

Fact Sheet: Risks and Complications of Chemical Abortion
July 2022

Physical Risks

- Chemical abortion has a complication rate four times that of surgical abortion, and as many as one out of five women will suffer a complication.^{1,2}
- Three to seven out of every hundred women who choose chemical abortion early in pregnancy will need follow-up care to finish the abortion, with as many as 7-10% needing follow-up care for chemical abortions in the first trimester after 63 days of pregnancy and up to 39% requiring surgery if accidentally taken in second trimester.^{3,4,5}
- As many as 15% of women will experience hemorrhage, and 2% will have an infection. The risk of incomplete abortion and infection increases with increasing gestational age.^{1,5}
- Chemical abortion drugs are more likely to send women to the emergency room: the rate of chemical abortion-related emergency room visits increased over 500% between 2002-2015.⁶
- Chemical abortions are over 50% more likely than surgical abortions to result in an ER visit within 30 days affecting one in twenty women.⁶
- Mifepristone cannot treat an ectopic pregnancy and can mask the symptoms of tubal rupture, putting women at risk of severe bleeding and death. Approximately 2% of all pregnancies are ectopic.⁷
- If an Rh-negative woman is not administered Rhogam if indicated at the time of her chemical abortion, she could experience isoimmunization which would cause serious risks to future pregnancies.⁸
- Some abortion advocates encourage women to lie to their doctors if they need urgent care and say they are having a miscarriage. However, if a chemical abortion is miscoded as a miscarriage in the ER (which occurred 60% of the time in one study), the woman is at significantly greater risk of needing multiple hospitalizations and follow-up surgery.⁹

Social and Emotional Risks

- With no medical oversight, abortion pills can fall into the hands of traffickers and abusive partners. Already, there are accounts of women being given abortion pills without their knowledge and against their will. The risk of forced abortions will increase if the pills are available online without an in-person visit with the woman's doctor.¹⁰
- The risks of chemical abortions aren't just physical: women have described that their chemical abortion experiences left them feeling unprepared, silenced, regretful, or left with no other choice.¹¹

Data Issues

- U.S. abortion data is generally very poor. A key analysis of abortion pill-related adverse events submitted to the FDA shows significant underreporting. Planned Parenthood independently reported over twice as many adverse events as the FDA in 2009-2010, despite the fact that FDA's data is supposed to reflect complications from all abortion providers.¹² FDA's data is missing as many as 95% of all serious adverse events.¹³ Since 2016, FDA no longer requires abortion providers to report any complications other than death.
- Even with the data known to be incomplete, there is enough data to show multiple deaths and thousands of serious complications resulting from chemical abortion. FDA's own data shows that chemical abortion has resulted in at least 26 deaths and thousands of adverse events since the drug was first approved.^{14,15}

¹ 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

² Upadhyay UD, Desai S, Zlidar V, et al. Incidence of emergency department visits and complications after abortion. *Obstet Gynecol.* 2015;125(1):175-183. doi:10.1097/AOG.0000000000000603

³ Chen MJ, Creinin MD. Mifepristone with buccal misoprostol for medical abortion: a systematic review. *Obstet Gynecol.* 2015;126(1):12-21. doi: 10.1097/AOG.0000000000000897.

⁴ Raymond EG, Shannon C, Weaver MA, Winikoff B. First-trimester medical abortion with mifepristone 200 mg and misoprostol: a systematic review. *Contraception.* 2013;87(1):26-37. doi:10.1016/j.contraception.2012.06.011

⁵ Mentula MJ, Niinimäki M, Suhonen S, Hemminki E, Gissler M, Heikinheimo O. Immediate adverse events after second trimester medical termination of pregnancy: results of a nationwide registry study. *Hum Reprod.* 2011;26(4):927-932. doi:10.1093/humrep/der016

⁶ Studnicki J, Harrison DJ, Longbons T, et al. A Longitudinal Cohort Study of Emergency Room Utilization Following Mifepristone Chemical and Surgical Abortions, 1999-2015. *Health Serv Res Manag Epidemiol.* 2021;8. Published 2021 Nov 9. doi:10.1177/23333928211053965

⁷ CDC MMWR Surveillance Summaries. (1993). Surveillance for ectopic pregnancy – United States, 1970-1989. <https://www.cdc.gov/mmwr/preview/mmwrhtml/00031632.htm>

⁸ <https://lozierinstitute.org/the-evolution-of-self-managed-abortion/>

⁹ Studnicki J, Longbons T, Harrison DJ, et al. A Post Hoc Exploratory Analysis: Induced Abortion Complications Mistaken for Miscarriage in the Emergency Room are a Risk Factor for Hospitalization. *Health Serv Res Manag Epidemiol.* 2022;9:23333928221103107. Published 2022 May 20. doi:10.1177/23333928221103107

¹⁰ <https://lozierinstitute.org/medical-and-social-risks-associated-with-unmitigated-distribution-of-mifepristone-a-primer/>

¹¹ Rafferty KA, Longbons T. #AbortionChangesYou: A Case Study to Understand the Communicative Tensions in Women's Medication Abortion Narratives. *Health Commun.* 2021;36(12):1485-1494. doi:10.1080/10410236.2020.1770507

¹² Cirucci CA, Aultman KA, Harrison DJ. Mifepristone Adverse Events Identified by Planned Parenthood in 2009 and 2010 Compared to Those in the FDA Adverse Event Reporting System and Those Obtained Through the Freedom of Information Act. *Health Services Research and Managerial Epidemiology.* January 2021. doi:10.1177/23333928211068919

¹³ <https://aaplog.org/wp-content/uploads/2021/11/CO-9-Mifepristone-Restrictions-1.pdf>

¹⁴ Aultman K, Cirucci CA, Harrison DJ, Beran BD, Lockwood MD, Seiler S. Deaths and severe adverse events after the use of mifepristone as an abortifacient from September 2000 to February 2019. *Issues Law Med.* 2021;36(1):3-26.

¹⁵ <https://www.fda.gov/media/154941/download>