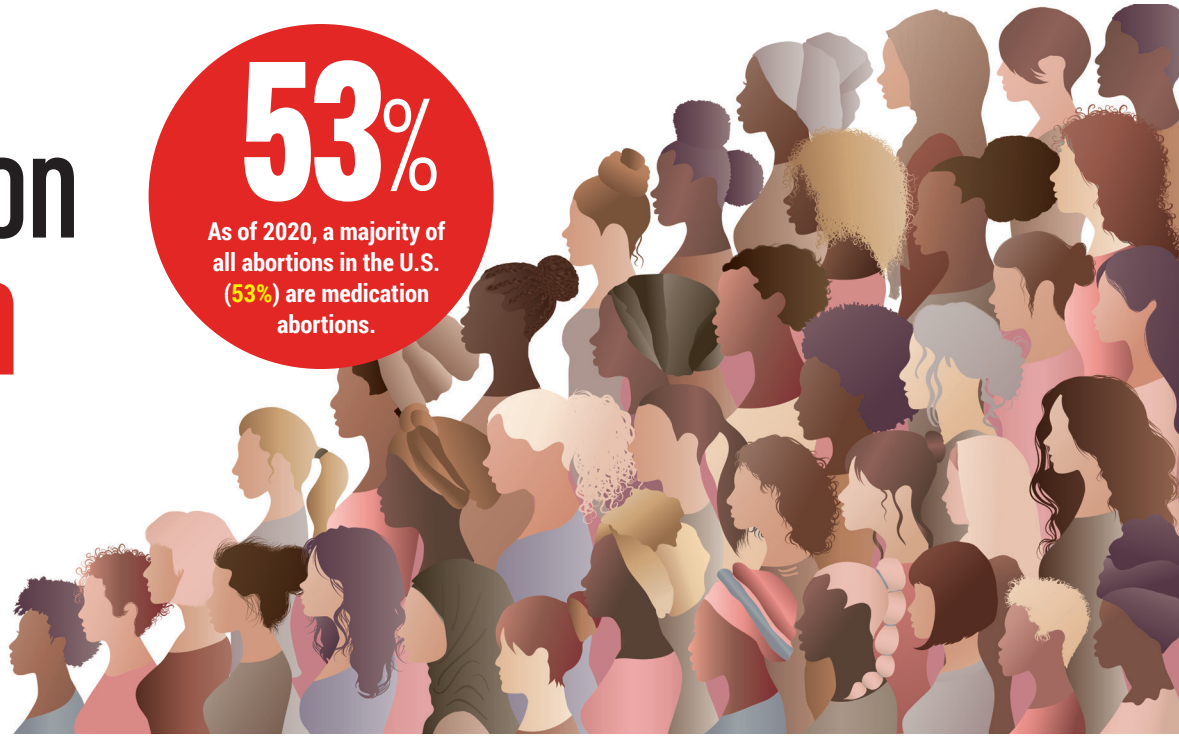
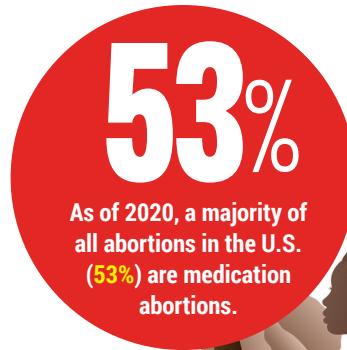


# Medication Abortion



**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 70 days (10 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.

Fewer than 0.5% of women who use medication abortion experience complications and **one study** found that 97% of women would recommend the method to a friend.

Mifepristone and misoprostol must be prescribed by a licensed healthcare provider at a medical center or clinic. Some states have age restrictions for those 17 or older while others have outright abortion bans. However, patients in states with bans have been able to do a telehealth visit and receive the pills through the mail. That said, there is a concerted effort to end this practice.

## \*Mifepristone

Mifepristone blocks the progesterone hormone. During pregnancy, this hormone helps keep the lining of the uterus intact. Without it, the embryo detaches and the pregnancy cannot continue.

Mifepristone is also used for other situations like miscarriage management, uterine fibroids, and **helping patients** with the hormonal disorder, Cushing's syndrome, who also have Type 2 diabetes.

Furthermore, rates of patient deaths are lower for mifepristone than they are for **Tylenol,**

## penicillin or Viagra.

It has been in use in the United States since 2000 and as far back as 1988 in France.

Nevertheless, on April 7, 2023, Texas district Judge Matthew Kacsmaryk, a Trump appointee, suspended the Food and Drug Administration's (FDA) 23-year-old approval of mifepristone.



The lawsuit that led to the ruling was brought by anti-abortion activists (Alliance for Hippocratic Medicine) several months after the Supreme Court overruled the constitutional right to abortion. In fact, this **same group** is responsible for the Mississippi abortion law that was used to overturn *Roe v. Wade*.

The lawsuit argues that the

FDA caved to political pressure under Bill Clinton and that the medication should be pulled from market. It further claims that the FDA did not properly assess mifepristone's safety and has put people in danger by making the medicine easier to obtain, such as through telehealth prescriptions and mail order delivery. There is no evidence to back up any of these claims.

In order to succeed in court, the conservative legal advocacy group, Alliance Defending Freedom, went **court shopping** in hopes of finding a judge who would rule based on ideology, rather than evidence.

The legal arguments against the FDA's approval of mifepristone are wholly without merit. Even Adam Unikowsky, a former law clerk to the late conservative Justice Antonin Scalia, has written, "if the subject matter of this case were anything other than abortion, the plaintiffs would have **no chance of succeeding in the Supreme Court.**"

**Rates of patient deaths are lower for mifepristone than they are for Tylenol, penicillin or Viagra.**

## ➔ Potential Consequences

■ Without mifepristone, providers may be forced to resort to using only misoprostol, which is not as effective and comes with more side effects.

■ Without medication abortion at all, the demand for clinical procedures will massively increase, overwhelming providers who are already stretched too thin.

■ For the many providers who only offer medication abortion,

the switch to procedural abortions could prove impossible and they will have to stop offering abortion services altogether.

■ Furthermore, patients in rural areas and of lower economic standing will be hit the hardest, as clinics will be few and far between and the cost of the procedure, averaging \$550 in the first trimester, can be impossibly expensive for some. Not to mention

the costs of travel, time off from work, and child and family care.

■ Legally, Judge Kacsmaryk's decision sets a dangerous precedent that politically appointed judges should have more power than scientists and researchers to determine what drugs are safe and available to the American public. That could potentially threaten everything from birth control to vaccines.

## Where We Stand

After the Supreme Court overturned *Roe v. Wade* in 2022, these 12 states have implemented near total abortion bans:

**Alabama, Arkansas, Idaho, Kentucky, Louisiana, Mississippi, Missouri, Oklahoma, South Dakota, Tennessee, Texas and West Virginia.**

(Wisconsin was on this list due to uncertainty around an 1849 state abortion law, but a judge ruled in August 2023 that the

144-year-old law doesn't apply to medical abortions and Planned Parenthood resumed offering abortion services in Wisconsin on Sept. 18, 2023 after more than a year.)

By a 7-2 decision, with Justices Thomas and Alito dissenting, the Supreme Court stayed Judge Kacsmaryk's order to ban mifepristone until they make a final decision. So, for now, mifepristone remains legal. And it remains the only and best option for people in need of an

abortion in the aforementioned states.

A Supreme Court ruling that overrules the FDA and bans an objectively safe drug based on ideology would endanger not just people in states with abortion bans, it would severely limit access to abortion services across the country and take us one step closer to a national abortion ban.

***If you need help finding abortion services, you can visit [abortionfinder.org](https://abortionfinder.org) for options.***

