

INFORMED CONSENT FORM FOR SURGICAL TERMINATION OF PREGNANCY

Termination of pregnancy in Estonia is regulated by the "Termination of Pregnancy and Sterilization Act," adopted on November 25, 1998. The latest amendment to the law was made in 2019. The law serves as the legal basis for this informed consent form. According to the Termination of Pregnancy and Sterilization Act, pregnancy may be terminated at the pregnant woman's request if the pregnancy has lasted less than 12 weeks. This consent form is to be signed in duplicate. One copy is retained by the patient and one by the healthcare institution.

You are undergoing surgical termination of pregnancy. When performed safely by a trained healthcare professional, the procedure very rarely has any complications and there are generally no negative effects on health or future pregnancies.

Surgical abortion is performed by vacuum aspiration, in which a specialized instrument is inserted through the cervix into the uterus to remove its contents. The procedure takes place in the day surgery department and lasts for a short time. General anaesthesia is used for pain relief, with local anaesthesia used in exceptional cases.

Cervical preparation

Before surgical abortion, cervical preparation is always necessary, and the required medication will be provided by the healthcare institution. The medication (Misoprostol) softens the cervix and makes it easier to pass through.

2 tablets (400 µg) of Misoprostol should preferably be placed under the tongue or between the cheek and gums 1-2 hours before the procedure. An alternative administration method is vaginal insertion (2 tablets of Misoprostol 2-3 hours before the procedure).

Since Misoprostol can cause cramp-like abdominal pain, it is recommended to take 400-600 mg of Ibuprofen orally 30-40 minutes before taking it (if needed, with minimal water).

On the morning of the procedure:

- Do not eat or drink.
- Do not chew gum or smoke.
- If you have a chronic illness (such as arterial hypertension, asthma, etc.) and are prescribed treatment, you must take your daily medications on the morning of the procedure. Taking a few sips of water to swallow the tablets is allowed and safe. Some diabetes medications that are not administered without food may be exceptions.
- Empty your bladder before the procedure.

If you have decided to use an intrauterine device (IUD) or subdermal implant as contraception in the future, take the device with you to the procedure.

Termination of pregnancy at a healthcare institution

(healthcare institution, department, appointment date)

After the procedure

After the procedure, you will stay in the hospital/day surgery for a few hours to allow the primary effects of anaesthesia to wear off. Temporary abdominal pain due to uterine contractions and menstrual-like bleeding are common immediate post-procedure side effects. You will be provided with adequate pain relief.

If you are Rh-negative and the pregnancy has lasted more than 9 weeks, you will be administered medication to prevent Rh conflict in future pregnancies (anti-D immunoglobulin 625 IU/ml intramuscular injection within 72 hours after the termination of pregnancy).

If desired, you have the right to obtain a sick leave certificate.

Feelings after an abortion

It is natural to experience different emotions. Often, people feel relief that they have made a decision that was best for them at that moment. In the case of a medically indicated termination of pregnancy, you may experience various feelings, including those associated with loss. You can seek support from family members, friends, medical professionals, professional counsellors, and psychologists to talk about your feelings.

Possible complications of surgical termination of pregnancy

Surgical termination of pregnancy is generally a safe procedure. Very rarely, complications associated with the operation may occur: cervical injury, incomplete uterine evacuation, uterine perforation, anaesthesia-related complications. In case of some complications (bleeding, cervical injury, uterine perforation), surgical treatment (laparoscopic or open surgery) may be necessary.

When to seek emergency medical care

Seek emergency care if you experience any of the following: pregnancy symptoms/signs persist (such as nausea, vomiting, breast tenderness, fatigue, changes in appetite); persistent or worsening abdominal pain; bleeding worsens: passing blood clots, saturating two or more large sanitary pads within two consecutive hours; unpleasantly smelling or dark coloured vaginal discharge; fever ($\geq 38^{\circ}\text{C}$), or generally feeling unwell.

Seek an appointment with a gynaecologist/midwife or visit the around-the-clock emergency department of the hospital:

(healthcare institution, department, appointment date)

For problems or questions, please contact us at:

After surgical abortion

The necessity of a post-abortion visit is decided and arranged by the doctor/midwife, considering your preferences, and usually takes place 2-5 weeks later.

In the case of an uncomplicated abortion, follow-up visits are generally not required.

If you were given an appointment at a healthcare institution/ or a telephone appointment (please underline) (usually in 2-5 weeks), then it will take place:

.....
(healthcare institution, appointment date)

During two weeks following the abortion, it is recommended not to have sex without using a condom, not to use vaginal tampons or a menstrual cup, not to have baths (showering is permitted) and not to go swimming.

The next menstruation should start 4-6 weeks after the termination of pregnancy. If it does not occur, contact a gynaecologist.

Preventing unwanted pregnancies

After the termination of pregnancy, conception can occur even before the next menstrual period. You can start using contraceptive pills, patches, or rings or receive a depot injection on the same or following day as the procedure. During the abortion, a doctor can insert an intrauterine device or subdermal implant.

Chosen method of contraception:
(name)

Commencement:
(date)

Please proceed with the termination of pregnancy using my chosen method. I consent to the surgical abortion and confirm that:

- 1) I have read and understood the contents of the informed consent form;
- 2) I have been counselled on the nature of abortion and the chosen method;
- 3) I am aware that the surgical method is effective but not 100%, and repeated termination of pregnancy with medication or surgical intervention may be necessary.

Patient

.....
(full name, phone number, signature)

Healthcare professional

.....
(full name, code, signature)

Date