



Medical abortion is a generally safe procedure. We are required by law to inform you of the risks of medical abortion before you consent to having a medical abortion. We would like to assure you that complications of medical abortion are very rare and that our staff is well prepared to deal with any complications that might arise.

General Risks of Medical Abortion

- » **Infection in the uterus.** This happens in less than 3 out of every 1000 abortions.
- » **Incomplete abortion.** This happens in less than 2 out of every 100 medical abortions.
- » **Failed abortion (continued pregnancy).** This happens in less than 1 out of every 100 medical abortions.
- » **Retained tissue (some pregnancy tissue is left in the uterus).** This could lead to increased bleeding, passing of clots, increased cramps and infection.
- » **Possibility of birth defects if pregnancy continues.** A surgical abortion will be performed if the medical abortion does not terminate the pregnancy.
- » **Excessive bleeding requiring transfusions.** This happens in 0.4 of every 1000 medical abortions. Feeling dizzy or light headed can be a sign of too much blood loss.
- » **Allergic reactions and other reactions to one of the medications.**
- » **The rarest complication of medical abortion is death.** This occurs in less than 1 in every 100 000 medical abortions.



I, _____ have considered all my options and I confirm that I have chosen not to carry this pregnancy to term. I request a medical abortion.

I give my full consent to Dr. _____ of Women's Health Clinic (WHC) to provide the medications for a medical abortion to me, and to treat any related complications, should they arise, according to their judgment and good medical practice.

I agree that the doctor named above may use the assistance of other WHC clinic staff, and that they may order or perform all or part of the investigation, treatment or operation, and that they have the same discretion related to my abortion care as the doctor named above.

I have been advised that having a medical abortion is generally less risky than carrying a pregnancy to full term and that current evidence shows there is no negative effect on future pregnancy and delivery from one or more medical abortions.

I understand that a medical abortion, like all medical procedures, has some risks. I have read or have had explained to me the risks of medical abortion as described in detail on the other side of this form.

I understand that if I need to seek medical attention after my medical abortion, the doctor or health care facility treating me may call WHC for information or advice concerning my care. I consent to WHC staff to provide such information or advice.

I acknowledge that I have had the opportunity to discuss with WHC staff any concerns or questions that I might have about this information and my abortion care.

I acknowledge that I have read or have had this consent form explained to me, and that I fully understand its contents, and I have signed.

Client Signature

Date

Staff Person Witnessing Signature

Interpreter