



WOMEN'S COLLEGE HOSPITAL
Health care for women | REVOLUTIONIZED

The Bay Centre for Birth Control

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PATIENT IDENTIFICATION

INFORMED CONSENT FOR MEDICAL ABORTION WITH MIFEPRISTONE/MISOPROSTOL (Mifegymiso)

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

Women's College Hospital 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 I will be counselled on my options including having a surgical abortion if the medication fails, since there is a risk that misoprostol may damage the current growing pregnancy.

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. 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 and phone numbers to reach the clinic or the on-call provider 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.

I understand that if I do not have OHIP/valid health coverage and cannot afford the WCH services related to medical abortion at BCBC, I will be provided them without charge. However, I acknowledge that in the rare situation that I require emergency care after the medical abortion, if I do not have OHIP/ valid health coverage, I may be required to pay a hospital and/or physicians for the emergency care.

I know that I must return for my follow-up visit to be sure that the abortion is complete. I know that at this visit a blood test or ultrasound may be done 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 as per Ontario's Personal Health Information Privacy Act.

I have had the opportunity to discuss any and all questions I have concerning the medical treatment I may receive. I have read and understand this consent form. I can request to receive a copy of this consent form for my records.

_____ Date: ____/____/____
Client's name (please print): _____ Client's signature _____ YYYYY / MM / DD

_____ Date: ____/____/____
Health Care Provider name (please print) _____ Health Care Provider signature _____ Designation _____ YYYYY / MM / DD