



Whole Woman's Health Medication Abortion Consent

I certify the following to be true (please initial each line):

_____ I take responsibility for making the decision to have an abortion and nobody is forcing me to have a medication abortion.

_____ I am sure of my decision and understand that once I take mifepristone (Mifeprex™), I have started the abortion process and I can NOT change my mind.

_____ I understand that I must place 4 tablets of misoprostol (Cytotec™) 200 mcg buccally (between cheeks and gums) 24 to 48 hrs after taking the mifepristone (Mifeprex™).

_____ I understand and agree to the medication abortion process using mifepristone (Mifeprex™) and misoprostol (Cytotec™). I understand these medications usually interrupt the growth of a pregnancy and cause an abortion.

_____ I understand that mifepristone (Mifeprex™) is an FDA approved drug for abortion and that misoprostol (Cytotec™) has FDA approval for preventing stomach ulcers.

_____ I realize that there are possible side effects of the drugs mifepristone (Mifeprex™) and misoprostol (Cytotec™). Mifepristone (Mifeprex™) may cause nausea, diarrhea, and bleeding. Possible side effects of misoprostol include but are not limited to nausea, vomiting, diarrhea, fever, abdominal pain, and cramping. Undergoing a medication abortion includes risk of infection and sepsis.

_____ There is also a 0.1% risk of hemorrhage, a 0.2% risk of infection, a 0.07% risk of hospitalization, and 0.1% chance of needing a blood transfusion.

_____ I understand that the use of misoprostol (Cytotec™) usually results in moderate to severe cramping that can last several hours, and that pain medication may not provide complete relief.

_____ I understand that the intended result of using mifepristone (Mifeprex™) and misoprostol (Cytotec™) is to abort the pregnancy and has about a 95-97% success rate. I understand I may or may not be able to see the egg sac, embryo or fetus, placenta, and pregnancy-related material, and that it is not exactly predictable when the pregnancy will pass.

_____ I understand that for my safety, in case of an emergency, I should have a support person with me or "on-call" that can drive and has an available car the day I use the misoprostol.

_____ I have been advised to be within one hour's drive from an emergency room, and to have a phone with me, at the time that I ingest the misoprostol (Cytotec™).

_____ I consent to all medications, shots, blood and urine tests, and ultrasounds performed at Whole Woman's Health in the course of my treatment.

_____ I have been advised to contact Whole Woman's Health's emergency number if I have signs of hemorrhage, fever, infection, or severe diarrhea and vomiting.

_____ I understand that there is a possibility of a co-existing pregnancy located outside of my uterus and not visualized on today's ultrasound. I understand that mifepristone may not abort a pregnancy located outside the uterus. These pregnancies are called ectopic pregnancies and can pose serious health risks including rupture and internal hemorrhage, which may be life threatening. I understand the symptoms of a concurrent ectopic pregnancy and when to call.

_____ I understand that more than one visit to Whole Woman's Health is necessary to make sure that the abortion has occurred and that I am no longer pregnant. I agree to return to Whole Woman's Health for my follow-up appointment 7 to 14 days after I have taken the mifepristone (Mifeprex™).

_____ I realize that medication abortion has about a 3-5% failure rate and that the drugs may cause serious fetal deformities, such as deformed arms and legs, paralyzed face, and nerve damage.

_____ I agree to have a surgical abortion if the medication abortion fails. I understand that there is a slight risk of the following possible complications with a surgical abortion:

- | | |
|--|--|
| <input type="checkbox"/> infection | <input type="checkbox"/> scar tissue in the uterus |
| <input type="checkbox"/> hemorrhage | <input type="checkbox"/> tear or puncture of the uterus, cervix, bowel, or bladder |
| <input type="checkbox"/> incomplete abortion | <input type="checkbox"/> death |
| <input type="checkbox"/> anesthetic reaction | |

_____ I understand that when possible, I shall be treated for any resulting complications by Whole Woman's Health in the clinic at no extra charge to me. However, should hospitalization or treatment at another facility be necessary, I understand that I will be responsible for any charges accrued.

_____ I understand that the risk of death (mortality) is much greater for childbirth than for a first trimester surgical or medication abortion, but that a mortality risk exists for any outcome of pregnancy.

_____ I understand the patient consent for medication abortion.

I have read and understand the alternatives, benefits, and risks associated with the abortion procedure, including:

_____ ALTERNATIVES: Women who are pregnant can decide to continue or end the pregnancy and, depending on the outcome of the pregnancy, can then decide to parent or place the child for adoption. Each option will have benefits and risks. You need to consider your choices carefully to be able to make the best decision for yourself.

_____ BENEFITS: Abortion, adoption, and parenting can each have benefits, depending upon the individual, the timing of the pregnancy, and the situation. The benefits of carrying to term or having an abortion can be different for each person.

_____ RISKS: I understand that the risk of death or (mortality) is much greater for childbirth than for a first trimester surgical or medical abortion, but that a mortality risk exists for any outcome of pregnancy.

To the best of my knowledge, I do NOT have any of the following (please initial each line to certify that these conditions do NOT apply to you):

- _____ Sickle cell anemia, leukemia, or thalassemia
- _____ Heart disease that is AHA class 3 or higher
- _____ Adrenal insufficiency
- _____ An IUD in place
- _____ Blood clotting disorders
- _____ Liver or kidney disease
- _____ Seizure disorder or epilepsy that is not controlled by medication
- _____ Inflammatory bowel disease (such as colitis, Crohn's, irritable bowel syndrome)
- _____ Allergy to mifepristone (Mifeprex™) or misoprostol (Cytotec™)
- _____ Any medical condition that requires me to take "blood thinners" such as aspirin (ASA), warfarin (Coumadin™), or heparin
- _____ High blood pressure not controlled by medication
- _____ Long term use of corticosteroids
- _____ Respiratory disease
- _____ Known or suspected ectopic pregnancy
- _____ Immune Deficiency Disorder
- _____ Alcohol or drug addiction
- _____ Take any of the following medications on an everyday basis (If so, please circle)
 - Aspirin Coumadin Ibuprofen Heparin Rifampin Dexamethasone Phenytoin
 - Phenobarbital Carbamazepine Ketoconazole Itraconazole Erythromycin

Using Mifepristone "Off-Label"

The "off-label" or evidence-based alternative dispensing of a medication involves giving instructions for use of a prescription medication that differ from the written instructions that the pharmaceutical company and the FDA agreed upon when the drug was released. The "off-label" use of medications is perfectly acceptable and legal. Physicians commonly dispense and prescribe medications for "off-label" use when they have knowledge and experience in the use of a particular drug in a manner different than the written labeling, and when they understand that the "off-label" use will have an effective and efficient result with no significant increase in risks or side effects. The "off-label" use of mifepristone (Mifeprex™) (RU486) and misoprostol (Cytotec™) is based on studies by Schaff and Winikoff, showing that vaginal insertion of misoprostol (Cytotec™) is just as effective as buccal ingestion with less side effects. Furthermore, a study by Mitch Creinin shows taking misoprostol (Cytotec™) 6 to 72 hrs after the mifepristone (Mifeprex™) to be just as effective as taking it 24-48 hrs after mifepristone (Mifeprex™).

By my signature below, I confirm that I have read and understood this information on the "off-label" use of mifepristone (Mifeprex™) and misoprostol (Cytotec™), and have had an opportunity to ask any questions I might have regarding the use of these medications.

Patient's Signature _____ Date _____

Patient name (printed) _____

Counselor's Signature _____ Date _____

Physician's Signature _____ Date _____