



Consent for – Pregnancy termination with medications

I have decided to take Mifegymiso (mifepristone and misoprostol) to terminate my pregnancy. I agree to follow the recommendations of Dr. _____ (or the doctor on duty) regarding taking each medication and what to do in case of an emergency. The doctor answered all of my questions and informed me about the risks and benefits of using Mifegymiso to terminate my pregnancy.

I understand that I will take the first part of the treatment (mifepristone) at the clinic. As soon as I take mifepristone, I will not be able to change my mind about the termination of pregnancy. I understand that I must take misoprostol 24 to 48 hours after taking mifepristone. It is recommended that I plan the process so that it fits well in my daily schedule. I have been counseled on what to do if I have heavy bleeding or need emergency care after taking the medication.

Bleeding and cramps do not mean that the termination has been completed. I must therefore have a follow up appointment on _____ at _____ hours to be certain that my pregnancy is over and that I am well. I know that in some cases the treatment will not work. This happens in about 2% to 5% of women for an early pregnancy of 7 weeks. The risk increases for a pregnancy between 7 and 9 weeks.

I understand that if my pregnancy continues after taking the first medication, there is a risk of congenital malformations. If Mifegymiso does not work, I will be offered different options to complete the process. A curettage may be necessary in some cases.

I understand that there are risks of infection (less than 1%), haemorrhage (less than 1%), allergic reaction and incomplete abortion. Although very rare, a toxic shock can lead to death, the risk being 0.001%.

I certify that I have received the document entitled "Information Guide - Pregnancy Termination with Medication", in its version 6-20.

I have read and understood the above consent form and have had the opportunity to discuss any concerns or questions relating to the termination of this pregnancy.

And I sign.

Signature _____

Date: _____

Witness: _____

Consent validated by the doctor prescribing Mifegymiso

Date

Doctor's signature