AAPLOG

Chemical Abortion: A Brief Overview

Chemical abortions now account for the majority of induced abortions in the U.S. They are typically accomplished with a two-drug regimen consisting of mifepristone followed by misoprostol. The former drug blocks the action of progesterone, depriving the developing embryo or fetus of essential nutrients and oxygen for survival. The latter causes uterine contractions that expel the embryo along with other pregnancy tissue. This drug combination is inaccurately touted as being as "safe as Tylenol", a false narrative that has been used to justify removing important safeguards on chemical abortion, placing the health and safety of women and girls at risk.

Medical Risks

All medical interventions have risks, and chemical abortion is no exception. In the U.S., as of 2016, it is only required to report fatal adverse events.[1] In addition, most abortion providers do not manage complications and likely do not know about them. As a result of these factors, only an estimated 5% of chemical abortion complications are reported in the U.S.[2] However, even U.S. studies show that not only do many women require an emergency room visit for complications, but that the rate of ER visits after chemical abortion have increased by more than 500% since 2002.[3] International studies from countries such as Finland offer higher-quality data and a clearer picture of the dangers of chemical abortion.

- Notable adverse events include retained product of conception, bleeding, hemorrhage, infection, ongoing pregnancy, and missed ectopic pregnancy (a life-threatening condition).[2]
- Chemical abortions have 4x the rate of complications of surgical abortions.[4]
- 1 in 5 women will experience significant enough bleeding to require medical attention.[4]
- Up to 8% of women will require surgical completion of their abortion (much higher beyond 10 weeks' gestation).[4]
- Failure rates increase with increasing gestational age, making it more dangerous: 8% in the first trimester, 38.5% in the second trimester.[5]

Current Information Surrounding State Level Abortion Laws

When it initially approved chemical abortion drugs in 2000, the FDA recognized they were dangerous and placed a black box warning on them along with specific safeguards. Since 2016, however, it has continually rolled back these regulations – to the detriment of women and girls across the country. Notably, the FDA never required women to obtain an ultrasound scan, the only means of confirming gestational age and ruling out ectopic pregnancy, prior to taking these drugs.[1] If a woman doesn't have an ultrasound to confirm her gestational age, then there is no way to give her adequate informed consent about her risks of hemorrhage or need for emergency surgery. This also places women at risk of delaying care for a ruptured ectopic pregnancy since the symptoms of both ectopic pregnancy and a chemical abortion are similar - pain and bleeding. Women have already died from rupturing ectopic pregnancies after taking chemical abortion drugs.

- In 2016, the FDA extended the gestation limit for chemical abortion from 7 to 10 weeks, increasing the probability of complications, while at the same time stopping the requirement that complications be reported (and only requiring the reporting of maternal deaths).[1]
- The FDA also began allowing non-physicians to dispense the drugs and reduced the number of visits required from 3 to 1, depriving women of much needed continuity of care.[1]
- In 2021, the FDA removed the in-person dispensation requirement for mifepristone, allowing women to obtain chemical abortion drugs without seeing a medical professional in person – opening the door for abuse of women by traffickers and through forced abortions, which we are already seeing.[1]

Women and their children deserve excellent healthcare and the best possible information about that healthcare. Chemical abortion drugs, especially in the way they are currently being dispensed with no medical oversight and without screening for crucial factors that impact individual risk, pose a significant danger to women and girls.

Abortion Regret and Possible Rescue

Many women report regretting their decision to have an induced abortion, even as soon as right after taking the first chemical abortion drug. For these women, there is hope! There is a treatment that, if started within 72 hours of a woman taking mifepristone and before she takes the second drug, has an approximately 70% chance of saving her child! It involves giving the woman natural progesterone – the hormone that mifepristone blocks – to counteract the effects of mifepristone. This is a safe and effective treatment – for both mom and baby. There are no documented birth defects or increased risk of complications reported related to using progesterone to reverse the effects of mifepristone and there are thousands of children alive today thanks to this treatment. Women who regret their abortion decision and desire to save their baby should call the APR network hotline as soon as possible at 1-877-558-0333. For more information on this life-saving treatment, go to aaplog.org/abortion-pill-reversal/ or see our Practice Guideline below.[6]

Sources

1. https://adflegal.org/sites/default/files/2023-04/AHM-FDA-2023-04-17-FactSheet.pdf
2. https://aaplog.org/CO9
3. Studnicki J, Harrison DJ, Longbons T, et al. A Longitudinal Cohort Study of Emergency Room Utilization Following Mifepristone Chemical and Surgical Abortions, 1999–2015. Health Services Research and Managerial Epidemiology. 2021;8. Doi:10.1177/23333928211053965
4. Niinimäki M, Pouta A, Bloigu A, et al. Immediate complications after medical compared with surgical termination of pregnancy. Obstet Gynecol. 2009;114(4):795-804.
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6. https://aaplog.org/PB6