

Consent for Treatment of Early Pregnancy Loss (Miscarriage) Using Medication

Write your initials before each statement to show that you understand and agree with it.

___ I understand that this consent contains more up-to-date information than the mifepristone Patient Agreement. Mifepristone can be used to end a pregnancy or to treat an early pregnancy loss (miscarriage). I am using mifepristone to treat an early pregnancy loss.

___ Scientific data shows that using mifepristone with misoprostol works better to empty the uterus after an early pregnancy loss than using misoprostol alone.

___ I understand my options for managing early pregnancy loss: waiting, using pills, or a procedure. I choose the medications.

___ I will take 2 medications: the first is mifepristone and the second is misoprostol.

___ First, I will swallow one 200 mg tablet of mifepristone either in the office or at home.

___ 24 hours after using the mifepristone, I will put 4 200 mcg misoprostol tablets in my vagina OR under my tongue OR inside each cheek. I will use all 4 misoprostol pills at the same time. Misoprostol causes the cramps and bleeding which empty the uterus.

___ The cramps and bleeding usually start 2-4 hours after using the misoprostol. The cramping can be very strong for a few hours, but usually not for more than 24 hours. The bleeding can be heavy with clots for a few hours. I may see some pregnancy tissue.

___ I understand that the pill treatment is very safe. There are some rare risks, which include infection and heavy bleeding.

___ I should call my clinician if:

- 1) The heavy bleeding lasts for more than 12 hours, or if I soak more than 2 maxi pads each hour for 2 hours in a row.
- 2) I do NOT bleed within 24 hours of using the misoprostol.
- 3) I have a fever over 100.4 degrees or I start to feel very sick.

___ I will follow up with my clinician in 4-14 days to make sure the medications worked.

___ I understand that these two medications work 89% of the time. If they do not work, I may need a suction procedure to empty my uterus or another round of medication.

___ If a complication occurs, I allow my clinician to do whatever is necessary to protect my health.

___ I have read this form and have had time to think about it. I have had all of my questions answered.

___ I have been given the Patient Agreement to read and sign.

___ I hereby consent that my clinician, _____, give me mifepristone and misoprostol to treat early pregnancy loss.

Name of Patient: _____

Signature of Patient: _____

Date: _____

Name of Clinician: _____

Signature of Clinician: _____

Date: _____