

Medication Abortion Expert Video Transcript

Hi. I am Dr. Ushma Upadhyay, a public health scientist at the University of California, San Francisco.

In this video, I will be talking about medication abortion and how it can help expand access to abortion during a pandemic and beyond.

Medication abortion is also known as medical abortion or the abortion pill.

It involves the use of two types of pills: mifepristone and misoprostol. Mifepristone blocks the progesterone hormone needed for a pregnancy to grow, and misoprostol causes uterine contractions and the cervix to open and expel the contents of the uterus. An individual takes the first medication, mifepristone and then takes the second one, misoprostol, 1 or 2 days later.

Medication abortion is currently approved by the FDA for pregnancies up to 10 weeks but based on new evidence, many providers are now offering it to patients up to 11 weeks of pregnancy.

Medication abortion is extremely safe. This has been demonstrated through multiple rigorous studies, including one large study we conducted of over 11,000 people who had medication abortions. The rate of serious complications was less than a third of one percent. Medication abortion is safer than Tylenol, aspirin, and Viagra.

Today, medication abortion accounts for about 40% all abortions in the US and this rate is increasing.

In the midst of the COVID-19 pandemic, abortion providers are looking more to medication abortion because it can be provided to most patients without any physical contact.

Instead of conducting an ultrasound or physical exam, providers confirm that patients are less than 11 weeks pregnant based on the date of their last menstrual period.

While this protocol helps protect both patients and clinical staff from COVID-19, it still requires patients to travel to health care facilities. In a perfect world, providers would use telemedicine and mail the pills directly to the patient's home where they can stay safe.

Medication abortion is well suited to telemedicine: a provider could evaluate the patient by video or phone and patients receive all of the same information as in person.

However, mifepristone, the first pill in a medication abortion, is subject to a set of burdensome FDA restrictions known as a Risk Evaluation and Mitigation Strategy (or REMS). Among these restrictions is that mifepristone must be "dispensed to patients only in certain healthcare settings, like clinics, medical offices and hospitals."

Research shows that the REMS does nothing for patient safety and serves only as a barrier to access. Despite a 20-year track record of safety and effectiveness, a letter from a Coalition of 21 Attorneys General, and a letter from 3 U.S. Senators requesting that the FDA remove the REMS designation during COVID-19, the FDA has refused.

In addition to the FDA restrictions, 18 states currently ban telemedicine abortion provision. They do this through physical presence laws that require the clinician to be present in the room. Other state laws that might prevent these models of care are those that mandate patients have a pre-abortion ultrasound and/or an in-person physical examination, also not medically warranted.

Another common state law that impedes access to medication abortion is one that allows only physicians to offer abortion, despite ample evidence that with training, Nurse Practitioners and other advanced practice clinicians— who already dispense other prescription medicines— can safely offer medication abortion.

Allowing Nurse Practitioners to offer medication abortion can help people in rural areas or those without a clinic nearby to obtain abortion more easily.

Other abortion restrictions like admitting privileges laws, which apply even to providers who only offer medication abortion, and restrictions on insurance coverage further limit access. These barriers fall hardest on people of color, as well as, low-income, undocumented, and young people.

Although the COVID-19 crisis has prompted more focus on medication abortion's potential, the pandemic is only one of many barriers to abortion access in the U.S. Removing medically unnecessary restrictions and expanding models of abortion care could go a long way in reducing these barriers and helping to achieve reproductive autonomy for all.