

Informed Consent for " Plan B ": Emergency Contraception

You have requested the "morning after pill". Outlined in this form is information about the medicine used and possible complications. Your consent is entirely voluntary. Please initial each statement after you have read it to indicate that you understand the information. If you have any questions, please feel free to discuss them with Dr. Goodrick or a staff member.

Initials

I understand that the "morning after pill" that is dispensed in our office is called "PLAN B", which contains levonorgestrel, which is a synthetic hormone (progestin) commonly used in birth control pills.

These pills are taken after having unprotected vaginal intercourse within the last 72 hours. It is being used as an emergency measure only.

I understand that the way Plan B works is by: 1) preventing the ovary from releasing an egg, and 2) changing the uterine lining to prevent a fertilized egg from implanting and developing into a pregnancy.

I understand that Plan B reduces the risk of pregnancy following a single act of unprotected sex from about 8% to 1%. This represents an 89% reduction in risk of pregnancy for this single act of unprotected sex.

I understand that Plan B is not appropriate if I am already pregnant; **it will not work**. However, if I take Plan B and am already pregnant, it is unlikely that this would affect the pregnancy. Several studies involving the long-term use of progestin hormone containing contraceptives have not shown any effects on the fetus.

I understand that the most common side effects include nausea (23%), abdominal pain (18%), tiredness (17%) and headache (17%). Dizziness and breast tenderness occur in about 10% of patients, and 5-6% of patients experience either vomiting or diarrhea.

I understand that the menstrual bleeding is sometimes heavier and sometimes lighter than usual after women take Plan B. After taking Plan B, most women (87%) get their period within one week of when it's expected. If my period is more than one week late, I **will** do a home pregnancy test and if it is positive, I will call the office.

I have read, initialed and understand the above information and elect to use Plan B as means of a emergency contraceptive. The only unprotected sex I have had since my last period was during the last 72 hours.

Patient's Signature: _____ Date: _____

STAFF TO COMPLETE BELOW

Age: _____ LMP: _____ Staff Signature: _____

Urine Card Pregnancy test _____

Plan B dispensed to patient. Lot #: _____ Exp Date: _____