

Informed Consent for Patients Receiving an Abortion-Inducing Drug

The law of the State of Oklahoma (**Title 63, Section 1-756.6**) requires physicians to obtain the consent of the patient to whom an abortion-inducing drug is provided using this form prior to performing an abortion.

Probable gestational age of the unborn child: _____

Probable gestational age determined by both patient history and by ultrasound results used to confirm gestational age.

Risks and hazards that may occur in connection with any surgical, medical, or diagnostic procedure include:

- Infection
- Blood Clots in Veins and Lungs
- Hemorrhage
- Allergic Reactions
- Death

Patient Initials _____

Risks and hazards that may occur with a medical or nonsurgical abortion, include the following:

- hemorrhage.
- Failure to remove all tissue of the unborn child which may require an additional procedure.
- Sepsis.
- Sterility.
- Possible continuation of pregnancy.
- Incomplete abortion - very rarely - possibly requiring a surgical abortion procedure.
- Heavy bleeding - very rarely.
- Painful cramping.
- Allergic reaction to drugs - very rarely.
- Nausea and/or vomiting.
- Diarrhea.
- Fever.
- Infection - very rarely - an infection develops in the uterus. Medication might be needed to clear infection.
- Fertility can be diminished in very rare instances as a consequence of infection.
- Very rarely - emergency treatment for any of the above problems, including the possible need to treat with an operation, medicines, or blood transfusion.
- Very rarely - death.
- Methotrexate and misoprostol can cause serious birth defects if your pregnancy does not end.

Some women should not be given the medicines used for a medical abortion, such as women who are too far along in their pregnancy, have an ectopic pregnancy (a pregnancy outside the uterus), or who are allergic to certain medications, or women with an IUD (intrauterine device) in place, women who have problems with their adrenal glands (chronic adrenal failure), or who take medicine to thin their blood or take certain steroid medicines should not have a non-surgical abortion. You should discuss with your physician whether you have any medical conditions that would make a medical abortion unsafe for you.

Patient Initials _____

Medical (Nonsurgical) Abortion

Medical abortion is a way to end a pregnancy by using an abortion inducing drug as an alternative to surgical procedures. The Food and Drug Administration allows this type of abortion up to 49 days (7 weeks) after the last menstrual period. The gestational age must be determined before a physician can administer these drugs to a pregnant woman.

The physician administering the medicines (such as Mifepristone RU 486) for medical termination of early pregnancy must be able to provide surgical intervention or have made plans for provision of such care through other qualified physicians, and be able to assure patient access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary.

Methods of Non-surgical Abortion

You should be aware, Oklahoma law (Title 63 O.S. §1-729a) states that the physician administering any abortion inducing drug must be able to determine the duration of the pregnancy accurately, diagnose ectopic pregnancies, provide surgical intervention or have made plans for provision of such care through other qualified physicians, and assure patient access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary. The physician administering Mifepristone (RU 486) or any other drug or chemical used for the purpose of performing or inducing an abortion is required to fully explain the procedure to you including whether the physician is using the drug in accordance with the U.S. Food and Drug Administration tested and authorized protocol. If the physician is using an evidence-based regimen, the physician must provide detailed information on the regimen being used. In addition, the physician who is prescribing, dispensing, or otherwise providing an abortion inducing drug must be physically present in the same room as you when the drug or chemical is first provided to the patient (Title 63 O.S. §1-729.1)

Mifepristone (RU 486), Misoprostol, and Methotrexate are examples of drugs used in regimens for medical termination of early pregnancies. These drugs are given by mouth or placed in the vagina. These drugs cause abortion by causing the uterus to contract and expel the fetus and placenta.

After receiving these drugs, you might experience cramping and bleeding, pass clots, tissue, and the unborn child within hours or days. Some amount of bleeding is common following a medical abortion.

Your doctor will tell you when you need to return to be checked. If you are still pregnant at that visit, you will be given a second drug either by mouth or vaginally. You will be instructed when to return for an important follow-up visit. Your doctor will determine whether your pregnancy has completely ended. If you are still pregnant, a surgical procedure could be necessary.

Possible Complications of Non-surgical Abortion

Complication risk increases with advancing gestational age

- Incomplete abortion - very rarely - possibly requiring a surgical abortion procedure
- Heavy bleeding - very rarely
- Painful cramping
- Allergic reaction to drugs - very rarely
- Nausea and/or vomiting
- Diarrhea
- Fever

- Infection - very rarely - an infection develops in the uterus. Medication might be needed to clear infection
- Fertility can be diminished in very rare instances as a consequence of infection
- Emergency treatment for any of the above problems, including the possible need to treat with an operation, medicines, or blood transfusion – Very rarely
- –Death – Very rarely -
- Methotrexate and misoprostol can cause serious birth defects if your pregnancy does not end

Patient's Initials _____

Patient acknowledgement of risks and consent statement

By signing below, I am indicating that I understand and/or agree to the following:

The doctor is going to perform an abortion on me which will end my pregnancy and result in the death of the unborn child. Patient Initials _____

It may be possible to reverse the effects of the chemical abortion should I change my mind, but time is of the essence. Patient Initials _____

I may see the remains of the unborn child in the process of completing the abortion. Patient Initials _____

Initial studies suggest that children born after reversing the effects of Mifeprex/mifepristone have no greater risk of birth defects than the general population. Patient Initials _____

Initial studies suggest there is no increased risk of maternal mortality after reversing the effects of Mifeprex/mifepristone. Patient Initials _____

Information on and assistance with reversing the effects of abortion-inducing drugs are available in the state-prepared materials. Patient Initials _____

Information on the potential ability of qualified medical professionals to reverse the effects of an abortion obtained through the use of abortion-inducing drugs is available at www.abortionpillreversal.com, or you can contact (877) 558-0333 for assistance in locating a medical professional that can aide in the reversal of an abortion.

Patient Initials _____

I have been given the name and phone number of the associated physician who has agreed to provide medical care and treatment in the event of complications associated with the abortion-inducing drug regimen or procedure.

Patient Initials _____

My doctor will schedule an in-person follow-up visit for the patient at approximately seven (7) to fourteen (14) days after providing the abortion-inducing drug or drugs to confirm that the pregnancy is completely terminated and to assess the degree of bleeding and other complications.

I have been provided access to state-prepared, printed materials on informed consent for abortion and the state-prepared and maintained website on informed consent for abortion. Patient Initials _____

I am not being forced to have an abortion and I understand that I have the choice not to have the abortion and may withdraw consent to the abortion-inducing drug regimen even after I have begun the abortion-inducing drug regimen. Patient Initials _____

I give permission for the procedure (initialed above). Patient Initials _____

I understand that the chemical abortion regimen or procedure to be used has specific risks and may result in specific complications. Patient Initials _____

I have been given the opportunity to ask questions about my condition, the development of the unborn child, alternatives to abortion, the abortion-inducing drug or drugs to be used and the risks and complications inherent to the abortion-inducing drug or drugs to be used. Patient Initials _____

I have been given information required by Title 63 O.S. Section 1-730 et seq.. Patient Initials _____

I have sufficient information to give informed consent. Patient Initials _____

I have a private right of action to sue the qualified physician under the laws of this state if I feel that I have been coerced or misled prior to obtaining an abortion, and how to access state resources regarding my legal right to obtain relief. Patient Initials _____

Date: _____, 20_____.

Signature of Patient

Physician declaration

I, the physician, have explained (or my assistant on my behalf) the procedure and the contents of this form to the patient, as required, and have answered all questions. Further, to the best of my knowledge, the patient has been adequately informed and has consented to the procedure.

Date: _____, 20_____.

Signature of Physician performing the procedure

This form was created pursuant to state law and the OSDH takes no position as to the validity of the statements.