



Abortion is one of the safest surgeries when done by an experienced doctor in a well-equipped clinic such as ours. We are required by law to inform you of the risks of abortion before you consent to having an abortion. We would like to assure you that complications of abortion are very rare and that our staff is well prepared to deal with any complications that might arise.

### *General Risks of Abortion*

- » **Infection in the uterus.** This happens in less than 1 out of every 100 abortions.
- » **Retained tissue (some pregnancy tissue is left in the uterus).** This happens in less than one out of every 100 abortions. This could lead to increased bleeding, passing of clots, increased cramps and infection.
- » **Continued pregnancy (failed abortion).** This happens about once in every 1000 abortions involving a normal pregnancy in a normal uterus. Failed abortion is most likely to happen if the uterus is an unusual shape or if the pregnancy is outside the uterus. This might not be discovered until after the abortion has been performed.
- » **Blood in the uterus.** This happens in about one in every 1000 abortions. This means blood builds up more quickly than it comes out; the uterus becomes enlarged and painful.
- » **Excessive bleeding.** This happens about once in every 1000 abortions. This may be because the uterus fails to contract or because of retained tissue. Heavy bleeding can also be from an injury described below.
- » **Injury to the uterus or other internal organs (bowel, bladder, or blood vessels).** This happens once in every 1000 abortions.
- » **Allergic reactions and other reactions to medication, latex, and other materials.**
- » **The rarest complication of abortion is death.** More than one million abortions are performed in North America every year. Of these, there are approximately 10 deaths. About half of these are related to general anesthesia and medication problems. Most of the rest are due to later term pregnancies or unusual medical circumstances.



I, \_\_\_\_\_ have considered all my options and I confirm that I have chosen not to carry this pregnancy to term. I request an aspiration abortion.

I give my full consent to Dr. \_\_\_\_\_ of Women's Health Clinic (WHC) to perform an aspiration abortion on 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 aspiration abortion care as the doctor named above.

I have been advised that having an 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 properly performed suction D&C procedure.

I understand that aspiration abortion has some risks. I have read or have had explained to me the risks of abortion as described in detail on the other side of this form.

I understand that if I need to seek medical attention after my aspiration 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 understand that medication and other physical effects of abortion may affect my thinking and judgment and that I should not make important decisions or drive a motor vehicle for the next 24 hours.

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*