

Planned Parenthood Association of Utah
Client Information for Informed Consent- In-Clinic Abortion

What is an in-clinic abortion? There are two kinds of in-clinic abortions

- **In-clinic suction abortion:** suction is used to take the pregnancy out of your uterus (womb).
- **In-clinic D&E abortion:** both suction and surgical tools are used to take the pregnancy out of the uterus (womb).

Which procedure you have and the way the abortion is done depends 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. At Planned Parenthood Association of Utah we offer both kinds of in-clinic abortion.

Before having an abortion, you need to know the most common benefits, risks, side effects, emotional reactions, and other choices you have. We are happy to answer any questions you have.

What are the benefits of abortion? It is a safe and effective way to end a pregnancy.

What are the side effects of abortion? Side effects don't usually last long and don't need to be treated. Call us if the problem doesn't go away or you are worried. Common side effects are

- light or medium bleeding. If your bleeding is very heavy — soaking more than 2 maxi pads for 2 hours in a row, call us.
- cramping
- feeling tired (usually from anesthesia and/or pain medications)

Besides an in-clinic abortion, what other choices do I have? If you are pregnant, you have three options to think about — abortion, adoption, and parenting. If you choose abortion and are less than 9 weeks pregnant, you may be able to use the abortion pill. You can also have an abortion in a hospital or by another doctor, now or later in your pregnancy. But, there are more risks the longer you wait to have an abortion. We can talk about any of these options with you, and help you with whatever you decide.

What are the risks of abortion? Abortion is very safe. But, there are risks with any medical procedure. Your risk may be higher if you are not healthy or have had a c-section or certain other surgeries. Risk also goes up the longer you are pregnant and if sedation is used.

Risks linked with in-clinic abortion are:

- **Incomplete abortion** — This means some of the pregnancy tissue may be left inside the uterus (womb). This may lead to heavy bleeding, infection, or both. If this happens, a procedure may need to be done again. Other tests or treatments may be needed.
- **Blood clots in the uterus** — Clots may cause cramping and belly pain. A procedure may need to be done again.
- **Infection of the uterus** — Most infections can be found and treated with medicines. But, there is a small chance that a suction procedure may need to be done again. You may have to go to the hospital, or even have surgery to treat the infection.
- **The pregnancy doesn't end** — Sometimes the abortion does not end the pregnancy. It may be because the pregnancy was not in the uterus or for some other reason. If the pregnancy is ectopic (not in the uterus), you will need to see a doctor who can treat it or go to the emergency room right away. Some women may need medicine and others may need surgery. If the pregnancy is still in the uterus, a procedure may need to be done.
- **Heavy bleeding (hemorrhage)** — This may require treatment with medicine, a repeat procedure, blood transfusion, and/or surgery — including possible hysterectomy (removal of the uterus).
- **Injury to the cervix (opening to the uterus)** — This may be treated with medicine or rarely with stitches
- **Injury to the uterus or other organs** — A surgical tool may go through the wall of the uterus, which could damage organs inside the body like the intestines, bladder, or blood vessels. Treatment may mean just watching and waiting for a while or surgery on your belly. There is a small chance that hysterectomy (removal of the uterus) may be needed. Scars may develop inside the uterus, which may need to be treated. (continued)
- **Allergic and/or drug reaction** — Some women may be allergic to the local anesthetic (numbing medicine) or to other medicines used. It is important that you tell us about all medicines you are allergic to. Also, tell us about any medicines you are taking. We need to be sure they are safe to mix with medicines we give you.

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- **Death** — Death from an abortion procedure is very rare. The risk of death from an abortion goes up the longer you are pregnant. When an abortion is done when a woman is less than 20 weeks pregnant (about 4 ½ months), the risk of death from a full-term pregnancy or childbirth is higher than the risk of abortion. After 20 weeks of pregnancy, the risks are about the same.

What will be done to get me ready for the abortion?

- **Education and Consent** — A staff person will talk to you about your medical history, tell you about the abortion, answer any questions you have and get your written consent (permission) to have the abortion.
- **Laboratory Tests** — You will have a pregnancy test (if an ultrasound doesn't show a pregnancy in the uterus), a blood test to check your Rh factor - a protein on the outside of red blood cells, a blood test to see if you have anemia (low iron) and any other tests your doctor thinks you need.
- **Ultrasound** — You may need an ultrasound. It can help tell how long you've been pregnant. A probe (like a wand) will be placed on your abdomen (belly) 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. You may get other exams if the doctor or nurse thinks you need them.
- **Review** — A doctor or nurse will talk to you about your medical history, exams, and any tests you had to decide if the abortion can be done at Planned Parenthood.
- **Pain Medicine** — A staff person will tell you about pain medicines that can be used. You will be given written instructions to read and sign if you are going to get medicine to make you relaxed or drowsy during the abortion.
- **Opening (dilating) your cervix** — Your cervix may need to be opened (dilated) before your abortion. If so, you will be given separate information about the medicine and/or steps that will be taken to open (dilate) your cervix.
- **What will happen to me during my abortion?** You will be given pain medicine. You may get medicine to numb your cervix. You and your doctor or nurse will talk about what other medicines you may need to help with pain and discomfort during your abortion.
- After your pain medicine begins to work, your doctor will decide if your cervix is ready (open enough). If your cervix needs to be dilated (opened) more, your doctor will stretch it with dilators.

When your cervix is stretched open enough, the contents of your uterus (womb) are taken out with suction. Suction is used by putting a small plastic tube into your uterus and connecting it to a hand-held or electric suction machine. Surgical tools may be put into the uterus through the opening in the cervix. The way it is done will depend on how long you've been pregnant.

You may feel cramping during and after the abortion as your uterus gets smaller. Your doctor or nurse may also use a curette (a thin surgical tool) to remove the pregnancy. What has been removed will be looked at to help make sure the abortion is finished.

What will happen to me after my abortion? You will be taken to a recovery area for rest. We will also watch to see if you are OK. You will be given instructions on what to expect and how to care for yourself. We will talk about birth control plans with you, unless this was already done. When you feel comfortable, in about 30 minutes or so, you may leave. You may need someone to drive you home. This depends on if you had medicine to make you relaxed or drowsy during the abortion.

What else do I need to know? You will be given instructions on caring for yourself after your abortion and information on when to come back to us if you are having a problem. No promise can be made about the outcome of your abortion. 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. This is the case even if Planned Parenthood sends you to a hospital because of a problem.