

## INFORMED CONSENT FOR MIFEPRISTONE/MISOPROSTOL ABORTION IN CANADA

### After reviewing my options, I am requesting a medical abortion with mifepristone and misoprostol.

I understand that I should not begin a medical abortion unless I am sure that I want to end my pregnancy. I understand that if the medication fails, misoprostol may damage the current growing pregnancy, and a surgical abortion may be required. I understand that this regimen used past 49 days gestation or without a prior ultrasound are off-label practices in Canada, but are described as acceptable practices in guidelines of the Society of Obstetricians and Gynecologists of Canada (SOGC) and the National Abortion Federation (NAF).

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% of women will choose to have a surgical aspiration of pregnancy tissue (D & C) for too much bleeding, pain, or because they are tired of waiting to pass the pregnancy tissue. 1% of women will require a surgical aspiration because the pregnancy has not stopped. In comparison, the risk of a surgical abortion being incomplete and requiring a dilation and curettage 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, life-threatening infection occur. By comparison, the risk of a life-threatening occurrence should I choose to continue the pregnancy is 1/10,000.

I understand that I will be given prescriptions for pain medications. I will also be given phone numbers for contacting the clinic, the on-call provider or an emergency-line 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 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 48 hours of inserting the misoprostol. Other reasons for emergency consultation include feeling lightheaded/fainting, fever >38 °C lasting more than 6 hours, severe pain that is not controlled with prescriptions for pain medication and/or feeling 'sick' with flu like symptoms (i.e. nausea, vomiting, diarrhea) in the days after the abortion.

I know that I must have a follow-up appointment 7-14 days after mifepristone administration, either an in-person visit or remotely (e.g. telephone) to be sure that the abortion is complete. I know that at this visit a blood test or ultrasound may be done or arranged 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.

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 can request to receive a copy of this consent form for my records.

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Client's name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print) Client's signature \_\_\_\_\_ YYY/MM/DD

\_\_\_\_\_  
Health Care Provider name \_\_\_\_\_ Date: \_\_\_\_\_  
(please print) Health Care Provider signature \_\_\_\_\_ Designation \_\_\_\_\_ YYY/MM/DD