

KANSAS 24 HOUR INFORMED CONSENT

- **Bring this document with you to your appointment.**
- **Please read and initial each section and sign your FULL LEGAL name at the bottom.**
- **Please mail, fax, or hand deliver to Trust Women.**
- **THIS MUST BE SIGNED WITH THE DATE AND TIME AT LEAST 24 HOURS BEFORE YOUR APPOINTMENT!**

Note: The State of Kansas mandates that this informed consent be in 12 point - Times New Roman font; therefore, this document is not to be altered.

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.

_____ 1. Your abortion procedure will be performed by Ruth Lehman, M.D., Juliet Marsh, M.D., Rebecca Taub, M.D., Christina Bourne, M.D., or Abbey Hardy-Fairbanks, M.D. You will have the opportunity to meet with the doctor before your procedure.

_____ 2. 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

The final determination will be made by the doctor upon ultrasound examination. If you are between 4 - 14 weeks, the common procedure is Vacuum Aspiration. Medication Abortion is available for

pregnancy termination between 4 – 9 weeks. If you are between 15 - 22 weeks the most common procedure is Dilation and Evacuation.

_____3. Types of Abortion Procedures:

First Trimester (4-13 wks LMP) 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 Non-Surgical/Medication Abortion (4-10 weeks LMP or up to 63 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 (14-22 wks LMP) 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.

_____4. Risks with terminating a pregnancy vs. carrying a pregnancy to term- Health risks are low with either decision. 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.

_____5. 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-\$120 depending upon fetal age.

_____6. According to Kansas law effective July 1, 1998 and amended July 1, 2009; July 1, 2011; July 1, 2013, Trust Women is required to provide you with the following state- mandated, state-written information:

A) Informational materials are available in printed form and online at <http://www.womansrighttoknow.org/> and <http://www.kansaswomansrighttoknow.org/>, describing the fetus and listing agencies which offer alternatives to abortion with a special section listing adoption services and list providers of free ultrasound services.

B) Alternatives to abortion include parenting, foster care and adoption. Medical assistance benefits may be available for prenatal care, childbirth, and neonatal care. More detailed information on the availability of such assistance is contained in the printed informational materials you received from Trust Women or online at <http://www.womansrighttoknow.org/> and <http://www.kansaswomansrighttoknow.org/>,

C) ...“the father of the [fetus] is liable to assist in the support of her child even in instances where he has offered to pay for the abortion.”

D) “the abortion will terminate the life of a whole, separate, unique, living human being.”

E) ...“the woman is free to withhold or withdraw her consent to the abortion at any time prior to the invasion of the uterus without affecting her right to future care or treatment and without the loss of any state or federally funded benefits to which she might otherwise be entitled.”

F) “No person shall perform or induce an abortion when the unborn child is viable unless such person is a physician and has a documented referral from another physician not financially associated with the physician performing or inducing the abortion and both physicians determine that: (1) The abortion is necessary to preserve the life of the pregnant woman; or (2) a continuation of the pregnancy will cause a substantial and irreversible physical impairment of a major bodily function of the pregnant woman.” And “If the child is born alive, the attending physician has the legal obligation to take all reasonable steps necessary to maintain the life and health of the child.”

G) The following statement is mandated by the State of Kansas: “*by no later than 20 weeks from fertilization, the unborn child has the physical structures necessary to experience pain. There is evidence that by 20 weeks from fertilization unborn children seek to evade certain stimuli in a manner that in an infant or an adult would be interpreted to be a response to pain. Anesthesia is routinely administered to unborn children who are 20 weeks from fertilization or older who undergo prenatal surgery.*” However, physicians at Wichita Medical Practice and the American Medical Association (AMA) and the American College of Obstetricians and Gynecologists (ACOG) dispute the above statement required by the State of Kansas. ACOG specifically states, “No credible scientific evidence exists of fetal pain perception pre-viability. The medical profession produced a rigorous scientific review of evidence on fetal pain in the Journal of the American Medical Association (JAMA), 2005. Fetal perception of pain is not confirmed prior to the 3rd trimester. Perception of pain is only confirmed after viability.”

_____ 7. I may go to this website to learn more about “National Perinatal Assistance.”

http://perinatalhospice.org/Perinatal_hospices.html

_____ 8. I received this information at least twenty-four (24) hours prior to my procedure.

The following physician information is provided pursuant to K.S.A. 65-6709 as amended by the 2017 legislature in Senate Bill 83 signed by Gov. Brownback on June 7, 2017.

Ruth Lehman, M.D.

Physician Name: Ruth Lehman, M.D.

Year MD degree conferred: 2018

Date physician's employment commenced at TW: Dr. Lehman began working with TW on March 30, 2019.

Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: No Yes

Malpractice Insurance: No Yes

Clinical privileges at hospital within thirty miles of TW: No Yes

Hospital privileges lost: None

Resident of Kansas: No Yes

Sec. (a)(1)(G): Hospital privileges lost: None

Sec. (a)(1)(H): Resident of Kansas: No Yes

Juliet Marsh, M.D.

Physician Name: Juliet Marsh

Year MD degree conferred: 2001

Date physician's employment commenced at TW: Dr. Marsh began working with TW on October 27, 2019.

Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: No Yes

Malpractice Insurance: No Yes

Clinical privileges at hospital within thirty miles of TW: No Yes

Hospital privileges lost: None

Resident of Kansas: No Yes

Sec. (a)(1)(G): Hospital privileges lost: None

Sec. (a)(1)(H): Resident of Kansas: No Yes

Rebecca Taub, M.D.

Physician Name: Rebecca Taub, M.D.

Year MD degree conferred: 2013

Date physician's employment commenced at TW: Dr. Taub began working with TW on July 25, 2019.

Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: No Yes

Malpractice Insurance: No Yes

Clinical privileges at hospital within thirty miles of TW: No Yes

Hospital privileges lost: None

Resident of Kansas: No Yes

Sec. (a)(1)(G): Hospital privileges lost: None

Sec. (a)(1)(H): Resident of Kansas: No Yes

Abbey Joy Hardy-Fairbanks, M.D.

Physician Name: Abbey Joy Hardy-Fairbanks, M.D.

Year MD degree conferred: 2006

Date physician's employment commenced at TW: Dr. Hardy-Fairbanks began working with TW on August 30, 2019.

Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: No Yes

Malpractice Insurance: No Yes

Clinical privileges at hospital within thirty miles of TW: No Yes

Hospital privileges lost: None

Resident of Kansas: No Yes

Sec. (a)(1)(G): Hospital privileges lost: None

Sec. (a)(1)(H): Resident of Kansas: No Yes

Christina Bourne, M.D.

Physician Name: Christina Bourne, M.D.

Year MD degree conferred: 2016

Date physician's employment commenced at TW: Dr. Bourne began working with TW on July 1, 2019.

Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: No Yes

Malpractice Insurance: No Yes

Clinical privileges at hospital within thirty miles of TW: No Yes

Hospital privileges lost: None

Resident of Kansas: No Yes

Sec. (a)(1)(G): Hospital privileges lost: None

Sec. (a)(1)(H): Resident of Kansas: No Yes

Patients Signature: _____

I received this information on:

_____/_____/_____ at _____ : _____ AM or PM
Date Time (Please circle one)

Explanation regarding Trust Women physicians: Physicians of Trust Women are independent contractors and are not considered employees of Trust Women