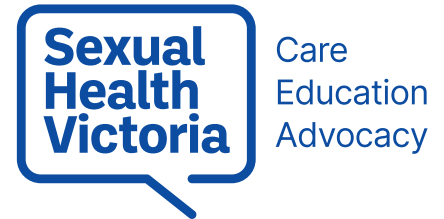


CONSENT TO MEDICAL ABORTION



- I have discussed the benefits, risks and side effects of medical abortion with a clinician at Sexual Health Victoria (SHV). The nature of the treatment has been fully explained to me and I have read the information leaflet and have had the opportunity to ask questions.
- I am satisfied that I have been given the opportunity to explore my options regarding my pregnancy including alternatives to medication abortion.
- I understand that:
 - For around 1 in 150 the medication does not work and a surgical procedure with anaesthesia may be required.
 - Bleeding and pain are expected.
 - Around 1 in a 1000 require a blood transfusion due to very heavy bleeding.
 - Small fragments of tissue or blood clots might remain in the uterus. This tissue or blood clot will often pass with time. Medication can sometimes be used to help the tissue or blood clot to pass. Around 3-5% of people who have a termination of pregnancy using tablets will need a surgical procedure (curette). This can be arranged at a public hospital and will require at least 2 hospital visits.
 - Around 1 in 100 will need treatment for infection.
 - In around 1 in 7000 an ectopic pregnancy (a pregnancy outside the uterus) that is present, will not have been diagnosed at the time of the medication abortion.
 - Serious infections or complications related to medication abortion are rare but can be potentially life threatening.
 - Very heavy bleeding, persistent uncontrolled pain, feeling unwell, feeling weak (with or without a fever) requires immediate medical attention. An ambulance can be called on 000.
- I understand if I do not complete the treatment once it has started or if treatment is unsuccessful there is a risk of birth defects or harm to the fetus if I continue my pregnancy.
- I agree to be contacted by SMS for follow-up.
- I understand that contraception (if needed) should be started immediately after the miscarriage.
- I am aware I need to be within 1 hour of emergency services for 3 weeks after taking my step 2 medications.
- A responsible adult will stay with me from when I take my step 2 tablets until the heaviest bleeding has settled.
- I agree to attend for follow up as arranged by my doctor/nurse.

I acknowledge that this information has been understood by me and give verbal consent to a medical abortion.

TAKING YOUR MEDICATIONS



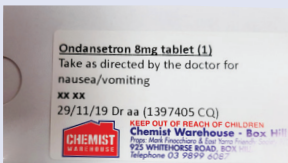
Care
Education
Advocacy



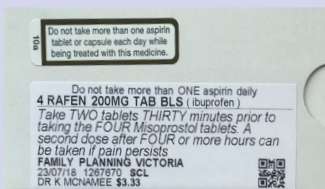
STEP 1



Swallow this single tablet at _____ on _____.



Take 1 tablet at _____ on _____ to prevent nausea.

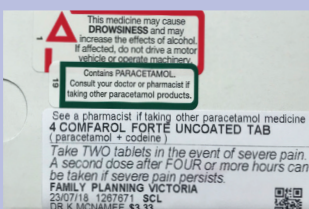


Take 2 tablets at _____ on _____. Repeat in 4 hours if necessary for mild pain.

STEP 2



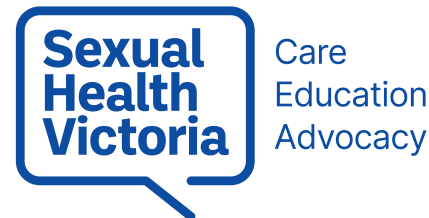
Take 4 tablets at _____ on _____. Rinse your mouth then place 2 tablets each side (=4 tablets total) between your teeth and gums. Allow these to be absorbed for approx. 30 min and then swallow any residue with water.



Take 1-2 tablets for moderate to strong pain as needed, repeat in 4 hours if necessary.

If you have any questions or concerns please don't hesitate to phone SHV 9257 0100 to speak with a nurse (9am - 5pm) weekdays or Marie Stopes 1300 515 883 (24 hr service). A nurse will contact you approximately 1-3 days after you have taken your 2nd dose of tablets.

CONSENT TO VERY EARLY MEDICAL ABORTION



Date:

- I have discussed the benefits, risks and side effects of medical abortion with a clinician at Sexual Health Victoria (SHV). The nature of the treatment has been fully explained to me and I have read the information leaflet and have had the opportunity to ask questions.
- I am satisfied that I have been given the opportunity to explore my options regarding my pregnancy including alternatives to medication abortion.
- I understand that:
 - For around 1 in 150 the medication does not work and a surgical procedure with anaesthesia may be required.
 - Bleeding and pain are expected.
 - Around 1 in a 1000 require a blood transfusion due to very heavy bleeding.
 - Small fragments of tissue or blood clots might remain in the uterus. This tissue or blood clot will often pass with time. Medication can sometimes be used to help the tissue or blood clot to pass. Around 3-5% of people who have a termination of pregnancy using tablets will need a surgical procedure (curette). This can be arranged at a public hospital and will require at least 2 hospital visits.
 - Around 1 in 100 will need treatment for infection.
 - Ectopic pregnancy has not been excluded. I will seek urgent medical review if I have little or no bleeding within 10 hours of taking my step 2 medication. I will present to emergency services if I develop symptoms of an ectopic pregnancy before my follow up blood test confirms I am no longer pregnant. These include one sided lower abdominal pain, sudden dizziness or weakness, shoulder, neck, or rectum pain or if I develop sharp abdominal cramps, or abdominal pain with vomiting that is not within the first four hours after taking misoprostol.
 - Serious infections or complications related to medication abortion are rare but can be potentially life threatening.
 - Very heavy bleeding, persistent uncontrolled pain, feeling unwell, feeling weak (with or without a fever) requires immediate medical attention. An ambulance can be called on 000.
- I understand if I do not complete the treatment once it has started or if treatment is unsuccessful there is a risk of birth defects or harm to the fetus if I continue my pregnancy.
- I agree to be contacted by SMS for follow-up.
- I understand that contraception (if needed) should be started immediately after the miscarriage.
- I am aware I need to be within 1 hour of emergency services for 3 weeks after taking my step 2 medications.
- A responsible adult will stay with me from when I take my step 2 tablets until the heaviest bleeding has settled.
- I agree to attend for follow up as arranged by my doctor/nurse.

I acknowledge that this information has been understood by me and give verbal consent to a medical abortion.