



INFORMED CONSENT FOR MEDICAL ABORTION WITH MIFEPRISTONE/MISOPROSTOL

- ☐ After reviewing my options, I am requesting a medical abortion with mifepristone and misoprostol (Mifegymiso). Willow 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 there is a risk that misoprostol may damage an ongoing pregnancy. I will be counselled on my options including having a surgical abortion if the medication fails.
- ☐ I have fully disclosed, to the best of my abilities, my medical history including the date of my last menstrual period, allergies, history of anemia, bleeding disorders, ectopic pregnancies, medications, and prior reactions to medications.
- ☐ 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.
- ☐ I understand that approximately 2-5% of people will either need or choose to have a surgical aspiration 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 aspiration is less than 1%.
- ☐ I understand there is a risk of serious complications. Infections that can be treated with antibiotics occur in less than 1% of people. In 1/100,000 people a serious, life-threatening infection can occur. Risk of a hemorrhage requiring a blood transfusion occurs in 10/100,000 people and risk of death is 2/million. The risk of a life-threatening complication should I choose to continue the pregnancy is 1/10,000.
- ☐ **If I do not have an ultrasound** confirming the pregnancy size and that the pregnancy is in my uterus, I understand that there is a 2% chance of the pregnancy being further along than I thought or being an ectopic pregnancy. A small percentage of pregnancies can grow outside the uterus, most commonly in the fallopian tubes. These are called **ectopic pregnancies**. If my pregnancy is ectopic, mifepristone will not work. I may need a different medication or surgery to remove the pregnancy. **ECTOPIC PREGNANCY WARNING - Ectopic pregnancies can be life threatening if they rupture and bleed into the abdomen. If I have not had an ultrasound showing a pregnancy in my uterus and I have sharp, steady pain on one side that gets worse with movement I will call the Willow emergency number given to me or I will go to the nearest hospital emergency department and say that I may be at risk of a rupturing ectopic pregnancy.**
- ☐ I understand that I will be given phone numbers to reach the clinic or the after hours on-call doctor 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 very strong and painful for several hours, but usually not for more than 24 hours. The bleeding can be quite heavy and there may be clots for several hours. I may see some pregnancy tissue (usually white or gray in colour). If I soak more than two maxi pads each hour for two hours in a row, I know that I should contact the doctor on call. Other reasons for emergency consultation with our doctors include feeling lightheaded or fainting, fever $>38^{\circ}\text{C}$ lasting more than 6 hours or severe pain that is not controlled with pain medication.
- ☐ I know that I must respond to all contacts from the clinic and do all my follow-up blood tests, ultrasounds, visits or calls to be sure that I am no longer pregnant and have no complications.
- ☐ I understand that all records are maintained within the patient health record and all information will be kept confidential in a secured database as per BC's Personal Information Protection Act.
- ☐ I have had the opportunity to discuss any and all questions I have concerning the medical treatment I may receive. My decision is voluntary. I have read and understand this consent form. I have been given a copy of this consent form for my records.

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Client's name (please print)	Client's Signature	YYY/MM/DD
<hr/>	<hr/>	Date: <hr/>
Health Care Provider Name	Health Care Provider Signature	YYY/MM/DD