Health

ER Doctors Need to Be More Knowledgeable About Self-Managed Abortions

We're probably already seeing patients who ordered pills online—we just don't know it.

By **Dara Kass, MD**

Oct 31 2019, 6:00am Share Tweet Snap

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Last week, there was an unexpected cancelation at the largest national conference of emergency medicine doctors in the U.S. Without skipping a beat, I volunteered to fill in and give a lecture about caring for patients who come to the ER after taking medication to induce their own abortion. It's something I've been thinking about doing for a couple of years.

In my practice, I care for newly pregnant patients every single shift. Some come because they're scared about spotting in the days after a very wanted positive pregnancy test. Others come to the ER with severe cramping and bleeding, knowing in their hearts that this pregnancy is unlikely to last. And there are patients who want to double check a home pregnancy test before they consider whether or not they want a child, or whether they want more children. As a physician and mother, the complete care of patients like these is near and dear to my heart. As an educator, I have been lecturing for years on compassionate care of pregnant patients with vaginal bleeding.

Recently I decided to talk to my colleagues about a new category of pregnant patient. I was born in a post-*Roe v. Wade* era, training and living in New York City where hostilities toward reproductive health felt real but far away. Growing up, I thought that "protecting *Roe*" was enough, especially since that's how the assault on reproductive rights was framed. But with the exponential rise of laws that target abortion providers with unnecessary regulations, the appointment of anti-choice Supreme Court justices, and this administration barring family planning clinics that get federal funds from telling their patients where they can get an abortion, it's clear that "protecting *Roe"* is not enough.

For me, that means knowing more about self-managed abortion using pills and encouraging my fellow emergency medicine doctors to do the same.

Medication abortions are rather simple. A patient takes two kinds of pills in the first 10 weeks of pregnancy. The first, mifepristone (RU-486) blocks progesterone, which prevents the pregnancy from continuing, and then a second medication, misoprostol, causes uterine contractions and bleeding, ending the pregnancy. It's medically indistinguishable from a miscarriage.

Medication abortions are also very common. A recent study from the Guttmacher Institute showed that about 40 percent of people who terminated their pregnancy choose medication abortion. It's effective 95 percent of the time, with a near-zero rate of serious complications.

Although the Food and Drug Administration has confirmed that mifepristone is extraordinarily safe, the drug is tightly regulated by the FDA, and only available from specialty providers and clinics (it's not available in pharmacies). In addition, despite the simplicity and safety of taking a pill at home early in pregnancy, patients can be subject to the same mandatory waiting periods in their state as an abortion procedure and telemedicine visits are also effectively banned in 18 states.

These barriers exist in the age of Google, so some people seek out the drugs online in what's known as a self-managed abortion (SMA). Patients may choose a self-managed abortion because clinic care is inaccessible or expensive, or because going to a clinic poses concerns for their own safety—like facing protesters or immigration officers. Some choose a self-managed medication abortion simply because they want to end their pregnancy in the privacy of their own home.

A study was published last week in the *American Journal of Public Health* reviewing increased traffic from the U.S. to Women on Web, a website that prescribes and sells abortion pills abroad. Although a visit to the site is purely informational for U.S. residents (the site can't distribute medication here) the site had visits from over 6,000 women in the U.S., 70 percent of whom live in states hostile to abortion. A companion site that does operate in the U.S., Aid Access, received requests from 21,000 women in its first year, starting April 2018. The FDA is trying to shut it down.

These barriers to care are a focus of innovation, especially when it comes to

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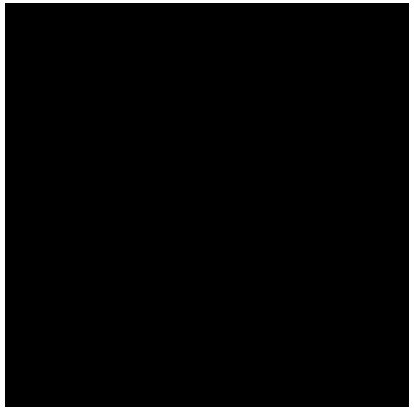

The Doctor Fighting to Bring You Online Abortion Pills Just Sued the FDA

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telemedicine—that is, a doctor's visit typically via a video chat. Gynuity Health Projects is sponsoring TelAbortion.org to provide medication abortions to patients in eight pilot states after a telemedicine visit.

Although I haven't referred patients to Gynuity's program before, if I lived in a more remote area of New York (one of the pilot states) I would encourage my patients with limited access to family planning services to see if this program could provide them the care they otherwise would not be able to find.

So why might I capitalize on every opportunity to teach my peers about self-managed abortion with medication? Because, as a doctor who vowed to care with compassion for patients who are bleeding with highly desired pregnancies, I also vow to care with compassion for patients who are bleeding after terminating their pregnancies.

Generally, at-home medication abortions are very safe, but when patients are scared, or have pain or bleeding, they come to me. Recently published results of the Gynuity pilot project showed that 8 percent of their patients who received abortion medication sought follow-up care at a local urgent care clinic or emergency department. It is not my job to question someone about whether they took medication to induce their abortion or whether it happened naturally. Given the ambiguity of most state laws in the prosecution of self-managed abortion and the variety of possible reasons a pregnant patient may miscarry, it's not surprising that the American College of Obstetricians and Gynecologists formally opposes any policy that requires providers who suspect a patient may have induced their own abortion to report them to law enforcement.

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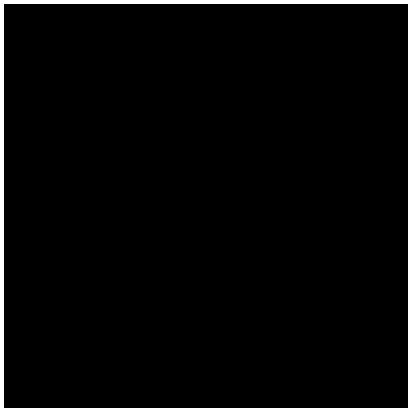

I envision a near future where medication abortions are available without barriers—patients who don't want to be pregnant could leave an ER visit with medication in their hands. As someone who uses telemedicine in my practice, I see a way to provide care to patients regardless of their ZIP code or socioeconomic status that keeps them safe at home, away from the risk of retribution, deportation, or public shame.

We know that medication abortions are safe, effective, and can be performed at home. It's time for emergency medicine doctors to get up to speed, since we're probably seeing patients in our practice who ordered pills online—we just don't know it.

When I started my talk at the conference, I'm not sure if people knew what to expect. Although I was speaking to a like-minded group, would they push back or think I was promoting a political agenda? It didn't take long to find out, as soon after I finished, a male colleague of mine tweeted back at the conference, suggesting that I give this talk again next year, but this time from the main stage. I'm looking forward to that invitation.

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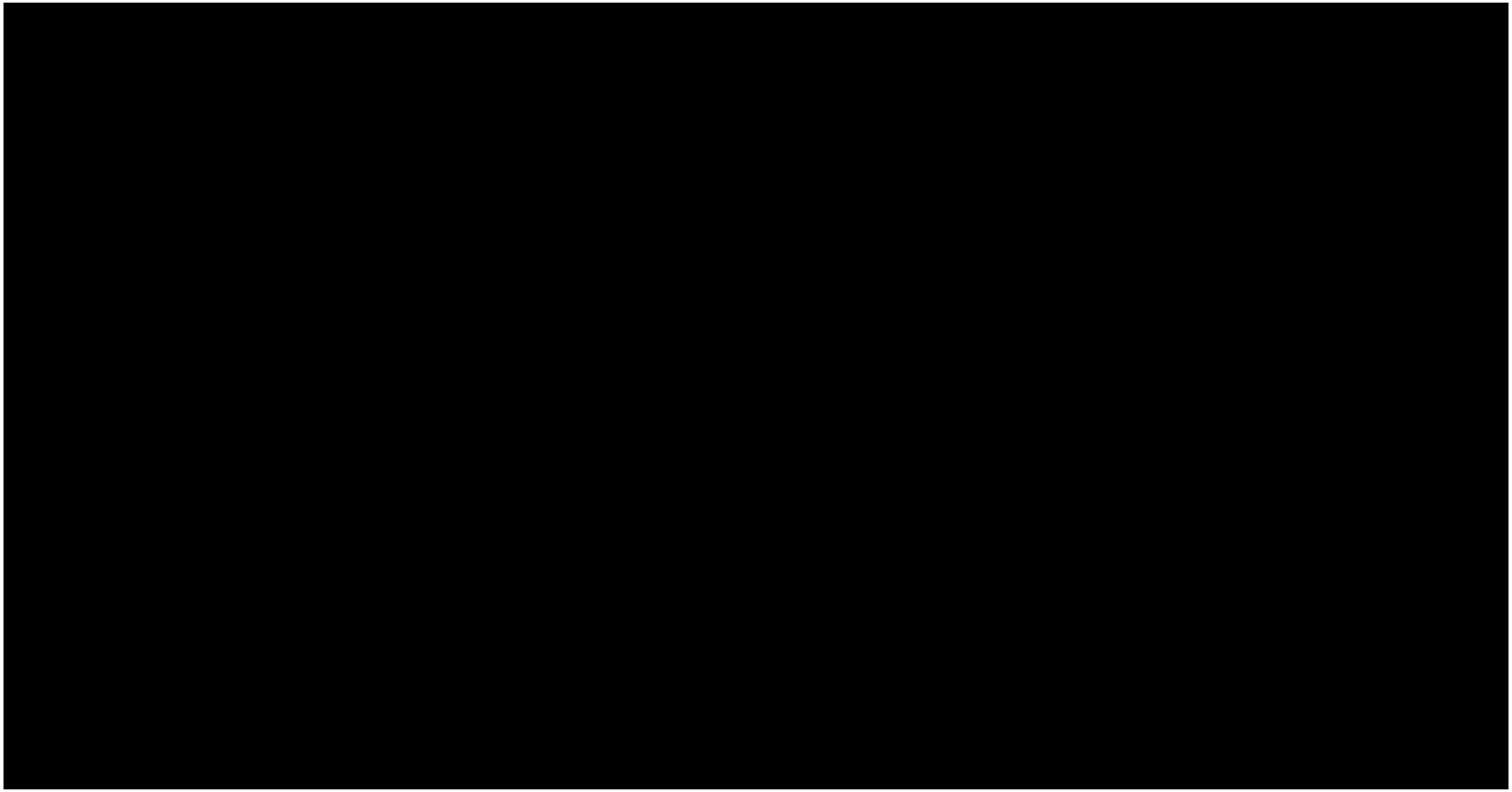

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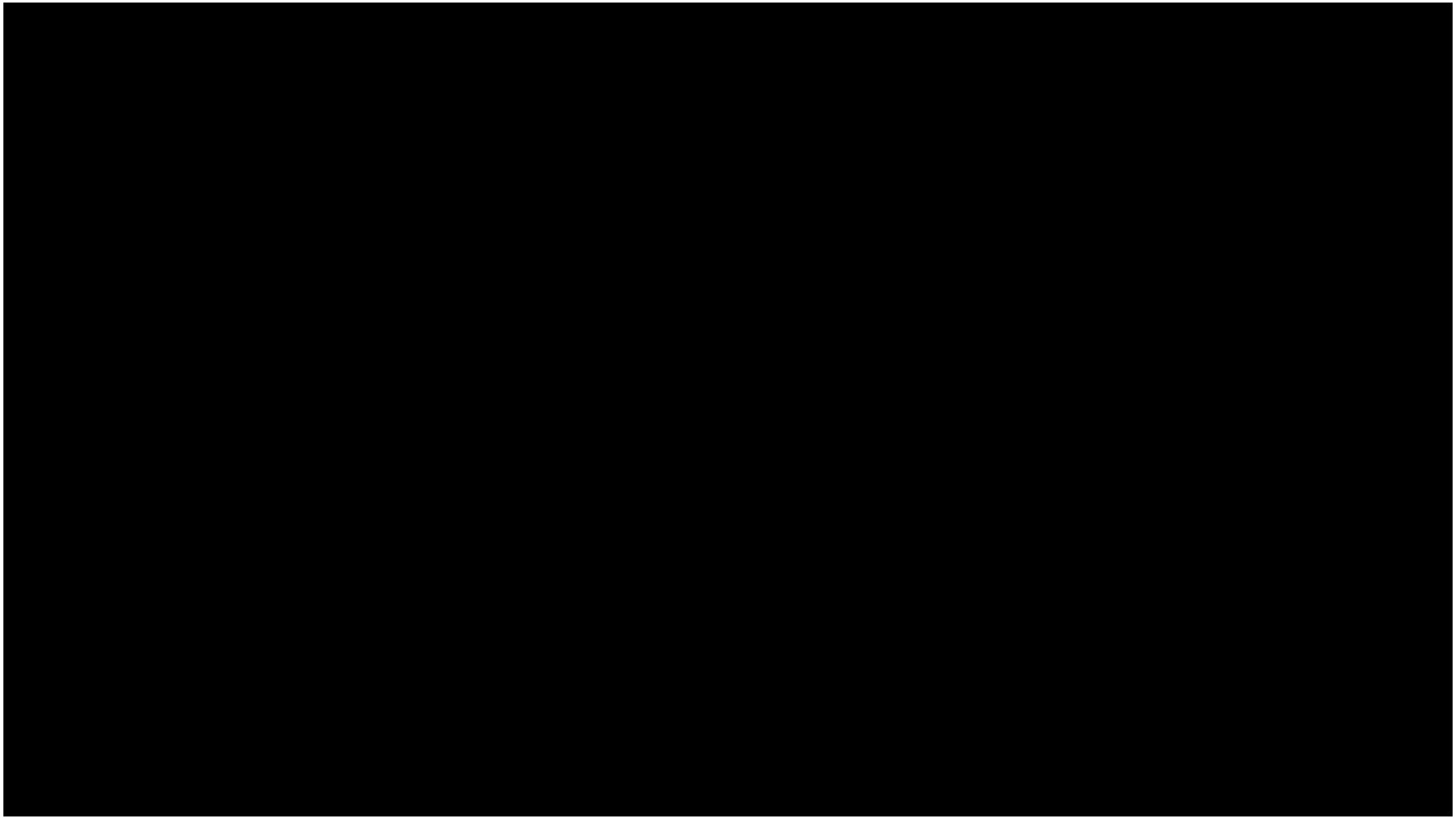

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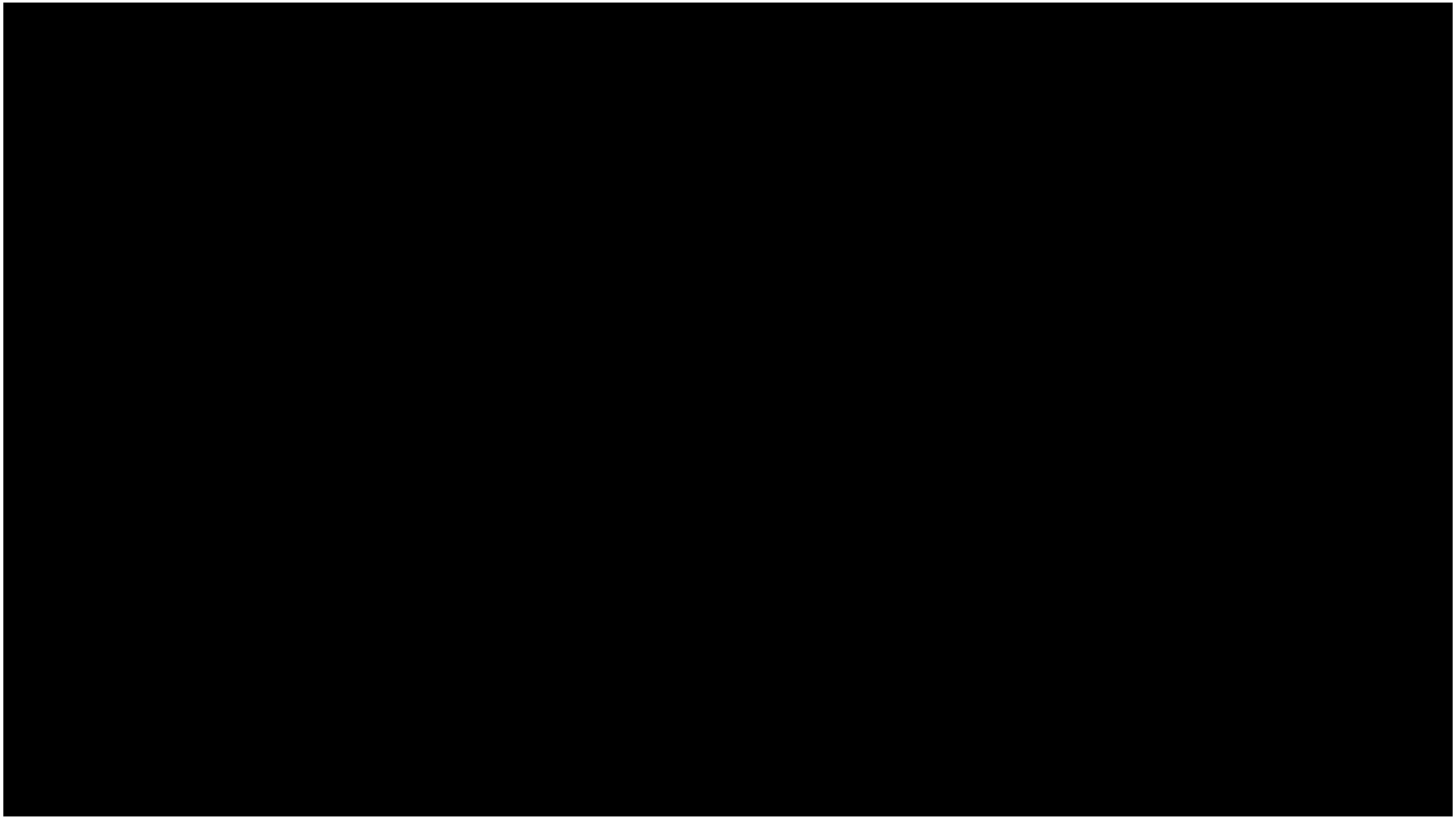

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Almost 40 Percent of Abortions Are Now Done With Pills

Experts say the number would be even higher if the FDA loosened its restrictions on medication abortion.

By **Marie Solis**

Sep 18 2019, 3:25pm Share Tweet Snap

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While the overall abortion rate in the U.S. has hit a record low since the procedure was legalized in 1973 under *Roe v. Wade*, the rate of people choosing medication abortion to end pregnancies is on the rise, according to new findings from Guttmacher Institute.

Medication abortion is a method of abortion that involves taking the drugs mifepristone and misoprostol to induce what is effectively a miscarriage. The method became available in the United States in 2000, when the Food and Drug Administration approved mifepristone, and has dramatically increased in use since: Whereas in 2004, medication abortions made up just 14 percent of all abortions in the U.S., by 2015 that number rose to almost 25 percent. Now Guttmacher reports that the share of medication abortions in 2017 was 39 percent of the total, or almost two in five.

But some have speculated that the number of people obtaining medication abortions could be much higher were it not for the FDA's longstanding restrictions on mifepristone, which went into effect simultaneous with the drug's approval. The current regulations state that mifepristone can only be administered by healthcare providers at a hospital or clinic, a stipulation that experts say has made medication abortion harder to access. (Absent of these restrictions, in parts of Europe, the rate of medication abortion can be as high as 90 percent.)

"This is a method patients are becoming more comfortable with," said Elizabeth Nash, the senior states issues manager at Guttmacher. "If the FDA lifted the restrictions on mifepristone, then it would be much more accessible. That would be a game changer for many patients."

The FDA Is Restricting Access to the Easiest, Safest Form of Abortion

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Guttmacher's findings arrive amid escalating calls for the FDA to remove the restrictions on mifepristone. Over the last few months, dozens of doctors and

reproductive health advocates have accused the FDA of ignoring the mounting research that shows the drug is safe and effective, even when taken without medical supervision, and siding with the anti-abortion movement's political agenda. Multiple providers have sued the agency, arguing that the restrictions prevent them from providing their patients with the best care possible.

"The FDA is over-regulating medication abortion at a time when we're seeing increased barriers to abortion care, including efforts to ban abortion outright," Andrea Miller, the president of the National Institute for Reproductive Health (NIRH), told VICE earlier this month. "We're concerned that the FDA is playing into political gamesmanship."

Others argue that the mifepristone restrictions, combined with conservative attacks on abortion access on the whole, are pushing more people to self-manage their abortions, most often by buying abortion pills online from sites ignoring the FDA's rules.

While Guttmacher's latest report does not capture the number of self-managed abortions nationwide, it did ask providers how many patients they treated for follow-up care following a self-managed abortion. The number of nonhospital facilities that reported seeing people after a self-managed abortion increased by 50 percent between 2014—when 12 percent of providers reported this—and 2017, when the number was 18 percent.

Guttmacher has connected this rise in self-managed abortions to the increasing availability of mifepristone and misoprostol on the internet, and the "websites that provide accurate information about how to safely and effectively self-manage abortion."

The new report also weighs the impact of state and federal restrictions on the declining rate of abortion overall, which Guttmacher has found to be primarily the result of fewer people becoming pregnant. Nash and her colleagues are careful to point out that anti-abortion laws aren't the "main driver" of the downward trend on the national level, but Nash said they're still a factor when comparing abortion rates between states, and when examining how individual people are able to access abortion.

"For some states, restrictions played a major role in clinic closures, and that's directly tied to limiting access to abortion services," Nash said. "On the individual level, any one of these restrictions—a waiting period, abortion counseling—can keep someone from accessing services. Just because you don't see that show up in the national rate, doesn't mean the restrictions aren't harmful."

Reproductive health advocates say those restrictions are all the more reason for the FDA to consider how it has limited access to medication abortion, which Guttmacher has shown to be the way more and more people are accessing abortion, if they can access it at all. They say the agency has a responsibility to meet the public's health needs, and a duty to reflect the scientific consensus around the safety of the method.

"The FDA should be operating in a way that promotes the health and wellbeing of people in this country," Miller said. "The more the FDA chooses to double down on a politically motivated set of over-regulations, the more challenging it will be to access a safe and effective medication. And that should be anathema to the FDA's purpose."

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Correction 9/19/19: *This article has been corrected to show that the Guttmacher report did not capture the total number of self-managed abortions in the U.S. but rather the number of providers who reported treating people following a self-managed abortion. We regret the error.*

TAGGED: **ABORTION, FDA, ABORTION PILLS, MIFEPRISTONE, MEDICATION ABORTION, SELF-MANAGED ABORTION **

Health

The Doctor Fighting to Bring You Online Abortion Pills Just Sued the FDA

Dutch doctor Rebecca Gomperts has provided medical abortions to thousands of Americans. She's not letting the FDA get in her way.

By **Marie Solis**

Sep 9 2019, 3:22pm Share Tweet Snap

JOHAN ORDONEZ/GETTY IMAGES

A Dutch doctor is suing the Food and Drug Administration for allegedly interfering with the operation of her online service, Aid Access, where she prescribes abortion medication to United States residents, NPR reports.

In the lawsuit, Rebecca Gomperts, the licensed physician who runs the site, accused the FDA of seizing packages containing "between three and 10 individual doses of misoprostol and mifepristone," the two drugs Gomperts's patients receive by mail to end their pregnancies. Gomperts also believes the agency has asked two online money transfer services to stop conducting

business with her, in attempts to block patients from sending the $90 payments for the pills she prescribes through Aid Access.

Gomperts said these alleged attacks on her service have come in the aftermath of a notice the FDA sent her in March, instructing her to cease and desist the operation of the site. In the notice, the agency said Aid Access poses an "inherent risk to consumers" because it lacks FDA oversight, and violates the decades-old regulations on mifepristone, which require health care providers to administer the drug in person, at a hospital or clinic.

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In a July statement to VICE, an FDA spokesperson said that if Gomperts refused to comply, Aid Access could be subject to "FDA regulatory action, including seizure or injunction, without further notice." (When asked about the allegations leveled in Gomperts's lawsuit, an FDA spokesperson said the agency doesn't comment on pending litigation.)

Despite these warnings, Gomperts announced in May that she had consulted a lawyer and would continue to operate the site. In an interview with VICE last week, she said she's willing to fight the FDA in court.

"I sincerely believe there is a human right here to be defended," she said. "What I'm doing is in accordance with all the human rights agreements that exist, as well as the U.S. Constitution."

Gomperts sees Aid Access as an essential service: According to the new suit, she's received 37,077 requests for abortion pills through the site since March 30, 2018—the first day Aid Access was officially up and running—and written 7,131 prescriptions as a result. Recent findings show that the vast majority of people seeking out Gomperts's services reside in states like Alabama, Georgia, and Mississippi, where abortion access is heavily restricted.

More from VICE:

But the broader landscape of access to the procedure is no less dire: As of 2014, 90 percent of U.S. counties had no abortion clinic, and 39 percent of women of reproductive age lived in one of those counties. Aid Access has served women in all 50 states, according to Gomperts.

“For many women seeking to terminate their unwanted pregnancies prior to viability, the only *practical* option is found on the internet,” the suit reads. “Plaintiffs Dr. Rebecca Gomperts and Aid Access help such women in the U.S. exercise their constitutionally protected right to safely terminate their pregnancies prior to viability.”

Abortion rights supporters worry what the FDA’s crackdown on Aid Access means for the people who are relying on the service—those who may wait for pills that never come.

Robin Marty, the author of *Handbook for a Post-Roe America,* said she’s noticed users on an abortion-related Reddit thread posting about missing packages from Aid Access. Some users on the thread noticed their packages were delayed in customs or stuck at a nearby sorting center.

“I know there are people getting meds from Aid Access who complain they never show,” Marty said. She said she expects the FDA to continue to seize abortion

medication while “claiming they are simply ‘protecting’ Americans from harm.”

But the way Gomperts sees it, she’s the one protecting Americans from harm. In a press release, she included examples of emails she’s received from people who have requested her services. The first email is from a teenager who told Gomperts she couldn’t afford to pay for the pills. "I am wanting to end this unwanted pregnancy,” she wrote. “I am unable to make a donation, my mom receives disability. I am only 14. I hope that your organization will be able to assist me."

The second email read: “I've been in an abusive [relationship] for five years, and I have two young children. This is the first time I’ve felt like I've had any real control of my future. Thank you Aid Access for not letting him further take my life. You’ve given me hope."

Gomperts said she can’t abandon these patients, and argued the FDA can’t force her to.

“As a doctor, my only duty is to serve my patients in a way that’s in the best interest of their health—that’s the vow I took,” Gomperts said. “I keep my patients above everything, and that’s what I’m doing.”

TAGGED: **ABORTION, FDA, REBECCA GOMPERTS, MEDICATION ABORTION, SELF-MANAGED ABORTION **
