

A woman with dark, curly hair is looking out a window. She is wearing a blue corduroy jacket. The background shows a window with blinds and some indoor plants.

STUDY SHOWS LONG-TERM NEGATIVE IMPACT OF MEDICATION ABORTION

White Paper

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The research will help promote compassionate, nonjudgmental care that can heal hearts and spirits

MILLIONS SUFFER

Shining a light on women who are too often overlooked

EXECUTIVE SUMMARY

On June 24, 2022, the U.S. Supreme Court overturned *Roe v. Wade*, a 1973 case that affirmed abortion rights, catapulting the plight of women who must make decisions regarding unintended pregnancies to new heights on the political and societal front.

With abortion on the national stage, it's an opportunity to shine a light on women who are too often overlooked—the millions who suffer psychologically after abortion, sometimes years after the event.

Majority of women don't know where to find help in emotional healing

Trailblazing research commissioned by Support After Abortion, a nonprofit devoted to healing people impacted by abortion, shows the overwhelming majority of women don't know where to turn for help.

Support After Abortion was founded to establish the gold standard for a scalable, readily accessible network of compassionate, evidence-based care that includes giving women and men permission to grieve their loss.

Today, more than half of abortions are medication abortions, sometimes called pill abortions, with that number projected to climb to 70% by the end of 2022, according to the Guttmacher Institute. Medication abortions take several days to complete and typically are self-administered at home, where women may or may not have access to physical and emotional support.

For many, the experience of abortion does not end with the pregnancy, according to research commissioned by Support After Abortion, a scientific sample in which 14,000 women across America were surveyed. Of those women, 8,800 had experienced reproductive loss through stillbirth, miscarriage, or abortion. Of those women, 114 experienced medication abortion.



KEY FINDINGS

The research found that 63% of women either sought after abortion help or said they could have benefited from talking to someone. Yet only 18% of the women were aware of organizations that provide care after reproductive loss. 34% of women said their outlook of themselves or the decision they made had changed negatively since their abortions, often years later.

34%

of women said their outlook of themselves or their decision changed negatively since their abortions

These findings are a marked contrast to studies by [Planned Parenthood](#) and other abortion providers that report negative emotional reactions to abortion are extremely rare (1).

The medication abortion report is one of four surveys conducted by ShapardResearch, including research on the impact of abortion on men. This sweeping, randomized market study is the first of its kind to focus on women who have had medication abortions. **The goal of the research was to determine the extent to which help is needed and the most effective ways to deliver healing to people who are hurting.**

Other key findings from Support After Abortion's medication abortion study:

82%

did not know where to go for help after abortion

24%

searched for help after their abortion experiences

39%

didn't seek help, but said they could have benefited from talking to someone

NONE

of the respondents would go to a clergy person for help

73%

said they seldom to never attend religious services

16%

prefer a faith-based healing program

69%

said anonymity was important in a healing program

While some women expressed relief, many were traumatized by medication abortion, an experience they said was far more painful, physically and emotionally, than they had imagined. The study reinforces the need for forthright, transparent information on the impact of medication abortion and access to healing care.

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Chapter 1

What is Medication Abortion?

Medication abortion is an alternative to surgical abortion, such as vacuum aspiration or dilation and curettage, and is fast becoming the de facto option for early-term abortions. [Medication abortion](#) ends pregnancy through a combination of two prescription drugs taken as pills. The first pill is mifepristone, which blocks a hormone known as progesterone that the body needs for a pregnancy to continue developing.

The second drug, misoprostol, is taken 24 to 48 hours later. This medication causes cramping that expels the fetus and contents of the uterus. Women, essentially, self-manage the process, taking the pills themselves (2).

Planned Parenthood [describes the process](#) as being comparable to miscarriage:

The cramping and bleeding usually starts 1-4 hours after taking the misoprostol. It's normal to see large blood clots (up to the size of a lemon) or clumps of tissue when this is happening. It's kind of like having a really heavy, crampy period, and the process is very similar to an early miscarriage (3).

In December 2021, the federal government made medication abortion more accessible by allowing women to receive abortion medications through the mail, lifting a requirement that women receive the drugs in person from a certified healthcare provider. The ruling by the Food and Drug Administration (FDA) means many women will no longer have to travel to an abortion provider. On Aug. 3, 2022, President Joe Biden signed an [executive order](#) designed to further expand access to abortion pills and help women cross state lines to receive abortions (4).

The FDA has approved medication abortion for pregnancies up to 10 weeks. Additionally, providers may use their discretion to prescribe [off-label use](#) beyond the FDA guidelines (5). [States vary widely](#) on who prescribes the pills and where they are taken. Thirty-one states require that the drugs be prescribed by a physician, while some states allow advanced practice nurses or physician assistants to write prescriptions. Seventeen states ban prescriptions via telehealth, mandating that the abortion provider be present when the pills are taken (6).

Complications of medication abortion include heavy bleeding, severe abdominal pain, fever, infection, diarrhea, and incomplete abortion, which requires a surgical abortion to complete. A [California study](#) finds that medication abortions have four times the complications of surgical abortions (7).

A woman who participated in the Support After Abortion study described her experience. "They said minor discomfort. It was horrible. Physically and emotionally."

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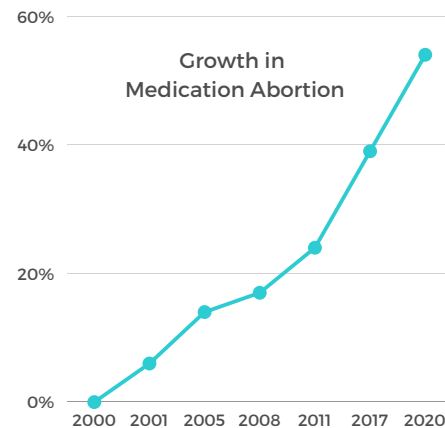
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Medication abortions now account for more than half the abortions in the U.S.

Chapter 2

The growing prevalence of medication abortion

Medication abortions now account for more than half the abortions in the United States, at 54%, according to the Guttmacher Institute. That's a significant increase from 39% in 2017 and a scant 6% in 2001 (8).



There have been numerous studies on the safety and efficacy of medication abortions. Until the Support After Abortion study, there has been a scarcity of scientific research on the emotional impact, short term and long term, of medication abortions.

Michaelene Fredenburg, president of Life Perspectives, the Institute of Reproductive Grief Care and an expert in reproductive loss, said Support After Abortion's in-depth, nationwide survey confirms earlier qualitative research. That includes an analysis of 98 blog posts by women who experienced medication abortion and shared their story on the website www.abortionchangesyou.com, an affiliate of Life Perspectives (9).

"This important consumer research by Support After Abortion confirms that our case study is not an outlier," Fredenburg said in an interview.

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Chapter 3

Medication abortion and prescriptions via telehealth are changing the legal and logistical landscape of abortion

With the fall of Roe, legal analysts expect [mail-order drugs](#) will be a strategy for delivering abortion services in more than 20 states that have banned or restricted abortion. “There’s going to be plenty of people who try to use them in states where they’re illegal without traveling out of state, legal ramifications aside,” Mary Ziegler, a law professor at Florida State University, told the New York Times. She said such efforts might include clearinghouses that would try to allow “fudging where people’s addresses are to receive it” and a “black market” that might emerge (10).

Demand for medication abortion, already rising steadily throughout the COVID-19 pandemic, will dominate the market.

“If abortion is outlawed, medical abortion will be, de facto, the only option for women who do not want to continue with their pregnancies who are unable to travel out of state,” wrote Noah Feldman, a Harvard University law professor, in an [op-ed piece](#) for Bloomberg Law (11).

The British Pregnancy Advisory Service (BPAS), a nonprofit that partners with the National Health Service to provide abortions, has designated medication abortion as the automatic treatment method for pregnancies of less than 10 weeks gestation. “Pills by Post” provides women in England and Wales with abortion medications, which are prescribed after a telehealth visit with a specially trained nurse or midwife. After the medications arrive, women manage their own abortions without the assistance of medical or behavioral health professionals. Says the [BPAS](#):

You will pass the pregnancy at home or another place of your choosing. You can decide how you wish to dispose of the pregnancy remains. They can be flushed down the lavatory or wrapped in tissue, placed in a small plastic bag and put in the dustbin (12).

Proponents say medication abortion allows women to plan their abortions with minimal disruption to work and childcare. They don’t have to adhere to the schedule of a clinic or arrange transportation. Medication abortion is [self-administered](#) rather than performed by a medical professional, with women typically taking the pills and monitoring themselves. Sometimes, the first pill is taken at a clinic and the second pill is taken at home or another site designated by the woman (13).

Support After Abortion research shows that having the responsibility for managing an abortion and disposing of the remains can be extremely distressing. Administering their own abortions also can be an isolating and traumatic experience for women.

It was 100 times more painful than [I was] told. It took over 12 hours to completely expel the tissue. It was so much more traumatic than a surgical abortion, which I had once before,” said one woman who participated in the survey.

Said another woman, **“[I] Just feel bad. I let it bleed out of me like nothing because I have other kids.”**

More than five years after a medication abortion, a woman who describes herself as somewhat pro-choice struggles with misgivings about ending her pregnancy. **“I was so scared and so young. I wasn't with the man I conceived with and my mother was very religious. I was scared to death. Now I wish I would've just faced it all and had my baby,”** she said.

Administering their own abortions can be isolating and traumatic

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Chapter 4

The global impact of mail-order abortion

An examination of medication abortion abroad offers a snapshot of the scenario that is likely to emerge in the United States post *Roe v. Wade*. For more than 10 years, self-managed abortion has been a practice in European countries where abortion is illegal or difficult to access. A [study](#) in the *British Medical Journal* reports on 1,646 women in Northern Ireland and the Republic of Ireland, where abortion access was restricted until 2019. From 2010-2015, the women sought abortion pills through the mail prescribed through Women on Web, an international online abortion service (14).

Researchers found that complications such as bleeding and infections were on a par with giving birth and predicted a global rise in medication abortions. “Given the trajectory of abortion policy in Europe and the US, the visibility and importance of self sourced medical abortion will continue to increase,” they wrote.

Scholars at the Charlotte Lozier Institute, the research arm of the Susan B. Anthony List, pushed back on the report in 2017, noting that follow-up information for 454 women—28% of the participants in the study—was unavailable. Of the women who did respond, more than 9% reported such symptoms as fever, bleeding, and persistent pain. Seven women required blood transfusions (15). Dr. Donna Harrison, associate scholar at Lozier and Executive Director of American Association of Pro-life Obstetricians and Gynecologists, [commented on the report](#):

There is a surprising lack of basic medical information, and all of the information is self-reported. There is not even any confirmation that the women who took the drugs were actually pregnant – no confirmatory urine or blood test by a medical professional, no ultrasound, no confirmation of any basic data.

Abortion medications allow providers to reach many more women remotely through telehealth and postal services. Rebecca Gomperts, a Dutch physician, has circumvented laws banning abortion by anchoring a boat off the shores of Poland, Mexico, Spain and other countries to provide surgical abortions. In an [interview](#) with a French news agency, Gomperts said her organization, Aid Access, has received more than 45,000 requests for abortion pills from the United States. The organization mails the pills directly to women from a pharmacy in India. The price is adjusted, based on women's ability to pay (16).

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Chapter 5

What women don't know can hurt them

In the Support After Abortion study, 34% of women reported an adverse change in themselves, including depression, anxiety, substance abuse and thoughts of suicide. **"I regret it every day and cry about it often. It's a very helplessness feeling,"** said one woman more than a year after her abortion. Another woman describes her emotional pain five years later. **"I regret it still to this day and probably still will for the rest of my life,"** she said.

34%

of women reported an adverse change in themselves, including depression, anxiety, substance abuse and thoughts of suicide.

A meta-study in the British Journal of Psychology analyzed 22 studies involving 877,181 women, 163,831 of whom had experienced an abortion, and found that **women who had undergone abortion were 81% more likely to suffer from mental health problems, including alcohol and drug abuse, anxiety, depression, and suicide** (17).

The abortion provider Women on Web shares testimonials from women who have experienced abortion, a number of whom suffer prolonged emotional pain. Some feel traumatized, terminating their pregnancies in the same bathrooms where they get ready for work or school (18).

A college student wrote her shame was so great that she hid her abortion from her mother, spending her Christmas money on the pills. She went through the painful process in isolation, with no one to help. "I actually heard the baby fetus go 'dump' in the toilet. And I just thought 'what if that was me with my mom?'"

A young mother was traumatized by the sight of the developing fetus's sac. "I felt a gush of blood and a 'lump' coming out. I rushed to the shower, and saw that I had expelled the fetus.... After being a mom of two, seeing that definitely shocked me. I felt terrible."

Medication abortion also carries physical risks. A study in Contraception showed that women who experience medication abortion at 13 weeks gestation and later have a high rate of complications. Overall, 10% of women reported a continuing pregnancy. Of women who were 16 or more weeks pregnant, 29% reported adverse events, such as heavy bleeding and fever, with 43% seeking additional care from a medical provider (19).

In Sweden, where 88% percent of abortions are medical abortions, the rate of complications, primarily incomplete abortion and infections, is rising, from 4.2% in 2008 to 8.2% in 2015 (20).

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Chapter 6

A New Model for Healing

There are at least 200 healing programs for abortion in the United States. Almost all are in person or at retreats and are based on scripture. The programs' brand names—such as Rachel's Vineyard, Save One, Forgiven and Set Free, Surrendering the Secret—do not suggest they are abortion recovery venues.

Support After Abortion began as an effort to inventory and categorize abortion programs in Southwest Florida, primarily in Pregnancy Care Centers. The goal was to create a single intake to direct people who need help into one of the options identified in the survey. Word of the effort spread quickly through Florida, then nationwide and then to other English-speaking countries, demonstrating a global need for healing.

That response inspired Support After Abortion to take a consumer marketing research approach to develop a revolutionary new product based in data. That quest led to four studies—three for women, one for men—to provide the objective truth that would become the basis for a new model for healing.

Chantal Gates, a mother of two, found Support After Abortion via an internet search. She was suffering from severe depression after a medication abortion. “I felt like I didn’t deserve to be a mom. It got to the point where I wasn’t eating. I couldn’t go to work. I couldn’t watch my kids.”

Through Support After Abortion’s healing program, Keys to Hope and Healing, she learned to grieve. She named the baby she had lost Phoenix. She wrote a letter to him, expressing her love. **She also learned to understand the life events that led to her abortion.**

“We talked a lot about codependency, where I would give, give, give to try to make the relationship work. I couldn’t believe I had done this to a child I actually cared about and wanted,” she recalled. Chantal worked to uncover the roots of her abortion decision by joining a Support After Abortion virtual group based on their published book, **Unraveled Roots: Exposing the Hidden Causes of Damaging Behaviors.**

Today, she feels whole and empowered to lead a productive life. “I am happy. I celebrate being able to hold Phoenix in me as long as I did,” she said. **“Healing gave me a different viewpoint. I put me and my children first and live my life so I am never going to be in that place again.”** (21)”

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Conclusion

What women who have experienced medication abortion want America to know

Support After Abortion research shows that for six out of ten women, medication abortion is a traumatic experience that can include physical pain, emotional distress, and lasting feelings of isolation for which they desire help, but most don't know where to turn. One woman, who described herself as somewhat pro-choice, said her medication abortion “was what I expected, but not enough resources for your mental health after.”

Statistics and personal feedback from women who participated in the Support After Abortion survey indicate a strong preference for care that is anonymous and not based on scripture or religious doctrine. Of the women in the survey, 73% reported “irregular to never” attendance at religious services. None of the women said they would seek counseling from a clergy person.

The ability to receive anonymous care after abortion was most important to women who identify as pro-life, with 71% of strongly pro-life women and 57% of somewhat pro-life women prioritizing their ability to keep their identities private compared to 45% of somewhat pro-choice women and 36% of strongly pro-choice women.

The Support After Abortion study was commissioned to understand the what, how, and where of medication abortion to provide emotional healing. Through the research, women in pain have voiced their need for support after abortion that is not affiliated with religious groups and allows them to receive help anonymously. **The knowledge gained from the research will help Support After Abortion to promote compassionate, nonjudgmental care that can heal hearts and spirits, empowering people impacted by abortion to live with dignity, strength, and joy.**

Methodology

The market research was commissioned by Support After Abortion and conducted by ShapardResearch of Oklahoma City. Shapard is an accredited market research firm that conducted online panel surveys of women over 18 across the United States who have personally experienced a medication abortion. In a survey of 14,000 women, 114 women met this criteria and participated in the study with a margin of error of +/- 9.18%.

About the Author

Eileen Smith Dallabrida is founder and principal of SmithReports, an independent media consultancy. She is a journalist who has written for USA Today, National Geographic Traveler, NPR, the Christian Science Monitor and more than 50 other organizations. She is a runner-up for the national Investigative Reporters and Editors (IRE) prize.

