

# THE RIGHT TO END AN UNWANTED PREGNANCY ON OUR OWN TERMS

By Susan Yanow

A basic human right, and a foundation of reproductive justice, is our right to information and resources that allows us to control our fertility.<sup>1</sup> Since the legalization of abortion in the U.S. in 1973, we have relied on medical professionals who are committed to reproductive rights to provide abortion care. When abortion with pills (medication abortion) was introduced in the U.S. in 2000, advocates assumed that this technological breakthrough would make abortion more widely available, because it is a simple medical regimen that any doctor could offer in their office.

Instead, since 2000, the over-medicalization of medication abortion and increasing restrictions on who can provide abortions, and where and when they can be provided, have resulted in a sharp decline in abortion access in most parts of the country. Most impacted, as always when restrictions on human rights are imposed, are young, low income, and rural people with unwanted pregnancies.

Yet in other countries where abortion is more legally restricted than in the U.S., women have been safely using misoprostol alone to induce a miscarriage since the 1980s. A little background:

In the U.S., medication abortion in clinics is done using a combination of two medicines. One tablet of mifepristone (formerly known as RU 486), a medicine that blocks the progesterone that is required to maintain a pregnancy, is swallowed at the clinic in front of a clinician. Twenty-four hours later, at home, the person takes 4 tablets of misoprostol and puts them in the vagina or in the buccal cavity (between the gums and cheek) for 30 minutes.

The misoprostol causes contractions of the uterus, similar to a spontaneous miscarriage, thus ending the pregnancy. Used according to instructions, mifepristone plus misoprostol ends a pregnancy up to 10 weeks 92-98% of the time.<sup>2</sup>

Mifepristone is a very regulated medicine, and is available only in countries with legal abortion and through doctors. However, misoprostol is another story. Misoprostol was originally registered as

a treatment for gastric ulcers. It is in pharmacies around the world, and in addition to treating ulcers, it is used to treat arthritis, to prevent post-partum hemorrhage, to dilate the cervix for many gynecological procedures, and to induce labor. Twelve tablets of misoprostol, used according to protocols developed by the World Health Organization,<sup>3</sup> will

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successfully end an unwanted pregnancy up to 12 weeks 80-85% of the time.<sup>4</sup>

These medicines are safe, effective, and easy to use. Why are they not in our hands? People around the world are using medicines provided via reliable internet providers (most of whom do not serve the U.S.), or that are procured from Mexico and other countries where misoprostol is available.<sup>5</sup>

Yet, 38 states have laws that criminalize women ending their own pregnancies without a clinician,



and there have been many well-publicized arrests of women who have chosen this method of ending an unwanted pregnancy.<sup>6</sup>

We have a right to scientific information and access to medicines.<sup>7</sup> Throughout history, people have tried to end their unwanted pregnancies, and maternal mortality from unsafe abortion is unacceptably high in too many countries.

As access to abortion is increasingly restricted in the United States, increasing numbers of people with unwanted pregnancies will do whatever they can to end their pregnancies if they cannot get to a clinic. Herbal methods are unreliable, and physical trauma to a pregnant uterus can cause injury and death. Mifepristone and misoprostol are safe and effective.

As reproductive justice advocates, we have a responsibility to make sure that everyone is educated about the safest ways to use these medicines, and to promote easy access to these medicines for whoever chooses to use them.

## NOTES

1. United Nations General Assembly, Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), United Nations (1979), last accessed 12/2015 at <http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm>.

2. Women Help Women, “Medical abortion is highly effective,” last accessed 1/2016 at <https://consult.womenhelp.org/en/page/377/questions-and-answers#373>.

3. World Health Organization, Safe abortion: technical and policy guidance for health systems (2nd ed. 2012), last accessed 12/2015 at [http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf?ua=1).

4. Women Help Women, “Medical abortion is highly effective.”

5. Erica Hellerstein, “The Rise of the DIY Abortion in Texas,” *The Atlantic*, (June 27, 2014), last accessed 12/2015 at <http://www.theatlantic.com/health/archive/2014/06/the-rise-of-the-diy-abortion-in-texas/373240/>.

6. Colleen Curry, “Woman charged with attempted murder for coat hanger abortion,” *The New York Times* (December 14, 2015), last accessed 12/2015 at <http://nytlive.nytimes.com/womenintheworld/2015/12/14/woman-charged-with-murder-for-coat-hanger-abortion/>.

7. United Nations General Assembly, Universal Declaration of Human Rights, United Nations (1948), last accessed 12/2015 at [http://www.ohchr.org/EN/UDHR/Documents/UDHR\\_Translations/eng.pdf](http://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf).