hours. It is strongly recommended to arrange for a person you know and trust to accompany you to the clinic and drive you home (or accompany you home if you choose to take a ride share/taxi service) at the end of your appointment with us. For the safety of patients, Hope Clinic requires patients who have received sedation (minimal or moderate anesthesia) to be driven home by a responsible adult. Hope Clinic recommends all drivers stay within 30 minutes of Hope Clinic. Drivers will be notified approximately 30 minutes prior to patient discharge.

Driver/Support Person's Name _____

Phone Number (best contact number today) _____

Vehicle Type (if applicable) _____

What pronouns does your driver/support person use? _____
(she/her, he/him, they/them, etc.)

Additional Contact number (not current driver) _____
This number will be utilized if the driver does NOT pick up the patient within 30 minutes

Use of Ride Share/Taxi Service

You can decide to have a procedure with sedation then take a ride-share service or taxi home from the clinic. Risks can include but are not limited to loss of consciousness, loss of coherence, or confusion during this ride.

By signing this below, I affirm that I have reviewed the information on this form and asked any questions necessary for clarification. If I choose to use a Ride Share/Taxi Service as my method of transportation, I accept all risks that I incur in taking said ride after discharge from Hope Clinic without accompaniment of a support person.

Signature of Patient

Date

Signature of Hope Clinic Staff

Date

For staff use only: ☐ Driver/Ride called after procedure _____ (initials) _____ (time)