

Miso-Only Messaging Guidance

Background and Grounding

Misoprostol-only regimens for medication abortion have been used by people around the world for many years. Its usage, accessibility, and research about its safety and effectiveness have been a part of our global movement for sexual and reproductive health for decades.

Despite its popularity and usage, historically, misoprostol-alone medication abortion has been described by health care providers as an inferior, less effective, and potentially harmful method. This framing does not account for or acknowledge the hierarchies embedded in knowledge production or the power differentials that play out in clinical care and research.

Agency, autonomy, and justice are our core moral and ethical obligations as advocates and providers of health care. This is core to the Reproductive Justice framework's principle of having the information and resources necessary to prevent or end a pregnancy in the way one chooses.

While misoprostol alone has indeed been utilized worldwide and domestically for decades, conversations regarding the future of abortion access in the United States context, especially in light of the most recent legislative and judicial attempts to control how abortion care can be accessed and provided, have thrust the topic into the public narrative. Our hope is that this document can be a guide for advocates and activists who support access to abortion in the way that communities want and need while minimizing stigma and harm to those at greatest risk.

Research, Values, and Implications

- [The most recent research](#) shows that when patients use 800 mcg of misoprostol every three hours sublingually or vaginally until the abortion is complete, effectiveness is comparable to the mifepristone and misoprostol combined protocol. Previous messaging about the effectiveness of misoprostol-only methods relied on outdated protocols and inconsistent research.
- We should consider whose values we are prioritizing in examining available protocols and assigning them worth. Researchers have found that a doctor's timeline for what defines a "completed abortion" might look shorter than a patient's timeline for a completed abortion, therefore skewing the data when we compare an empty uterus after one week versus four weeks post abortion. Moreover, the threshold for surgical intervention varies from person to person and provider to provider. Most beginning the medication abortion process will complete the process without additional intervention when given more time.
- The way we talk about misoprostol-only regimens could also have unintentional negative impact given our political environment. By way of labeling misoprostol-only regimens as

less effective, we could be encouraging further restriction on misoprostol in addition to the ongoing restriction of mifepristone.

Topline Messaging

Medication abortion is safe and effective. This is true when people use mifepristone in combination misoprostol, or when people use misoprostol on its own.

- The misoprostol-only protocol has been used by people and prescribed by health care providers around the world for a number of years due to its safety, efficacy, and availability.
- The recommended [protocol](#) of misoprostol-only that we know to be safe and effective is 800 mcg of misoprostol every three hours sublingually or vaginally until the abortion is complete. This recommended regimen is supported by the [National Abortion Federation](#), the [Society for Family Planning](#), the [American College of Obstetricians and Gynecologists](#), and the [World Health Organization](#).

Medication abortion can have a variety of gastrointestinal side effects in addition to the cramping and bleeding that is expected to occur during a medication abortion. Every individual's experience with medication abortion is unique to them.

- Side effects or symptoms and risks are not the same thing. The cramping and bleeding that an individual experiences after taking the medication is a normal part of the process and is very common. Conversely, the likelihood of risk or complications are low.
- Side effects experienced with misoprostol-only regimens are similar to those experienced with mifepristone and misoprostol regimens but may be prolonged or more intense because of the additional doses of misoprostol.
 - The most commonly reported symptoms are bleeding, cramping, nausea, vomiting, and diarrhea.