

Missouri's Abortion 24 Hour Informed Consent Process

FACT SHEET

Under [current statute](#) — which has been in state law since 1979—“No abortion shall be performed except with the prior, informed and written consent freely given of the pregnant woman.”

As a trusted provider of reproductive health care, Planned Parenthood believes that every woman should have evenhanded and unbiased information so she can protect her health and make the best decision for her circumstances. A woman needs – and Missouri women get – information about the risks involved with, and alternatives to abortion but the information should not be written to coerce, shame or pressure the woman into making a decision that is not right for her. We rigorously follow over 30 state laws and countless regulations governing the delivery of abortion care in Missouri.

The debate over HB 1327/1200 and SB 793 in the 2010 Missouri Legislative session has created confusion about the status of the informed consent process.

Here are the facts:

[Current law, updated in 2003](#) , requires that at least 24 hours in advance of the procedure, the patient confers with a treating physician who gathers and reviews information about the woman and relays information about the abortion procedure and any possible complications or risks.

Prior to the procedure, the woman:

- Has the specific abortion procedure and any risks described to her;
- Has an ultrasound, is informed of the gestational age of the fetus, and is offered the option of viewing the ultrasound;
- Has necessary lab-work done, blood pressure checked, and a bi-manual (pelvic) exam conducted;
- Completes a medical history which is reviewed by trained staff and physician for completeness and clarity; and
- Speaks with staff specially trained to review all options when faced with an unintended pregnancy.

Specially trained staff will:

- Provide information, support and referrals as appropriate;
- Assist the woman in understanding the impact of the pregnancy on her current life situation;
- Help her identify and explore all of the options available to her—childbirth, adoption, or abortion—so she can make the best decision for her;
- Provide support and information to help her cope effectively with the emotional, social, and medical aspects of her situation;
- Make appropriate referrals for prenatal care, OB/GYN care, adoption and situation-specific counseling;
- Educate her about her related reproductive healthcare such as, birth control methods, prenatal care, HIV and STI prevention and other appropriate concerns;
- Provide information and support as needed to ‘significant others’ who may accompany her;

- On the day of the procedure, conduct a pre-procedural interview to assess whether she is certain of her decision;
- Answer questions regarding risks, complications, and aftercare;
- Provide emotional support during the health care visit including before, during and after the procedure.

A specially trained staff member also conducts an extensive interview about the woman's social history including questions about emotional or psychiatric history, depression or existing mental illness, suicidal feelings, use of drugs or alcohol, any sexual abuse or incest, anorexia, bulimia, previous pregnancies, births or abortions, to identify any potentially troubling issues. The trained staff member looks for verbal and non-verbal cues that might indicate an uncertainty about her decision. They are trained to detect abusive situations, refer the woman to appropriate resources and comply with mandatory reporting for teens when abuse and/or neglect is suspected.

At least 24 hours in advance of the procedure, the patient confers with a treating physician who reviews all of the medical and social history forms and again describes the abortion procedure and any possible complications or risks. The doctor asks a series of specific medical questions, probes for any possible contraindications or concerns, and gives her the opportunity to ask any additional questions.

[As required by current law](#), at the end of the conference, and if the woman chooses to proceed with the abortion, a treating physician shall sign and shall cause the patient to sign a written statement that the woman gave her informed consent freely and without coercion after the physician had discussed with her the indicators and contraindicators, and risk factors, including any physical, psychological, or situational factors. All such executed statements shall be maintained as part of the patient's medical file, subject to the confidentiality laws and rules of this state.

Just as the physician must sign a statement confirming that he or she has offered the following instruction, the woman also signs a consent form saying:

“I have been given instructions that I may withdraw my consent at any time prior to the performance of the procedure.”