

# INFORMED CONSENT FOR MEDICAL ABORTION WITH MIFEPRISTONE and MISOPROSTOL



After reviewing my options, I am requesting a medical abortion with mifepristone and misoprostol (abortion with pills). Hamilton Birth Control Clinic is following evidence-based protocols for medical abortion endorsed by the Society of Obstetricians and Gynecologists of Canada and the National Abortion Federation.

I understand that I should not begin a medical abortion unless I am sure that I want to end my pregnancy, and that I will be counselled on my options including having a surgical abortion if the medication fails, since there is a risk that misoprostol may damage the current growing pregnancy.

I understand that with these doses of mifepristone and misoprostol, there are no known long-term side effects. Short-term side effects include diarrhea, nausea, vomiting, abdominal pain, flatulence (gas), fever, chills, and headaches. Approximately 2-5% of women will either need or choose to have a surgical aspiration (dilatation & curettage or D&C) for ongoing pregnancy, too much bleeding, pain, or because they are tired of waiting to pass the pregnancy tissue. In comparison, the risk of a surgical abortion being incomplete and requiring a repeat D&C is less than 1%. Infections that can be treated with antibiotics occur in less than 1% of women and very rarely (less than 1/100,000) will a serious infection occur.

The risk of a life-threatening event (blood clot, hemorrhage, etc.) should I choose to continue the pregnancy is 1/10,000. I understand that I will be given prescriptions for pain medications and phone number to reach the clinic or on-call provider if I experience any problems or have any questions after I leave the clinic.

I understand that one to five hours after I insert the misoprostol, I will experience cramping and bleeding. The cramping can be strong for several hours, but usually not for more than 24 hours. The bleeding can be heavy and there may be clots for several hours. I may see some pregnancy tissue (usually white or gray in colour). If the heavy bleeding lasts for more than 12 hours, or if I soak more than two maxi pads each hour for two hours in a row, I know that I should go to the emergency room. I know that I should call the clinic if I do NOT bleed at all within 24 hours of inserting the misoprostol.

I understand that it is important that I follow-up with the clinic to be sure that the abortion is complete, and that this visit may be by phone/video or in person. I know that before this visit a blood test or ultrasound may be done and that if the abortion has not been completed, I will have the option of taking another dose or doses of the misoprostol or of having a surgical aspiration (a suction procedure to empty the uterus) to complete the abortion.

All records are maintained within the patient health record and all information will be kept confidential as per Ontario's Personal Health Information Privacy Act.

I have had the opportunity to discuss all questions I have concerning the medical treatment I may receive. I have read and understand this consent form. I can request to receive a copy of this consent form for my records.

[Patient First Name Last Name]		[Today's Date]
_____	_____	_____
Patient name	Patient signature	Date
	Enter PIN	

[Current User]		[Today's Date]
_____	_____	_____
Physician name	Physician signature	Date

