

Fact Sheet

Medication Abortion Care

Medication abortion involves taking two medications: mifepristone and misoprostol. Here's a summary of research that shows medication abortion is safe, effective, and critical health care.

Mifepristone is an FDA-approved medicine that when used with another medication, misoprostol, is safe and effective for ending an early pregnancy.

- The FDA first approved mifepristone 25 years ago.
- Mifepristone has a well-documented safety record, demonstrated through real-world use and in over 100 research publications.¹
- Research indicates that when followed by misoprostol, mifepristone has a success rate of 95% or higher in terminating pregnancies up to 10 weeks.^{2 3 4}
- Mifepristone is used for abortion care in over 60% of all clinic-accessed abortions.⁵
- The National Academy of Science, Engineering, and Medicine (NASEM) conducted a comprehensive review of medication abortion care and found it to be extremely safe and effective, with a safety rate exceeding 99%.¹

Telehealth expands access to medication abortion and is just as safe as in-person dispensing methods.

- Research confirms that receiving abortion pills by mail after a telehealth consultation is just as safe and effective as inperson care.^{6 7}
- Patients find telehealth extremely acceptable, citing increased privacy and timeliness and lower costs.⁸
- 20% of all abortions in the U.S. today are through telehealth.⁹
- Leading medical organizations, including the American College of Obstetricians and Gynecologists (ACOG), support telehealth for medication abortion, affirming that patients should access care in the way that best suits them—whether through local pharmacies or home delivery—and advocating for the removal of unnecessary restrictions which create barriers without improving safety. ¹⁰







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Expanding access to mifepristone could improve access to care.

- Expanding pharmacy dispensing of mifepristone and misoprostol would remove unnecessary barriers and ensure timely access to these medications.
- Research indicates that pharmacy dispensing of mifepristone for medication abortion is feasible, effective, and acceptable to patients,¹¹ including mail-order pharmacy dispensing.¹²
- There is growing public support for over-the-counter access and advance provision for medication abortion, particularly among those living in states with abortion restrictions.^{13 14}

- 2. Upadhyay UD, Desai S, Zlidar V, et al. Incidence of emergency department visits and complications after abortion. Obstet Gynecol. 2015;125(1):175-183.
- 3. Chen MJ, Creinin MD. Mifepristone with buccal misoprostol for medical abortion: a systematic review. Obstet Gynecol. 2015;126(1): 12-21.
- Raymond EG, Shannon C, Weaver MA, Winikoff B. First-trimester medical abortion with mifepristone 200 mg and misoprostol: a systematic review. Contraception. 2013; 87(1): 26-37.
- 5. Guttmacher Institute. Medication abortion accounted for 63% of all U.S. abortions in 2023, an increase from 53% in 2020. 2024. https://www.guttmacher.org/2024/03/medication-abortion-accounted-63-all-us-abortions-2023-increase-53-2020
- Upadhyay UD, Koenig LR, Meckstroth K, Ko J, Valladares ES, Biggs MA. Effectiveness and safety of telehealth medication abortion in the USA. Nat Med. 2024;30(4):1191-1198.
- 7. Ralph LJ, Baba F, Biggs MA, McNicholas C, Miller AH, Grossman D. Comparison of no-test telehealth and in-person medication abortion. JAMA. 2024;332(11):898-905.
- Koenig LR, Ko J, Valladares ES, et al. Patient acceptability of telehealth medication abortion care in the United States, 2021– 2022: a cohort study. Am J Public Health. 2024;114(2):241-250.
- 9. Society of Family Planning. #WeCount: Monitoring abortion access post-Dobbs. 2024. https://societyfp.org/research/wecount/
- 10. American College of Obstetricians and Gynecologists. Updated mifepristone REMS requirements. 2023. https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2023/01/updated-mifepristone-rems-requirements
- Grossman D, Baba CF, Kaller S, Biggs MA, Raifman S, Gurazada T, Rafie S, Averbach S, Meckstroth KR, Micks EA, Berry E, Raine-Bennett TR, Creinin MD. Medication abortion with pharmacist dispensing of mifepristone. Obstet Gynecol. 2021;137(4):613-622.
- 12. Grossman D, Raifman S, Morris N, Arena A, Bachrach L, Beaman J, Biggs MA, Collins A, Hannum C, Ho S, Seibold-Simpson SM, Sobota M, Tocce K, Schwarz EB, Gold M. Mail-order pharmacy dispensing of mifepristone for medication abortion after inperson screening. JAMA Intern Med. 2024;184(8):873-881.
- 13. Biggs MA, Schroeder R, Kaller S, Grossman D, Scott KA, Ralph LJ. Changes in support for advance provision and over-thecounter access to medication abortion among US adults. JAMA Netw Open. 2025;8(2):e2829270.
- 14. Biggs MA, Ehrenreich K, Morris N, Bachrach L, Crespin J, Grossman D. Young people's support for and personal interest in an advance provision model for medication abortion. J Pediatr Adolesc Gynecol. 2024;37(6):614-618.

^{1.} National Academies of Sciences, Engineering, and Medicine (NASEM). The Safety and Quality of Abortion Care in the United States. 2018:53. https://nap.nationalacademies.org/catalog/24950/the-safety-and-quality-of-abortion-care-in-the-united-states