

Physician Instructions for Patient Consent for a drug-induced abortion

As a physician intending to provide medications to induce an abortion you are required to secure the informed written consent of the pregnant patient at least twenty-four (24) hours before the procedure. Kentucky law requires that you document the clinical estimate of gestation in weeks, the probable post-fertilization age in weeks, the Rh negative status of the pregnant patient and if negative that information was provided and treatment offered.

You are required to review the description of the procedure and all associated risks and hazards with the pregnant patient before providing the medications. As the physician administering the medicines (such as Mifepristone RU 486) for medical termination of early pregnancy you must be able to provide surgical intervention or have made plans for provision of such care through other qualified physicians and be able to assure patient access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary.

If you are using an evidence-based regimen, you must provide detailed information on the regimen being used. In addition, as the physician prescribing, dispensing, or otherwise providing an abortion inducing drug you must be physically present in the same room as the patient when the drug or chemical is first provided to the patient.

The consent form shall not be valid unless the patient initials each acknowledgement of the risks associated with the procedure, the patient signs the consent form, and you sign the consent form.

You must submit a copy of the signed consent form to the Cabinet for Health and Family Services. All abortions must be reported to the Cabinet for Health and Family Services within three (3) days after the end of the month in which the abortion procedure was performed.

Patient Consent for a drug-induced abortion

Patient's Name
DOB

Date last normal menses began
Clinical estimate of gestation (weeks)
Probable post-fertilization age (weeks)
Rh negative status

- **Information provided**
- **Treatment offered**

Please review the description of the procedure and the associated risks and hazards with the patient:

Medical (Nonsurgical) Abortion

Medical abortion is a way to end a pregnancy by using an abortion inducing drug as an alternative to surgical procedures. The Food and Drug Administration allows this type of abortion up to 49 days (7 weeks) after the last menstrual period. The gestational age must be determined before a physician can administer these drugs to a pregnant woman.

The physician administering the medicines (such as Mifepristone RU 486) for medical termination of early pregnancy must be able to provide surgical intervention or have made plans for provision of such care through other qualified physicians and be able to assure patient access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary.

Methods of Non-surgical Abortion

Kentucky law states that the physician administering any abortion inducing drug must be able to determine the duration of the pregnancy accurately, be able to diagnose ectopic pregnancies, be able to provide surgical intervention or have made plans for provision of such care through other qualified physicians and be able to assure patient access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary. The physician administering Mifepristone (RU 486) is required to fully explain the procedure to the patient including whether the physician is using the drug in accordance with the U.S. Food and Drug Administration tested and authorized protocol. If the physician is using an evidence-based regimen, the physician must provide detailed information on the regimen being used. In addition, the physician who is prescribing, dispensing, or otherwise providing an abortion inducing drug must be physically present in the same room as the patient when the drug or chemical is first provided to the patient.

Mifepristone (RU 486), Misoprostol, and Methotrexate are drugs used in regimens for medical termination of early pregnancies. These drugs are given by mouth or placed in the woman's vagina. These drugs cause abortion by causing the uterus to contract and expel the fetus and placenta.

After receiving these drugs, you might experience cramping and bleeding, pass clots, tissue, and the unborn child within hours or days. The remains of the unborn child may be visible to you at this time. Some amount of bleeding is common following a medical abortion.

Your doctor will tell you when you need to return to be checked. If you are still pregnant at that visit, you will be given a second drug either by mouth or vaginally. You will be instructed when to return for an important follow-up visit. Your doctor will determine whether your pregnancy has completely ended. If you are still pregnant, a surgical procedure could be necessary.

Possible Complications of Non-surgical Abortion

- Incomplete abortion - very rarely - possibly requiring a surgical abortion procedure.
- Heavy bleeding - very rarely.
- Painful cramping.
- Allergic reaction to drugs - very rarely.
- Nausea and/or vomiting.
- Diarrhea.
- Fever.
- Infection - very rarely - an infection develops in the uterus. Medication might be needed to clear infection.
- Fertility can be diminished in very rare instances as a consequence of infection.
- Very rarely - emergency treatment for any of the above problems, including the possible need to treat with an operation, medicines, or blood transfusion.
- Very rarely - death.
- Methotrexate and misoprostol can cause serious birth defects if your pregnancy does not end.

If you change your mind

Some women change their mind about abortion after starting the medication regimen to terminate their pregnancy. Abortion pill reversal involves taking large doses of the hormone, progesterone, within 72 hours after taking the first dose of mifepristone (RU-486). It is most effective if taken within 24 hours. The abortion pill reversal procedure can only occur after the first dose of mifepristone (RU-486) and is ineffective after the second set of pills (misoprostol). More information about abortion pill reversal can be found on the American Pregnancy Association website at <https://americanpregnancy.org/unplanned-pregnancy/abortion-pill-reversal>.

Progesterone, used in the reversal process, has been safely used in pregnancy for over 50 years. Initial studies have found that the birth defect rate in babies born after the APR is less or equal to the rate in the general population.

Patient Acknowledgement of the Risk and Consent

By signing below, I am indicating that I understand and agree to the following:

The doctor is going to perform an abortion on me which will end my pregnancy and result in the death of the unborn child. Patient's Initials _____

I am not being forced to have an abortion and I understand that I have the choice not to have the abortion and may withdraw consent prior to the abortion. Patient's Initials _____

I give permission for the procedure. Patient's Initials _____

I understand that there are risks and hazards that could affect me and may result in further complications. Patient's Initials _____

I have been given the opportunity to ask questions about my condition, alternative forms of treatment, risks of not receiving treatment, the procedures to be used, and the risks and hazards involved. Patient's Initials _____

I have been given information regarding the possibility to reverse the effects of the abortion inducing medications and understand how to contact a medical professional for assistance. Patient's Initials _____

I have been given the name and contact information for the physician who will provide follow-up care. Patient's Initials _____

A follow-up appointment has been scheduled for me and I understand the importance of keeping all follow-up appointments. Patient's Initials _____

I have been given a copy of the information contained in this consent form. Patient's Initials _____

I have sufficient information to give informed consent. Patient's Initials _____

I understand I have the right to bring legal action against the physician performing the abortion should I feel coerced or misled. Patient's Initials _____

Patient Signature

Date of consent

As the qualified physician prescribing the abortion inducing medications, I acknowledge that I have reviewed the information contained in this consent form with the patient and have answered all questions.

Physician Signature

Date medications provided to patient

Physician Use Only

Disposition of fetal remains (check only one):

Retained by facility for cremation

Retained by patient for cremation

Retained by patient for burial