



Clinic for Women
3607 West 16th Street Suite B-2
Indianapolis, IN 46222
317-955-2641

Effective February 3, 2017

To all patients considering a Medical abortion:

If you have any condition that requires long term use of steroids, the use of Mifeprex and Misoprostol to terminate your pregnancy would not be safe for you.

If your immune system is deficient or compromised in any way, such as being HIV positive or diagnosed with Lupus, you would not be eligible for a Medical abortion.

I have read and fully understand the above statement.

Patient signature: _____

Date: _____

Witness signature: _____



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Checklist for Non-surgical abortion

Patient name _____ Chart # _____

	Completed by	Date
Sono: W_____ D_____	_____	_____

2 nd Sono: W_____ D_____	_____	_____
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Patient meets inclusion & exclusion criteria	_____	_____
--	-------	-------

Possible risk & complications explained	_____	_____
---	-------	-------

Patient instructions & procedure explained	_____	_____
--	-------	-------

Follow up schedule explained	_____	_____
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Consent form signed and witnessed	_____	_____
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Smoker Y or N

Possible necessity of surgery procedure	_____	_____
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Vitals morning of procedure: BP _____ P _____ Temp _____

Lab results: Hct _____ Rh _____ Wt _____

Time medication given: _____

200 mg Mifeprex administered to patient to swallow _____, MD _____

Patient dispensed Metronidazole 500mg, _____, MD _____
 1 tablet every 24 hours X 2 days

Patient dispensed four tablets of Misoprostol 800 mcg
 to insert buccally. _____, MD _____

Patient given Rx for ten tablets of Norco 5mg/325mg
 or Tylenol #3 INSPECT CHECK DATE _____, MD _____

Patient given birth control: _____, MD _____

Immune Globulin: mini dose IM: lot# _____ exp. Date _____ site _____

Pt told to return for exam on _____

Documentation of patient follow-up phone calls: Date _____, Initials _____

Date letter mailed: _____, Initials _____

Medical abortion Inclusion and Exclusion Criteria

Name _____ Date _____ Chart # _____

Inclusion criteria (to qualify, patient must answer yes to all of the following:

- | | | |
|--|-----|----|
| *good general health | yes | no |
| *at least 18 years old | yes | no |
| *willing to have a surgical abortion if necessary | yes | no |
| *pregnancy no more than 70 days (10 weeks) gestation | yes | no |
| *agrees to: vaginal ultrasound, venipuncture, pelvic exam | yes | no |
| *willing and able to sign informed consent | yes | no |
| *resident of the US and lives within 2 hours of the clinic | yes | no |
| *access to a telephone and emergency transportation | yes | no |
| *willing to comply with visit schedule | yes | no |

Exclusion criteria (to qualify, patient must answer **no** to all of the following:

- | | | | | | |
|---|-----|----|----------------------------|-----|----|
| *adrenal disease | yes | no | * severe asthma | yes | no |
| *glaucoma | yes | no | * mitral stenosis | yes | no |
| *sickle cell anemia | yes | no | * arterial hypotension | yes | no |
| *liver disease | yes | no | * kidney disease | yes | no |
| *hypertension | yes | no | * thromboembolism | yes | no |
| *angina | yes | no | * congestive heart failure | yes | no |
| *arrhythmia | yes | no | * heart valve disease | yes | no |
| *anemia (HgtKlO) | yes | no | * anticoagulants | yes | no |
| *clotting defect | yes | no | * breastfeeding | yes | no |
| *IUD in place | yes | no | * uncontrolled seizures | yes | no |
| * acute inflammatory bowel disease | | | | yes | no |
| * insulin-dependent diabetes mellitus | | | | yes | no |
| * adnexal mass or tenderness suggestive of PID | | | | yes | no |
| * ectopic pregnancy or threatened abortion | | | | yes | no |
| * 35 or older, smokers 20+ cigarettes a day, plus one other risk factor from the following: | | | | | |
| • Diabetes mellitus, hyperlipidemia, hypertension, family history of ischemic heart disease with early death age 50 or less | | | | yes | no |
| * Desire to use any of the following medications: | | | | | |
| • Salicylates (such as aspirin), anticoagulants (such as coumadin), indomethacin, oxytocics (methergine), antipsychotic medications (clozaril, compazine, haldow, mallaril, prolixin, stelazine, thorazine, trilafon) | | | | yes | no |

Patient signature _____ Date _____

Parent signature: _____ Date _____

Witness _____ Date _____

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Medical Abortion Consent Form

I _____ give my permission for Dr. _____ and/or such associates s/he may elect and supervise to perform a nonsurgical/medical abortion with Mifepristone and Misoprostol. I understand that I am fewer than ten weeks pregnant, and I have decided to have an abortion with the medications Mifeprex and Misoprostol. These medications will cause an abortion by starting vaginal cramping and bleeding similar to a very heavy period or miscarriage. This method allows a pregnant woman to have an abortion without putting instruments into the uterus.

Mifeprex is a drug that blocks the action of progesterone, a hormone needed to continue a pregnancy. **Misoprostol** is a drug which causes the uterus to contract and empty. When the FDA approved Mifeprex, it was approved for use in combination with Misoprostol. Studies have shown that Mifeprex and Misoprostol, when used together, are approximately 95% effective in causing an abortion in an early pregnancy.

Procedure:

This procedure follows the **evidence based regimen**- a process that has been thoroughly studied for over 10 years and allows the patient to complete her nonsurgical abortion using less Mifeprex and with fewer clinic visits than the FDA regimen. The evidence based regimen has been proven effective, is less expensive, and has fewer side effects- particularly stomach upset and diarrhea.

- After a thorough medical history I will have an ultrasound to confirm the gestation of the pregnancy to make certain it is 10 weeks or less on the day that I receive the Mifeprex
- The physician will review my history, ask any questions s/he has, and may perform a pelvic exam.
- The physician will give me 200 mg of Mifeprex to swallow while here in the facility.
- I will be given 4 Misoprostol tablets with instruction to regarding the placement of the 4 tablets
- I will plan to stay home for approximately 6-8 hours after placing the Misoprostol tablets.. I can expect to have moderate to severe cramping and vaginal bleeding in the hours following the placement of Misoprostol.
- I will contact my provider at 1-800-545-2400 if I soak two maxi pads per hour for two consecutive hours. I will take my temperature the day after placing the Misoprostol and contact the Clinic for Women if it exceeds 100.4 degrees.
- I will continue to take my temperature daily for the next 3 days after treatment. If I have a fever of 100.4°F or higher that lasts for more than 4 hours or severe abdominal pain, I will contact the Clinic for Women.
- I will contact my provider immediately if I have heavy bleeding (soaking through two thick full-size sanitary pads per hour for two consecutive hours).
- I will contact my provider immediately if I have abdominal pain or discomfort, or I am “feeling sick”, including weakness, nausea, vomiting or diarrhea for more than 24 hours after taking misoprostol.
- I will take the MEDICATION GUIDE with me when I visit an emergency room or a provider who did not give me Mifeprex, so that they will understand that I am having a medical abortion with Mifeprex.
- If I have severe abdominal cramping, I know that I can take pain medications which do not contain aspirin. CFW will provide me with prescription pain medication.
- I will return to the clinic approximately 14 days for my third visit for the purpose of having a vaginal ultrasound
- If the pregnancy has not been terminated, I understand that I may need to have a surgical abortion or the doctor may decide to give me additional misoprostol.
- The pregnancy-associated mortality rate among women who delivered live neonates was 8.8 deaths per 100,000 live births. The mortality rate related to induce abortion was 0.6 deaths per 100,000 abortions. In the one recent comparative study of pregnancy morbidity in the United States, pregnancy-related complications were more common with childbirth than with abortion.

Risks may include:

Incomplete abortion: As with surgical abortion, some pregnancy tissue may remain in my uterus. If this occurs, the provider will discuss my treatment options, which may include a surgical abortion. The risk of having very heavy vaginal bleeding after using Mifeprex and Misoprostol is about 1/100 or 1%. The risk of needing a blood transfusion after using these medications is about 1/1000 or 0.1%.

Misoprostol has been associated with birth defects. Congenital anomalies have occurred when women administered this prostaglandin analogue during the first trimester to self-induce abortion. Although the doses taken in these reports were often high, some were in the range of those used in medical abortion regimens. Defects include skull anomalies, limb deformities, and the Mobius sequence (mask-like facies with bilateral cranial nerve palsies and, often, micrognathia).

Continued pregnancy and birth defects: My pregnancy may not end after receiving the medications. If this happens, birth defects are possible. Because of the risk of birth defects, I know that a surgical abortion is strongly recommended to end the pregnancy. The risks of a first-trimester surgical abortion include perforation of the uterus, tearing of the cervix, an adverse reaction to any anesthesia used, infection, excessive bleeding, and failure to remove all of the tissue from the uterus.

Side effects. The following side effects are possible: nausea, vomiting, diarrhea, fever, headaches, and chills. Most of these side effects last less than a day. I will have cramping in my lower abdomen and I may need pain medication for this reason. Ectopic pregnancy or a pregnancy outside the uterus is a rare condition. It is a complication of pregnancy rather than abortion. I understand that if the pregnancy is in the fallopian tube or outside the uterus, neither surgical abortion nor Mifeprex/Misoprostol abortion will remove the pregnancy. Due to the possible threat of rupture of the fallopian tube, hospitalization may be necessary as soon as it is discovered.

The CFW fee for a medical abortion includes payment for a surgical abortion if needed. The fee does not include charges for an emergency room visit or for care at another facility.

Voluntary Consent

I have been informed of other choices during early pregnancy including continuing the pregnancy and becoming a parent, continuing the pregnancy and making adoption arrangements, and surgical abortion. I have been informed of the risks involved with a surgical abortion and a medical abortion, and the risks involved with continuing the pregnancy. I understand that I may choose to have a surgical abortion at any time after I start the medical abortion, although I will need to pay for this care if it is not medically necessary.

I have fully disclosed my medical history including the date of my last menstrual period, allergies, blood conditions, prior medications or drugs, and reactions to medications or drugs. I certify that I have read this form or it has been read to me. I understand its contents, and any questions have been answered to my satisfaction. I certify that I have been given the Mifeprex Patient Agreement and that I have had an opportunity to read it and discuss it with my provider. I understand that once I have taken the mifepristone I am committed to the abortion procedure and that there is no evidence based way to reverse the mifepristone.

Patient Signature

Date

Time

Parent or Guardian Signature, if patient is a minor

Date

Time

Witness Signature

Date

Time

Please bring this form with you when you return for your second appointment:

You are going to return to CFW on _____, ____/____/____ at _____ am/pm
(Day) (Date) (Time)

Please make sure you wear a maxi pad to this office visit. On your return visit, you are going to take the following medication:

- 1) **Mifeprex**-stops the growth of your pregnancy, it may cause cramping and you may begin to spot.
Note: It takes thirty minutes for this medication to enter your system and become effective. Please let the staff know if you feel nauseous. If you leave the clinic, are unable to keep this medication down, and need to take an additional Mifeprex tablet you are responsible for the additional \$100.00, replacement fee.

You will be sent home with two medications and a prescription:

- (1) **Metronidazole**-an antibiotic to prevent infection. Please take your first dose of this medication twenty-four (24) hours after taking the Mifeprex. Please take your second dose of this medication forty-eight (48) hours after taking the Mifeprex. **DO NOT** take this medication on an empty stomach.
- (2) **Misoprostol**-please insert the four tablets of misoprostol, buccally. This means to insert into your mouth between your cheek and gum. Place two tablets on each side of your cheek. Until dissolved, do not eat or drink any liquids. The misoprostol tablets must be inserted into your cheeks within 24 to 48 hours. You may insert the tablets as early as _____ am/pm on _____, ____/____/____.
(Time) (Day) (Date)
The tablets **must** be inserted into your cheeks by _____ am/pm on _____,
(Time) (Day)
_____/____/____.
(Date)
- (3) **Norco 5mg/325mg or Tylenol #3**-The Physician will discuss pain medication options with you. S/he may suggest an over the counter pain medication regimen or s/he may write you a prescription for ten (10) tablets of Norco 5mg/325mg or Tylenol #3. It will help relieve the cramping during your procedure.
Please use medication wisely as there are no refills available.

The medical abortion procedure requires that all patients have two vaginal ultrasounds. Your first ultrasound was done on _____.

Your follow up vaginal ultrasound is scheduled for _____, ____/____/____ at _____ am/pm.

The purpose of the second ultrasound is to be certain that the pregnancy was terminated. For some women, even if they have had bleeding, the abortion may not be complete. If the pregnancy is still growing at the time of your follow-up visit, it is strongly recommended that you have a surgical abortion (using suction) because the medication can cause birth defects in this pregnancy if it continues.

PLEASE NOTE: If you do not return for your second ultrasound, Clinic for Women will contact you via telephone. If no response from our phone call, Clinic for Women will send a letter to the address provided. If no response, I understand Clinic for Women is no longer responsible for your medical care regarding this procedure. Clinic for Women will consider your failure to have the second ultrasound as a breach of contract between you and Clinic for Women. At that time we will close your file and will not attempt to contact you again regarding this matter.

We can also provide you with contraceptive information if not provided at your first appointment Please sign below to confirm you received a copy of this letter and as well as a copy of your instructions.

Patient Signature Date Time

Parent Signature, if patient is a minor Date Time

Staff Signature Date Time

CLINIC FOR WOMEN MEDICAL ABORTION TEACHING

Below are instructions for your medical abortion care. Please save this sheet to refer to if you have any questions. Call the clinic at 1-800-545-2400 if your questions are not answered on these sheets. Our office hours are Monday through Friday, 9:00am to 5:00pm, and Saturday 7:30am to noon. Our answering service is available 24 hours a day to have a staff member paged.

Your First Clinic Visit

- You will have a vaginal ultrasound to determine eligibility for a medical abortion.
- You will receive your state ordered information which is required by Indiana law.
- You will receive patient education about what to expect during the medical abortion process.
- You may discuss birth control options with a staff member at this time. *With the physician's approval, you may receive a prescription for a one month supply of either birth control pills or the Nuva Ring, along with one refill. At the time of your check-up you will be informed regarding the start date of your birth control. If you want the Depo-Provera Injection the cost is an additional \$60.00 and you will receive your injection at your follow up visit.*

Your Second Clinic Visit

- Be sure you have an easy to read thermometer and a box of sanitary pads
- You will have routine lab work completed. *If your blood type is RH negative you will need a rhogam injection which is an additional \$40.00.*
- You will see the doctor to take Mifeprex. This medication causes the pregnancy to stop growing. Mifeprex works by blocking the action of progesterone, a hormone needed to continue a pregnancy. It is used in combination with Misoprostol, a drug that causes the uterus to contract and expel the pregnancy. After taking Mifeprex the abortion process has begun, you will probably feel no different after taking the Mifeprex; however, you may experience nausea or vomiting. In this case, contact our office for instructions. In a small percentage of cases, some women start to bleed and cramp before the Misoprostol is inserted. If this happens, continue to insert the Misoprostol as directed.

Medications taken at home:

- **Metronidazole** (2 tablets) to prevent infection. Complete BOTH **Metronidazole** tablets, even if you feel like you don't need them. Take your first **Metronidazole** tablet 24 hours after taking your Mifeprex. Take your second **Metronidazole** tablet 48 hours after taking your Mifeprex. **DO NOT** take this medication on an empty stomach.
- Misoprostol 800mg (4 tablets), to be **inserted buccally (between cheek and gum)** (24 to 48 hours after taking Mifeprex)
- Norco 5mg/325mg or Tylenol #3 (10 tablets) for pain-please take your **first dose** of pain medication forty-five minutes before you place the four (4) tablets of misoprostol into your mouth buccally. You may also take any **non-aspirin**, over the counter pain medication for discomfort or pain. Non-aspirin medications: Motrin (Ibuprofen) or Aleve (Naproxen Sodium). For pain management, take pain relievers as directed, every 4 to 6 hours around the clock. **TYLENOL DOES NOT WORK FOR CRAMPS!**

How to Insert the Misoprostol:

Insert all four (4) tablets of Misoprostol buccally 24 to 48 hours from the date and time of taking the Mifeprex. To insert buccally, place two Misoprostol tablets on each side of your mouth, between your cheek and gum. Be prepared to spend this day and possibly the next day at home. You should have your **SUPPORT** person with you until abortion is complete or until the bleeding and cramping is tolerable.

1. The tablets must remain in your mouth for 30 minutes. After 30 minutes, swallow what does not dissolve.

Additional information regarding your medical abortion:

- Some women wonder if they will see pregnancy tissue as they bleed. You may see a sac that is white or grayish and looks somewhat like a grape. You may see only blood clots. Typically, the embryo is not visible before about 8 ½ weeks of gestation.
- Most women expel the pregnancy within 4 to 6 hours after placing the misoprostol. 75% of women expel the pregnancy within 48 hours. In rare cases, it may take a patient up to 14 days to completely expel the pregnancy. Your bleeding pattern will be unpredictable; you may bleed continually or you may also start bleeding, stop bleeding and then resume bleeding. Stay prepared with a pad or panty liner for your protection. You may experience the heaviest cramping during the expulsion process of the medical abortion. **You may also pass blood clots ranging from the size of a quarter to the size of a small orange. Bleeding or spotting could last up to two or three weeks after using Misoprostol.** Most women find that their pregnancy symptoms decrease within a couple of days.
- Plan to take your temperature the day after inserting the Misoprostol.
- Some patients may experience nausea, vomiting, diarrhea, fever, headaches and chills.
- You may want to have a heating pad or a hot water bottle on hand to help relieve cramping.
- Be sure to drink plenty of non-alcoholic, caffeine-free beverages (e.g. water, juice, sports drinks) to avoid dehydration.
- No alcohol or aspirin until your next visit as they may cause excessive bleeding.
- Please watch for any signs of complications. While it is rare to have an emergency, it is important that you make plans ahead of time about how to call us and how you would get to our office or another medical facility if you need to.
- You can get pregnant very soon after an abortion, even before your next period comes. For that reason, do not have sex for 2 weeks after inserting Misoprostol. Your provider will advise you how and when to begin contraception to avoid unintended pregnancy.

If any of the following occur, please contact us immediately at 1-800-545-2400

(Please note: the return call will come from an unavailable, unknown, or private number)

1. If I am hemorrhaging, which means is uncontrolled bleeding, I must seek **emergency hospital care immediately**. I will take the MEDICATION GUIDE with me so that the provider in the emergency room will understand that I am having medical abortion with Mifeprex.
2. Please contact us if you are having severe, heavy bleeding. This means that you have soaked through two sanitary maxi-pads in an hour for two consecutive hours.
3. If you experience nausea, vomiting or diarrhea for more than **24 hours** after inserting the Misoprostol, this is **NOT** normal. In fact it could be life-threatening. Please call us. Also, if you experienced nausea, vomiting or diarrhea which started, stopped and then started again, call us as these symptoms are also abnormal.

If any of the following occur, please contact us immediately at 1-800-545-2400 (cont.)
(Please note: the return call will come from an unavailable, unknown, or private number)

4. If you experience a fever of 100.4 or higher, please treat your fever with Tylenol. If the fever has not decreased in a 2 hour time period, please call us. Please note that it is not uncommon to experience chills along with your fever.
5. If you experience headaches, leg cramps, or abdominal pain and no longer have any Norco or Tylenol 3, please treat with Ibuprofen or Aleve.

****If you have non-emergency questions or concerns, please call during normal business hours as non-emergency calls will not be returned.****

Your Third Clinic Visit

- **It is very important that you return to CFW approximately 14 days following Mifeprex (Mifepristone), unless there has been no bleeding after misoprostol, in which case an early follow-up may be arranged.** The purpose of the third visit is to confirm the termination of your pregnancy by a **VAGINAL** ultrasound. You may be bleeding at your follow up visit, this is normal. If the medications have failed and there is a pregnancy within the uterus, you may be scheduled for a surgical abortion.
- **Please note that a urine pregnancy test following the medication abortion can be positive up for 6week even though you are no longer pregnant.**

Instructions for 2 weeks following Medical abortion:

Activities:

You may resume routine activities slowly. You may be more tired than usual for a few days. **Pay attention to your body**, avoid strenuous activities such as heavy lifting (25lbs. or more), active sports such as tennis, horseback riding, bowling, etc. for a minimum of 14 days. These activities may cause an increase in discomfort and bleeding.

Preventing Infection:

After using the Misoprostol please do not have sexual intercourse or use tampons for 14 days. Please use sanitary napkins (maxi pads) while you are bleeding.

Menstrual Period

Your normal period should arrive 4 to 8 weeks after your abortion. Most women will ovulate 2 weeks before their period. **THE FEMALE FERTILITY RATE IS EXTREMELY HIGH FOLLOWING THE END OF A PREGNANCY.** Remember this bleeding after the Misoprostol is “post abortion” bleeding and should not be considered your “period”.