Chemical Abortion: A Brief Overview

The standard chemical abortion is accomplished with a two-drug regimen consisting of mifepristone followed by misoprostol. The first drug blocks the action of progesterone, depriving the developing embryo or fetus of essential nutrients and oxygen for survival. Misoprostol causes uterine contractions that expel the preborn baby along with other pregnancy tissue. This drug combination is widely touted by abortion advocates as being as "safe as Tylenol," a narrative that has been used to justify removing important safeguards on chemical abortion, placing the health and safety of women and girls at risk.

Medical Risks

All medical interventions have risks, and chemical abortion is no exception. In the U.S., since 2016, it is only required to report fatal adverse events.[1] In addition, most abortion providers do not manage complications and likely do not know about them. As a result of these factors, only an estimated 5% of chemical abortion complications are reported in the U.S.[2] However, even U.S. studies show that not only do many women require an emergency room visit for complications, but that these visits have increased by more than 500% since 2002.[3] International studies from countries such as Finland offer higher-quality data and a clearer picture of the dangers of chemical abortion:

- Notable adverse events include incomplete abortion, bleeding, hemorrhage, infection, need for surgery, ongoing pregnancy, and missed ectopic pregnancy (a life-threatening condition).[2]
- Chemical abortions have 4x the rate of complications of surgical abortions.[4]
- 1 in 5 women will experience significant enough bleeding to require medical attention.[4]
- Up to 8% of women will require surgical completion of their abortion (much higher beyond 10 weeks gestation).[4]
- Failure rates increase with increasing gestational age, making it more dangerous: 8% at 7 weeks or less, 17% at 7-8 weeks, 23% at 8-9 weeks (per original mifepristone trials).[5]

A 2025 analysis of a large database of insurance claims data evaluated over 865,000 chemical abortions and found that the rate of serious adverse events is actually 22 times higher (10.9%) than the rate the FDA reports for mifepristone (<0.5%).[6] This means nearly **1 in 9 women who take these drugs will experience a severe complication**.

Current Information Surrounding State Level Abortion Laws

When it initially approved chemical abortion drugs in 2000, the FDA recognized they were dangerous and placed a black box warning on them along with specific safeguards (which later became known as REMS). Since 2016, however, it has continually rolled back these regulations – to the detriment of women and girls across the country. Notably, the FDA never required women to obtain an ultrasound scan, the only means of confirming gestational age and ruling out ectopic pregnancy, prior to taking these drugs.[1] This places women at risk of consuming these drugs past the gestational age limit (currently 10 weeks), as well as delaying care for a ruptured ectopic pregnancy due to symptoms of ectopic pregnancy and a chemical abortion being very similar.

- In 2016, the FDA extended the gestation limit for chemical abortion from 7 to 10 weeks, increasing the probability of complications, while at the same time stopping the

requirement that complications be reported (and only requiring the reporting of maternal deaths).[1]
- The FDA also began allowing non-physicians to dispense the drugs and reduced the number of visits required from 3 to 1, depriving women of much-needed continuity of care.[1]
- In 2021, the FDA removed the in-person dispensation requirement for mifepristone, allowing women to obtain chemical abortion drugs online without seeing a medical professional in person (or even at all in many cases) – opening the door for abuse of women by traffickers and through forced abortions, which we are already seeing.[1]

Women and their children deserve excellent healthcare and the best possible information about that healthcare. Chemical abortion drugs, especially in the way they are currently being dispensed with no medical oversight and without screening for crucial factors that impact individual risk, pose a significant danger to women and girls.

Abortion Regret and Possible Rescue

Many women report regretting their abortion decision, even as soon as right after taking the first chemical abortion drug. For these women, there is hope! There is a treatment that, if started within 72 hours of a woman taking mifepristone and before she takes misoprostol, has a nearly 70% chance of saving her child! It involves giving the woman natural progesterone – the hormone that is blocked by mifepristone – to counteract the effects of mifepristone. This is a safe and effective treatment for both mom and baby.
There are no documented birth defects or increased risk of complications reported related to using progesterone to reverse the effects of mifepristone and there are thousands of children alive today thanks to this treatment. A woman who regrets her abortion decision and desires to save her baby should call the APR network hotline as soon as possible at 1-877-558-0333. For more information on this life-saving treatment, go to aaplog.org/abortion-pill-reversal/ or see our Practice Guideline below.[7]

Sources

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