



# ABORTION PILLS: *The Basics*

## What Abortion Pills Do

Over half of abortions in the U.S. happen by pregnant women taking a sequence of pills. This is known as “chemical abortion.” Its supporters refer to it as “medical abortion” or “medication abortion.”

Chemical abortion uses two drugs. First, mifepristone (also called by the brand name, Mifeprex, or RU-486) is taken to damage a woman’s uterine lining, cutting off nutrition and oxygen to her pre-born child, causing starvation and suffocation. Then, one to two days later, misoprostol is taken to push the baby’s remains from the womb. Fortunately, if a woman changes her mind before taking the second drug, the child may be saved about two-thirds of the time through an abortion pill reversal process involving the hormone progesterone.

## The Dangers to Women

Chemical abortion is dangerous for women. From September 2000 through December 2022, the Food and Drug Administration (FDA) recorded 4,218 “adverse events” caused by the process—including the *deaths of 32 women*. Although the FDA stopped requiring reports of *non-fatal* adverse events in 2016, a combination of pre-2016 required reporting and post-2016 voluntary reporting also indicates serious non-fatal consequences. These include 1,049 non-fatal hospitalizations, 604 cases of blood loss requiring transfusions, 97 ectopic pregnancies, and 418 infections of which 75 were “severe.” These numbers are likely underestimates, because many adverse events are experienced at home and treated in emergency rooms, where they are often reported as related to miscarriages rather than to abortion pills.

## The Law and New Risks

Over the years, the FDA has bent the law and shown disregard for women’s health when it comes to chemical abortion. In 2000, mifepristone was first approved using an “accelerated” review process that is supposed to be only for new drugs that treat serious illnesses and are better than existing treatments. But pregnancy is not an illness, and abortion drugs are *riskier* than surgical abortion. There are also no age restrictions for these drugs, and there have been no studies on their safety for young girls.

Since 2016, the FDA has loosened safety standards further, allowing health professionals who are not doctors to prescribe abortion drugs. It also extended the limit of when abortion drugs can be used from seven to ten weeks of pregnancy, decreased the number of required doctor’s visits from three to just one, and ended the reporting of harmful side-effects except for those that result in death.

Most recently, the FDA began allowing mifepristone to be prescribed through virtual doctor’s visits, to be ordered online, and to be available at neighborhood pharmacies. This lack of safety standards puts women and girls at risk. Because they are less likely to go to a doctor’s office and get an ultrasound, they may unknowingly have an ectopic pregnancy or be farther along in their pregnancy than they realize. It is very dangerous to the woman to take abortion pills in either of these circumstances. In addition, allowing access to the pills through virtual appointments and online orders may be exploited by violent partners and human traffickers.

In June 2024, the U.S. Supreme Court is expected to decide a case challenging the FDA’s elimination of safety standards since 2016.

*Updated March 2024. For more complete data and sources, see <https://www.usccb.org/resources/just-facts-q-chemical-abortion>.*

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