Willow Clinic

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INFORMED CONSENT FORM FOR VIRTUAL MIFEPRISTONE/MISOPROSTOL ABORTION

You have requested a medical abortion to end your pregnancy. We use Mifepristone (a progesterone antagonist) with Misoprostol (a prostaglandin) to induce abortion. These medications have been used for medical abortion worldwide for decades, and we prescribe them according to the evidence-based protocols approved by the Society of Obstetricians and Gynecologists of Canada and the National Abortion Federation.

Due to the pandemic, we are avoiding the use of office visits, ultrasounds and blood tests in low risk pregnancies. The doctor has assessed yours as low risk.

You are likely to be within the 99% of women with a normal pregnancy. You should not change your mind about having an abortion after you have taken misoprostol, since this medication is known to damage growing pregnancies. If the medication fails, we strongly recommend that you agree to a surgical abortion. When you have your one-week follow-up visit, we will decide if you need more tests. Everyone should do the urine pregnancy test at 4 weeks to make sure the pregnancy is completely gone.

About 1% of pregnancies grow in the fallopian tubes instead of the uterus; they are called **ectopic pregnancies**. If your pregnancy is ectopic, Mifepristone will not work. You may need a different medication or surgery to remove the pregnancy from your fallopian tube. You need to know what to watch for in case your pregnancy is ectopic.

ECTOPIC PREGNANCY WARNING - Ectopic pregnancies can be dangerous if the pregnancy causes the fallopian tube to rupture and bleed into your abdomen. It is common to have cramping pain as the pregnancy gets smaller and goes away (reabsorbs) but watch for strong, steady pain on one side that gets worse with movement. If that occurs, call our emergency number to speak to one of our physicians or go to the nearest Hospital Emergency Department and say that you may be at risk of a rupturing ectopic pregnancy.

Possible Risks: With these doses of Mifepristone and Misoprostol there are **no known long-term side effects**. Short term side effects may include: diarrhea, nausea, vomiting, abdominal pain, flatulence (gas), fever, chills and headache. 2% of women will have a delayed reaction and wait up to 4 weeks for the bleeding to start. 1% of women will require a surgical aspiration because the pregnancy has not stopped. Approximately 2% of women will choose to have a surgical aspiration for too much bleeding or pain, or because they are tired of waiting to pass the pregnancy tissue. In comparison, the risk of an incomplete surgical abortion requiring a D&C is <1 %. Infections that can be treated with antibiotics occur in <1% of women, risk of bleeding requiring transfusion 1/1000 and very rarely (<1/100,000) will a serious, life-threatening infection occur. The risk of a life-threatening occurrence should you choose to continue the pregnancy is 10/100,000.

I have had the opportunity to discuss any questions about the medical treatment which I may receive. My decision is voluntary. I have read and understood this consent form. All records are confidential and stored in a secure database.

_____ _____

Signature Date Witness Signature Date

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Interpreter's Signature Date