



Consent & Care Coordination: NO TOUCH Medication Abortion

During COVID-19 Pandemic (Revised Apr 6, 2020)

Saskatoon Community Clinic
455 2nd Ave N, Saskatoon SK
Phone (306) 652-0300

Name _____

Date _____

*****Please keep and refer to this form throughout the medication abortion process. If you require emergency care, give this form to your provider: it contains important information helpful in caring for you.*****

Pregnancy options including parenting, adoption, and abortion. An abortion is intended to end the pregnancy. Please refer to the handout "Comparison of Early Pregnancy Options" for additional information about medication and surgical abortions.

Requirements:

- Positive pregnancy test (home pregnancy test obtained from pharmacy is adequate)
- Ultrasound waived if:
 - Certain LMP < 8w0d Date: _____
 - Regular menses
 - No risk factors for ectopic pregnancy
 - IUD in place Previous ectopic pregnancy Vaginal bleeding/spotting since LMP
 - Unilateral pelvic pain Previous pelvic inflammatory disease
 - Understands location of pregnancy is uncertain (and that ultrasound is most accurate, possibly at later gestation, to confirm intrauterine pregnancy and gestational age)
 - Understands ectopic precautions
- Labwork waived if:
 - No history or risk factors for anemia or bleeding complications
 - No Winrho needed due to <8w0d, OR Documented blood type Rh positive
 - Agrees not to be tested for sexually transmitted infections
 - Can do home pregnancy test (obtained from pharmacy) at 4 weeks after mifegymiso
- Eligible for mifegymiso medical abortion with no other contraindications

Tubal Pregnancy: Without an ultrasound, the location of the pregnancy is uncertain. There is a small chance you may have a tubal or ectopic (outside the uterus) pregnancy. This uncertainty need not delay the medication abortion process. However, strict follow-up is extremely important to ensure resolution of the pregnancy. You must seek care if you have signs or symptoms of a tubal pregnancy and possible rupture (see page 3).

Rh Negative blood type: There is evidence that Rh testing and provision of Rh Immune globulin (WinRho) may not be necessary in pregnancies less than 56 days (8 weeks 0 days) gestational age. It is reasonable to forego Rh testing and anti-D immunoglobulin for women having an abortion before 56 days, with minimal risk to future pregnancies.

First Medication

Date _____ Gestational Age: _____ weeks _____ days Time: _____

Mifepristone 200 mg orally blocks progesterone, a hormone needed for the pregnancy to continue. You may eat and drink normally.

Side effects from the first medication are uncommon and usually mild, but may include nausea, diarrhea, headache, dizziness, bleeding, and abdominal cramping.

Second Medication (24-48 hours after the mifepristone)

Date _____ **Time** _____

Misoprostol 800 mg is taken at home to help your uterus contract and pass the pregnancy tissue.

Buccal: put the tablets into the inside of your cheek and hold them there for 30 minutes while they slowly dissolve. After 30 minutes, swallow anything remaining with water.

Cramping and vaginal bleeding is usually more than your usual period. You need to remain at home, rather than working or attending school when you take the misoprostol. **During the bleeding, use full size maxi-pads (not tampons) and refrain from vaginal intercourse.**

Side effects from the second medication may include nausea, vomiting, diarrhea, fever, dizziness and low grade fever, and are rarely severe. If the vomiting is severe, dimenhydrinate (Gravol) rectal suppositories can be helpful (available from pharmacies without a prescription).

Cramping in the lower abdomen is normal. Severe cramps usually mean that some pregnancy tissue is passing out of the uterus. Cramping often starts within 2 hours of taking the misoprostol, before the bleeding starts. After the pregnancy tissue passes, cramping is usually mild and stops within 4-7 days. To relieve this discomfort, take naprosyn (Naproxen) and/or acetaminophen with codeine (Tylenol#3) as prescribed (do not take acetylsalicylic acid such as aspirin). Extra strength ibuprofen (Advil) and/or acetaminophen (Tylenol) are also good options. A hot water bottle or heating pad can also really help.

Bleeding usually starts within 4-6 hours of taking the misoprostol. It may be like a heavy period, sometimes with clots. You may notice that you pass a small amount of whitish-gray tissue or solid clot about the size of a grape, which may be the pregnancy tissue. The bleeding may continue off and on for a few weeks, or may decrease to spotting after a few days.

Phone follow-up

Date _____ **Time** _____

If you do not hear from your nurse or Dr by 3:00 PM, please phone the clinic.

Four to seven days after you use mifegymiso, your nurse or doctor will phone you to discuss your symptoms and decide if your history is consistent with a complete procedure. You will be asked to answer the following questions:

- Did you have cramping and bleeding heavier than a period within 24 hours of taking misoprostol?
- Do you feel like you passed the pregnancy (as if you had a miscarriage) with the passage of clots or tissue?
- Are your pregnancy symptoms resolving (nausea, vomiting, breast tenderness)?
- Is your bleeding lighter now than the heaviest bleeding after misoprostol (bleeding should be lighter now but may continue for the next few weeks)?

If you answer yes to all of the above questions, the abortion is likely to have been successful.

If you answered no to any of these questions, you may need to have an additional dose of misoprostol. In some cases you may need further evaluation with in-clinic assessment, bloodwork or ultrasound.

Urine home pregnancy test follow-up

Date _____

Four weeks after taking the mifegymiso, you MUST do a urine pregnancy test (obtained from the pharmacy) to confirm the termination is complete. Do NOT do a urine pregnancy test prior to 4 weeks due to the high rate of false positives.

If the urine test is negative, no further follow up is needed.

If the urine test is positive, please phone the clinic for further evaluation to ensure the abortion is complete.

Birth Control:

Date _____ Contraception _____

Start birth control as advised by your doctor. You can become pregnant as early as 7 days after the termination and before your next period. Usually you start the birth control the day of or after the misoprostol. If you are prescribed an IUD, make an appointment to have the IUD inserted after your urine pregnancy test is negative. For more information on birth control options, see

<http://www.sexualityandu.ca>.

For a medication abortion, you must

- **have a telephone,**
- **have transportation in case of an emergency,**
- **follow through with the entire multi-step process as advised** (including medications, tests and phone calls at the pre-arranged dates and times), and
- **have a surgical abortion if the medication abortion doesn't work.** If the medication abortion fails it is very likely the fetus will be damaged or deformed.

Rare risks are serious infection, hemorrhage requiring blood transfusion or hysterectomy, and death. In perspective, first trimester abortion is at least 10-14 times safer than childbirth.

Phone 306-652-0300 or attend Emergency if you experience:

- excessive bleeding (soaking 2 pads per hour for more than 2 hours in a row),
- severe abdominal pain that is not helped at all by using the pain medications,
- continued vomiting or are unable to keep fluids down for more than 4-6 hours (and are getting dehydrated),
- a fever greater than 38 C (100.4 F) for more than 4 -6 hours after the misoprostol.
- symptoms of a tubal pregnancy:
 - increasing one-sided pelvic pain,
 - pain that is sharp or seems to be coming from an unusual location, such as your shoulder tip or underneath one of your shoulder blades, or
 - feeling unusually weak or faint.

I, _____, consent to and authorize Dr. _____ to provide a medication abortion to myself. The procedure has been explained to me and I understand the nature of the procedure. I have been given an opportunity to ask questions and have had my questions answered.

This decision is voluntary and without coercion.

Verbal consent expressed by patient

Patient consented to receive this form and email risk waiver via email and accepts risks associated with email communication.

Signature of physician _____ Date _____