CORE BRIEF

Self-Managed Abortion

June 2022

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Increased abortion restrictions in Wisconsin and other parts of the U.S. will very likely result in increases in self-managed abortion, some of which will effectively and safely help people obtain desired abortions, but some of which put people at risk for a variety of negative outcomes.

What is Self-Managed Abortion?

Self-managed abortion refers to when a person obtains an abortion outside the formal healthcare system. Historical record suggests that people have self-managed abortions for millennia[1] and continue to do so to this day.

What Methods Do People Use to Self-Manage Abortion?

People who self-manage their abortions use one of two methods: medications approved by the FDA for abortion—misoprostol, also known as Cytotec, and mifepristone, also known as Mifeprex—or non-FDA-approved methods. Medical and public health organizations, including the American College of Obstetricians and Gynecologists and the World Health Organization, recommend the following regimens: mifepristone and misoprostol used together, and misoprostol used alone. Misoprostol works by causing the cervix to soften and the uterus to contract, which expels the pregnancy tissue. While misoprostol can cause an abortion, it can be more effective in combination with mifepristone, which blocks progesterone and prevents the pregnancy from progressing.

For several reasons, including lack of knowledge about, access to, and resources to obtain medication abortion, as well as cultural practices and personal desire, people also use other methods to self-manage abortions. A recent review of research on self-managed abortion documented evidence of six additional techniques: the use of plants and herbs (e.g., black and blue cohosh), ingestion of toxic substances (e.g., cleaning products), intrauterine trauma (e.g., the insertion of an object into the body), physical trauma (e.g., hitting the abdomen), alcohol and drug abuse, and other drugs and substances.[2] These other methods are not currently used in formal healthcare settings. In a recent national study, among those people who reported having ever self-managed an abortion, 38% used herbs and 20% used physical methods.[3]

Is Self-Managed Abortion Effective and Safe?

FDA-approved self-managed abortion methods are extremely effective and safe.[4] Clinical studies show that the combined misoprostol and mifepristone medication abortion regimen is 97.4% effective in inducing miscarriage up to 10 weeks' gestation,[4] and its use is approved for up to 11 weeks into pregnancy in the U.S. (Outside the U.S., the World Health Organization has created guidelines for medication abortion after 11 weeks' gestation.) Evidence suggests that using medication abortion outside of the formal healthcare system is similarly effective. For example, when mifepristone and misoprostol were provided through an online telehealth service for self-

managed abortion, 96% of pregnancies ended.[5] In an analysis combining data from over 40 U.S. studies, the misoprostol-only regimen was successful in ending nearly 80% of first-trimester pregnancies;[6] however, evidence from outside the U.S. shows that misoprostol alone is similarly effective to a combined regimen.[7]

Medication abortion is incredibly safe. It is extremely rare that people experience complications from medication abortion, whether obtained within or outside of the formal healthcare system. The most common, though extremely rare, complications associated with medication abortion include bleeding requiring a blood transfusion, hospital admission, and infection requiring intravenous antibiotics.[8] Taking mifepristone and misoprostol as directed entails less risk of serious complication than taking Tylenol or having one's wisdom teeth or tonsils removed.[9] It also entails much lower risk than carrying and delivering a pregnancy at full term.[10] A person would be around 14 times more likely to die from childbirth than from medication abortion used in the first trimester.[10]

The evidence about the effectiveness and safety of non-FDA-approved means of self-managed abortion is not well documented, as most other self-managed abortion techniques have not been studied in clinical trials. However, observational studies document that these techniques are much less effective than medication abortion. For example, in one national study of self-managed abortion practices, among people who reported ever having self-managed abortion, the majority (72%) indicated that the method they used was unsuccessful. As a result, most either had subsequent facility-based abortions or continued the pregnancy.[3]

How and Where Do People Access Safe Self-Managed Abortion Services?

Although medication abortion is dispensed through the formal healthcare system in all 50 states, including Wisconsin, some people use sources outside of the formal healthcare system to obtain these medications.[11] Research suggests that many people experiencing unwanted pregnancies turn to Google[12] and Reddit[13] for guidance. While the internet can democratize access to information, it also contains a substantial amount of incorrect or biased information. Evidence-based resources include SASS (Self-managed Abortion; Safe and Supported), M+A Hotline, Plan C, and legal helplines, including If/When/How's Repro Legal Helpline.

Other organizations provide access to medication abortion pills shipped by mail, including online pharmacies and telehealth services operating outside the formal healthcare system. One such organization is Aid Access, which charges between $100 and $150 for medication abortion. Evidence suggests that people have obtained medication abortion through Aid Access due to inability to afford in-clinic care, privacy, long distance to care, and, more recently, COVID-related barriers to care.[5,11,14] Evidence also suggests that people trust Aid Access and found that the model met their needs for privacy, convenience, cost, safety, comfort, and discretion.[15] Some people who do not obtain medication abortion online travel to other countries, including Mexico, where these medications are more readily available.[15,16]

Who Self-Manages Abortion?

Because self-managed abortion occurs outside of the formal healthcare system, it is difficult to measure how many people self-manage abortion. In a recent study of people with the capacity to get pregnant, 1.4% reported ever having attempted to self-manage an abortion.[3] After accounting for underreporting and survey population weighting, the researchers estimated that approximately 7% of people who can get pregnant in the U.S. have attempted to self-manage an abortion at some point in their lives. In recent years, Aid Access has received about 50,000 requests annually for abortion medications from people living in the U.S.,[14] and this is only one of several

mail-order services for medication abortion. Further, use of self-managed abortion is expected to increase as abortion becomes criminalized or increasingly restricted in many U.S. states.

Evidence indicates that structurally oppressed and socially disadvantaged people, including those with the least access to the formal healthcare system, are most likely to have attempted self-managed abortion. In one national study, the people most likely to report ever having self-managed an abortion were people of color (both non-Hispanic Black and Hispanic women), people with comparatively less formal education, people living in poverty, and people facing barriers to reproductive healthcare.[3]

Is Self-Managed Abortion Legal in the United States?

The 1973 U.S. Supreme Court decision Roe v. Wade affirmed that pregnant people have a right to abortion in many cases. This ruling effectively struck down criminal abortion laws in many states, including Wisconsin. Under Roe, both those who provide abortion services and people who obtain abortion care are protected from criminal prosecution. Although Roe has not precluded every abortion-related prosecution, its framework generally protects both those who provide abortion services and people who obtain abortion care from criminal prosecution.

Self-managed medication abortion is a unique case within this legal context. Although the FDA recently decided that certified providers may dispense these medications by mail,[17] dispensing medication abortion by mail is not legal in some states. For example, in Wisconsin, only a physician may give a patient the medications. Under state law, anyone else providing the medications for the purpose of inducing an abortion could be subject to incarceration and financial penalties. Also, the FDA seeks to prevent non-certified providers operating outside the formal healthcare setting from sending pills by mail. For example, in 2019, the FDA sent a cease-and-desist letter to Aid Access, arguing that the organization violates federal law by selling "misbranded and unapproved drugs" by mail and that Aid Access may be subject to "regulatory action, including seizure and injunction" if they do not stop sending to U.S. addresses.[18] Notably, enforcing and monitoring medications sent by mail is difficult.

What Would Happen if Roe v. Wade Is Overturned?

If Roe v. Wade is overturned, abortion access will be determined at the state level. For example, in Wisconsin, an 1849 law may become enforceable; this law could make performing an abortion a felony, even in the case of rape, incest, or risks to the health of the pregnant person. While Wisconsin's criminal law does not punish the person who has the abortion, the post-Roe legal climate may embolden state or local officials to investigate people who present for care following a self-managed abortion and the circumstances of that abortion. Emboldened legislatures may also attempt to expand criminal penalties for abortion, criminalizing actions that are currently legal in Wisconsin. The burden of surveillance associated with criminalization will fall most heavily on Black and Brown people, whose communities are already policed more than white communities.[19]

Regardless of potential legal consequences for self-managed abortion, should Roe fall, evidence indicates that its use will rise as Wisconsinites face significant barriers to obtaining out-of-state abortion care. Research conducted early in the COVID pandemic, as well as in the weeks following implementation of Texas's six-week abortion ban, demonstrated increased orders to Aid Access during these times of constrained access to abortion care.[20,21] Furthermore, a national study found that, among those people who reported having ever attempted self-managed abortion, 25% said they did so because in-clinic abortion care was too expensive, and 25% indicated that they could not locate an abortion clinic or would have to travel more than 100 miles to a clinic.[3] Given that travel distances and costs will only increase if people need to seek abortion care out-of-state, there are likely to be an increased number of self-managed abortion attempts.

While safe and effective options for self-managed abortion exist, many people may not know about how or where to procure abortion medication from trusted sources, rendering them less able to safely end their unwanted pregnancies. Other people will face delays in receiving medication abortion pills by mail, which could put them over the recommended gestational age limit for medication abortion.[12] Moreover, people's use of non-FDA-approved and/or unsafe self-managed abortion techniques, as well as use of medications later in pregnancy than recommended, could cause significant harm.

Suggested citation
Higgins JA, Lands M, Williamson A. Self-Managed Abortion. CORE Brief. Madison, WI: University of Wisconsin Collaborative for Reproductive Equity. 2022.

The authors, listed in alphabetical order, thank Jane Seymour and Laura Swan for a thorough content review, and Samantha Herndon for editorial and design assistance.

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