Consent form for medical termination of pregnancy (mTOP)

Sexual Health Quarters

Client name: _____
File number: _____
DOB: _____

Overview of Treatment

Medical termination of pregnancy (mTOP) offers an alternative to surgery for people in the first ten weeks of pregnancy. Two medications are used for a mTOP: first you take one mifepristone tablet and then 36 to 48 hours later, you take four misoprostol tablets. These medications are provided in a combination pack.

Mifepristone acts by blocking the effects of progesterone, a hormone that is needed for pregnancy to continue. Misoprostol causes contractions of the uterus and relaxation of the cervix, which helps to remove the pregnancy implanted in the lining of the uterus. Both mifepristone and misoprostol work together to end a pregnancy; it is important that you take both medications.

After taking the medication, people usually experience symptoms such as nausea, cramping and bleeding. Your healthcare professional (clinician) can discuss additional medication options to make these more comfortable for you.

Risks, Complications and Side Effects

My clinician has explained the following side effects and risks associated with having a mTOP procedure:

Client to tick boxes

- **Heavy and/or prolonged bleeding**, is to be expected. ☐
  I understand that if I soak two or more sanitary pads, per hour, for two hours or more, then I should contact Health Direct on 1800 022 222.
  If heavy bleeding continues, there is a 1-2 in 1000 chance that this will require a blood transfusion.
- **Cramping** is to be expected. ☐
  I understand that in most cases this is relieved by over-the-counter pain medication, or the medication prescribed by my clinician. If I am unable to control my pain, I should contact Health Direct on 1800 022 222.
- **Infection** is rare (<1 in 100), although serious infections can potentially be life-threatening. Symptoms of infection include persistent abdominal pain, feeling generally unwell or weak, abnormal vaginal discharge and/or fever. ☐
- **Other medication side effects** such as nausea, vomiting, diarrhoea, dizziness, headache, fever and chills may also occur, and will vary between individuals. ☐

Effectiveness of Medical Termination

- **Retained products (incomplete mTOP)** has a 4 in 100 chance of occurring. I understand the importance of attending my follow up appointment to ensure that my mTOP procedure is complete. I understand that incomplete mTOPs may require further medication and/or a surgical procedure to reduce my risk of infection and to ensure that the pregnancy has ended. ☐

- **Continuing pregnancy** after a mTOP occurs in about 1% of cases. If the initial mTOP medication pack does not end the pregnancy, a surgical termination or a repeat medical termination is strongly recommended. If you have a continuing pregnancy and decide to keep the pregnancy, foetal malformations from the use of misoprostol may occur. The effect of mifepristone on a foetus is not currently known. ☐

Interactions

I have advised my clinician of my medical history, including allergies and any medication I am taking. ☐

Acknowledgement

- I understand the above information regarding medical termination of pregnancy. I have been able to discuss any concerns with my clinician and have asked any questions that I had. ☐

- The nature and risks of this treatment have been explained to me, as well as alternative options, including surgical termination of pregnancy and choosing not to proceed with treatment (continuing the pregnancy). ☐

- I understand that I have the right to change my mind at any time before the treatment, including after I have signed this form. I understand that I must inform my clinician if this occurs. ☐

- I have been provided with clear instructions on how and when to take the medications and I have received written information about the treatment and aftercare. ☐

- I have discussed and understand how to access emergency care if it is needed. I confirm that I will have access to emergency medical care within a two-hour drive for 14 days following the first step of the step of the medication. ☐

- I agree to adhere to follow up arrangements, which may include further tests or investigations, or review in clinic or at a hospital. ☐

- I am aware of the costs associated with accessing this service. ☐

shq.org.au/clinic-costs

Consent for Medical Termination Of Pregnancy

Client
Based on the information above, I_____ consent for my clinician to prescribe the abortion medication for the purpose of ending a pregnancy. By ticking the items above, I acknowledge that these are understood by me and have been discussed with my clinician.

Signed by client_____ Date ___/___/_____

Clinician
I have explained the effects of a medical termination (mTOP) procedure and its associated risks to this client. We have discussed other pregnancy options. I have provided the client with clear instructions on the mTOP process and emphasised the importance of follow up after the medication has been taken. I confirm that, in my opinion, the client has a clear understanding of the mTOP process and can provide informed consent for this procedure.

Signed by _____ Date ___/___/_____

Interpreter (if applicable)

Language: _____
I declare that I have no objection to the abortion of pregnancy and have interpreted the details on this form and the discussion between the client and clinician to the best of my ability. I have advised the clinician of any concerns about the translation process.

Signed _____ TIS Number: _____ Date ___/___/_____

References
1. Sexual Health Quarters, Consent form A: Patient Consent form for procedures involving a contraceptive implant
2. MS Health, Consent to treatment with MS-2 Step (mifepristone, misoprostol)

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