

PATIENT CONSENT FOR MEDICAL (NON-SURGICAL) ABORTION USING MIFEPREX AND MISOPROSTOL

1. I, _____, am _____ years old. I am requesting that my pregnancy be ended by a medical (non-surgical) abortion using Mifeprex (mifepristone) in combination with misoprostol.

PLEASE PRINT YOUR INITIALS ON EACH LINE TO SHOW THAT YOU FULLY UNDERSTAND AND AGREE:

- _____ 2. I have made this decision because I do not want to have a baby at this time. I know my other choices are giving birth, adoption, and surgical abortion, but medical abortion is my personal choice. No one is forcing me to choose abortion; it is my decision.
- _____ 3. I have been presented the option of surgical abortion, which is known to be nearly 100% effective and extremely safe.
- _____ 4. I am able to commit to multiple visits to the clinic and willing to have a surgical abortion if the medical abortion fails.
- _____ 5. I agree to a pelvic exam and a vaginal or abdominal ultrasound in order to accurately date my pregnancy.
- _____ 6. I understand that Mifeprex works by releasing the implantation of the embryo from the wall of the uterus. I understand that Mifeprex, when used in combination with misoprostol, has been approved by the FDA for purposes of inducing abortion.
- _____ 7. I understand that I will be responsible for inserting one or more doses of misoprostol tablets into my vagina 6 to 48 hours after I have taken the Mifeprex tablet by mouth. I understand that misoprostol causes contractions and uterine bleeding which will eventually expel the pregnancy. Possible side effects may include: nausea, vomiting, diarrhea, dizziness, abdominal pain, hot flashes and very rarely, I could need a blood transfusion.
- _____ 8. I understand that after inserting the vaginal suppositories, 95% of women will abort in less than 24 hours. I understand that I may pass the pregnancy at any time or place. I also understand that it is possible but unlikely for me to see the embryo since the size ranges from smaller than a grain of rice to the size of a small grape.
- _____ 9. I understand that bleeding and cramping does not mean that my pregnancy has ended, and that **the only way I can be assured that I am no longer pregnant is to return to the clinic for a confirming ultrasound.** I understand that if all of the pregnancy tissue is not expelled, the risk of an infection in my uterus may increase.
- _____ 10. I acknowledge that no guarantee has been made to me regarding the result of this medical abortion and I know that unforeseen complications may arise which could require additional treatment or hospitalization at my own expense.
- _____ 11. I have been told that medical abortion using Mifeprex and misoprostol at ARHC has a 2% failure rate, and that both medications could cause serious birth defects if a pregnancy were to continue after I take them. The manufacturer states that there is a 5-8% national failure rate. I know that if the medications do not work, or if I choose to withdraw from treatment, and I do not have a surgical abortion, it is likely that birth defects will develop.
- _____ 12. If I experience heavy bleeding or severe pain (which occurs less than 1% of the time), a surgical abortion may be necessary. I understand that failure to have a suction abortion under these circumstances could result in serious harm.
- _____ 13. I understand that an incomplete or failed medical abortion may be resolved by either another dose of misoprostol or a surgical abortion, at the ARHC physician's discretion.

- _____ 14. If, after I have left the clinic, ARHC instructs me to go to an emergency room immediately for any reason, I agree to do so.
- _____ 15. I understand that ARHC must be able to contact me during my treatment if necessary, and that staff will make every attempt to follow my instructions as to the best times for telephone calls and what messages to leave to assure my privacy. I understand that all information will be kept confidential in my medical records, but that information gathered from my records may be analyzed without my name or other identifying markers.
- _____ 16. I have discussed the procedure and had all of my questions answered to my satisfaction by a trained staff member. I understand that following an abortion I may experience feelings of regret, depression, or emotional distress. I have been told that resolution of my feelings before the abortion is the best protection from emotional distress afterwards. I have had an opportunity to fully discuss my feelings about this pregnancy and abortion and am comfortable with my decision to terminate this pregnancy.
- _____ 17. I understand that if my pregnancy is ectopic (in my fallopian tubes or otherwise outside of the uterus), Mifeprex will not end my pregnancy. I further understand that an ectopic pregnancy can be very dangerous, because if the ectopic pregnancy ruptures, death could occur.
- _____ 18. To my knowledge, I am not allergic to misoprostol, mifepristone (Mifeprex), or other prostaglandins.
- _____ 19. I have not recently used oral or injectable steroids, or any medications to thin my blood (coumadin, warfarin, plavix, lovenox, heparin or daily aspirin therapy).
- _____ 20. I have no medical history of systemic illness, problems with my adrenal glands, bleeding disorder(s) and no confirmed or suspected ectopic pregnancy or undiagnosed adnexal mass or tenderness.
- _____ 21. All medical information that I have given is true. I realize that not telling ARHC the truth about my medical history could put me at very serious risk.
- _____ 22. I acknowledge that I have read and fully understand the information given to me about the medical abortion process, including alternative methods, risks and discomforts to be reasonably expected, and the possibility that complications from both known and unknown causes may arise. I voluntarily accept the risks associated with the use of medical abortion.
- _____ 23. I have been informed that the risk of death is 1 in 100,000 for the medical abortion, as compared to 1 per million for the surgical abortion. I am still choosing the abortion pill.
- _____ 24. I confirm that I have read this entire document and request medical abortion using Mifeprex and misoprostol as explained to me by Allegheny Reproductive Health Center.

Signature _____ Date _____

Witness _____ Date _____