Patsiendi ees- ja perekonnanimi
Isikukood
(kleeps)

IDA-TALLINNA KESKHAIGLA

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ACT OF COUNSELLING ON THE SURGICAL 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 and consent form 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
- Any known hypersensitivity to medications

The pregnancy is surgically terminated by suction aspiration. This procedure involves the insertion of a special instrument into the uterus through the cervix to empty the uterine cavity. It is performed in the gynaecology (day care) unit and is short in duration. General anaesthesia is used for pain relief. In rare cases, local anaesthesia may be used.

Cervical preparation
Cervical preparation may be necessary before surgical termination of pregnancy. Misoprostol is used to soften the cervix and make it easier to pass.
Two tablets (400 µg) of misoprostol are placed preferably under your tongue or between your cheek and gums one to two hours before the procedure. Alternatively, they can also be inserted into the vagina (two tablets of misoprostol two to three hours before the procedure). The medication will be given to you by the hospital.
Misoprostol can cause nausea, diarrhoea, and abdominal cramps. To prevent abdominal pain, it is recommended to take 400 to 600 mg of ibuprofen orally (with a small amount of water if necessary) 30 to 40 minutes before the misoprostol administration.

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The morning of the procedure
- Do not eat or drink.
- Do not chew gum or smoke.
- If you have a chronic illness (e.g. arterial hypertension, asthma) and you have been prescribed treatment, take your daily medications the morning of the procedure. Taking a few sips of water to swallow the tablets is permitted and safe. Exceptions may apply to some diabetes and weight-loss medications (e.g. semaglutide)
- Empty your bladder before the procedure.

If you plan to use an intrauterine device (IUD) or subdermal implant as a contraceptive method in the future, bring the device with you to the procedure.

After the procedure
After the procedure, you will stay in the department for a few hours to recover from the initial effects of anaesthesia. Common immediate post-procedure side effects include temporary lower abdominal pain due to uterine contractions and menstrual-like bleeding. Adequate pain relief will be provided.
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).
You have the right to receive a certificate of incapacity for work if needed. Driving is not permitted on the day of the procedure.
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).

Potential complications of surgical termination of pregnancy
An abortion is generally a safe procedure. Very rare complications include: cervical injury, incomplete emptying of the uterus, uterine injury, haemorrhage, need for blood transfusion or infection of pelvic organs. Some complications (haemorrhage, cervical injury, uterine perforation) may require surgical intervention (laparoscopic or open surgery). Anaesthesia-related complications include: allergic reactions to medications, side effects from anaesthesia, respiratory complications and complications related to the inhalation of gastric juice.

When to seek emergency medical care
SEEK EMERGENCY CARE in the following cases:
- Signs/symptoms of pregnancy continue after termination (e.g. nausea, vomiting, breast tenderness, fatigue or appetite changes)
- Persistent or worsening abdominal pain
- Severe bleeding: blood clots, soaking two or more large sanitary pads within two consecutive hours
- Foul-smelling or purulent vaginal discharge
- Fever (≥38 °C)
- General malaise

In these cases, contact your gynaecologist/midwife or go to
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.

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For any questions or concerns, contact the Aktsiaselts Ida-Tallinna Keskhaigla Women's Counselling Centre by calling the secretary at +372 620 7155 on working days from 08:00 to 16:00.

After surgical termination of pregnancy

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.
Your next menstrual period should start around four to six weeks after the termination. If this has not happened, see your gynaecologist.

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 the same day or the day after the procedure. An intrauterine contraceptive device (IUD) or a subdermal implant can be placed immediately after the procedure.

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 have been informed that the scope of the procedure may need to be adjusted during the process. I have been informed that a blood transfusion may be required during the procedure or immediately after. I consent/do not consent (underline as applicable) to a blood transfusion if indicated. I understand that in life-threatening situations, a blood transfusion will be carried out even if I did not give my consent.

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 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 have been informed that a blood transfusion may be required during the procedure or immediately after.
I consent/do not consent (underline as applicable) to a blood transfusion for the patient if indicated.

I confirm that I have been given the opportunity to ask questions about the procedure and I have understood the answers I received. 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 consent/do not consent (underline as applicable) to the termination of my pregnancy ..... (patient's first and last name) and confirm this by 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.