

## SELF-MANAGED ABORTION | FACT SHEET | SEPTEMBER 2023

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### WHAT IS SELF-MANAGED ABORTION?

When someone ends their pregnancy on their own, outside of the formal medical system, either in whole or in part, it is referred to as a “self-managed abortion.” People use a variety of methods to self-manage their abortion including using herbs, teas, and other methods passed down from families and cultural traditions over generations. One increasingly common and well-known way people self-manage their abortions is with the FDA approved medications mifepristone and/or misoprostol. Although recently there has been more discussion of self-managed abortion, self-managed abortion is not new as people have been ending their pregnancies on their own for thousands of years.

### MECHANISMS OF MIFEPRISTONE AND MISOPROSTOL

One of the medications people may use to self-manage their abortion is Mifepristone. Mifepristone, first developed by researchers in France in the 1980s, works by blocking progesterone receptors. Progesterone is a hormone that works to support the pregnancy. When progesterone is blocked, it causes the pregnancy to stop growing. Mifepristone first became available in the United States in 2000 when the U.S. Food and Drug Administration approved its use after years of rigorous testing and comprehensive review of scientific evidence. The FDA has continued to evaluate the drug and more than 100 studies affirm the safety of mifepristone.<sup>1</sup> Today the FDA has approved the use of mifepristone to 70 days gestation, though there is strong evidence it can also be used safely and effectively later in pregnancy.

Since the FDA approval of mifepristone, it has been used in combination with misoprostol to end pregnancies. Misoprostol, which was first developed in the United States in 1973 to treat ulcers, causes the cervix to soften and open and also causes cramping of the uterus, which causes the pregnancy to be expelled. Researchers have found that when taken in combination, or when misoprostol is taken alone, these medications are safe and effective at ending a pregnancy.

### MISOPROSTOL ONLY REGIMEN

The misoprostol alone regimen has been utilized worldwide for decades. Its use to end a pregnancy was discovered by people in Brazil in the late 1980s who were seeking to end their pregnancy at a time when abortion was illegal.<sup>2</sup> At this time, there was no place in the formalized medical system to access abortion care. Information rapidly spread via word of mouth throughout communities, and with the support of health care providers, pregnant people were able to access misoprostol and safely self-managed their abortions.

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<sup>1</sup> EMAA Project. “The Safety of Medication Abortion Care. (2022). [https://emaaproject.org/wp-content/uploads/2022/02/Fact-Sheet\\_Safety-of-Medication-Abortion-Care\\_2-24-22.pdf](https://emaaproject.org/wp-content/uploads/2022/02/Fact-Sheet_Safety-of-Medication-Abortion-Care_2-24-22.pdf) s

<sup>2</sup> Assis M, Erdman J. “In the name of public health: misoprostol and the new criminalization of abortion in Brazil.” (2021). <https://doi.org/10.1093/ilb/lsab009>

The most recent research on the safety and efficacy of the use of misoprostol alone to end a pregnancy shows that when pregnant people use 800mcg of misoprostol every three hours placed sublingually (under the tongue) or vaginally until the abortion is complete, effectiveness is comparable to the use of mifepristone and misoprostol in combination.<sup>3</sup> This regimen is supported by leading professional medical organizations, including the [National Abortion Federation](#), the [Society of Family Planning](#), the [American College of Obstetricians and Gynecologist](#), and the [World Health Organization](#). The use of misoprostol with or without the addition of mifepristone is safe and effective, and pregnant people who choose to self-manage their abortion with medication can decide for themselves which method they want to use.

## RESOURCES AND SUPPORT FOR SELF-MANAGED ABORTION USING MEDICATIONS

While people have used herbs, teas, and other methods passed down through families and cultural traditions over generations to self-manage their abortions, the development and availability of mifepristone and misoprostol, as described above, established other options for self-managed care.

Access to these essential medications has expanded the options pregnant people have for self-managing their abortions. In fact, the World Health Organization makes clear in their [Abortion Care Guidelines](#) that access to self-managed abortion should be one option that is available to individuals seeking to end their pregnancy. These guidelines also recommend that all individuals have access to accurate information and the support of trained health workers and access to a health-care facility and to referral services **if they need or desire it**. This recommendation reiterates the importance of having readily accessible, accurate information and access to medical professionals for those who manage their care outside of the traditional health care system. As abortion bans and restrictions are enacted, both patients and providers face criminalization. As a result, access to these resources is increasingly essential.

Although self-managed abortion typically occurs totally or partially outside of traditional medical or health care settings, there are online resources and hotlines that share medically and scientifically accurate information to help people safely end their pregnancies. These hotlines and resources are often reviewed or staffed by health care providers. Popular resources for self-managing an abortion with mifepristone and misoprostol or misoprostol alone include websites such as [Plan C](#) and [Aid Access](#) which can help people source medication abortion pills. [Abortion on Our Own Terms](#), the [M+A Hotline](#), and [Euki](#) app can also provide information, resources, and support to people self-managing their abortions. It is important to always consider potential data privacy risks when using digital resources. Specifically, some websites selling medication abortion pills have been found to be sharing sensitive data.<sup>4</sup>

## WHO CHOOSES SELF-MANAGED ABORTION

Just as there are a number of reasons why a person may need to have an abortion, there are a range of reasons why people may opt to self-manage their abortion. These reasons include a preference for self-care, a desire to adhere to cultural traditions, reluctance to interact with the medical system<sup>5</sup>, barriers to

<sup>3</sup> Society of Family Planning. "Misoprostol Only is Safe and Effective." (2023). [https://societyfp.org/wp-content/uploads/2023/02/SFP\\_ScienceSays\\_misoprostol.pdf](https://societyfp.org/wp-content/uploads/2023/02/SFP_ScienceSays_misoprostol.pdf)

<sup>4</sup> ProPublica. "Websites Selling Abortion Pills Are Sharing Sensitive Data With Google." (2023) <https://www.propublica.org/article/websites-selling-abortion-pills-share-sensitive-data-with-google>

<sup>5</sup> There is documented mistrust and distrust of the medical system in many communities of color because of the historical and active harm that medical practitioners and systems have engaged in. Reproductive health care has a history of forced sterilization and coercive birth control practices. The medical system can also be a pathway to criminalization.

in-clinic care including distance and cost, barriers to care via telehealth, as well as bans and restrictions on abortion that make it increasingly difficult to obtain an abortion.<sup>6</sup>

Research has found that 7% of women in the United States will attempt to self-manage their abortion during their lifetime.<sup>7</sup> In this study, the most reported method used for SMA is with herbs. This same study found that Black and Hispanic women are 3 and 3.7 times more likely, respectively, to attempt to self-manage their abortion compared to White women. A separate survey of transgender and gender-expansive people, 19% of those ever pregnant reported attempting SMA.<sup>8</sup> And a recent survey of people seeking care at a clinic, 34% stated they would attempt to self-manage their abortion if unable to obtain care at a facility.<sup>9</sup> This was especially true of people who did not have health insurance and who experienced obstacles that delayed their abortion care seeking.

### SELF-MANAGED ABORTION, ABORTION BANS, AND CRIMINALIZATION

The June 2022 United States Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* overturned *Roe v. Wade* and removed the constitutional right to abortion. This decision unleashed chaos as states moved quickly to ban or heavily restrict abortion. As of August 2023, 14 states<sup>10</sup> have laws in effects that completely ban abortion and at least a dozen more have severely restricted access to this essential care, making abortion access virtually impossible.<sup>11</sup> As abortion bans and restrictions increase, more people may need to rely on self-managing their abortions.

For residents of Nevada there is a state law explicitly criminalizing self-managed abortion.<sup>12, 13</sup> However, prosecutors across the country use other existing laws to criminalize pregnant people during their pregnancy and for their pregnancy outcome. For example, criminal laws for child abuse and assault, murder, homicide, and concealment of a birth have been used to investigate allegations of self-managed abortion.<sup>14</sup> Pregnant people are being investigated, arrested, and criminalized even when there is no statute specifically criminalizing self-managed abortion.

As laws banning abortion are enforced through the criminal legal system, people seeking abortion care become targets for criminalization. Preliminary data from *If/When/How* released August 2022 found that

<sup>6</sup> Verma N, Grossman D. Self-Managed Abortion in the United States. *Curr Obstet Gynecol Rep* (2023).

<https://doi.org/10.1007/s13669-023-00354-x>

<sup>7</sup> Ralph, L, Foster, DG, Raifman, S. Prevalence of Self-Managed Abortion Among Women of Reproductive Age in the United States. *JAMA Network* (2020). doi:10.1001/jamanetworkopen.2020.29245

<sup>8</sup> Moseson H, Fix L, Gerds C, Ragosta S, Hastings J, Stoeffler A, et al. Abortion attempts without clinical supervision among transgender, nonbinary and gender-expansive people in the United States. *BMJ Sex Reprod Health*. 2022;48(e1):e22–30. <https://doi.org/10.1136/bmjsex-2020-200966>.

<sup>9</sup> Ralph L, Ehrenreich K, Kaller S, Biggs MA. A cross-sectional study examining consideration of self-managed abortion among people seeking facility-based care in the United States. *Reproductive Health*. 2022;19(1):176. <https://doi.org/10.1186/s12978-022-01486-8>.

<sup>10</sup> The number of states with effective complete abortion bans remains in flux as enacted abortion bans are challenged in state courts. At writing, states with effective complete abortion bans include Idaho, North Dakota, South Dakota, Texas, Oklahoma, Missouri, Arkansas, Louisiana, Mississippi, Alabama, Tennessee, Kentucky, West Virginia, Indiana.

<sup>11</sup> Center for Reproductive Rights. "After Roe Fell: Abortion Laws by State." <https://reproductiverights.org/maps/abortion-laws-by-state/>

<sup>12</sup> South Carolina [Senate Bill 474](#), effective August 23, 2023 upon South Carolina Supreme Court vacating preliminary injunction and declaring the act constitutional, removed a prior statute (§44-41-80(b)) criminalizing self-managed abortion.

<sup>13</sup> §200.220 <https://www.leg.state.nv.us/nrs/nrs-200.html#NRS200Sec220>

<sup>14</sup> Huss L. Self-Care, Criminalized: August 2022 Preliminary Findings. <https://www.ifwhenhow.org/resources/self-care-criminalized-preliminary-findings/>

from 2000-2020, 61 cases across 26 states of people who were criminally investigated or arrested for allegedly ending their own pregnancy or helping someone else do so.<sup>15</sup> This number is likely to only continue increasing as states continue to restrict abortion.

Although there are no laws according to research thus far requiring health care providers to report to law enforcement a person who they suspect or have confirmed has self-managed their abortion, most reports and subsequent interactions with the criminal legal system originated from health care professionals.<sup>16</sup> This reporting and subsequent disclosure of individuals' protected health information by providers threatens the trust that is foundational to the patient-provider relationship and thereby has a chilling effect on access to comprehensive reproductive health care. Individuals' protected health information has been used against them for investigations prior to *Dobbs* and will continue to worsen as providers and patients face increased threats of criminalization. Furthermore, exceptions to the HIPAA Privacy Rule have also been exploited to require health care providers to disclose personal health information as a pretext for obtaining sensitive information for a non-health care context. Providers have a responsibility to keep patient information private unless that information is explicitly requested by the person they are caring for.

## CONCLUSION

Pregnant people have been self-managing their abortion for generations using herbs, teas, and other cultural methods, and the development of the medications mifepristone and misoprostol established another essential and safe option for people to end their pregnancies. However, the current legal landscape and the rapid increase in extreme abortion bans and restrictions following the Supreme Court's decision in *Dobbs* will mean that people who choose to self-manage their care are facing increased risk of criminalization. It is critical especially during this time that communities have access to accurate information and resources to learn about options for self-managed abortion and the associated legal risks.

## ADDITIONAL RESOURCES

Physicians for Reproductive Health & If, When, How. "Self-Managed Abortion Talking Points and Message Guidance." <https://drive.google.com/file/d/1vwwAf7FZmIfdzCFZltGTjgEwthEJr6EP/view>

Physicians for Reproductive Health. "Miso-Only Messaging Guidance." <https://prh.org/wp-content/uploads/2023/04/Miso-Only-Messaging-PRH.pdf>

Physicians for Reproductive Health. "Resources for Policymakers for Talking About Abortion." <https://prh.org/policyresource/>

Digital Defense Fund. "Keep Your Abortion Private & Secure." <https://digitaldefensefund.org/ddf-guides/abortion-privacy>

If, When, How. Repro Legal Helpline. <https://www.reprolegalhelpline.org/>

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<sup>15</sup> Huss L. Self-Care, Criminalized: August 2022 Preliminary Findings. <https://www.ifwhenhow.org/resources/self-care-criminalized-preliminary-findings/>

<sup>16</sup> If, When, How. "Patient Confidentiality and Self-Managed Abortion: A Guide to Protecting Your Patients and Yourself." [https://drive.google.com/file/d/1rGqRTvfTsC3rBi6FAhc\\_kl9gT2JUyRu/view?usp=sharing](https://drive.google.com/file/d/1rGqRTvfTsC3rBi6FAhc_kl9gT2JUyRu/view?usp=sharing)