

INFORMED CONSENT FORM FOR MEDICAL ABORTION OF PREGNANCY

Pregnancy termination in Estonia is regulated by the "Pregnancy Termination and Sterilisation Act", which was passed on 25.11.1998. The last amendment was made in 2019. This act constitutes the legal basis for this informed consent form. According to the Pregnancy Termination and Sterilization Act, pregnancy can be terminated at the pregnant woman's own request if the duration of the pregnancy is 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. The informed consent form is to be signed before taking Mifepristone.

You are about to have a medical abortion and you do not have any contraindications for it (known ectopic pregnancy, allergy to drugs, severe asthma that is unresponsive to treatment, porphyria, chronic adrenal insufficiency).

Termination of pregnancy is achieved in two stages and two different drugs are used:

- 1) Mifepristone
- and
- 2) after 24-48 hours, Misoprostol.

Mifepristone blocks the hormone (progesterone) necessary for maintaining the pregnancy and Misoprostol induces contractions of the uterus. Misoprostol may harm the foetus, which means that it is not advisable to reconsider the decision to terminate the pregnancy after the drugs have been taken. Both drugs will be provided by the healthcare institution.

If you are rhesus negative and you are more than nine weeks pregnant you will be given a drug that will prevent Rh conflict during your next pregnancies (anti-D immunoglobulin 625 IU/ml as an intramuscular injection before or within 72 hours of the termination of the pregnancy).

The first stage is the administration of Mifepristone:

1 tablet (200 flig) ofally off(tri	0 mg) orally on(date)(tir	іте	.)
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After taking Mifepristone:

- You will typically not feel any different and can continue with your everyday activities.
- If you vomit within 2 hours of taking the pill, the drug may not have been absorbed. You should contact the healthcare institution to determine whether you need to take a new tablet.
- You may experience lower abdominal pain and a small amount of menstrual bleeding. Bleeding does not indicate that the pregnancy has terminated and it is necessary to take the second drug (Misoprostol) as prescribed after 24-48 hours. We recommend using a sanitary pad.
- Very rarely the pregnancy tissue may be expelled before taking Misoprostol. If you experience heavy bleeding in clots and strong lower abdominal pain and it begins immediately after taking Mifepristone, then you can place 2 tablets of Misoprostol (400 μ g) under your tongue or between your gums and cheek immediately, and it is no longer necessary to take the Misoprostol at the prescribed time.

The second stage is the administration of Misoprostol:

Place 4 tablets (800 μg) in your vagina ((date)	(time)
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Empty your bladder and wash your hands. The preferred method of administration is the placement of Misoprostol deep into the vagina, after which you should lie down for 30 minutes. In the case of heavy vaginal bleeding, this method may not be sufficiently effective and you should instead place the tablets under your tongue or between your gums and cheek, where they will be gradually absorbed (for a more even uptake you may take 2 + 2 tablets with a 20-minute interval).

Taking Misoprostol:

- If you take the drug outside hospital then choose a private space.
- It is recommended that you are in the company of a trusted adult.
- Misoprostol causes contractions of the uterus, which causes lower abdominal pain similar to or stronger than period pain. For pain relief, it is recommended to take 400–800mg of Ibuprofen together with the Misoprostol. If this does not work or is unavailable then 1000 mg of Paracetamol can be used instead or in addition. If the drug is administered in hospital, then pain killers will also be supplied there.
- If necessary 400-800 mg of Ibuprofen may be taken 1-3 times a day. As an alternative 1000 mg of Paracetamol 1-4 times a day may also be used, or both. Make sure you have a supply of pain killers at home before the pregnancy termination.
- During the first few hours after taking Misoprostol you may feel nauseous, you may vomit, you may experience chills, a short-lived fever, headache and diarrhoea.
- The expulsion of pregnancy tissue is accompanied by bleeding that is often heavier than normal menstrual bleeding and contains blood clots and tissue.
- The expelled fetal egg may be visible (on a sanitary pad for instance) as a gel-like round 1-3 cm-long formation. Bleeding and the expulsion of pregnancy tissue usually begins within the first 4 hours after taking Misoprostol, although sometimes it may take longer.
- \cdot If bleeding does not start within 4 hours of taking Misoprostol then take the additional dose (2 tablets 400 μ g) of Misoprostol you were given from the healthcare institution vaginally, under your tongue or between yours gums and cheek.
- If bleeding does not start within 72 hours (3 days) then you should seek emergency medical attention ectopic pregnancy needs to be ruled out and a new treatment plan agreed.
- If you are breast feeding then you can continue to do so as usual despite the termination of your pregnancy.
- After the initial expulsion of pregnancy tissue, bleeding may continue for 2 weeks on average, but sometimes for up to 45 days (until the next menstruation).
- Any remaining drugs should not be disposed of in the garbage but taken to a pharmacy or returned to the healthcare institution.
- You have the right to receive a certificate for sick leave if you wish.

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 pregnancy termination, 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.

Confirming termination of pregnancy and potential complications

Medical abortion is successful in approximately 95% of cases without additional intervention. In about 5% of women, pregnancy may continue (at a frequency of 1-2 cases per 100), fail to terminate completely, or rarely, pelvic inflammatory disease may occur as a complication. In these listed circumstances, additional medication or surgical termination of the pregnancy may be necessary.

The pregnancy has ended when:

- pregnancy-related symptoms (such as breast tenderness, nausea, vomiting, fatigue, changes in appetite, increased urination) subside;
- after administering Misoprostol, in addition to bleeding, tissue material was also expelled;
- bleeding lasted for an average of 2 weeks, gradually decreasing, sometimes up to 45 days;
- pregnancy tests from urine become negative no later than after 5 weeks.

The next menstruation should start 4-6 weeks after the termination of pregnancy. If bleeding does not start after this time, it may indicate a continued or ectopic pregnancy, so seek emergency medical attention.

When to seek emergency medical care

Seek emergency care if you experience any of the following: bleeding does not start within 72 hours after taking Misoprostol; you suspect pregnancy continuation; you have a fever (≥38°C) for more than 24 hours; persistent or worsening lower abdominal pain that does not alleviate with painkillers; heavy bleeding (2 or more large pads within 2 consecutive hours); bleeding continues after the expected next menstrual period; unpleasantly smelling or dark coloured vaginal discharge; feeling faint; generally feeling unwell.

Seek an appointment with a gynaecologist/midwife or visit the around-the-clock emergency department of the hospital:
(healthcare institution, department, date of visit)
In case of problems or questions please contact us by phone on:

After the termination of pregnancy

The necessity of a post-abortion visit is decided and arranged by the doctor/midwife, taking into account your preferences, and it 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), it will take place at:
(healthcare institution, appointment date)
During the two weeks following the abortion, it is not advisable not to have sex without using a condom, use vaginal tampons or menstrual cups, take baths (showers are allowed), or swim. It is not recommended to visit saunas during heavy bleeding.
Preventing unwanted pregnancies:
After the termination of pregnancy, conception can occur even before the next menstrual period. You may start using contraceptive pills, patches, or rings on the evening of the day of Misoprostol tables administration or no later than the next morning. Subdermal implants can be inserted or a depot injection administered at a healthcare institution immediately before or after tablet administration. Intrauterine devices (IUDs) can be inserted during a doctor's visit once the termination of pregnancy is confirmed.
Chosen method of contraception:
Commencement:
(date)
Please proceed with the termination of pregnancy using my chosen method. I consent to the medica 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 medical method is effective but not 100%, and repeated medication administration or surgical intervention may be necessary.
Patient
(full name, phone number, signature)
Healthcare professional
(full name, code, signature)
Date