

# Consent for Abortion Procedure

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 an aspiration 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 medical abortion as an alternative to an aspiration abortion if I am less than 11 weeks in my pregnancy. I choose surgical method for my abortion.

## **Risks:**

Surgical abortion is one of the safest types of medical procedures. Complications from having a first-trimester aspiration 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. Procedural 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 procedural 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. The reported rate of this is less than 1 percent.
- **Continuing pregnancy:** This may be due to multiple pregnancies, an unusually shaped uterus, or ectopic pregnancy (a pregnancy outside of the uterus). A second 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 repeat suction, medication or, rarely, surgery.
- **Cut or torn cervix:** The opening of the uterus may be torn while it is being stretched open to allow medical instruments to pass through and into the uterus. This happens in less than 1 percent.
- **Perforation of the uterus wall:** A medical instrument may go through the wall of the uterus. The reported rate is 1 out of every 500 abortions. Depending on the severity, perforation can lead to infection, heavy bleeding or both. Surgery may be required to repair the uterine tissue, and in the most severe cases hysterectomy may be required.
- **Anesthesia-related complications:** As with other surgical procedures, anesthesia increases the risk of complications associated with abortion. The reported risk of anesthesia-related complications is around 1 per 5,000 abortions.
- **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:** There is a risk of death with any surgical procedure. The risk of death from a first trimester abortion is very rare - 0.6 deaths per 100,000 abortions. The risk of death for a second trimester abortion is slightly higher but still lower than the risk of death from a full-term pregnancy or childbirth which is 8.8 deaths per 100,000 live births.

# Consent for Abortion Procedure

\_\_\_\_\_ **Moderate sedation:** intravenous or intramuscular medication(s) administered immediately prior to the abortion. These include Fentanyl, Versed, and/or Ketamine. You may also receive Ibuprofen.

Benefits: decreased discomfort and awareness during the abortion procedure

Risks: failure to decrease discomfort, severe allergic reaction, phlebitis (inflammation of a vein), respiratory depression or arrest, cardiac arrest, stroke, death

Side effects: drowsiness, dizziness, amnesia, decreased coordination and mental function, decrease in inhibitions, nausea, vomiting, discomfort during injection

\_\_\_\_\_ I certify if I am receiving moderate sedation for my procedure, I have a driver to escort me home from the facility today. I understand that for the next 12-24 hours, I **must not** drive, operate machinery or make important decisions. This is because I might experience retrograde amnesia (forgetfulness) or the inability to think clearly for 24 hours after conscious sedation.

\_\_\_\_\_ I understand that if my blood test shows that I have a negative Rh factor and I am 12 weeks or further into my pregnancy I will be required to pay for and receive an injection of RhoGAM. This medication will prevent the development of antibodies that could endanger future pregnancies.

\_\_\_\_\_ I understand that the products of conception and tissue obtained during the surgical procedure will either be disposed of in accordance with Colorado law or, if medically indicated, sent to a lab for evaluation and then discarded. If this is necessary, I agree to pay the extra cost of the pathology testing.

\_\_\_\_\_ I understand that my follow up care at Healthy Futures after a procedural abortion, excluding any send out laboratory tests, will be covered with the payment given today for the abortion as long as I return promptly as soon as any concerns arise, return within 6 weeks the abortion and is for the same pregnancy episode and not a new 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.

\_\_\_\_\_ 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: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ Driver's phone number: \_\_\_\_\_

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: \_\_\_\_\_