

Public Health Threat: Chemical Abortion Leads to Significantly Higher Rate of ER Visits



Charlotte Lozier Institute

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FDA Must Consider Comprehensive Medicaid Data That Disproves Abortion Industry Claims Regarding “Safety” of Chemical Abortion

Washington, D.C. – As the Food and Drug Administration (FDA) works toward a December 16 decision on chemical abortion safeguards, a groundbreaking **new study** from Charlotte Lozier Institute (CLI) shows that increased access to abortion pills creates a significant public health risk.

The rate of abortion-related **emergency room visits following a chemical abortion increased over 500%** from 2002 through 2015, according to an analysis of Medicaid claims data. Over the same period, chemical abortions within the study population increased from 4.4% to 34.1% of total abortions.

CLI scholars also discovered that by 2015, a majority of these emergency room visits were miscoded as spontaneous miscarriages, potentially putting patients at risk and masking the true dangers of chemical abortion.

Dr. James Studnicki, CLI vice president of data analytics, explained:

“The safety of chemical abortion is greatly exaggerated. In fact, the increasing dominance of chemical abortion and its disproportionate contribution to emergency room morbidity is a **serious public health threat**, and the real-world data suggests the threat is growing.

“Women are far more likely to visit the emergency room following a chemical rather than surgical abortion. The rate of these emergency room visits is growing remarkably fast. It is therefore terrifying that the FDA is actively being pressured to eliminate longstanding public health safeguards on the abortion pill. This comprehensive data advocates for the FDA to strengthen, rather than weaken, medical oversight of chemical abortion.”

The FDA is currently reviewing the Risk Evaluation and Mitigation Strategy (REMS) for mifepristone, the first drug used in inducing a “chemical abortion.” Existing safeguards requiring an in-person screening for **dangerous pre-existing conditions** were temporarily lifted by the Biden administration in April in response to the COVID-19 public health emergency.

CLI’s first-of-its-kind study, “**A Longitudinal Cohort Study of Emergency Room Utilization Following Mifepristone Chemical and Surgical Abortions, 1999-2015**”, was recently published in the international peer-reviewed journal *Health Services Research and Managerial Epidemiology*. CLI scholars Dr. James Studnicki, Dr. Donna Harrison, Tessa Longbons, Dr. Ingrid Skop, Dr. David Reardon, Dr. John W. Fisher, Dr. Maka Tsulukidze, and Christopher Craver are **the first researchers to utilize Medicaid claims data to conduct a 17-year longitudinal analysis of 423,000 confirmed abortions and**

121,283 confirmed subsequent visits to an emergency room within 30 days of the abortion by women over 13 years of age, with at least one identifiable pregnancy between 1999 and 2015. The study population resides in the 17 states whose official policies used state taxpayer funds to pay for abortions.

Key findings include:

- **Chemical abortion significantly increased the risk of an emergency room visit.** Within 30 days of a chemical abortion, when compared to rates following a surgical abortion:
 - 22% greater risk of ER visit for any reason.
 - 53% greater risk of ER visit for an abortion-related reason.
- **The rate of abortion-related ER visits is growing faster for chemical abortions than surgical abortions.** By 2015 (the most recent comprehensive data available):
 - 35 ER visits for every 100 abortions.
 - The rate of ER visits following a surgical abortion increased 315% from 2002-2015.
 - The rate of ER visits following a chemical abortion increased 507% from 2002-2015.
- **Chemical abortion makes subsequent abortions more dangerous:**

- Women who had a chemical abortion followed by a second abortion of any type within the next 12 months were more than twice as likely to wind up in the emergency room.
- **Over 60% of abortion-related ER visits following a chemical abortion in 2015 were miscoded as treatment for a miscarriage:**
 - The sequence of confirmed chemical abortion, subsequent pregnancy, and subsequent miscarriage within 30 days is physically impossible. Yet Medicaid data from 2015 showed ER staff were mistakenly or purposefully miscoding these events a majority of the time.

Dr. Donna Harrison, a board-certified OB/GYN and CLI associate scholar who co-authored the study, said:

“Not telling the ER of a recent chemical abortion could lead to costly, painful, or even fatal mistakes. For example, a woman who had a recent chemical abortion will still have a positive pregnancy test. If the ER doctor does not see a pregnancy within her uterus, the doctor might take the woman for a completely unnecessary emergency surgery to look for an ectopic pregnancy.

“Chemical abortion drugs can also suppress the immune system. If the doctor doesn’t know about a recent chemical abortion, the doctor will

likely not be checking for the very subtle signs of a rapidly fatal infection associated with chemical abortion.”

Dr. Harrison serves as CEO of the [American Association of Pro-Life Obstetricians and Gynecologists](#).

Most current U.S. studies of abortion complications rely on voluntary surveys, small sample sizes, and weak reporting requirements which exclude non-fatal complications. **CLI’s study is unique in utilizing the largest U.S. database of actual pregnancy outcomes ever analyzed.**

This latest study expands on an ongoing series of CLI research led by Dr. Studnicki analyzing Medicaid claims data to shed light on pregnancy and abortion outcome patterns. The first study, “**Pregnancy Outcome Patterns of Medicaid-Eligible Women, 1999-2014: A National Prospective Longitudinal Study**,” was published online in the journal *Health Services Research and Managerial Epidemiology* in July 2020. The second study, “**Estimating the Period Prevalence of Publicly Funded Abortion to Space Live Births, 1999 to 2014**,” was published online in the *Journal of Primary Care and Community Health* in May 2021. The third study, “**Estimating the Period Prevalence of Mothers Who Have Abortions: A Population Based Study of Inclusive Pregnancy Outcomes**,” was published in *Health Services Research and Managerial Epidemiology* in July 2021.

Charlotte Lozier Institute was launched in 2011 as the education and research arm of Susan B. Anthony List. CLI is a hub for research and public policy analysis on some of the most pressing issues facing the United States and nations around the world. The Institute is named for a feminist physician known for her commitment to the sanctity of human life and equal career and educational opportunities for women.