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MEMBERS: NATIONAL ABORTION FEDERATION

SPECIFIC RISKS ASSOCIATED WITH TERMINATION OF PREGNANCY

Listed below are specific complications that can result from an abortion. These have been discussed with you by the doctor, medical attendant or patient advocate. Please initial after you have read and fully understand each of the possible complications.

_____ **INFECTION:** The most common problem is infection. Infection is usually caused by the presence of bacteria in the vagina or uterus. Such infections usually respond to antibiotics, but in a few cases the infection can lead to hospitalization or, in very rare cases, loss of ability to have children (sterilization.)

_____ **INCOMPLETE ABORTION:** Sometimes all of the tissue may not be removed during the surgical procedure. This happens in a small percentage of cases but may lead to infection unless the abortion is redone or some other therapy is begun immediately.

_____ **FAILURE TO TERMINATE A PREGNANCY:** In less than 1 case out of 100, the abortion does not end the pregnancy. If this happens, another abortion should be done since the first one may have affected normal development of the fetus. In as many as 1 case out of 50, the pregnancy may be continuing due to multiple pregnancies (i.e. twins), a double uterus or a pregnancy that is not typical.

_____ **UNDETECTED ATYPICAL PREGNANCY:** Ectopic (or tubal) pregnancy is a pregnancy in the fallopian tubes. Tubal pregnancies, where the fertilized egg implants itself in the fallopian tube, can cause death if not surgically removed before the fetus grows to a size large enough to burst the tube. A corneal or molar pregnancy can also cause an incomplete or difficult abortion through no fault of the doctor or medical attendant. Surgery required as a result of these preexisting conditions would be the medical and financial responsibility of the patient and not the Center.

_____ **PERFORATION:** In a small number of cases, an instrument used in the abortion may puncture the wall of the uterus. Depending on the extent of the injury, hospitalization may be necessary for completion of the abortion, observation, and/or treatment of the perforation. In very few instances, there may be injury to the bowel, or uterus. Sufficient damage to the uterus could require the surgical removal of a woman's uterus (hysterectomy.) Rarely, if injury to the bowel occurs, a temporary or permanent colostomy (an incision of the colon to form an artificial anus) may be necessary, depending on the extent of the injury.

_____ **LACERATION:** In rare cases, the cervical opening and/or canal may be torn. A few stitches to repair the tear is usually all that is necessary.

SPECIFIC RISKS ASSOCIATED WITH TERMINATION OF PREGNANCY

(Continued from front)

_____ **ASHERMAN'S SYNDROME:** Asherman's Syndrome is a partial or complete joining of the walls of the uterus. It will cause a woman to stop menstruating (having periods) and may occur as a result of the curettage (removing contents of the uterus.) Hormone imbalance or other natural causes may add to this complication. If you do not have a menstrual period approximately ten weeks after the abortion you should contact a physician immediately. This syndrome may decrease or prevent future ability to become pregnant.

_____ **BLEEDING OR HEMORRHAGE:** In a small number of cases there is more bleeding than is normally expected. This requires reevaluation and may require an immediate repeat of the abortion procedure to remove material retained in the uterus. Depending on the cause of the bleeding, hospitalization may be required.

_____ **HYSTERECTOMY:** As a result of certain preexisting conditions or some complications (such as perforation, bleeding or infection) a hysterectomy may be necessary to surgically remove the uterus. This procedure is only recommended to correct a serious problem that interferes with a woman's normal functions or quality of life.

_____ **ANESTHETIC REACTIONS:** Local anesthetics do not always eliminate all pain, and in a small number of cases local anesthetics can cause severe reactions. In rare instances, convulsions, cardiac arrest, lengthened unconsciousness, shock or death can result. These can occur through no fault of the attending physician or medical attendant, and the Center can not guarantee that you will not have one of these reactions.

Nitrous Oxide, Versed, Fentanyl and Sublimaze (generic Fentanyl) pain killers will affect the level of consciousness and may, in a small number of cases, cause bodily reactions or complications requiring additional measures and treatment.

_____ **ALLERGIC REACTIONS:** Medications used for termination of pregnancy can cause allergic reactions in some people. It is important that you inform the Center of all known drug allergies on your "PATIENT MEDICAL HISTORY" form. You may, however, not be aware of an allergy to a medication. It is possible to get hives, itching, cardiac arrest or shock from any of the medications used through no fault of the attending physician or medical attendant, and the Center can not guarantee that you will not have one of these reactions.

_____ **OTHER RISK:** 96% of all early abortions take place without any complications. About 1 in 200 patients are kept for routine observation and/or put in the hospital for follow-up treatment. Complications associated with abortion are as a whole much less frequent than the risks associated with childbirth. In childbirth some 15 to 20 out of 100,000 women die. Abortion is 5 to 10 times safer in the first 14 weeks of pregnancy. In second trimester abortions (14-24 weeks), the risk of a woman's death is equal to that of childbirth.

I have carefully read, understand and have considered the "SPECIFIC RISKS ASSOCIATED WITH TERMINATION OF PREGNANCY" and, knowing these risks, I have decided to terminate my pregnancy. My doctor and/or patient advocate are willing to discuss any more questions I may have before the procedure is performed.

Patient _____ Witness _____ Date _____ / _____ /20 _____