

Ipas

& Medical Abortion

Medical abortion: What it is and why it's important

Medical abortion, commonly called the abortion pill, consists of pills that can end an unwanted pregnancy safely, effectively and privately. Medical abortion has existed for more than 20 years, and research has shown it to be safe and effective. In locations where women are offered MA as an option, such as Scotland, Sweden, and the Planned Parenthood system in the United States, half of all women choose medical abortion over surgical abortion. MA's safety, ease of use, and adaptability also offer the potential to greatly reduce harm caused by unsafe abortions, a major cause of death and disability in the developing world.

What is medical abortion?

Medical abortion consists of medicines that can stop pregnancy development and cause a miscarriage, primarily mifepristone and misoprostol. Mifepristone blocks the hormone progesterone, interrupting pregnancy development. Misoprostol causes strong contractions in the uterus, which expels the pregnancy. The World Health Organization recommends the combined use of mifepristone and misoprostol as a safe, effective abortion method, but in situations where mifepristone is not available, misoprostol can be used alone.

Why is medical abortion important?

In the developing world, millions of women lack access to safe reproductive health care. Safe abortion services may be illegal or highly restricted (or believed by women to be so), unaffordable, physically out of reach, or a combination of these and other factors. When safe abortion is not available, women who feel they need to end their pregnancy turn to unsafe methods, and the results are devastating: Unsafe abortion kills 67,000 women a year, and injures millions more. Ensuring access to medical abortion could allow them the chance to end their pregnancies safely and effectively. Medical abortion can be introduced into a wide range of settings, including locations with severely limited resources. Because it requires less technology than other abortion methods, it can be provided in remote areas, by many types of providers, including nurses, midwives and doctors.



In settings where abortion is legally restricted but where misoprostol is available (often because it is sold as a medicine to treat gastric ulcers, its original purpose), women are finding and using medical abortion on their own, aided by friends, family, pharmacy workers, informal health-care providers or the Internet. Although ideally these women should have access to medical care or supervision, such an approach is still safer than the use of sticks or caustic substances to end a pregnancy, or of seeking an unhygienic backstreet abortion.

In countries where health systems provide abortion, medical abortion has the potential to expand health systems' reach, eliminate harmful disparities in access to care, and reduce costs for both women and health-care systems. Where abortion is legally restricted, medical abortion can give women control over their personal reproductive health decisions.

Where is medical abortion available?

Close to 40 countries have approved mifepristone for abortion. Most of these countries are in the developed world. Mifepristone has recently become available in Ethiopia and Nepal, and registration is underway in several other low-resource nations. Although misoprostol is more widely available, it is only registered for gynecologic uses in a handful of countries.

How is Ipas helping?

Ipas has worked for four decades to reduce deaths and injuries from unsafe abortion, and to increase women's ability to exercise their reproductive rights. Expanding women's access to medical abortion, especially for women who are young, poor or living where abortion is legally restricted, is a major priority for Ipas. Ipas's work on medical abortion reaches from the national policy level, to health facilities and providers, to women directly. Highlights of Ipas's efforts include:

- Working with partners and the government of Nepal, where abortion was illegal until 2002, to introduce medical abortion into the public health system, making medical abortion available at clinics and other primary-care settings throughout the country, greatly increasing access to care for women living in mountainous, rural areas.
- In Uruguay, where abortion is legally restricted but illegal abortions are common, Ipas supported a medical initiative that provides women at risk for abortion with appropriate care and information. This program allows health-care providers to provide women with pre-abortion counseling — including information on how to administer misoprostol to induce an abortion — and postabortion follow-up at public health facilities.
- In Africa, where the consequences of unsafe abortion are most severe, Ipas is developing a network of trainers to introduce medical abortion for induced abortion and postabortion care into health systems in Uganda, Zambia, Benin and Burkina Faso, among other countries. Ipas is training providers in Ethiopia, where medical abortion is being introduced into the public health system as part of the implementation of a 2004 law expanding access to legal abortion.



*Protecting women's health
Advancing women's reproductive rights*

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