History and background

French pharmaceutical manufacturer Roussel Uclaf first developed the abortion pill, RU 486 (Roussell Uclaf) 486 in the late eighties. It took nearly 15 years to bring it to the United states despite a clear record of effectiveness and safety in France. Finally, after much advocacy from activists including NCJW and health professionals, in 2000 the US Food and Drug Administration (FDA) approved medication abortion care use in the US.

How does it work?

The most common regimen consists of first taking one pill mifepristone which temporarily blocks the body’s production of progesterone, an essential hormone in pregnancy development, followed one to two days (24-48 hours) later by a second pill of misoprostol, which helps induce cramping and expels the contents of the uterus.

How effective is it?

In a study by the National Academy of Science, Engineering, and Medicine (NASEM) of the nearly 34,000 medication abortions they reviewed, NASEM found an overall effectiveness rate of 97% for gestations up to nine weeks.

How safe is it?

Medication abortion is very safe. It is extremely rare for a major complication to occur during a medication abortion. Less than 0.4% of cases result in a major complication and there is a less than 0.001 percent mortality association (0.00064%). The FDA has stated that medication abortion care is well-established as safe and effective, and that serious complications are extremely rare.

1 https://www.reproductiveaccess.org/2020/09/history-of-mifepristone/
4 https://www.fda.gov/media/112118/download
Why is Medication Abortion important?

Medication abortion offers individuals an important option for managing their own abortion. It affords an appealing autonomy. With medication abortion, a patient can take control of their own health care decision, determining where and when to take the medication. This can mean being able to avoid the gauntlet of protesters outside clinics, and instead engaging in a private experience surrounded by the comforts of home or any place of one’s choosing. It is no wonder more than 50% of all abortions prior to 9 weeks are terminated by a medication abortion. For individuals in rural areas, where the nearest clinic can require traveling long, prohibitive distances, medication abortion is especially vital.

Current Political Climate

For nearly five decades, *Roe v. Wade* guaranteed a floor of protection for abortion rights and access. With the ruling in the Jackson Women’s Health Organization case by the US Supreme Court, Federal Constitutional protections for abortion are overturned. In this environment, combined with many state legislatures’ eagerness to ban abortion, medication abortion offers the potential for safe, effective, and possibly more discreet abortions even while anti-abortion activists seek to regulate and eliminate it.

Medication abortion has also been the subject of intense anti-abortion hostility. Despite rafts of data indicating its safety and effectiveness both here in the United States and around the world, states have sought to curtail its use and medication abortion has been subject to the FDA’s Risk Evaluation Mitigation Strategy (REMS) which has imposed unnecessary restrictions upon the drugs for political, not medical reasons. One of the requirements under the REMS had been in-person dispensation of the medications. Additionally, 19 states currently prohibit telemedicine abortion or require a doctor’s presence for dispensation. During the COVID-19 pandemic, the FDA suspended the in-person dispensation requirement portion of the REMS and, as of December 10, 2021, that requirement has now been permanently lifted under the December 2021 review of the REMS.

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5 https://www.kff.org/infographic/the-availability-and-use-of-medication-abortion-care/
Mifepristone must be prescribed by or under the supervision of a certified health care provider who meets certain qualifications, including signing a Prescriber Agreement Form; The health care provider must obtain a signed Patient Agreement Form from the patient after counseling and prior to prescribing mifepristone. Pharmacies that dispense mifepristone must be certified.

The current REMS for medication abortion still require that:

- Mifepristone must be prescribed by or under the supervision of a certified health care provider who meets certain qualifications, including signing a Prescriber Agreement Form;
- The health care provider must obtain a signed Patient Agreement Form from the patient after counseling and prior to prescribing mifepristone.
- Pharmacies that dispense mifepristone must be certified.

Jews for Abortion Access and Medication Abortion

Jews for Abortion Access is committed to making medication abortion more easily available, improving abortion access and helping ensure that each person can make the right health decisions for themselves and their families. We are committed to infusing Jewish values and perspectives into the dialogue and mobilizing our community in support of abortion access.

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Jews for Abortion Access Fact Sheet: Medication Abortion

Other Medication Abortion Resources

Abortion on Our Own Terms - general repository of information about medication and self managed abortion
Just the Pill - mobile clinics capable of dispensing medication abortion and more
Repro Legal Helpline - Self managed abortion and various laws
AID Access - assist those “who do not have the possibility of accessing local abortion services”

For more information, actions you can take to support these efforts, and ways to engage, please visit JewsforAbortionAccess.org.