Medication Abortion Care

Medication abortion care is a safe, FDA-approved, non-invasive option for ending an early pregnancy. It involves taking two different prescribed medications: mifepristone is taken first (which blocks the hormones necessary to continue a pregnancy), and misoprostol is taken 24 to 48 hours later (which causes cramping to expel the pregnancy). According to a review conducted by the National Academy of Science, Engineering, and Medicine (NASEM), medication abortion care has an overall effectiveness rate of 96.7% for gestations up to 63 days (9 weeks). Medication abortion does not affect a woman’s ability to become pregnant in the future and is not associated with any long-term negative health effects.

Side effects can be like those of a very heavy period and are often managed with compresses, heating pads, and over-the-counter medications, such as ibuprofen. Fewer than 0.5% of women who use medication abortion experience complications. Health care providers are closely involved in patient care throughout the process.

A growing proportion of women are deciding to end their pregnancies with medication abortion care. Medication abortion care enables women to control the timing and place of where these medications can be taken, including at home with support from loved ones. In 2017, 4-in-10 women seeking abortion chose this method. And an overwhelming majority of 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.

What’s the Issue?

Restrictions from the FDA limit the number of health care professionals who can provide medication abortion care. These 20-year-old restrictions require health care providers to register, prescribe, and dispense the medication directly to the patient. As a result, women seeking medication abortion care can only go to certain health care providers that have agreed to pre-purchase and stock the medication ahead of time. This results in the following issues:

- Most women cannot receive it from their own health care provider, who may be more available or closer to home

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• Women cannot receive their medications in the way that makes the most sense for them, whether that is from their provider, delivered to their home, or from a local pharmacy.

In addition to the FDA restrictions, 18 states require the prescribing health care provider to be physically present when the medication is given to the patient. In those states, this effectively bans telehealth as an option for medication abortion care.

Who Is at Risk?
These restrictions fall hardest on those who already face inequities and systemic barriers to health care in the United States. They are felt most by people who have low incomes, are women of color, and those who are undocumented or are young. Additionally, women living in rural areas are disproportionately affected as they must travel long distances to see a health care provider who stocks the medication.

What’s the Solution?
Given the medication’s 20-year track record of safety and effectiveness, the FDA should provide more options to receive medication abortion care. Women should be able to obtain a prescription from their health care provider and receive the medications in the way that makes the most sense for them, whether that is delivered to their home, at a health center, their doctor’s office, or in a local pharmacy.

All states should also allow licensed health care professionals to use telehealth to consult with patients and prescribe appropriate options. Telehealth can be an especially important option, as we are seeing during the COVID-19 era, because it allows patients to consult with a health care provider from their home or another place where they feel safe and/or have more privacy.

Bottom Line
For women seeking abortion, medication abortion care provides another safe and effective option to consider. As a time-sensitive, essential health care service, medication abortion care should not face medically unnecessary barriers.

Personal Stories
Lydia’s Story:
When Lydia, a 20-year-old junior in college, found out she was pregnant she reached out to Planned Parenthood to learn about her options. She decided to go with medication abortion care, which she wasn’t aware of prior to her consultation. Unfortunately, the earliest appointment available was a few weeks out, pushing her close to the gestational limit for medication abortion care. However, during the week of Thanksgiving, when she had the whole week off from school, she was able to make the necessary appointments to obtain the medications.
Upon arrival at the health center, she was met with protestors, but escorts safely accompanied her inside. At her first appointment, she was informed of the instructions and side effects. Due to Indiana’s waiting period, her second appointment wasn’t until two days later when she could receive the medications. During this appointment, she took the first pill, mifepristone, and received the second medication, misoprostol, to take about 12 hours later at home or wherever she felt comfortable. After the appointment, she had Thanksgiving dinner with friends who were supportive. She headed home after dinner where she took the second medication and experienced side effects similar to a heavy period. Now five years later, Lydia is married and is planning to start a family. She now volunteers as an escort for other women.

Story adapted from article in People Magazine. [I Used the Abortion Pill at 11 Weeks, and the Hardest Part for Me Was Getting the Appointment](https://people.com/health/lldyأ-used-the-abortion-pill-at-11-weeks-and-the-hardest-part-for-me-was-getting-the-appointment/), March 2020.

**Maleeha’s Story:**

In 2014, Maleeha was preparing to go to college when she found out she was pregnant. She was told to get a sonogram before making an appointment for medication abortion care to confirm the pregnancy and gestation. Unfortunately, Maleeha ended up at a Crisis Pregnancy Center (CPC) for her sonogram. Instead of providing medical information, CPCs provide inaccurate, misleading, and biased counseling with a goal of dissuading or delaying a woman from seeking abortion care. Although Maleeha was sure about her decision to obtain medication abortion care, the CPC lied and told her that medication abortion care was illegal in Texas and told her she would have to travel out-of-state to receive an abortion.

Luckily, Maleeha had support from family and friends who helped her secure a flight to Colorado Springs where she was able to obtain medication abortion care from Planned Parenthood. She took the first pill, mifepristone, at the health center, then flew back to Texas to take the second medication, misoprostol, in the comfort of her home. Throughout the process, Maleeha had 24/7 access to medical support and was able to surround herself with her closest family and friends for comfort.

Years later, Maleeha discovered that medication abortion care was legal in Texas and she could have received the medications closer to home. She now works for Texas Equal Access Fund to help other women access abortion care in the state. Although Maleeha had to jump through many hoops to receive medication abortion care, she was able to attend school and secure the job she wanted. She is now married and a proud, new mother because she was able to access medication abortion care.

**Resources**

- [The Safety of Medication Abortion Care](#)
- [Access to Medication Abortion Care During COVID-19](#)
- [Evidence You Can Use: Medication Abortion](#)
- [States Laws and Policies](#)

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