

Two Kinds of Abortions: Differences Between Abortion by pill and In-Clinic Abortion

| | Medical abortion "abortion by pill" | In-Clinic abortion (D & C) |
|--|--|--|
| Eligibility | Any woman without medical contraindications who is less than 63 days since the last normal menstrual period (LMP) as determined by Planned Parenthood® ultrasound. (63 days is 9.0 weeks.) | Any woman without medical contraindications who is at least 42 days LMP by Planned Parenthood ultrasound (42 days is 6.0 weeks). |
| Method description | Medical abortion is a pregnancy termination that is achieved by taking two medications, one taken by mouth on the day of your visit and one inserted between your cheek and gum one to two days later. This causes the pregnancy to be expelled. | Surgical abortion is surgery performed in an outpatient setting. A doctor places a speculum in the vagina, and injects a local anesthetic into the opening of the uterus (the cervix). The cervix is then gradually stretched, and a plastic tube is inserted into the uterus. The tube is connected to a suction machine, and the uterus is emptied by suction. In the first trimester abortion can be performed in approximately 10 minutes. |
| Medications | Patients will take between 200 (or 800) mgs of mifepristone (also known as Mifeprex) by mouth, at the first visit. One to two days later they will place 4 small tablets of misoprostol between the cheek and gum. Patients are given Tylenol #3 for pain, phenergan for nausea, and an antibiotic to decrease the risk of infection. | Patients are given optional medications that may vary based on her unique medical situation. Patients usually take 800 mg. Ibuprofen and 10 mg. Valium. They are also administered a local anesthetic during the surgery, and usually take doxycycline home with them to prevent infection. |
| Number of visits to the health center | At least two: on the first day of a medical abortion there is an initial visit of approximately 90 minutes in length, and two weeks later a follow up visit of about 60 minutes. | At least one lengthy visit; and a follow up exam 3 weeks later – this visit can take approximately 60 minutes. |
| Number of ultrasounds | At least two vaginal ultrasounds. | Usually one: on the day of surgery. |
| Provider | A clinician provides most medical abortion services at PPAZ under the supervision of a physician. | A physician performs all surgical abortions at PPAZ. |
| What to expect | Patients can expect some cramping on day one, and much more cramping on the day they place the misoprostol in the mouth. Cramps generally subside within a day or two. Patients should expect a day or two of discomfort, and must have some support at home to tolerate the effects of the abortion. This method requires some patience and maturity. | Patients can expect moderate to very heavy cramping during the abortion procedure, and those cramps should subside within 20 minutes of the procedure, becoming mild to moderate. Cramps are generally gone within a day or two. |
| Common complications | Bleeding, cramping, nausea, and diarrhea are common, especially on the day of inserting misoprostol. Phenergan will be dispensed on Day One of taking Mifeprex to decrease these effects. Approximately one or two women in one hundred will require an aspiration to relieve cramping, bleeding, or the passing of large clots. | Brief cramping, and bleeding for a few hours up to a few weeks is not uncommon, but bleeding for a few days is most common. Approximately one or two women in one hundred will require a second aspiration to relieve cramping, bleeding, or the passing of large clots. |
| Rare complications | Failure to terminate the pregnancy occurs in less than 1% of cases. A small percentage of women experience heavy bleeding, requiring treatment. About 1/100,000 women die during or after Medication abortion. About 10/100,000 women die during a full term pregnancy. Rarely, patients may experience prolonged vaginal bleeding. | There is a failure rate of approximately 1% or less, in which the pregnancy is not terminated. Other complications may include cervical tearing, perforation of the uterus, allergic reactions to drugs, and very heavy bleeding requiring a treatment. Very rarely, blood transfusions, hysterectomy or death. About 0.1/100,000 (1 in a million) women die during or after a surgical abortion at 8 weeks gestation. |
| Other issues | May not use tampons for post-abortion bleeding. Patients who are at least 8 weeks at the first visit may see an embryo in the tissue and clots they pass, but most women do not. No sex for two weeks after Mife treatment. | Should use only pads, not tampons, for post-abortion bleeding. No sex, douching, or vaginal medications for two weeks after surgery. |
| Cost | The fee for both types of early abortion is \$900. A discounted price is offered for patients who pay in full on the day of service: that fee is \$450. Some insurance plans cover this service; check with your insurance company. | |

Dos Tipos de Abortos: Diferencias entre el Aborto con Píldora y el Aborto en Clínica

| | Aborto Médico “Aborto con Píldora” | Aborto en Clínica (D y C) |
|---|--|---|
| Elegibilidad | Cualquier mujer sin contraindicaciones médicas que lleve menos de 63 días desde su último periodo menstrual (UPM) normal, según el ultrasonido de Planned Parenthood. (63 días son 9.0 semanas) | Cualquier mujer sin contraindicaciones médicas que lleve por lo menos 42 días desde su último período menstrual (UPM) según el ultrasonido de Planned Parenthood (42 días son 6.0 semanas). |
| Descripción del Método | El Aborto Médico es la terminación del embarazo que se logra tomando dos medicamentos: uno por vía oral el día de su visita y uno que se coloca entre la mejilla y las encías, uno o dos días después. Esto causa que el embarazo sea expulsado. | El aborto quirúrgico es una cirugía que se lleva a cabo sin que la paciente tenga que ser internada. El médico coloca un espéculo en la vagina e inyecta una anestesia local en la apertura del útero (cervix). Luego, se estira el cervix gradualmente y se inserta un tubo de plástico en el útero. El tubo se conecta a una máquina de succión, la cual vacía el útero. Durante el primer trimestre el aborto puede llevarse a cabo aproximadamente en 10 minutos. |
| Medicamentos | En su primera visita, la paciente tomará entre 200 y 800 mg. de mifepristona (también conocida como Mifeprex por vía oral. Uno o dos días después se colocarán 4 tabletas pequeñas de misoprostol entre la mejilla y las encías. Las pacientes recibirán Tylenol #3 para el dolor, fenergan para la náusea, y un antibiótico para reducir el riesgo de infección. | Las pacientes reciben medicamentos opcionales, que pueden variar dependiendo de su situación médica personal. Las pacientes generalmente toman 800 mg. De Ibuprofeno y 10 mg. De Valium. Además, se les administra anestesia local durante la cirugía y por lo general llevan a su casa doxiciclina para prevenir infecciones. |
| Número de visitas al centro de salud | Por lo menos dos: el primer día de un aborto médico hay una visita inicial de aproximadamente 90 minutos de duración, y dos semanas después hay una visita de chequeo de aproximadamente 60 minutos. | Por lo menos una visita larga y un examen de chequeo 3 semanas después – esta visita puede tomar aproximadamente 60 minutos. |
| Número de ultrasonidos | Por lo menos 2 ultrasonidos vaginales | Por lo general uno, el día de la cirugía |
| Proveedor | En PPAZ una enfermera provee la mayoría de los servicios de aborto médico, bajo la supervisión de un médico. | En PPAZ un médico realiza todos los abortos quirúrgicos. |
| Qué se puede esperar | Las pacientes pueden esperar tener algunos cólicos el primer día y muchos más cólicos el día que se coloquen el misoprostol en la boca. Por lo general, los cólicos desaparecen en 1 o 2 días. Las pacientes deberán esperar tener uno o dos días de incomodidad y deberán tener apoyo en casa para poder tolerar los efectos del aborto. Este método requiere paciencia y madurez. | Las pacientes pueden esperar tener cólicos desde moderados hasta muy fuertes durante el procedimiento del aborto, los cuales disminuirán en un marco de 20 minutos, volviéndose de moderados a leves. Por lo general, los cólicos desaparecerán en uno o dos días. |
| Complicaciones comunes | Sangrado, cólicos, náusea y diarrea son complicaciones comunes, especialmente el día que se inserta misoprostol. Para disminuir los efectos, puede tomar Fenegran en el día que tome Mifeprex. Aproximadamente 1 o 2 mujeres de cada 100 requieren una succión para aliviar los cólicos, el sangrado o el flujo de coágulos grandes. | Los cólicos breves y el sangrado desde algunas horas hasta unas cuantas semanas no son complicaciones inusuales. Aproximadamente una o dos mujeres de cada 100 requerirán una segunda succión para aliviar los cólicos, el sangrado o el flujo de coágulos grandes. |
| Complicaciones poco comunes | El porcentaje de fracaso en la terminación del embarazo es menos del 1%. Un pequeño porcentaje de mujeres experimenta sangrado en abundancia, requiriendo tratamiento. Aproximadamente 1 de cada 100,000 mujeres muere durante o después del aborto médico. Aproximadamente 10 de cada 100,000 mujeres mueren después de un embarazo completo. En raras ocasiones, las pacientes tienen sangrado vaginal prolongado. | El porcentaje de fracaso en la terminación del embarazo es de 1% o menos. Otras complicaciones pueden incluir rasgado cervical, perforación del útero, reacciones alérgicas a los medicamentos y sangrado muy abundante que requiere tratamiento. Muy rara vez, transfusiones de sangre, histerectomía o muerte. Aproximadamente 0.1 de cada 100,000 (1 en cada millón) de mujeres muere durante o después de un aborto quirúrgico a las 8 semanas de gestación. |
| Otros Asuntos | No se puede usar tampones para el sangrado después del aborto. Los pacientes que están por lo menos en su octava semana de gestación en la primera visita podrían ver un embrión en el tejido fino y los coágulos que expulsan, pero la mayoría de las mujeres no lo ven. No podrá tener relaciones sexuales durante 2 semanas después del tratamiento con Mifeprex. | Para el sangrado después del aborto debe utilizar solamente toallas sanitarias y no tampones. No puede tener relaciones sexuales ni tomar medicamentos vaginales por dos semanas después de la cirugía. |
| Costo | La cuota para los dos tipos de aborto temprano es de \$900. Se ofrece un precio con descuento equivalente a \$450 para aquellas pacientes que paguen al contado el día del servicio. Algunos planes de seguro cubren este servicio, favor de contactar a su compañía de seguros. | |

PLACE PT LABEL HERE

FEMALE MEDICAL HISTORY / REVIEW OF SYSTEMS

Date: ___/___/___ Age: _____

| PERSONAL HISTORY | |
|--|-------------------------------|
| 1. Are you being treated for any illness/condition now? | YES NO |
| If yes, what? | |
| 2. Do you smoke cigarettes? | YES NO |
| If yes, how many per day? | |
| 3. Do you drink alcohol? | YES NO |
| If yes, how often? | |
| 4. Do you use street drugs? | YES NO |
| If yes, what? | |
| 5. Do you use over-the-counter drugs? | YES NO |
| If yes, what? | |
| 6. Do you take prescription drugs? | YES NO |
| If yes, what? | |
| 7. Do you feel safe in your current relationship? | YES NO |
| 8. Do you have concerns about domestic violence? | YES NO |
| 9. Is anyone forcing you to have sex? | YES NO |
| STAFF COMMENTS: | |
| | |
| | |
| PREGNANCY HISTORY | |
| 1. How many times have you been pregnant? | |
| 2. Number of live births: | 3. Number of living children: |
| 4. Age of each child: | 5. Number of premature: |
| 6. Number of c-sections: | 7. Number with birth defects: |
| 8. Number of fetal death: | 9. Number of abortions: |
| 10. Number of miscarriages: | 11. Number of ectopic: |
| 12. Number of vaginal deliveries: | |
| 13. Are you breast-feeding now? | YES NO |
| 14. Do you have plans for pregnancy in the next year? | YES NO |
| STAFF COMMENTS: | |
| | |
| | |
| MENSTRUAL HISTORY | |
| 1. What was the first day of last menstrual period? Date: ___/___/___ | |
| 2. Was this a normal period? | YES NO |
| 3. Are your periods usually regular? | YES NO |
| 4. How many days does your bleeding usually last? | |
| 5. How many days are your cycles? | |
| 6. Is your period usually: () light () medium () heavy | |
| 7. At what age did your period begin? | |
| 8. Do you have the following with your periods (check ✓ all that apply): | |
| () cramps () nausea () headaches () back aches | |
| () pre-menstrual tension () bleeding/spotting in between periods | |
| STAFF COMMENTS: | |
| | |
| | |

| CARDIOVASCULAR – Do you have or have you ever had: | |
|---|---------------|
| 1. Swollen feet/legs? | YES NO |
| 2. Varicose veins/phlebitis? | YES NO |
| 3. High blood pressure? | YES NO |
| 4. High cholesterol or fats? | YES NO |
| 5. Heart disease, heart surgery, or heart murmur? | YES NO |
| 6. Stroke or stroke-like symptoms? | YES NO |
| STAFF COMMENTS: | |
| | |
| | |
| GASTROINTESTINAL – Do you have or have you ever had: | |
| 1. Frequent nausea/vomiting? | YES NO |
| 2. Diarrhea on a regular basis? | YES NO |
| 3. Blood in your stool? | YES NO |
| 4. Stomach problems, bowel problems, or ulcers? | YES NO |
| 5. Severe heartburn? | YES NO |
| STAFF COMMENTS: | |
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| | |
| MUSCULOSKELETAL | |
| 1. Do you ever have swollen/painful joints? | YES NO |
| 2. How many times have you broken a bone? | |
| 3. Do you have any sensory difficulties? | YES NO |
| STAFF COMMENTS: | |
| | |
| | |
| NEUROLOGICAL – Do you have or have you ever had: | |
| 1. Migraines/severe headaches diagnosed by a Dr.? | YES NO |
| 2. Visual changes not related glasses or contacts? | YES NO |
| 3. Fainting when your blood is drawn? | YES NO |
| 4. Seizure disorder/epilepsy? | YES NO |
| STAFF COMMENTS: | |
| | |
| | |
| ENDOCRINE | |
| 1. Are you frequently thirsty for no reason? | YES NO |
| 2. Do you have swelling in your neck? | YES NO |
| 3. Do you have night sweats/ hot flashes? | YES NO |
| 4. Do you have diabetes/gestational diabetes? | YES NO |
| 5. Do you have thyroid disease? | YES NO |
| STAFF COMMENTS: | |
| | |
| | |
| ALLERGY / IMMUNOLOGY | |
| 1. Do you have any allergies? | YES NO |
| 2. Are you up to date with your rubella vaccination? | YES NO |
| STAFF COMMENTS: | |
| | |
| | |

PLACE PT LABEL HERE

FEMALE MEDICAL HISTORY / REVIEW OF SYSTEMS

| SEXUAL HISTORY | |
|--|--------|
| 1. Are you currently sexually active? | YES NO |
| 2. When was the last time you had sex? | |
| 3. Could you be pregnant now? | YES NO |
| 4. How many sexual partners do you currently have? | |
| 5. How long have you been with your current partner(s): | |
| 6. How many partners have you had in the past 12 months? | |
| 7. Do you have sex with: () men () women () both | |
| 8. Do you participate in (check ✓ all that apply): () oral sex () vaginal sex () anal sex () outer course | |
| 9. At what age did you first start having sex? | |
| 10. Do you have sexual concerns? | YES NO |

STAFF COMMENTS:

FAMILY HISTORY Family history not available

Has your biological family (mother, father, brother, sister) had any of the following (circle all that apply):

| | MOTHER | FATHER | BROTHER | SISTER |
|--------------------------|--------|--------|---------|--------|
| Diabetes | | | | |
| High blood pressure | | | | |
| Stroke before age 55 | | | | |
| Heart disease before 55 | | | | |
| High cholesterol or fats | | | | |
| Breast cancer | | | | |
| Ovarian cancer | | | | |

STAFF COMMENTS:

BIRTH CONTROL

1. Are you currently using a birth control method? YES NO
If yes, what?

2. What birth control method do you desire?

3. If you have ever used birth control in the past, please list:

| Type of birth control | When used | Problems, if any |
|-----------------------|-----------|------------------|
| | | |
| | | |
| | | |

STAFF COMMENTS:

| GENITOURINARY | |
|---|--------|
| 1. Have you had urinary tract, bladder, kidney infections or diseases? | YES NO |
| 2. Do you have pain or bleeding with sex? | YES NO |
| 3. When was your last Pap smear? Date: / / | |
| 4. Have you ever had an abnormal Pap smear? YES NO If yes, when? | |
| 5. Have you had any of the following (check ✓ all that apply): () colposcopy () cryosurgery () laser () LEEP () endometriosis () fibroids () ovarian cysts | |
| 6. Have you had any of the following (check ✓ all that apply): () chlamydia () gonorrhea () genital warts () herpes () syphilis () PID () HIV | |
| 7. Did your mother take DES when she was pregnant with you? YES NO | |

STAFF COMMENTS:

HEMATOLOGICAL / LYMPHATIC

| | |
|--|--------|
| 1. Have you ever had a breast lump or discharge from your nipples? | YES NO |
| 2. Do you have swollen glands under your arms? | YES NO |
| 3. If you get cut, do you bleed excessively? | YES NO |
| 4. Do you have frequent bruising for no reason? | YES NO |
| 5. Have you ever been anemic? | YES NO |
| 6. Do you have a blood clotting disorder? | YES NO |
| 7. Have you ever had breast surgery? | YES NO |
| 8. Do you have a history of cancer? | YES NO |

STAFF COMMENTS:

RESPIRATORY

1. Do you have lung disease (asthma, TB)? YES NO

STAFF COMMENTS:

PSYCHOLOGICAL

1. Do you have depression, mental illness, or anxiety disorder? YES NO

STAFF COMMENTS:

I give the above information freely. It is complete and correct to the best of my knowledge. I understand that it is for Planned Parenthood® use only and will not be released to anyone else without my written permission unless ordered to do so by court order.

Patient Signature: _____

Date: _____

Medical Provider Signature: _____

Date: _____

Client Information for Informed Consent

IN-CLINIC ABORTION Dilation and Evacuation (D&E)

Before having an abortion, you need to know the most common benefits, side effects, risks, and alternatives. We have listed them here for you. We are happy to answer any questions you have.

A dilation and evacuation abortion (D&E) ends a pregnancy by using a combination of suction and instruments to remove the contents and lining of the uterus. The way it is done may depend on how long you've been pregnant. This is figured out by counting from the first day of your last period or by an ultrasound.

Care Before Abortion

Education and Consent — A staff person will:

- review your medical history
- explain the procedure
- answer any questions
- obtain your written consent

Laboratory Tests — Tests may include:

- a pregnancy test
- a blood test to check your Rh type and to see if you have anemia (low iron)
- other tests your clinician may advise

Ultrasound — You will need an ultrasound. It can help tell how long you've been pregnant. A probe will be passed over your abdomen or into your vagina to get a picture of the pregnancy.

Physical Exam — You will have your blood pressure taken and have a pelvic exam. Additional examination may also be done if necessary.

Review — A doctor will review your medical history, exam, and any tests ordered to determine if the abortion can be performed at Planned Parenthood®.

Pain Medication — A staff person will discuss and offer options. You will be given written instructions to read and sign if you are going to have medication to make you relaxed, drowsy, or sleep during the procedure.

Cervical Preparation — The cervix may need to be prepared before the procedure. If so, you will be given separate information about the medication and/or treatments that will be used.

Prepare Ahead — The day before your procedure

- Buy maxi pads and pain relievers (e.g., ibuprofen/Advil® or acetaminophen/Tylenol®) to use afterwards.
- Arrange for help from your family or friends.

The Abortion Procedure

You will be given pain medication. It may include a local anesthetic (to numb the cervix, the opening to the uterus) or other medications that you and your clinician have decided upon to decrease pain and discomfort during the procedure.

After your pain medication begins to work, the clinician will decide if your cervix is ready. If more dilation of the cervix is needed, the clinician will stretch the opening of the cervix, usually with narrow instruments called dilators. When the cervix is stretched open enough, the contents of the uterus are removed by a combination of suction and instruments. Suction is used by inserting a small plastic tube into the uterus and connecting it to a hand-held syringe or to an electric suction machine. Instruments are inserted into the uterus through the cervix. The way it is done will depend on how long you've been pregnant.

You may feel cramping during and after the procedure as the uterus shrinks back to its smaller size. The doctor may also use a curette (a narrow spoon-shaped instrument) to remove any remaining tissue. The tissue will be examined to help make sure the procedure is complete.

After the Abortion

You will be taken to a recovery area for rest and observation. You will be given instructions on what to expect and how to care for yourself. You may be scheduled for an appointment in two weeks. Birth control plans will be discussed with you, unless this was done earlier in the visit. When you feel comfortable, usually after 30 minutes, you may leave. You may need someone to drive you home. This may be required depending if you had medication to sedate you during the procedure.

Benefits

- abortion is a safe and effective way to end a pregnancy.
- At some Planned Parenthood sites, you may have the option to donate pregnancy tissue for medical research.

Side-Effects

Side-effects are usually temporary and require no treatment. Call us if the problem continues or you are concerned. Common side-effects include

- bleeding
- cramping
- fatigue (usually from anesthesia and/or pain medications)

Emotional reactions — A wide range of emotions is normal with abortion. Most women feel relief and do not regret their decision. Others may feel sadness, guilt, or regret after an abortion, just as they may after giving birth. If you are not able to do your normal activities or are feeling bad after two weeks, call us. We can help or refer to someone who can.

Risks — D&E abortion is very safe. However, there are risks with any medical procedure. The risks increase the longer you are pregnant and if sedation or general anesthesia is used. Your overall health affects your risk of complications. Your risks increase if you are in poor health. Your risks for complications may increase if you have had a c-section, uterine or abdominal surgery. Risks associated with D&E abortion include:

- Incomplete procedure — Pregnancy tissue left inside the uterus may lead to excessive bleeding, infection, or both. If this occurs, the abortion may need to be repeated in a clinic or hospital. Other tests or treatment may be necessary.
- Blood clots in the uterus — Clots may cause cramping and abdominal pain. The abortion may need to be repeated.
- Infection of the uterus — Most infections are easily identified and treated with medications. However, there is a small chance that repeated abortion, hospitalization, or even surgery may be necessary to treat the infection.

- Failure to end the pregnancy — Sometimes the abortion fails to end the pregnancy. If the pregnancy is in the uterus, repeated aspiration is recommended. If the pregnancy is ectopic (developing outside the uterus), it requires immediate medical attention. Some cases may be treated with medication; others may require surgery.
- Excessive bleeding (hemorrhage) — This may require treatment with medication, repeated abortion, blood transfusion, or surgery — including possible hysterectomy (removal of the uterus).
- Injury to the cervix — A cervical tear may be treated with medicine or rarely with surgical stitches in the cervix.
- Injury to the uterus or other organs — An instrument may go through the wall of the uterus, which could damage internal organs such as the intestines, bladder, or blood vessels. Treatment may consist of observation or abdominal surgery. There is a risk of hysterectomy (removal of the uterus). Scar tissue may develop inside the uterus which may require treatment.
- Allergic reaction — Some women may be allergic to the local anesthetic or to other medications used. All medicine and drugs may cause serious reactions alone or with anesthesia. It is important that you tell your clinicians about all drugs you are allergic to or are taking.
- Death — Death from a D&E abortion is extremely uncommon. However, the risk of death from a D&E increases the longer you are pregnant. The risk of death from a full-term pregnancy and childbirth are greater than abortion up to 20 weeks. After that the risks are about the same.

You will be given instructions on caring for yourself after the abortion and a telephone number to reach the clinic if you have a problem. You will also be asked to return to Planned Parenthood for a follow-up visit.
No guarantee can be made about the outcome of the abortion procedure. It is important that you understand the potential risks, side effects, and complications, as well as alternatives to the procedure. In the unlikely event that you need emergency medical care that cannot be provided at Planned Parenthood, you will be responsible for paying for it — even if Planned Parenthood refers you to a hospital because of a complication.

Options — There are alternatives to an in-clinic D&E abortion. Other alternatives include abortion by induced labor or by referral for an abortion in a hospital or by another provider, now or later in the pregnancy. However, the risks of the procedure become greater the longer you delay an abortion. There are alternatives to abortion. The three options for women who become pregnant are parenthood, adoption, and abortion.

Your health is important to us. If you have any questions or concerns please call us during business hour, 1.800.230.PLAN (7526). For emergencies during non-health center hours call 602.277.2457 or in Tucson 520.791.3684. We are happy to help you.

Signature of Patient

Date

I witness the fact that the patient received the above-mentioned information and said she read and understood the same and had the opportunity to ask questions.

Signature of Witness

Date

Client Information for Informed Consent:
CERVICAL PREPARATION: PREPARING THE CERVIX BEFORE THE ABORTION
USING OSMOTIC DILATORS AND/OR MISOPROSTOL (CYTOTEC®)

INTRODUCTION

The cervix is the lowest part of the uterus. There is a small opening in the cervix that allows menstrual blood to flow out. This opening also allows a small instrument or cannula (tube) to be passed through into the uterus during the abortion procedure. "Preparation" of the cervix describes spreading and softening of this opening. Before you begin this procedure, be sure you read and understand all the information on this information sheet. If you have any questions as you read, we will be happy to talk about them with you.

DESCRIPTION

Cervical preparation osmotic dilators and/or the medication misoprostol is very effective in preparing the cervix for an abortion procedure. It makes the abortion safer for you and easier for the clinician to perform.

Osmotic dilators are made of either a sea-grown plant or chemical product. They are placed in the opening of the cervix. The dilators slowly expand to as much as four times the original size by absorbing fluid from the cervical canal. The dilators are removed before the abortion procedure is done.

Misoprostol is swallowed orally by thousands of people each year as a medication for stomach ulcers. This medication also acts like the body's own prostaglandin hormones. The medication prepares the cervix by softening and dilating the cervix. Misoprostol has been approved by the Food and Drug Administration (FDA) as part of the Mifeprex® medical abortion regimen and for other medical uses. Misoprostol has *not been approved* by the FDA for cervical preparation for surgical abortion. The FDA has never been asked to approve misoprostol for cervical preparation before abortion. Despite not having formal FDA approval, use of misoprostol for cervical preparation for surgical abortion is a commonly used procedure that has been proven safe and effective in medical studies.

Misoprostol comes in tablet form that can be swallowed or inserted into the vagina, where the tablet dissolves. You will be instructed as to when and how to take your misoprostol to prepare your cervix prior to your abortion. Vaginal and oral administration of misoprostol have been studied for cervical preparation for abortion and have been shown to be safe and effective.

Osmotic dilators and/or misoprostol may be used together, or either one may be used alone for preparing the cervix.

The process of dilating the cervix can take from 2 to 12 hours depending on the length of the pregnancy, the type and number of the osmotic dilators and/or the amount of misoprostol used. A small number of women will need additional misoprostol before the procedure or additional osmotic dilators placed in the vagina overnight and the abortion completed the following day. After the abortion, the cervix will return to its normal pre-abortion state.

BENEFITS

The benefits of cervical preparation using osmotic dilators and/or misoprostol are:

- Dilation of the cervix slowly over a period of hours, decreasing the need for using an instrument
- Softening of the cervix
- Decreased risk of injury to the cervix
- Ease of the abortion procedure. Cervical preparation makes the procedure easier for the clinician to perform.

RISKS

There are some risks associated with cervical preparation with osmotic dilators and misoprostol. You may or may not experience the following:

- Infection of the uterus. Infection may occur if there are disease-causing germs in the cervix or if the abortion procedure is not completed.
- Inadequate dilation. If the cervix is not dilated enough, more dilators may be inserted and/or misoprostol given and you will be asked to wait longer. Alternatively, other instruments can be used to complete the dilation.
- Difficulty removing dilators. Osmotic dilators may be stuck or broken during removal. Even if this should occur, the clinician will be able to complete the removal and perform the abortion.
- Spontaneous abortion. Your body may expel the pregnancy itself after cervical dilation before the abortion procedure is done.

In rare cases, you may experience the following:

- Excessive bleeding requiring surgery
- Uterine rupture or a tear in the uterus requiring surgery
- Allergic reaction

PROBLEM CHECKLIST (for use with overnight dilators)

If you experience any of the following, call the Clinic immediately or go to your local emergency room.

After Health Center hours please call 800.230.PLAN (7526)

- Temperature over 100.4 degrees
- Severe pain or prolonged cramps
- Heavy or prolonged vaginal bleeding lasting more than 12 hours or soaking two maxi pads for two hours in a row
- A gush of fluid from the vagina
- Other serious symptoms that concern you

When you call, please be prepared to tell us the number of sanitary pads you've used in the past hour and your temperature.

MISOPROSTOL MAY CAUSE BIRTH DEFECTS, SO IT IS VERY IMPORTANT THAT THE ABORTION PROCEDURE BE COMPLETED ONCE IT HAS STARTED. Should you decide not to complete the abortion once the dilators are inserted or misoprostol has been taken, no guarantee can be given to you that the pregnancy will continue normally or that your personal health will not be affected.

SIDE-EFFECTS

Side-effects of misoprostol may include:

- Vaginal bleeding
- Leaking of a small amount fluid from the vagina
- Cramping – similar to menstrual cramps. Medication to alleviate the cramping can be taken if needed.
- Nausea and vomiting
- Diarrhea, headache, dizziness, back pain, tiredness

These symptoms are usually temporary. Call the clinic for more information and advice if you are concerned or find these symptoms particularly bothersome.

PLACE PT LABEL HERE

ALTERNATIVES

Different options for cervical preparation can be discussed with your clinician. The clinician will help you make the best decision.

SPECIAL INSTRUCTIONS (for use with overnight dilators)

- **DO NOT** douche, insert tampons or have sexual intercourse after using osmotic dilators and/or misoprostol.
- For bathing, showers are preferred over tub baths.
- If you have cramps, you may take a mild pain reliever such as ibuprofen (e.g. Advil) or acetaminophen (e.g. Tylenol). Aspirin is not recommended, as it may increase the amount of bleeding.
- The osmotic dilators and/or gauze sponge can fall out of your vagina. If this happens, follow the instructions you received about what to do and when to call the clinic.¹
- Prepare in advance. Purchase supplies such as: maxi pads and a pain reliever ahead of time. Arrange for help from friends and family. On the day of the procedure have someone be available to drive you home and assist you during your recovery.

Your health is important to us. After the abortion is completed, you will be asked to return to the clinic for a follow-up visit. Your next appointment will be _____. It is very important that you keep this appointment, or tell us if you will be seeing another Health Care Provider for this follow-up. You can call us at 800.230.PLAN (7526).

I have read the information on this Information Sheet and understand its contents. I also have had the opportunity to discuss any questions about the information with Planned Parenthood®.

| | |
|----------------------------|------------|
| Signature of Patient _____ | Date _____ |
| Signature of Witness _____ | Date _____ |

Planned Parenthood Arizona
5651 N. 7th Street
Phoenix, Arizona 85014
1.800.230.PLAN (7526)

**REQUEST FOR MEDICAL SERVICES AND ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES**

DATE _____ PATIENT # _____

NAME OF PATIENT _____

DATE OF BIRTH _____ TELEPHONE # _____

Before you give your consent, be sure you understand the information given below. If you have any questions, we will be happy to talk about them with you. You may ask for a copy of this form.

I understand that I must tell the staff if language interpreter services are necessary to my understanding of the written or spoken information given during my health care visits. I understand that free interpretive services may not be immediately available and Planned Parenthood® may need to refer me to another health care facility to provide the services necessary for my care.

I have been given information about the test(s), treatment(s), procedure(s), and contraceptive method(s) to be provided, including the benefits, risks, possible problems/complications, and alternate choices. I understand that I should ask questions about anything I do not understand. I understand that a clinician is available to answer any questions I may have.

No guarantee has been given to me as to the results that may be obtained from any services I receive. I know that it is my choice whether or not to have services. I know that at any time, I can change my mind about receiving medical services at Planned Parenthood.

I understand that if tests for certain sexually transmitted infections are positive, reporting of positive results to public health agencies is required by law.

I will be given referrals for further diagnosis or treatment if necessary. I understand that if referral is needed, I will assume responsibility for obtaining and paying for this care. I have been told how to get care in case of an emergency.

I understand that confidentiality will be maintained as described in Planned Parenthood Arizona's *Notice of Health Information Privacy Practices*. I consent to the use and disclosure of my health information as described in Notice of Health Information Privacy Practices.

I hereby request that a person authorized by Planned Parenthood provide appropriate evaluation, testing, and treatment (including a birth control drug or device, if I request it).

I hereby acknowledge receipt of Planned Parenthood Arizona's notice of health information privacy practices.

Signature of patient _____
Date

I witness the fact that the patient received the above mentioned information and said she/he read and understood same and had the opportunity to ask questions.

Signature of witness _____
Date

| | |
|---|---------------|
| <input type="checkbox"/> CHECK HERE IF PATIENT'S GUARDIAN OR RELATIVE IS LEGALLY REQUIRED TO SIGN BELOW | |
| _____ Signature of any other person consenting | _____ Date |
| Relationship to patient _____ | |
| I witness the fact that the patient's legal guardian (or person consenting in her behalf) received the above mentioned information and said she read and understood same. | |
| _____ Signature of witness | _____ Date |

PATIENT INFORMATION FORM

PLACE PT LABEL HERE

| | | | | | |
|---|-------------------------|--|---|--|---|
| Last Name | | First Name | | Middle Initial | Nickname |
| Social Security Number (XXX-XX-XXXX) - - | | Birth Date (MM/DD/YYYY) / / | | Sex <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| Street Address | | | | How do you prefer we contact you? <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Phone | |
| City | | State | ZIP Code | County | |
| Race (check all that apply) <input type="checkbox"/> American Indian Or Alaska Native <input type="checkbox"/> Asian Or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Multiracial <input type="checkbox"/> Other <input type="checkbox"/> White | | Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic | Marital Status <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Significant Other <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed | | Student Status <input type="checkbox"/> Full Time Student <input type="checkbox"/> Not a Student <input type="checkbox"/> Part Time Student |
| Home Phone () | Day Phone () | | Alternate Phone () | | E-mail |
| Emergency Contact Name | | Emergency Contact Phone # () | | How did you hear about Planned Parenthood® Arizona? | |
| Family Income \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly | | | Family Size (the number of people supported by your income) | | |
| Under Title X of the Public Health Services Act funds are available for some services at no cost or discounted based on your family income and household size. Do you want to be considered for this program? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Full Family Planning Title X Service available at: Archer, Maryvale, Mesa, Yuma | | | | | |
| Minors: Reporting of sexual abuse or coercion to the appropriate authorities may be required. | | | | | |
| Confidentiality will be maintained except as mandated by state law. | | | | | |
| INSURANCE / AHCCCS INFORMATION | | | | | |
| Policyholder Relationship to patient: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Significant Other <input type="checkbox"/> Spouse | | | | | |
| Policyholder Last Name | | Policyholder First Name | | Policyholder Social Security # - - | Policyholder Birth Date / / |
| Policyholder Sex <input type="checkbox"/> Female <input type="checkbox"/> Male | | Policyholder Address, City, State & ZIP <input type="checkbox"/> Same as patient | | | Policyholder's Phone Number () |
| Plan Name | | Policy Number | | Group Number | |
| Plan Address, City, State & ZIP | | | | Contact Phone # () | |

I acknowledge that all of the above information is true and correct and that it has been furnished to this office with full knowledge. I authorize payments of medical benefits to the provider for services, rendered or to be rendered in the future, without obtaining my signature on each claim submitted and I will be bound by the signature as though I personally signed the claim. I also authorize the release of any medical information necessary. **I UNDERSTAND I AM RESPONSIBLE FOR ALL CHARGES.** If this account should be referred to a collection agency, I will be responsible for any collection and/or legal fees. I have read and understand the office policy and procedures.

Signature of Patient

Date

PLACE PT LABEL HERE

INSURANCE & TITLE X VERIFICATION

*Insurance/AHCCCS eligibility and verification of benefits must be performed for each patient encounter.
Title X eligibility must be performed every six months, along with a PIF update.*

Verification Date: Date of Service: Procedure or Service: Is this a covered benefit under the members plan?

 / / / / _____ Yes No

Insurance effective on DOS? Co-Pay Amount: Co-Insurance Amount: Has Deductible been met? Deductible amount:

Yes No _____ _____ Yes No _____

Does the procedure or service need prior authorization? Yes No Prior authorization #: _____

If PPAZ is not in the member's network, does the patient have out-of network benefits? Yes No

Comments: _____

Name of Insurance Representative spoken with to verify insurance: _____

Signature of Staff Verifying Insurance Information _____

TITLE X VERIFICATION / ELIGIBILITY

Title X Excluded Visit: Yes No ***IF "NO" complete the following:***

Title X Program Eligible: Yes No

Income Level: _____ Slide % _____

If Client income is less than 100% of FPL, client was encouraged to follow up with AHCCS / DES Yes No

Staff Signature: _____ **Date:** _____

ABORTION QUALIFIER CHECKLIST FOR MINORS

Pursuant to ARS - 36 - 2152 the following item qualifies this patient for an abortion.

- Parental Consent does not apply
- Parental Consent - signed PPAZ Parental Consent form on file
- Court Order - copy of Court Order on file
- Sexual Abuse - signed Sexual Abuse Certification on file (Physician must report and forward sample fetal tissue)
- Physicians Certification - copy of certification from physician that states a medical condition as described in ARS - 36 - 2152 (g2)
- Emancipated - copy of marriage license or military documents on file

Type of ID Shown: _____ **ID #:** _____

Staff Signature: _____ **Date:** _____