

INFORMED CONSENT FOR MEDICAL ABORTION WITH AN ALTERNATIVE, EVIDENCE-BASED REGIMEN

By signing below, I agree that:

- ✓ I wish to end my pregnancy using medical abortion. I have considered the alternatives and it is my free and un-coerced choice to have an abortion.
- ✓ I have considered surgical abortion as an option, and have decided that I prefer a medical abortion. I am aware that I will require a surgical abortion if this method fails.
- ✓ The doctor has assessed that I am healthy and my pregnancy is early enough for medical abortion.

I have been informed that:

- ✓ The medications are being used *off-label*, which means they are not approved by Health Canada for this use. These drugs are either approved for use for earlier pregnancy (mifepristone/misoprostol), or approved for other uses (methotrexate, misoprostol).
- ✓ The regimen being used has been studied and is both safe and effective for medical abortion.

I will take these medications:

<input type="checkbox"/> Mifepristone & misoprostol (Beyond 49 days gestation)	<input type="checkbox"/> Methotrexate & misoprostol	<input type="checkbox"/> Misoprostol alone
Day 1: <input type="checkbox"/> Mifepristone 200 mg by mouth. <input type="checkbox"/> Rh-immune globulin if I am Rh-negative Day 2-3: Misoprostol 800 mcg (4 tablets) by <input type="checkbox"/> vagina or <input type="checkbox"/> buccal (side of the mouth). I may take this dose 2-3 times every 12-24 hours.	Day 1: Methotrexate 50 mg/m ² , by <input type="checkbox"/> intramuscular injection or <input type="checkbox"/> by mouth. <input type="checkbox"/> Rh-immune globulin therapy only if I am Rh-negative Day 4 -6: Misoprostol 800mcg (4 tablets) by <input type="checkbox"/> vagina or <input type="checkbox"/> buccal (side of the mouth). I may take this dose 2-3 times every 12-24 hours.	Day 1: Misoprostol 800mcg (4 tablets) by <input type="checkbox"/> vagina or <input type="checkbox"/> buccal (side of the mouth). I will take this dose 2-3 times every 12-24 hours. <input type="checkbox"/> Rh-immune globulin therapy only if I am Rh-negative

I will return to the clinic in 7-14 days, and weekly until the pregnancy is gone. The clinic will contact my home or alternative contact if I do not come for this appointment. I am aware that:

- ✓ If the ultrasound shows a delayed effect from the medications, I have 2 choices:
 - I will be offered more doses of misoprostol and scheduled for another visit.
 - I can have a surgical abortion.
- ✓ That methotrexate and misoprostol are known to damage the fetus. So, even if I have changed my mind about the abortion, or if the medications fail, **I agree to a surgical abortion.**

I have been informed of the following risks and side effects, including:

- ✓ no known **long term** side effects to me
- ✓ **Short-term** side effects include diarrhea, nausea, vomiting, abdominal pain, flatulence (gas), fever, chills and headache. Sometimes irritation of the vagina or mouth can occur after methotrexate
- ✓ ~3% chance that the course of treatment will not be effective
- ✓ ~3% chance that I need a surgical procedure for too much bleeding or retained products
- ✓ ~1% risk of infection and rarely (less than 1/100,000) a serious, life-threatening infection

Finally,

- I know how and when to contact the doctor/nurse for emergencies.
- I have had the opportunity to discuss any and all questions I may have.
- I have read and understand this consent form.

My Signature

Signature of Physician/Nurse

Date