

# Abortion Pill Consent

Please put your **initials** next to each paragraph to show that you have read the paragraph and agree.

\_\_\_\_\_ I have read through the laminated pages titled “*Abortion- the details you need to know to give your consent*”. I have had the opportunity to ask questions and they have been answered to my satisfaction and I give my consent to have a medication abortion by the providers of Healthy Futures. I fully understand that the purpose of this procedure is to end my pregnancy. This is my personal decision, and no one has coerced me or compelled me to make this decision.

## **Alternatives:**

\_\_\_\_\_ I understand that the alternatives to the abortion procedure is to remain pregnant and opt for parenting or adoption. I also understand I can choose a procedural aspiration abortion as an alternative to a medication abortion.

## **Risks:**

Abortion is one of the safest types of medical procedures. Complications from having a first-trimester abortion are considerably less frequent and less serious than those associated with giving birth. However, there are risks associated with any medical procedure. In first trimester abortions, approximately 2% of patients may have minor complications that can be handled at the medical office or abortion facility and less than 0.2% have more serious complications that require some additional surgical procedure and/or hospitalization. Abortions during the second trimester after 14 weeks gestation have slightly higher risks of complications, close to 4% for all complications, but are still safer than carrying a pregnancy and delivering.

\_\_\_\_\_ **I understand that complications with a medication abortion could include the following:**

- **Pelvic Infection:** Bacteria (germs) from the vagina or cervix may enter the uterus and cause an infection. Antibiotics may clear up such an infection. In rare cases, a repeat suction, IV antibiotics, hospitalization or surgery may be needed. Infection rates are less than 1 percent.
- **Incomplete abortion:** Fetal parts or other products of pregnancy may not be completely emptied from the uterus, requiring further medical procedures. Incomplete abortion may result in infection and bleeding.
- **Continuing pregnancy:** Can occur in 3 to 5% of medication abortions and a procedure would be required to terminate the pregnancy, and an ectopic pregnancy may require hospitalization and treatment.
- **Blood clots in the uterus:** Blood clots that cause severe cramping occur in about 1 percent of all abortions. The clots usually are removed by a repeat suction procedure.
- **Heavy bleeding:** Some amount of bleeding is common following an abortion. Heavy bleeding (hemorrhaging) is not common and may be treated by a suction procedure, medication or, rarely, surgery.
- **Future childbearing:** If there are no complications, early abortions **do not** cause infertility or make it more difficult to carry a later pregnancy to term. Some of the rare complications associated with an abortion (see above) or having many abortions may make it difficult to have children later.
- **Death:** The risk of death from a first trimester abortion is very rare - 0.6 deaths per 100,000 abortions. This is much lower than the risk of death from a full-term pregnancy or childbirth which is 8.8 deaths per 100,000 live births.

\_\_\_\_\_ I know that I will take one Mifepristone tablet here in the clinic. I understand that this starts my abortion procedure and that after taking this medication I will need to complete the procedure, either medically or surgically.

\_\_\_\_\_ I am aware that I will be given 4 tablets of misoprostol to take home with me. I may place 4 in my cheeks between 24 and 48 hours after I have swallowed the mifepristone or I can take them vaginally between 6 and 72 hours after the mifepristone. I will call the office if I do not have appropriate bleeding within 7 days of taking the misoprostol. If I am between 9 and 11 weeks pregnant, I will need to repeat the dose and take 4 more tablets of misoprostol via the same route of administration 4 hours after the initial dose.

\_\_\_\_\_ I understand that under 12 weeks of pregnancy it is not indicated to test your blood for the Rh type and RhoGAM is not indicated if your blood type is Rh negative but you are less than 12 weeks in your pregnancy.

\_\_\_\_\_ I agree to follow the instructions given to me regarding medication use and I agree to call Healthy Futures regarding any questions or problems that arise during or after my abortion procedure. I am aware that a provider can be reached after hours.

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\_\_\_\_\_ I have been instructed to take a home urine pregnancy test in 4 to 5 weeks after the medication abortion. If at any time I am concerned that I could still be pregnant I will call the clinic immediately. I understand that a home urine pregnancy test will often be positive prior to 4 weeks after medication abortion even if the procedure is complete and 10% of patients have a positive pregnancy test until 6 weeks after a medication abortion.

\_\_\_\_\_ If the abortion is not complete, I agree to complete the abortion by taking another dose or doses of the misoprostol or by having a vacuum aspiration (a surgical procedure to empty the uterus) to complete the abortion if I have not passed the pregnancy.

\_\_\_\_\_ I understand unexpected problems may arise that are outside of care provided by our office. I understand that any care received outside of our office at an urgent/emergency room, hospital, clinic, or other doctor's office will not be the financial responsibility of Healthy Futures. I realize that additional procedures or evaluation could result in additional costs and that I am responsible to pay for this care. I authorize my doctor to do whatever additional procedure or evaluation that he/she recommends if medically necessary.

\_\_\_\_\_ I understand that my follow up care at Healthy Futures for a medication abortion, including if needed an aspiration abortion procedure but excluding any send out laboratory tests, will be covered with the payment given today for the medication abortion as long as I return within 6 weeks of my medication abortion and is for the same pregnancy episode and not a new pregnancy.

\_\_\_\_\_ In the event of an emergency, I authorize the providers at Healthy Futures to provide emergency care using their medical judgment, including transfer to a local hospital. I understand that patient confidentiality cannot be preserved if transfer to a hospital is necessary. I consent to the exchange of medical records between Healthy Futures and any other provider, physician, hospital, or clinic pertaining to my medical treatment. I have received a copy of Notice of Privacy Practices from Healthy Futures. This notice describes how medical information may be used and disclosed.

I certify that I have fully disclosed my medical history including the date of my last menstrual period, Rh type, allergies, blood conditions, prior medications or drugs, and reactions to medications or drugs. I have been given the opportunity to ask questions of the clinic and provider. In addition, I have read this form and it has been explained to me. I understand the risks and consent to having the abortion procedure. I understand that I may withdraw this consent at any time prior to beginning the procedure or taking any medications to soften the cervix. Lastly, I affirm that I am making this decision voluntarily and no one is pressuring me or coercing me to terminate this pregnancy.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I witnessed that the patient received the information above, was given the opportunity to ask questions and stated that they read and understood it.

Provider name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_