



The State of the Evidence: Self-Managed Medication Abortion

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Self-managed medication abortion

when a person takes pills to end their pregnancy without clinical support or supervision

Medication abortion methods

mifepristone + misoprostol
misoprostol alone

Abortion accompaniment

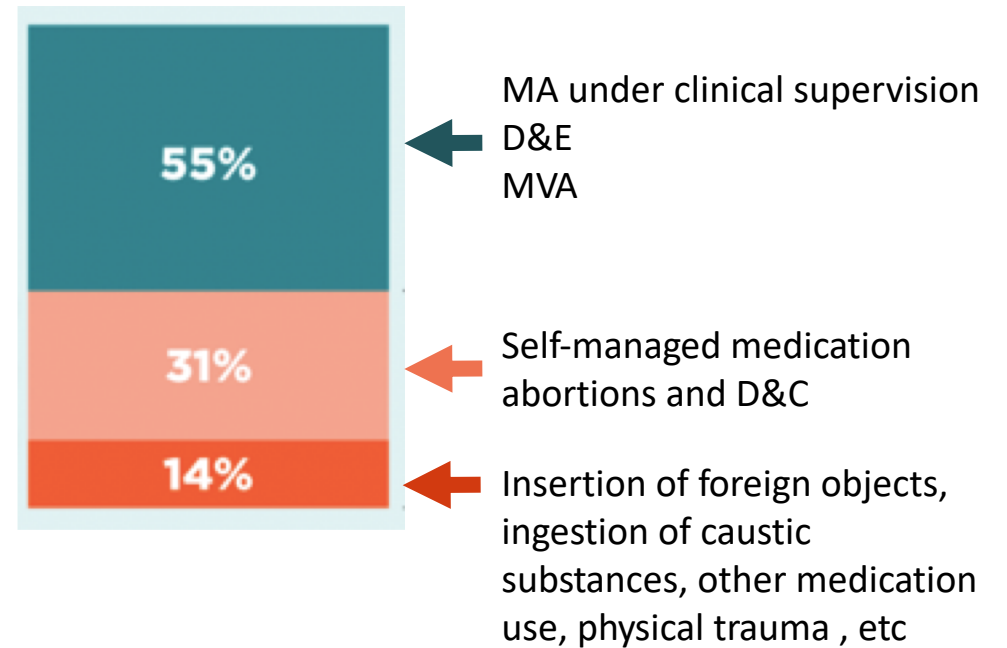
a model of abortion care and a radical feminist movement that supports people in accessing safe abortion and exercising their reproductive autonomy regardless of the legal context





Self Managed Abortion | **Incidence**

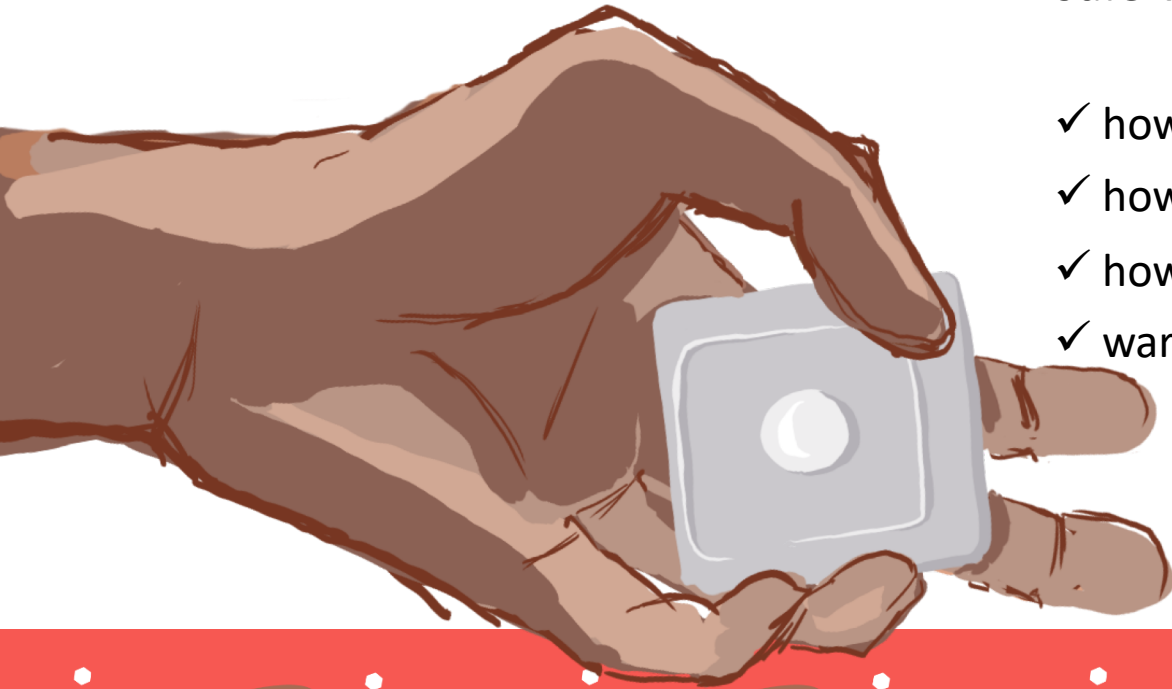
56 million abortions



Self Managed Abortion | **Safety**

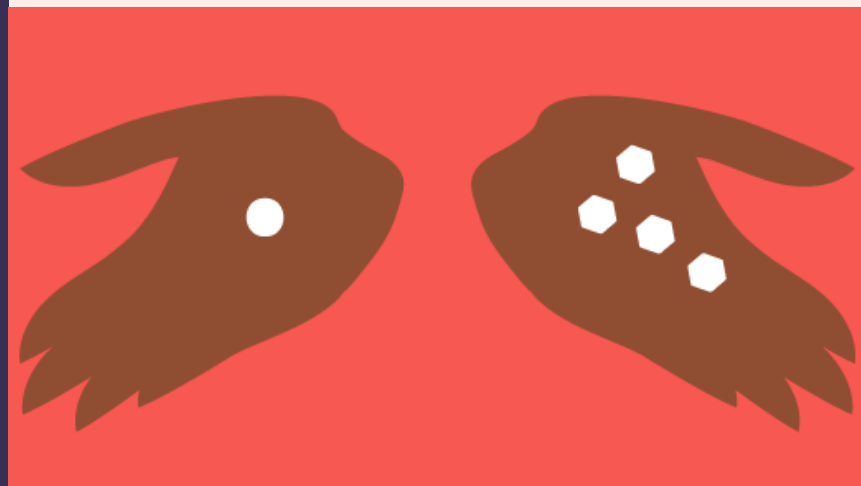
A growing body of literature from around the world indicates that the practice of self-managing a medication abortion can be safe when individuals have access to information on:

- ✓ how to obtain the pills
- ✓ how to take the pills
- ✓ how to assess for completion
- ✓ warning signs that may indicate potential complications



Self Managed Abortion | Effectiveness

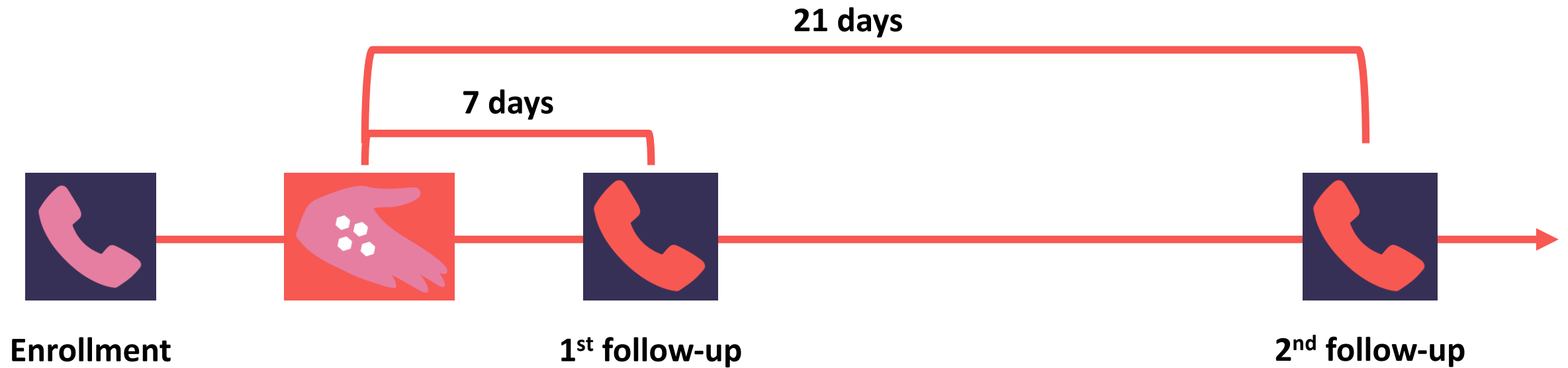
Sources of Evidence on SMA Safety and Effectiveness:



- **telehealth-support from online websites** that provide access to pills as well as information on how to use them via email communication. (Gomperts et al, 2008; Gomperts et al, 2014; Aiken et al; 2017a; Foster et al, 2018; Aiken et al 2017b)
- **pharmacies and community-health workers** who provide information, medications, and support (Foster, 2017; Tamang, 2018; Grossman, 2018; Footman, 2018; Bell, 2019; Stillman, 2020, Vaisanen, 2021)
- **abortion accompaniment** where trained volunteers provide evidence-based information, as well as physical and emotional support throughout the abortion process, over the phone or in person (Gerdts, 2018; Gerdts, 2020; Moseson, 2020)

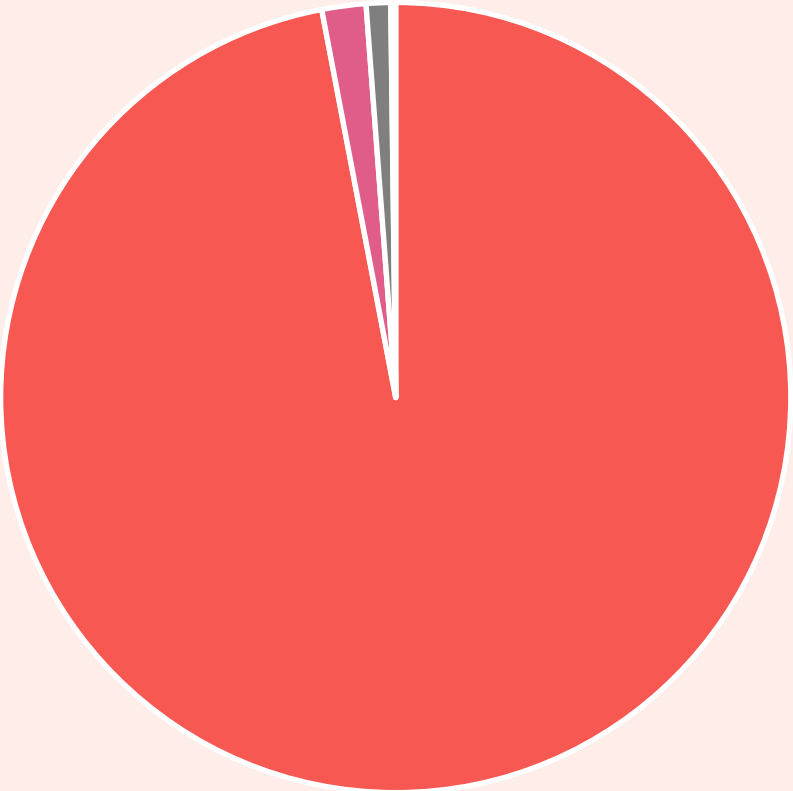
The SAFE Study

A prospective, observational study to measure the effectiveness and safety of self-managed medication abortion with accompaniment group support



SMA is EFFECTIVE

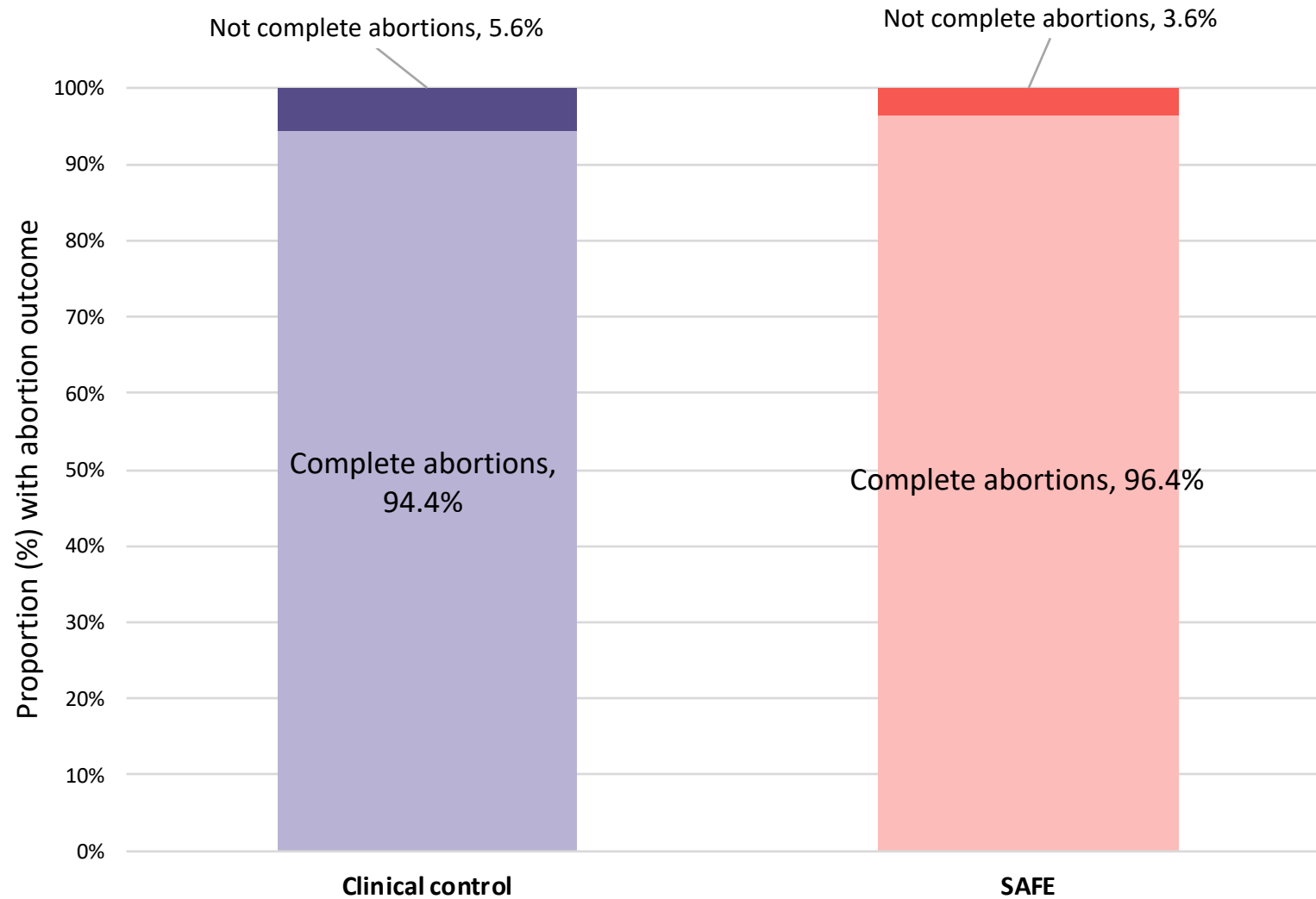
Self-managed medication abortion completion at last follow-up (N = 951)



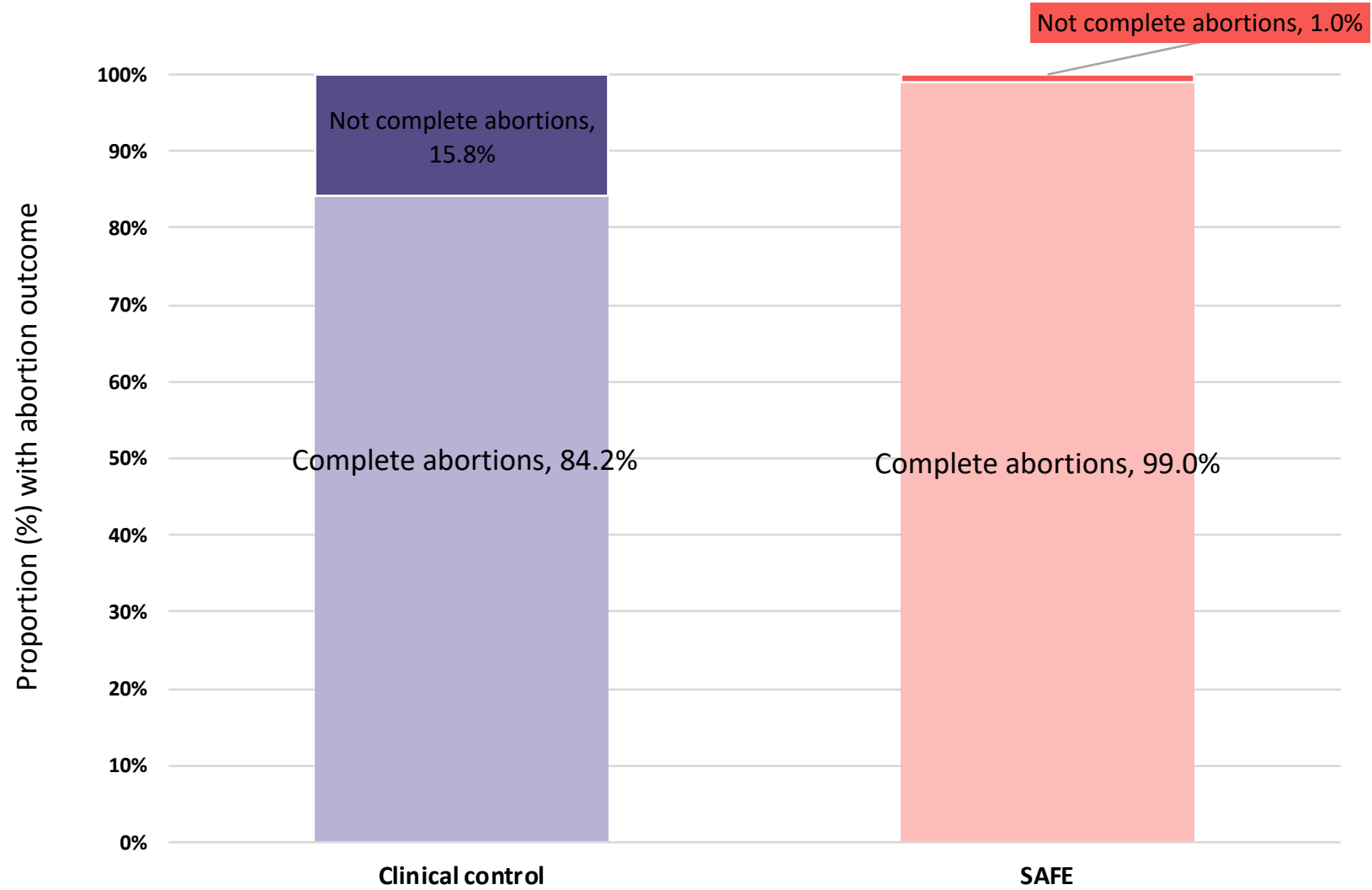
97.0% completed their abortion without surgical intervention

- Complete without surgical intervention (n = 922)
- Complete with surgical intervention (n = 17)
- Not complete/not sure (n = 10)
- Missing (n = 2)

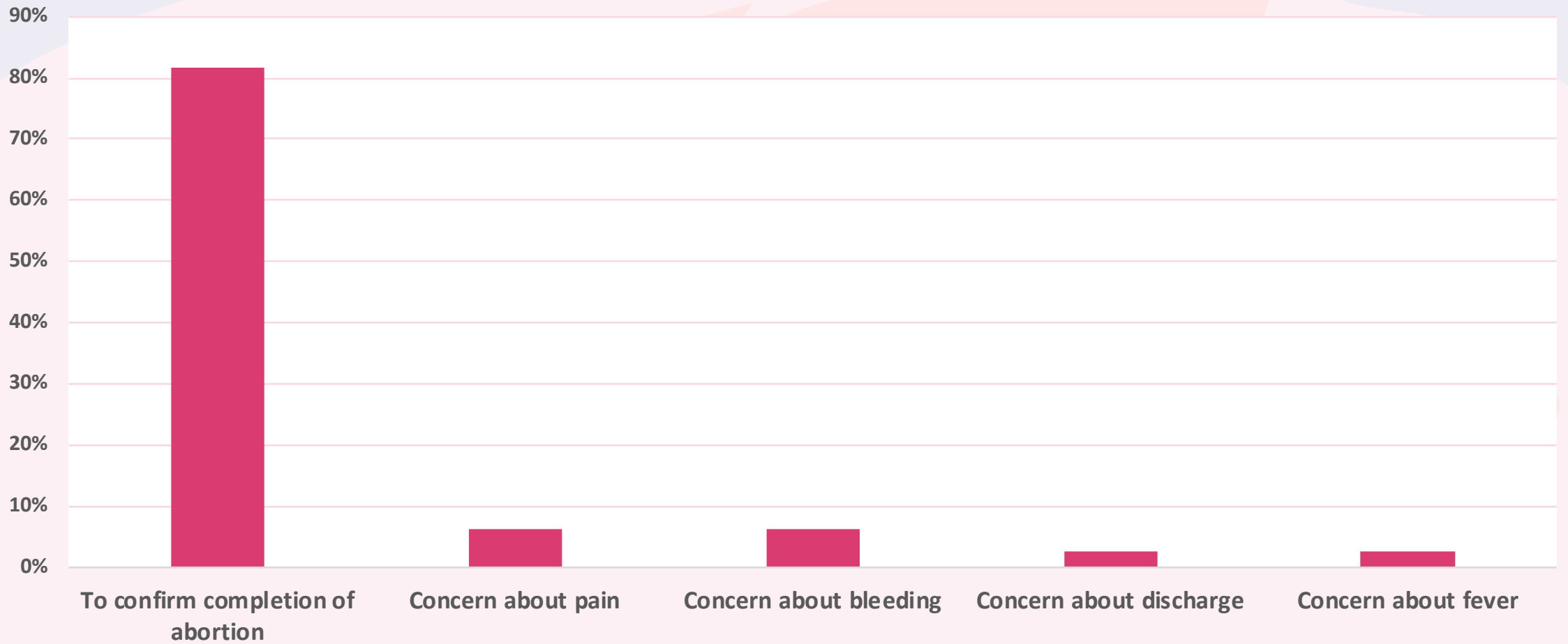
Effectiveness of mifepristone + misoprostol alone (< 9 weeks gestation)



Effectiveness of misoprostol alone (< 9 weeks gestation)



Reasons for seeking healthcare during/after abortion among 192 (20%) who sought care



Self Managed Abortion | **Experiences**

- Range of emotions similar to all abortion clients globally: gratefulness, relief, confident, guilt, sadness, stress, shame.
- For some, strong preference for SMA due to comfort at home & privacy
- For some, secrecy and fears related to safety, death, lack of information, legal consequences specifically associated with SMA



UN ABORTO ACOMPAÑADO
ES UN ABORTO SEGURO

Self Managed Abortion | Quality of Care

Important Dimensions of Quality Care:

- receiving clear information in a timely manner
- being treated with kindness, compassion, respect, and without judgment
- valuing a sense of community among those who experienced abortion

Self Managed Abortion | Incidence/Prevalence in the US

- **In 2015, 1.7%** of Texas women aged 18-49 reported ever having attempted SMA.
- **2017 nationally representative sample** of women aged 18-49
 - For every 10 women reporting abortion, about 1 woman has attempted SMA.
 - Researchers estimate that 7% of U.S. women will self-manage abortion at some point in their lives.
- **In 2017-2018, 28%** of participants in a study of people searching for abortion care on google reported attempting self-managed abortion.
 - Methods included herbs, supplements, or vitamins (52%); EC or contraceptive pills (19%), mifepristone and/or misoprostol (18%), and abdominal or other physical trauma (18%).



Self Managed Abortion | **Barriers and Challenges**



- **A 2020 study found** higher levels of SMA experience among those who identify as Hispanic, Black, and foreign-born individuals overall, when compared to white counterparts.
- **A 2019 survey of trans and gender expansive** individuals found:
 - Transgender, nonbinary and gender- expansive (TGE) people face structural and social barriers to clinical abortion care.
 - Nearly one in five TGE respondents who had ever been pregnant reported an attempt to end a pregnancy without clinical supervision.
 - No one used medication abortion
- Researchers studying **requests for support with at-home medication abortion** to a Netherlands-based telemedicine provider in 2021 found:
 - The cost of in-clinic care was the most commonly cited reason for seeking self-managed abortion, followed by distance to an abortion clinic, and living below the federal poverty level.



Thank you!

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