



Comprehensive Health of
Planned Parenthood Great Plains

Kansas 24 Hour Informed Consent

- Bring this document with you to your appointment printed on WHITE PAPER
- Please read and initial each section and sign your name at the bottom.
- DO NOT mail to Comprehensive Health or Planned Parenthood.

To comply with Kansas Law effective July 1, 1998 (amended July 1, 2009; July 1, 2011; July 1, 2013; July 1, 2017), you must receive this Informed Consent at least 24 hours prior to your procedure. The State-written materials referenced within this form are available to you online and at Comprehensive Health of Planned Parenthood Great Plains.

_____1. Estimated Gestation of Pregnancy: Until you have a sonogram to determine how far along the pregnancy is, the best way to estimate the gestation is by the date of your last normal menstrual period.

If you believe your last normal menstrual period started:	Then you are probably about:
4 weeks ago	4 weeks pregnant
5 weeks ago	5 weeks pregnant
6 weeks ago	6 weeks pregnant
7 weeks ago	7 weeks pregnant
8 weeks ago	8 weeks pregnant
9 weeks ago	9 weeks pregnant
10 weeks ago	10 weeks pregnant
11 weeks ago	11 weeks pregnant
12 weeks ago	12 weeks pregnant
13 weeks ago	13 weeks pregnant
14 weeks ago	14 weeks pregnant
15 weeks ago	15 weeks pregnant
16 weeks ago	16 weeks pregnant
17 weeks ago	17 weeks pregnant
18 weeks ago	18 weeks pregnant
19 weeks ago	19 weeks pregnant

20 weeks ago	20 weeks pregnant
21 weeks ago	21 weeks pregnant
22 weeks ago	22 weeks pregnant

The final determination will be made by the doctor upon ultrasound examination. If you are between 4 - 12 weeks, the common procedure is Vacuum Aspiration. Medication Abortion is available for pregnancy termination between 4 - 10 weeks. If you are between 13 - 21.6 weeks the most common procedure is Dilation and Evacuation.

____2. Types of Abortion Procedures:

First Trimester (4-12 wks) Vacuum Aspiration – This abortion procedure begins with a local anesthetic given to numb the cervix. The cervix is then widened using dilators, which are tapered rods that gradually increase in size. The physician inserts a small tube (cannula), which is attached to an aspiration device. The device's suction empties the contents of the uterus through the tube. The physician may check the walls of the uterus with a curette. The entire procedure takes less than 10 minutes. Sensations will vary, but they are mostly described as cramping or discomfort, which generally subsides within a few minutes after the procedure is over.

Early Nonsurgical/Medication Abortion (4-10 weeks or up to 70 days) – While in the clinic, a drug, Mifepristone, is given to stop the development of the pregnancy. One to two days later, at home, a second drug (Misoprostol) is taken, causing the uterus to contract and expel the embryo and placenta. During this process cramping and bleeding will occur.

Second Trimester (13-21.6 wks) Dilation and Evacuation – During the initial appointment, the osmotic dilators are inserted into the patient's cervix to begin the process of slow and gentle dilation of the cervix. The abortion procedure occurs several hours later, or in some cases one or two days later and involves removal of the pregnancy with forceps. A suction instrument is used to clean the uterus, and a curette is used to check the uterine walls. Patients are then monitored in recovery for at least 2 hours following the procedure.

Complications of Abortion – Possible complications include: blood clots accumulating in the uterus, requiring another suction procedure; infections, most of which are easily identified and treated if the woman carefully observes follow-up instructions; a tear in the cervix, which may be repaired with stitches; perforation of the wall of the uterus and/or other organs, which may heal themselves or may require surgical repair or, rarely, hysterectomy; and abortion that is not complete or that does not end the pregnancy may require the procedure to be repeated; excessive bleeding due to failure of the uterus to contract, which may require a blood transfusion; death. In the second trimester, risks increase with every week of gestation.

____3. Risks with terminating a pregnancy vs. carrying a pregnancy to term: There is approximately 1 death for every 167,000 women who have legal abortions and these rare deaths are usually of adverse reactions to anesthesia, heart attacks, or uncontrollable bleeding. The death rate for a woman carrying to term is about 10 times greater.

____4. Your blood type will be determined the day of your appointment. Approximately 15% of the population is Rh-negative. All Rh-negative women will receive an injection of Rhogam to prevent problems with future pregnancies such as miscarriage, severe fetal anemia or permanent fetal damage. The cost of the Rhogam is \$100-\$225 depending upon fetal age.

____5. State-written materials are available in printed form and online which list agencies which offer alternatives to abortion with a special section listing adoption services and providers of free ultrasound services, provide detailed information on the availability of assistance for prenatal care, childbirth, perinatal, and neonatal care, and contain additional State-mandated information. A link to the State written materials is available on the Comprehensive Health of Planned Parenthood homepage, as required by law. The information stated there does not necessarily reflect current medical opinion or that of Comprehensive Health.

_____6. Alternatives to abortion include parenting, foster care and adoption. For information about perinatal resources in Kansas, visit www.kdheks.gov/cf/maternal.html or contact the Kansas Department of Health and Environment's Perinatal Health Consultant at (785) 296-1307. For information about national perinatal resources, visit the National Perinatal Association at www.nationalperinatal.org and Bright Futures at www.brightfutures.org.

_____7. You are free to withhold or withdraw your consent to the abortion procedure at any time prior to the dilation of the cervix during a surgical abortion or at any time prior to the administration of the first medication during a nonsurgical abortion. Consent may be withheld or withdrawn 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.

_____8. Your abortion procedure will be performed by Orrin Moore, M.D. (1976), Ronald Yeomans, M.D. (1967), Andrew Broselow, M.D. (1995), or Irene Bettinger, M.D. (1966). You will have the opportunity to meet with the doctor before your procedure. Dr. Moore commenced employment at Comprehensive Health of PPGP (Comp Health) on 7/6/2004; Dr. Yeomans on 10/21/2014, Dr. Broselow on 5/10/2016, and Dr. Bettinger on 10/24/2016. No physician at Comp Health has had disciplinary action taken against them by the Kansas Board of Healing Arts. NO All physicians at Comp Health have malpractice insurance. YES Dr. Moore has clinical privileges at: Menorah Medical Center (original approval date September 28, 2005) and Overland Park Regional (original approval date October 26, 2005). Dr. Yeomans has clinical privileges at: Overland Park Regional (original approval date August 31, 2011) and Menorah Medical Center (original approval date December 1, 2016). YES Dr. Broselow and Dr. Bettinger do not have clinical privileges at a hospital located within 30 miles of Comp Health. NO No physician at Comp Health has lost clinical privileges. NO Dr. Moore and Dr. Yeomans are residents of Kansas. YES Dr. Broselow and Dr. Bettinger are not residents of Kansas. NO

_____9. I received this information at least twenty-four (24) hours prior to my procedure.

_____ / ____ / ____ : _____

Patient's Signature Date Time (Must be at least 24 hrs before your appointment)

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If you are under 18, [you must click here.](#)