Abortion Pill Restrictions Are Unnecessary for Women's Safety

The lifting of restrictions for the medical abortion pill did not jeopardize patient safety.

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Almost all countries, including the United States, restrict the dispensing of mifepristone, commonly referred to as the abortion pill. When Canada first approved the drug in July 2015, regulations stipulated that the pill should be dispensed only to patients under the supervision of specially trained doctors registered with the medication's manufacturers. What's more, women were required to take the pill in the presence of a physician. However, recent study findings published in The New England Journal of Medicine showed that when Canada lifted such restrictions on the abortion pill in November 2017, there was no abortion-related rise in health complications, reports a press release from the University of British Columbia (UBC).

In the United States the Food and Drug Administration approved mifepristone in 2000 with certain restrictions that currently remain in place.

For the study, researchers reviewed data about abortion use, safety and effectiveness before mifepristone became available (January 2012 through December 2016) and trends after the drug became available without restrictions (November 7, 2017, through March 15, 2020). Before mifepristone became available, doctors performed a total of 195,183 abortions; after restrictions were lifted, doctors performed 84,032 abortions.

No abortion-related health problems were observed after mifepristone restrictions were lifted. Researchers also noted that prior to mifepristone's availability with a regular prescription, only 2.2% of abortions were performed using the drug. Two years later, abortion via use of mifepristone increased to 31.4%.

Overall, following the removal of restrictions on the drug, the abortion rate in Ontario remained more or less stable and actually dropped, from 11.9 procedures per 1,000 females ages 15 to 49 to 11.3 procedures.

"Our study is a signal to other countries that restrictions are not necessary to ensure patient safety," said Wendy V. Norman, MD, an associate professor in UBC's department of family practice and the senior author of the study. "There is no scientific justification for mifepristone restrictions, which only make it harder for people to access the care they need. Canada's experience offers a

road map for other countries on how to safely improve access to family planning services."

"This paints the most comprehensive picture of abortion safety to date, capturing any setting where a complication would present," said Elizabeth K. Darling, PhD, an assistant dean of midwifery at McMaster University in Ontario and one of the study's coauthors. "It demonstrates very clearly that restrictions on the abortion pill are unnecessary for safety."

To learn more about the ongoing struggle for women's and girl's reproductive rights, read "President Biden Lifts Trump-Era Restrictions on Abortion Access."

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