

# Science Says

## Medication abortion using mifepristone and misoprostol is safe and effective

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An overwhelming body of research shows that clinician-initiated medication abortion using mifepristone and misoprostol is safe and effective through 70 days of gestation. This research informs and is in alignment with clinical guidance from many national and international organizations, including the Society of Family Planning, the American College of Obstetricians and Gynecologists, the International Federation of Gynecology and Obstetrics, and the World Health Organization.<sup>1-3</sup>

### Medication abortion with mifepristone and misoprostol is safe.<sup>4-14</sup>

- Core safety outcomes for medication abortion include abortion-related death, hemorrhage requiring blood transfusion, procedural intervention, uterine infection, or hospital admission for abortion-related complications.<sup>15,16</sup>
- The incidence of serious adverse events is rare:<sup>6,11,17</sup>
  - Death occurred in fewer than 0.0005% of people using the combined regimen for medication abortion between 2000 and 2024 in FDA serious adverse event reporting; this is based on 36 deaths among 7.4 million users over that period, including deaths that were not causally associated with the combined regimen.<sup>18</sup>
  - Blood loss requiring transfusions occurred in fewer than 0.01% of medication abortions with the combined regimen between 2000 and 2024 in FDA serious adverse event reporting;<sup>18</sup> and in 0.01–0.06% of medication abortions with the combined regimen across clinical studies.<sup>9,11,17,19,20</sup>
  - Hemorrhage, defined in varying ways and not necessarily leading to blood transfusion, occurred in 0.14% of 11,319 medication abortions with the combined regimen in a California-based study between 2009 and 2010.<sup>14</sup>
  - Medically indicated procedural intervention occurred in approximately 2–4% of medication abortions with the combined regimen.<sup>6,14,20-23</sup>

- Uterine infection occurred in less than 0.25% of medication abortions with the combined regimen.<sup>14,24</sup>
- Hospital admission occurred in less than 0.3–0.9% of medication abortions with the combined regimen.<sup>9,19</sup> Most hospital admissions were for vaginal bleeding, pelvic pain, or infection.<sup>9</sup>

### Medication abortion with mifepristone and misoprostol is highly effective for pregnancy termination.<sup>4,6,17,18</sup>

- Core effectiveness outcomes for medication abortion include successful abortion (successful expulsion of the intrauterine pregnancy without need for procedural intervention), continuing pregnancy, and incomplete abortion/retained products of conception.<sup>15,16,25</sup>
  - Successful abortion following use of the combined regimen ranges from 91.9 to 99.7% depending upon the gestational duration and route or interval of misoprostol administration.<sup>11,26–33</sup>
  - Continuing pregnancy following use of the combined regimen ranges from 0.4 to 3.4%.<sup>11,26–33</sup>

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### Notes

More information on clinical interventions and clinical practice implementation can be found in clinical guidance.<sup>1–3</sup> This summary should not be interpreted as clinical guidance.

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*Science is iterative; this summary of existing evidence will be updated on an ongoing basis to reflect that.*

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