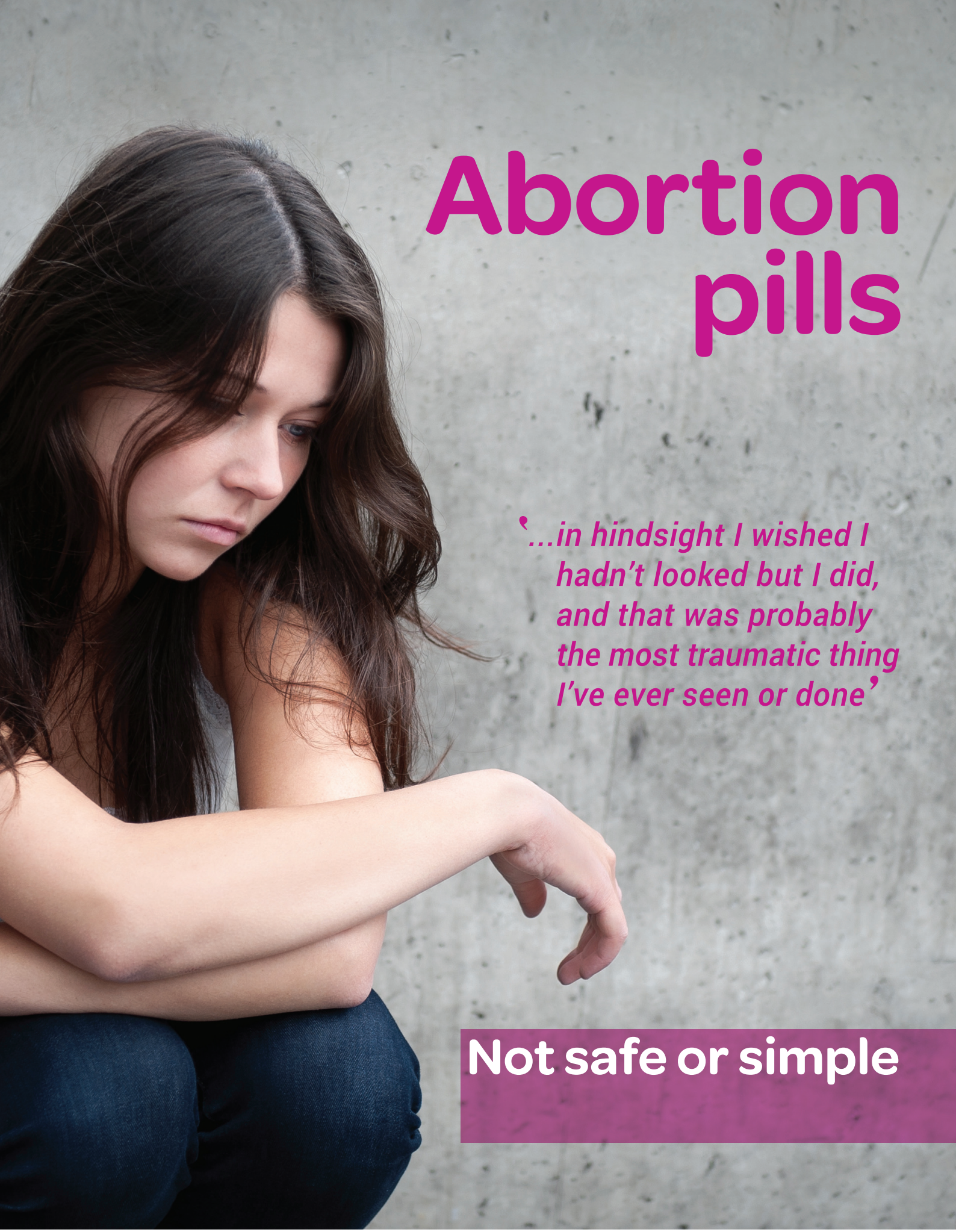

Abortion pills

'...in hindsight I wished I hadn't looked but I did, and that was probably the most traumatic thing I've ever seen or done'

Not safe or simple

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Introduction

Around the world abortion is undergoing a major change. Abortion pills used in so-called medical abortions have overtaken surgical abortions.

In England and Wales in 2017, 65% of all abortions that were recorded, were medical abortions, up from 34% in 2007.[1] In Scotland, 83% of all abortions were medical in 2016, and in the Scandinavian countries the figures are similarly high.[2]

Why is this happening?

This shift is being driven by ideological goals including, in the proponents' words, 'empowering women' through:

- The widest possible availability of abortion
- Self-managed or do-it-yourself abortions
- Reducing the involvement of medical professionals

Each of these goals actually plays into the hands of an abusive partner wanting to coerce a woman into having an abortion on the grounds that it's so easy she can virtually do it herself now (women could even be physically forced to take the abortion pill).

What is a medical abortion?

A 'medical abortion' generally involves a woman taking two drugs:

- **Mifepristone (RU 486)** – which normally ends the life of the unborn baby, followed 24-48 hours later by
- **Misoprostol**, which expels the dead baby

The term 'medical abortion' is, however, misleading. Words like 'medical' and 'medication' are usually associated with the benefits of medicine, which are essentially about the prevention of disease and injury, the restoration of health and the alleviation of suffering. Abortion pills are not being taken by women to treat a medical condition, but to end the life of the unborn child. Arguably, 'chemical abortion' would be a more accurate term. However, in this briefing we will use the commonly understood term of medical abortion.

How reliable are studies on medical abortion?

It is very important to be aware that many studies on the safety and acceptability of abortion pills are written by researchers who have a close association with:

- abortion providers
- abortion drug distributors
- abortion rights organisations

In fact, researchers with these associations dominate the field.

[1] Department of Health (Abortion Statistics, England and Wales: 2016 and 2017. See https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/714183/2017_Abortion_Statistics_Commentary.pdf, and https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortions_stats_England_Wales_2016.pdf Accessed 15 Jun 2018.

[2] NHS Scotland (2017) Information Services Division, Termination of Pregnancy Statistics, Year ending December 2016. See http://www.isdscotland.org/Health-Topics/Sexual-Health/Publications/2017-05-30/2017-05-30-Terminations-2016-Report.pdf Accessed 15 Jun 2018.

Case study

Five studies found results exceptionally favourable to medical abortion. Two studies were in the US[3], and the others in Nepal[4], Kazakhstan[5], and Azerbaijan[6]. All studies found a high rate of complete abortion, no difference in completion between home or clinic use of Mifepristone, a low incidence of side effects or adverse events, and high rates of acceptability for both home and clinic use.

All of these five research projects were undertaken by lead researchers from Gynuity Health Projects and four of the five were funded by anonymous donors.

Gynuity is committed to making abortion as easy and widely available as possible, and sees medical abortion as the means by which to achieve its goals. Gynuity is actively undertaking research projects to meet this agenda, and has arguably been the most active player in the research field since its establishment in 2003 by Beverley Winikoff, formerly from the Population Council.

All research undertaken by Gynuity appears to result in outcomes most favourable to its stated goals.

Are abortion pills safe?

Abortion pills are never safe for the unborn baby, whom they are designed to kill, and they are harmful for women.

Some researchers have a tendency to downplay the impact on women of abortion pills. One study of women's experiences of medical abortion chose to use the following quotation, taken from a woman who took part in the study, in the title of their research paper: 'It is just like having a period with back pain'[7].

Side effects

Three studies collectively found the following side-effects[8 9 10]:

- nausea (30.7 – 69.2%)
- vomiting (22.3 – 34.1%)
- diarrhoea (31.8 – 58.6%)
- pain (91.6%)
- fever (21.3 – 44.3%)
- chills (36.5 – 44.3%)
- headache (12.3 – 42%)
- dizziness (13.1 – 45.5%)
- weakness (19.2 – 56.6%)

Pain

Two studies, which asked women specifically about the severity of their pain, found:

1. 62% of women taking Mifepristone/Misoprostol experienced pain they described as severe[11]
2. 40% of women described their pain as severe after Mifepristone/Misoprostol[12]

Bleeding

Bleeding is seen as an essential part of the abortion because it shows that the abortion process is working. However, whereas the bleeding signifies the death of the baby, there are also dangers for women associated with bleeding.

A Finnish study found 15.6% of women who took abortion pills went to hospital for bleeding described by the authors as a haemorrhage, approximately one fifth of whom required intervention.[13]

[3] Swica Y *et al.* (2013) Acceptability of home use of mifepristone for medical abortion. *Contraception* 88:122–127.

[4] Conkling K *et al.* (2015) A prospective open-label study of home use of mifepristone for medical abortion in Nepal. *Int J Gynecol Obstet* 128:220–223.

[5] Platais I *et al.* (2016) Prospective study of home use of mifepristone and misoprostol for medical abortion up to 10 weeks of pregnancy in Kazakhstan. *Int J Gynecol Obstet* 134:268–271.

[6] Louie KS *et al.* (2014) Acceptability and feasibility of mifepristone medical abortion in the early first trimester in Azerbaijan. *Eur J Contracept Reprod Health Care* 19:457–464.

[7] Tousaw E *et al.* (2018) "It is just like having a period with back pain": exploring women's experiences with community-based distribution of misoprostol for early abortion on the Thailand–Burma border. *Contraception* 97:122–129.

[8] Pena M *et al.* (2014) Efficacy and acceptability of a mifepristone–misoprostol combined regimen for early induced abortion among women in Mexico City. *Int J Gynecol & Obstet* 127:82–85.

[9] Winikoff B *et al.* (2008) Two Distinct Oral Routes of Misoprostol in Mifepristone Medical Abortion. A Randomized Cont Middleton T *et al.* (2005) Randomized trial of mifepristone and buccal or vaginal misoprostol for abortion through 56 days of last menstrual period. *Contraception* 72 (2005) 328– 332.

[10] Middleton T *et al.* (2005) Randomized trial of mifepristone and buccal or vaginal misoprostol for abortion through 56 days of last menstrual period. *Contraception* 72 (2005) 328– 332.

[11] Dahiya K *et al.* (2011) Randomized trial of oral versus sublingual misoprostol 24 hr after mifepristone for medical abortion. *Arch Gynecol Obstet* 284:59-63.

[12] Goldstone P *et al.* (2012) Early medical abortion using low-dose mifepristone followed by buccal misoprostol: a large Australian observational study. *Medical Journal of Australia* 197:282-286.

[13] Niinimaki M *et al.* (2009) Immediate Complications After Medical Compared With Surgical Termination of Pregnancy. *Obstet Gynecol* 114:795–804.

A recent Swedish study found that 26% of women bled for more than four weeks.[14]

Some studies show the percentage of women seeking medical care for concerns about anything, including bleeding, to be much lower, for example, 3.7%[15] and 1.4%[16]. However, it is important to note that the women who dropped out of participating in these studies may have gone to get medical help from a place which was not linked to the study. Therefore, the medical complications of these women would not be recorded and this could serve to drive down the overall percentages.

Adverse effects

Blood transfusion

If a woman needs a blood transfusion after taking abortion pills, she is running a serious risk to her health.

Around 0.03 – 0.6% of medical abortions result in a blood transfusion which suggests that there are likely to be significant numbers of women experiencing heavy bleeding that falls short of requiring a transfusion, but nevertheless represents significant blood loss that could put women at serious risk of harm – especially if they are not in a clinical care setting at the time, or do not have ready access to a hospital.

Death

One researcher found a rate of death from medical abortion of 0.009% (0.02% for surgical abortion).[17]

If the figure of 0.009% is applied to abortion data for England and Wales, the number of deaths each year from medical abortion might be expected to be in the vicinity of 11 per year.[18]

Do medical abortions affect a woman's mental health?

Many studies show that women experience emotional distress after an abortion and many studies show mental health problems for women after abortion.[19]

Most research on women's abortion experiences does not distinguish between the method of abortion. Yet taking abortion pills to terminate a pregnancy is a drawn out process, where the woman is actively involved in the abortion herself (unlike a surgical abortion when she is anaesthetised). Increasingly, women are completing the abortion in a non-medical setting, typically at home.

Case study

This is how one woman described her experience:

'It was very hard when a big lump came out when I was in the shower. I had not understood that it would be so obvious when the embryo came, had a shock. Felt like pushing. Did not know what to do with the lump, would have wanted information before about how it can be and what to do with the embryo. The pain, you can take, the hard part was to see the embryo.'[20]

[14] Hedqvist M *et al.* (2016) Women's experiences of having an early medical abortion at home. *Sexual & Reproductive Health Care* 9:48-54.

[15] Winikoff B *et al.* (2008) *Op.* Cit.

[16] Upadhyay UD *et al.* (2015) Incidence of Emergency Department Visits and Complications After Abortion. *Obstet Gynecol* 125:175–83.

[17] Niinimaki M *et al.* (2009) *Op.* Cit.

[18] These calculations are based on 0.009% of the total number of medical abortions in each country per year. In the US, 19 deaths per year would translate to 323 for a 17-year period, the period over which the known 8 deaths occurred. Clearly more research needs to be done, for if the 0.009% figure found by Niinimaki *et al.* is anywhere near close, there are more deaths occurring from medical abortion in the US (and possibly globally) than have come to light. It is important to note in such a calculation that not all deaths would be a result of sepsis, even though the FDA adverse events data was restricted to deaths from serious infection.

[19] Pike G "Abortion and Women's Health" (2017) SPUC

[20] Hedqvist M *et al.* (2016) Women's experiences of having an early medical abortion at home. *Sexual & Reproductive Health Care* 9:48-54

The drive for abortion pills in the UK

Ironically, the argument from the pro-abortion lobby when introducing legislation on abortion in Britain was that abortions were being performed unsafely. In 1967 their call was for abortion to be performed by medical practitioners in a medical environment. Now the drive is to take abortion outside a medical setting. In both contexts, the pro-abortion lobby have been seeking to normalise the killing of an unborn child by abortion.

In Britain and Northern Ireland there are two significant campaigns underway to normalise abortion pills and reduce medical supervision:

- The decriminalisation of abortion in Northern Ireland, England and Wales
- Giving women the second abortion pill to take at home rather than in a medical setting in Scotland, Wales and England

Taking an abortion pill at home

In October 2017 Scotland became the first country in the UK to permit abortion providers to give women the second pill to take at home. Research shows that women say they would prefer to complete the abortion at home, but there is also evidence of how traumatic this experience can be.

Case study

In a Scottish study of women's experiences of medical abortion, some women returned home immediately after taking the second abortion pill, rather than staying in the clinic.

Different women spoke of:

- 'agony'
- 'such a physical and emotional process'
- 'day was absolutely horrific'
- 'I bled so much … it's pouring out'
- 'in hindsight I wished I hadn't looked but I did, and that was probably the most traumatic thing I've ever seen or done'
- 'if [my friend had] been there and seen me screaming like that…'[21]

Despite these experiences, and the fact that they often did not match what they were told or had expected, women reported that, generally, they valued the comfort and privacy of the home setting.

Case study

There is some indication that taking the second abortion pill at home can lead to an increase in adverse effects on women. One study, tracking women living in a rural environment, found an increase in complications from 4.2% in 2008 to 8.2% in 2015, for medical abortions at less than 12 weeks' gestation. Complications were defined as incomplete abortion, bleeding requiring medical attention and infection.

This study analysed a total of 4,945 abortions. For most of the women in the study, medical abortion at home was the recommended procedure. The researchers were cautious in giving a reason for a doubling of complications, but said that 'it may be associated with a shift from hospital to home medical abortions.'[22]

Reducing medical supervision of abortion

The campaign to decriminalise abortion in Northern Ireland, England and Wales is being spearheaded by bpas, Britain's biggest abortion provider. The bpas slogan for this campaign is: 'We trust women'. In other words, women should be the decision makers and, to some degree, the administrators of their own abortions. (A first step towards this is enabling women to take the second abortion pill at home.)

[21] Purcell C *et al.* (2017) Self-management of first trimester medical termination of pregnancy: a qualitative study of women's experiences. *BJOG* 124:2001–2008.

[22] Carlsson I *et al.* (2018) Complications related to induced abortion: a combined retrospective and longitudinal follow-up study. *BMC Women's Health* 18:158.

The Royal College of Nursing, the Royal College of Obstetricians and Gynaecologists and the British Medical Association are backing the campaign to decriminalise abortion.

If abortion were to be decriminalised, there would be no requirement, as currently, for two doctors to give an opinion that an abortion is 'necessary' for a woman.

Case study

A recent report of the activities of Women on Web in Brazil is an example of a particularly de-medicalised approach to abortion. Women on Web's work is reported favourably in many research papers as the leading edge that shows where medical abortion is heading, and hence the majority of all abortions.

- Women seeking a medical abortion completed a 25-question online consultation survey, and if there were no contraindications in that survey, and gestational age was less than 9 weeks, they were sent Mifepristone/Misoprostol by post with instructions for use.
- Women were advised to undertake a pregnancy test or obtain an ultrasound 10 days after taking Misoprostol to confirm the abortion was complete. Five weeks after taking the abortion drugs women received a follow-up survey, the results of which formed the analysis of outcomes.
- 602 women who were sent the drugs were included in this study. 66 stated that they did not use the medication for various reasons. For 166 there was no information returned. Of the remaining 370 who reported that they had received and used the drugs, outcomes were known for 307. Therefore, for 229 of the women (38% of the total) there was no known outcome.
- For the 307 who provided information, even though at the outset all had fulfilled the requirement for gestational age of less than 9 weeks, in fact only 67.4% were 9 weeks or less. 23.1% had gestational ages of 10, 11 or 12 weeks and 9.5% had gestational ages of 13 weeks or more.
- Regardless of this, 83.7% had reported confirming the gestational age by ultrasound.
- The overall rate of completed abortions was 76.9% and:

– 20.9% required surgical intervention

– 10.9% had continuing pain

– 12.5% had heavy bleeding

– 3.1% had fever or discharge

Posting powerful and potentially dangerous drugs to women on the basis on an online questionnaire is clearly irresponsible and puts women's health, and possibly their lives, at risk.[23]

What is the future of medical abortion (and hence all abortion)?

Paul Hyland is the Medical Director of the Tabbot Foundation,an Australian organisation which prides itself on being 'the first service in the world to provide medical abortion by telephone consultation alone across an entire nation.' His vision of the future of abortion is:

'The ultimate method of providing this service is by supplying medications by mail for a home-based abortion, after telephone consultation – with no need for a face-to-face doctor visit.' [24]

As abortion pills become more widespread in the UK, coupled with women taking at least one abortion pill away from a medical setting, the risks to women are likely to increase.

For more on medical and surgical abortion, the effects of abortion on women, and the nature and development of the unborn child, see Greg Pike, *Abortion and Women's Health*, and Anthony McCarthy, *Abortion Matters*. Both available from SPUC.

[23] Gomperts R *et al.* (2014) Provision of medical abortion using telemedicine in Brazil. *Contraception* 89:129-133.

[24] Oppegaard *et al* 2018

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