

Informed Consent for Medical Abortion

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

Medical Condition
 The doctor has explained that I/my child/myhave the following medical condition:

 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

 I authorise Dr. and his/her associates to perform the above treatment/ procedure.
 The doctor should document the site and/or side where relevant to the procedure:.....

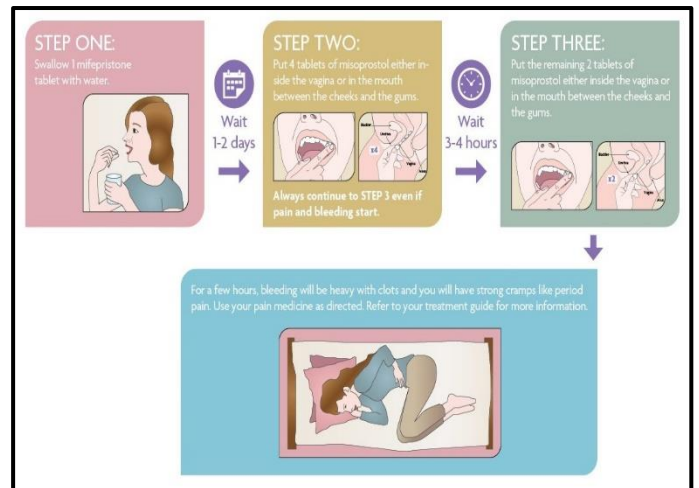
Introduction

Medical abortion is a procedure that uses medication to end a pregnancy. An ultrasound scan must be performed to confirm the intra uterine pregnancy, prior to the commencement of the medical abortion.

A medical abortion does not require surgery or anaesthesia and can be started either in a medical office or at home with follow-up visits to your doctor. It is safer and most effective during the first trimester of pregnancy.

Under the advice of the doctor, you will be asked to swallow a Mifepristone pill during the first seven weeks of pregnancy. The drug causes the embryo to detach from the uterus lining.

Two days later, you will be advised to take a second drug Misoprostol orally or vaginally, that causes contractions needed to expel the embryo.



How well does it work?

8 weeks or less	About 94 to 98 out of 100 times
From 8 to 9 weeks	About 94 to 96 out of 100 times
From 9 to 10 weeks	About 91 to 93 out of 100 times
*Depending upon when you take misoprostol	

When can it be done?

- Up to 10 weeks

How long does it take?

- Usually 24 hrs or less, but it can take up to several days.

How will you feel?

- You will start to have strong cramps and bleeding within 1 to 4 hrs after taking Misoprostol. Cramping may be experienced on and off for 1 to 2 days. You may also have:

What can you do for pain?

- The doctor will discuss the pain medicine you can intake.

- | | |
|--|--|
| <ul style="list-style-type: none"> • Fever of 99-100°F • Headache • Diarrhoea • Nausea • Vomiting | <ul style="list-style-type: none"> ▪ Chills ▪ Dizziness ▪ Back pain ▪ Tenderness |
|--|--|

How much will you bleed and for how long?

- Heavy bleeding with clots is common after taking Misoprostol.
- Bleeding may continue on and off for 4 to 6 weeks.

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Benefits (To be documented by doctor) <ul style="list-style-type: none"> It helps conduct the abortion without anaesthesia. Being at home may be more private and comfortable. Others, if any specify: 	Alternatives (To be documented by doctor) <ul style="list-style-type: none"> Surgical termination of pregnancy under anaesthesia.
Risks and Complications (To be documented by doctor)	
Common Procedure Specific Risks <ul style="list-style-type: none"> Failed termination of pregnancy: Pregnancy may continue; surgical procedure under anaesthesia might be required to clean the uterus Some of the products of pregnancy may be left in uterus; surgical procedure under anaesthesia might be required to clean the uterus Blood clots in uterus Heavy bleeding Infection Allergic reaction to medicines used Death Others, if any specify: 	Patient Specific Risks (To be documented by doctor) <ol style="list-style-type: none"> 1) 2) 3) 4) 5)
Specific Notes Related to Procedure (Strike out if not required)	Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language)
Patient's Authorisation <ul style="list-style-type: none"> The doctor has explained my medical condition and proposed treatment. I have been explained and have understood the risks known to be attached with the planned treatment including the risks that are specific to me and their likely outcomes. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion. I was able to ask questions and raise concerns with the doctor about the treatment and its risks and other treatment options. My queries and concerns have been discussed and answered to my full satisfaction. I declare that no guarantee of whatsoever nature has been given by anyone as to the results that may be obtained. I understand that I have the right to refuse treatment or withdraw consent at any time. I agree that any such refusal/withdrawal shall be in writing and acknowledged by the hospital. And I shall be solely responsible for the outcome of such refusal. 	

Patient Name:	Signature:	Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):
Witness Name:	Relationship:	Signature:
Interpreter Name:	Translation given in:	Signature:

Declaration by the Doctor

I have explained the patient's condition, the procedure and the risks, likely consequences if those risks occur and the significant risks and problems specific to this patient. I have given the patient/ her husband an opportunity to ask questions about any of the above matters and raise any other concerns, which I have answered as fully as possible. I am of the opinion that the patient/her husband has understood the above information.

Name and Signature of the Doctor with Reg No:

Date and Time: