CONSENT TO MEDICAL ABORTION (MIFEGYMISO)

Having a medical abortion using Mifegymiso is my decision and no one has pressured me to do this.

I understand that a medical abortion using Mifegymiso will end my pregnancy.

I know that a medical abortion using Mifegymiso cannot be reversed.

I agree to take both medications in the Mifegymiso package as instructed by my healthcare provider.

I know that Mifegymiso causes heavy bleeding and cramps that may be strong or painful.

I know that I may get a fever, throw up, have a headache, or get diarrhea after taking Mifegymiso.

I know when and how to contact my healthcare provider or Telehealth Ontario in case of emergencies.

I will be able to access urgent medical care for the next 14 days.

I know that there is a small risk (less than 1 in 100) that I will get an infection after taking Mifegymiso.

I know that there is small risk (less than 1 in 100) that I will need to have a surgical abortion because I bleed too heavily after taking Mifegymiso.

I know that there is small risk (4 to 10 in 100) that Mifegymiso will not end my pregnancy.

I understand that misoprostol, one of the medications in Mifegymiso, can cause birth defects.

I agree to have a surgical abortion to end my pregnancy if Mifegymiso does not work.

I agree to get a blood test 7-14 days after taking Mifegymiso to check that the medications worked.

I agree to talk to my healthcare provider in person or over the phone 7-14 days after taking Mifegymiso.

I understand that my healthcare provider will call me if I do not participate in follow-up appointments.

I know that Health Canada has only approved the use of Mifegymiso up to 9 weeks of pregnancy.

I understand that medical experts like the Society of Obstetricians and Gynecologists of Canada and the National Abortion Federation support the use of Mifegymiso up to 10 weeks of pregnancy.

My healthcare provider has answered all of my questions about medical abortion.

I have read and understood this form.

Patient signature: _____

Healthcare provider signature: _____

Date: _____

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