

***Knoxville Center for Reproductive Health (KCRH)***  
***1547 W. Clinch Ave., Knoxville, TN 37916 (865) 637-3861***  
**Medical Abortion Information and Consent**

Initial each line indicating you understand and consent to the abortion procedure. Please do not sign this consent without reading and understanding its contents. You may discuss any questions or concerns you have with our staff before signing this consent.

The Knoxville Center for Reproductive Health (KCRH) is a private, nonprofit women's health clinic committed to providing quality reproductive health services. The clinic is fully licensed by the State of Tennessee, and has been in operation since 1975. In the unlikely event of an emergency while you are in the center, KCRH has an arrangement for emergency medical transport to UT Medical Center. In the unlikely event of an emergency after hours, please call the clinic's local telephone number. The answering service will take your name and number, and a staff member will return your call.

I, \_\_\_\_\_, hereby give permission for KCRH's physicians to provide a medical abortion with mifepristone (Mifeprex) and misoprostol (Cytotec).

\_\_\_\_\_ I understand I am approximately \_\_\_\_\_ weeks pregnant, and I have decided to have an abortion with the medications Mifeprex and misoprostol. These medications will cause an abortion by starting cramping and bleeding from my vagina like a very heavy period or miscarriage. This method usually allows a pregnant person to have an abortion without putting instruments into the uterus and, in some instances, earlier in the pregnancy than a vacuum aspiration abortion.

\_\_\_\_\_ Mifeprex is a drug which blocks the action of progesterone, a hormone needed to continue a pregnancy. Mifeprex has been approved by the U.S. Food and Drug Administration (FDA) for early abortion and has been used by millions of people in Asia and Europe (it has been referred to as "RU486" or the "French abortion pill"). Misoprostol is a drug used in the United States to prevent irritation or ulcers in the stomachs of people using aspirin or aspirin-like pain medication, as well as in obstetrical and gynecological settings. When the FDA approved Mifeprex, it was approved to use in combination with misoprostol. Studies have shown Mifeprex and misoprostol, when used together, are approximately 95 - 99% effective in causing an abortion in early pregnancy.

**Abortion Procedure:**

\_\_\_\_\_ Before the abortion, I will accurately fill out medical history forms and have laboratory testing. I consent to blood testing to determine my hemoglobin level (anemia test) and, if indicated, the Rh type of my blood. If I am more than 10 weeks into the pregnancy and my blood Rh type is negative, I will need an additional vaccine injection (RhoGAM).

\_\_\_\_\_ An ultrasound will be performed to determine approximately how far along the pregnancy is. The ultrasound may be done by putting a probe into my vagina or on my abdomen. I understand the purpose of the ultrasound is only to determine the length of the pregnancy, and is not intended to determine any abnormalities of my pregnancy, fetus, or reproductive tract. I understand there are limitations to all imaging techniques, and no technique is 100% accurate or reliable. I release the Knoxville Center for Reproductive Health and its employees from any liability arising from this test, particularly in regards to any abnormalities of my pregnancy, fetus, or reproductive tract that have not been evaluated by this ultrasound.

\_\_\_\_\_ After consultation with the doctor, I will swallow one (1) tablet of Mifeprex 200mg.

\_\_\_\_\_ If I am fewer than 9 weeks into the pregnancy, I may choose to insert four (4) 200mcg misoprostol tablets into my vagina 6 - 48 hours after taking the Mifeprex pill OR I may choose to insert the tablets buccally (placed inside my mouth between my gum and cheek) 24 - 48 hours after taking the Mifeprex pill. If I am more than 9 weeks into the pregnancy, I will insert four (4) 200mcg misoprostol tablets buccally 24 - 48 hours after taking the Mifeprex pill; then, four hours later, I will insert a second dose of four (4) more misoprostol tablets buccally. I will follow the provided

instructions. After insertion, I plan to rest for the next several hours when bleeding or cramping will likely begin. I have been advised to avoid work, school, and other responsibilities for a few days, as the bleeding and cramping may impair my ability to complete these tasks.

\_\_\_\_\_ I understand it is best to avoid strenuous activity for seven (7) days. Becoming too active too soon may increase post-abortion bleeding and cramping, and put me at a higher risk for complications. To help prevent infection, I agree to have nothing in my vagina—including no sex, no tampons, no vaginal creams, no sex toys, etc.—for one week. I will receive written aftercare instructions, and I agree to follow all instructions.

\_\_\_\_\_ I understand the misoprostol tablets are required to complete the abortion. Failure to use misoprostol may prevent a complete abortion, cause infection, cause birth defects to an ongoing pregnancy, or cause other complications.

\_\_\_\_\_ **I will have access to a telephone and my provider's 24-hour emergency contact number. I will call the Knoxville Center for Reproductive Health at (865) 637-3861 if: I soak through more than two (2) overnight-sized maxi pads an hour for more than two (2) hours in a row, or am passing clots larger than lemons; I have a sustained fever (over 100.4 degrees) that lasts more than 24 hours; I have severe abdominal pain not helped by ibuprofen and my prescribed pain medication; or I have no bleeding within 48 hours after the misoprostol, which may require more medication or evaluation for an ectopic pregnancy. I understand that it is my responsibility to contact the clinic should I experience any difficulties following my abortion procedure.**

\_\_\_\_\_ If I have cramping in my lower abdomen, I can take Advil or Motrin (ibuprofen) 800mg every 8 hours. I will also be given a prescription for pain medication I can take if needed. This prescription is not available for patients with opioid addiction or on opioid antagonists such as, but not limited to, Suboxone.

\_\_\_\_\_ I will return to KCRH in two weeks after taking the Mifeprex. This follow up visit is very important to confirm that termination of my pregnancy has occurred and there are no complications. At this visit, I may have an ultrasound, if needed. If the pregnancy is still growing or if there is retained tissue in my uterus, then I may need more medication or a vacuum aspiration abortion. If I am unable to return to KCRH, I can make arrangements to have my follow-up care with my provider of choice at my own expense. If I choose to go elsewhere for my follow-up visit, I will arrange for that office to send the Knoxville Center for Reproductive Health a copy of my records.

\_\_\_\_\_ Studies show that a medical abortion using this method with one dose of misoprostol is approximately 98% effective up to the 49<sup>th</sup> day (7 weeks) of a pregnancy and 95% effective up to the 63<sup>rd</sup> day (9 weeks) of a pregnancy. Using this method with two doses of misoprostol is approximately 99% effective up to the 70<sup>th</sup> day (10 weeks) of a pregnancy and 97% effective up to the 77<sup>th</sup> day (11 weeks) of pregnancy.

\_\_\_\_\_ Terminating pregnancies beyond the 49<sup>th</sup> day (7 weeks) may be associated with a slightly higher rate of complications such as excessive bleeding, incomplete abortion, ongoing pregnancy, and the need for emergency treatment.

#### **Possible Risks:**

\_\_\_\_\_ **Incomplete abortion:** As with a vacuum aspiration abortion, some pregnancy tissue may remain in my uterus. If this occurs, the provider will discuss my treatment options, which may include waiting one or more weeks, using more misoprostol, or having a vacuum aspiration procedure. The risks of an aspiration include a risk of making a hole in the uterus, tearing of the cervix, adverse reaction to local anesthesia that may be used, infection, excessive bleeding, and failure to remove all of the tissue from the uterus.

\_\_\_\_\_ **Vaginal bleeding:** As with a vacuum aspiration abortion, heavy bleeding can occur and blood clots may come out of my vagina. In rare instances, heavy bleeding and the passage of blood clots may occur weeks after treatment, and possibly after I have been checked for my follow up exam. If I have extremely heavy bleeding or dizziness, an aspiration may be necessary to stop the bleeding. If it is not an emergency situation, the aspiration can be performed through this clinic at no additional cost. The risk of having heavy bleeding that results in the need for an aspiration after using Mifeprex/misoprostol is about 1 per 100 women (1%).

\_\_\_\_\_ **Excessive bleeding:** In rare situations, hemorrhage (very excessive bleeding) can occur and may require emergency treatment at a local hospital and possibly a blood transfusion. Hemorrhage can occur several days or even weeks after treatment, and can be associated with my next menstrual period. I agree I will call the Knoxville Center for Reproductive Health if I experience any excessive vaginal bleeding within 6-8 weeks after my medical abortion. The risk of needing a blood transfusion after using Mifeprex/misoprostol is about 1 per 1000 (0.1%).

\_\_\_\_\_ **Continued pregnancy and birth defects:** My pregnancy may not end after receiving the medications. If this happens, birth defects are possible. Because of the risk of birth defects, I understand that further treatment is strongly recommended to end the pregnancy. If I need to have a vacuum aspiration abortion, the risks would include: making a hole in the uterus, tearing of the cervix, adverse reaction to anesthesia that may be used, infection, excessive bleeding, and failure to remove all of the tissue from the uterus.

\_\_\_\_\_ **Side effects:** The following side effects are possible: nausea, vomiting, diarrhea, fever, headaches, weakness, and chills. Most of these side effects last less than a day. If I am more than 10 weeks into the pregnancy, I may experience greater nausea and weakness. Cramping and bleeding are a normal part of the abortion process. I will likely have cramping in my lower abdomen, and I may need pain medication for this reason. If I am more than 10 weeks into the pregnancy, I may also pass bigger clots and/or visible fetal tissue.

\_\_\_\_\_ **Ectopic pregnancy:** A rare condition that is a complication of pregnancy rather than abortion is an ectopic pregnancy (a pregnancy outside of the uterus). In instances where a pregnancy in the uterus cannot be clearly defined, and in extremely rare instances where a pregnancy in the uterus is confirmed, there exists the possibility of an ectopic pregnancy. An ectopic pregnancy can be life threatening. Additional evaluation outside this clinic, at additional cost, would be necessary to confirm ectopic pregnancy and to provide appropriate treatment.

\_\_\_\_\_ **Infection:** I understand serious infection can occur after a medically-induced abortion, much as it can occur after childbirth, spontaneous abortion (miscarriage), and vacuum aspiration abortion. The incidence of fatal toxic shock following medical abortion is 1 in 100,000. I understand if I experience the following symptoms: nausea, vomiting, diarrhea, and weakness, with or without abdominal pain, and without fever or other sign of infection **more than 24 hours after taking misoprostol**, I will immediately contact KCRH for evaluation and possible treatment, if deemed necessary.

\_\_\_\_\_ **Death:** As with any medical procedure, death is a possible, though rare, risk. These rare deaths would most likely be the result of toxic shock following infection with the bacteria *Clostridium sordellii*, occurring in less than 0.001% of cases in the U.S. and Canada.

#### **Costs and Payment:**

\_\_\_\_\_ I understand both medications are essential in order for my abortion to be complete. If I should vomit within 15 minutes of taking the Mifeprex, I must return to the clinic as soon as possible to retake it. If I lose or forget the Phenergan and misoprostol, I must call KCRH as soon as possible. I understand these medications can be called to a local pharmacy at an additional cost to me.

\_\_\_\_\_ If the abortion is not completed by these medications and a vacuum aspiration abortion is required, the Knoxville Center for Reproductive Health will provide the vacuum aspiration at this clinic at no additional charge. However, I will

be responsible for any expenses incurred for an emergency room visit, for care at another facility, or for the vacuum aspiration for a continued pregnancy due to my failure to take both medications as directed.

\_\_\_\_\_ If the abortion is not complete at the time of the follow up exam, additional lab testing may be necessary (with additional minimal laboratory fees) to determine the best course of treatment.

**Voluntary Consent:**

\_\_\_\_\_ I am aware of other choices available during pregnancy including: continuing the pregnancy and parenting, continuing the pregnancy and making adoption arrangements, and a vacuum aspiration abortion. I have been informed of the risks involved with aspiration abortion and medical abortion, as well as the risks of continuing the pregnancy. I have considered these options and am choosing to have an abortion. I understand that I cannot be, and I have not been, forced by anyone to have an abortion. The abortion is my decision.

\_\_\_\_\_ I have fully disclosed my medical history, including the date of my last menstrual period, allergies, blood conditions, currently-used medications or drugs (including herbal remedies), and reactions to medications or drugs. I certify I have read this form or it has been read to me. I understand its contents, and any questions have been answered to my satisfaction. I will be given a copy of the *Mifeprex Medication Guide*, and I will have an opportunity to read it and discuss it with my provider. I agree to follow all provided instructions.

**Patient Rights:**

\_\_\_\_\_ Each patient has all of the following rights:

- a) To privacy in treatment and personal care;
- b) To be free from mental and physical abuse. Should this right be violated, the facility must notify the appropriate branch of the Tennessee Department of Human Services immediately;
- c) To refuse treatment. The patient must be informed of the consequences of that decision; the refusal and its reason must be reported to the physician and documented in the medical record;
- d) To refuse experimental treatment and drugs. The patient's written consent for participation in research must be obtained and retained in his or her medical record;
- e) To have their records kept confidential and private. Written consent by the patient must be obtained prior to the release of information except to persons authorized by law. If the patient is mentally incompetent, written consent is required from the patient's legal representative. The Knoxville Center for Reproductive Health must have policies to govern access and duplication of the patient's record;
- f) To have appropriate assessment and management of pain; and
- g) To be involved in the decision-making of all aspects of their care.

\_\_\_\_\_ I have read and understood all information contained in this consent. I hereby request and consent to have an abortion procedure.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

**For staff use only:**

I have asked this individual questions, and based on the answers given me, the patient appears to understand the information being provided.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

6/2019