

Suite 1013 - 750 West Broadway Vancouver BC V5Z 1H9 Ph 604-709-5611 Fax 604-873-8304

Email: willowwomensclinic@yahoo.ca

INFORMED CONSENT FOR MIFEPRISTONE/MISOPROSTOL ABORTION

You have requested a medical abortion to end your pregnancy. We use **mifepristone** (a progesterone antagonist) with **misoprostol** (a prostaglandin) to induce an abortion. These medications have been used worldwide for decades and we use the evidence based protocols approved by the Society of Obstetricians and Gynecologists of Canada and the National Abortion Federation.

You should not change your mind about having an abortion after you have taken the medications, since misoprostol is known to damage the current growing pregnancy. If the medication fails, we strongly recommend that you agree to a Surgical Abortion.

Possible Risks: 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. 1% of women will require a surgical aspiration because the pregnancy has not stopped. 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. 2% of women will have a delayed reaction and wait longer for the bleeding, up to 4 weeks. In comparison, the risk of a surgical abortion being incomplete and requiring a D&C is <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 you choose to continue the pregnancy is 10/100,000.

All records are kept in a secure database, and all information will be kept confidential.

I have had the opportunity to discuss any and all questions I have concerning the medical treatment which I may receive. My decision is voluntary. I have read and understood this consent form. I have received a copy of this consent form for my records.

Signature	Date	Interpreter's Signature	Date
Witness Signature	Date		