

The State of Arizona requires that you be provided with certain information at least 24 hours prior to obtaining a surgical 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 surgical abortion procedure. To begin the abortion, Dr. Goodrick will give you a local anesthetic (numbing medicine) in your cervix, which will make the procedure more comfortable. The next step is to gradually stretch the cervix with a series of narrow instruments called dilators, each a little larger than the one before. When the cervix is open wide enough, a small plastic tube is inserted into the uterus and is connected to a suction machine. The tube is moved along the inside of the uterus for 40-50 seconds in order to remove all of the pregnancy tissue with gentle suction. A gentle curettage is done to make sure the uterus is empty. During and after the procedure, you may feel cramping as the uterus shrinks down to its normal size. Immediately after the procedure, the doctor will examine the pregnancy tissue to check whether it has been removed completely. The entire procedure takes approximately 3 minutes to complete. A sonogram will be done afterwards to confirm that your uterus is empty.**

Special dilators called laminaria may need to be placed into your cervix and left there for several hours in order to facilitate dilation of your cervix. This usually is not necessary before 12 menstrual week's gestation (see number 5 below to calculate menstrual week gestation). Also, if your pregnancy is 12 menstrual weeks of more, a medication called Cytotec, or misoprostol may be used to soften your cervix prior to the procedure. (Although this method is NOT approved for use by the Food and Drug Administration, it has been shown to be effective in clinical research trials)

- 3. The immediate and long-term medical risks associated with the abortion procedure are: (The risks described are overall risks for all abortion procedures and individual risk increases with gestational age.)**
 - A 1 in 1000 chance of a uterine infection developing after the abortion. While this problem is routinely treated with antibiotics, there is a small chance that a repeat aspiration, a D&C, hospitalization or even surgery may be necessary.
 - A 1 of 100 chance that tissue is left inside of the uterus, leading to an "incomplete" abortion. This problem may lead to excessive bleeding, infection or both. If this complication occurs, a repeat aspiration or a D&C in a clinic or hospital, or other tests or treatment may be required.
 - A 1 in 1000 chance of a uterine perforation (an instrument may go through the wall of the uterus and could damage internal organs such as intestines, bladder, or blood vessels). Treatment may consist of observation, laparoscopy, or abdominal surgery. The likelihood of hysterectomy (removal of the uterus) in this setting is less than 1 per 10,000 abortions.
 - An allergic reaction, which can be due to an allergy to the local anesthetic or any other medication(s) used. All medicines and drugs, including street drugs, may cause serious reactions alone or during anesthesia. It is important that you use only medically necessary drugs and avoid alcohol or other non-prescription drugs on the day of the abortion and that you tell the clinicians about all drugs you have taken.
 - Hemorrhage (excessive bleeding), which may require treatment by medications, repeat aspiration, D&C, or rarely, surgery, including possible hysterectomy. Hemorrhage severe enough to require transfusion occurs in less than 1 per 1000 cases
 - Blood clots in the uterus, which may cause severe cramping and abdominal pain. The risk is about 1 in 100 cases and treatment is a repeat aspiration
 - Cervical tear, in less than 1 in 100 cases, which may be treated with medicines, or rarely, stitches in the cervix.
 - Failure to end the pregnancy, which occurs in 1 per 500 cases and may be due to a divided uterus, very early pregnancy, or other causes. A repeat aspiration procedure is then recommended.
 - Impact on future pregnancies, but this is unlikely with uncomplicated early abortions
 - Death, which occurs in approx. 1 per 350,000 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 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 have electrical activity. • The brain and spinal cord begin to form as the neural tube.
- The embryo weighs less than 5 grams and is approximately 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.

Week 10

- Formation of all major body organs and systems begin.
- Eyes, ears, nose, lips, tongue and buds for teeth are formed.
- Organs begin to be controlled by the brain.
- Fingers, toes, ankles and wrists are completely formed.
- The fetus weighs less than 8 grams and is approximately 1/2 inch long by the end of Week 8.

Week 12

- All body parts, though not fully formed, are present: arms, legs, eyes, genitals and organs .
- The fetus is now 1-2 inches and weighs a little under an ounce.
- The lungs are developing and the stomach and intestines are forming.
- The umbilical cord is fully fashioned.

Week 14

- Soft nails have grown on the fingers and toes.
- The fetus now has 20 buds for teeth.
- The complete formation of all major organs will now begin to mature and the fetus begins to gain weight throughout the pregnancy.

- The fetus weighs 45 grams or one ounce and is approximately 2-3 inches long by the end of Week 12.

Week 16

- The fetus' gender can be determined.
- The fetus' hair begins to grow and nails on the fingers
- The baby's head and body become proportional and the neck takes shape.
- Arms and legs begin to lengthen.

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 if you carry your pregnancy to term.

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

10. Agencies and Services: Public and private agencies and services are available for assistance during the pregnancy and afterward 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 for 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

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