

## Informed consent form for medical termination of pregnancy

Surname: ..... First name: ..... Date of birth: .....

The explanations below, which are just one part of the informed consent discussion, are intended to inform and not to unsettle you. The planned treatment will be discussed with you in person. Please ask about anything that you feel is unclear or important. Please also let us know if you prefer not to know too much about what your upcoming treatment involves.

Terminations of pregnancies must be carried out in full compliance with the legal requirements. This applies to both surgical and medical terminations. This means that you can request a termination during the first 12 weeks of your pregnancy if you find yourself in an emergency situation. After the 12th week, you can only have a termination if your doctor deems it necessary to avert impending physical injury or mental distress. The more advanced your pregnancy is, the greater this risk must be.

**Medical terminations** may in principle take place up to the 49th day of pregnancy, as calculated from the first day of your last period as the theoretical starting point. However, your doctor or hospital have the discretion to extend this period so that they can even offer you access to medical termination after your 49th day of pregnancy.

You take two medicines, the first of which is an anti-hormone that blocks progesterone, the hormone created by your body so that the pregnancy can continue. This disrupts the course of the pregnancy. The second is a prostaglandin, a substance that increases contraction of the womb so that the detached pregnancy is expelled and thus aborted.

**Practicalities:** Several consultations are generally required. At the first, you will have an ultrasound scan to determine the position and stage of the pregnancy. If there is no evidence of an ectopic pregnancy, you will be given Mifegyne®. Some patients experience slight bleeding shortly afterwards, but only a small minority experience actual abortion.

Two days after taking the first medicine, you will take the prostaglandin. More than half of patients experience an abortion in the first three to six hours after taking the second medicine.

This involves bleeding and pain, similar to those accompanying a heavy period. You may have to take the prostaglandin a second time.

Two to three weeks later, it is essential to check that full termination has occurred. This involves an ultrasound scan or, alternatively in certain cases, measuring pregnancy hormone levels in serum or urine.

**Risks and complications:** Mifegyne® is generally very well tolerated. Cramps, nausea, vomiting and diarrhoea have been observed as adverse effects. Headache and drowsiness, or even allergic reactions involving skin rashes, for example, may occasionally occur. Very heavy bleeding necessitating immediate curettage of the uterus may occur very rarely. Bleeding may persist for a considerable time (three weeks or more) after the abortion. In about five percent of cases, the pregnancy is not fully expelled and part of it may remain in the uterus, necessitating vacuum aspiration or curettage to remove the remaining part. In very rare cases, the pregnancy may continue without disruption. Repeat treatment by medication or surgical termination are urgently recommended in such situations, since the possibility of the medication damaging the child cannot be ruled out. Neither medical nor surgical termination will normally affect your fertility or ability to have normal pregnancies in the future.

**Contraindications:** You must not take Mifegyne® tablets if you are allergic to the active ingredient mifepristone, if you have an adrenal gland disorder or severe non-controlled asthma, if there is evidence of an ectopic pregnancy, if the pregnancy has not been proven by an ultrasound scan or if the 49th day of pregnancy has passed. However, your doctor or hospital have the discretion to extend this period so that they can even offer you access to medical termination after your 49th day of pregnancy.

Prostaglandin is also contraindicated in patients who have, for example, hypersensitivity reactions, severe cardiovascular disease, arrhythmia or high blood pressure that is difficult to stabilise. Furthermore, if you are aged over 35 and a heavy smoker, Mifegyne® in combination with a prostaglandin may not be a suitable method of terminating your pregnancy.

**Contraception:** Unless you use contraception, you can become pregnant again immediately after a termination. It is therefore important to start using reliable contraception soon after the termination.

**Rhesus negative patients:** If you have a rhesus negative blood type, you will receive an injection of antibodies against rhesus positive blood in accordance with the guidelines. This will prevent rhesus disease, a condition where your body forms antibodies that could be a danger to your child in a later pregnancy.

**Future pregnancies:** Neither medical nor surgical termination will normally affect your ability to have normal pregnancies in the future.

**Cost:** Health insurers will pay the cost of pregnancy terminations.

Phone number and address that you can contact 24 hours a day if something unexpected happens:

.....

Your questions:

.....

.....

.....

.....

## Informed consent discussion

Interpreter: .....

### Proposed treatment:

.....

### Explanatory sketch:

Doctor's notes on informed consent discussion (reason for dispensing with discussion if not performed, individual risk-enhancing factors: age, heart disease, obesity, etc.).

.....  
.....  
.....

### Alternative treatment options:

.....  
.....

Date:

Time:

Duration of informed consent discussion:

.....

### Treatment order:

Dr. .... has held an informed consent discussion with me. I have understood the explanations and was able to ask any questions I had. I have been given a copy of the informed consent form.

I consent to the planned treatment and to the changes and extensions that have been discussed with me and which may prove to be necessary during the operation.

Place, date:

Patient:

.....

The text on the front page was discussed with the patient, the patient's questions were answered and a written copy of this discussion was given to the patient.

Date, time:

Doctor:

.....