# WHAT YOU NEED TO KNOW

# ABORTION PILLS AND DIY ABORTION

THE **SOCIETY FOR THE PROTECTION OF UNBORN CHILDREN** IS THE UK'S LEADING PRO-LIFE CAMPAIGNING ORGANISATION AND THE OLDEST PRO-LIFE GROUP IN THE WORLD

## What is a chemical/medical abortion?

A medical or chemical abortion generally involves a woman taking two drugs:

- Mifepristone (RU 486) – which normally ends the life of the unborn baby, followed 24-48 hours later by
- Misoprostol, which expels the dead baby

## How common are chemical/ medical abortions?

Globally, medical abortion is rapidly becoming more common than surgical abortion. In 2014, medical abortions overtook surgical abortions in England and Wales for the first time,[1] and in 2019, 73% of all abortions were medically induced.[2]

## What do we mean by DIY abortions?

A DIY abortion (also known as remote or home abortion) is when women are assessed for an abortion via a remote consultation, i.e. by telephone or video call. The drugs used for a chemical abortion are then posted to the woman, who self-administers them and aborts the baby at home.

Since 2018, Misoprostol, the second stage of the abortion pill process, has been available outside a medical setting; women could take the pills home to administer themselves.


*The combined set of pills sent out by BPAS is packaged as Medabon.*

However, remote abortion (introduced in the UK as a "temporary" measure during the Coronavirus pandemic) involves both abortion pills being taken at home, without the woman having to see, or be examined by, a doctor in person.

## Is completing a medical abortion at home simple for women?

**No.** The guidance for women from BPAS[3], Britain's biggest abortion provider, makes it clear that the regimen is quite complicated.

**The BPAS guidance tells women that the process involves:**

- Taking the first medicine (Mifepristone) with water (which may cause nausea or vomiting).
- One to two days later, placing Misoprostol tablets in the vagina or between the cheek and gum (bucchal administration). There are detailed instructions on how to insert the pills and at what time intervals.
- Monitoring the bleeding with sanitary towels.
- Referring to a long checklist provided by BPAS, to ensure that the abortion has worked.

## What is taking abortion pills like for women?

The experience of medical abortion (first trimester) involves high rates of the following unpleasant side effects: nausea (30.7 - 69.2%), vomiting (22.3 - 34.1%), diarrhoea (31.8 - 58.6%), pain (91.6%), fever (21.3 – 44.3%), chills (36.5 – 44.3%), headache (12.3 – 42%), dizziness (13.1 – 45.5%), and weakness (19.2 – 56.6%).[4]

**62% of women taking Mifepristone (RU486) and Misoprostol and 48% of those taking Misoprostol alone experienced pain they described as severe.**[5]

## What are the physical risks associated with abortion pills?

- **Complications** after medical abortion are four times higher than after surgical[6] – 20% compared with 5%.
- **Bleeding** is a requirement of medical abortion. A large Finnish register study found that 15.6% of women who had a medical abortion accessed hospital care for bleeding, one fifth of whom required intervention.[7]
- **Infection.** Some studies show infection rates from 0.016%[8] or 0.2%[9,10] to up to 1.7% (nearly 50% of which required surgical intervention).[11]
- **Death.** In the USA, the Food and Drug Administration cites 22 deaths associated with Mifepristone from September 2000 up to 2017 (not all are causally related to Mifepristone, but they include 8 from sepsis, 2 from ruptured ectopic pregnancies and 1 from haemorrhage).[12] Both Mifepristone and Misoprostol have been shown to impair innate immunity, hence rendering women more susceptible to infections which can result in death.[13, 14]

## Are there specific physical dangers with DIY abortions?

**Yes.** Carrying out an abortion at home is not straightforward and there are specific dangers for women, including:

- **Taking the abortion pills at the "wrong gestation".** Abortion pills are designed to be taken up to ten weeks of pregnancy, as they are less effective, and more harmful for the woman, when taken later in gestation. In one UK study more than 50% of women having abortions after 13 weeks needed subsequent surgical intervention.[15]
- **Not adhering to the precise time intervals between the two stages of the abortion.** The timing between taking Mifepristone (the first pill) and taking Misoprostol (the second dose) is critically important and directly affects how likely the woman is to experience a failed drug-induced abortion and require surgery.
- **Generally taking the drugs incorrectly.** As many as half all recommended protocols for prescription drug use are not followed, or not followed correctly.[16] For Mifepristone/ Misoprostol this is a particular problem, because more than for most drugs, its recommended protocol is fairly precise, and departure from it will increase the rate of incomplete abortion, with its attendant harm to women.

## Case study: Home abortion complications

A large Swedish study[17] has suggested that a shift to home abortions is the reason complications for medical abortion have doubled in six years. The study, published in *Boston Medical Center Women's Health*, concludes: "The rate of complications associated with medical abortions [at less than 12 weeks' gestation] has increased from 4.2% in 2008 to 8.2% in 2015. The cause of this is unknown but it may be associated with a shift from hospital to home medical abortions."

## Do medical abortions affect a woman's mental health?

Many studies show that women experience emotional distress after an abortion and many other studies show mental health problems for women after abortion. Most research on women's abortion experiences does not distinguish between methods of abortion.[18] However, a medical abortion is a drawn out process that involves a degree and type of physical suffering quite different to a surgical abortion, the complications are more frequent, and women many complete the abortion in a setting without medical care. This may lead to more adverse psychological consequences, in part because a woman may be alone when she aborts and will also likely see the foetus who is expelled.

## Other problems with DIY abortion

- **Regulation.** DIY abortion is impossible to regulate effectively. Police have investigated the deaths of a newborn baby[19] and a baby at 28 weeks gestation[20] after their mothers took abortion pills sent in the post way past the legal limit. A mystery shopper exercise also revealed that abortion providers are sending women abortion pills without proper checks.[21]
- **Domestic abuse** is strongly associated with abortion. Intimate partner violence (IPV) is a risk factor for abortion all over the world.[22, 23, 24, 25, 26] Removing the provision of abortion pills from a medical setting increases the opportunity for abusive partners to force women into having abortions.
- **Missing the opportunity to detect domestic abuse.** Studies on domestic abuse have suggested that there should be greater efforts to ask women if they are subject to domestic abuse when they present for an abortion.[27] Remote abortion removes the opportunity for a healthcare professional to detect domestic abuse. Women are given no opportunity to discuss pregnancy confidentially with a doctor.


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3 https://www.bpas.org/abortion-care/abortion-treatments/the-abortionpill/remote-treatment/

4 Product monograph including patient medication information. Mifegymiso. Revised October 21, 2016. See https://pdf.hres.ca/dpd_pm/00036826.PDF Accessed 22 May 2018.

5 Dahiya K *et al.* (2012) Efficacy and safety of mifepristone and buccal misoprostol versus buccal misoprostol alone for medical abortion. *Arch Gynecol Obstet* 285:1055–1058.

6 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. doi:10.1097/AOG.0b013e3181b5ccf9

7 ibid.

8 Cleland K *et al.* (2013) Significant Adverse Events and Outcomes After Medical Abortion. *Obstet Gynecol* 121:166–71.*t*

9 Mulligan E & Messenger H (2011) Mifepristone in South Australia. The first 1443 tablets. Aust Fam Physician 40(5):342-345.

10 Goldstone P *et al.* (2012) Early medical abortion using low-dose mifepristone followed by buccal misoprostol: a large Australian observational study. *Medical Journal of Australia* 197:282-286.

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12 Mifepristone U.S. Post-Marketing Adverse Events Summary though 12/31/2017. Accessed 29-Aug 2018 See https://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM603000.pdf

13 Aronoff DM *et al.* (2008) Misoprostol Impairs Female Reproductive Tract Innate Immunity against Clostridium sordellii. *J Immunol* 180(12): 8222–8230.

14 Miech RP (2005) Pathophysiology of mifepristone-induced septic shock due to Clostridium sordellii. *Annals of Pharmacotherapy* 39(9):1483-1488.

15 "For medical abortion after 13 weeks of gestation, surgical evacuation may be required either at the time for retained placenta or later for persistent retained products of conception. Quoted rates for surgical intervention vary widely between studies and across different regimens, from 2.5% in one study up to 53% in a UK multicentre study. https://www.rcog.org.uk/globalassets/ documents/guidelines/abortion-guideline_web_1.pdf

16 Secondary non-adherence relates to failure to use, or incorrect use of a drug once acquired, whereas primary non-adherence refers to failure to fill a doctor's prescription at all. Hovstadius B & Petersson G (2011) Non-adherence to drug therapy and drug acquisition costs in a national population – a patient-based register study. BMC Health Services Research 11:326

17 Carlsson, I., Breding, K. & Larsson, P. Complications related to induced abortion: a combined retrospective and longitudinal follow-up study. *BMC Women's Health* **18**, 158 (2018). https://doi.org/10.1186/s12905-018-0645-6

18 Pike G "Abortion and Women's Health" (2017) SPUC

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20 https://www.thesun.co.uk/news/11690506/police-probe-death-of-unborn-baby-after-woman-has-illegal-abortion-by-post-at-28-weeks-four-weeks-past-limit/

21 https://christianconcern.com/news/undercover-investigation-exposes-diy-abortion-service-breaking-the-law/

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