

Fact Sheet: Risks and Complications of Chemical Abortion

August 2023

Physical Risks

- Chemical abortion has a complication rate four times that of surgical abortion, and as many as one in five women will suffer a complication.^{1, 2} Three to seven out of every hundred women who choose chemical abortion early in pregnancy will need follow-up care to finish the abortion, with as many as 7-10% needing follow-up care in the first trimester after 63 days of pregnancy and up to 39% requiring surgery if the regimen is accidentally taken in the second trimester.^{3,4,5}
- As many as 15% of women will experience hemorrhage, and 2% will have an infection. The risk of incomplete abortion and infection increases with increasing gestational age.^{6,7}
- Chemical abortion drugs are increasingly likely to send women to the emergency room (ER): in a study of the Medicaid population in states that fund abortion for low-income women, the rate of chemical abortion-related emergency room visits increased over 500% between 2002-2015.⁸

¹ Maarit Niinimäki et al., "Immediate complications after medical compared with surgical termination of pregnancy," *Obstet Gynecol* 114, no. 4 (2009): 795-804, doi:10.1097/AOG.0b013e3181b5ccf9.

² Ushma D Upadhyay et al., "Incidence of emergency department visits and complications after abortion," *Obstet Gynecol* 125, no. 1 (2015): 175-183, doi:10.1097/AOG.000000000000603.

³ Melissa J Chen, Mitchell D Creinin, "Mifepristone With Buccal Misoprostol for Medical Abortion: A Systematic Review," *Obstet Gynecol* 126, no. 1 (2015): 12-21, doi: 10.1097/AOG.000000000000897.

⁴ Elizabeth G Raymond et al., "First-trimester medical abortion with mifepristone 200 mg and misoprostol: a systematic review," *Contraception* 87, no. 1 (2013): 26-37, doi:10.1016/j.contraception.2012.06.011.

⁵ Maarit J Mentula et al., "Immediate adverse events after second trimester medical termination of pregnancy: results of a nationwide registry study," *Hum Reprod* 26, no. 4 (2011): 927-932, doi:10.1093/humrep/der016.

⁶ Maarit Niinimäki et al., "Immediate complications after medical compared with surgical termination of pregnancy."

⁷ Maarit J Mentula et al., "Immediate adverse events after second trimester medical termination of pregnancy: results of a nationwide registry study."

⁸ James Studnicki et al., "A Longitudinal Cohort Study of Emergency Room Utilization Following Mifepristone Chemical and Surgical Abortions, 1999-2015," *Health Serv Res Manag Epidemiol* 8 (2021): 23333928211053965, doi:10.1177/23333928211053965.

- Chemical abortions are over 50% more likely than surgical abortions to result in an ER visit within 30 days, with one woman experiencing an abortion-related ER visit for every 20 chemical abortions.⁹
- Some abortion advocates encourage women to lie to their doctors if they need urgent care following a chemical abortion and to say they are having a miscarriage.¹⁰ However, if a chemical abortion is miscoded as a miscarriage in the ER (which occurred 60% of the time in one study), the woman is at significantly greater risk of needing multiple hospitalizations and follow-up surgery.¹¹

Abortion-by-Mail

- When abortion pills are ordered online and sent through the mail with no medical oversight, no ultrasound is provided to confirm gestational age. Many pregnant women do not accurately estimate their gestational age, and chemical abortion complications increase as pregnancy advances.^{12,13}
- Only ultrasound can rule out an ectopic pregnancy. Mifepristone cannot treat an ectopic pregnancy and can mask the symptoms of tubal rupture, putting women at risk of severe bleeding and death. Approximately 2% of all pregnancies are ectopic and half of women have no risk factors.¹⁴

⁹ Ibid.

¹⁰ See for ex.: Zawn Villines, "A Guide to Surviving in a Post-Roe World: Advice from Doctors, Midwives, & Experts on Abortion," *Daily Kos*, May 19, 2022, <https://www.dailykos.com/stories/2022/5/19/2098906/-A-Guide-to-Surviving-in-a-Post-Roe-World-Advice-from-Doctors-Midwives-Experts-on-Abortion>; "Will Medical Staff be Able to Notice That I am Having an Abortion?," Safe2Choose, accessed June 6, 2023, <https://safe2choose.org/faq/medical-abortion-faq/during-abortion-with-pills/will-medical-staff-be-able-to-notice-that-i-am-having-an-abortion/>; "Frequently Asked Questions: Can I get in trouble for using abortion pills?," Plan C, accessed June 6, 2023, <https://www.plancpills.org/guide-how-to-get-abortion-pills#faq>.

¹¹ James Studnicki et al., "A Post Hoc Exploratory Analysis: Induced Abortion Complications Mistaken for Miscarriage in the Emergency Room are a Risk Factor for Hospitalization," *Health Serv Res Manag Epidemiol*, 9 (2022): 23333928221103107, doi:10.1177/23333928221103107.

¹² Charlotte Ellertson et al., "Accuracy of assessment of pregnancy duration by women seeking early abortions," *Lancet* 355, no. 9207 (2000): 877-881.

¹³ "Methods for Estimating the Due Date, Committee Opinion," The American College of Obstetricians and Gynecologists, accessed August 18, 2023, <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/05/methods-for-estimating-the-due-date>.

¹⁴ "Surveillance for Ectopic Pregnancy – United States, 1970-1989," CDC MMWR Surveillance Summaries, last modified September 19, 1998, <https://www.cdc.gov/mmwr/preview/mmwrhtml/00031632.htm>.

- If an Rh-negative woman is not administered Rhogam at the time of her chemical abortion, she could experience isoimmunization, which would pose serious risks to future pregnancies.¹⁵

Social and Emotional Risks

- With no medical oversight, abortion pills can fall into the hands of traffickers and abusive partners. Already, there are accounts of women being given abortion pills without their knowledge or consent. The risk of forced abortions will increase if the pills are available online without an in-person visit with the woman's doctor, visits during which it might be determined whether the woman is being coerced in an abusive situation.¹⁶
- The risks of chemical abortions aren't just physical: women have reported that their chemical abortion experiences left them feeling unprepared, silenced, regretful, or left with no other choice.¹⁷
- Many online abortion pill vendors do not provide women with a real-time conversation with the abortion provider, jeopardizing her ability to ask medical questions prior to purchasing the pills or discover options that would support continuing her pregnancy, and ultimately provide her the opportunity for informed consent.¹⁸

Data Issues

- U.S. abortion data is generally very poor. A key analysis of abortion pill-related adverse events submitted to the FDA shows significant underreporting. Planned Parenthood independently reported over twice as many adverse events as the FDA in 2009-2010, despite the fact that FDA's data is supposed to reflect complications from all abortion providers.¹⁹ FDA's data is

¹⁵ Ingrid Skop, "The Evolution of 'Self-Managed' Abortion: Does the Safety of Women Seeking Abortion Even Matter Anymore?", *Charlotte Lozier Institute*, March 1, 2022, <https://lozierinstitute.org/the-evolution-of-self-managed-abortion/>

¹⁶ Hannah Howard, "Medical and Social Risks Associated with Unmitigated Distribution of Mifepristone: A Primer," *Charlotte Lozier Institute*, October 1, 2020, <https://lozierinstitute.org/medical-and-social-risks-associated-with-unmitigated-distribution-of-mifepristone-a-primer/>.

¹⁷ Katherine A. Rafferty, Tessa Longbons, "#AbortionChangesYou: A Case Study to Understand the Communicative Tensions in Women's Medication Abortion Narratives," *Health Communication* 36, no. 12 (2021): 1485-1494, doi:10.1080/10410236.2020.1770507.

¹⁸ See, for example, "Frequently Asked Questions," Abuzz, accessed August 16, 2023, <https://www.abuzzhealth.com/faqs>. In response to the FAQ "Do I have to have a video visit or phone call?", the abortion pill-facilitating website responds, "In most cases, a phone or video call is not required. Everything is done through the intake form. You will receive a phone number so that you can contact the medical team for any follow up questions. We are here to support you if you choose."

¹⁹ Christina A Cirucci, Kathi A Aultman, Donna J Harrison, "Mifepristone Adverse Events Identified by Planned Parenthood in 2009 and 2010 Compared to Those in the FDA Adverse Event Reporting System and Those Obtained Through the Freedom of Information Act," *Health Serv Res Manag Epidemiol* 8 (2021): 23333928211068919, doi:10.1177/23333928211068919.

estimated to be missing as many as 95% of all serious adverse events.²⁰ Making matters worse, since 2016, FDA no longer requires abortion providers to report any complications other than death.

- Even with the data known to be incomplete, there is enough data to show multiple deaths and many serious complications resulting from chemical abortion. FDA's own data shows that chemical abortion has resulted in at least 26 deaths and thousands of adverse events since the drug was first approved.^{21,22}

²⁰ "AAPLOG Committee Opinion Number 9, October 2021," AAPLOG, 2021, <https://aaplog.org/wp-content/uploads/2021/11/CO-9-Mifepristone-Restrictions-1.pdf>.

²¹ Kathi Aultman et al., "Deaths and Severe Adverse Events after the use of Mifepristone as an Abortifacient from September 2000 to February 2019," *Issues Law Med* 36, no. 1 (2021): 3-36, PMID: 33939340.

²² "Mifepristone U.S. Post-Marketing Adverse Events Summary through 06/30/2021," U.S. Food & Drug Administration, <https://www.fda.gov/media/154941/download>.