The Push for Deregulation of Medication Abortion

How abortion advocates are trying to take away safeguards around medication abortions and why that is dangerous for women.

1

What is a medication abortion?

In contrast to a surgical abortion, where a doctor performs surgery with physical instruments to kill and remove the fetus from the womb, a medication (or medical) abortion **involves drugs prescribed by a doctor which kill the fetus.** Medication abortions are currently **approved for use up to 10 weeks** of gestation. However, some doctors prescribe it off-label for pregnancies that are further along. Medication abortions now **account for over half (54%) of US abortions**. There are three common types of medication abortions:

Methotrexate and Misoprostol

Originally designed for use in chemotherapy, Methotrexate is used in combination with Misoprostol to kill the fetus and induce labor.

Misoprostol alone

Given orally or vaginally, this method requires a woman to take a series of Misoprostol pills over a period of 24 hours. Misoprostol softens the cervix and induces labor.

Mifepristone (RU-486, Mifeprex) and Misoprostol

This is the most common type of medication abortion.

RU-486 blocks the action of progesterone, a primary pregnancy hormone, so that the uterine wall breaks down and cuts off blood and nutrient supply to the embryo. The baby then dies. 24-48 hours later, a woman takes Misoprostol, which causes contractions (labor) to force the baby from the womb and shed the uterine lining.

2

What laws regulate medication abortions?

32

states require the clinician who administers medication abortions be a physician.

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states prohibit the use of medication abortions after a certain point in pregnancy.

19

states require the clinician providing a medication abortion to be physically present when the medication is administered.

This prohibits the use of telemedicine to prescribe medications for abortion.

The restrictions around abortion are not simply tactics by pro-lifers to keep abortions inaccessible. They are meant to keep women safe. Many medications are inaccessible to the general public due to their risky nature. Drugs like chemotherapy, steroids, antibiotics, depressants, and even pain medication require a prescription because they have the potential to do harm.

The FDA approved Mifeprex (RU-486 or Mifepristone) for use in medication abortions with a “Risk Evaluation and Mitigation Strategy with Elements to Assure Safe Use” (REMS with ETASU) attached to it.

This is required of drugs that have a potential for misuse or significant harm if they are not very carefully dispensed. Mifeprex is considered safe for use in medication abortions only when these guidelines are in place:

The patient must have an in-person evaluation to receive a prescription for the drug. The evaluation would confirm both the baby’s gestational age (to make sure the medication is still appropriate) and the health of the mother (to make sure she does not have health factors that would make a medication abortion unsafe for her).

The prescriber needs to be trained and certified, and he or she must follow the guidelines in the patient agreement form.

The patient needs to sign and be given a copy of the patient agreement form and be counseled on the risks of taking the medication.

Contrary to pro-choice arguments for removing regulations on medication abortion pills, these requirements do *not* create a huge burden for practitioners. The requirements do, however, prevent Mifeprex from becoming an over-the-counter (OTC; i.e., without a prescription) medication and from being prescribed via telemedicine.

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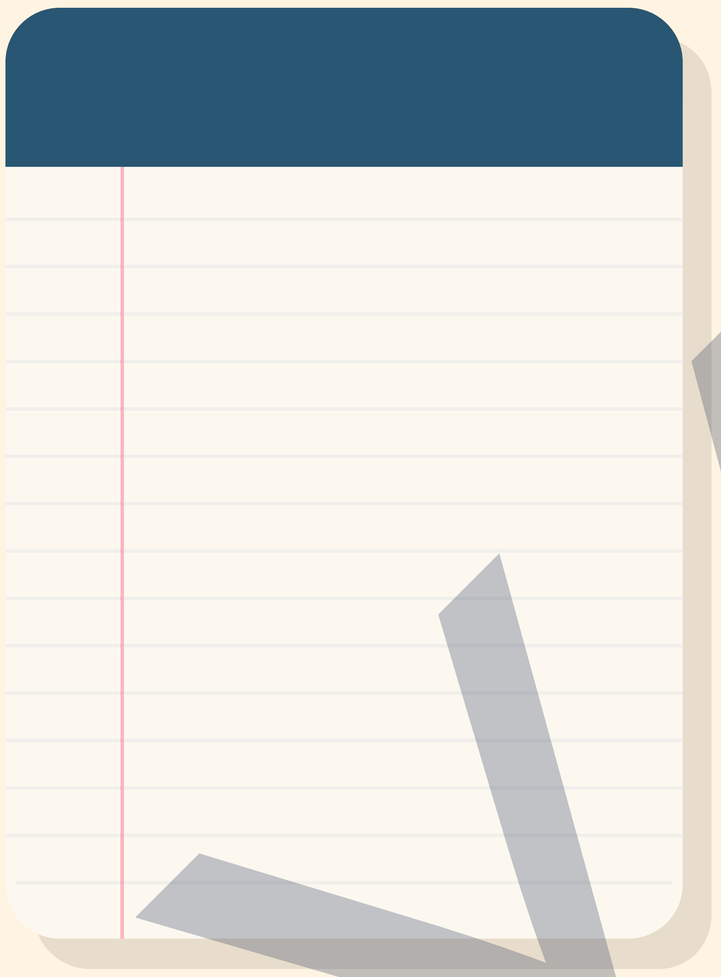
What changes are being pushed for deregulating medication abortions?

Abortion providers and other pro-choice advocates are working hard to change restriction laws.

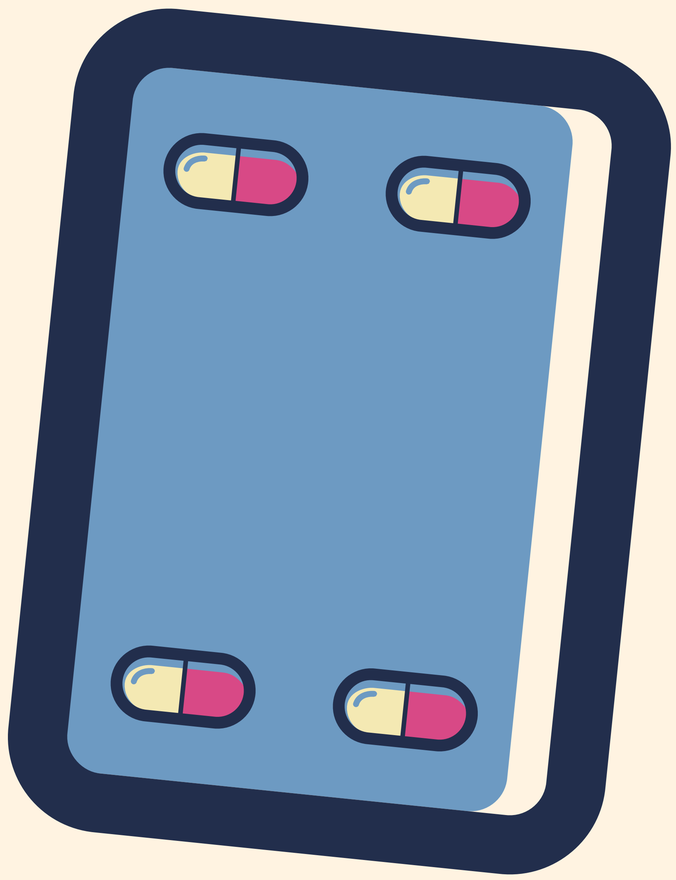


In their October 2020 Practice Bulletin, the American College of Obstetricians and Gynecologists (ACOG) recommend that "[f]or patients with regular menstrual cycles, a certain last menstrual period within the prior 56 days, and no signs, symptoms, or risk factors for ectopic pregnancy, **a clinical examination or ultrasound examination is not necessary** before medication abortion."

ACOG and the American Civil Liberties Union are both suing the FDA separately **to have the REMS label removed** from Mifeprex.

Their goal is to make abortifacient drugs available apart from medical supervision.

Abortion advocates desire easy access to medical abortion: a prescription you can fill at the pharmacy, a pill available OTC without prescription, or even medication delivered by mail. This would require **no evaluation by a doctor prior to having the abortion** and **no oversight during and after the time the pills are taken** -- a dangerous combination.



Why would this deregulation be dangerous?

1.

It would remove important safeguards that help mitigate the health risks of abortion by ensuring women are taking medication properly and that they receive care in the event of a complication.

An abortion places a woman at risk of many physical complications, both short and long-term.

Short-term:

- hemorrhage
- infection
- incomplete abortion (parts of the baby and/or placenta remain in the uterus)
- failed abortion (the pregnancy continues while the woman thinks she is no longer pregnant)
- if the woman has an ectopic pregnancy, the fallopian tube could rupture, resulting in a life-threatening situation
- death

Long-term:

- increased risk of premenopausal breast cancer
- increased risk of preterm birth in subsequent pregnancies

Although medication abortions are perceived as the easier, less invasive abortive option . . .

medication abortion is actually more dangerous than surgical abortion.

A study of over 42,000 women in Finland who had elective abortions found that the overall incidence of a complication was **four times** higher in medical abortions when compared to surgical abortions.

Comparison of complication rates

Complication	Surgical Abortion	Medication Abortion
Total complications	5.6%	20.0%
Hemorrhage	2.1%	15.6%
Incomplete abortion	1.6%	6.7%
Need for surgical evacuation	1.8%	5.9%

On top of this, problems and complications from abortions are **massively underreported (only an estimated 1.7% of complications are reported)**, based on the frequency of complications found in controlled studies compared to how many are reported in the general population.

The push to deregulate medical abortion medications is irresponsible and endangers women.

Abortion medications being available over the counter to anyone means:

Accidental oversight of ectopic pregnancy. Mifeprex can cause the fallopian tube to rupture, which creates a life-threatening emergency.

No checking for Rh compatibility between mother and baby. The Rh factor is the “+” or “-” part of a blood type. If a mother is Rh negative and aborts an Rh positive baby, she is likely to come into contact with the baby’s Rh positive blood. Her body will build antibodies against Rh positive blood. If any of her future babies are Rh positive, those antibodies will attack the Rh factor present in the baby’s blood in utero; this usually causes miscarriage or severely disables the child.

Women in rural areas or without dependable transportation may not make it to a hospital in time when an emergent complication arises from medical abortion.

No verification of the baby’s gestational age. A woman could be taking medication many weeks beyond the recommended ten weeks, significantly increasing her risk of complication.

No verification that all tissue (baby, placenta, umbilical cord) has passed.

Placing women in high risk situations and removing the protections of medical oversight.

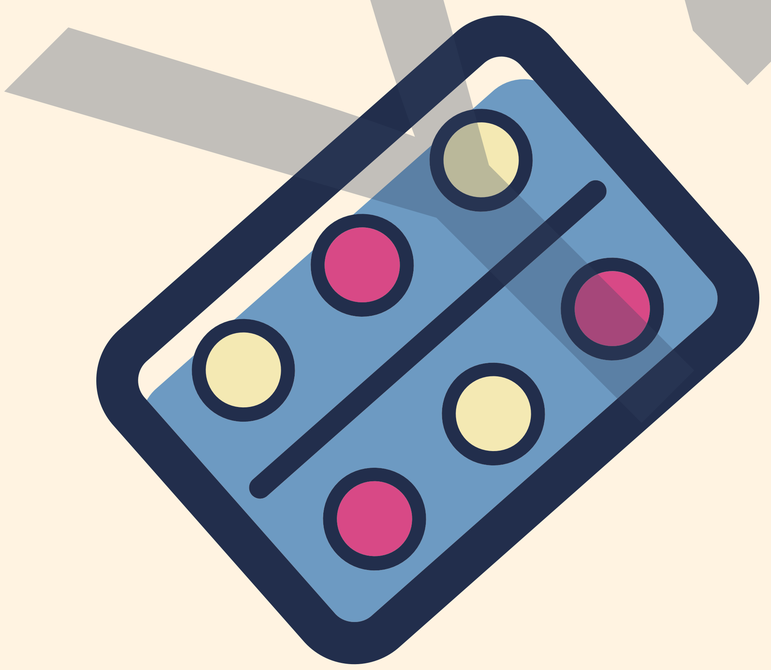
Why would this deregulation be dangerous?

2.

It allows people other than consenting, pregnant women to access abortion pills, enabling forced abortions and perpetuation of abuse.

Abortion pills are currently available at over 76 different websites online.

Without a physical exam or prescription, individuals can simply place an order for these pills. **Men are currently on trial and in jail for slipping abortion pills into their partner's drinks** to force an abortion.

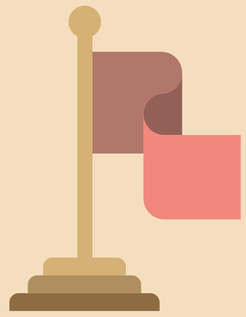


Increased accessibility of abortion-inducing drugs to people other than pregnant women who are seeking an abortion benefits those who seek to harm women.

Some of these websites also offer bulk discounts.

Who would need a bulk supply of abortion pills? A pregnant woman only needs the appropriate dose for one pregnancy. However, **pimps and sex traffickers have use for a bulk supply of abortion pills.**

Abortion pills **enable traffickers** to continue their trade *more* easily and **disconnect victims of sex slavery from real help**. Medication abortions subject victims to riskier abortions that require no contact with anyone aside from the abuser who hands her the pills.



To keep women safe, we need more regulation around access to medication abortions, not less. Easier access to abortion pills endangers women.

To find out more about medication abortion and how you can be a voice for life,

visit y4life.org.

sources

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