

HOW TO TALK ABOUT ABORTION WITH PILLS: FACTS FOR JOURNALISTS

Messaging and the role of the media

Accurate messaging about what the media often call “the abortion pill” is important so that women know their rights and are aware of their options. Journalists and news outlets frequently sensationalise the use of these pills - especially when women are able to use them in the privacy of their own homes - making it sound dangerous and reinforcing misconceptions based on incorrect information. Yet, having an abortion with pills is very like having a heavy menstrual period or a miscarriage.

This fact sheet aims to acquaint journalists with the facts about using these pills. It summarises the common mistakes made in publications, and gives you correct information from the World Health Organization (WHO) guidelines and other reputable medical and evidence-based sources.

We invite journalists and media outlets to share this information and publish accurate articles on abortion with pills.

Let's talk about “abortion with pills”

The media often talk about “the abortion pill” – the popular name for two kinds of pills, mifepristone and misoprostol, which can be used to cause an abortion.

We recommend that journalists start using the term “abortion with pills”. This makes it clear that it is not just one kind of pill, but two kinds of pills involved. The formal name used by WHO is “medical abortion pills”, which distinguishes this method from surgical and aspiration methods. To make it even more complicated, in the USA they say “medication abortion” but “medical abortion” is considered the official term.

THE TWO KINDS OF PILL



Mifepristone stops the body from producing the hormone progesterone which a pregnancy needs in order to develop. It softens the cervix and facilitates the abortion. Mifepristone is currently approved in 68 countries ⁽¹⁾ but it cannot be found in pharmacies. It must be used with misoprostol 24-48 hours later to achieve a high success rate.

As mifepristone is not yet available in many countries, women can and often do use misoprostol alone.



Misoprostol causes contractions of the uterus which in turn ejects the pregnancy. The contractions are experienced as strong cramping accompanied by bleeding, often similar to a heavy menstruation. Misoprostol is available ⁽²⁾ in pharmacies in almost all countries under different brand names and for different indications.^a

Dosages and regimens

Dosages (the quantity of the drug) and regimens (which drugs to use, in what doses and how frequently) depend on length of pregnancy. Up to 12 weeks of pregnancy, one pill of mifepristone (200 mg) should be followed 24-48 hours later by one or more doses of misoprostol (800 mcg per dose – 200 mcg x 4 pills). Misoprostol used alone up to 12 weeks should be sufficient (800 mcg every 3 hours, 3 times or more, if needed). But whether the two types of pill are used together, or misoprostol is used alone, the pills must be bona fide (not fake), and the number of pills and timing for taking them must be followed. When used correctly, the abortion is very safe and almost always complete. Beyond 12 weeks of pregnancy, the dosage and regimen change, and women are therefore advised to have an abortion with clinical support, no matter what the method.

Sometimes things do go wrong so access to medical back up is crucial. There are two reasons why medical help tends to be needed: either the abortion is incomplete or there is very heavy bleeding. Both need urgent treatment.

Abortion with pills is changing everything

All over the world, women are obtaining abortion pills from pharmacies, through websites, pill sellers and even on the black market to self-induce abortion. In contexts where abortion is legally restricted, women can often still access the pills and self-administer them safely as long as they have bona fide pills and accurate information. Self-managing the use of abortion pills also means women no longer have to choose unsafe methods when they cannot afford to pay high fees to doctors.

Furthermore, abortion pills are being purchased for self-use in countries where abortion is broadly legal and available. This is because women may prefer to have an abortion in the privacy of their own homes.

^a It is important to note that misoprostol also has other obstetric and gynaecological uses. For further information please see International Federation of Gynecology and Obstetrics (FIGO)'s 2017 updated recommendations (endnote 6).



FURTHER INFORMATION

Safe Abortion Information Hotlines

In countries where abortion is legally restricted, there has been a growth of safe abortion information hotlines and other support groups. These services give information to women on how to use abortion pills at home in the safely, using WHO guidelines.^(3, 4)

All the safe abortion information hotlines listed on the Campaign's website provide free, safe and reliable information about unwanted pregnancy, abortion and post-abortion care, and many also provide information about contraception and emergency contraception. Hotline volunteers have been trained to provide accurate information in confidence from reliable sources. They are aware of national laws and policies, and the situation for services. They can also advise give women how to seek help if it is needed.

See: [Safe Abortion Information Hotlines](#).

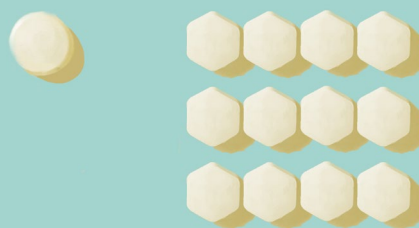
Guidelines for journalists wanting to write on abortion:

International Campaign for Women's Right to Safe Abortion & International Planned Parenthood Federation (IPPF), "How to report on abortion" in [English](#) / [Spanish](#)

Pratigya, Asia Safe Abortion Partnership (ASAP) and Global Health Strategies (GHS), [TALKING ABOUT ABORTION: A guide for journalists and advocates](#)

Bhekisisa Mail & Guardian Centre for Health Journalism, [Abortion in South Africa: A reporting guide for journalists](#)

MISTAKEN BELIEFS ABOUT ABORTION WITH PILLS - AND THE FACTS



Journalists sometimes publish false statements about abortion with pills, not realising they are wrong. Here are the most common examples:

MYTH:

“Abortion pills are dangerous”

FACT:

All medications must be approved by a national and/or international regulatory agency dealing with safety of medicines. Both mifepristone and misoprostol are on the WHO Model List of Essential Medicines,⁽⁵⁾ which means they have been approved as safe and effective according to the highest known standards, and they should be available in every country. Rigorous clinical studies in previous decades conducted by WHO and since then by other research organizations, involving many international health experts, have found that the use of mifepristone and/or misoprostol for abortion is extremely safe – provided the pills are bona fide and used as directed, and there is back up from the health system available when needed. If bona fide medication is not used, or is not used according to the correct dosage or regimen, complications may occur.

MYTH:

“Abortion pills are ineffective”

FACT:

There are many doctors who say this to women, either because they have limited information and exposure to the practice, or because they may be trying to earn a higher income by providing a surgical method. The fact is, if used correctly, abortion pills are very effective. The combined use of mifepristone and misoprostol can be as high as 99% effective, which can be increased with additional doses of misoprostol, according to new WHO guidelines soon to be published.⁽⁶⁾ For use of misoprostol alone, the International Federation of Gynecology and Obstetrics (FIGO) 2017 guidelines said that a 92-98% success rate can be achieved with misoprostol alone, during the first 12 weeks of pregnancy, by repeating the 800 mcg dosage every three hours. It is rare for this to require more than 4 or 5 doses.⁽⁷⁾

MYTH:

“Abortion with pills is extremely painful”

FACT:

Abortion is painful. This is normal with all abortions. With early surgical abortions, women are given a local anaesthetic or painkillers. Painkillers are also recommended with medical abortion, and ibuprofen is considered to be the most effective. The level of pain is different for each person depending on the length of pregnancy, whether the woman has been pregnant before, and luck.⁽⁸⁾ For most people the abortion will be like a heavy period with strong cramping.

MYTH:

“Abortion pills cause emotional distress or depression”

FACT:

Anti-abortion propaganda makes this claim about all abortions, but the opposite is true. Women with unwanted pregnancies frequently say they feel a huge sense of relief after an abortion is over because they have regained control over their lives. Where women do get upset afterwards, it is often because of problems in the relationship that led to the need for an abortion and/or the consequences of the illegality of an abortion. Abortions are not always traumatic per se. An abortion is not always easy to go through because life is not always easy. Women do what is necessary and they cope.

MYTH:

“All internet sellers of abortion pills are unscrupulous”

FACT:

There are many online “pharmacies” that sell abortion pills as well as hundreds of other pharmaceutical products. Some are bona fide but many are not. Some may sell fake or out-of-date pills for the money. We therefore always advise women to use only those websites that are known to be bona fide.⁽⁹⁾

MYTH:

“Abortion with pills means we no longer need health services to provide abortions”

FACT:

The existence of medical abortion pills does not relieve the state or health systems of responsibility for ensuring women have safe abortions. Abortions are safest when they are free, legal and accessible.⁽¹⁰⁾ But, as with contraceptive pills (which used to be far more heavily regulated than they are today), abortion with pills should not be overly medicalised. Instead, abortion care can be provided in primary and community-based health care settings by nurses or midwives, or by trained pharmacists, as has been shown in Nepal.⁽¹¹⁾ Moreover, it is unnecessary to make women take the pills in front of a provider or in a clinic. With accurate information, women can self-administer the pills at a time convenient for them at home and attend for care if needed. However, not everyone wants a medical abortion, and services for vacuum aspiration and surgical abortion (D&E) should also be available.

MYTH:

“Surgical abortion is safer than medical abortion”

FACT:

Both methods are extremely safe, and most women will have a preference if they are given a choice. As with contraception, choice is crucial. However, in some countries, where there has been little or no training to provide aspiration or surgical abortion, women may only have the option of medical abortion pills. This still represents a huge improvement over unsafe methods, and in fact, women have described these pills as the “most awaited pills”.⁽¹²⁾

MYTH:

“If they are easily available, women and girls will start using abortion pills instead of contraception”

FACT:

There is no evidence for this. It is just a sneaky way of opposing abortion. The fact is most women are now having only a few children in their lifetimes, while they are able to get pregnant for 30 years or more. Unintended pregnancies happen. We praise women who use birth control methods for many years. There is nothing wrong with having one or more abortions. The offer of contraception for prevention of unwanted pregnancy and post-abortion contraception is important, but we must never forget the reality that contraception can fail, people fail to use it, and some women are forced to have unprotected sex against their will.

SOME EXAMPLES OF ARTICLES THAT DESCRIBE THE USE OF ABORTION PILLS ACCURATELY

International

- **BBC, 6 June 2018:** [100 women: The modern face of the 'DIY abortion'](#)

Latin America and the Caribbean

- **MS Magazine Blog, 3 August 2017:** [Abortion escorts in Ecuador are breaking the silence](#)
- **Al Jazeera, 12 July 2019:** [The informal networks resisting Honduras' abortion ban](#)

North America

- **PBS, 23 April 2019:** [Medical abortions have changed abortion access. And they're available on the internet](#)

Africa

- **Devex, 5 July 2017:** [Opinion: Tedros can draw on Ethiopia's lessons on abortion](#)

Asia

- **Times of India, 24 April 2013:** [State driving abortion pills out of market](#)
- **Rappler, 1 June 2016:** [Illegal, but they're everywhere: How women help other women get abortions](#)

Pacific

- **9news, 19 September 2018:** [Act to get increased access to abortion](#)

Europe

- **The Irish Times, 13 April 2019:** [A tale of two abortions in Ireland: One legal, one criminal](#)
- **Harper's Bazaar, 4 November 2019:** [How to make abortion great again](#)



Here is an example of a problematic article and what is wrong with it:

Times Live, South Africa:

[Cape Town fast food outlet 'selling R1,000 abortion pills under counter'](#)

- The language is inappropriate and inconsistent.
 - It does not explain what misoprostol is.
 - It does not draw any distinction between obtaining pills from safe vs. unsafe providers.
 - It does not address the context of abortion law and policy in South Africa.
 - It does not clarify that the example it gives constitutes bad practice.
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ACCURATE INFORMATION IS IMPORTANT...

Abortion pills are one of the most important medical advances of the last 50 years, and we are doing our best to let women know they exist if and when they may need them.

Since the early 1990s, unsafe abortion deaths have declined substantially.⁽¹³⁾ Progressive law reform in a growing number of countries is one reason, but another is that more and more women are using abortion pills instead of going to untrained/unsafe providers. In Brazil, for example, deaths from unsafe abortion started to drop as early as 1989 when misoprostol was first self-used as an abortifacient by women.⁽¹⁴⁾

Our aim is for the pills to be available in every country from primary healthcare providers and pharmacy workers who are permitted by law to provide them, as recommended by WHO.⁽¹⁵⁾ See, for example, Canada, where there are no longer requirements for observed dosing, practitioner training, practitioner registration, and physician-only prescribing or dispensing. Pharmacists dispensing and nurse practitioners prescribing are now allowed in Canada.⁽¹⁶⁾

In Scandinavia, where abortion pills are easily accessible, abortions are much earlier than they used to be. Why? Because with fewer obstacles in their path, it is possible for women to use the pills as soon as they miss their period or recognise they are pregnant. That can only be a good thing. Right?

We look forward to reading your articles! Contact the Campaign at press@safeabortionwomensright.org

REFERENCES

- ¹ Gynuity Health Projects. Mifepristone approvals 2017. https://gynuity.org/assets/resources/biblio_ref_lst_mife.pdf
- ² Gynuity Health Projects. Misoprostol approved 2017. https://gynuity.org/assets/resources/mapmiso_en.pdf
- ³ International Campaign for Women's Right to Safe Abortion. Safe Abortion Information Hotlines: part of the long history of sharing sexual and reproductive health information and giving support. 24 Feb 2017. <http://www.safeabortionwomensright.org/safe-abortion-information-hotlines-part-of-the-long-history-of-sharing-sexual-and-reproductive-health-information-and-giving-support/>
- ⁴ Howard A. Latin America's Safe Abortion Hotlines: Women Take Reproductive Rights Into Their Own Hands. Upside Down World. 9 March 2015. <http://upside-down-world.org/archives/chile/latin-americas-safe-abortion-hotlines-women-take-reproductive-rights-into-their-own-hands/>
- ⁵ World Health Organization. WHO Model List of Essential Medicines. 2019. <https://www.who.int/medicines/publications/essentialmedicines/en/>
- ⁶ Personal communication, 6 Dec 2019.
- ⁷ Morris JL, Winikoff B, Dabash R, Weeks A, Faundes A, Gemzell-Danielsson K, Kapp N, Castleman L, Kim C, Ho PC, Visser GHA. FIGO's updated recommendations for misoprostol used alone in gynecology and obstetrics. *International Journal of Gynecology & Obstetrics*. 2017; 138:363-66. <https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1002/ijgo.12181>
- ⁸ Planned Parenthood Federation of America. What happens during an in-clinic abortion? 2019. <https://www.plannedparenthood.org/learn/abortion/in-clinic-abortion-procedures/what-happens-during-an-in-clinic-abortion>
- ⁹ International Campaign for Women's Right to Safe Abortion. Safe abortion: Getting help. 2018. <http://www.safeabortionwomensright.org/safe-abortion-3/get-help/>
- ¹⁰ Jelinska K. Putting abortion pills into women's hands: realizing the full potential of medical abortion. *Contraception*. 2018; 97(2):86-89. [https://www.contraceptionjournal.org/article/S0010-7824\(17\)30372-4/fulltext](https://www.contraceptionjournal.org/article/S0010-7824(17)30372-4/fulltext)
- ¹¹ Tamang A, Puri M, Masud S, Karki D, Khadka D, Singh M, Sharma P, Gajurel S. Medical abortion can be provided safely and effectively by pharmacy workers trained within a harm reduction framework: Nepal. *Contraception*. 2018. 97(2):137-43. <https://www.sciencedirect.com/science/article/pii/S0010782417304365>
- ¹² Berer M, Hoggart L. Medical abortion pills have the potential to change everything about abortion. *Contraception*. 2018; 97(2):79-81. [https://www.contraceptionjournal.org/article/S0010-7824\(17\)30532-2/abstract](https://www.contraceptionjournal.org/article/S0010-7824(17)30532-2/abstract)
- ¹³ Singh S, Remez L, Sedgh G, Kowk L, Onda T. *Abortion Worldwide 2017: Uneven Progress and Unequal Access*. New York, Guttmacher Institute; 2018.
- ¹⁴ Faúndes A, Santos LC, Carvalho M, Gras C. Post-abortion complications after interruption of pregnancy with misoprostol. *Advances in Contraception*. 1996. Mar;12(1):1-9. <https://www.ncbi.nlm.nih.gov/pubmed/8739511>
- ¹⁵ World Health Organization. *Medical Management of Abortion*. Geneva, 2018. <https://apps.who.int/iris/bitstream/handle/10665/278968/9789241550406-eng.pdf?ua=1>
- ¹⁶ International Campaign for Women's Right to Safe Abortion. Canada removes access barriers to abortion with mifepristone + misoprostol. 30 Apr 2019. <http://www.safeabortionwomensright.org/canada-removes-access-barriers-to-abortion-with-mifepristone-misoprostol/>

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