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SELF-MANAGED ABORTION

What healthcare workers need to know

In the last 10 years, state lawmakers have passed hundreds of laws restricting abortion access. The appointment of Supreme Court Justice Kavanaugh raised the specter of overturning *Roe v. Wade* and intensified anti-abortion efforts. Proposed legislation has become more extreme, including banning abortion before most people know they're pregnant and harsh criminal penalties for providers and people who have abortions.

The future of abortion rights is uncertain, and for some—especially low-income people and people of color—abortion is already all but impossible to access. We need a multi-faceted approach to support people to have the abortion experience that is best for them. There will always be people who need or prefer abortion in a clinic, and we must fight to preserve their right to do so. At the same time, we need to prepare for the likelihood that people will begin self-managing their abortions.

WHY DO PEOPLE CHOOSE TO MANAGE THEIR OWN ABORTIONS?

- **Can't afford** a clinic abortion
- **Logistical barriers**, like clinic closures and restrictive laws
- **Privacy**, including wanting to avoid stigma and shame
- **Prefer having abortion at home**, feels more "natural"
- **Fear of engaging with the health care system** due to immigration status, language barriers, or anti-LGBTQ discrimination

HOW COMMON IS SELF-MANAGED ABORTION NOW?

- A national survey of abortion patients found that just over 1% had tried to end their own pregnancies with misoprostol. A slightly higher number had tried with other substances.
- In Texas, where one of the nation's most restrictive abortion laws closed more than half of clinics, researchers estimate that approximately 100,000 women tried to end their own pregnancies at some point in their lifetimes.
- People have reported trying various methods to end their own pregnancies, including herbs, food and drinks, abdominal trauma, excessive exercise and medications like mifepristone and misoprostol.

> "I didn't have any money to go to San Antonio or Corpus. I didn't even have any money to get across town. Like I was just dirt broke. I was poor."
>
> 24-year-old woman in the Lower Rio Grande Valley, Texas, who tried to end her own pregnancy

HOW SAFE IS MANAGING YOUR OWN ABORTION?

- It is now much easier to access drugs that can be safely used to end a pregnancy. There are websites that sell mifepristone and misoprostol. Researchers in the US ordered pills from 18 websites and found that the contents were as advertised, though sometimes in weaker doses. People living close to the border report obtaining misoprostol in Mexico.
- A survey of women in Ireland who used mifepristone/misoprostol from online service Women on Web thought it compared favorably to medical abortion in clinics. Women were able to identify symptoms of complications and seek medical advice when needed.
- Research in countries like Peru found that when provided information, women could safely and effectively manage their own abortions with misoprostol alone.

WOMEN ARE INTERESTED IN NEW WAYS TO ACCESS MEDICATION ABORTION...

A national survey showed that more than half of women supported at least one of these options for receiving pills:

- **In advance** from a doctor for future use
- **Over-the-counter** at a pharmacy
- **Online**

> "I didn't want my mom to know. I didn't want to go to court 'cause it was gonna be too long and probably he was gonna say no, so I just [said], you know, 'skip all that, I'm gonna do it. Myself.'"
>
> 16-year-old woman in Boston

WHAT DOES THE FUTURE OF SELF-MANAGED ABORTION MEAN FOR THE HEALTHCARE COMMUNITY?

Providers should consider what role they may play in harm reduction, acknowledge the reality of their patients' lives, and address patients' needs in the safest way possible. This could include:

- Assessing patients for health risks, determining gestational age and viability.
- Providing information on what methods are safest to try on their own and which ones are more risky.
- Counseling them about warning signs, what to expect, and what to say if they present at a healthcare facility with complications.
- Understanding the legal implications and educating other providers. Providers have no duty to report self-managed abortion, and in fact may be violating patient privacy laws by doing so. The majority of women prosecuted for pregnancy loss have been reported by someone within the healthcare system.
- Providing compassionate care to people who present with complications from managing their own abortions.
- Creating a space where people feel safe and can access care without judgment.

CRIMINALIZING SELF-MANAGED ABORTION

- 7 states explicitly ban self-managed abortion, but there are roughly 40 other types of laws prosecutors can use to punish people for pregnancy loss.
- There have been at least 21 arrests for self-managed abortion in 20 states since 1973. People of color and low-income people are most likely to be targeted by the criminal justice system.

For more information and references, visit **http://tiny.ucsf.edu/SMA**

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