mifepristone milestone

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**I am an abortion provider. Here’s why I freaking loved this week.**



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As an abortion provider in this country, I rarely hear news that causes me to fist pump. But that’s what I did Wednesday after I learned that the U.S. Food and Drug Administration had [approved](http://www.msnbc.com/msnbc/fda-move-could-radically-transform-abortion-access) a long-awaited update to the medication abortion pill mifepristone, allowing doctors to prescribe it for 21 more days into pregnancy and lowering the overall dosage. The move reinforced what science has been saying for years—that lower doses of the pill are both safer for patients and cheaper for our health care system.

What does the approval look like in practical terms? Unless you’re an OBGYN like me, the news might not have shaken your world the way it did mine. So let me break it down in a way that makes sense—as if you were my patient, and I was your doctor.

Say you’re pregnant, but not in a good way. This was not in the plans, your birth control failed, or maybe you were assaulted. Whatever happened, you are here now, in my office—the last place you want to be. The ultrasound shows that you’re almost 10 weeks pregnant, so according to the FDA, which cuts off medical abortion at 7 weeks, you’ve only got one option: surgery.

I explain this to you, knowing very well that the latest research shows that you could absolutely still have a medication abortion, and it would be both safe and effective, but depending on what state we’re in, my hands are tied.

Why would medication abortion not be an option for you? Many states have turned a blind eye to the science and banned medication abortion after seven weeks. Even if you were six weeks pregnant, the law states that I would have to recommend a dose that research has proven to be much higher than is necessary.

When I explain this to you, you might wonder: If science has proven a medication regimen to be safer, more effective, and cheaper (after all, fewer pills equals less money) than both the current regimen and surgery, why the f@#& am I forcing you to put yourself at the increased risk?

Here’s why: Our country’s abortion regimens were adopted from Europe, where medication abortion was used long before the U.S. started prescribing these meds. At the time, it was easier for the FDA to just adopt the same regimen that these other countries were using rather than conduct their pricey safety studies—so they did.

Slowly, however, over the next decade, U.S. researchers found safer, cheaper, and more effective ways to administer these medications and pleaded with the FDA to update their labeling. Still, updating the regimens was a no-go—likely because of the hundreds of thousands of dollars it would cost to redo everything. Meanwhile, anti-choice politicians caught wind of what researchers were suggesting and said (in so may legislative terms), What if we use this outdated dosing issue as another hurdle to stop women from obtaining abortions? And the rest is (recent) history.

So here we are now, where, if you live in North Dakota, Ohio, or Texas, you have to follow antiquated medication abortion rules that don’t make any sense. And [several other states](http://www.guttmacher.org/sites/default/files/pdfs/spibs/spib_MA.pdf) have followed suit. In 18 states, a doctor can prescribe Viagra over the phone to your partner without ever meeting him, but cannot prescribe you mifepristone unless he or she is physically present in the room with you. That’s not for your safety—don’t be fooled. It’s because the more hurdles you have to jump through in the abortion relay race, the less likely you are to make it to the end and actually have an abortion, or at least that’s what some legislators hope.

With the FDA’s new approval, however, U.S. providers now have the ammo they need to uniformly prescribe the best, cheapest, and most evidence-based care. And this change will—I hope—soon force misled state mandates to change as well.

Reproductive freedom is essential to a woman’s life, and a right that she will go to great lengths to secure. Just look at Texas, where more and more women are looking into life-threatening [self-induced abortions](http://www.theatlantic.com/health/archive/2015/11/texas-self-abort/416229/) in response to limited access to care. So thank you, FDA. Thank you for helping to slowly chip away at nonsense laws that only put women’s lives at risk. It’s about time.

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