



The Safety of Medication Abortion Care

What is medication abortion care?

Medication abortion care is a safe and effective FDA-approved medication regimen for ending an early pregnancy.

- The medication abortion care regimen involves two different pills. One pill, called mifepristone, is taken first and then pills, called misoprostol, are taken 24-48 hours later.
- It is a non-invasive abortion option that is approved for use up to 10 weeks in pregnancy.

A growing proportion of people are choosing medication abortion care.

- According to preliminary analysis of 2020 data from the Guttmacher Institute, medication abortion accounted for more than half (54%) of all abortions in the U.S.¹ The vast majority of these abortions happen outside of the clinic - usually in the comfort of the patient's home or place of their choosing.
- Women who choose medication abortion care are satisfied with the method. One study found that 97% of women would recommend the method to a friend.²
- An overwhelming majority of women who choose abortion report it was the right decision in the days after an abortion,^{3,4} and five years later, 99% of women said it was the right decision for them.⁵

Is medication abortion care safe?

Since the FDA approved medication abortion care in 2000, it has been used by more than 4 million women in the U.S. It has a well-documented safety record, demonstrated in real-world use and in more than 100 research publications in peer-reviewed journals.

- The FDA has stated that medication abortion care is well-established as safe and effective, and that serious complications are extremely rare.⁶
- Leading medical and scientific organizations, including the American Medical Association,⁷ the American College of Obstetricians and Gynecologists,⁸ and the American Academy of Family Physicians,⁹ recognize medication abortion care as safe and effective.
- In December 2021, after a thorough review of the science and evidence, the FDA permanently lifted the requirement that a patient pick up the pill in-person from a clinic.¹⁰
 - These changes will allow the medication to be picked up at a clinic, local pharmacy, or delivered to a patient's home.
- New data from Canada demonstrates mifepristone can safely be prescribed and dispensed like any other drug. A 2021 study found no increase in abortion-related health complications among

¹ Jones, R.K., Nash, E., Cross, L., Philbin, J., & Kirstein, M. [Medication abortion now accounts for more than half of all US abortions](#). *Guttmacher Institute*. February 2022.

² Hollander, D. [Most abortion patients view their experience favorably, but medical abortion gets a higher rating than surgical](#). *Perspectives on Sexual and Reproductive Health*. September 2000.

³ Ralph, L., Foster, D. G., Kimport, K., Turok, D., & Roberts, S. C. [Measuring decisional certainty among women seeking abortion](#). *Contraception*. October 2016.

⁴ Rocca, C., Kimport, K., Gould, H., Foster, D.G. [Women's emotions one week after receiving or being denied an abortion in the United States](#). *Perspectives on Sexual and Reproductive Health*. September 2013.

⁵ Rocca, C.H., Samari, G., Foster, D.G., Gould, H., Kimport, K. [Emotions and decision rightness over five years following an abortion: An examination of decision difficulty and abortion stigma](#). *Social Science & Medicine*. March 2020.

⁶ U.S. Food and Drug Administration. [Clinical Review of NDA 020687/S-020 Mifeprex](#). March 2016.

⁷ American Medical Association. [AMA applauds lifting restrictions on reproductive care medication](#). April 2021.

⁸ American College of Obstetricians and Gynecologists. [Medication Abortion Up to 70 Days of Gestation: Practice Bulletin Number 225](#). October 2020.

⁹ American Academy of Family Physicians. [Letter to Acting FDA Commissioner Sharpless](#). June 2019.

¹⁰ U.S. Food and Drug Administration. [Questions and Answers on Mifeprex](#). December 2021.

315,000 patients in the four-year period following the removal of restrictions on mifepristone.¹¹

- A 2021 study from the U.K. found that after in-person dispensing requirements were lifted, wait times for care were reduced from 10 or 11 days to 6 or 7 days, with no difference in safety outcomes.¹²

Why isn't medication abortion care more available?

Although proven to be safe and effective, medically unnecessary state regulations restrict patient access to medication abortion care.

- Currently, 19 states prohibit telehealth options for medication abortion care or require the prescribing health care provider to be physically present when the medication is dispensed, which effectively bans telehealth models of care.¹³
 - State laws that mandate in-person visits for medication abortion care contradict FDA guidance and are not supported by medical and scientific evidence.
 - Other baseless state restrictions on abortion - including waiting period laws, staffing and facility requirements, and billing and reimbursement restrictions apply to medication abortion care.
 - Unjustifiable bans on insurance coverage for abortion, including under Medicaid, limit access and disproportionately impact those who already face significant barriers to receiving quality care, such as people working to make ends meet, immigrants, young people, and women of color.

Public health organizations and scientific medical societies recognize medication abortion care as safe and effective.

- [Food and Drug Administration \(FDA\)](#): Medication abortion care's safety and efficacy is "well established by both research and experience," and major adverse events are "exceedingly rare."
- [World Health Organization \(WHO\)](#): "Medical abortion plays a crucial role in the provision of access to safe, effective and acceptable abortion care."
- [Centers for Disease Control and Prevention \(CDC\)](#): Early medication abortion care regimens are highly effective, "with completion rates for regimens that combine mifepristone and misoprostol reaching 96%–98%."
- [National Academies of Sciences, Engineering, and Medicine \(NASEM\)](#): Medication abortion care is safe and effective, and "extensive research shows that serious complications are rare. The risks of medication abortion are similar in magnitude to the risks of taking commonly prescribed and over-the-counter medications such as antibiotics and NSAIDs."

¹¹ Schummers, L., Darling, E. K., Dunn, S., McGrail, K., Gayowsky, A., Law, M. R., Laba, T.-L., Kaczorowski, J., & Norman, W. V. [Abortion Safety and Use with Normally Prescribed Mifepristone in Canada](#). *The New England Journal of Medicine*. January 2022.

¹² Aiken, A., Lohr, P., Lord, J., Ghosh, N., & Starling, J. [Effectiveness, safety and acceptability of no-test medical abortion provided via telemedicine: a national cohort study](#). *British Journal of Obstetrics & Gynecology*. February 2021.

¹³ Guttmacher Institute. [State laws and policies: medication abortion](#). January 2022.