

The Changing Face of Abortion Today

Abortion trends following the overturn of *Roe*

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Abstract

The reality of abortion is considerably different than what is shared in media or advertisements. This White Paper addresses the many changes in abortion since the *Dobbs* decision which overturned *Roe v. Wade*, including the abundant availability and access to chemical abortion; the rise in coercion, violence, and the poisoning of women; the reduction in medical assessment and oversight; and the increased mental and physical risks for women who make this life-ending and life-changing choice.



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Summary of Key Findings

- Chemical abortion is readily available, delivered to doorsteps across America and the world.
- Most medical pre-assessment prior to taking abortion drugs, which should include evaluation for psychological coercion, has been eliminated from the abortion process.
- Chemical abortion accounts for more than 80% of all abortions in the U.S. and is even higher in other nations.
- 70% of women experiencing abortion state the abortion decision was inconsistent with their own values and preferences, and shockingly one in four abortions is unwanted or coerced. Chemical abortion empowers abusers rather than women.
- Abortion with chemicals is now provided to women worldwide far beyond the ten-week FDA approval which greatly increases the dangers of these drugs.
- There has been a reduction in pre-abortion exams or ultrasounds *before the start* of abortions increasing risks to women even further.
- At least one million lives will be lost this year to abortion in America and more than 73 million will be lost worldwide.

Availability

The abortion pill may be dispensed at a clinic or through a telehealth visit, which is completed by phone or video chat. Chemical abortion is also available on [more than 70 websites](#) and several funnel abortion services to areas they deem are underserved—delivering directly to the woman’s doorstep. According to the [Abortion Pill Rescue® Network](#), the number of women obtaining the abortion pill online or from a friend has increased tenfold in the last three years.

Preparing for the overturn of *Roe v. Wade*, Big Abortion has made sure the abortion pill would be readily available despite the laws or the availability of a brick-and-mortar clinic. Telehealth abortion and website availability deliver abortion on demand and, when convenient for the abortion provider, disregard laws or limits in each state.

Since the hastened approval of the mifepristone/misoprostol abortion cocktail more than twenty years ago, this type of non-surgical abortion has gained popularity and rose to more than half of all abortions prior to the *Dobbs’* decision.

Abortion pre-*Dobbs* looked like the chart on the right.

However, [Support After Abortion](#) now reports that chemical abortion accounts for more than 80% of all abortions in the U.S.

Percentage of U.S. abortions that are medication abortions

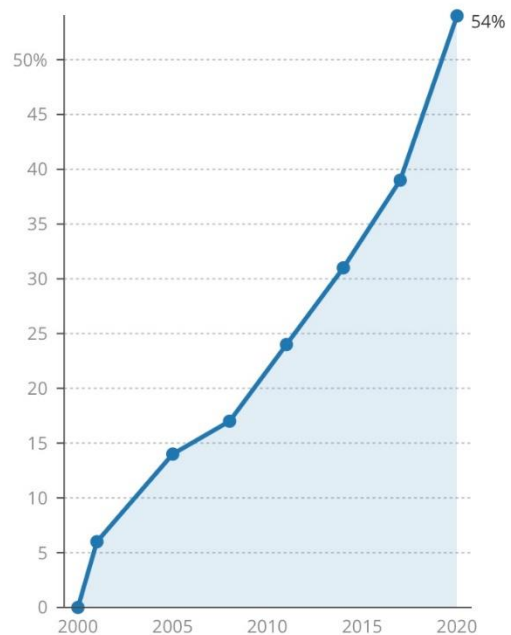
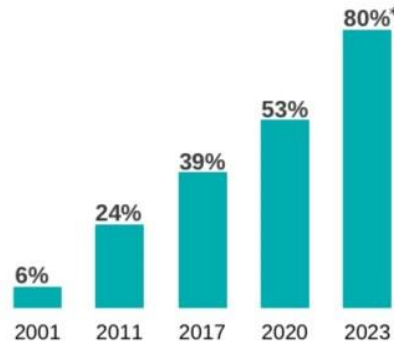


Chart: Dexter McMillan • Source: Guttmacher Institute CBC News

Growing Trend in Medication Abortions



Guttmacher³ with *Trend Projections

Medication abortion is increasingly difficult to track because the data excludes international and domestic mail order, statistics from states that don't require reporting, and underreporting.⁴

Some women and men are [stockpiling abortion drugs](#) for [future needs](#) for themselves and others.

The Charlotte Lozier Institute [reports](#) "at least 72 unique websites that sell either just Misoprostol (10) or both Misoprostol and Mifepristone (62) in MTP (medical termination of pregnancy) kits." More than 20 of these websites have no gestational limits for sales.

As these drugs enter the U.S., they are often unmarked and without instructions. Those placing these on-line orders must trust that the sender was a reliable source of safe medication and obtain directions on other websites such as the WomanCare graphic on the right.

Abortions of the past took place primarily at an abortion facility where the patient was typically separated from any apparent support people, giving opportunity for the woman to provide [uncoerced informed consent](#). There was some time and opportunity for the woman to stop the abortion if she was being

Medical Abortion

If you have in your possession both Mifepristone and Misoprostol:

- 1 Take 1 dose of Mifepristone (200mg) with water
- 2 Wait 24 hours (minimum) to 48 hours (maximum). While waiting, you can act normally as you would in your everyday life.
- 3 Place 4 pills of Misoprostol (200mcg each) under your tongue. Hold them for 30 minutes, without drinking or eating; after 30 minutes, you can rinse your mouth with water and drink something.
- 4 You should begin bleeding within 3 hours after using the 4 misoprostol pills. The bleeding should be similar to or heavier than your normal menstrual period. It means that abortion is working.

If you vomit during the 30 minutes that the misoprostol pills are under your tongue, it is likely they will not work. In this case, it is necessary to immediately repeat this step.

If you are 9-11 weeks pregnant or had little or no bleeding after 3 hours, repeat the previous step.
If you still experience no bleeding after that, contact our friends on www.safe2choose.org or ask a doctor for help.

WomanCare GLOBAL

forced or having second thoughts. Today, most abortion websites require no proof of pregnancy and sometimes even offer a discount for buying [the drugs](#) in bulk.

Abortions are advertised to women with phrases such as:

- * "Pain-free" abortion
- * "100% working"
- * "Completely safe, effective, pain-free and infection-free"
- * "Harmless and successful"
- * "Early-stage pregnancy execution"

Attempting to appeal to the needs of women who are desperately desiring a way to relieve tremendous pressures and appease powerful influencers, the ads also prey on the fears of women. Many are fearful of surgery, needles, and pain. Ironically, many who choose chemical abortion require medical treatment that involves surgery, needles, and pain.

The Abortion Pill Rescue Network reports a sharp increase in women accessing abortion drugs from internet, friends and family members. These women reported organizations or websites provided them drugs without medical oversight including "Aide Access", "Choix", "Honeybee (pharmacy)", "Hey Jane", "Plan C", "My choice", "Abortion on Demand", "Just the Pill", "Carafem", "Anti-Preg kit", "AbortionRX online", "Private Emma", "Wesaveus." In instances where friends or family provided the drugs, these were nearly always purchased on the internet also.

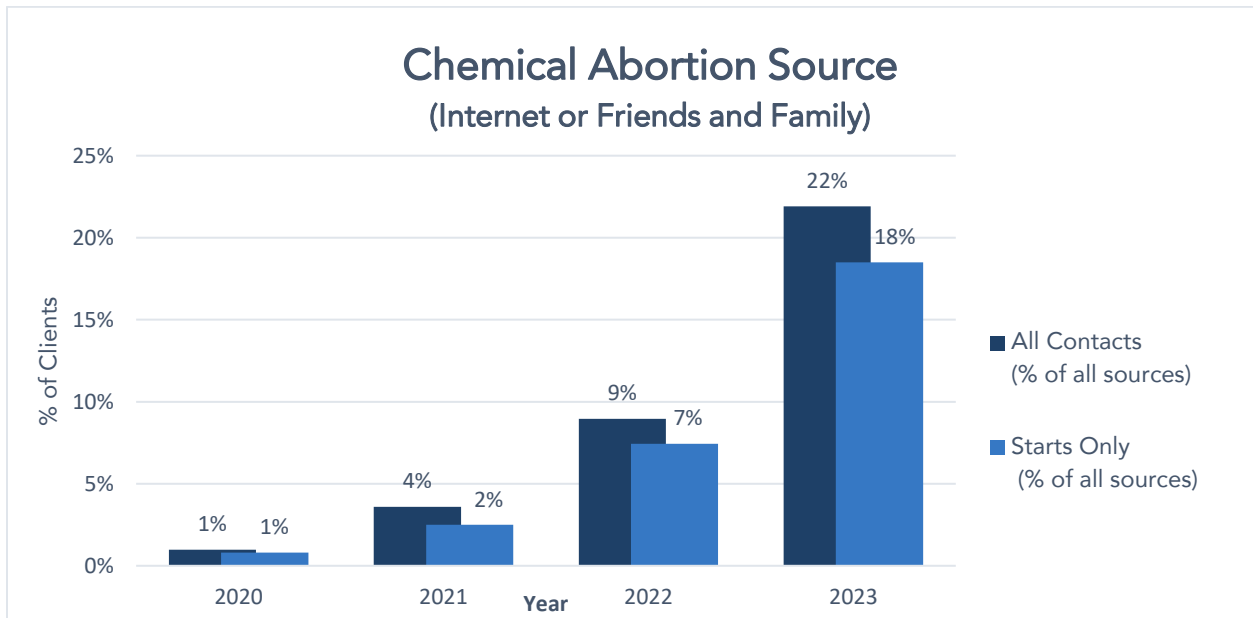


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A small number of women in this same timeframe obtained the drugs elsewhere including from "the street", pharmacies operating without prescriptions, hospitals, extra pills from past abortions, and some traveled to Mexico to purchase in a market.

Some (<2%) in this timeframe knew they were farther along in pregnancy than the FDA approved 10 weeks when purchasing the drugs online and still chose not to have medical supervision.

The chart below shows the increase of obtaining abortion drugs from the internet, friends, or family seen among those contacting the Abortion Pill Rescue Network for all contacts and those who start the reversal protocol since 2020.



Abortion Beyond FDA Approval

Although induced abortion never promotes health – only the loss of human life - the U.S. Food and Drug Administration (FDA) regulates abortion drugs. The abortion drug mifepristone used in the U.S. is approved by the FDA just through the first 10 weeks (70 days) of pregnancy and misoprostol, the second set of drugs in the abortion process, has not been approved for abortion. Yet abortion providers continue to prescribe these life-ending and life-altering drugs off-label in creative ways to end the lives of thousands of children each year.

In the last five years, the NHS Imperial College Healthcare, a London, England-based trust of the UK's National Health Services (NHS), has led the way for other countries to use abortion medication to end pregnancies after the first trimester and published official protocol in October 2019. Abortionists throughout the world have emulated their techniques to use abortion pills for advanced pregnancies sadly with the same dire consequences.

A [large European study](#) documented that more than half of the babies survived delivery in post-viability induced abortions. If a baby is born alive, the abortionist may "complete the

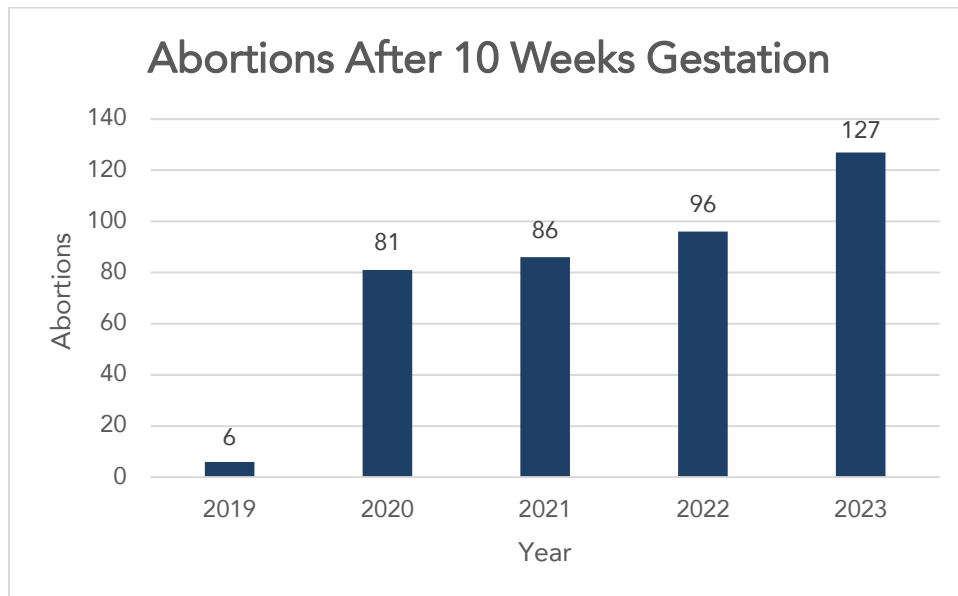
abortion” by performing active or passive infanticide. Many abortionists perform feticide via intracardiac or intra-amniotic injections to avoid the possibility of a baby being born alive. But this practice involves additional health risks for the mother if these potent cardiotoxic medications enter her bloodstream.

One might assume that late abortions are performed to save the life of the mother or in cases of severe fetal abnormalities. Yet the Charlotte Lozier Institute [reports](#) “most late abortions are performed for the very same elective reasons that earlier abortions are obtained, and are often influenced by partner abandonment, coercion, and indecision.”

A recent [study](#) states that women are more likely to choose medication abortion in second trimester if they:

- * Prefer more awareness of the termination process
- * Prefer an intact baby
- * Want to avoid surgery

The Abortion Pill Rescue Network has seen a drastic rise in the number of callers who are over 10 weeks gestation. In the last year, there has been a [35% increase in callers who were beyond 10 weeks gestation](#) which is outside the FDA approval of mifepristone and has much greater risks.



Under the guise of medical care, some health organizations are promoting chemical abortion even into advanced stages. Despite dreadful health consequences, The American College of Obstetricians and Gynecologists (ACOG) [states that](#) in second trimester abortions, medications used may be placed in the vagina, taken by mouth, injected into the uterus, or given through an intravenous (IV) line.

The World Health Organization [now has a suggested protocol](#) for chemical abortion through 28 weeks.



A recent [U.K. Government review](#) confirmed abortion complication rates for chemical abortions at 20 weeks and over are [160 times higher](#) than complication rates for medical abortions at 2-9 weeks gestation. The most common abortion complications reported in the [relevant data for 2021](#) were hemorrhage (65.8%), sepsis (11.4%) and cervical tear (11.1%). In 2021 more than [10,000 women](#) received hospital treatment following the use of chemical abortion pills in England between April 2020 and September 2021.

Shockingly, [the American Association of Pro-Life Obstetricians and Gynecologists \(AAPLOG\) reports a woman's risk of death from abortion increases by 38 percent for each additional week beyond eight weeks.](#)

Despite the Royal College of Obstetricians and Gynecologists advocating for abortion at 14-26 weeks, they admit to [increased risks](#).

Abortion providers already report [risks](#) with "Late Medical Abortion." These include:

- 1 in 30 experience heavy or prolonged bleeding or pain requiring an extra medical appointment or treatment.
- 1 in 400 develop an infection during or after the abortion and require treatment with antibiotics.
- 1 in 60 require further surgery for a retained placenta.
- 1 in 200 bleed heavily and require extra treatment for this, which may include extra medication, an operation or a blood transfusion.
- 1 in 1,000 require a hysterectomy

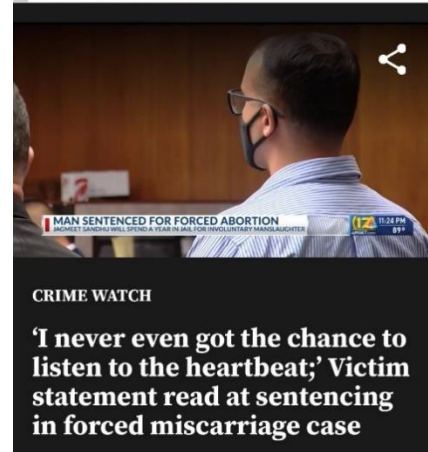
Chemical abortions have proven dangerous for the women who trust medical providers to know what is safe and to honestly share with them any potential risks. Based on [data](#) collected from 85 Freedom of Information requests to NHS trusts across England, the data suggests that more than 1 in 17 women who had a medical abortion over the 18-month period needed hospital treatment.

Rarely are women given accurate information that there is an increase in immediate complications in chemical abortion in comparison to surgical abortion. A [Finnish study](#) of 18,000 women found an 8% rate of surgery for medication abortion failures in the first trimester, and [almost 40%](#) surgery rate in the second trimester.

[Liverpool's NHS Foundation Trust](#) lists these as recognized risks of late medical termination of pregnancy:

- * Blood transfusion
- * Excessive bleeding (hemorrhage)
- * Retained pregnancy tissue requiring further treatment
- * Irregular or continuous bleeding and/or abdominal pain
- * Infection
- * Damage during the procedure, including uterine rupture
- * Emotional/psychological distress
- * Failure to end the pregnancy
- * Death

The [UK Government Review](#) also revealed, not surprisingly, that complication rates for DIY (Do It Yourself) abortions are largely underreported and presumed to have an even higher incidence of complications. Since England introduced DIY abortions nearly four years ago, the abortion numbers have [continued to increase each year](#). Over the [first six months](#) of 2022, there were almost 18,000 more abortions in the U.K. compared with the same time period in 2021.



Coercion, Violence, and Poisoning

A [recent study](#) reports 70% of women experiencing abortion state the [abortion decision](#) was [inconsistent](#) with their own values and preferences, and shockingly one in four abortions is unwanted or coerced.

Abortion activists commonly [contend](#) that access to abortion is central to a woman’s ability to define and carry out her own life plan. They assert that infringing upon this right has only negative impact on a woman. Yet the unrestricted access to chemical abortion has likely empowered [those who abuse women](#) far more than empowering women themselves.

Today’s abortions take place in utter isolation, [empowering abusers](#) to have complete control over the pregnancy decision. These cases have been described by some close to the cases as “devious, diabolical and disturbing.” [Some abusers](#) have even poisoned their girlfriends more than once.

Media headlines reflect what we hear commonly at the [Abortion Pill Rescue Network](#) – those seeking to control women are coercing and forcing abortion. These include boyfriends, aunts, husbands, friends, mothers, and [those who pimp or traffic human beings](#).

Without consent, the pills are forced into the mouth [or vagina](#) of a victim to end a pregnancy. Some women are [held captive](#) and [threatened](#) until they agree to consume the abortion



Feb. 26, 2008, 5:58 PM CST / Source: The Associated Press

A Swedish court of appeal on Tuesday sentenced a 27-year-old man to 18 months in prison for trying to make his girlfriend miscarry by mixing abortion pills in her food.

pill. [Others](#) have their [medication swapped](#), only to learn later it was replaced with abortion chemicals. Still others consume a [poisoned dinner](#) or soft drink that threatens the life of their child. Often women sadly experience the loss of their babies assuming miscarriage and sometimes have no idea their [breakfast pancakes](#) or [tea](#) or [water](#) or [smoothie](#) was poisoned. Even in court, these cases are sometimes referred to as “miscarriage” rather than forced abortion.

[Some](#) of these children have been born alive, surviving only for minutes. [At least one baby](#), born prematurely, survived the forced abortion induced by his father.

In the U.S. domestic violence is a growing tragedy. The [National Coalition Against Domestic Violence](#) reports that 20 people per-minute are physically abused by an intimate partner in the United

States, which equates to more than 10 million cases each year. One in three women report having experienced some form of physical violence by an intimate partner.

[The Justice Foundation](#) confirms that forcing a woman to have an abortion, including a minor, is illegal in all 50 states of the United States of America and subject to prosecution.

Sadly, women who experience these horrific acts state they feel violated and describe the experience as a living nightmare. [One woman](#), whose boyfriend swapped her amoxicillin for chemical abortion drugs, stated “There’s just no words for the horror I wake up with every day that this is my reality. There’s no escaping it, there’s no turning it off.” Another, grieving the loss of her preborn child, said in court, “I never even got the chance to listen to the heartbeat.”

As the [FDA](#) continues to [erode safety protocols](#), those seeking to abuse women and end their pregnancies have been emboldened. With [24% of women](#) now reporting coercion or an unwanted abortion, this violence against women undoubtedly continues to increase. Woman’s rights are being violated when they are coerced, unduly pressured, or forced into an unwanted abortion.

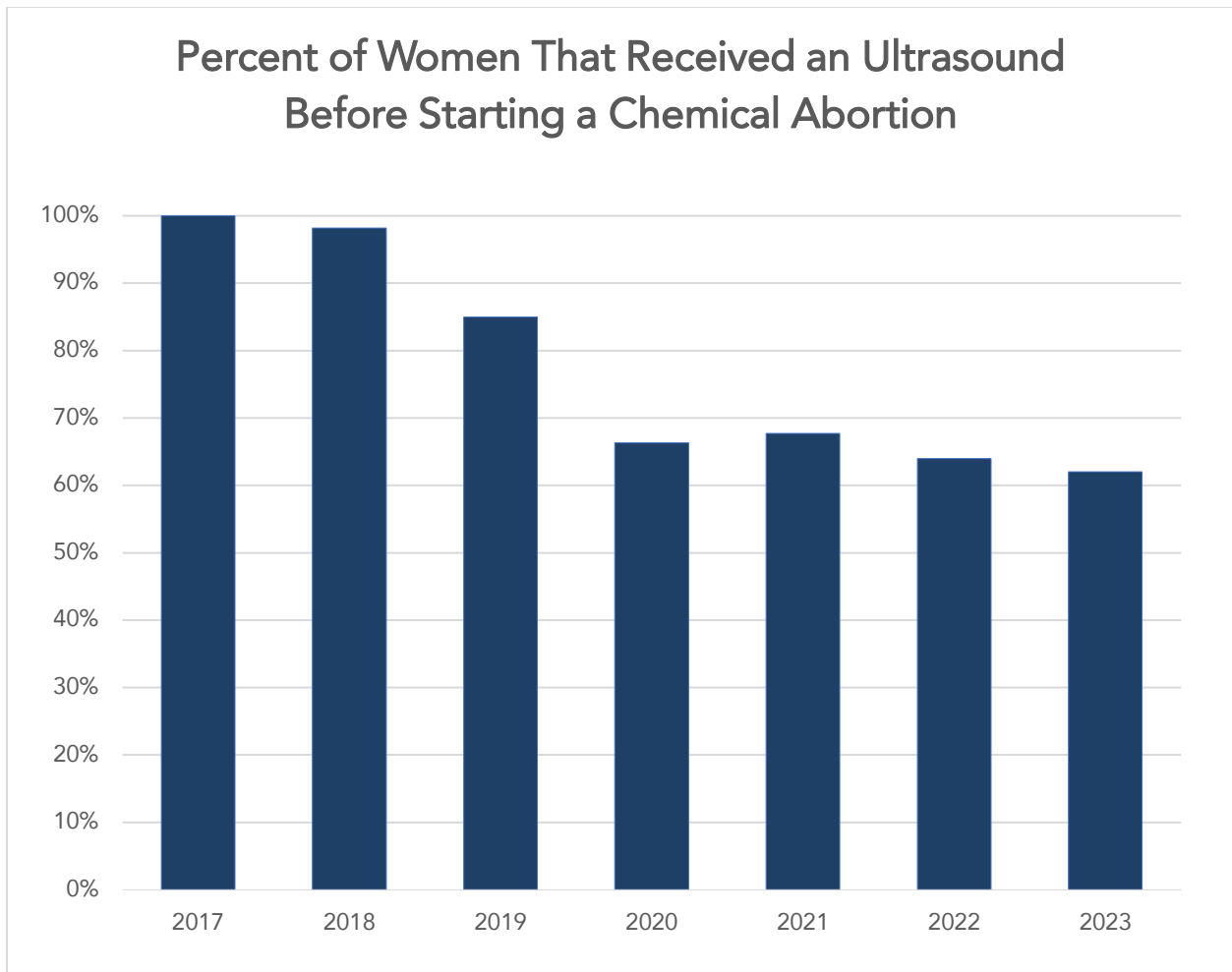


Reduced Assessment Prior to Abortion

As the U.S. Food and Drug Administration (FDA) continues to [relax safety measures for mifepristone/misoprostol abortion](#), the abortion industry shrugs off any responsibility for their part in creating significant hazards to women's health. With [evidence of risk](#), the FDA continues to modify the Risk Evaluation and Mitigation Strategy (REMS) safety net for mifepristone. Currently, chemical abortion may be administered without a physical exam or ultrasound to confirm the location and age of the pregnancy, Rhesus antigen (Rh) status testing, or any interaction with a medical professional.

At the Abortion Pill Rescue Network (APRN), we've sadly seen a reduction in pre-abortion exams or ultrasounds *before the start* of the abortions. Just a few years ago, all callers had been assessed prior to an abortion but this is no longer the case.

These are the percentages of women who called the APR Hotline who received an ultrasound *before starting* an abortion from 2017-2023:



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The [need for an ultrasound](#) before an abortion is threefold:

1. *Viability*

[Mayo Clinic](#) estimates that about 10 to 20 percent of known pregnancies end in miscarriage but states the actual number is likely higher because many miscarriages occur very early in pregnancy. If the baby does not have a heartbeat, there is no need for an abortion. Instead, if the pregnancy is not viable, the patient would be referred to her obstetrician for treatment.

2. *Dating*

The American College of Obstetricians and Gynecologists ([ACOG](#)) [points to research](#) that shows how inaccurate LMP (last menstrual period) dating is, reporting that "in about 40% of pregnancies the LMP is not known or information is not reliable." Accurate confirmation of gestational age with ultrasound measurement reduces the potential for taking abortion pills outside of the recommended window. [The FDA](#) has approved mifepristone through 10 weeks of pregnancy. Higher gestational age is associated with [higher failure rates](#) of medication abortion with failure rates rising after week eight, approaching 7% at 10 weeks, and [reaching 40%](#) in the second trimester.

3. *Placement*

[The FDA warns](#) that a contraindication of mifepristone is a suspected ectopic pregnancy or undiagnosed adnexal mass. [Mayo Clinic recommends a transvaginal ultrasound](#) to reveal the exact location of the pregnancy. [Women have mistakenly assumed](#) they had an intrauterine pregnancy and attempted, unsuccessfully, to chemically abort.

Even when an ultrasound is performed, many women share with APRN nurses that they were not provided the vital information from the scan and do not know if their babies had a heartbeat, the dating of the pregnancy, or if the pregnancy was confirmed to be intrauterine. Because of the failure of the FDA to protect women, there is a gap in information, care, and resources for those considering all options in pregnancy.

Other critical medical services which have been displaced by telemedicine and internet drug purchases include:

Blood Type/Rh Factor Testing

[The American College of Obstetricians and Gynecologists \(ACOG\)](#) recommends that "Rh D immune globulin be given to Rh-negative women having any type of abortion." Yet [one-third of Americans](#) do not know their blood type so it would be challenging to do this without testing. [The American Association of Pro-life Obstetricians and Gynecologists \(AAPLOG\)](#) [recommends](#) that "all pregnant women undergoing medication abortion or otherwise should be evaluated for Rh status."

Hemoglobin Testing

Chemical abortion can cause a significant amount of bleeding and sometimes hemorrhaging. This extra blood loss increases the risk of blood transfusion for those who are anemic. [The Cleveland Clinic](#) explains that iron deficiency is common in pregnancy. The chances of needing a blood transfusion after an abortion are increased if the patient is already anemic.

[The World Health Organization](#) estimates that approximately [27% of maternal deaths are due to obstetric hemorrhages](#).

STD Testing

[The Centers for Disease Control](#) estimates that one in five people (more than 26 million) in the United States have a sexually transmitted disease. According to the [National Library of Medicine](#), pelvic infection is the most common complication of abortion, and the presence of an existing lower genital tract infection increases the risk of complications. According to this study, women seeking abortion “are at significant risk of harboring sexually transmitted diseases (STDs)” and, when combined with an abortion, can lead to long-term pelvic pain and fertility issues. Since STDs can be [asymptomatic](#), women can reduce their risk of complications after an abortion by testing and obtaining treatment *before* starting an abortion.

[AAPLOG](#) cautions that “removing all testing recommendations (previously considered standard of care) is such a new approach that studies do not exist to demonstrate the full range of adverse events” that will soon present themselves and that “...complications will undoubtedly be higher.”

Mental and Physical Effects for Women

Women choosing chemicals to end their pregnancies are often [sold the idea](#) that it will be “natural, private and safer than a surgical” procedure. Big Abortion has falsely advertised a process that has less complications than Tylenol or Advil, is more natural than surgery, and can take place in the comfort and privacy of your own home.

While [the FDA reports](#) 5.9 million women have taken chemical abortion pills from 2016 to 2022, they stopped tracking adverse events in 2016. They report only 32 deaths associated with these medications. The American Association of Pro-life Obstetricians and Gynecologists (AAPLOG) [reports consequences](#) of hemorrhage, retained tissue and subsequent emergency visits, *with complications increasing exponentially for increasing gestational age*.

- [The side effects](#) of cramping, vaginal bleeding, hemorrhage, nausea, weakness, fever/chills, vomiting, headache, diarrhea, and dizziness occur in almost all women.
- These drugs have [four times the risk of complications](#) as compared with surgical abortion.

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- Data released by [the FDA](#) shows thousands of adverse events caused by abortion pills, including 768 hospitalizations and 28 deaths since 2000.
- A [recent study](#) revealed severe side-effects, including heavy bleeding, intense pain and death.
- [An analysis](#) of the Adverse Events reported to the Food and Drug Administration (FDA) after use of mifepristone as an abortifacient revealed 5-8% of women require emergency room visits for complications.

In addition, [one-third of women \(34%\) who had a chemical abortion](#) “reported an adverse change in themselves, including depression, anxiety, substance abuse, and thoughts of suicide,” according to a [study](#) of post-abortive women conducted by the [group](#) Support After Abortion.

Lives Lost Due to Abortion

The *Dobbs decision* which overturned *Roe v. Wade* has enraged some in the abortion industry but has had a positive effect on the American birth rate.

A [recent study](#) revealed the implications of the Supreme Court’s landmark decision.

In the first six months of 2023, “births rose by an average of 2.3 percent in states enforcing total abortion bans compared to a control group of states where abortion rights remained protected, amounting to approximately 32,000 additional annual births resulting from abortion bans,” according to the study.

[Reporting of abortion is completely voluntary](#) in the United States and three states that offer 1/3 of all abortions report no data at all. Any estimate of abortion cannot possibly include all sent through telehealth, websites, or obtained through friends.

However, most estimate more than [one million children](#) in the U.S. will be lost to abortion this year and more than [73 million worldwide](#).

Key Take Aways

Big Abortion has long prepared for the day with less abortion providers, more healthcare regulations, fewer abortion facilities, and increased state restrictions. The abortion lobby has swapped abortion chemicals for abortion surgeries of the past. Many throughout the world have worked to create ways to get deadly chemicals into the hands of women – including women with advanced gestations – quickly and without medical oversight. Abortion is now readily available to any woman no matter where she resides in the world or what her local law dictates. With this new reality of abortion, we see decreased medical care and increased risks for women as well as human lives destroyed by the masses worldwide.