



## ACT OF COUNSELLING ON THE MEDICAL TERMINATION OF PREGNANCY, APPLICATION AND CONSENT FOR TERMINATION OF PREGNANCY

Patient's first and last name

Patient's date of birth

In Estonia, abortion is governed by the Termination of Pregnancy and Sterilisation Act. Pregnancy is terminated at the pregnant person's request based on a written application. According to the Act, a pregnancy can be terminated at the patient's request if the pregnancy has lasted less than 12 weeks.

Before the termination, a visit to the doctor or midwife is required. If necessary, blood samples and analyses from the vagina are taken.

To ensure the safe termination of pregnancy and to avoid the risk of complications, please inform your doctor and midwife of:

- Your state of health
- All illnesses and medications you are taking regularly, including blood thinners
- Any known hypersensitivity to medications

You are scheduled for a medical termination of pregnancy and there are no contraindications to the administration of the medications (known ectopic pregnancy, allergy to medications, severe treatment-resistant asthma, porphyria or chronic adrenal insufficiency).

Pregnancy termination occurs in two stages and involves the use of two different medications:

1) Mifepristone

and

2) Misoprostol, administered 24-48 hours later.

Mifepristone suppresses progesterone, the hormone necessary for the continuation of pregnancy, and misoprostol causes uterine contractions. Misoprostol can cause foetal damage. Therefore, if you have already taken the first dose, we recommend you not to withdraw from termination of pregnancy at this point. If you have rhesus-negative blood and your pregnancy has lasted more than nine weeks, you will receive a medication that prevents rhesus conflict in subsequent pregnancies (as an intramuscular injection of anti-D immunoglobulin 625 IU/mL within 72 hours of pregnancy termination).



## First stage: administration of mifepristone

Take one tablet (200 mg) of mifepristone orally on ..... (date) ..... (time).

Mifepristone must be taken on the specified date and time. If you did not take it at the scheduled time, do not take it later. In this case, contact East Tallinn Central Hospital on the next working day from 08:00 to 16:00 at +372 5911 8283 to decide on the next steps for treatment.

PLEASE NOTE! Under no circumstances should mifepristone be given to others.

After taking mifepristone:

- Usually there are no noticeable changes in your wellbeing and can continue your everyday activities.
- If you vomit within two hours after taking the tablet, the medication may not be absorbed. Contact East Tallinn Central Hospital immediately at +372 5911 8283 (working days from 08:00 to 16:00) or at +372 5308 0874 outside working hours to determine whether you need to take another dose.
- You may experience lower abdominal pain and slight vaginal bleeding. Bleeding does not indicate that the pregnancy has ended, which is why the second medication (misoprostol) must be taken 24 to 48 hours later as planned. We recommend using a sanitary pad.
- Very rarely, it is possible for pregnancy tissue to be discharged already before the administration of misoprostol. If heavy bleeding with clots and severe lower abdominal pain occurs right after you take mifepristone, you can immediately place two misoprostol tablets (400 µg) under your tongue or between your cheek and gums.

## Second stage: administration of misoprostol

### 1. Administration outside the hospital

Insert 4 tablets (800 µg) of misoprostol in the vagina on ..... (date) ..... (time).

Empty your bladder and wash your hands. The preferred method is inserting the tablets deep into the vagina. Afterwards, lie down for 30 minutes. If heavy vaginal bleeding occurs, this method may not be effective. In this case, place the tablets under your tongue or between your cheek and gums, where they will dissolve and absorb (for a more uniform effect, you can administer 2+2 tablets with a 20-minute interval).

Information relating to taking misoprostol

- Choose a private place.
- We recommend having a trusted adult with you.
- Misoprostol triggers uterine contractions. This causes lower abdominal pain similar to or stronger than menstrual cramps. For pain relief, we recommend taking 400-800 mg of ibuprofen at the same time as misoprostol. If ibuprofen does not work or you don't have any, you can also take 1000 mg of paracetamol.
- If necessary, you can take 400-800 mg of ibuprofen one to three times a day. Alternatively, you can take 1000 mg of paracetamol one to four times a day or take it together with the ibuprofen. Make sure you have painkillers at home before the procedure.
- After taking misoprostol, you may experience nausea, vomiting, chills, a short-term fever, headache and/or diarrhoea for a few hours.
- The discharge of pregnancy tissue involves bleeding. This is often heavier than a menstrual period and includes blood clots and tissue fragments.



- The discharged gestational sac may appear as a 1-3 cm gel-like, round formation (e.g. on a sanitary pad). Bleeding and discharge of pregnancy tissue usually begins within four hours of misoprostol administration, but in some cases may take longer.
- If bleeding does not begin within four hours, take the additional misoprostol tablets (2 tablets, 400 µg) you received from the hospital, either vaginally, under your tongue or between your cheek and gums.
- If you are breastfeeding, you can continue as usual.
- After the discharge of the initial pregnancy tissue, bleeding may continue for two to three weeks, sometimes up to 45 days (until your next menstruation).
- Do not throw any unused medications in the trash – take them to the pharmacy.
- You have the right to receive a certificate of incapacity for work if needed.
- If bleeding does not begin within 72 hours (three days), please call East Tallinn Central Hospital on the next working day at +372 5911 8283 (working days from 08:00 to 16:00) to decide on the next steps for treatment.

A nurse or midwife will conduct remote consultation by phone at ..... to verify misoprostol administration and provide additional advice if needed.

## **2. Administration at the hospital**

- Arrive on..... (date) at 07:30 to the East Tallinn Central Hospital Women's Clinic reception (Ravi 18, B block).
- You will be hospitalised in the gynaecology department.
- In the hospital, the misoprostol tablets will be placed in your vagina, under your tongue or between your cheek and gums, where they will dissolve and absorb.
- Misoprostol causes uterine contractions that cause pain similar to menstrual cramps. You will be given painkillers (ibuprofen, paracetamol, etc.) as needed.
- After the misoprostol has been administered, you may experience nausea, vomiting, chills, a short-term fever, headache and/or diarrhoea for a few hours. Rarely, dizziness or chest pain may occur – inform medical staff about these symptoms.
- It generally takes six to eight hours from the administration of misoprostol to the onset of pregnancy termination. In most cases (approximately 95%), the termination occurs within 24 hours, though it can sometimes take longer.
- Termination involves vaginal bleeding, often heavier than normal menstrual bleeding.
- If you have rhesus-negative blood and your pregnancy has lasted more than nine weeks, you will receive a medication that prevents rhesus conflict during subsequent pregnancies (as an intramuscular injection of anti-D immunoglobulin 625 IU/mL within 72 hours of pregnancy termination).
- If you are breastfeeding, you can continue as usual.
- After the discharge of the initial pregnancy tissue, bleeding may continue for two to three weeks, sometimes up to 45 days (until your next menstruation).

## **Emotions after pregnancy termination**

It is natural to experience a range of emotions. For support, you can talk to family members, friends or a healthcare professional, counsellor or psychologist. Your gynaecologist or midwife can give you advice and information on how to see a professional counsellor (such as a pregnancy crisis counsellor or psychologist).



### **Confirming pregnancy termination and potential complications**

Medical abortion is successful in approximately 95% of cases without additional intervention. In about 5% of women, pregnancy can continue (1-2 cases per 100), terminate incompletely, or infection of the pelvic organs may occur in rare cases. In these cases, additional medication or surgical termination may be necessary.

Pregnancy is considered terminated when:

- The symptoms of pregnancy (e.g. breast soreness, nausea, vomiting, fatigue, changes in appetite, increased urination) disappear.
- Tissue is discharged in addition to bleeding after the misoprostol administration.
- Bleeding (in reducing quantities) lasts an average of two weeks, sometimes up to 45 days.
- A urine pregnancy test only becomes negative five weeks after the procedure.

Your next menstrual period should start around four to six weeks after the termination. If your period does not start within this time, it may indicate an ongoing or ectopic pregnancy and you should seek emergency medical care immediately.

### **When to seek emergency medical care**

SEEK EMERGENCY CARE in the following cases:

- A fever ( $\geq 38^{\circ}\text{C}$ ) develops more than three hours after taking misoprostol, or if the fever persists for more than four hours
- Persistent or worsening lower abdominal pain that does not get better with painkillers
- Severe bleeding (two or more large sanitary pads soaked within two consecutive hours)
- Bleeding persists after the next menstrual period has passed
- Foul-smelling or purulent vaginal discharge
- Feeling faint/fainting
- General malaise

In these cases, contact a gynaecologist/midwife or the hospital's 24-hour emergency department: Aktsiaselts Ida-Tallinna Keskhaigla Women's Clinic emergency reception, Ravi 18, B block. You can contact the on-call midwife by phone at +372 5308 0874.

### **After pregnancy termination:**

The need for a follow-up visit will be decided and agreed on by your doctor or midwife, taking your wishes into account. The appointment usually takes place two to five weeks after the procedure.

If the abortion was uncomplicated, a follow-up visit is generally not required.

For two weeks after the abortion, it is not recommended to have sexual intercourse without a condom, use tampons or menstrual cups, take baths (showers are allowed) or swim. Saunas are not recommended during heavy bleeding.

Avoiding unintended pregnancies

After termination, a new pregnancy can occur already before your next menstruation. You can start using a contraceptive pill, patch or ring in the evening of the day you took misoprostol or the next morning at the latest. A subdermal implant can be placed in a healthcare facility immediately before or after taking the tablets. An intrauterine device (IUD) can be inserted during a doctor's visit once the pregnancy termination has been confirmed.



Chosen contraceptive method: .....  
(name)

Start: .....  
(date)

I, ....., confirm that a healthcare professional has informed me of my health condition and explained the pregnancy termination method and associated risks, including potential complications and medication side effects. I have been informed about the available psychological or other counselling options.

I confirm that I have been given the opportunity to ask questions about the procedure and I have understood the answers provided. I am aware that the procedure may not guarantee the desired outcome. I am aware that while the medical termination method is effective, it is not 100% effective, and administration of additional medication doses or surgical intervention may be required.

I have been informed that signing this consent form does not affect my right to ask the doctor or midwife additional questions about the procedure and receive further explanations.

I..... (patient's first and last name) request and consent to the termination of my pregnancy and confirm this with my signature.

**Date:**             /        /             **Signature:** ..... (patient)

I..... (legal representative of the patient) confirm that the healthcare professional has informed me of the patient's ..... (patient's first and last name) health condition and has explained to me the pregnancy termination method and associated risks, including potential complications and medication side effects. I have been informed about the psychological or other counselling options available to the patient. I am aware that while the medical termination method is effective, it is not 100% effective, and administration of additional medication doses or surgical intervention may be required.

I confirm that I have been given the opportunity to ask questions about the procedure and I have understood the answers provided. I am aware that the procedure may not guarantee the desired outcome.

I am aware that if my refusal harms the patient's interests, the healthcare provider may not comply with it.

I am aware that if I do not consent to the patient's pregnancy termination and it conflicts with the patient's interests, the healthcare provider will terminate the pregnancy based on the patient's consent.

I..... (patient's first and last name) consent/do not consent (underline as applicable) to the termination of my pregnancy and I confirm this with my signature.

\*The legal representative provides consent if the patient is unable to responsibly weigh the pros and cons of pregnancy termination.



I, ....., confirm that I have explained the nature of pregnancy termination and associated risks, including potential complications, to the patient and/or the patient’s legal representative in an un understandable manner.

**Date:**        \_ \_ / \_ \_ / \_ \_ \_ \_ \_

**Signature:**        \_

**Stamp:**

The consent form has been drawn up in two copies, one of which will be kept by the healthcare provider and the other by the patient/patient’s legal representative.

FOR THE PATIENT/PATIENT’S LEGAL REPRESENTATIVE. Do not sign this form until a healthcare professional has informed you of the procedure.

