

PHYSICIAN SCRIPT

Please read the following very carefully. It is a requirement in the state of Ohio that you have informed your patient of the information below. After providing the information, you must give the patient the opportunity to ask questions. After you complete this session, complete the Preterm Outside Provider Consent Verification form.

Length of pregnancy: This date establishes the length of pregnancy based on the first day of your last menstrual period. ALL physicians base length of pregnancy on this date. The state, however, requires that we inform you of the gestational age of your pregnancy. This is not the same. It is based on conception and therefore is two weeks less than the medically defined length of pregnancy. Therefore, today the length of your pregnancy is _____ weeks last menstrual period. Subtracting two weeks from this number makes you _____ weeks, which is the gestational age of the pregnancy.

Nature and purpose of an abortion: The purpose of an abortion is to remove the contents of the uterus. The cervix or opening to the uterus is gently dilated using small metal rods. Nothing is cut. Once your cervix is dilated, a small plastic tube is inserted into your uterus. This is attached to a vacuum machine that helps the doctor quickly remove the contents of your uterus. The small plastic tube is known as a cannula.

Medical risks of an abortion: Any surgical procedure has risks associated with it. You need to understand both the risks of an abortion and the risks of continuing a pregnancy.

The most common risks and complications of an abortion are heavy bleeding (with or without blood clots), uterine infection, an incomplete abortion that could cause bleeding or infection, a failed abortion (where the pregnancy continues), or a reaction to the anesthetic or numbing medicine. These risks are rare, occurring in approximately one out of every one hundred patients or less. Even less likely is the risk of uterine perforation. This is when an instrument passes through the wall of the uterus. This happens in about two out of every one thousand patients. If this happens, most of the time there are no other problems. In rare cases, though, this may lead to additional surgery to inspect or repair the uterus and surrounding organs such as bladder, bowel and vessels. In very, very rare circumstances the patient may need a hysterectomy due to damage to the uterus. The most unlikely risk is the risk of death from surgery. Most deaths are associated with the use of general anesthesia.

Medical risks of continuing a pregnancy: Women who continue a pregnancy have the same type of risks as those who undergo an abortion. They have the risks of excessive or heavy bleeding, infection and damage to the uterus. However, they also have an increased risk of high blood pressure, stroke, and diabetes. There is a one in six to one in four chance that they will have to have a C-section or surgery, which has an increased risk of death and hysterectomy associated with it. Overall the risk of death from a full term pregnancy and delivery is eleven times greater than that from an early abortion.