

The State of Arizona requires that you be provided with certain information at least 24 hours prior to obtaining a medical abortion.

1. Name of physician to perform the abortion: Your abortion will be performed by Dr. Gabrielle Goodrick.

2. The nature of the proposed procedure or treatment: You will be having a medical abortion procedure with Mifeprex and Cytotec (misoprostol). The doctor will have you swallow 200 mg Mifeprex (one tablet). This will be called "day 1". Twenty-four to 48 hours later, you will place 800 mcg misoprostol in your mouth as instructed. You will remain at home and plan to relax for the next 6 hours when bleeding or cramping will likely occur. You understand that you will have access to a telephone and Dr. Goodrick's 24-hour emergency contact information. You will return to the office around day 7. This follow-up appointment is very important to confirm that termination of the pregnancy has occurred and that there have been no complications. At this visit, you will have a vaginal ultrasound and urine pregnancy test. If your abortion has occurred, then you are done. If it does not work, approximately 2-3% of the time, a surgical abortion will probably be recommended.

3. The immediate medical risks to the Medical Abortion may include:

Incomplete Abortion: As with a surgical abortion, some pregnancy tissue may remain in my uterus. If this occurs, the provider will discuss your treatment options, which may include waiting one or more weeks, using more misoprostol, or having an aspiration, which is similar to a surgical abortion. If you decide to wait or use more misoprostol, and the abortion is still not complete, you will need an aspiration curettage. The risks of an aspiration curettage include a risk of making a hole in the uterus, tearing the cervix, adverse reaction to anesthesia that may be used, infection, excessive bleeding, and failure to remove all of the tissue from the uterus.

Vaginal bleeding: As with the surgical abortion, heavy bleeding can occur and blood clots may come out of the vagina. If you have extremely heavy bleeding or dizziness, an aspiration curettage may be necessary to stop the bleeding. The risks of the aspiration curettage are stated above. The risk of having very heavy vaginal bleeding after Mifeprex/misoprostol is about 1 per 100 (1%). The risk of needing a blood transfusion after using Mifeprex/misoprostol is about 1 per 1000 (0.1%).

Continued pregnancy and birth defects: Your pregnancy may not end after receiving the medications. If this happens, birth defects are possible. Because of the risk of birth defects, a surgical abortion is strongly recommended to end the pregnancy.

Ectopic pregnancy: A rare condition which is a complication of pregnancy rather than the abortion is an ectopic pregnancy or a pregnancy in the fallopian tube. If the pregnancy is in the fallopian tube or outside the uterus, neither a surgical abortion nor a 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.

Infection: There is a very rare risk of serious bacterial infection after a medical abortion. There is a 1 in 100,000 risk of developing fatal septic shock. There would be a risk of developing this infection following childbirth, miscarriage, surgical abortion or after other types of surgeries. If more than 24 hours after taking the second medicine (misoprostol) you have severe abdominal pain or discomfort, or are 'feeling sick' including weakness, nausea, vomiting or diarrhea, with or without fever, contact Dr. Goodrick right away. The risk of this infection is higher than with surgical abortion and you accept this risk.

Side effects: The following side effects are possible (10-15%): nausea, vomiting, diarrhea, fever, headaches, and chills. Most of these side effects last less than a day.

The long-term medical risks associated with the abortion are: (risks described are overall risks for all abortion procedures. Individual risk increases with gestational age)

- Possible impact on future pregnancies, but this is unlikely with uncomplicated early abortions
- Death, which occurs in less than 1 per 100,000 medical abortions. This should be compared with the risk of death from a full-term pregnancy and childbirth, which is seven times greater than that from abortion in the first trimester.

4. Alternatives to abortion: Your three options regarding this pregnancy are parenthood, adoption, and abortion.

5. Approximate gestational age: The medical community uses menstrual weeks when discussing the

length of pregnancy or gestational age. To determine the gestational age of a pregnancy in menstrual weeks, you need to calculate how many weeks it has been since the first day of your last period. For example, if the first day of your last menstrual period is January 1st, and you had intercourse on January the 14th and became pregnant, then on February the 1st, you are 4 weeks (and a few days) pregnant, NOT 2 weeks pregnant. Determine the gestational age of your pregnancy in menstrual weeks by making these calculations now. If you cannot determine when your last period began, or if you are unsure about the length of your pregnancy for any other reason, contact our office for assistance. You may need to schedule an ultrasound.

6. The probable anatomical and physiological characteristics of the fetus at the time the abortion is to be performed, based on organogenesis (the process by which fetal organs develop) is described in the chart below by menstrual week:

Week 5

- The fertilized egg is called an embryo at this stage.
- The embryo is formed by a collection of cells that form a tubular structure
- Differentiation begins by formation of the neural groove and plate which later develop into the nervous system.
- Somites are formed which are collections of cells on both sides of the tube and which later form all of the major structures and organs.

Week 6

- The fertilized egg is called an embryo at this stage.
- The head has formed and buds begin to grow at the limbs for legs and arms.
- The heart and lungs are the first organs to form, and by the 25th day the heart will start to beat. • The brain and spinal cord begin to form as the neural tube.
- The embryo weighs less than 5 grams and is the size of a grain of rice.

Week 8

- The head, mouth, liver, and intestines begin to take shape.
- Brain activity can be recorded; the skeleton forms, and reflexes develop.
- The eyes open, with no eyelids.
- Fingers grow to the first joint. The embryo is the size of a peanut.

7. Medical risks associated with continuing pregnancy: The medical risks associated with continuing the pregnancy to term are approximately 12 times greater than the risks associated with first trimester abortions (up to 14 menstrual weeks).

8. Medical assistance benefits may be available for prenatal care, childbirth and neonatal care for you if you carry your pregnancy to term.

9. If you were to carry your pregnancy to term, the father is liable to assist in the support of the child, even if he has offered to pay for the abortion.

10. Agencies and Services: Public and private agencies and services are available to assist you during your pregnancy and after the birth of your child if you choose not to have an abortion, whether you choose to keep the child or place the child for adoption.

11. It is unlawful for any person to coerce a woman to undergo an abortion. You are free to withhold or withdraw your consent to the abortion at any time without affecting your right to future care or treatment and without the loss of any state or federally funded benefits to which you might otherwise be entitled

Please bring *signed certification form* to your visit.

Please Call Us At 602-279-2337 If You Have Questions