



## Secretariat of Pro-Life Activities

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### What to Expect from the FDA's Permanent Approval of "Telehealth" Abortions

Chemical abortion is a two-drug process intended to kill and expel a developing child from the womb in the first trimester of pregnancy. Proponents call it "medication abortion," but that's misleading. "Medication" indicates something that is intended to manage a patient's disease or illness, but chemical abortions end the life of an unborn child and can be dangerous to the health and lives of pregnant mothers, as well. Now that the FDA has tragically decided to eliminate the important safety protocol of in-person dispensing, which is needed to protect women's health, here is what we can expect:

1. As long as the federal Food and Drug Administration (FDA) withholds information about the true risks of chemical abortion and the frequency of serious adverse events<sup>i</sup>—thereby allowing chemical abortion to be promoted as a safe and private alternative to surgical abortion ("like a miscarriage")—its use will continue to grow.
2. Major risks and complications<sup>ii</sup> to women's health may rise sharply due to the lack of even minimally adequate screening. It is essential to verify gestational age to determine the risk to the mother of using chemical abortion, which increases as the baby develops. It is also critical to rule out ectopic pregnancy (which is possible only by an ultrasound exam) and to rule out other conditions that increase the risks of maternal injury and death. Such medical determinations may require bloodwork. In her analysis of a "no test protocol" (meaning no in-person ultrasound and blood testing) proposed by abortion advocacy groups<sup>iii</sup>, Ingrid Skop, M.D. a Fellow of the American College of Obstetrics and Gynecology, notes: "[I]t is a frequent occurrence for a woman to underestimate gestational age by a month or more. One study found almost 15% of Atlanta women were in error by more than two weeks when calculating gestational age based on LMP" (the number of days since the first day of the last menstrual period)." An October 2021 study in England<sup>iv</sup> calculated that over 10,000 women who were undergoing a chemical abortion via "pills-by-post" sought emergency medical assistance for complications.
3. Women in rural communities could have easy access to the pills by telehealth and mail order but be unable to access emergency care when experiencing a life-threatening complication.<sup>v</sup>
4. More minors will be able to more easily obtain the pills without parental knowledge or consent, in violation of state parental involvement laws.
5. The lack of medical oversight would presumably increase the possibility of maternal health risk. For example, women face increased risk from the procedure the longer the baby develops.<sup>vi</sup> With mail-order medical termination of pregnancy (MTP) kits, there is no guarantee women will take the pills prior to the gestational "cut-off" date, 70 days LMP (which is already risky). One study found a failure rate of 14.9% when the gestational age was 57-63 days LMP with oral misoprostol.<sup>vii</sup>
6. Without in-person counseling in the privacy of a doctor's office, it is even more difficult to assess whether coercion is bearing on the woman's decision. Additionally, there is no certainty that the woman who obtains the pills is the person who will take them. Four men have been prosecuted

for attempting to or succeeding in killing their unborn child by slipping abortion pills into their girlfriends' drinks or food.<sup>viii</sup>

7. On April 12, 2021, the FDA reversed its ban on mail order sales of chemical abortion pills,<sup>ix</sup> ostensibly as a response to the Covid pandemic and only for its duration. It thus eliminated any pretense of a doctor-patient relationship and the ancient medical maxim, "First, do no harm." Websites trafficking in chemical abortion pills have proliferated.
8. "Medical termination of pregnancy" (MTP) kits can be found on hundreds of websites.<sup>x</sup> Some pills have been found to vary widely from the stated dosages recommended by the FDA.<sup>xi</sup>
9. The ability to purchase abortion pills in bulk will further enable sex traffickers to continue in the abuse and enslavement of girls and young women.<sup>xii</sup>
10. More women will experience the emotional toll of seeing their deceased child, an experience providers of surgical abortion strive to avoid.

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<sup>i</sup> The FDA claimed it had "conducted a full literature search prior to its decision" to suspend the adverse event reporting (AER) requirements with respect to chemical abortions (except mortalities). A 2021 peer-reviewed study of adverse events obtained through the Freedom of Information Act, however, "found a variety of serious and life-threatening conditions that were reported to the FDA and withheld from public knowledge." [CLI Fact Sheet: An Abundance of Neglect: FDA's Suspension of Medical Management of Abortion Pills](#). (Undated). Accessed Nov. 22, 2021.

<sup>ii</sup> C.f. "Major Risks and Complications of Chemical Abortion for Women," United States Conference of Catholic Bishops, December 2021.

<sup>iii</sup> I. Skop, "[The 'No-Test Medication Abortion' Protocol: Experimenting with Women's Health](#)," July 30, 2020. Accessed Nov. 22, 2021.

<sup>iv</sup> Kevin Duffy, "FOI Investigation into Medical Abortion Treatment Failure," Percuity Ltd. (October 27, 2021). [foi-ma-treatment-failure-211027.pdf \(wordpress.com\)](#) Accessed December 8, 2021.

<sup>v</sup> <https://www.ruralhealthinfo.org/topics/emergency-medical-services>. Accessed December 8, 2021.

<sup>vi</sup> E. Raymond E., et al. (2013). "[First trimester medical abortion with mifepristone 200 mg and misoprostol](#)." *Contraception*, 87(1), 26-37. Accessed December 8, 2021.

<sup>vii</sup> One study "found a statistically significant difference in success rates by gestational age. For gestational age up to 5 weeks the success rate was 100%. Up to 6 weeks, the success rate was 86%, and when the gestational age was higher than 6 weeks (7–9 weeks) the success rate was 78%." <https://www.fertstert.org/action/showPdf?pii=S0015-0282%2808%2900896-0>. Accessed December 8, 2021. See also, [https://journals.lww.com/greenjournal/Abstract/2008/12000/Two\\_Distinct\\_Oral\\_Routes\\_of\\_Misoprostol\\_in.18.aspx](https://journals.lww.com/greenjournal/Abstract/2008/12000/Two_Distinct_Oral_Routes_of_Misoprostol_in.18.aspx). Accessed December 8, 2021. Failure can involve ongoing pregnancy (with likelihood of deformities from misoprostol) or retained products of conception leading to infection and death if not treated by surgical abortion.

<sup>viii</sup> H. Howard, "[Medical and Social Risks Associated with Unmitigated Distribution of Mifepristone: A Primer](#)," Oct. 1, 2020. Accessed Nov. 22, 2021.

<sup>ix</sup> C. Freiburger, "[Citing Covid-19, Biden FDA Approves Dispensing Abortion Pills Through Mail](#)," LifeSite News, April 13, 2021. Accessed Nov. 22, 2021.

<sup>x</sup> C. Kerestes et al., "Googling Abortion Pills: The Ease of Buying Misoprostol and Mifepristone Online for Home Use," *Obstetrics & Gynecology*: May 2019. Vol. 133. Accessed December 8, 2021.

<sup>xi</sup> Ibid.

<sup>xii</sup> [Fact Sheet: Online Sales of Mifeprex and Misoprostol for Self-Abortion - Charlotte Lozier Institute](#), April 23, 2018. Accessed Nov. 22, 2021.