Abortion Pill Q&A

What is the Abortion Pill?

Mifepristone, originally called RU-486, was created in the 1980s for the sole purpose of killing children in the womb. Typically, in the U.S., mifepristone is the first of two pills, administered days apart, working to essentially starve the child and then expel the child's remains. The second pill is misoprostol, which is very commonly used for other (morally licit) purposes such as miscarriage and labor management. When we speak of the abortion pill, we refer to mifepristone, as designed specifically for abortion and approved by the Food and Drug Administration (FDA) for that purpose.

How was the abortion pill first made available in the U.S.?

In the U.S., the Food and Drug Administration (FDA) approved mifepristone in 2000, specifically for abortion, but imposed special rules on its usage at the time. Because of the consequences of the pill and the risk to the mother's health, mifepristone pills were first required to be handed to patients directly in a doctor's office or clinic, and were often taken there following a history, medical exam, and ultrasound.

Why is the abortion pill now so widely available?

In 2023, after already loosening some of the rules during the Covid pandemic, the FDA permanently allowed abortion prescriptions to be picked up at neighborhood pharmacies, or delivered from online pharmacies, without an in-person exam, screening, or follow-up.

Can mifepristone and misoprostol be used for other reasons than abortion?

Misoprostol is very commonly used for reasons unrelated to abortion, such as miscarriage and labor management. Some health care providers have also used mifepristone for treating miscarriages and other conditions. A completely separate version of mifepristone (not the abortion pill) is also used for a condition called Cushing's Syndrome. We are not asking to limit access for morally licit uses.

Your Prayer and Action campaign says mifepristone is dangerous to women's health. How can that be true if it was approved by the FDA over 25 years ago?

First, the FDA used an approval process that was only meant for medications that serve a benefit over other treatments and are for serious illnesses. Pregnancy is not an illness; and abortion pills have four times the rate of complications of surgical abortions. When the FDA later removed safety guardrails around mifepristone prescriptions, it did so using the relative safety that had been previously found *with* those guardrails in place. That's like saying that if it's found to be safe to ride a motorcycle with a helmet, then it's safe to ride a motorcycle without a helmet. In 2016, the FDA also removed mandatory reporting of non-lethal adverse events, causing a gap in data with the removal of safeguards. It also removed the requirement for in-person follow-up appointments to check on a patient after having taken the drug, to make sure that parts of a baby's remains did not dangerously stay inside her. When the FDA removed the requirement of any in-person doctor

visit altogether in 2021, it opened the door to women receiving the pill without an accurate assessment of how many weeks pregnant they were and whether they may have an ectopic pregnancy, which makes taking the pill more dangerous. Meanwhile, one highly-publicized 2025 study found that about 10% of women who take mifepristone have complications like infections, hemorrhages, or remains of the baby not having been expelled – requiring urgent treatment.[1] (Older studies out of California and Finland found figures of 5.2% and about 20% respectively).[2] The danger is real, and mothers have died. Yet some abortion proponents advise women experiencing complications to tell emergency room staff that they are having a "miscarriage" or to otherwise not disclose that they took the abortion pill, which hides the real toll.[3] Finally, there is an oft-repeated misconception that claims mifepristone is safer than Tylenol. This is highly misleading because it includes overdoses of Tylenol, and is not a comparison between the safety of actual regular use of the drugs.

What is this Prayer and Action campaign asking for?

Catholics are asking pharmacies to stay out of the abortion business and stop selling mifepristone for abortion.

Is this Prayer and Action campaign trying to block access for morally licit uses of mifepristone and/or misoprostol?

If pharmacies cannot differentiate between uses for abortion or miscarriage management, and decide to stop selling mifepristone, for example, that would not prohibit access. The situation could simply return to the way it was before 2021, when one had to get the pills by direct, in-person dispensing from a certified provider. This appears to effectively be the situation in some states already. In addition, a number of retailers with pharmacies in them have voluntarily declined to carry mifepristone for abortion.

What about pharmaceutical companies?

In the U.S., three pharmaceutical companies were set up for the sole purpose of producing/distributing abortion pills (which they in turn largely contract out to undisclosed overseas manufacturers). We ask these three companies to stop the distribution of these pills for abortion, without necessarily stopping the availability of mifepristone in health care settings where it can be limited to morally licit uses.

How can this come about?

We firmly believe in the power of prayer, and we entrust this challenging situation to the prayers and intercession of St. Joseph, Defender of Life. A number of retailers with pharmacies in them have already decided that getting into the abortion business is not in their best interests or that of their customers. We believe others can ultimately be led to make that same life-saving choice.

[1] Jamie B. Hall and Ryan T. Anderson, Ph.D., "The Abortion Pill Harms Women: Insurance Data Reveals One in Ten Patients Experiences a Serious Adverse Event," Ethics and Public Policy Center, April 28, 2025, https://eppc.org/publication/insurance-data-reveals-one-in-ten-patients-experiences-a-serious-adverse-event/.

[2] U. Upadhyay et al., "Incidence of emergency department visits and complications after abortion," Obstetrics & Gynecology 125 (2015), pp. 175-183, https://pubmed.ncbi.nlm.nih.gov/25560122/; M. Niinimaki, MD, et al., "Immediate Complications After Medical Compared With Surgical Termination of Pregnancy," Obstetrics & Gynecology 114 (2009), pp. 795-804, https://journals.lww.com/greenjournal/Abstract/2009/10000/Immediate_Complications_After_Medical_Compared.14.aspx.

[3] E.g., https://www.plancpills.org/; https://www.ineedana.com/blog/what-if-i-go-to-the-er-after-an-abortion-or-a-miscarriage.